



Community Health Improvement Plan

2018

The goal of this plan is to take information gathered in the Community Health Assessment 2017, together with input from our community members, the Board of Health, and governmental, business and community agency stakeholders, and translate it into a meaningful roadmap to improve our community's health together.

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TABLE OF CONTENTS

INTRODUCTION	3
ACKNOWLEDGEMENTS	5
SECTION 1: COMMUNITY OVERVIEW	6
SECTION 2: CHIP PROCESS	7
Using the MAPP Methodology	7
Broad Participation of Community Partners	7
Issues and Themes	8
Information from Community Health Assessments	8
Setting Health Priorities	8
Formulating Goals & Strategies; Identifying Community Assets & Resources	9
The Planning Process: Action Cycle	9
SECTION 3: COMMUNITY HEALTH PRIORITIES	10
Overarching Indicators of the Community's Health	10
Mental Health: Priority Health Area #1	11
Substance Abuse: Priority Health Area #2	16
Chronic Disease: Priority Health Area #3	20
Access to Healthcare: Priority Health Area #4	26
SECTION 4: CONCLUSIONS AND PROGRESS	32
APPENDICES	33
Appendix A: What is Health?	33
Appendix B: What is a Healthy Community?	34
Appendix C: Mental Health Information	35
Appendix D: Substance Abuse Information	36
Appendix E: Chronic Disease Information	37
Appendix F: Access to Healthcare Information	38

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INTRODUCTION

Mission and vision are integral to Central Racine County Health Department's work, and we have always focused our public health efforts on overarching, big-picture strategies as well as defined, programmatic details. With the national core public health functions of assessment, policy development and assurance as a framework, we utilize evidence-based strategies to conduct community health assessment and community health improvement planning. These two processes help us determine how to best meet our mission of ensuring a safe and healthy community through health promotion, disease prevention, and protection from health and environmental hazards. These processes also drive us toward achieving our vision of building a healthy future by protecting the public's health through focus on health improvement and health equity.

In 2017 Central Racine County Health Department undertook the process of developing our latest *Community Health Improvement Plan* (CHIP). This CHIP is an extension of our continuous efforts to monitor and report on the health status of the community as well as utilize quality improvement efforts to assess the effectiveness, accessibility and quality of programs and services. Required by state statute, every local health department develops a CHIP to help guide its work in addressing health conditions that impact residents. Wisconsin's health plan, *Healthiest Wisconsin 2020*, and the U.S. health plan, *HealthyPeople 2020*, provide foundational components for a CHIP by articulating health focus areas of overall significance; these focus areas are a starting point for assessing local health issues.

To begin the CHIP process, we first updated our *Community Health Assessment 2017* (CHA). We collaborated with a variety of community stakeholders, key-informants, and residents to gather qualitative and quantitative data and identify community opportunities and challenges. We then summarized the data using categories as outlined in National Association of County and City Health Officials' (NACCHO) guidance. Our CHA relays local health data – jurisdictional or county, depending on what is available – and highlights local health issues of significance that inform the CHIP.

To develop the CHIP, Central Racine County Health Department convened community partners to prioritize health issues, develop goals and objectives, develop shared strategies for implementation, and articulate indicators by which to measure progress. This latest CHIP includes both existing and new health priorities and will be used to help guide our community's work in addressing health conditions that impact residents, including those conditions which may disproportionately affect some of our residents. The health priorities that currently resonate most strongly with community partners and residents include: mental health, substance abuse, chronic disease, and access to healthcare. These are the primary focus of our CHIP.

This plan is meant to be a community vision for priority health areas that our community would like to see improved. The CHIP is about the community, by the community, and for the health and well-being of the community.

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CHIP Planning Partners:

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- Richard Goetsch, Member, Town of Dover Planning Commission
- Peter Smet, Superintendent, Burlington Area School District
- Kathleen Trentadue, Trustee, Village of Caledonia
- Marina Pappas, Executive Director, NAMI Racine County
- Dan Baran, Director, Professional Services Group
- Liz Powell, Executive Director, Racine Community Foundation
- Chip Wood, Executive Director, Family Services of Racine
- MaryBeth Kallio, Community Investment Director, United Way of Racine County
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- Jill Sheeley, District Nurse, Waterford Schools
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- Kimberly Granger, Health Services Director, Racine Unified School District

CHIP Planning Partners (unable to attend CHIP Planning meeting):

- Margie Carrington, Executive Director, Health and Nutrition Services, Inc. (WIC)
- Bryan Joyce, Aurora Health Care
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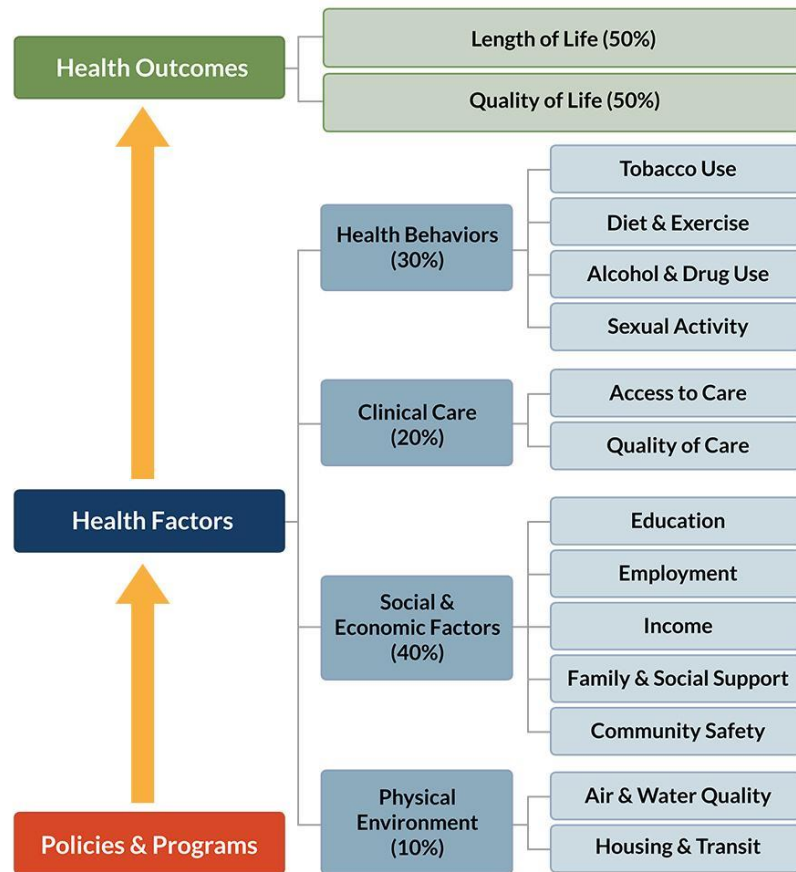
CHIP Planning Meeting Facilitators:

- Kimberly Payne and Arletta Frazier-Tucker, Payne and Frazier Consultants, LLC

SECTION 1: COMMUNITY OVERVIEW

Central Racine County Health Department (CRCHD) serves the 14 municipalities of Caledonia, Dover, Mount Pleasant, North Bay, Norway, Raymond, Rochester, Sturtevant, Union Grove, Yorkville, Town and Village of Waterford, and Town and City of Burlington (the “Jurisdiction”). CRCHD is one of two health departments in Racine County (the “County”). City of Racine Health Department serves the City of Racine and two municipalities. Racine County is located in the southeast corner of Wisconsin along Lake Michigan. Racine County is home to the 5th largest city in the state, and includes suburban and rural communities. The population of Racine County increased 3.5% between the 2000 and 2010 Census to 195,865. During the same period, the Jurisdiction experienced a 9.2% population increase to 114,328 (*Source: 2010 U.S. Census Bureau*).

The County Health Rankings framework shows that the health of a community (length of life and quality of life) is a complex interplay of health factors (health behaviors, clinical care, physical environment, and social and economic factors).



County Health Rankings model © 2016 UWPHI

Of 72 counties, Racine County ranks 63th overall for Health Outcomes and 64th for Health Factors. When broken down by individual Health Factors, Racine County ranked 62nd for Health Behaviors, 32nd for Clinical Care, 62nd for Social and Economic Factors, and 65th for Physical Environment (*Source: 2017 County Health Rankings & Roadmap*). As this framework demonstrates, the state of our community’s health can be attributed to many factors. The *Community Health Assessment 2017* explored these factors at the County level and at the Jurisdiction level, whenever possible. The *Community Health Improvement Plan 2018* utilizes and builds on what we learned in the *Community Health Assessment 2017*.

SECTION 2: CHIP PROCESS

Using the MAPP Methodology

To develop our *Community Health Assessment 2017* (CHA) and *Community Health Improvement Plan 2018* (CHIP), Central Racine County Health Department used the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The framework is a community-driven, strategic planning process for improving community health. It facilitates strategic thinking to prioritize public health issues and identify resources to address them. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, considering their unique circumstances and needs, and forming effective partnerships for strategic action. In the MAPP model, the "phases" of the MAPP process are shown in the center of the model, while the four MAPP assessments—the key content areas that drive the process—are shown in four outer arrows.



Broad Participation of Community Partners

Central Racine County Health Department engaged a broad representation of community partners to develop the *Community Health Improvement Plan 2018*. Partners in this process are enumerated on the aforementioned **Acknowledgements** page. Represented sectors ranged from non-profits, public health, hospitals, and health care agencies to local school districts, government representatives, Board of Health representatives, business, and foundations and funders. Some of these partners were new while others were also part of the *CHA-CHIP Partner Group* and/or the *Racine County Community Health Data Committee*, both of which met numerous times in 2017.

The CHIP Planning meeting took place in January of 2018, where partners met to identify health priorities, formulate goals and strategies, and advance an action plan. Meeting partners also worked to elucidate community assets and resources, barriers and challenges, populations that may be disproportionately affected by health issues, and policies needed to promote health.

Issues and Themes

Prior to the CHIP Planning meeting, the *CHA-CHIP Partner Group* and the *Racine County Community Health Data Committee* conducted surveys of a wide range of community members and stakeholders, including residents, key-informants, and community partner agencies. All surveys asked respondents to rank priority health issues of greatest concern (see Table 1). Community partner survey respondents were also asked to define *health* and a *healthy community* (see Appendices A and B).

Table 1. Ranked Identified Health Issues by Survey Type

Ranked Identified Health Issues	Partner Survey	Resident Survey (Jurisdiction)	Resident Survey (County)	Key-Informant Survey
Other Drug Use / Illegal Drug Use	1	1	1	2
Rx / OTC Drug Use	2	8	9	2
Mental Health Issues	2	6	6	1
Alcohol Use / Abuse	3	5	7	3
Access to Healthcare/Affordable Healthcare	4	2	2	5
Nutrition	7	-	-	6
Physical Activity	5	-	-	7
Overweight / Obesity	-	3	4	-
Chronic Diseases	-	4 & 9	3 & 5	4
Educational Attainment	3	-	-	-
Tobacco Use	-	7	10	-
Injury/Violence/Crime	-	10	12	8
Adverse Childhood Experiences	8	-	-	-
Environment/Jobs/Income	6	-	-	9
Oral Health	-	-	-	10
Healthy Growth & Development	9	-	-	-
Other	10	-	-	-

Information from Community Health Assessments

Preceding the CHIP Planning meeting, participants received an email with a link to the *Community Health Assessment 2017* as well as a *Community Health Assessment Summary Data 2017* document. Included in the latter document were key data and information, including top-ranked health issues that participants were asked to review prior to coming to the meeting. CHIP Planning meeting participants were also asked to come to the CHIP Planning meeting with their top three priority health concerns. In addition, they were asked to be prepared to talk about why they picked the three and what the consequences might be of not addressing each priority concern. At the CHIP Planning meeting, participants received hardcopies of the two aforementioned documents for use in their deliberations as well as the definitions of health and healthy community.

Setting Health Priorities

The first order of business at the CHIP Planning meeting was to brainstorm potential strategic issues, develop understanding of why an issue is strategic, and identify consequences of not addressing an issue. Attendees participated in a round-robin discussion. Each person articulated their top three priority health concerns, why they chose them, and what the impact is on the community. They used the *Community Health Assessment 2017* and the *Community Health Assessment Summary Data 2017* document for reference as well as their own experiences in the field.

The next order of business for meeting participants was to choose priority health issues and consolidate overlapping or related issues. For this process, CHIP Planning meeting participants wrote down their final top three priority health issues for the community on sticky notes. They could pick one topic three times, one topic twice and the third once, and so forth. The responses were tallied and resulted out as follows:

1. Mental Health (n=18)
2. Substance Abuse (alcohol abuse, opioids, over-the-counter drugs, illegal drugs) (n=9)
3. Chronic Disease (n=8)
4. Access to Healthcare (n=8)

Other health issues receiving votes included educational attainment (n=3), healthy growth and development (n=3), adverse childhood experiences (n=3), tobacco (n=1), and healthy communication (n=1). Meeting participants decided to accept four Priority Health Areas given the tie, and they moved all the items in #2 under the category of Substance Abuse.

Formulating Goals & Strategies; Identifying Community Assets & Resources

The third order of business for the CHIP Planning meeting was for participants to formulate a goal for each of the Priority Health Areas determined by participants. The *Community Health Assessment 2017* as well as the *Community Health Assessment Summary Data 2017* assisted CHIP Planning meeting participants in the process of understanding the concerns of the community and – critically – the roles that community stakeholders play in addressing them. After establishing goals for each Priority Health Area, CHIP Planning meeting participants created an inventory of current assets, resources and strategies as well as gaps, challenges, and needed policies which could be used to identify strategy alternatives. Participants also identified the potential role for Central Racine County Health Department in addressing these priorities. Further, identified strategies were aligned with state and national priorities (see Appendices C-F for a complete compilation of results).

The Planning Process: Action Cycle

The last step in the planning process was to develop objectives and establish accountability. Objectives were developed for each of the four chosen Priority Health Areas, and then measurable indicators from the CHA were correlated with each objective. Subsequently, identified strategies (evidence-based, practice-based or promising practices) were aligned with chosen indicators. Identified strategies will drive indicator data which, in turn, will inform the objectives and overall goal for each Priority Health Area.

For each chosen strategy, we identified activities which will allow monitoring of community progress moving forward. In addition, we identified lead organizations for implementing strategies. The CHIP Planning meeting participants agreed to reconvene at six months and one year to evaluate our progress on our action plan and make adjustments as necessary. Central Racine County Health Department will be responsible for being the convener of this process and will also compile evaluation data.

The next sections detail Overarching Indicators of the health of the community as well as our four Priority Health Areas: Mental Health, Substance Abuse, Chronic Disease, and Access to Healthcare.

SECTION 3: COMMUNITY HEALTH PRIORITIES

Overarching Indicators of the Community's Health

Five overarching health indicators reflect the quality and length of life in our community (see Table 2). They are the tip of the iceberg, representing much larger and more complex community health issues. If our community addresses the four chosen Priority Health Areas – Mental Health, Substance Abuse, Chronic Disease, and Access to Healthcare – then these five Overarching Indicators will also be addressed by improving health status and reducing health disparities. These Overarching Indicators reflect where we are born, live, play, learn and work: social determinants of health.

Table 2. Overarching Health Indicators

Overarching Indicators*	Historical, Baseline, & Target for All Residents		Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities
QUALITY OF LIFE			
Self-Reported Health Status % of adults who report health status as excellent or very good	<u>Jurisdiction</u> Historical (2005): 59% Baseline (2017): 56% Target (HP2020): 80%	<u>County</u> 56% 50% 80%	TBD
High School Graduation % of students who graduate from high school or get a GED	Baseline and Target defined by Higher Expectations and United Way of Racine County		Hispanic and non-Hispanic Blacks are disproportionately affected
Poverty % of individuals reporting below-poverty status in past 12 months	<u>Jurisdiction</u> Historical (2011-2015): 6% Target: 1%	<u>County</u> 13% 8%	<u>Jurisdiction</u> Black (any race/ethnicity, 2011-2015): 15% Hispanic (any race, 2011-2015): 13%
LENGTH OF LIFE			
Infant Mortality Rate of infant deaths per 1,000 live births in Racine County		<u>County</u> 8 10 6	<u>County</u> <u>Black</u> Historical (2007): 25 Baseline (2015): 19
Years of Potential Life Lost Rate per 100,000 population of years of potential life lost (YPLL) before age 75 in Racine County (3 year rolling average)	Historical (2000-2002): 7251 Baseline (2013-2015): 7293 Target (WI2020): 6333	<u>County</u>	<u>County</u> <u>Black</u> Historical (2000-2002): 10,680 Recent (2013-2015): 10,582 <u>Male</u> Historical (2000-2002): 9,395 Baseline (2013-2015): 9,213

*For these data, Jurisdiction represents residents of the Jurisdiction and County represents all residents of Racine County.

In the following sections, for each of the four Priority Health Areas we show the goal chosen by CHIP Planning meeting participants as well as the correlation to Healthiest Wisconsin 2020 and HealthyPeople 2020 focus areas. We also provide health issue definition, impact, data snapshot, social determinants of health, state and national prevention strategies, local strategies, and the role of Central Racine County Health Department. In addition, we relay the objectives for each goal, the indicators and measurements which link to each objective, and the strategies and activities which drive the indicators. We also indicate priority populations for which strategies may be targeted due to higher risks, poorer health outcomes, and health inequities. Targets are from Healthiest Wisconsin 2020, HealthyPeople 2020, or represent a difference of 5% from baseline where targets were not available. Of note, mental health and substance abuse may be interrelated and both may lead to chronic disease. Also of significance, the Access to Healthcare Priority Health Area #4 is cross-cutting and can be considered a social determinant of health for the other three Priority Health Areas for this CHIP.

Mental Health: Priority Health Area #1

GOAL

**Increase opportunities for Racine County residents
to experience their best mental health**

Healthiest Wisconsin 2020: Mental Health

HealthyPeople 2020: Mental Health and Mental Disorders

Definition

Mental Health: “*Mental health* is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. *Mental illness* is the term that refers collectively to all diagnosable mental disorders.” (Source: *HealthyPeople 2020*)

Impact

“The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Recent figures suggest that approximately 1 in 4 adults in the United States had a mental health disorder in the past year—most commonly anxiety or depression—and 1 in 17 had a serious mental illness. Mental health disorders also affect children and adolescents at an increasingly alarming rate; in 2010, 1 in 5 children in the United States had a mental health disorder, most commonly attention deficit hyperactivity disorder (ADHD). It is not unusual for either adults or children to have more than one mental health disorder.” (Source: *HealthyPeople 2020*)

“Mental health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide—the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer. Mental health disorders can have harmful and long-lasting effects—including high psychosocial and economic costs—not only for people living with the disorder, but also for their families, schools, workplaces, and communities.” (Source: *HealthyPeople 2020*)

Social Determinants of Mental Health

“Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental

health risk and outcomes, both positively and negatively. For example, safe shared places for people to interact, such as parks and churches, can support positive mental health. A better understanding of these factors, how they interact, and their impact is key to improving and maintaining the mental health of all Americans.” (*Source: Healthy People 2020*)

Data Snapshot: Central Racine County Health Department Jurisdiction & Racine County

1. In 2017, 6% of Jurisdiction adults and 5% of County adults reported seldom/never finding purpose in daily life, while 5% of Jurisdiction adults and 5% of County adults reported having considered suicide in the last year. Males, those of lower income, and 18-24 year olds were most impacted.
2. In 2016, 23% of County students reported as suffering from depression, while 1 in 5 reported having attempted suicide. Females were disproportionately impacted.
3. White residents in the County had the highest rate of suicide compared to other races.
4. Males in the County had a higher rate of suicides, but their female counterparts had a higher rate of emergency department (ED) visits from self-inflicted injuries.
5. From 2009 to 2017, the percent of adults reporting a mental health condition in the past 3 years increased from 12% to 17% for the Jurisdiction and 13% to 20% for the County.

(*Source: Central Racine County Health Department CHA 2017*)

National and State Prevention Strategies

“Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being.” (*Source: National Prevention Strategy*)

“The prevention of mental, emotional and behavioral disorders (MEB) is inherently multidisciplinary. MEB disorders are common and start early in life and the greatest opportunity for prevention is among young people. School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes. Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk. Some preventive interventions have benefits which exceed costs, with the available evidence strongest for early childhood interventions. Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting. New mental health issues have emerged among some special populations such as veterans, people in communities with large-scale trauma, and older adults.” (*Source: HealthyPeople 2020*)

The *National Prevention Strategy* (below) outlines suggested interventions for *Mental and Emotional Well-Being* and the role that different community sectors play.

Overall Recommendations

- Promote positive early childhood development, including positive parenting violence-free homes.
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals and families with the support necessary to maintain positive mental well-being.
- Promote early identification of mental health needs and access to quality services.

What Can Businesses and Employers Do?

- Implement organizational changes to reduce employee stress (e.g., develop clearly defined roles and responsibilities) and provide reasonable accommodations (e.g., flexible work schedules, assistive technology, adapted work stations).
- Ensure that mental health services are included as a benefit on health plans and encourage employees to use these services as needed.
- Provide education, outreach, and training to address mental health parity in employment-based health insurance coverage and group health plans.

What Can Early Learning Centers, Schools, Colleges, and Universities Do?

- Implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services.
- Ensure students have access to comprehensive health services, including mental health and counseling services.

What Can Community, Non-Profit, and Faith-Based Organizations Do?

- Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.
- Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.
- Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.
- Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

What Can Individuals and Families Do?

- Build strong, positive relationships with family and friends.
- Become more involved in their community (e.g., mentor or tutor youth, join a faith or spiritual community).
- Encourage children and adolescents to participate in extracurricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems such as bullying and seek appropriate assistance as needed.

What Can Health Care Systems, Insurers, and Clinicians Do?

- See [Healthcare Access Priority Health Area](#)

Local Strategies

CHIP Meeting participants and key-informants identified strategies to meet the prevention goal of increasing opportunities to improve the mental health status of residents. Many suggested strategies and interventions aligned with the *National Prevention Strategy* and *What Works for Health: Policies and Programs to Improve Wisconsin's Health* and included: increasing public awareness, using social media campaigns, increasing screening, increasing education, implementing training (employer, provider, community), multi-agency collaboration, more group homes, more resource guides, focusing on schools (teach about mental health, bullying, suicide prevention; include parents), medication assistance, payment parity, early childhood work, and outreach teams. Both groups also identified gaps and contributing factors, including: stigma, lack of community/family support, psychiatric prescribing for youth, transportation, too few providers, lack of referral resources, beds, lack of awareness, overuse of law enforcement, lack of training, lack of education, lack of funds, pay for workers, lack of individual effort, and lack of adequate reimbursement. Last, both groups identified assets and resources as well as suggested policies (see Appendices C-F for a complete compilation of results).

Identified strategies were winnowed down to those strategies focused on the community, those with possible programmatic and policy actions, and those tied to social determinants of health. *Of note, Mental Health healthcare access concerns are enumerated in the Access to Healthcare Priority Health Area #4. Healthcare access can be considered a social determinant of health for Mental Health, Substance Abuse, and Chronic Disease Priority Health Areas.*

Role of Central Racine County Health Department

CHIP Meeting participants identified the potential role of CRCHD to address this priority as providing: 1) data; 2) navigation; 3) expertise and leadership; 4) investigation of policies; 5) advocacy; 6) lifespan initiatives; and 7) preventive strategy expertise.

Mental Health Objectives, Indicators and Time-Framed Targets

The objectives to meet the goal for all Racine County residents to experience their best mental health by December 31, 2022 are as follows:

1. Reduce the prevalence of depression in youth.
2. Increase the percentage of adult residents who report good or excellent mental health.
3. Reduce suicide rates.
4. Provide data to measure process and outcome measures.

The following indicators relate directly to the Mental Health objectives (see Table 3). Each defined indicator includes baseline and target measurements for all residents as well as measurements for priority populations experiencing poorer health outcomes and health inequities for whom the strategies may be targeted.

Table 3: Indicators, Measurable and Time-framed Targets for Mental Health

Indicator*	Historical, Baseline, & Target for All Residents		Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities		
Objective: Decrease Prevalence of Depression in Youth by December 31, 2022					
Depression (students)** % middle and high school students reporting depression	Historical (2006): Baseline (2016): Target:	County** 18% 23% 18%	Female Historical (2006): Baseline (2017):	County** 22% 30%	
Average Number of Student Developmental Assets (middle and high school students)**	Historical (2006): Baseline (2016): Target (Search Institute):	County** 17 19 ≥ 31	LGBT (2016, RUSD only) Historical/Baseline:	County 11.5	
Objective: Increase Percentage of Adult Residents who report Good or Excellent Mental Health by December 31, 2022					
Mental Health Condition (adults) % of adults reporting a mental health condition in past three years	Historical (2009): Baseline (2017): Target:	Jurisdiction 12% 17% 12%	County 13% 20% 15%	Female Historical (2009): Baseline (2017): 18-34 Age Group Historical (2009): Baseline (2017):	Jurisdiction Household Income Bottom 40% Historical (2009): 18% Baseline (2017): 41% 12% 28%
Mental Health Status (adults) % of adults reporting seldom/never finding purpose in daily life	Historical (2005): Baseline (2017): Target:	Jurisdiction 3% 6% 1%	County 4% 5% 0%	Male Historical (2009): Baseline (2017): 18-34 Age Group Historical (2009): Baseline (2017):	Jurisdiction Household Income Bottom 40% Historical (2009): 7% Baseline (2017): 3% 1% 8%
Social-Emotional Support (adult) % adults reporting no social-emotional support	Historical (2005-2008): Baseline (2005-2010): Target:	County 18% 17% 12%	TBD		
Objective: Reduce Suicide Rates by December 31, 2022					
Considered Suicide (adults) % adults who report they considered suicide in past year	Historical (2005): Baseline (2017): Target:	Jurisdiction 3% 5% 0%	County 4% 5% 0%	Male Historical (2015): Baseline (2017): 18-34 Age Group Historical (2009): Baseline (2017):	Jurisdiction Household Income Bottom 40% Historical (2009): 6% Baseline (2017): 12% 3% 13%
Attempted Suicide (students)** % middle and high school students reporting attempted suicide	Historical (2006): Baseline (2016): Target:	County 16% 20% 0%	Female Historical (2006): Baseline (2016):	County 21% 25%	

Indicator*	Historical, Baseline, & Target for All Residents	Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities
Suicide Attempt ED Visits Rate of ED visits for Suicide/Self-Inflicted Injuries	<u>County</u> Historical (2002): 45 Baseline (2014): 117 Target (WI2020): 116	<u>County</u> Female Historical (2002): 60 Baseline (2014): 153
Suicide Rate of suicides per 100,000 in Racine County	<u>County</u> Historical (2007): 9 Baseline (2015): 19 Target (HP2020): 10	<u>County</u> White Historical (2007): 9 Baseline (2015): 21 Male Historical (2007): 15 Baseline (2015): 24
Objective: Provide Data to Measure Process and Outcome Measures by December 31, 2022		
Healthy Childhoods e.g. toxic stress	TBD	TBD
Mental Health summary data TBD	TBD	TBD

*For these data, Jurisdiction represents residents of the Jurisdiction and County represents all residents of Racine County.

**Survey sample does not include students from all Racine County Schools.

Strategies and activities for Mental Health that drive the aforementioned indicator data are found in Table 4 (below). These are derived from CHIP Planning meeting participants and align with the *National Prevention Strategy (NPS)* and/or *What Works for Health: Policies and Programs to Improve Wisconsin's Health (WWfH)*. These will be reviewed and referenced in the Annual CHIP Progress Report.

Table 4: Strategies and activities to increase opportunities for Racine County residents to experience their best mental health by December 31, 2022

Improvement Strategies	Activities (Annual Review)	Lead / Partners	Policies to Explore
Raise public awareness of mental health stigma	Initiate annual public awareness campaign (Ending the Silence); use social media for awareness Ensure united and cohesive messaging through collaboration Update resource guides	NAMI / FSR / PSG Community agencies and partners identified in Appendix C including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Payment parity; promote access through adequate MA reimbursement for psychiatrists Advocacy
Increase local agency awareness of impact of childhood trauma on health outcomes	Implement trauma-sensitive and trauma-informed training Increase knowledge and tools for community agencies to assist residents	Racine County Human Services Department Community agencies and partners identified in Appendix C including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Inclusion of trauma training for licensed practitioners
Promote healthy families and healthy relationships	Implement and expand programs that focus on early childhood Implement programs that facilitate social connectedness	Racine County Home Visiting Network Birth-3, Acelero Learning, Catholic Charities, LIHF, healthcare, public health, and human services as well as community agencies and partners identified in Appendix C including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Reimbursement for bundled healthcare and home visiting services and care coordination
Promote and enhance interventions aimed at improving coping skills and social-emotional resiliency	Conduct school needs assessment Initiate school-based interventions based on needs assessment and best practice e.g. mental health, bullying, suicide prevention; inclusion of parents Implement Mental Health First Aid training Engage youth organizations	West-end Schools / CRCHD School administrators, counselors, social workers, nurses, teachers RUSD / C2MH Grant partners, mental health first aid training partners, school-based mental health clinics YMCA / Other Agencies Other agencies	Requirements for school staff to know depression and suicide warning signs
Improve availability of mental health data	Engage partners in dynamic process to identify data sources and gaps in descriptive mental health data	CRCHD All partner agencies	TBD e.g. data sharing agreements

Substance Abuse: Priority Health Area #2

GOAL

**Prevent and effectively treat
substance abuse across the lifespan**

Healthiest Wisconsin 2020 Health Focus Area: Alcohol and Other Drug Use

HealthyPeople 2020: Substance Abuse

Definitions

Substance Abuse: “Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values...” (Source: *HealthyPeople 2020*)

Substance Use Disorders: “The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to *substance use disorders*, which are defined as mild, moderate, or severe to indicate the level of severity. *Substance use disorders* occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.” (Source: *Substance Abuse and Mental Health Services Administration – SAMHSA*)

Binge Drinking: “Binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.” (Source: *National Institute on Alcohol Abuse and Alcoholism*)

Impact

“Substance abuse—involving drugs, alcohol, or both—is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs, exceed \$600 billion annually. Substance abuse contributes to a number of negative health outcomes and public health problems, including: cardiovascular conditions; pregnancy complications; teenage pregnancy; HIV/AIDS; STDs; domestic violence; child abuse; motor vehicle crashes; homicide; and suicide.” (Source: *HealthyPeople 2020*)

Social Determinants of Substance Abuse

“Several biological, social, environmental, psychological, and genetic factors are associated with substance abuse. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by

interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents. For example, research suggests that marijuana exposure through friends and siblings was a primary determinant of adolescents' current marijuana use. Understanding these factors is key to reducing the number of people who abuse drugs and alcohol and improving the health and safety of all Americans.” (Source: *Healthy People 2020*)

Data Snapshot: Central Racine County Health Department and Racine County

1. From 2005 to 2017, the percentage of surveyed adults who reported binge drinking increased by 43% in the Jurisdiction and 62% in the County. A higher percentage of males reported binge drinking compared to females as did 18-34 year olds.
2. The rate of overdose deaths (any drug) have nearly tripled between 2000 and 2016 in Racine County. Ages 25-34 and females are disproportionately impacted.
3. The rate of emergency department (ED) discharges related to opioids increased over 400% between 2005 and 2016 while hospital discharges climbed over 200% between 2005 and 2016.

(Source: *Central Racine County Health Department CHA 2017*)

National and State Prevention Strategies

“Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. “(Source: *HealthyPeople 2020*)

The *National Prevention Strategy* (below) outlines suggested interventions for *Preventing Drug Abuse and Excessive Alcohol Use* and the role that different community sectors play.

Recommendations:

- Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies.
- Create environments that empower young people not to drink or use other drugs.
- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
- Reduce inappropriate access to and use of prescription drugs.

What Can State, Tribal, Local and Territorial Governments Do?

- Maintain and enforce the age 21 minimum legal drinking age (e.g., increasing the frequency of retailer compliance checks), limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.
- Implement or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including policies allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis and other infectious diseases associated with drug use.

What Can Businesses and Employers Do?

- Implement policies that facilitate the provision of SBIRT or offer alcohol and substance abuse counseling through EAPs.
- Include substance use disorder benefits in health coverage and encourage employees to use these services as needed.
- Implement training programs for owners, managers, and staff that build knowledge and skills related to responsible beverage service.

What Can Early Learning Centers, Schools, Colleges, and Universities Do?

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).

What Can Community, Non-Profit, and Faith-Based Organizations Do?

- Support implementation and enforcement of alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness on the proper storage and disposal of prescription medications.

What Can Individuals and Families Do?

- Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
- Safely store and properly dispose of prescription medications and not share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home.

What Can Health Care Systems, Insurers, and Clinicians Do?

- See [Healthcare Access Priority Health Area](#)

Local Strategies

CHIP Meeting participants and key-informants identified strategies to meet the prevention goal of increasing opportunities to reduce substance abuse. Many suggested strategies and interventions aligned with the *National Prevention Strategy* and *What Works for Health: Policies and Programs to Improve Wisconsin's Health* and included: skill development, more policy level support, increasing sustainability of treatment effects, and creating opportunities to convene funders with implementers. Both groups also identified gaps and contributing factors, including: funding, denial, knowledge of appropriate level of treatment, perception-media, diversion programs, physician knowledge, lack of services/resources (e.g. western Racine County), and overprescribing opioids by dentists. Last, both groups identified assets and resources as well as suggested policies (see Appendices C-F for a complete compilation of results).

Identified strategies were winnowed down to those strategies focused on the community, those with possible programmatic and policy actions, and those tied to social determinants of health. *Of note, Substance Abuse health access concerns are enumerated in the Access to Healthcare Priority Health Area #4. Healthcare access can be considered a social determinant of health for Mental Health, Substance Abuse, and Chronic Disease Priority Health Areas.*

Role of Central Racine County Health Department: CHIP Meeting participants identified the potential role of CRCHD to address this priority as providing: 1) advocacy; 2) data; 3) education; 4) resources; and 5) mediation/convening expertise.

Substance Abuse Objectives, Indicators and Time-Framed Targets:

The objectives to meet the goal of preventing and effectively treating substance abuse across the lifespan by December 31, 2022 are as follows:

1. Reduce overdose ED visits, hospitalizations and deaths.
2. Reduce rate of alcohol and drug abuse (adults and youth).
3. Reduce access to and inappropriate use of prescription drugs.
4. Provide data to measure process and outcome measures.

The following indicators relate directly to the Substance Abuse objectives (see Table 5). Each defined indicator includes baseline and target measurements for all residents as well as measurements for priority populations experiencing poorer health outcomes and health inequities for whom the strategies may be targeted.

Table 5: Indicators, Measurable and Time-framed Targets for Substance Abuse

Indicator*	Historical, Baseline, & Target for All Residents			Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities		
Reduce overdose ED visits, hospitalizations and deaths by December 31, 2022						
Overdose Deaths		County	State	County		
Rate of overdose deaths involving any drug	Historical (2000):	5	5	Ages 25-34	Male	
	Most recent (2016):	14	18	Historical (2000):	8	Historical (2000): 9
	Target (WI2020):	13	13	Baseline (2016):	37	Baseline (2016): 17
Overdose Hospital Admission Discharges		County	State	County		
Rate per 100,000 of opioid-related hospital admissions	Historical (2005):	117	125	(Overdose Hospital/ED Discharges Combined)		
	Most recent (2016):	266	264	Ages 25-34	Non-Hispanic	
	Target (WI2020):	253	251	Historical (2005):	321	Historical (2005): 149
Overdose ED Visit Discharges		County	State	Baseline (2016):	1201	Baseline (2016): 490
Rate per 100,000 opioid-related ED visit discharges	Historical (2005):	48	53			
	Most recent (2016):	194	206			
	Target (WI2020):	184	196			
Naloxone	TBD			TBD		
TBD e.g. number of doses given						

Indicator*	Historical, Baseline, & Target for All Residents	Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities
Reduce rate of alcohol and drug abuse (adults and students) by December 31, 2022		
Binge Drinking (students)** % of middle and high school students who report binge drinking in their lifetime	County Historical (2006): 23% Baseline (2016): 16% Target (WI2020): 14%	TBD
Binge Drinking (adults) % of adults who report binge drinking in past 30 days	Jurisdiction Historical (2005): 21% Baseline (2017): 30% Target (HP2020): 24% County Historical (2005): 21% Baseline (2017): 34% Target (HP2020): 24%	Jurisdiction Male Historical (2005): 32% Baseline (2017): 36% 18-34 Age Group Historical (2005): 36% Baseline (2017): 45%
Operating While Intoxicated TBD e.g. number of arrests	TBD	TBD
Reduce access to and inappropriate use of prescription drugs by December 31, 2022		
RX Drug Monitoring Program	TBD	TBD
Med Collection Boxes/ Events	TBD	TBD
Objective: Provide Data to Measure Process and Outcome Measures by December 31, 2022		
Substance Abuse summary data TBD e.g. OFRT data	TBD	TBD

*For these data, Jurisdiction represents residents of the Jurisdiction and County represents all residents of Racine County.

**Survey sample does not include students from all Racine County Schools.

Strategies and activities for Substance Abuse that drive the aforementioned indicator data are found in Table 6 (below). These are derived from CHIP Planning meeting participants and align with the *National Prevention Strategy* (NPS) and/or *What Works for Health: Policies and Programs to Improve Wisconsin's Health* (WWfH). These will be reviewed and referenced in the Annual CHIP Progress Report.

Table 6: Strategies and activities to prevent and effectively treat substance abuse across the lifespan by December 31, 2022

Improvement Strategies	Activities (Annual Review)	Lead / Partners	Current Policies / Policies to Explore
Initiate Overdose Fatality Review Team (OFRT)	Provide data to identify contributing factors and inform prevention activities	CRCHD Law enforcement, drug courts, human services, healthcare, EMS, district attorney, other	TBD
Raise public awareness of the risks and consequences of alcohol abuse and opioids	Conduct annual public awareness campaign	HSD / OFRT / Focus on Community / FSR / PSG Community agencies and partners identified in Appendix D including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	TBD
Reduce opioid overdose fatalities through expanded naloxone access	Initiate Naloxone Use Surveillance	Healthcare / CRCHD Law enforcement / EMS Pharmacies, other	Naloxone availability through pharmacies
Reduce inappropriate access to and use of prescription drugs	Examine Prescription Drug Monitoring Program trends	Healthcare / CRCHD / State Health Department	Opioid lawsuit (Racine County)
Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.	Dispense household lock boxes Implement education measures	Focus on Community / Partners2 Community agencies and partners identified in Appendix D including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Enhance enforcement of laws prohibiting alcohol purchase by minors Alcohol taxes
Expand, facilitate and promote medication collection program to reduce drug access	Collect data on medication drug box utilization	CRCHD / Law Enforcement / Focus Healthcare, pharmacies, schools, agencies and partners identified in Appendix D including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Facilitate policies allowing pharmacies to accept unwanted drugs
Improve availability of substance abuse data	Engage partners in dynamic process to identify data sources and gaps in descriptive substance abuse health data	CRCHD All partner agencies	TBD e.g. data sharing agreements

Chronic Disease: Priority Health Area #3

GOAL

Prevent and effectively treat chronic disease

Healthiest Wisconsin 2020: Chronic Disease Prevention and Management

HealthyPeople 2020: Nutrition, Physical Activity, and Obesity

Definition

“A chronic disease, as defined by the U.S. National Center for Health Statistics, is a disease lasting three months or longer. Generally incurable and ongoing, chronic diseases affect approximately 133 million Americans, representing more than 40% of the total population of this country. More and more people are living with not just one chronic illness, such as diabetes, heart disease or depression, but with two or more conditions. Almost a third of the population is now living with multiple chronic conditions.” (*Source: National Health Council*)

Impact

“Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 46% of all deaths. Obesity is a serious health concern. During 2011–2014, more than one-third of adults (36%), or about 84 million people, were obese (defined as body mass index [BMI] ≥ 30 kg/m²). About one in six youths (17%) aged 2 to 19 years was obese (BMI ≥ 95 th percentile). Arthritis is the most common cause of disability. Of the 54 million adults with doctor-diagnosed arthritis, more than 23 million say they have trouble with their usual activities because of arthritis. Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by injury, and new cases of blindness among adults.” (*Source: CDC*)

“Lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions. In the United States, chronic diseases and conditions and the health risk behaviors that cause them account for most health care costs. Eighty-six percent of the nation’s \$2.7 trillion annual health care expenditures are for people with chronic and mental health conditions.” (*Source: CDC*)

“Good nutrition, physical activity, and a healthy body weight are essential parts of a person’s overall health and well-being. Together, these can help decrease a person’s risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time.” (*Source: HealthyPeople 2020*)

Social Determinants of Chronic Disease

“A number of factors affect a person’s ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors

that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. Addressing these factors is critically important to improving the nutrition and activity levels of all Americans; only then will progress be made against the Nation’s obesity epidemic and its cascading impact on health.” (Source: *HealthyPeople 2020*)

Data Snapshot: Central Racine County Health Department and Racine County

1. The percentage of current smokers in the Jurisdiction decreased from 2005 to 2017.
2. Adults reported an increase in moderate or vigorous physical activity (5x/week). The reported values for the Jurisdiction (57%) and the County (54%) were both above the Healthy People 2020 target goal of 48%.
3. From 2012 to 2017, there was a 14 % decrease in Jurisdiction children (ages 5 to 17) who were meeting the US Department of Health and Human Services recommendation of 60 minutes of physical activity per day. For County children, there was a 10% decrease.
4. Adults reporting 5+ fruits/vegetables per day stayed flat while there was an increase in children’s fruit and vegetable intake.
5. From 2005 to 2017, the Jurisdiction saw a 10% increase in the percentage of adults who reported as overweight or obese (BMI≥25). This increase reached a percentage (73%) level above the Healthy People 2020 target of 66%. When this measurement was stratified by gender, males were consistently higher compared to their female counterparts. In addition, 18-34 year olds, 55-64 year olds, those with lower educational attainment status, and those of lower economic status were disproportionately impacted.
6. In 2015, heart disease was the leading cause of death for Hispanic and White County residents, while cancer was the leading cause of death for Black residents in the County.
7. In 2015, the County’s three leading causes of cancer mortality were lung, breast, and prostate cancer.

National and State Prevention Strategies

“Engaging in regular physical activity is one of the most important things that people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese. Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer.” (Source: *National Prevention Strategy*)

The *National Prevention Strategy* (below) outlines suggested interventions for *Physical Activity and Healthy Eating* and the role that different community sectors play.

Recommendations (Physical Activity and Healthy Eating):

- Encourage community design and development that supports physical activity.
- Promote and strengthen school and early learning policies and programs that increase physical activity.
- Facilitate access to safe, accessible, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.
- Assess physical activity levels and provide education, counseling, and referrals.
- Increase access to healthy and affordable foods in communities.
- Implement organizational and programmatic nutrition standards and policies.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.
- Support policies and programs that promote breastfeeding.
- Enhance food safety.

What Can State, Tribal, Local and Territorial Governments Do?

- Design safe neighborhoods that encourage physical activity (e.g., sidewalks, bike lanes, lighting, multi-use trails, walkways, parks).
- Convene partners to consider health impacts when making transportation or land use decisions.
- Support schools and early learning centers in meeting physical activity guidelines.
- Ensure nutrition standards for foods served or sold in government facilities and government-funded programs and institutions.
- Strengthen licensing standards for early learning centers to include nutritional requirements for foods and beverages served.
- Work with hospitals, early learning centers, health care providers, and community organizations to implement breastfeeding policies.
- Ensure laboratories, businesses, health care, and community partners are prepared to respond to outbreaks of foodborne disease.
- Use grants, zoning regulations, and other incentives to attract full-service grocery stores, supermarkets, and farmers markets to underserved neighborhoods

What Can Businesses and Employers Do (Physical Activity and Healthy Eating)?

- Adopt policies and programs that promote walking, bicycling, and use of public transportation
- Design or redesign communities to promote opportunities for physical activity.
- Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.
- Increase the availability of healthy food; limit marketing of unhealthy food to children and youth.
- Adopt lactation policies that provide space, break time for breastfeeding employees; offer lactation management services and support.
- Reduce sodium, saturated fats, and added sugars and eliminate artificial trans fats from products.
- Implement proper handling, preparation, and storage practices to increase food safety.

What Can Early Learning Centers, Schools, Colleges, and Universities Do?

- Provide daily physical education and recess that focuses on maximizing time physically active.
- Participate in fitness testing and support individualized self-improvement plans.
- Support walk and bike to schools programs; select school sites that can promote physical activity.
- Limit passive screen time; make physical activity facilities available to the local community.
- Implement and enforce policies that increase the availability of healthy foods.
- Eliminate high-calorie, low-nutrition drinks from vending machines, cafeterias, and school stores and provide greater access to water.
- Implement policies restricting the marketing of unhealthy foods.
- Provide nutrition education.

What Can Community, Non-Profit, and Faith-Based Organizations Do?

- Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).
- Develop and institute policies and joint use agreements that address liability concerns and encourage shared use of physical activity facilities (e.g., school gymnasiums, community recreation centers).
- Offer opportunities for physical activity across the lifespan (e.g., aerobic and muscle strengthening exercise classes for seniors).
- Lead or convene city, county, and regional food policy councils to assess local community needs and expand programs (e.g., community gardens, farmers markets) that bring healthy foods, especially locally grown fruits and vegetables, to schools, businesses, and communities.
- Implement culturally, linguistically appropriate social supports for breastfeeding e.g. marketing campaigns, breastfeeding peer support.

What Can Individuals and Families Do?

- Engage in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children).
- Supplement aerobic activities with muscle strengthening activities on two or more days a week that involve all major muscle groups.
- Consider following the American Academy of Pediatrics (AAP) recommendations for limiting TV time among children.
- Eat less by avoiding oversized portions, make half of the plate fruits and vegetables, make at least half of the grains whole grains, switch to fat-free or low-fat (1%) milk, choose foods with less sodium, and drink water instead of sugary drinks.
- Balance intake and expenditure of calories to manage body weight.
- Breastfeed their babies exclusively for the first 6 months after birth when able.
- Prevent foodborne illness by following key safety practices— clean (wash hands and surfaces often), separate (do not cross-contaminate), cook (cook food to proper temperatures), and chill (refrigerate promptly).

What Can Health Care Systems, Insurers, and Clinicians Do?

- See [Healthcare Access Priority Health Area](#)

Local Strategies

CHIP Meeting participants and key-informants identified strategies to meet the prevention goal of increasing opportunities to prevent and manage chronic disease of residents. Many suggested strategies and interventions aligned with the *National Prevention Strategy* and *What Works for*

Health: Policies and Programs to Improve Wisconsin's Health and included: increasing awareness of chronic disease, increasing treatment options and activities that prevent disease e.g. tobacco, substance abuse, activity, nutrition. Both groups also identified gaps and contributing factors, including: data for western Racine County, access to primary care/specialty care, lack of prevention funding, lack of a belief that prevention is a priority, cost of care and medicine, trust, misinformation, lack of motivation/follow through even though people have knowledge, and lack of accessible grocery stores. Last, both groups identified assets and resources as well as suggested policies (see Appendices C-F for a complete compilation of results).

Identified strategies were winnowed down to those strategies focused on the community, those with possible programmatic and policy actions, and those tied to social determinants of health. *Of note, Chronic Disease health access concerns are enumerated in the Access to Healthcare Priority Health Area #4. Healthcare access can be considered a social determinant of health for the Mental Health, Substance Abuse, and Chronic Disease Priority Health Areas.*

Role of Central Racine County Health Department: CHIP Meeting participants identified the potential role of CRCHD to address this priority as providing: 1) increased awareness; 2) community outreach; 3) mediation/convening; 4) resource navigation; 5) evidence-based programs/best practices; 6) credible information.

Chronic Disease Objectives, Indicators and Time-Framed Targets:

The objectives to meet the goal of preventing and effectively treating chronic disease by December 31, 2022 are as follows:

1. Increase % of children and adults meeting physical activity targets.
2. Increase % of children and adults meeting daily intake of fruits and vegetables.
3. Reduce obesity rate among children and adults.
4. Reduce mortality related to heart disease and cancer.
5. Provide data to measure process and outcome measures.

The following indicators relate directly to the Chronic Disease objectives (see Table 7). Each defined indicator includes baseline and target measurements for all residents as well as measurements for priority populations experiencing poorer health outcomes and health inequities for whom the strategies may be targeted.

Table 7: Indicators, Measurable and Time-framed Targets for Chronic Disease

Indicator*	Historical, Baseline, & Target for All Residents		Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities	
Objective: Increase % of children and adults meeting physical activity targets by December 31, 2022				
Physical Activity (adults) % adults who report meeting moderate or vigorous physical activity requirements		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>
	Historical (2009):	40%	43%	Household Income
	Baseline (2017):	57%	54%	Middle 20% Bracket
	Target (HP2020):	48%	48%	Historical (2009): 45%
				Baseline (2017): 44%
Physical Activity (children) % children with physical activity regiment of 60 minutes for 5 or more days (parent report)		<u>Jurisdiction</u>	<u>County</u>	TBD
	Historical (2012):	71%	69%	
	Baseline (2017):	61%	62%	
	Target(WI2020):	66%	66%	

Indicator*	Historical, Baseline, & Target for All Residents	Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities
Objectives: Increase % of children and adults meeting daily fruit and vegetable intake by December 31, 2022		
Fruit and Vegetable Intake (adults) % adults who report eating 5+ fruits/vegetables/day	<u>Jurisdiction</u> Historical (2005): 38% Baseline (2017): 38% Target: 43%	<u>County</u> 38% 35% 43%
		<u>Jurisdiction</u> <u>Male</u> Historical (2005): 29% Baseline (2017): 29% <u>High School or Less</u> Historical (2005): 30% Baseline (2017): 24%
		<u>55-64 Age Group</u> Historical (2005): 36% Baseline (2017): 31% <u>Household Income</u> <u>Bottom 40%</u> Historical (2009): 36% Baseline (2017): 30%
Fruit and Vegetable Intake (children) % children who eat 5+ fruits/vegetables/day (parent report)	<u>Jurisdiction</u> Historical (2012): 34% Baseline (2017): 46% Target: 51%	<u>County</u> 37% 38% 51%
		<u>Jurisdiction</u> <u>Girl</u> Historical (2012): 36% Baseline (2017): 42% <u>Household Income</u> <u>Bottom 60%</u> Historical (2012): 31% Baseline (2017): 24%
		<u>13-17 Age Group</u> Historical (2012): 19% Baseline (2017): 40%
Objective: Reduce obesity rate among children and adults by December 31, 2022		
Obesity (adults) % of adults who report being overweight or obese	<u>Jurisdiction</u> Historical (2005): 66% Baseline (2017): 73% Target (HP2020): 66%	<u>County</u> 68% 75% 66%
		<u>Jurisdiction</u> <u>Male</u> Historical (2005): 83% Baseline (2017): 81% <u>18-34 Age Group</u> Historical (2005): 63% Baseline (2017): 75% <u>55-64 Age Group</u> Historical (2005): 69% Baseline (2017): 82%
		<u>High School or Less</u> Historical (2005): 66% Baseline (2017): 84% <u>Household Income</u> <u>Bottom 40%</u> Historical (2009): 73% Baseline (2017): 82%
Obesity (children) % of children obese (parent report)	<u>State</u> Historical (1999): 10% Baseline (2013): 12% Target (HP2020): 15%	TBD
Objective: Reduce mortality related to heart disease and cancer by December 31, 2022		
Tobacco Use (adults) % adults who report being current smokers	<u>Jurisdiction</u> Historical (2005): 20% Baseline (2017): 11% Target (HP2020): 12%	<u>County</u> 25% 19% 12%
		<u>Jurisdiction</u> <u>35-44 Age Group</u> Historical (2005): 21% Baseline (2017): 17% <u>High School or Less</u> Historical (2005): 30% Baseline (2017): 15%
		<u>Household Income</u> <u>Top 40%</u> Historical (2012): 17% Baseline (2017): 15%
Cancer Mortality rate per 100,000	<u>Overall Cancer</u> Historical (2007): 178 Baseline (2016): 159 Target (HP2020): 161 <u>Breast Cancer (Female)</u> Target (HP2020): 21 <u>Prostate Cancer (Male)</u> Target (HP2020): 22	<u>County</u> 178 159 161 21 22
		<u>Overall Cancer (Black)</u> Historical (2007): 143 Baseline (2016): 221 <u>Breast Cancer (Females)</u> Historical (2007): 22 Baseline (2016): 21 <u>Prostate Cancer (Males)</u> Historical (2007): 32 Baseline (2016): 27
Coronary Heart Disease* Rate per 100,00 who die from coronary heart disease *As defined by ICD-10 codes I20-I22,I24-I25	<u>County</u> Historical (2007): 110 Baseline (2016): 95 Target (HP 2020): 103	<u>County</u> 110 95 103
		<u>Male</u> Historical (2007): 175 Baseline (2016): 133 <u>Black</u> Historical (2007): 152 Baseline (2016): 133
Objective: Provide Data to Measure Process and Outcome Measures by December 31, 2022		
Chronic Disease summary data TBD	TBD	TBD

*For these data, Jurisdiction represents residents of the Jurisdiction and County represents all residents of Racine County.

Strategies and activities for Chronic Disease that drive the aforementioned indicator data are found in Table 8 (below). These are derived from CHIP Planning meeting participants and align with the *National Prevention Strategy* (NPS) and/or *What Works for Health: Policies and Programs to Improve Wisconsin's Health* (WWfH). These will be reviewed and referenced in the Annual CHIP Progress Report.

Table 8: Strategies and activities to prevent and effectively treat chronic diseases by December 31, 2022

Improvement Strategies	Activities (Annual Review)	Lead / Partners	Policies to Explore
Make facilities available for physical activity	Convene local partners	YMCA / Other Aurora Wellness Center, senior centers, community centers, schools	Grants to fund programming
Support tobacco control efforts	Participate in coalition meetings and/or initiatives	Tri-County Tobacco Coalition Community agencies and partners identified in Appendix E including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	TBD
Initiate Health in All Policies	Assess potential for HiAP plan	CRCHD Racine County, municipalities	Engage local and state policy-makers
Support community efforts to promote breastfeeding	Education Support peer breastfeeding	WIC Racine County Home Visiting Network members, LIHF, healthcare providers, UW-Extension, Head Start	Baby friendly hospital
Provide community and establishment education to prevent foodborne outbreaks	Continue Establishment inspection and licensing Implement food safety online class	CRCHC / Other Food establishments, schools	TBD
Identify additional strategies for health promotion and disease prevention	Provide HPV vaccinations Other TBD	CRCHD Community agencies and partners identified in Appendix E including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	TBD
Improve availability of chronic disease data	Engage partners in dynamic process to identify data sources and gaps in descriptive chronic disease health data	CRCHD All partner agencies	TBD e.g. data sharing agreements

Access to Healthcare: Priority Health Area #4

GOAL

Increase access to comprehensive, quality healthcare across the lifespan

Healthiest Wisconsin 2020: Alcohol and Other Drug; Chronic Disease Prevention and Management; Injury and Violence; Oral Health; Healthy Growth & Development

HealthyPeople 2020: Access to Health Services

Definition

“Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps: 1) gaining entry into the health care system (usually through insurance coverage); 2) accessing a location where needed health care services are provided (geographic availability); and 3) finding a health care provider whom the patient trusts and can communicate with (personal relationship). Access to health care impacts one's overall physical, social, and mental health status and quality of life.” (*HealthyPeople 2020*)

Impact

“A person’s ability to access health services has a profound effect on every aspect of his or her health, yet at the start of the decade, almost 1 in 4 Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses. Increasing access to both routine medical care and medical insurance are vital steps in improving the health of all Americans.” (*Source: HealthyPeople 2020*)

Healthcare Access as a Social Determinant of Health

“Access to health services affects a person’s health and well-being. Regular and reliable access to health services can: 1) prevent disease and disability; 2) detect and treat illnesses or other health conditions; 3) increase quality of life; 4) reduce the likelihood of premature (early) death; and 5) increase life expectancy. Primary care providers (PCPs) play an important role in protecting the health and safety of the communities they serve. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with: 1) greater patient trust in the provider; 2) good patient-provider communication; and 3) increased likelihood that patients will receive appropriate care.” (*Source: HealthyPeople 2020*)

“Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and

communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.” (Source: *Healthy People 2020*)

“Health-care services (primary, secondary, tertiary care) have not until recently been considered an SDH. Inequities in access to health care are changing this view. These inequities include barriers faced by certain population groups at point of care, such as the lack of cultural competence of health-care providers. The authors show how a social justice perspective can help nurses understand how to link inequities in access to poorer health outcomes, and they call on nurses to break the cycle of oppression that contributes to these inequities.” (Source: *National Institutes of Health*)

Data Snapshot: Central Racine County Health Department and Racine County

1. From 2005 to 2017, CRCHD residents continue to report the doctor/nurse practitioner’s office as their top primary source for health services. However, in the most recent years (2015-2017) respondents have reported a more than 8-fold increase in the use of urgent care centers as a primary source of care when compared to 2005.
2. From 2011 to 2016, Racine County had less health care providers (e.g. primary care provider, dentist, mental health provider) per capita compared to the State.
3. From 2015 to 2016, the lack of health insurance coverage in Racine County has been highest for adults.
4. Unmet health, dental and mental healthcare needs have increased.

National and State Prevention Strategies

“Millions of Americans still lack health insurance coverage. In addition, data from the *Healthy People Midcourse Review* demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care. Disparities also exist by geography, as millions of Americans living in rural areas lack access to primary care services due to workforce shortages. Specific issues that should be monitored over the next decade include:

- Increasing and measuring insurance coverage and access to the entire care continuum (from clinical preventive services to oral health care to long-term and palliative care).
 - Addressing disparities that affect access to health care (e.g., race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location).
 - Assessing the capacity of the health care system to provide services for newly insured individuals.
 - Determining changes in health care workforce needs as new models for delivery of primary care become more prevalent, such as the patient-centered medical home and team-based care.
 - Monitoring the increasing use of telehealth as an emerging method of delivering health care.
- (Source: *HealthyPeople 2020*)

The *National Prevention Strategy* (below) outlines suggested interventions for *Healthcare Systems, Clinicians and Insurers* across the health focus areas of Mental Health, Substance Abuse and Chronic Disease.

Overall Recommendations

- Inform patients about the benefits of preventive services and offer recommended clinical preventive services as a routine part of care.
- Adopt medical home or team-based care models.
- Reduce or eliminate client out-of-pocket costs for certain preventive services, and educate and encourage enrollees to access these services.
- Establish patient and clinical reminder systems for preventive services.
- Expand hours of operation, provide child care, offer services in convenient locations (e.g., near workplaces), or use community or retail sites to provide preventive services.
- Create linkages with and connect patients to community resources (e.g., tobacco quitlines), family support, and education programs.
- Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).
- Communicate with patients in an appropriate manner so that patients can understand and act on their advice and directions.
- Promote early identification of mental health needs and access to quality services.
- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
- Reduce inappropriate access to and use of prescription drugs.
- Support policies and programs that promote breastfeeding.

Mental Health: What Can Health Care Systems, Insurers, and Clinicians Do?

- Educate parents on normal child development and conduct early childhood interventions to enhance mental and emotional well-being and provide support (e.g., home visits for pregnant women and new parents).
- Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions, and refer people to treatment and community resources as needed.
- Develop integrated care programs to address mental health, substance abuse, and other needs within primary care settings.
- Enhance communication and data sharing (with patient consent) with social services networks to identify and treat those in need of mental health services.

Substance Abuse: What Can Health Care Systems, Insurers, and Clinicians Do?

- Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders), evaluate the effectiveness of alternative methods for providing SBIRT (e.g. by phone, via internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

Chronic Disease: What Can Health Care Systems, Insurers, and Clinicians Do?

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.
- Support clinicians in implementing physical activity assessments, counseling, and referrals (e.g., provide training to clinicians, implement clinical reminder systems).
- Use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly Hospital standards.
- Screen for obesity by measuring body mass index and deliver appropriate care according to clinical practice guidelines for obesity.
- Assess dietary patterns (both quality and quantity of food consumed), provide nutrition education and counseling, and refer people to community resources (e.g., Women, Infants, and Children (WIC); Head Start; County Extension Services; and nutrition programs for older Americans).

Local Strategies

CHIP Meeting participants and key-informants identified strategies to meet the prevention goal of increasing opportunities to increase access to comprehensive, quality healthcare across the lifespan. Many suggested strategies and interventions aligned with the *National Prevention Strategy* and *What Works for Health: Policies and Programs to Improve Wisconsin's Health* and included: promoting place based services, increasing transportation to healthcare, improving enrollment into insurance, increasing awareness of available services, and increasing awareness of chronic disease treatment options. Both groups also identified gaps and contributing factors, including: lack of mobile clinic on west end, lack of comfortable places to access healthcare, institutionalization of healthcare, stigma of healthcare, lack of transportation, unemployment, lack of flexible appointment hours, lack of vaccines for adults, lack of trust, decrease access to dental care (Medicaid and Medicare), high deductibles (out of pocket costs), lack of alternative medications and holistic treatment, lack of dental insurance, decrease in primary care providers,

lack of psychiatric prescribing for youth, too few mental health providers, lack of referral resources, beds, lack of funds, pay for workers, lack of adequate reimbursement, access to primary care/specialty care, lack of prevention funding/lack of a belief that prevention is a priority, cost of care and medicine, physician knowledge, lack of services/resources for substance abuse (especially western Racine County), and overprescribing opioids by dentists. Last, both groups identified assets and resources as well as suggested policies (see Appendices C-F for a complete compilation of results).

Identified strategies were winnowed down to those strategies focused on the community, those with possible programmatic and policy actions, and those tied to strategies which are evidence-based, practice-based or promising practices.

Role of Central Racine County Health Department

CHIP Meeting participants identified the potential role of CRCHD to address this priority as providing: 1) advocacy; 2) data; 3) convening; and 4) vaccinations.

Access to Healthcare Objectives, Indicators and Time-Framed Targets

The objectives to meet the goal of increasing access to comprehensive, quality healthcare across the lifespan by December 31, 2022 are as follows:

1. Increase proportion of children and adults with a usual medical home.
2. Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, mental health care, and/or prescriptions.
3. Increase the availability and accessibility of primary care providers, mental health providers, and substance abuse providers.
4. Provide data to measure process and outcome measures.

The following indicators relate directly to the Access to Healthcare objectives (see Table 9). Each defined indicator includes baseline and target measurements for all residents as well as measurements for priority populations experiencing poorer health outcomes and health inequities for whom the strategies may be targeted.

Table 9: Indicators, Measurable and Time-framed Targets for Healthcare Access

Indicator*	Historical, Baseline & Target		Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities	
Objective: Increase proportion of children and adults with a usual medical home by December 31, 2022				
Source of Care / Utilization % adults who report using urgent care as primary source of health services		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>
	Historical (2005):	2%	2%	<u>18-34 Age Group</u> <u>Household Income</u>
	Most recent (2017):	17%	21%	Historical (2009): 11% <i>Top 40%</i>
	Target:	12%	16%	Baseline (2017): 0% Historical (2009): 8%
				<u>Male</u> Baseline (2017): 24%
			Historical (2009): 7%	
			Baseline (2017): 19%	
Insurance Status % of adults who report no health insurance in past 12 months		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>
	Historical (2009):	9%	15%	<u>35-44 Age Group</u> <u>Household Income</u>
	Most recent (2017):	4%	5%	Historical (2009): 8% <i>Middle 20%</i>
	Target (HP2020):	0%	0%	Baseline (2017): 11% Historical (2009): 5%
				<u>Some Post High School</u> Baseline (2017): 9%
			Historical (2009): 7%	
			Baseline (2017): 8%	
Insurance Status % of children without health insurance (parent report)		<u>County</u>	<u>State</u>	TBD
	Historical (2010):	5%	5%	
	Most recent (2014):	5%	5%	
	Target (HP2020):	0%	0%	

Indicator*	Historical, Baseline & Target			Priority Population: Social Determinants, Poorer Health Outcomes and Health Inequities		
Objective: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, mental health care, and/or prescriptions by December 31, 2022						
Healthcare Costs % adults who delayed/did not receive care in past 12 months due to cost (self-report)		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>		
	Historical (2015):	21%	21%	<u>45-54 Age Group</u>	<u>High School or Less</u>	
	Most recent (2017):	17%	17%	Historical (2015):	23%	Historical (2015): 10%
	Target:	12%	12%	Baseline (2017):	24%	Baseline (2017): 16%
				<u>55-64 Age Group</u>	<u>Household Income</u>	
				Historical (2015):	17%	<u>Top 40%</u>
				Baseline (2017):	23%	Historical (2015): 11%
						Baseline (2017): 17%
Prescription Costs % household prescription medications not taken due to cost (self-report)		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>		
	Historical (2009):	7%	12%	<u>Household Income</u>		
	Most recent (2017):	8%	10%	<u>Top 40%</u>		
	Target:	3%	5%	Historical (2009):	4%	
				Baseline (2017):	10%	
Unmet Dental Care % of adults who did not get needed dental care (self-report)		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>		
	Historical (2012):	11%	15%	<u>55-64 Age Group</u>	<u>Household Income</u>	
	Most recent (2017):	14%	13%	Historical (2012):	12%	<u>Bottom 40%</u>
	Target:	9%	8%	Baseline (2017):	19%	Historical (2012): 21%
				<u>High School or Less</u>		Baseline (2017): 15%
				Historical (2012):	15%	
				Baseline (2017):	21%	
Unmet Medical Care % of adults who did not get needed medical care (self-report)		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>		
	Historical (2012)	6%	8%	<u>55-64 Age Group</u>	<u>Household Income</u>	
	Most recent (2017):	9%	11%	Historical (2012):	12%	<u>Bottom 40%</u>
	Target:	4%	6%	Baseline (2017):	16%	Historical (2012): 7%
						Baseline (2017): 11%
				<u>High School or Less</u>		
				Historical (2012):	6%	
				Baseline (2017):	13%	
Unmet Mental Health Care % of adults who did not get needed mental health care (self-report)		<u>Jurisdiction</u>	<u>County</u>	<u>Jurisdiction</u>		
	Historical (2012):	<1%	2%	<u>18-34 Age Group</u>		
	Most recent (2017):	3%	3%	Historical (2015):	10%	
	Target:	0%	0%	Baseline (2015):	10%	
				<u>College Graduate</u>		
				Historical (2015):	7%	
				Baseline (2015):	7%	
Objective: Increase the availability and accessibility of primary care providers, mental health providers, and substance abuse providers by December 31, 2022						
Mental Health Providers Ratio of resident to providers			<u>County</u>	NA		
	Historical (2014):		1000:1			
	Baseline (2016):		899:1			
	Target (WI2020):		597:1			
Primary Care Providers Ratio of resident to providers			<u>County</u>	NA		
	Historical (2011):		1861:1			
	Baseline (2014):		2076:1			
	Target (WI2020):		1240:1			
Dental Care Providers Ratio of resident to providers			<u>County</u>	NA		
	Historical (2012):		1891:1			
	Baseline (2015):		1726:1			
	Target (WI2020):		1563:1			
Objective: Provide Data to Measure Process and Outcome Measures by December 31, 2022						
Healthcare Access data TBD	TBD			TBD		

*For these data, Jurisdiction represents residents of the Jurisdiction and County represents all residents of Racine County.

Strategies and activities for access to healthcare that drive the aforementioned indicator data are found in Table 10 (below). These are derived from CHIP Planning meeting participants and align with the *National Prevention Strategy* (NPS) and/or *What Works for Health: Policies and Programs to Improve Wisconsin's Health* (WWfH). These will be reviewed and referenced in the Annual CHIP Progress Report.

Table 10: Strategies and activities to increase access to comprehensive, quality healthcare across the lifespan by December 31, 2022

Improvement Strategies	Activities (Annual Review)	Lead / Partners	Policies to Explore
Explore a more integrated, effective health system through collaboration between clinical care and public health.	Convene meeting of partners Ensure community agencies understand current healthcare initiatives e.g. targeted outreach for chronic disease, 3.99 prescriptions program	CRCHD / Primary Care Providers / PSG / FSR Healthcare systems, human services, non-profits, insurers, Community Care Transitions Coalition, other	Bundled packages of home visits offered to insurers and clinicians in exchange for reimbursement
Promote use of primary care provider for all clients	Identify barriers to utilizing medical home Identify # of clients linked to primary care provider through urgent care and EDs Identify why people repeatedly return to urgent care and/or EDs Identify characteristics of east-end versus west-end users of free healthcare	CRCHD / Primary Care Providers Community agencies and partners identified in Appendix F including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Provide advocacy at local and state level for access to care e.g. sliding scale for Medicaid/Badgercare recipients so they do not go on and off of healthcare
Obtain more detailed insurance coverage and access to the entire care continuum (from clinical preventive services to oral health care to long-term and palliative care).	Survey of providers Access detailed prevention and treatment coverage Explore perception of access versus reality i.e. relationship of insurance coverage to access and relationship of high deductibles to access Identify areas of need for health literacy (what plans cover)	CRCHD / Providers Community agencies and partners identified in Appendix F including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	TBD
Linking those in need with potential providers in a health assurance role (quality of care)	Continue navigator role (HSD) Utilize health care advocates and other programs which link people to insurance Implement care coordination Integrate resource guides and directories	All agencies	TBD
Promote early identification of mental health needs, substance abuse needs and/or access to quality services	Participate in workgroups Participate in strategy teams Support school-based mental health clinics or other healthcare/school relationships	C2MH and HWPP Community agencies and partners identified in Appendix F including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	Provide advocacy to change Medicare policy which only pays for LCSW, not MSW or BSW Advocate for students to go into areas of needed practice/licensure
Explore public-private partnerships to implement community preventive services	Convene meetings with healthcare providers and community providers e.g. free care clinics, school-based health centers, other clinic models Continue to advocate for pediatric subscribers	Schools / CRCHD / Healthcare Community agencies and partners identified in Appendix F including providers, non-profits, healthcare, funders, schools, community centers, and coalitions	TBD
Improve availability of healthcare access data	Engage partners in dynamic process to identify data sources and gaps in descriptive healthcare access data Identify access at County and other facilities (crisis versus ongoing care)	CRCHD All partner agencies	TBD e.g. data sharing agreements

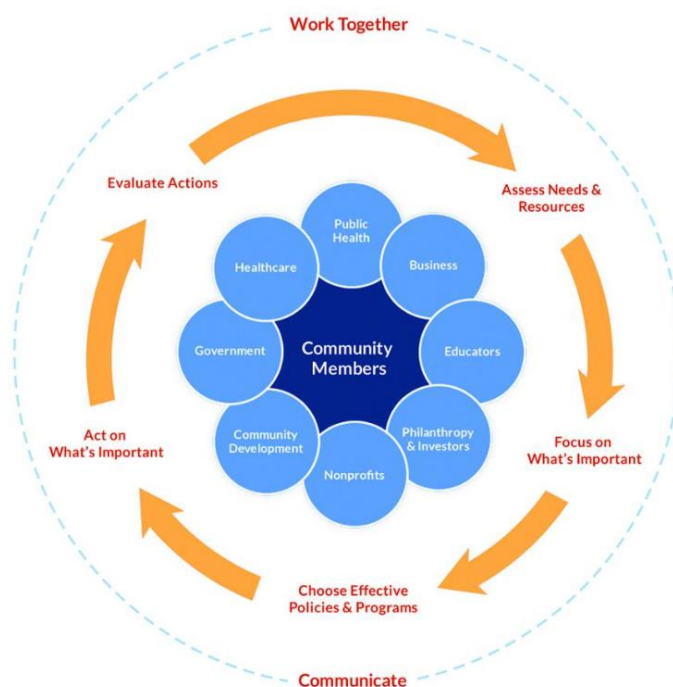
SECTION 4: CONCLUSIONS AND PROGRESS

This plan is both a product and an “ongoing process using science, quality improvement, partnerships, and large-scale community engagement” (Healthiest Wisconsin 2020). This plan is not meant to be a work plan for our health department, but rather a vision for the work that we want to accomplish together as a community. In addition, this plan does not include other ongoing strategies that the health department and community partners may be addressing such as injury prevention, toxic stress, infectious diseases, environmental hazards, and maternal/child health.

As with all public health issues, solutions to the identified priority health areas will not likely be singular or simple nor can they be addressed by public health agencies alone. We need our existing partners, partnerships and collaborations – as well as businesses, citizens and all manner of public and private agencies – to work together to “move the needle” on these challenging issues. As we move forward together, we will use various measures to understand and categorize change and successes in addressing these challenging issues.

Of course, data and statistics will be reviewed as they become available to evaluate for changes and improvements. Challenges that we anticipate will be the availability of relevant current data as many of the data sources can be 2-4 years delayed, and there are issues of access to Jurisdiction level data as well. Even with these challenges, data will be reviewed and analyzed during the implementation of this plan.

Additional facets of change will be reviewed to document progress. Improvements in the availability of, access to and progress of community services will be monitored and measured where possible. Importantly, developments and enhancements in community partnerships and community engagement will also be documented. We know that working together is the best way to improve our community for the future. Improvements in community partnerships and services are an important indicator of our ability to address the needs and challenges outlined in this plan, and thus attention will be given to progress in these areas.



We look forward to working together with you to make our community a healthier place for all!

APPENDICES

Appendix A: What is Health?



Appendix B: What is a Healthy Community?



Appendix C: Mental Health Information

Mental Health Strategies and Interventions, Barriers and Contributing Factors, and Assets and Resources

	Surveys and Key-Informants	CHIP Meeting Participants
Strategies and Intervention	<ul style="list-style-type: none"> More group homes More resource guides Employer, provider, community and mental health training Focus on schools: teach about mental health, bullying, suicide prevention; include parents Hire more providers, including for schools Increase public awareness Medication assistance Outreach teams Social media campaigns Multi-agency collaboration 	<ul style="list-style-type: none"> Increase screening and education More work in schools Using social media Collaboration Training
Barriers and Contributing Factors	<ul style="list-style-type: none"> Lack of detoxification and rehabilitation facilities Lack of care following rehabilitation Lack of prescribing providers for treatment Multiple rehabilitation stints Co-morbidity: substance and mental health Increased access to drugs Over-prescribing of opioids Cost of treatment Lack of insurance Youth: lack of developmental assets 	<ul style="list-style-type: none"> Too few school counselors – too narrow scope of practice Psychiatrist that can prescribe for <18-year olds Transportation Rural Areas
Assets and Resources	<ul style="list-style-type: none"> Large employers with resources Senior and Community Centers Recruitment of providers Increased awareness Non-profit services VA programs/services Hope Center (free counseling) Schools Healthcare systems Public Health Behavioral Health Services (BHS): SAIL National Alliance on Mental Illness (NAMI) Racine County Early childhood agencies 	<ul style="list-style-type: none"> Racine Family YMCA (YMCA) School nurses, counselors and social workers School administration Behavioral Health Services (BHS) Family Service of Racine (FSR) United Way of Racine County (UWRC) Racine Community Foundations (RCF) Focus on Community (Focus) Racine County Aging and Disability Center (ARDC) Children's Collaborative for Mental Health (C2MH) HWPP grant for RUSD National Alliance on Mental Illness (NAMI) Racine County Health Care Network (HCN) Senior Centers Community Care Catholic Charities Lutheran Social Services (LSS) Professional Services Group (PSG) Churches Homeless Assistance Leadership Organization (HALO) Transitional Living Services, Inc. Racine County Home Visiting Network (RCHVN) Mental Health First Aid (RUSD) Love, Inc Partners2 Women's Resource Center Government boards and commissions
Suggested Policies		<ul style="list-style-type: none"> Fix Medicaid to annual versus monthly coverage to address gaps in coverage Recognize mental health as a diagnosis with coverage

Appendix D: Substance Abuse Information

Substance Abuse Strategies and Interventions, Barriers and Contributing Factors, and Assets and Resources

	Surveys and Key-Informants	CHIP Meeting Participants
Strategies and Intervention	<ul style="list-style-type: none"> More providers More treatment options More community supports Availability of treatment for those unable to pay Team approach/whole family Stiffer penalties for drug dealers More focus on prevention More family supports Increased understanding of science of addiction Community-based research Shared services/work together 	<ul style="list-style-type: none"> Skill development (all age groups) More policy level support Increase sustainability of effects Convene funders with implementers – create this opportunity
Barriers and Contributing Factors	<ul style="list-style-type: none"> Lack of detoxification and rehabilitation facilities Lack of care following rehabilitation Lack of prescribing providers for treatment Multiple rehabilitation stints Co-morbidity: substance and mental health Increased access to drugs Over-prescribing of opioids Cost of treatment Lack of insurance Youth: lack of developmental assets 	<ul style="list-style-type: none"> Funding Denial Knowledge of appropriate level of treatment Perception-media Diversion Programs Physician knowledge Lack of services/resources, especially west of Racine County Overprescribing opioids (dentists)
Assets and Resources	<ul style="list-style-type: none"> Racine County Home Visiting Network: Household Education and Referrals Focus on Community Racine County Youth Coalition: Opioid Prevention funding YMCA PREP and YLA Programs Some education at schools; law enforcement at some schools Medication Collection Dropbox program and DEA Medication Collection events Police/healthcare partnerships Prescription Drug Monitoring Program website for providers Counseling / treatment agencies Non-profits support groups / addiction support groups Behavioral and mental health providers / services Narcan use / Narcan providers Some business supports Health care/public health Legislators, churches, student groups, community centers, senior groups Drug/Substance Abuse Courts Employee Assistance Programs Law enforcement First responders 	<ul style="list-style-type: none"> Focus on Community (Focus) Racine Family YMCA (YMCA) Behavioral Health Services (BHS) Family Service of Racine (FSR) United Way of Racine County (UWRC) Racine Community Foundations (RCF) Partners2 (P2) Health Care Network (HCN) Corrections, Ellsworth Correction Facility Healthcare Systems Rogers ANON, AA, support groups Recovery Community School nurses, counselors and social workers School administration Medication Assistance Treatment Employee Assistance Programs (EAP) Faith Community UW Extension Fire Departments/1st Responders Public Libraries 4H Racine County Youth Coalition (RCYC) Women of Worth -Ascension National Alliance on Mental Illness (NAMI) Lutheran Social Services (LSS) Health Care Network (HCN) Government boards and commissions

Appendix E: Chronic Disease Information

Chronic Disease Strategies and Interventions, Barriers and Contributing Factors, and Assets and Resources

	Surveys and Key-Informants	CHIP Meeting Participants
Strategies and Intervention	Health education Food pantries, farmer's markets Church programs Community education Medication delivery services Enroll more clients in MIH Expand affordable transport Increase access to affordable, healthy food Tailor messages and education by racial and cultural groups More nutrition education opportunities, including schools Neighborhood gardens Free cooking classes Increase awareness of obesity Social media: market programs Revitalize community centers Community activities /outreach	Strategies addressed for Mental Health and Substance Abuse Outreach Open schools to public for activity
Barriers and Contributing Factors	Unhealthy lifestyles Transportation issues Lack of knowledge of resources Expense of healthy eating and gym memberships Lack of motivation Under-funded programs Lack of stores with healthy options in high-poverty areas High stress Lack of time, including for healthy meal prep Lack of community center status Sedentary lives Technology use / time Cost of wellness programs or fitness memberships School funding cuts for physical activity Injuries Lack of nutrition education opportunities, including schools	Data west of Interstate 94 Access to primary care/specialty care Lack of prevention funding/lack of a belief that prevention is a priority Cost of care and medicine Trust Misinformation Lack of motivation/follow through even though they have knowledge Lack of accessible grocery stores
Assets and Resources	Food pantries, Meals on Wheels, grocery stores Supplemental Nutrition Assistance Program (SNAP) Home visiting education UW-Extension programs WIC Classes at health care agencies / wellness programs YMCA, other non-profits Healthcare and HMOs Local businesses, community centers, schools Fitness / recreation centers / bike trails / gyms / beaches Youth sports/activities Churches, home health agencies, businesses, government Support groups National Night Out programs Farmer's Markets and Neighborhood Gardens Head Start – Acelero Community Messaging	Healthcare systems and public health Health Care Network (HCN) YMCA and Recreation Departments School nurses, counselors and social workers School administration Data American Heart Association UW Extension Jane Kramer Foundation L.E. Tobacco Cessation Programs and other Programs American Cancer Society Relay 4 Life United Way of Racine County (UWRC) Racine Community Foundations (RCF) Focus on Community (Focus) Racine Family YMCA (YMCA) Behavioral Health Services (BHS) Family Service of Racine (FSR) Professional Services Group (PSG) Racine County Home Visiting Network (RCHVN) Government boards and commissions NAMI Businesses
Suggested Policies	Implement policies re: activity in school and childcare Utilize preventive strategies insurance will pay for Focus on childcare centers and food they serve Employers: workplace wellness to incentivize physical activity	

Appendix F: Access to Healthcare Information

Access to Healthcare Disease Strategies and Interventions, Barriers and Contributing Factors, and Assets and Resources

	Surveys and Key-Informants	CHIP Meeting Participants
Strategies and Intervention	<ul style="list-style-type: none"> Expand RX assistance programs Transportation access Assistance/education in healthcare enrollment Loan forgiveness (healthcare) Access to volunteer, free care Mobile medical units Appointments outside of normal business hours Program advertising Public/private partnerships Free health screenings Increased access to providers Increase in urgent care options (versus ED) 	<ul style="list-style-type: none"> Place based services Transportation to healthcare Improve enrollment into insurance Increase awareness of available services
Barriers and Contributing Factors	<ul style="list-style-type: none"> Inability to afford medications Lack of investment in prevention Cost to access care: insurance, time off work, co-payments, medication costs, transportation Lack of providers / lack of specialty providers in some areas Lack of robust transportation system Low wages for healthcare workers Not accessible to all due to background checks 	<ul style="list-style-type: none"> Mobile clinic (West) Comfortable places to access HC Institutionalization of HC Stigma of healthcare Transportation Unemployment Flexible appt hour Vaccines for adults Lack of trust Decrease in providers Long waiting list to see County providers – they are only seeing people in crisis
Assets and Resources	<ul style="list-style-type: none"> Community Messaging Preventive medical visits / healthcare Mobile Integrated Health (MIH). Two healthcare systems in county Free healthcare for uninsured / Health Care Network Aging and Disability Resources Center School nurse resources Mobile Integrated Health Two health departments Planned Parenthood Community collaborations 	<ul style="list-style-type: none"> Health Care Network (HCN) Hospital Systems Mobile Clinic – east end Public Health Children’s Hospital of Wisconsin School nurses, counselors and social workers School administration Seal-a-Smile Badgercare Nursing homes Aging and Disability Resource Center (ADRC) Community Care Immunizations Recovery community United Way of Racine County (UWRC) Racine Community Foundations (RCF) Focus on Community (Focus) Racine Family YMCA (YMCA) Behavioral Health Services (BHS) Family Service of Racine (FSR) Professional Services Group (PSG) Racine County Home Visiting Network (RCHVN) Government boards and commissions NAMI

Racine County Community Health Survey Report 2020

Commissioned by:
**Ascension Wisconsin
Aurora Health Care
Central Racine County Health Department
City of Racine Public Health Department
Children's Wisconsin**

In Partnership with:
Health Care Network

Prepared By:
JKV Research, LLC

Table of Contents

<u>Section Title</u>	<u>Page Number</u>
Purpose.....	1
Methodology	1
How to Read the Report.....	4
Executive Summary	6
Key Findings.....	17
Rating Their Own Health	17
Health Care Coverage	22
Health Care Needed.....	30
Health Care Services	39
Routine Procedures.....	49
COVID-19 Vaccination.....	60
Prevalence of Select Health Conditions	62
Physical Activity	82
Body Weight	91
Nutrition and Food Insecurity	97
Women’s Health Screenings	110
Colorectal Cancer Screenings.....	118
Electronic Vaping or Cigarette Smoking.....	127
Exposure to Cigarette Smoke/Electronic Vapor.....	134
Other Tobacco Products	140
Alcohol Use.....	145
Other Substance Use	150
Mental Health.....	153
Personal Safety Issues	162
Children in Household.....	169
Community and Personal Support.....	189
Top County Health Issues	191
Appendix A: Questionnaire Frequencies	223
Appendix B: Survey Methodology	239

<u>Table Title</u>	<u>Page Number</u>
Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2020.....	3
Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year	20
Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year.....	24
Table 4. Personally Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year.....	26
Table 5. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year.....	28
Table 6. Prescription Medication Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member)	32
Table 7. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member).....	33
Table 8. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	35
Table 9. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Household Member)	37
Table 10. Have a Primary Care Physician by Demographic Variables for Each Survey Year	41
Table 11. Doctor’s or Nurse Practitioner’s Office as Primary Health Care Service by Demographic Variables for Each Survey Year.....	43
Table 12. Urgent Care Center or Walk-in Care as Primary Health Care Service by Demographic Variables for Each Survey Year.....	45
Table 13. Advance Care Plan by Demographic Variables for Each Survey Year	47
Table 14. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year	51
Table 15. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year.....	54
Table 16. Dental Checkup in Past Year by Demographic Variables for Each Survey Year.....	56
Table 17. Eye Exam in Past Year by Demographic Variables for Each Survey Year	58

<u>Table Title</u>	<u>Page Number</u>
Table 18. COVID-19 Vaccination by Demographic Variables for 2020.....	61
Table 19. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year.....	65
Table 20. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year.....	68
Table 21. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year.....	71
Table 22. Diabetes in Past Three Years by Demographic Variables for Each Survey Year.....	74
Table 23. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year	77
Table 24. Current Asthma by Demographic Variables for Each Survey Year	80
Table 25. Recommended Moderate Physical Activity in Usual Week by Demographic Variables for Each Survey Year	84
Table 26. Recommended Vigorous Physical Activity in Usual Week by Demographic Variables for Each Survey Year	86
Table 27. Recommended Moderate or Vigorous Physical Activity in Usual Week by Demographic Variables for Each Survey Year.....	89
Table 28. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year	93
Table 29. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year.....	95
Table 30. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year.....	100
Table 31. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year	103
Table 32. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year.....	106
Table 33. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year.....	108
Table 34. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix).....	113
Table 35. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix).....	114
Table 36. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)	116
Table 37. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older).....	119
Table 38. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older).....	121
Table 39. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older).....	123
Table 40. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)	125
Table 41. Electronic Vapers in Past Month by Demographic Variables for Each Survey Year	129
Table 42. Smokers in Past Month by Demographic Variables for Each Survey Year.....	131
Table 43. Smoking/Vaping Not Allowed in Home by Demographic Variables for Each Survey Year	136
Table 44. Nonsmokers or Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days by Demographic Variables for Each Survey Year	138
Table 45. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year	142
Table 46. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year.....	143
Table 47. Alcohol Use in Past Month by Demographic Variables for 2020.....	146
Table 48. Binge Drinking in Past Month by Demographic Variables for Each Survey Year.....	148
Table 49. Marijuana, Cocaine, Heroin or Other Street Drug Use in Past Month by Demographic Variables for 2020.....	151
Table 50. Prescription Drug Misuse/Abuse in Past Month by Demographic Variables for 2020	152
Table 51. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year.....	155
Table 52. Considered Suicide in Past Year by Demographic Variables for Each Survey Year	157
Table 53. Seldom/Never Find Meaning and Purpose in Life in Past Month by Demographic Variables for Each Survey Year.....	160
Table 54. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year.....	163
Table 55. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year.....	165

<u>Table Title</u>	<u>Page Number</u>
Table 56. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year.....	167
Table 57. Child Has Primary Doctor/Nurse by Demographic Variables for Each Survey Year	171
Table 58. Child Went to Primary Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year	173
Table 59. Child's Fruit Intake (Two or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)	178
Table 60. Child's Vegetable Intake (Three or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)	180
Table 61. Child's Fruit or Vegetable Intake (Five or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)	182
Table 62. Child's Physical Activity (Five or More Times for 60 Minutes/Past Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)	184
Table 63. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)	187
Table 64. Felt Slightly/Not at All Supported by Community Resources by Demographic Variables for 2020	190
Table 65. Coronavirus/COVID-19 as a Top County Health Issue by Demographic Variables for 2020	193
Table 66. Affordable Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year.....	195
Table 67. Violence or Crime as a Top County Health Issue by Demographic Variables for Each Survey Year	197
Table 68. Overweight or Obesity as a Top County Health Issue by Demographic Variables for Each Survey Year.....	199
Table 69. Illegal Drug Use as a Top County Health Issue by Demographic Variables for Each Survey Year.....	201
Table 70. Mental Health or Depression as a Top County Health Issue by Demographic Variables for Each Survey Year.....	203
Table 71. Access to Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year.....	205
Table 72. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for Each Survey Year.....	207
Table 73. Chronic Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year	209
Table 74. Driving Problems/Aggressive Driving/Drunk Driving as a Top County Health Issue by Demographic Variables for Each Survey Year.....	211
Table 75. Lack of Physical Activity as a Top County Health Issue by Demographic Variables for Each Survey Year.....	213
Table 76. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year.....	215
Table 77. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year.....	217
Table 78. Aging or Aging Population as a Top County Health Issue by Demographic Variables for Each Survey Year.....	218
Table 79. Cancer as a Top County Health Issue by Demographic Variables for Each Survey Year.....	220
Table 80. Environmental Issues as a Top County Health Issue by Demographic Variables for Each Survey Year.....	221

<u>Figure Title</u>	<u>Page Number</u>
Figure 1. Rating Their Own Health for 2020.....	17
Figure 2. Fair or Poor Health	21
Figure 3. Type of Health Care Coverage for 2020.....	22
Figure 4. Health Care Coverage.....	29
Figure 5. Unmet Health Care in Past Year (Household Member)	38
Figure 6. Health Care Services	48
Figure 7. Routine Procedures.....	59
Figure 8. Health Conditions in Past Three Years for 2020	63
Figure 9. Health Conditions in Past Three Years.....	81
Figure 10. Physical Activity/Usual Week for 2020	87
Figure 11. Physical Activity in Usual Week.....	90
Figure 12. Overweight Status for 2020.....	91
Figure 13. Overweight Status.....	96
Figure 14. Nutrition and Food Insecurity.....	109
Figure 15. Women’s Health Screenings.....	117
Figure 16. Colorectal Cancer Screenings (Respondents 50 and Older)	126
Figure 17. Electronic Vapers or Cigarette Smokers in Past Month	132
Figure 18. Smoking Cessation in Past Year (Current Smokers)	133
Figure 19. Smoking/Vaping Policy Inside Home for 2020.....	134
Figure 20. Exposure to Cigarette Smoke/Electronic Vapor	139
Figure 21. Other Tobacco Products in Past Month	144
Figure 22. Alcohol Use in Past Month.....	149
Figure 23. Felt Sad, Blue or Depressed in Past Month for 2020.....	153
Figure 24. Mental Health	161
Figure 25. Personal Safety Issues in Past Year	168
Figure 26. Child’s Unmet Care in Past Year.....	174
Figure 27. Child Experienced Bullying in Past Year (Children 5 to 17 Years Old)	188
Figure 28. Top County Health Issues for 2020	192
Figure 29. Top County Health Issues.....	222

Purpose

The purpose of this project is to provide Racine County with information from an assessment of the health status of county residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
3. Compare, where appropriate, health data of residents to previous health studies.
4. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2020 goals.

This report was commissioned by Ascension Wisconsin, Aurora Health Care, Central Racine County Health Department, City of Racine Public Health Department and Children's Wisconsin in partnership with Health Care Network.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact Central Racine County Public Health Department at (262) 898-4460 or the Racine City Public Health Department at (262) 636-9201.

Methodology

Data Collection

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. A random sample of 3,000 addresses in Racine County was provided by Marketing Systems Group. A three-step approach was conducted.

- 1) A pre-notification postcard was sent on October 23 from the health department announcing the upcoming paper survey packet. It also provided a QR code and web address if they wanted to complete the survey online. A Spanish link was also provided.
- 2) On November 30, the questionnaire packet was mailed to addresses who had not completed the online survey. It included a letter from the health department, the 12-page survey and a JKV Research postage-paid return envelope. The respondent with the next birthday was asked to complete the survey. A Spanish paper version was offered as well.
- 3) A reminder postcard was mailed on January 11, 2021 providing the links and offering to send a new survey if it was misplaced.

It is important to keep this data in context of the coronavirus/COVID-19. On March 25, 2020, a public health emergency, Safer at Home, was declared in Wisconsin where all non-essential businesses were closed for approximately ten weeks. Following the federal Guidelines for Opening Up America Again and Wisconsin Badger Bounce Back plan, the City of Racine and the Central Racine County Health Departments developed Safer Racine and Reopening Our Community, respectively, to safely open up businesses and activities. As a result, some behaviors may differ from previous years.

- A) Safer Racine (City of Racine) was based on several metrics including percent of positive cases, 5-day rolling average of positive cases, percent of hospitals not in crisis care, percent of health care worker positive cases, PPE availability, contact tracing and community spread. At the time of the pre-notification postcard, the City of Racine was in Phase 3, with non-essential businesses at 50% capacity, adult remote options were encouraged and indoor gatherings were limited to 100 people or less with social distancing. Schools were encouraged to be virtual unless a reopening plan was reviewed by the health department. On November 27, the city had to go back to more limitations with non-essential

businesses at 25% capacity and indoor activities limited to 50 people. Schools were closed until January 15. On January 18, phase requirements expanded back to Phase 3 strategies.

- B) Reopening Our Community (Central Racine County) was based on burden (case rate) over 14 days to plot risk category. Throughout data collection, Central Racine County was in High Risk, with non-essential businesses at 25% capacity, adult remote options were encouraged and indoor gatherings were limited to 10% capacity with social distancing. Schools were virtual only.

A total of 566 completed questionnaires were returned by January 30. One hundred eighty mailings were returned as undeliverable due to vacant lots or the address was not in the county. Therefore, the adjusted sample size was 2,820, resulting in a response rate of 20%. Post-stratification was done by gender and age to reflect the 2010 census proportion.

Margin of Error

With a sample size of 566, we can be 95% sure that the sample percentage reported would not vary by more than ± 4 percent from what would have been obtained by interviewing all persons 18 and older with addresses in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ± 4 percent, since fewer respondents are in that category (e.g., adults who were asked if their high blood pressure was under control).

What do the Percentages Mean?

In 2019, the Census Bureau estimated 151,229 residents lived in Racine County. Thus, in this report, one percentage point equals approximately 1,510 adults. So, when 16% of respondents reported their health was fair or poor, this roughly equals 24,160 residents $\pm 6,040$ individuals. Therefore, from 18,120 to 30,200 residents likely have fair or poor health. Because the margin of error is $\pm 4\%$, events or health risks that are small will include zero.

In 2019, the Census Bureau estimated 78,905 occupied housing units in Racine County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2019 household estimate, each percentage point for household-level data represents approximately 790 households.

Definitions

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of \$10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. From 2009 to 2017, the bottom 40% income bracket included survey categories less than \$40,001, the middle 20% income bracket was \$40,001 to \$60,000 and the top 40% income bracket was at least \$60,001. In 2020, the bottom 40% income bracket included survey categories less than \$50,001, the middle 20% income bracket was \$50,001 to \$75,000 and the top 40% income bracket was at least \$75,001.

Marital status: Married respondents were classified as those who reported being married and those who reported to being a member of an unmarried couple. All others were classified as not married.

Health department service area: In 2020, a new variable, service area, was created to look at statistical differences between the two health departments in the countywide report: the City of Racine (including Elmwood Park and Wind Point) and Central Racine County (remainder of county). In previous years, separate reports were provided.

Physical activity: The 2008 recommended amount of physical activity by the Centers for Disease Control and Prevention (CDC) is moderate activity for at least 30 minutes on five or more days of the week or vigorous activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly,

bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a usual week.

Overweight status: Calculated using the CDC’s Body Mass Index (BMI) of kilograms/meter². A BMI of 25.0 to 29.9 is overweight and 30.0 or more is obese. In this report “overweight” includes both overweight and obese respondents.

Binge drinking: Currently, the CDC defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2009, the Community Health Survey definition was five or more drinks, regardless of gender. In all other years, the definition was four or more drinks per occasion for females and five or more drinks per occasion for males.

Current smoker: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

Demographic Profile

The following table includes the weighted demographic breakdown of respondents in the county.

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2020 (Q2, Q41, Q42, Q47, Q48 & Q49)^{①,②}

	Survey Results
Gender	
Male	49%
Female	51
Nonbinary/Other/Not Sure	<1
Age	
18 to 34	27%
35 to 44	18
45 to 54	22
55 to 64	16
65 and Older	17
Education	
High School Graduate or Less	23%
Some Post High School	33
College Graduate	44
Household Income	
Bottom 40 Percent Bracket	34%
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	39
Not Sure/No Answer	10
Married	59%
Health Department Service Area	
City of Racine	37%
Central Racine County	63

^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. ^②Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q61 & Q62).

How to Read the Report

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults in 2009 reporting a dental exam in the past year (63%) and the percentage of adults reporting this in 2020 (67%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation

Data that has been found “statistically significant” and “not statistically significant” are both important for stakeholders to better understand county residents as they work on action plans. Additionally, demographic cross-tabulations provide information on whether or not there are statistically significant differences within the demographic categories (gender, age, education, household income level, marital status and health department service area). Demographic data cannot be broken down for race and ethnicity because there are too few cases in the sample. Finally, Healthy People 2020 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup

- 1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2020 goals, wherever possible. Also included is a summary of the key findings for each topic.
- 2) Key Findings—The Key Findings are broken down by:
 - a. Main Topics—overarching topics such as Rating Their Own Health, Health Care Coverage and Health Care Needed. Each main topic starts on a new page and is in **bold** in the report.
 - b. Key Findings—The first paragraph summarizes 2020 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2020 percentages statistically changed over time.
 - c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, “Personally Not Covered Currently,” “Personally Not Covered in Past Year” and “Someone in Household Not Covered in Past Year” are sub-topics within Health Care Coverage.
 - i. Recommendations and/or Healthy People 2020 goals—*italicized* statements immediately after the sub-topic title, where possible.
 - ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
- iii. 2020 Findings
 1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
 2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2020. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income, marital status and health department service area. Overweight status, physical activity and smoking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.

- iv. 2009 (First Year) to 2020 Year Comparisons
 - 1. First bullet—This bullet statistically compares the 2009 percent (or first year of data collection) to the 2020 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
 - 2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2009 and/or 2020. Secondly, the bullet includes if there were any changes within the demographic categories from 2009 to 2020. A bullet is omitted if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
 - v. 2017 to 2020 Year Comparisons—same format as the 2009 to 2020 Year Comparisons, but compares 2017 to 2020 percentages instead.
 - vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for “2020 Findings,” “2009 to 2020 Year Comparisons” and “2017 to 2020 Year Comparisons.” Statistically significant demographic differences within years are indicated by ¹, ², ³, ⁴ and/or ⁵ depending upon the number of years data is available. Statistically significant differences between years are indicated by ^a and/or ^b depending on the number of years of data. The table includes the survey question number in the title.
 - vii. Trend Figure—after all survey questions within the main topic are analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
- 3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Racine County residents. The following data are highlights of the comprehensive study.

	Racine					WI	US
Rating Their Own Health	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Excellent/Very Good	56%	56%	55%	50%	45%	50%	50%
Good	31%	29%	26%	32%	39%	34%	32%
Fair or Poor	12%	15%	19%	18%	16%	16%	18%
Health Care Coverage	Racine					WI	US
	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Not Covered							
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	10%	10%	7%	2%	4%	9%	11%
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	12%	12%	8%	3%	4%	11%	14%
Personally (Past Year, 18 and Older)	15%	14%	15%	5%	6%	NA	NA
Household Member (Past Year)	17%	18%	17%	6%	10%	NA	NA
Household Member Did Not Receive Care Needed in Past Year	Racine					WI	US
	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	12%	14%	13%	10%	13%	NA	NA
Unmet Need/Care							
Medical Care [HP2020 Goal: 4%]*	--	8%	18%	11%	11%	NA	NA
Dental Care [HP2020 Goal: 5%]*	--	15%	18%	13%	25%	NA	NA
Mental Health Care*	--	2%	4%	3%	9%	NA	NA
Health Care Services	Racine					WI	US
	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	90%	82%	82%	76%
Primary Health Care Services							
Doctor/Nurse Practitioner's Office	75%	73%	69%	60%	58%	NA	NA
Urgent Care Center, Walk-in Care, QuickCare or FastCare	7%	9%	16%	27%	28%	NA	NA
Employee Clinic/Worksite Clinic	--	--	--	2%	3%	NA	NA
Public Health Clinic	5%	5%	4%	<1%	1%	NA	NA
Hospital Emergency Room	3%	4%	3%	2%	1%	NA	NA
No Usual Place	6%	6%	4%	3%	7%	NA	NA
Advance Care Plan	35%	34%	35%	44%	35%	NA	NA
COVID-19 Vaccination	Racine					WI	US
	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>9/20</u>	<u>9/20</u>
If Vaccine Available Today...							
Definitely/Probably Get Vaccine	--	--	--	--	56%	NA	51%
Definitely/Probably <u>Not</u> Get Vaccine	--	--	--	--	28%	NA	49%
Not Sure	--	--	--	--	17%	NA	NA
Routine Procedures	Racine					WI	US
	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Routine Checkup (2 Years Ago or Less)	80%	82%	83%	88%	88%	87%	89%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	71%	73%	75%	80%	85%	84%	87%
Dental Checkup (Past Year) [HP2020 Goal: 49%]	63%	63%	64%	68%	67%	71% ¹	68% ¹
Eye Exam (Past Year)	41%	43%	42%	54%	44%	NA	NA

--Not asked. NA-WI and/or US data not available. ¹WI and US data for dental checkup is from 2018.

*In 2020, the question was asked about any household member. In previous years, the question was asked of respondents only.

	Racine					WI	US
Health Conditions in Past 3 Years	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
High Blood Pressure	27%	30%	31%	23%	28%	NA	NA
High Blood Cholesterol	22%	22%	24%	20%	26%	NA	NA
Mental Health Condition	13%	15%	21%	20%	21%	NA	NA
Diabetes	8%	9%	9%	7%	10%	NA	NA
Heart Disease/Condition	8%	8%	7%	8%	10%	NA	NA
Asthma (Current)	8%	10%	9%	11%	14%	10%	10%
	Racine					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
High Blood Pressure	--	94%	93%	95%	91%	NA	NA
High Blood Cholesterol	--	88%	91%	84%	88%	NA	NA
Mental Health Condition	--	91%	89%	85%	82%	NA	NA
Diabetes	--	94%	90%	91%	94%	NA	NA
Heart Disease/Condition	--	93%	98%	92%	81%	NA	NA
Asthma (Current)	--	95%	92%	97%	96%	NA	NA
	Racine					WI	US
Physical Activity in Usual Week	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2009</u>	<u>2009</u>
Moderate Physical Activity (5 Times/30 Min)	31%	35%	32%	47%	34%	NA	NA
Vigorous Physical Activity (3 Times/20 Min)	24%	25%	25%	28%	28%	NA	NA
Recommended Moderate or Vigorous Physical Activity	43%	47%	41%	54%	43%	53%	51%
	Racine					WI	US
Body Weight	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Overweight Status	64%	71%	74%	75%	75%	70%	67%
At Least Overweight (BMI 25.0+) [HP2020 Goal: 66%]	30%	34%	42%	35%	39%	34%	32%
Obese (BMI 30.0+) [HP2020 Goal: 31%]							
	Racine					WI	US
Nutrition and Food Security	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2009</u>	<u>2009</u>
Fruit Intake (2+ Servings/Average Day)	59%	63%	61%	57%	46%	NA	NA
Vegetable Intake (3+ Servings/Average Day)	26%	22%	32%	31%	23%	NA	NA
At Least 5 Fruit/Vegetables/Average Day	36%	34%	39%	35%	27%	23%	23%
Household Went Hungry Because They Couldn't Afford Enough Food (Past Year)	--	--	--	4%	9%	NA	NA
	Racine					WI	US
Colorectal Cancer Screenings (50 and Older)	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2018</u>	<u>2018</u>
Blood Stool Test (Within Past Year)	--	14%	13%	16%	16%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	11%	11%	9%	7%	17%	3%	2%
Colonoscopy (Within Past 10 Years)	59%	62%	69%	71%	71%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	63%	67%	72%	74%	73%	75%	70%
	Racine					WI	US
Women's Health Screenings	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2018</u>	<u>2018</u>
Mammogram (50+; Within Past 2 Years)	79%	76%	79%	77%	75%	78%	78%
Bone Density Scan (65 and Older; Ever)	79%	82%	89%	88%	92%	NA	NA
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	83%	75%	80%	83%	81%	80%
HPV Test (18 – 65; Within Past 5 Years)	--	--	53%	54%	75%	NA	NA
Cervical Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	79%	83%	86%	NA	NA

--Not asked. NA-WI and/or US data not available.

	Racine					WI	US
Electronic Vaping or Cigarette Smoking	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Current Electronic Vapers (Past Month)	--	--	7%	4%	6%	4% ¹	5% ¹
Current Smokers (Past Month) [HP2020 Goal: 12%]	26%	23%	25%	19%	12%	15%	16%
Of Current Smokers...						<u>2005</u>	<u>2005</u>
Quit Smoking 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	52%	44%	54%	44%	47%	49%	56%
Exposure to Cigarette Smoke/Electronic Vapor	Racine					WI	US
Smoking/Vaping Policy at Home*	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Not Allowed Anywhere	71%	74%	76%	82%	83%	NA	NA
Allowed in Some Places/At Some Times	14%	11%	11%	6%	3%	NA	NA
Allowed Anywhere	4%	2%	1%	2%	3%	NA	NA
No Rules Inside Home	11%	13%	12%	10%	8%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke in Past 7 Days**	30%	21%	16%	19%	18%	NA	NA
Other Tobacco Products in Past Month	Racine					WI	US
Cigars, Cigarillos or Little Cigars	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Cigars, Cigarillos or Little Cigars	--	--	6%	4%	3%	NA	NA
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	4%	2%	<1%	3%	4%
Alcohol Use in Past Month	Racine					WI	US
Drank Alcohol	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Drank Alcohol	--	--	--	--	73%	65%	54%
Binge Drinking*** [HP2020 Goal 5+ Drinks: 24%]	23%	29%	33%	34%	30%	22%	17%
Other Substance Use in Past Month	Racine					WI	US
Marijuana, Cocaine, Heroin or Other Street Drugs	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Marijuana, Cocaine, Heroin or Other Street Drugs	--	--	--	--	5%	NA	NA
Prescription Drug Misuse/Abuse	--	--	--	--	3%	NA	NA
Mental Health	Racine					WI	US
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	5%	7%	7%	4%	6%	NA	NA
Considered Suicide (Past Year)	3%	4%	6%	5%	7%	NA	NA
Find Meaning & Purpose in Life Seldom/Never (Past Month)****	4%	7%	6%	5%	19%	NA	NA
Personal Safety Issues in Past Year	Racine					WI	US
Afraid for Their Safety	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Afraid for Their Safety	4%	4%	5%	5%	5%	NA	NA
Pushed, Kicked, Slapped or Hit	3%	4%	3%	2%	1%	NA	NA
At Least One of the Safety Issues	6%	7%	7%	5%	5%	NA	NA

--Not asked. NA-WI and/or US data not available. ¹Wisconsin and US current vapers is 2017 data.

*In 2020, the question included vaping. In all other years, the question was asked of smoking only.

**In 2020, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmokers only.

***In 2009, binge drinking was defined as 5 or more drinks regardless of gender. Since 2012, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

****In 2020, the question asked about finding meaning and purpose in life in the past month. In all other years, the question did not include a timeframe but included "daily life."

	Racine					WI	US
Children in Household	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Primary Doctor/Nurse Who Knows Child Well and Familiar with History	--	90%	90%	87%	96%	NA	NA
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	85%	84%	89%	98%	NA	NA
Did Not Receive Care Needed (Past Year)							
Medical Care	--	2%	4%	<1%	9%	NA	NA
Dental Care	--	7%	9%	4%	12%	NA	NA
Specialist	--	<1%	3%	0%	9%	NA	NA
Current Asthma	--	7%	7%	3%	4%	NA	NA
Safe in Community/Neighborhood Seldom/Never	--	3%	2%	<1%	9%	NA	NA
Children 5 to 17 Years Old							
Fruit Intake (2+ Servings/Average Day)	--	74%	75%	73%	87%	NA	NA
Vegetable Intake (3+ Servings/Average Day)	--	25%	25%	30%	34%	NA	NA
5+ Fruit/Vegetables per Average Day	--	37%	42%	38%	40%	NA	NA
Physical Activity (60 Min./5 or More Days/Past Week)	--	69%	60%	62%	25%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Months)*	--	6%	3%	2%	6%	NA	NA
Experienced Some Form of Bullying (Past Year)*	--	22%	33%	17%	15%	NA	NA
Verbally Bullied*	--	19%	22%	12%	15%	NA	NA
Physically Bullied*	--	3%	14%	7%	0%	NA	NA
Cyber Bullied*	--	2%	3%	0%	4%	NA	NA
	Racine					WI	US
Community and Personal Support	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Felt Slightly/Not at All Supported by Community Resources	--	--	--	--	17%	NA	NA
	Racine					WI	US
Top County Health Issues	<u>2009</u>	<u>2012</u>	<u>2015</u>	<u>2017</u>	<u>2020</u>	<u>2019</u>	<u>2019</u>
Coronavirus/COVID-19	--	--	--	--	43%	NA	NA
Affordable Health Care	--	--	--	9%	33%	NA	NA
Violence or Crime	--	--	--	6%	26%	NA	NA
Overweight or Obesity	--	--	--	16%	20%	NA	NA
Illegal Drug Use	--	--	--	24%	19%	NA	NA
Mental Health or Depression	--	--	--	10%	19%	NA	NA
Access to Health Care	--	--	--	24%	18%	NA	NA
Access to Affordable Healthy Food	--	--	--	6%	14%	NA	NA
Chronic Diseases	--	--	--	17%	10%	NA	NA
Driving Problems/Aggressive Driving/Drunk Driving	--	--	--	3%	9%	NA	NA
Lack of Physical Activity	--	--	--	3%	8%	NA	NA
Alcohol Use or Abuse	--	--	--	10%	6%	NA	NA
Prescription or Over-the-Counter Drug Abuse	--	--	--	7%	6%	NA	NA
Aging or Aging Population	--	--	--	2%	5%	NA	NA
Cancer	--	--	--	10%	5%	NA	NA
Environmental Issues	--	--	--	5%	4%	NA	NA

--Not asked. NA-WI and/or US data not available.

*In 2020, the question was asked for children 5 to 17 years old. In previous years it was asked for children 8 to 17 years old.

Rating Their Own Health

In 2020, 45% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents with some post high school education, in the bottom 60 percent household income bracket, who were unmarried, overweight, inactive, smokers or City of Racine respondents were more likely to report fair or poor health. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2017 to 2020, there was no statistical change.*

Health Care Coverage

In 2020, 4% of respondents reported they were not currently covered by health care insurance; respondents 35 to 44 years old were more likely to report this. Six percent of respondents reported they personally did not have health care insurance at least part of the time in the past year. Ten percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2009 to 2020, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2017 to 2020, there was a statistical increase.*

In 2020, 13% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed. Twenty-five percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents in the middle 20 percent household income bracket or without children in the household were more likely to report this. Nine percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were unmarried or without children in the household were more likely to report this. *From 2009 to 2020, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet dental care or unmet mental health care for a household member in the past year, as well as from 2017 to 2020. Please note: in 2020, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.*

Health Care Services

In 2020, 82% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, with some post high school education or in the middle 20 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health care services when they are sick was from a doctor's or nurse practitioner's office while 28% reported an urgent care center or walk-in care. Respondents who were female or 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old were more likely to report an urgent care center/walk-in care as their primary health care. Thirty-five percent of respondents had an advance care plan; respondents who were 65 and older, married or Central Racine County respondents were more likely to report an advance care plan. *From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center/walk-in care while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents with an advance care plan while from 2017 to 2020, there was a statistical decrease.*

Routine Procedures

In 2020, 88% of respondents reported a routine medical checkup two years ago or less while 85% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 44% reported an eye exam in the past year. Respondents who were female, 65 and older or with some post high school education were more likely to report a routine checkup two years ago or less. Respondents 55 to 64 years old, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report a cholesterol test four years ago or less. Respondents with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report a dental checkup in the past year. Respondents who were female, 45 to 54 years old, with at least some post high school education or in the top 60 percent household income bracket were more likely to report an eye exam in the past year. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2017 to 2020, there was a statistical decrease.*

COVID-19 Vaccination

In 2020, 56% of respondents reported if a vaccine to prevent COVID-19 was available today they definitely/probably would get the vaccine while 28% of respondents reported they definitely/probably would not get the vaccine. Respondents who were male, 65 and older or with a college education were more likely to report they definitely/probably would get the vaccine.

Prevalence of Select Health Conditions

In 2020, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%), high blood cholesterol (26%) or a mental health condition (21%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight, inactive or Central Racine County respondents were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report a mental health condition. Ten percent of respondents reported diabetes in the past three years; respondents 55 and older, with some post high school education or less, in the middle 20 percent household income bracket, who were unmarried, overweight or inactive were more likely to report this. Ten percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with a high school education or less or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Fourteen percent reported current asthma; respondents 35 to 44 years old, with a college education or City of Racine respondents were more likely to report this. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes or current asthma). Between 80% and 89% of respondents reported three conditions were controlled (high blood cholesterol, mental health condition or heart disease/condition). *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or diabetes while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a mental health condition or current asthma while from 2017 to 2020, there was no statistical change.*

Physical Health

In 2020, 34% of respondents did moderate physical activity five times in a usual week for 30 minutes. Twenty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents who were 35 to 44 years old, 65 and older or not overweight were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times in a usual week for at least 30 minutes while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was no statistical change in the overall*

percent of respondents who reported vigorous physical activity three times in a usual week for at least 20 minutes, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a usual week while from 2017 to 2020, there was a statistical decrease.

In 2020, 75% of respondents were classified as at least overweight while 39% were obese. Respondents who were male or did not meet the recommended amount of physical activity were more likely to be at least overweight. Respondents who were unmarried or inactive were more likely to be obese. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2017 to 2020, there was no statistical change.*

Nutrition and Food Insecurity

In 2020, 46% of respondents reported two or more servings of fruit while 23% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, in the top 40 percent household income bracket, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Twenty-seven percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Nine percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. *From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health Screenings

In 2020, 75% of female respondents 50 and older reported a mammogram within the past two years. Ninety-two percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Seventy-five percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2017 to 2020, there was no statistical change. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2017 to 2020, there was no statistical change.*

Colorectal Cancer Screening

In 2020, 16% of respondents 50 and older reported a blood stool test within the past year. Seventeen percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 71% reported a colonoscopy within the past ten years. This results in 73% of respondents meeting the current colorectal cancer screening

recommendations. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2017 to 2020, there was no statistical change.

Tobacco Use

In 2020, 6% of respondents used electronic vapor products in the past month; respondents 18 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Twelve percent of respondents were current tobacco cigarette smokers; respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were unmarried or City of Racine respondents were more likely to be a smoker. Forty-seven percent of current smokers quit for one day or longer because they were trying to quit in the past year. From 2015 to 2020, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020.

In 2020, 83% of respondents reported smoking/vaping is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, without children in the household or Central Racine County respondents were more likely to report smoking/vaping is not allowed anywhere inside the home. Eighteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents 18 to 34 years old, with some post high school education or less, in the bottom 60 percent household income bracket or City of Racine respondents were more likely to report this. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking or vaping is not allowed anywhere inside the home while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2017 to 2020, there was no statistical change. Please note: in 2020, the rules about smoking in the household included vaping while in previous years the question included smoking only. Also in 2020, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.

In 2020, 3% of respondents used cigars, cigarillos or little cigars in the past month while less than one percent of respondents used smokeless tobacco. Respondents who were male, 45 to 54 years old or unmarried were more likely to report they used cigars, cigarillos or little cigars. From 2015 to 2020, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2017 to 2020.

Alcohol Use

In 2020, 73% of respondents had an alcoholic drink in the past month; respondents who were male, 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report this. Thirty percent of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were male, 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to have binged at least once in the past month. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2017 to 2020, there was no statistical change.

Other Substance Use

In 2020, 5% of respondents reported they used marijuana, cocaine, heroin or other street drugs in the past month while 3% reported they used prescription drugs that were not theirs or taken more than prescribed. Respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they used marijuana, cocaine, heroin or other street drugs. Respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket, unmarried respondents or Central Racine County respondents were more likely to report they misused/abused prescription drugs.

Mental Health

In 2020, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 35 to 54 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Nineteen percent of respondents reported they seldom or never find meaning and purpose in life in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life, as well as from 2017 to 2020. Please note: in 2020, finding meaning and purpose in life was asked in the past month. In previous years it was asked of daily life.*

Personal Safety Issues

In 2020, 5% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were male or in the middle 20 percent household income bracket were more likely to report this. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported or they were pushed/kicked/slapped/hit in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2017 to 2020.*

Community and Personal Support

In 2020, 17% of respondents reported they felt slightly or not at all supported by community resources; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this.

Children in Household

In 2020, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's primary doctor or nurse, with 98% reporting the child visited their primary doctor or nurse for preventive care during the past year. Twelve percent of respondents reported in the past year the child did not receive the dental care needed while 9% reported the child did not receive the medical care needed or did not visit a specialist they needed. Four percent of respondents reported the child currently had asthma. Nine percent of respondents reported the child was seldom/never safe in their community. Eighty-seven percent of respondents reported the 5 to 17 year old child ate at least two servings of fruit on an average day while 34% reported three or more servings of vegetables. Forty percent of respondents reported the child ate five or more servings of fruit/vegetables on an average day. Twenty-five percent of respondents reported the 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported

the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 15% reported verbal bullying, 4% cyber bullying and 0% reported physical bullying. *From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child had a primary doctor or nurse, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need or was unable to see a specialist when needed, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need while from 2017 to 2020, there was a statistical increase. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child ate at least three servings of vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported the 5 to 17 year old child was physically active for at least 60 minutes five times a week, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was cyber bullied while from 2017 to 2020, there was a statistical increase.*

Top County Health Issues

In 2020, respondents were asked to list the top three health issues in the county. The most often cited were coronavirus/COVID-19 (43%), affordable health care (33%) or violence/crime (26%). Respondents who were 65 and older or married were more likely to report coronavirus/COVID-19 as a top health issue. Respondents who were male, in the middle 20 percent house household income bracket or married were more likely to report affordable health care. Respondents 45 to 54 years old were more likely to report violence or crime. Twenty percent of respondents reported overweight/obesity as a top health issue; respondents who were male, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report this. Nineteen percent of respondents reported illegal drug use as a top health issue; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Nineteen percent of respondents reported mental health/depression; respondents 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Eighteen percent of respondents reported access to health care; respondents who were 18 to 34 years old or unmarried were more likely to report this. Fourteen percent of respondents reported access to affordable healthy food; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported chronic diseases as a top issue; married respondents were more likely to report this. Nine percent of respondents were more likely to report driving problems/aggressive driving/drunk driving. Eight percent of respondents reported lack of physical activity; respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Six percent of respondents reported alcohol use or abuse; Central Racine County respondents were more likely to report this. Six percent of respondents reported prescription or over-the-counter drug abuse; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Five percent of respondents reported aging or the aging population as a top health issue; respondents 55 and older were more likely to report this. Five percent of respondents reported cancer as a top issue; respondents who were male, 45 to 54 years old or with some post high school education or less were more likely to report this. Four percent of respondents

reported environmental issues; female respondents were more likely to report this. *From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported affordable health care, violence/crime, mental health/depression, access to affordable healthy food, driving problems/aggressive driving/drunk driving, lack of physical activity or aging/aging population. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported access to health care, chronic diseases, alcohol use/abuse or cancer as one of the top health issues in the county. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported overweight/obesity, illegal drug use, prescription/over-the-counter drug abuse or environmental issues as one of the top health issues in the county.*

Key Findings

Rating Their Own Health (Figures 1 & 2; Table 2)

KEY FINDINGS: In 2020, 45% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents with some post high school education, in the bottom 60 percent household income bracket, who were unmarried, overweight, inactive, smokers or City of Racine respondents were more likely to report fair or poor health.

From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2017 to 2020, there was no statistical change.

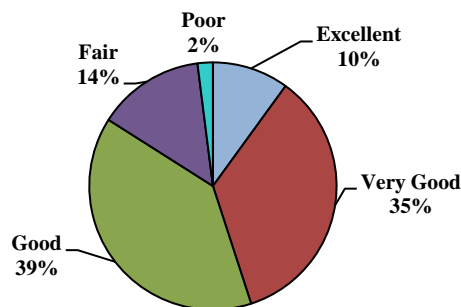
Rating Their Own Health

In 2019, 50% of Wisconsin respondents reported their health as excellent or very good, 34% reported good while 16% reported fair or poor. Fifty percent of U.S. respondents reported their health as excellent or very good while 32% reported good and 18% reported fair or poor (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 2)

- Forty-five percent of respondents said their own health, generally speaking, was either excellent (10%) or very good (35%). A total of 16% reported their health was fair (14%) or poor (2%).

Figure 1. Rating Their Own Health for 2020 (Q15)



- Twenty-three percent of respondents with some post high school education reported their health was fair or poor compared to 18% of those with a high school education or less or 11% of respondents with a college education.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket and 20% of those in the middle 20 percent income bracket reported their health was fair or poor compared to 9% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report their health was fair or poor compared to married respondents (23% and 12%, respectively).
- Overweight respondents were more likely to report their health was fair or poor (19%) compared to respondents who were not overweight (10%).

- Twenty-seven percent of inactive respondents reported their health was fair or poor compared to 22% of those who did an insufficient amount of physical activity or 7% of respondents who met the recommended amount of physical activity.
- Thirty-seven percent of smokers reported their health was fair or poor compared to 13% of nonsmokers.
- City of Racine respondents were more likely to report their health was fair or poor (21%) compared to Central Racine County respondents (13%).

2009 to 2020 Year Comparisons (Table 2)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported fair or poor health.
- In 2009, respondents 45 and older were more likely to report fair or poor health. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old reporting fair or poor health.
- In 2009, respondents with some post high school education or less were more likely to report fair or poor health. In 2020, respondents with some post high school education were more likely to report fair or poor health, with a noted increase since 2009.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report fair or poor health. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting fair or poor health.
- In 2009, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report fair or poor health, with a noted increase since 2009.
- In 2009 and 2020, overweight respondents were more likely to report fair or poor health.
- In 2009 and 2020, inactive respondents were more likely to report fair or poor health. From 2009 to 2020, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity reporting fair or poor health.
- In 2009 and 2020, smokers were more likely to report fair or poor health. From 2009 to 2020, there was a noted increase in the percent of respondents across smoking status reporting fair or poor health.
- In 2009 and 2020, City of Racine respondents were more likely to report fair or poor health. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting fair or poor health.

2017 to 2020 Year Comparisons (Table 2)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2017, respondents 45 to 64 years old were more likely to report fair or poor health. In 2020, age was not a significant variable.

- In 2017, respondents with a high school education or less were more likely to report fair or poor health. In 2020, respondents with some post high school education were more likely to report fair or poor health. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting fair or poor health.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report fair or poor health. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting fair or poor health.
- In 2017 and 2020, unmarried respondents were more likely to report fair or poor health.
- In 2017, overweight status was not a significant variable. In 2020, overweight respondents were more likely to report fair or poor health.
- In 2017 and 2020, inactive respondents were more likely to report fair or poor health.
- In 2017 and 2020, smokers were more likely to report fair or poor health.
- In 2017 and 2020, City of Racine respondents were more likely to report fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q15)^①

	2009	2012	2015	2017	2020
TOTAL ^a	12%	15%	19%	18%	16%
Gender					
Male	12	14	19	20	17
Female	13	15	19	15	15
Age ^{1,2,3,4}					
18 to 34 ^a	6	8	14	13	18
35 to 44	10	7	17	8	13
45 to 54	17	20	25	24	14
55 to 64	18	21	26	24	18
65 and Older	18	20	14	21	17
Education ^{1,4,5}					
High School or Less ^b	15	17	18	27	18
Some Post High School ^a	14	15	23	17	23
College Graduate	6	11	14	12	11
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^b	22	25	30	38	22
Middle 20 Percent Bracket ^{a,b}	6	6	13	7	20
Top 40 Percent Bracket ^a	4	8	10	7	9
Marital Status ^{2,3,4,5}					
Married	11	11	14	11	12
Not Married ^a	14	19	22	29	23
Overweight Status ^{1,2,5}					
Not Overweight	8	11	19	14	10
Overweight	14	16	18	19	19
Physical Activity ^{1,2,3,4,5}					
Inactive	24	33	42	42	27
Insufficient ^a	12	16	14	19	22
Recommended	8	8	15	11	7
Smoking Status ^{1,2,3,4,5}					
Nonsmoker ^a	9	13	15	16	13
Smoker ^a	21	21	30	25	37
Health Department Service Area ^{1,2,4,5}					
City of Racine	18	21	21	24	21
Central Racine County ^a	8	10	17	14	13

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

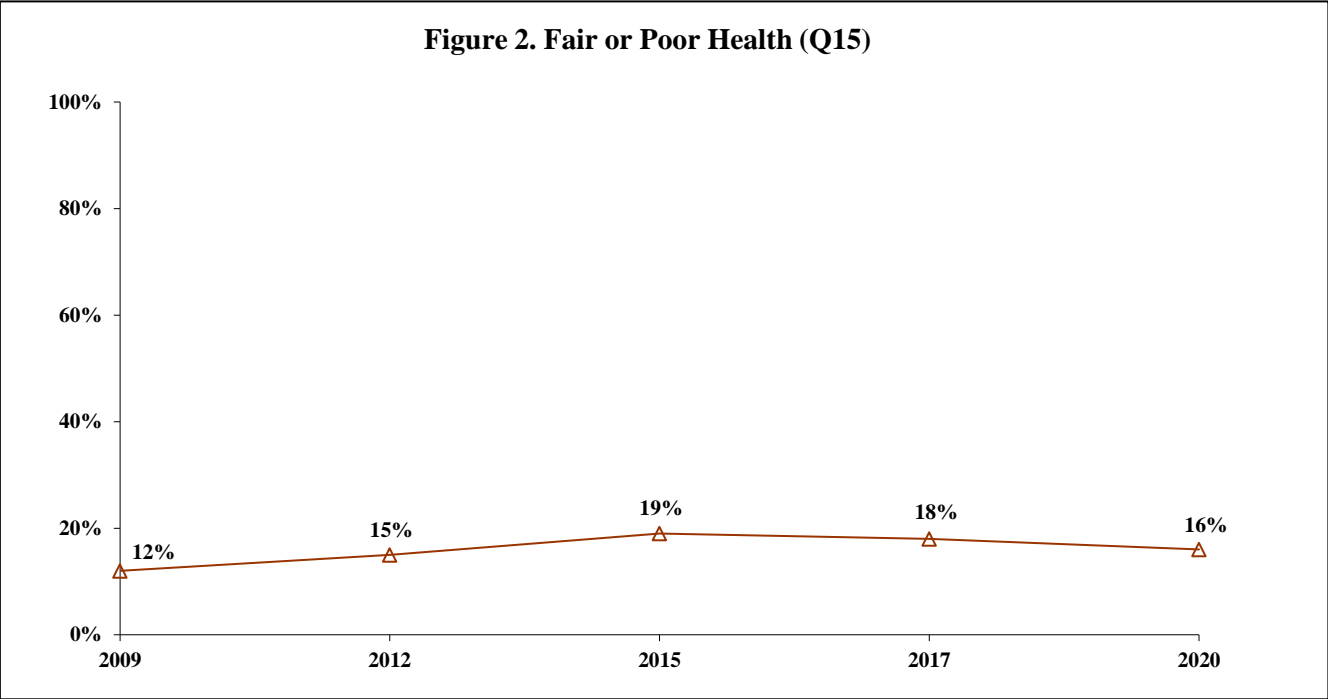
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Rating Their Own Health Overall

Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2017 to 2020, there was no statistical change.



Health Care Coverage (Figures 3 & 4; Tables 3 - 5)

KEY FINDINGS: In 2020, 4% of respondents reported they were not currently covered by health care insurance; respondents 35 to 44 years old were more likely to report this. Six percent of respondents reported they personally did not have health care insurance at least part of the time in the past year. Ten percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this.

From 2009 to 2020, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2017 to 2020, there was a statistical increase.

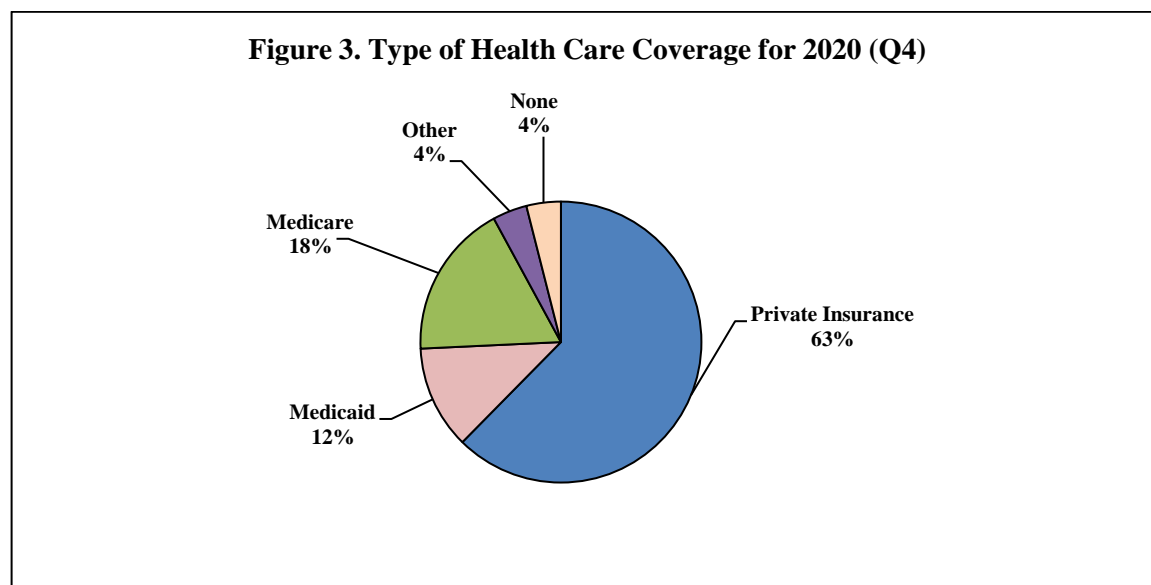
Personally Not Covered Currently

The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2019, 9% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Eleven percent of U.S. respondents reported this. Eleven percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 14% of U.S. respondents 18 to 64 years old reported this (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 3)

- Four percent of respondents reported they were not currently covered by any health care insurance. Sixty-three percent reported private insurance. Twelve percent reported Medicaid, including Medical Assistance, Title 19 or Badger Care, while 18% reported Medicare.



- Ten percent of respondents 35 to 44 years old reported they were not covered currently by health insurance compared to 0% of respondents 65 and older.

2009 to 2020 Year Comparisons (Table 3)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- In 2009, male respondents were more likely to report they were not covered currently by health insurance. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of male respondents reporting they were not currently covered by health insurance.
- In 2009 and 2020, respondents 35 to 44 years old were more likely to report they were not covered currently by health insurance. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they were not currently covered by health insurance.
- In 2009, respondents with a high school education or less were more likely to report they were not covered currently by health insurance. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less reporting they were not currently covered by health insurance.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report they were not covered currently by health insurance. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they were not currently covered by health insurance.
- In 2009, unmarried respondents were more likely to report they were not covered currently by health insurance. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of unmarried respondents reporting they were not currently covered by health insurance.
- In 2009, City of Racine respondents were more likely to report they were not covered currently by health insurance. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting they were not currently covered by health insurance.

2017 to 2020 Year Comparisons (Table 3)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were not covered currently by health insurance in 2017.

Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year (Q4)^①

	2009	2012	2015	2017 ^②	2020
TOTAL					
All Respondents ^a	10%	10%	7%	2%	4%
Respondents 18 to 64 Years Old ^a	12	12	8	3	4
Gender ^{1,2}					
Male ^a	15	14	8	--	4
Female	5	6	5	--	3
Age ^{1,2,3,5}					
18 to 34 ^a	13	16	19	--	3
35 to 44	16	9	2	--	10
45 to 54	7	12	3	--	3
55 to 64	8	9	4	--	3
65 and Older	0	0	0	--	0
Education ^{1,2}					
High School or Less ^a	16	14	9	--	3
Some Post High School ^a	8	9	5	--	3
College Graduate	3	5	6	--	5
Household Income ^{1,2,3}					
Bottom 40 Percent Bracket ^a	15	18	12	--	6
Middle 20 Percent Bracket	5	6	10	--	1
Top 40 Percent Bracket	4	1	0	--	4
Marital Status ^{1,2,3}					
Married	6	6	3	--	3
Not Married ^a	14	14	9	--	3
Health Department Service Area ^{1,2}					
City of Racine ^a	16	16	9	--	5
Central Racine County	5	6	5	--	3

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Personally Not Covered in Past Year

2020 Findings (Table 4)

- Six percent of respondents reported they were not covered by health insurance at least part of the time in the past year.
- There were no statistically significant differences between demographic variables and responses of reporting they were not covered by health insurance at least part of the time in the past year.

2009 to 2020 Year Comparisons (Table 4)

- From 2009 to 2020, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past year.
- In 2009, male respondents were more likely to report no coverage at least part of the time in the past year. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of male respondents reporting no coverage at least part of the time.
- In 2009, respondents 18 to 34 years old were more likely to report no coverage at least part of the time in the past year. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 44 years old reporting no coverage at least part of the time.
- In 2009, respondents with a high school education or less were more likely to report no coverage in the past year. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less reporting no coverage at least part of the time.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report no coverage in the past year. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting no coverage at least part of the time.
- In 2009, unmarried respondents were more likely to report no coverage in the past year. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of unmarried respondents reporting no coverage at least part of the time.
- In 2009, City of Racine respondents were more likely to report no coverage in the past year. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting no coverage at least part of the time.

2017 to 2020 Year Comparisons (Table 4)

- From 2017 to 2020, the overall percent statistically remained the same for respondents who reported no personal health care coverage at least part of the time in the past year.
- In 2017, respondents 35 to 44 years old were more likely to report no coverage at least part of the time in the past year. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old reporting no coverage at least part of the time.

Table 4. Personally Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q5A)[®]

	2009	2012	2015	2017	2020
TOTAL ^a	15%	14%	15%	5%	6%
Gender ^{1,2}					
Male ^a	20	18	15	5	5
Female	10	10	15	6	6
Age ^{1,2,3,4}					
18 to 34 ^{a,b}	24	24	28	2	6
35 to 44 ^a	20	11	15	11	6
45 to 54	9	16	13	7	7
55 to 64	9	10	11	7	8
65 and Older	2	2	<1	2	1
Education ^{1,2}					
High School or Less ^a	24	17	16	4	6
Some Post High School ^a	12	14	15	7	3
College Graduate	4	9	12	4	7
Household Income ^{1,2,3}					
Bottom 40 Percent Bracket ^a	26	24	29	7	9
Middle 20 Percent Bracket	8	12	15	4	4
Top 40 Percent Bracket	4	4	1	5	4
Marital Status ^{1,2,3}					
Married	8	9	8	5	6
Not Married ^a	21	19	20	5	4
Health Department Service Area ^{1,2,3}					
City of Racine ^a	22	20	23	6	5
Central Racine County	9	9	9	5	6

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Someone in Household Not Covered in Past Year

2020 Findings (Table 5)

- Ten percent of respondents reported someone in their household was not covered by insurance at least part of the time in the past year.
- Nineteen percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered in the past year compared to 5% of respondents in the top 60 percent household income bracket.

2009 to 2020 Year Comparisons (Table 5)

- From 2009 to 2020, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2009 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household was not covered in the past year.
- In 2009, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.
- In 2009 and 2020, presence of children in the household was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents with or without children in the household reporting someone in their household was not covered in the past year.
- In 2009, City of Racine respondents were more likely to report someone in their household was not covered in the past year. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting someone in their household was not covered in the past year.

2017 to 2020 Year Comparisons (Table 5)

- From 2017 to 2020, the overall percent statistically increased for respondents who reported someone in their household was not covered at least part of the time in the past year.
- In 2017, household income was not a significant variable. In 2020, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year, with a noted increase since 2017.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of unmarried respondents reporting someone in their household was not covered in the past year.
- In 2017 and 2020, presence of children in the household was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with children in the household reporting someone in their household was not covered in the past year.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting someone in their household was not covered in the past year.

Table 5. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q5B)^①

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	17%	18%	17%	6%	10%
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket ^{a,b}	27	31	31	9	19
Middle 20 Percent Bracket	12	14	17	5	5
Top 40 Percent Bracket	7	7	3	5	5
Marital Status ^{1,2,3}					
Married	10	12	11	5	7
Not Married ^{a,b}	23	24	21	7	12
Children in Household ²					
Yes ^{a,b}	17	13	15	6	11
No ^a	17	20	17	6	8
Health Department Service Area ^{1,2,3}					
City of Racine ^a	24	25	25	6	8
Central Racine County ^b	11	12	10	6	10

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

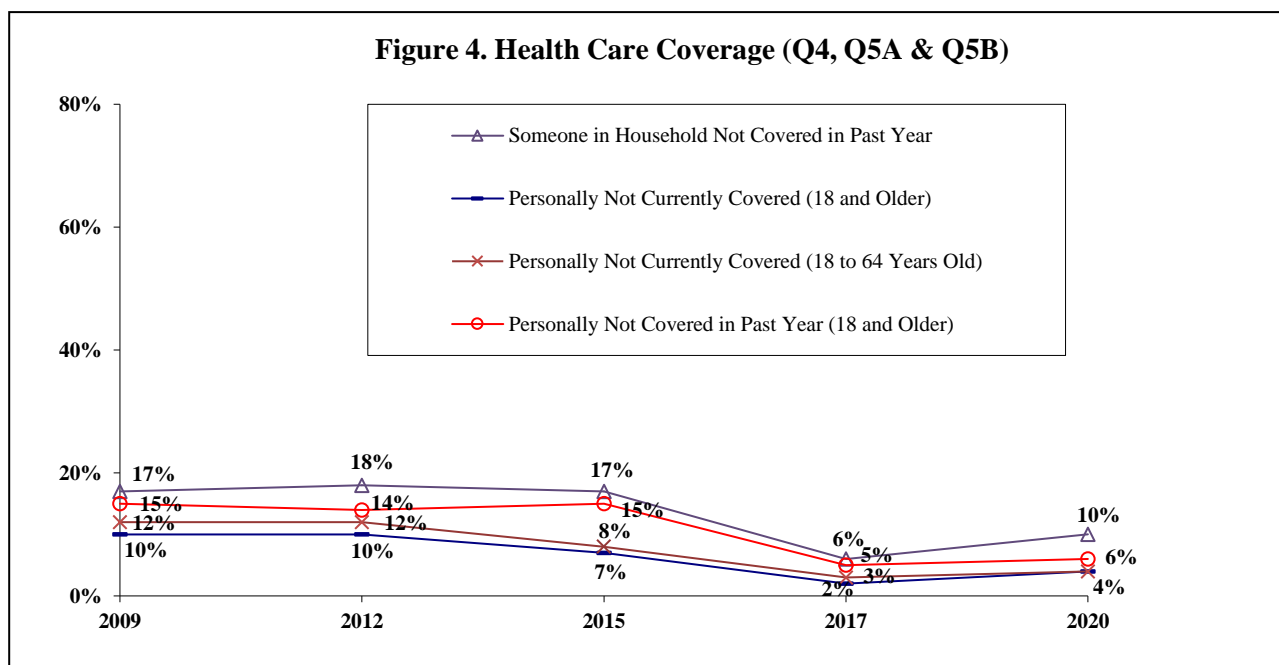
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Health Care Coverage Overall

Year Comparisons

- From 2009 to 2020, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2017 to 2020, there was a statistical increase.



Health Care Needed (Figure 5; Tables 6 - 9)

KEY FINDINGS: In 2020, 13% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed. Twenty-five percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents in the middle 20 percent household income bracket or without children in the household were more likely to report this. Nine percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were unmarried or without children in the household were more likely to report this.

From 2009 to 2020, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet dental care or unmet mental health care for a household member in the past year, as well as from 2017 to 2020. Please note: in 2020, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.

Financial Burden of Prescription Medication in Past Year

The Healthy People 2020 goal for a family member unable to obtain or having to delay needed prescription medicines in the past 12 months is 3%. (Objective AHS-6.4)

2020 Findings (Table 6)

- Thirteen percent of respondents reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.
- Twenty-two percent of respondents in the middle 20 percent household income bracket reported someone had not taken their prescribed medication due to prescription costs in the past year compared to 15% of those in the bottom 40 percent income bracket or 9% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report someone had not taken their prescribed medication due to prescription costs in the past year compared to married respondents (16% and 10%, respectively).

2009 to 2020 Year Comparisons (Table 6)

- From 2009 to 2020, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.
- In 2009 household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year.
- In 2009, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year, with a noted increase since 2009.

- In 2009, respondents with children in the household were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2020, presence of children in the household was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents without children in the household reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.
- In 2009, City of Racine respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.

2017 to 2020 Year Comparisons (Table 6)

- From 2017 to 2020, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.
- In 2017, household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year, with a noted increase since 2017.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year, with a noted increase since 2017.
- In 2017 and 2020, presence of children in the household was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents without children in the household reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.
- In 2017, City of Racine respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting someone in their household had not taken their prescribed medication due to prescription costs in the past year.

Table 6. Prescription Medication Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q6)^①

	2009	2012	2015	2017	2020
TOTAL	12%	14%	13%	10%	13%
Household Income ^{2,5}					
Bottom 40 Percent Bracket	13	20	16	12	15
Middle 20 Percent Bracket ^b	15	9	15	8	22
Top 40 Percent Bracket	10	6	9	11	9
Marital Status ^{2,5}					
Married	14	8	12	11	10
Not Married ^{a,b}	10	20	14	9	16
Children in Household ^{1,2,3}					
Yes	15	11	17	12	12
No ^{a,b}	10	15	11	8	16
Health Department Service Area ^{1,2,3,4}					
City of Racine	17	21	16	14	13
Central Racine County ^{a,b}	9	8	10	8	13

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Unmet Medical Care in Past Year

The Healthy People 2020 goal for a family member unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 4%. (Objective AHS-6.2)

2020 Findings (Table 7)

- Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed.
- There were no statistically significant differences between demographic variables and responses of reporting someone in their household did not receive the medical care needed in the past year.

Of the 11% of respondents who reported an unmet medical care need in the household (n=61)...

- Of the 61 respondents who reported an unmet medical care need, 42% reported coronavirus/COVID-19 as the reason for the unmet need while 33% reported no insurance. Twenty-six percent reported poor medical care available while 23% reported the inability to pay and 20% reported they were unable to get an appointment.

2012 to 2020 Year Comparisons (Table 7)

In 2012, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2012 to 2020, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone did not receive the medical care needed.

- In 2012, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed. In 2020, household income was not a significant variable.
- In 2012, unmarried respondents were more likely to report in the past year someone did not receive the medical care needed. In 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of married respondents reporting someone did not receive the medical care needed.
- In 2012, City of Racine respondents were more likely to report in the past year someone did not receive the medical care needed. In 2020, health department service area was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting someone did not receive the medical care needed.

2017 to 2020 Year Comparisons (Table 7)

In 2017, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2017 to 2020, the overall percent statistically remained the same for respondents who reported there was a time in the past year someone in the household did not receive the medical care needed.
- In 2017, City of Racine respondents were more likely to report in the past year someone did not receive the medical care needed. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting someone did not receive the medical care needed.

Table 7. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q7)^{①,②}

	2012	2015	2017	2020
TOTAL	8%	18%	11%	11%
Household Income ^{1,2}				
Bottom 40 Percent Bracket	12	26	12	15
Middle 20 Percent Bracket	9	22	16	11
Top 40 Percent Bracket	5	6	10	8
Marital Status ^{1,2}				
Married ^a	6	9	11	11
Not Married	11	24	12	11
Children in Household				
Yes	8	16	14	13
No	9	18	9	7
Health Department Service Area ^{1,2,3}				
City of Racine ^b	11	25	17	8
Central Racine County ^a	6	12	8	12

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question was asked about any household member. In 2012, 2015 and 2017, it was asked of respondents only.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Unmet Dental Care in Past Year

The Healthy People 2020 goal for a family member unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 5%. (Objective AHS-6.3)

2020 Findings (Table 8)

- Twenty-five percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed.
- Thirty-four percent of respondents in the middle 20 percent household income bracket reported someone in their household did not receive the dental care needed in the past year compared to 29% of those in the bottom 40 percent income bracket or 20% of respondents in the top 40 percent household income bracket.
- Thirty-one percent of respondents without children in the household reported someone in their household did not receive the dental care needed in the past year compared to 22% of respondents with children in the household.

Of the 25% of respondents who reported an unmet dental care need in the household (n=141)...

- Of the 141 respondents who reported not receiving dental care needed, 40% reported coronavirus/COVID-19 as the reason for the unmet need while 29% reported the inability to pay. Twenty-eight percent reported insurance did not cover it while 25% reported no insurance.

2012 to 2020 Year Comparisons (Table 8)

In 2012, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2012 to 2020, the overall percent statistically increased for respondents who reported there was a time in the past year someone in the household did not receive the dental care needed.
- In 2012, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2020, respondents in the middle 20 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. From 2012 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting in the past year someone did not receive the dental care needed.
- In 2012, unmarried respondents were more likely to report in the past year someone did not receive the dental care needed. In 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of married respondents reporting in the past year someone did not receive the dental care needed.
- In 2012, presence of children in the household was not a significant variable. In 2020, respondents without children in the household were more likely to report in the past year someone did not receive the dental care needed. From 2012 to 2020, there was a noted increase in the percent of respondents with or without children in the household reporting in the past year someone did not receive the dental care needed.
- In 2012, City of Racine respondents were more likely to report in the past year someone did not receive the dental care needed. In 2020, health department service area was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting in the past year someone did not receive the dental care needed.

2017 to 2020 Year Comparisons (Table 8)

In 2017, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2017 to 2020, the overall percent statistically increased for respondents who reported there was a time in the past year someone in the household did not receive the dental care needed.
- In 2017, household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting in the past year someone did not receive the dental care needed.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting in the past year someone did not receive the dental care needed.
- In 2017, presence of children in the household was not a significant variable. In 2020, respondents without children in the household were more likely to report in the past year someone did not receive the dental care needed. From 2017 to 2020, there was a noted increase in the percent of respondents with or without children in the household reporting in the past year someone did not receive the dental care needed.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting in the past year someone did not receive the dental care needed.

Table 8. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q9)^{①,②}

	2012	2015	2017	2020
TOTAL ^{a,b}	15%	18%	13%	25%
Household Income ^{1,2,4}				
Bottom 40 Percent Bracket ^b	27	30	16	29
Middle 20 Percent Bracket ^{a,b}	12	12	7	34
Top 40 Percent Bracket ^{a,b}	5	7	13	20
Marital Status ^{1,2}				
Married ^{a,b}	11	12	11	25
Not Married ^b	21	23	16	26
Children in Household ⁴				
Yes ^{a,b}	15	19	12	22
No ^{a,b}	16	18	14	31
Health Department Service Area ^{1,2}				
City of Racine ^b	21	25	14	25
Central Racine County ^{a,b}	11	14	12	25

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question was asked about any household member. In 2012, 2015 and 2017, it was asked of respondents only.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Unmet Mental Health Care in Past Year

2020 Findings (Table 9)

- Nine percent of respondents reported there was a time in the past year someone in the household did not receive the mental health care needed.
- Unmarried respondents were more likely to report someone in their household did not receive the mental health care needed in the past year compared to married respondents (12% and 6%, respectively).
- Fourteen percent of respondents without children in the household reported someone in their household did not receive the mental health care needed in the past year compared to 7% of respondents with children in the household.

Of the 9% of respondents who reported an unmet mental health care need in the household (n=49)...

- Of the 49 respondents who reported not receiving mental health care needed, 33% each reported poor mental health care available or unable to get appointment as the reason for the unmet need while 27% reported insurance did not cover it. Twenty-three percent reported the inability to pay.

2012 to 2020 Year Comparisons (Table 9)

In 2012, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2012 to 2020, the overall percent statistically increased for respondents who reported there was a time in the past year someone did not receive the mental health care needed.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported there was a time in the past year someone in their household did not receive the mental health care needed in 2012.

2017 to 2020 Year Comparisons (Table 9)

In 2017, the question was asked of respondents only. In 2020, the question was asked about any household member.

- From 2017 to 2020, the overall percent statistically increased for respondents who reported there was a time in the past year someone in the household did not receive the mental health care needed.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting someone did not receive the mental health care needed.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report in the past year someone did not receive the mental health care needed. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting someone did not receive the mental health care needed.
- In 2017, presence of children in the household was not a significant variable. In 2020, respondents without children in the household were more likely to report in the past year someone did not receive the mental health care needed, with a noted increase since 2017.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting in the past year someone did not receive the mental health care needed.

Table 9. Unmet Mental Health Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q11)^{①,②}

	2012 ^③	2015	2017	2020
TOTAL ^{a,b}	2%	4%	3%	9%
Household Income ²				
Bottom 40 Percent Bracket ^b	--	8	3	11
Middle 20 Percent Bracket ^b	--	2	<1	7
Top 40 Percent Bracket ^b	--	3	3	8
Marital Status ^{2,4}				
Married ^b	--	<1	3	6
Not Married ^b	--	7	2	12
Children in Household ^{2,4}				
Yes	--	1	4	7
No ^b	--	6	2	14
Health Department Service Area				
City of Racine ^b	--	5	2	8
Central Racine County ^b	--	3	3	9

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question was asked about any household member. In 2012, 2015 and 2017, it was asked of respondents only.

^③Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

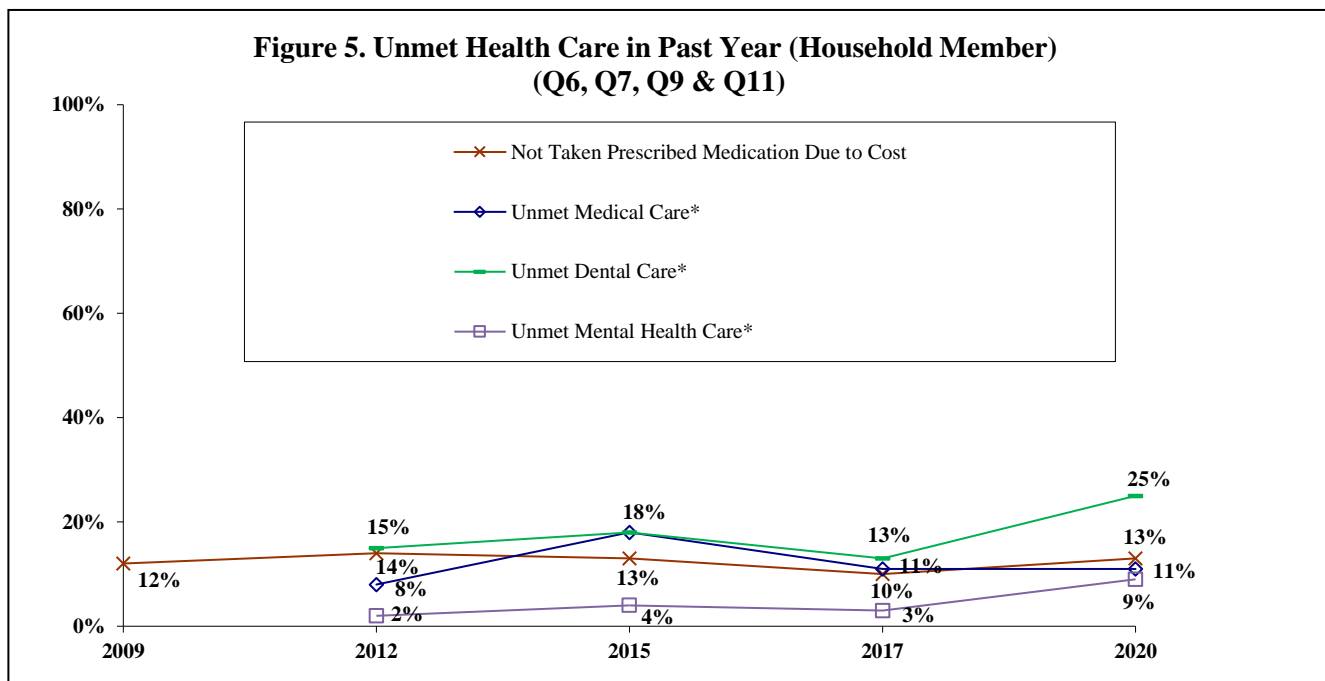
³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Health Care Needed Overall

Year Comparisons

- From 2009 to 2020, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet dental care or unmet mental health care for a household member in the past year, as well as from 2017 to 2020. Please note: in 2020, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.



*In 2020, the question was asked of any household member. In previous years, the question was asked of the respondent only.

Health Care Services (Figure 6; Tables 10 - 13)

KEY FINDINGS: In 2020, 82% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, with some post high school education or in the middle 20 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health care services when they are sick was from a doctor's or nurse practitioner's office while 28% reported an urgent care center or walk-in care. Respondents who were female or 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old were more likely to report an urgent care center/walk-in care as their primary health care. Thirty-five percent of respondents had an advance care plan; respondents who were 65 and older, married or Central Racine County respondents were more likely to report an advance care plan.

From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center/walk-in care while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents with an advance care plan while from 2017 to 2020, there was a statistical decrease.

Primary Care Physician

The Healthy People 2020 goal for persons with a usual primary care provider is 84% (Objective AHS-3).

In 2019, 82% of Wisconsin respondents and 76% of U.S. respondents reported they have at least one person they think of as their personal doctor or health care provider (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 10)

- Eighty-two percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (85%) compared to male respondents (79%).
- Ninety-eight percent of respondents 65 and older reported a primary care physician compared to 84% of those 35 to 44 years old or 58% of respondents 18 to 34 years old.
- Eighty-eight percent of respondents with some post high school education reported a primary care physician compared to 83% of those with a college education or 70% of respondents with a high school education or less.
- Ninety-one percent of respondents in the middle 20 percent household income bracket reported a primary care physician compared to 85% of those in the top 40 percent income bracket or 72% of respondents in the bottom 40 percent household income bracket.

2017 to 2020 Year Comparisons (Table 10)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2017 and 2020, female respondents were more likely to report a primary care physician. From 2017 to 2020, there was a noted decrease in the percent of respondents across gender reporting a primary care physician.
- In 2017 and 2020, respondents 65 and older were more likely to report a primary care physician. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a primary care physician.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report a primary care physician. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting a primary care physician.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a primary care physician. In 2020, respondents in the middle 20 percent household income bracket were more likely to report a primary care physician. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting a primary care physician.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across marital status reporting a primary care physician.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting a primary care physician.

Table 10. Have a Primary Care Physician by Demographic Variables for Each Survey Year (Q13)^⓪

	2017	2020
TOTAL ^a	90%	82%
Gender ^{1,2}		
Male ^a	86	79
Female ^a	93	85
Age ^{1,2}		
18 to 34 ^a	80	58
35 to 44	88	84
45 to 54	94	88
55 to 64	92	93
65 and Older	99	98
Education ²		
High School or Less ^a	93	70
Some Post High School	89	88
College Graduate	88	83
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	97	72
Middle 20 Percent Bracket	87	91
Top 40 Percent Bracket	86	85
Marital Status		
Married ^a	90	83
Not Married ^a	89	81
Health Department Service Area		
City of Racine	90	84
Central Racine County ^a	90	81

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Primary Health Care Services

2020 Findings

- Fifty-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Twenty-eight percent reported urgent care center while 3% reported employee clinic. One percent of respondents each reported public health clinic or hospital emergency room.

Doctor's or Nurse Practitioner's Office as Primary Health Care Service

2020 Findings (Table 11)

- Fifty-eight percent of respondents reported they go to doctor's or nurse practitioner's office when they are sick.

- Female respondents were more likely to report a doctor's or nurse practitioner's office (64%) compared to male respondents (52%).
- Eighty-three percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 45% of those 35 to 44 years old or 41% of respondents 18 to 34 years old.

2009 to 2020 Year Comparisons (Table 11)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2009 and 2020, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2009 to 2020, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.
- In 2009 and 2020, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 64 years old reporting a doctor's or nurse practitioner's office.
- In 2009 and 2020, education was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across education reporting a doctor's or nurse practitioner's office.
- In 2009, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across household income reporting a doctor's or nurse practitioner's office.
- In 2009, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting a doctor's or nurse practitioner's office.

2017 to 2020 Year Comparisons (Table 11)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2017 and 2020, female respondents were more likely to report a doctor's or nurse practitioner's office.
- In 2017 and 2020, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2017 to 2020, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a doctor's or nurse practitioner's office.
- In 2017, respondents with a high school education or less were more likely to report a doctor's or nurse practitioner's office. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting a doctor's or nurse practitioner's office.

Table 11. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year (Q14)^①

	2009	2012	2015	2017	2020
TOTAL ^a	75%	73%	69%	60%	58%
Gender ^{1,2,3,4,5}					
Male ^a	67	67	59	51	52
Female ^a	83	79	78	70	64
Age ^{1,2,3,4,5}					
18 to 34 ^a	64	59	57	37	41
35 to 44 ^{a,b}	71	70	59	59	45
45 to 54 ^a	79	71	69	60	60
55 to 64 ^a	85	83	80	75	72
65 and Older	90	89	87	83	83
Education ^{2,3,4}					
High School or Less ^{a,b}	75	67	69	71	57
Some Post High School ^a	74	76	59	55	59
College Graduate ^a	78	77	81	58	57
Household Income ^{1,2}					
Bottom 40 Percent Bracket ^a	71	66	68	62	55
Middle 20 Percent Bracket ^a	82	74	71	61	65
Top 40 Percent Bracket ^a	76	76	66	57	55
Marital Status ^{1,2}					
Married ^a	81	77	70	61	58
Not Married ^a	70	68	68	59	60
Health Department Service Area ²					
City of Racine ^a	74	69	69	56	57
Central Racine County ^a	77	76	69	63	59

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Urgent Care Center/Walk-in Care as Primary Health Care Service

2020 Findings (Table 12)

- Twenty-eight percent of respondents reported they go to an urgent care center or walk-in care when they are sick.
- Forty-six percent of respondents 35 to 44 years old reported an urgent care center/walk-in care compared to 18% of those 55 to 64 years old or 13% of respondents 65 and older.

2009 to 2020 Year Comparisons (Table 12)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center/walk-in care.

- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting an urgent care center/walk-in care.
- In 2009 and 2020, respondents 35 to 44 years old were more likely to report an urgent care center/walk-in care. From 2009 to 2020, there was a noted increase in the percent of respondents across age reporting an urgent care center/walk-in care.
- In 2009, respondents with at least some post high school education were more likely to report an urgent care center/walk-in care. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across education reporting an urgent care center/walk-in care.
- In 2009, respondents in the top 40 percent household income bracket were more likely to report an urgent care center/walk-in care. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across household income reporting an urgent care center/walk-in care.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting an urgent care center/walk-in care.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting an urgent care center/walk-in care.

2017 to 2020 Year Comparisons (Table 12)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was an urgent care center/walk-in care.
- In 2017, respondents 18 to 34 years old were more likely to report an urgent care center/walk-in care. In 2020, respondents 35 to 44 years old were more likely to report an urgent care center/walk-in care, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting an urgent care center/walk-in care.
- In 2017, respondents with some post high school education were more likely to report an urgent care center/walk-in care. In 2020, education was not a significant variable.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report an urgent care center/walk-in care. In 2020, household income was not a significant variable.
- In 2017, City of Racine respondents were more likely to report an urgent care center/walk-in care. In 2020, health department service area was not a significant variable.

Table 12. Urgent Care Center or Walk-in Care as Primary Health Care Service by Demographic Variables for Each Survey Year (Q14)^①

	2009	2012	2015	2017	2020
TOTAL ^a	7%	9%	16%	27%	28%
Gender ³					
Male ^a	7	11	19	30	29
Female ^a	7	8	13	25	27
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	8	12	25	51	29
35 to 44 ^{a,b}	13	17	23	27	46
45 to 54 ^a	5	9	14	26	33
55 to 64 ^a	3	5	8	13	18
65 and Older ^a	2	2	3	7	13
Education ^{1,3,4}					
High School or Less ^a	3	10	12	17	21
Some Post High School ^a	10	9	21	36	33
College Graduate ^a	8	9	13	26	29
Household Income ^{1,3,4}					
Bottom 40 Percent Bracket ^a	5	9	14	22	26
Middle 20 Percent Bracket ^a	7	9	9	30	22
Top 40 Percent Bracket ^a	11	14	25	33	34
Marital Status ²					
Married ^a	6	12	19	29	27
Not Married ^a	8	6	13	25	30
Health Department Service Area ⁴					
City of Racine ^a	5	9	13	33	28
Central Racine County ^a	8	10	17	24	28

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Advance Care Plan

2020 Findings (Table 13)

- Thirty-five percent of respondents reported they had an advance care plan, living will or health care power of attorney stating their end of life health care wishes.
- Seventy-seven percent of respondents 65 and older reported they had an advance care plan compared to 22% of those 35 to 44 years old or 11% of respondents 18 to 34 years old.
- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (39% and 30%, respectively).

- Central Racine County respondents were more likely to report they had an advance care plan (41%) compared to City of Racine respondents (25%).

2009 to 2020 Year Comparisons (Table 13)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents having an advance care plan.
- In 2009 and 2020, respondents 65 and older were more likely to report having an advance care plan. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting an advance care plan.
- In 2009, respondents with a college education were more likely to report having an advance care plan. In 2020, education was not a significant variable.
- In 2009 and 2020, married respondents were more likely to report having an advance care plan.
- In 2009 and 2020, Central Racine County respondents were more likely to report having an advance care plan.

2017 to 2020 Year Comparisons (Table 13)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents having an advance care plan.
- In 2017, female respondents were more likely to report having an advance care plan. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting an advance care plan.
- In 2017 and 2020, respondents 65 and older were more likely to report having an advance care plan. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting an advance care plan.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less reporting an advance care plan.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report having an advance care plan. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting an advance care plan.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to report having an advance care plan. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting an advance care plan.
- In 2017 and 2020, Central Racine County respondents were more likely to report having an advance care plan. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting an advance care plan.

Table 13. Advance Care Plan by Demographic Variables for Each Survey Year (Q18)^⓪

	2009	2012	2015	2017	2020
TOTAL ^b	35%	34%	35%	44%	35%
Gender ^{3,4}					
Male	33	34	39	39	33
Female ^b	36	34	31	49	37
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	20	11	12	27	11
35 to 44	28	28	27	32	22
45 to 54	27	31	30	44	33
55 to 64	48	40	44	44	44
65 and Older	69	73	75	77	77
Education ^{1,2,3}					
High School or Less ^b	29	27	27	47	34
Some Post High School ^b	33	34	40	43	32
College Graduate	45	45	40	43	38
Household Income ^{2,3,4}					
Bottom 40 Percent Bracket	30	28	29	38	29
Middle 20 Percent Bracket	36	38	51	33	28
Top 40 Percent Bracket ^b	38	38	35	51	38
Marital Status ^{1,2,3,5}					
Married	38	41	42	46	39
Not Married ^b	31	26	30	41	30
Health Department Service Area ^{1,2,3,4,5}					
City of Racine ^b	27	27	29	37	25
Central Racine County	40	39	39	48	41

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

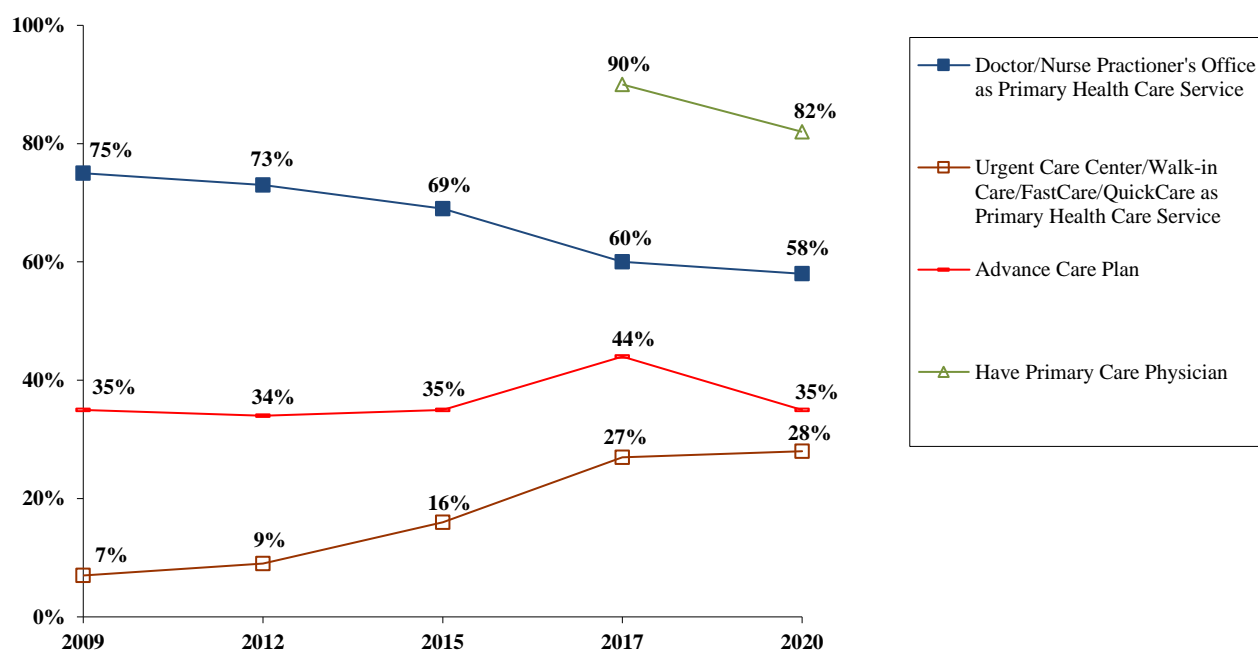
^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Health Care Services Overall

Year Comparisons

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center/walk-in care while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents with an advance care plan while from 2017 to 2020, there was a statistical decrease.

Figure 6. Health Care Services (Q13, Q14 & Q18)



Routine Procedures (Figure 7; Tables 14 - 17)

KEY FINDINGS: In 2020, 88% of respondents reported a routine medical checkup two years ago or less while 85% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 44% reported an eye exam in the past year. Respondents who were female, 65 and older or with some post high school education were more likely to report a routine checkup two years ago or less. Respondents 55 to 64 years old, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report a cholesterol test four years ago or less. Respondents with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report a dental checkup in the past year. Respondents who were female, 45 to 54 years old, with at least some post high school education or in the top 60 percent household income bracket were more likely to report an eye exam in the past year.

From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2017 to 2020, there was a statistical decrease.

Routine Checkup in Past Two Years

In 2019, 76% of Wisconsin respondents reported in the past year they had a routine checkup and 11% reported past two years. In 2019, 78% of U.S. respondents reported past year and 11% reported past two years (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 14)

- Eighty-eight percent of respondents reported they had a routine checkup in the past two years.
- Female respondents were more likely to report a routine checkup in the past two years (92%) compared to male respondents (83%).
- Ninety-seven percent of respondents 65 and older reported a routine checkup in the past two years compared to 90% of those 45 to 54 years old or 74% of respondents 18 to 34 years old.
- Ninety-four percent of respondents with some post high school education reported a routine checkup in the past two years compared to 87% of those with a college education or 79% of respondents with a high school education or less.

2009 to 2020 Year Comparisons (Table 14)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less.
- In 2009 and 2020, female respondents were more likely to report a routine checkup two years ago or less. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting a routine checkup two years ago or less.

- In 2009 and 2020, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2009 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old reporting a routine checkup two years ago or less.
- In 2009, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report a routine checkup two years ago or less. From 2009 to 2020, there was a noted increase in the percent of respondents with at least some post high school education reporting a routine checkup two years ago or less.
- In 2009 and 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting a routine checkup two years ago or less.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting a routine checkup two years ago or less.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting a routine checkup two years ago or less.

2017 to 2020 Year Comparisons (Table 14)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less.
- In 2017 and 2020, female respondents were more likely to report a routine checkup two years ago or less.
- In 2017 and 2020, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a routine checkup two years ago or less.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report a routine checkup two years ago or less, with a noted increase since 2017.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a routine checkup two years ago or less. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting a routine checkup two years ago or less.

Table 14. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year (Q17A)^⓪

	2009	2012	2015	2017	2020
TOTAL ^a	80%	82%	83%	88%	88%
Gender ^{1,2,4,5}					
Male ^a	75	77	80	85	83
Female ^a	85	86	85	91	92
Age ^{1,2,3,4,5}					
18 to 34 ^b	76	72	80	86	74
35 to 44 ^a	69	81	77	90	92
45 to 54	83	81	77	82	90
55 to 64	89	86	86	88	92
65 and Older	92	93	96	95	97
Education ^{2,3,5}					
High School or Less	82	78	82	85	79
Some Post High School ^{a,b}	79	86	79	86	94
College Graduate ^a	79	83	89	91	87
Household Income ⁴					
Bottom 40 Percent Bracket ^b	81	79	83	93	84
Middle 20 Percent Bracket ^a	80	82	81	84	92
Top 40 Percent Bracket ^a	77	86	82	88	88
Marital Status ²					
Married ^a	79	86	83	90	87
Not Married ^a	81	77	82	85	89
Health Department Service Area					
City of Racine ^a	81	79	85	87	90
Central Racine County ^a	80	84	81	88	86

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Cholesterol Test Four Years Ago or Less

The Healthy People 2020 goal for blood cholesterol screening within the preceding five years is 82%. (Objective HDS-6)

In 2019, 84% of Wisconsin respondents and 87% of U.S. respondents reported they had their cholesterol checked within the past five years (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 15)

- Eighty-five percent of respondents reported having their cholesterol tested four years ago or less. Two percent reported five or more years ago while 13% reported never having their cholesterol tested.
- Ninety-eight percent of respondents 55 to 64 years old reported a cholesterol test four years ago or less compared to 86% of those 35 to 44 years old or 65% of respondents 18 to 34 years old.

- Ninety-four percent of respondents with a college education reported a cholesterol test four years ago or less compared to 83% of those with some post high school education or 68% of respondents with a high school education or less.
- Ninety-one percent of respondents in the top 40 percent household income bracket reported a cholesterol test four years ago or less compared to 83% of those in the middle 20 percent income bracket or 76% of respondents in the bottom 40 percent household income bracket.
- Central Racine County respondents were more likely to report a cholesterol test four years ago or less (89%) compared to City of Racine respondents (79%).

2009 to 2020 Year Comparisons (Table 15)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting a cholesterol test four years ago or less.
- In 2009, respondents 55 and older were more likely to report a cholesterol test four years ago or less. In 2020, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less, with a noted increase since 2009. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 44 years old reporting a cholesterol test four years ago or less.
- In 2009 and 2020, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2009 to 2020, there was a noted increase in the percent of respondents with at least some post high school education reporting a cholesterol test four years ago or less.
- In 2009, respondents in the middle 20 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2020, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less, with a noted increase since 2009. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a cholesterol test four years ago or less.
- In 2009, married respondents were more likely to report a cholesterol test four years ago or less. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting a cholesterol test four years ago or less.
- In 2009, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report a cholesterol test four years ago or less. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting a cholesterol test four years ago or less.

2017 to 2020 Year Comparisons (Table 15)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2017, female respondents were more likely to report a cholesterol test four years ago or less. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of male respondents reporting a cholesterol test four years ago or less.

- In 2017, respondents 55 and older were more likely to report a cholesterol test four years ago or less. In 2020, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less, with a noted increase since 2017.
- In 2017 and 2020, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with at least some post high school education reporting a cholesterol test four years ago or less.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2020, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the top 60 percent household income bracket reporting a cholesterol test four years ago or less.
- In 2017 and 2020, Central Racine County respondents were more likely to report a cholesterol test four years ago or less. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting a cholesterol test four years ago or less.

Table 15. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year (Q17B)^⓪

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	71%	73%	75%	80%	85%
Gender ⁴					
Male ^{a,b}	70	71	78	75	86
Female ^a	72	75	73	84	84
Age ^{1,2,3,4,5}					
18 to 34 ^a	43	42	47	60	65
35 to 44 ^a	72	75	76	81	86
45 to 54	85	83	85	86	92
55 to 64 ^{a,b}	90	90	90	89	98
65 and Older	92	91	93	90	95
Education ^{1,2,3,4,5}					
High School or Less ^b	73	66	68	82	68
Some Post High School ^{a,b}	65	74	73	72	83
College Graduate ^{a,b}	77	84	89	85	94
Household Income ^{1,2,4,5}					
Bottom 40 Percent Bracket ^{a,b}	67	67	74	86	76
Middle 20 Percent Bracket ^b	78	77	80	61	83
Top 40 Percent Bracket ^{a,b}	74	84	80	83	91
Marital Status ^{1,2,3}					
Married ^a	79	83	80	82	87
Not Married ^a	63	63	72	76	82
Health Department Service Area ^{2,4,5}					
City of Racine ^a	70	67	79	73	79
Central Racine County ^{a,b}	72	78	73	83	89

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Dental Checkup in Past Year

Counseling patients to visit a dental care provider on a regular basis as well as floss, use fluoride properly, et cetera is recommended.¹

*The Healthy People 2020 goal for an oral health care system visit in the past 12 months is 49%.
(Objective OH-7)*

In 2018, 71% of Wisconsin respondents and 68% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2018 Behavioral Risk Factor Surveillance).

¹ “Chapter 61: Counseling to Prevent Dental and Periodontal Diseases.” U.S. Preventive Services Task Force: Guide to Clinical Preventive Services. 2nd ed. Baltimore: Williams & Wilkins, 1996. Page 711.

2020 Findings (Table 16)

- Sixty-seven percent of respondents reported a dental visit in the past year. An additional 16% had a visit in the past one to two years.
- Seventy-three percent of respondents with a college education and 71% of those with some post high school education reported a dental checkup in the past year compared to 52% of respondents with a high school education or less.
- Eighty-two percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 72% of those in the middle 20 percent income bracket or 44% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a dental checkup in the past year compared to unmarried respondents (71% and 61%, respectively).
- Central Racine County respondents were more likely to report a dental checkup in the past year (71%) compared to City of Racine respondents (60%).

2009 to 2020 Year Comparisons (Table 16)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year.
- In 2009, female respondents were more likely to report a dental checkup in the past year. In 2020, gender was not a significant variable.
- In 2009, respondents with a college education were more likely to report a dental checkup in the past year. In 2020, respondents with at least some post high school education were more likely to report a dental checkup in the past year.
- In 2009 and 2020, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2009 and 2020, married respondents were more likely to report a dental checkup in the past year.
- In 2009 and 2020, Central Racine County respondents were more likely to report a dental checkup in the past year. From 2009 to 2020, there was a noted increase in the percent of City of Racine respondents reporting a dental checkup in the past year.

2017 to 2020 Year Comparisons (Table 16)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year.
- In 2017, female respondents were more likely to report a dental checkup in the past year. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting a dental checkup in the past year.
- In 2017, education was not a significant variable. In 2020, respondents with at least some post high school education were more likely to report a dental checkup in the past year. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting a dental checkup in the past year.

- In 2017 and 2020, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2017 and 2020, married respondents were more likely to report a dental checkup in the past year.
- In 2017 and 2020, Central Racine County respondents were more likely to report a dental checkup in the past year.

Table 16. Dental Checkup in Past Year by Demographic Variables for Each Survey Year (Q17C)^①

	2009	2012	2015	2017	2020
TOTAL	63%	63%	64%	68%	67%
Gender ^{1,4}					
Male	60	63	64	60	66
Female ^b	66	63	64	76	67
Age ³					
18 to 34	57	57	53	70	64
35 to 44	65	66	65	65	58
45 to 54	64	61	66	67	69
55 to 64	67	69	68	69	72
65 and Older	67	64	71	69	72
Education ^{1,2,3,5}					
High School or Less ^b	48	54	52	65	52
Some Post High School	66	62	62	68	71
College Graduate	80	76	82	70	73
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	46	47	46	54	44
Middle 20 Percent Bracket	64	60	72	62	72
Top 40 Percent Bracket	79	83	83	82	82
Marital Status ^{1,2,3,4,5}					
Married	70	71	76	75	71
Not Married	56	53	54	58	61
Health Department Service Area ^{1,2,3,4,5}					
City of Racine ^a	51	53	50	57	60
Central Racine County	72	70	74	75	71

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Eye Exam in Past Year

2020 Findings (Table 17)

- Forty-four percent of respondents had an eye exam in the past year while 30% reported one to two years ago.

- Female respondents were more likely to report an eye exam in the past year (49%) compared to male respondents (38%).
- Sixty-four percent of respondents 45 to 54 years old reported an eye exam in the past year compared to 39% of those 35 to 44 years old or 19% of respondents 18 to 34 years old.
- Forty-seven percent of respondents with a college education and 46% of those with some post high school education reported an eye exam in the past year compared to 33% of respondents with a high school education or less.
- Forty-nine percent of respondents in the top 40 percent household income bracket and 47% of those in the middle 20 percent income bracket reported an eye exam in the past year compared to 32% of respondents in the bottom 40 percent household income bracket.

2009 to 2020 Year Comparisons (Table 17)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year.
- In 2009 and 2020, female respondents were more likely to report an eye exam in the past year.
- In 2009, respondents 65 and older were more likely to report an eye exam in the past year. In 2020, respondents 45 to 54 years old were more likely to report an eye exam in the past year, with a noted increase since 2009. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting an eye exam in the past year.
- In 2009, education was not a significant variable. In 2020, respondents with at least some post high school education were more likely to report an eye exam in the past year.
- In 2009, household income was not a significant variable. In 2020, respondents in the top 60 percent household income bracket were more likely to report an eye exam in the past year.
- In 2009, Central Racine County respondents were more likely to report an eye exam in the past year. In 2020, health department service area was not a significant variable.

2017 to 2020 Year Comparisons (Table 17)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported an eye exam in the past year.
- In 2017, gender was not a significant variable. In 2020, female respondents were more likely to report an eye exam in the past year. From 2017 to 2020, there was a noted decrease in the percent of male respondents reporting an eye exam in the past year.
- In 2017, respondents 65 and older were more likely to report an eye exam in the past year. In 2020, respondents 45 to 54 years old were more likely to report an eye exam in the past year. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting an eye exam in the past year.
- In 2017, education was not a significant variable. In 2020, respondents with at least some post high school education were more likely to report an eye exam in the past year. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting an eye exam in the past year.

- In 2017, respondents in the top 40 percent household income bracket were more likely to report an eye exam in the past year. In 2020, respondents in the top 60 percent household income bracket were more likely to report an eye exam in the past year. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting an eye exam in the past year.
- In 2017, unmarried respondents were more likely to report an eye exam in the past year. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across marital status reporting an eye exam in the past year.
- In 2017, Central Racine County respondents were more likely to report an eye exam in the past year. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting an eye exam in the past year.

Table 17. Eye Exam in Past Year by Demographic Variables for Each Survey Year (Q17D)[®]

	2009	2012	2015	2017	2020
TOTAL ^b	41%	43%	42%	54%	44%
Gender ^{1,5}					
Male ^b	35	41	41	51	38
Female	46	46	42	56	49
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	33	44	34	57	19
35 to 44	36	36	22	46	39
45 to 54 ^a	43	42	46	53	64
55 to 64	46	38	46	46	49
65 and Older	55	57	62	63	56
Education ^{2,3,5}					
High School or Less ^b	37	38	32	48	33
Some Post High School	44	44	48	54	46
College Graduate ^b	42	51	45	58	47
Household Income ^{2,4,5}					
Bottom 40 Percent Bracket ^b	37	34	43	54	32
Middle 20 Percent Bracket	44	48	41	41	47
Top 40 Percent Bracket ^b	43	47	42	59	49
Marital Status ⁴					
Married ^b	41	43	43	50	42
Not Married ^b	40	44	41	59	47
Health Department Service Area ^{1,3,4}					
City of Racine	34	41	37	48	39
Central Racine County ^b	46	45	45	57	47

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

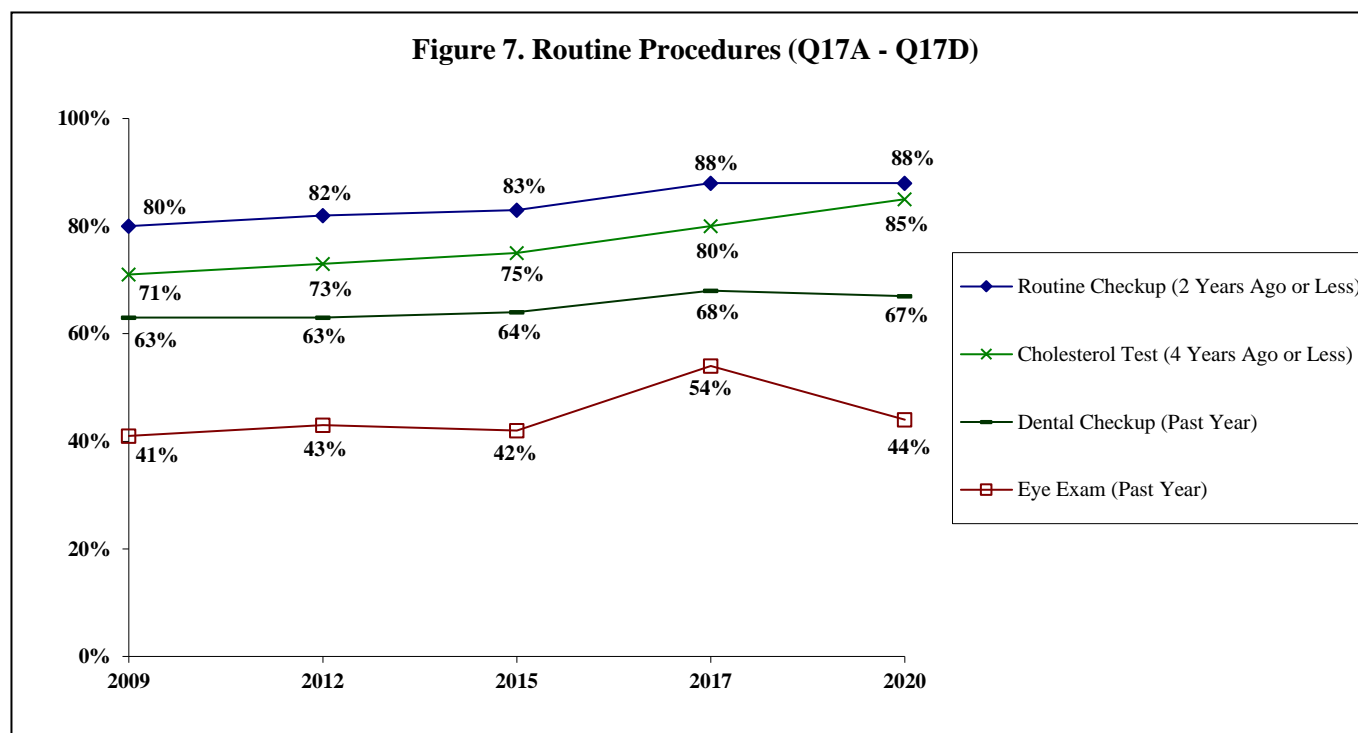
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Routine Procedures Overall

Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2017 to 2020, there was a statistical decrease.



COVID-19 Vaccination (Table 18)

KEY FINDINGS: In 2020, 56% of respondents reported if a vaccine to prevent COVID-19 was available today they definitely/probably would get the vaccine while 28% of respondents reported they definitely/probably would not get the vaccine. Respondents who were male, 65 and older or with a college education were more likely to report they definitely/probably would get the vaccine.

In September 2020, 21% of U.S. respondents reported if a vaccine to prevent COVID-19 was available today, they would definitely get it while 30% reported probably. Twenty-five percent reported probably not and 24% reported definitely not (Pew Research Center, “U.S. Now Divided Over Whether To Get COVID-19 Vaccine”).

COVID-19 Vaccination

2020 Findings (Table 18)

- Fifty-six percent of respondents reported if a vaccine to prevent COVID-19 was available today they definitely/probably would get the vaccine while 28% reported they definitely/probably would not get the vaccine. Seventeen percent were not sure.
- Male respondents were more likely to report they definitely/probably would get the vaccine to prevent COVID-19 (60%) compared to female respondents (51%).
- Seventy-three percent of respondents 65 and older reported they definitely/probably would get the vaccine to prevent COVID-19 compared to 52% of those 35 to 44 years old or 41% of respondents 18 to 34 years old.
- Sixty-two percent of respondents with a college education reported they definitely/probably would get the vaccine to prevent COVID-19 compared to 58% of those with a high school education or less or 45% of respondents with some post high school education.

Table 18. COVID-19 Vaccination by Demographic Variables for 2020 (Q16)[®]

	Definitely/Probably Get Vaccine	Definitely/Probably <u>Not</u> Get Vaccine	Not Sure
TOTAL	56%	28%	17%
Gender ¹			
Male	60	29	10
Female	51	26	23
Age ¹			
18 to 34	41	40	19
35 to 44	52	30	19
45 to 54	57	28	15
55 to 64	66	20	13
65 and Older	73	9	18
Education ¹			
High School or Less	58	22	19
Some Post High School	45	34	21
College Graduate	62	26	12
Household Income			
Bottom 40 Percent Bracket	55	24	21
Middle 20 Percent Bracket	52	35	14
Top 40 Percent Bracket	61	27	11
Marital Status			
Married	58	27	15
Not Married	52	28	19
Health Department Service Area			
City of Racine	54	30	16
Central Racine County	57	26	17

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Prevalence of Select Health Conditions (Figures 8 & 9; Tables 19 - 24)

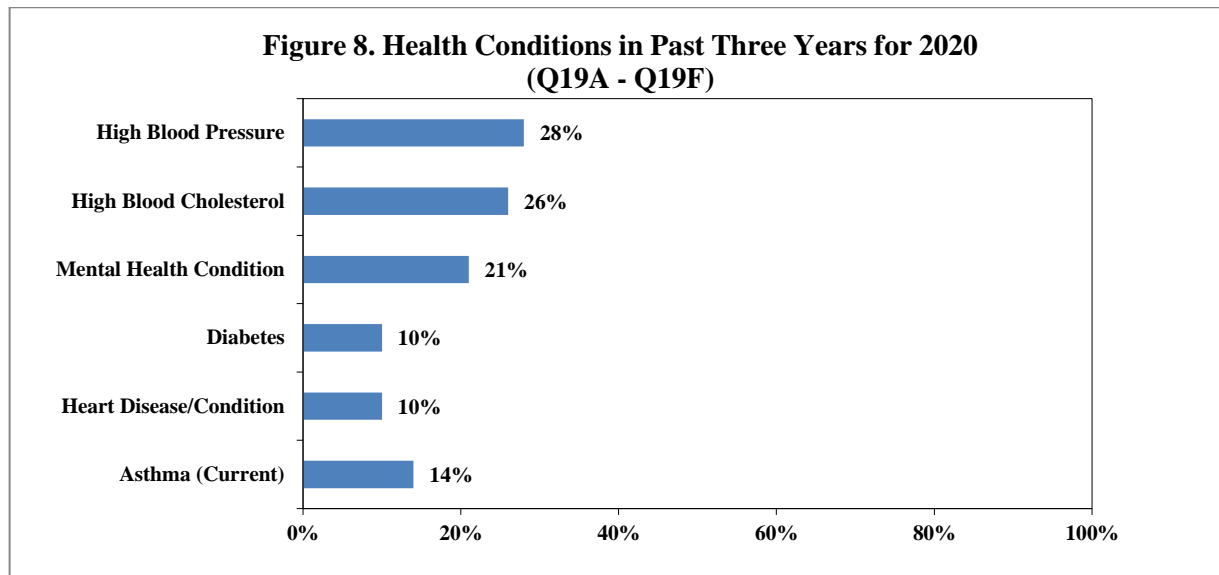
Respondents were asked a series of questions regarding if they were diagnosed with, or treated for, certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2020, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%), high blood cholesterol (26%) or a mental health condition (21%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight, inactive or Central Racine County respondents were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report a mental health condition. Ten percent of respondents reported diabetes in the past three years; respondents 55 and older, with some post high school education or less, in the middle 20 percent household income bracket, who were unmarried, overweight or inactive were more likely to report this. Ten percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with a high school education or less or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Fourteen percent reported current asthma; respondents 35 to 44 years old, with a college education or City of Racine respondents were more likely to report this. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes or current asthma). Between 80% and 89% of respondents reported three conditions were controlled (high blood cholesterol, mental health condition or heart disease/condition).

From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or diabetes while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a mental health condition or current asthma while from 2017 to 2020, there was no statistical change.

2020 Findings

- Respondents were more likely to report high blood pressure (28%), high blood cholesterol (26%) or a mental health condition (21%) in the past three years out of six health conditions listed.



High Blood Pressure in Past Three Years

2020 Findings (Table 19)

- Twenty-eight percent of respondents reported high blood pressure in the past three years.
- Respondents 65 and older were more likely to report high blood pressure in the past three years (66%) compared to those 45 to 54 years old (15%) or respondents 18 to 44 years old (11%).
- Thirty-nine percent of respondents with a high school education or less reported high blood pressure compared to 28% of those with some post high school education or 22% of respondents with a college education.
- Thirty-five percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 23% of those in the middle 20 percent income bracket or 22% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report high blood pressure (30%) compared to respondents who were not overweight (18%).
- Smokers were more likely to report high blood pressure (47%) compared to nonsmokers (24%).
 - Of the 145 respondents who reported high blood pressure, 91% had it under control through medication, exercise or lifestyle changes.

2009 to 2020 Year Comparisons (Table 19)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.

- In 2009 and 2020, respondents 65 and older were more likely to report high blood pressure. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting high blood pressure.
- In 2009 and 2020, respondents with a high school education or less were more likely to report high blood pressure. From 2009 to 2020, there was a noted increase in the percent of respondents with some post high school education reporting high blood pressure.
- In 2009 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2009 and 2020, overweight respondents were more likely to report high blood pressure.
- In 2009, inactive respondents were more likely to report high blood pressure. In 2020, physical activity was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of inactive respondents and a noted increase in the percent of respondents who met the recommended amount of physical activity reporting high blood pressure.
- In 2009, smoking status was not a significant variable. In 2020, smokers were more likely to report high blood pressure, with a noted increase since 2009.

2017 to 2020 Year Comparisons (Table 19)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years. From 2017 to 2020, there was no statistical change in the overall percent of respondents with high blood pressure who reported it was under control through medication, exercise or lifestyle changes (95% and 91%, respectively).
- In 2017 and 2020, respondents 65 and older were more likely to report high blood pressure. From 2017 to 2020, there was a noted increase in the percent of respondents 55 and older reporting high blood pressure.
- In 2017 and 2020, respondents with a high school education or less were more likely to report high blood pressure. From 2017 to 2020, there was a noted increase in the percent of respondents with a college education reporting high blood pressure.
- In 2017 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. From 2017 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.
- In 2017, unmarried respondents were more likely to report high blood pressure. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting high blood pressure.
- In 2017 and 2020, overweight respondents were more likely to report high blood pressure.
- In 2017, inactive respondents were more likely to report high blood pressure. In 2020, physical activity was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting high blood pressure.
- In 2017, smoking status was not a significant variable. In 2020, smokers were more likely to report high blood pressure, with a noted increase since 2017.

Table 19. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q19A)^①

	2009	2012	2015	2017	2020
TOTAL	27%	30%	31%	23%	28%
Gender					
Male	28	28	31	23	29
Female	26	32	30	23	26
Age ^{1,2,3,4,5}					
18 to 34 ^a	4	13	9	6	11
35 to 44	12	10	19	12	11
45 to 54 ^a	34	32	33	21	15
55 to 64 ^b	47	40	43	33	51
65 and Older ^b	65	61	61	52	66
Education ^{1,4,5}					
High School or Less	35	30	31	33	39
Some Post High School ^a	19	28	28	25	28
College Graduate ^b	25	32	33	15	22
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	35	39	37	35	35
Middle 20 Percent Bracket	27	23	30	18	23
Top 40 Percent Bracket ^b	20	24	22	12	22
Marital Status ⁴					
Married ^b	25	28	29	18	25
Not Married	29	32	31	31	31
Overweight Status ^{1,2,3,4,5}					
Not Overweight	12	17	16	11	18
Overweight	35	35	35	27	30
Physical Activity ^{1,2,3,4}					
Inactive ^a	41	43	55	35	22
Insufficient	24	28	31	28	25
Recommended ^{a,b}	23	28	22	18	31
Smoking Status ⁵					
Nonsmoker	28	30	31	24	24
Smoker ^{a,b}	24	28	28	21	47
Health Department Service Area					
City of Racine	27	28	32	24	29
Central Racine County	27	31	30	23	27

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

High Blood Cholesterol in Past Three Years

2020 Findings (Table 20)

- Twenty-six percent of respondents reported high blood cholesterol in the past three years.
- Forty-four percent of respondents 55 to 64 years old reported high blood cholesterol in the past three years compared to 19% of those 35 to 44 years old or 8% of respondents 18 to 34 years old.
- Overweight respondents were more likely to report high blood cholesterol (29%) compared to respondents who were not overweight (12%).
- Thirty-four percent of inactive respondents reported high blood cholesterol compared to 30% of those who did an insufficient amount of physical activity or 20% of respondents who met the recommended amount of physical activity.
- Central Racine County respondents were more likely to report high blood cholesterol (29%) compared to City of Racine respondents (21%).
 - Of the 135 respondents who reported high blood cholesterol, 88% had it under control through medication, exercise or lifestyle changes.

2009 to 2020 Year Comparisons (Table 20)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.
- In 2009, male respondents were more likely to report high blood cholesterol. In 2020, gender was not a significant variable.
- In 2009, respondents 55 and older were more likely to report high blood cholesterol. In 2020, respondents 55 to 64 years old were more likely to report high blood cholesterol.
- In 2009 and 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with a college education reporting high blood cholesterol.
- In 2009, respondents in the bottom 60 percent household income bracket were more likely to report high blood cholesterol. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood cholesterol.
- In 2009 and 2020, overweight respondents were more likely to report high blood cholesterol.
- In 2009, physical activity was not a significant variable. In 2020, inactive respondents were more likely to report high blood cholesterol, with a noted increase since 2009.
- In 2009, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report high blood cholesterol, with a noted increase since 2009.

2017 to 2020 Year Comparisons (Table 20)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol in the past three years. From 2017 to 2020, there was no statistical change in the overall percent of respondents with high blood cholesterol who reported it was under control through medication, exercise or lifestyle changes (84% and 88%, respectively).
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of male respondents reporting high blood cholesterol.
- In 2017, respondents 65 and older were more likely to report high blood cholesterol. In 2020, respondents 55 to 64 years old were more likely to report high blood cholesterol. From 2017 to 2020 there was a noted increase in the percent of respondents 45 to 64 years old reporting high blood cholesterol.
- In 2017, respondents with a high school education or less were more likely to report high blood cholesterol. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with at least some post high school education reporting high blood cholesterol.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting high blood cholesterol.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting high blood cholesterol.
- In 2017, overweight status was not a significant variable. In 2020, overweight respondents were more likely to report high blood cholesterol, with a noted increase since 2017.
- In 2017 and 2020, inactive respondents were more likely to report high blood cholesterol. From 2017 to 2020, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity reporting high blood cholesterol.
- In 2017 and 2020, smoking status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of nonsmokers reporting high blood cholesterol.
- In 2017, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report high blood cholesterol, with a noted increase since 2017.

Table 20. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q19B)[®]

	2009	2012	2015	2017	2020
TOTAL ^b	22%	22%	24%	20%	26%
Gender ¹					
Male ^b	25	25	23	21	29
Female	19	20	25	18	23
Age ^{1,2,3,4,5}					
18 to 34	6	9	8	5	8
35 to 44	13	10	21	23	19
45 to 54 ^b	30	23	23	13	30
55 to 64 ^b	41	35	36	28	44
65 and Older	42	44	43	41	41
Education ⁴					
High School or Less	26	22	26	28	24
Some Post High School ^b	20	20	20	17	26
College Graduate ^{a,b}	19	26	28	16	29
Household Income ^{1,4}					
Bottom 40 Percent Bracket	25	23	24	26	24
Middle 20 Percent Bracket ^b	27	19	29	16	29
Top 40 Percent Bracket ^{a,b}	17	25	20	16	27
Marital Status					
Married ^b	22	23	26	20	27
Not Married	22	22	23	19	26
Overweight Status ^{1,3,5}					
Not Overweight	13	20	15	16	12
Overweight ^b	27	23	27	21	29
Physical Activity ^{2,3,4,5}					
Inactive ^a	18	29	33	35	34
Insufficient ^b	25	25	26	21	30
Recommended	21	16	18	15	20
Smoking Status					
Nonsmoker ^b	22	24	25	19	26
Smoker	21	19	22	21	29
Health Department Service Area ⁵					
City of Racine	23	21	26	18	21
Central Racine County ^{a,b}	21	24	23	21	29

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Mental Health Condition in Past Three Years

2020 Findings (Table 21)

- Twenty-one percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Female respondents were more likely to report a mental health condition in the past three years (29%) compared to male respondents (13%).
- Thirty-two percent of respondents 18 to 34 years old reported a mental health condition compared to 16% of those 55 to 64 years old or 11% of respondents 65 and older.
- Thirty-two percent of respondents in the middle 20 percent household income bracket reported a mental health condition compared to 26% of those in the bottom 40 percent income bracket or 14% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report a mental health condition compared to married respondents (30% and 16%, respectively).
 - Of the 114 respondents who reported a mental health condition, 82% had it under control through medication, therapy or lifestyle changes.

2009 to 2020 Year Comparisons (Table 21)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a mental health condition in the past three years.
- In 2009 and 2020, female respondents were more likely to report a mental health condition. From 2009 to 2020, there was a noted increase in the percent of female respondents reporting a mental health condition.
- In 2009, respondents 55 to 64 years old were more likely to report a mental health condition. In 2020, respondents 18 to 34 years old were more likely to report a mental health condition. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 44 years old reporting a mental health condition.
- In 2009 and 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with a college education reporting a mental health condition.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2020, respondents in the middle 20 percent household income bracket were more likely to report a mental health condition. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting a mental health condition.
- In 2009 and 2020, unmarried respondents more likely to report a mental health condition. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting a mental health condition.
- In 2009, City of Racine respondents were more likely to report a mental health condition. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting a mental health condition.

2017 to 2020 Year Comparisons (Table 21)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years. From 2017 to 2020, there was no statistical change in the overall percent of respondents with a mental health condition who reported it was under control through medication, therapy or lifestyle changes (85% and 82%, respectively).
- In 2017 and 2020, female respondents were more likely to report a mental health condition.
- In 2017, respondents 35 to 54 years old were more likely to report a mental health condition. In 2020, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2017.
- In 2017, respondents with some post high school education were more likely to report a mental health condition. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education reporting a mental health condition.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2020, respondents in the middle 20 percent household income bracket were more likely to report a mental health condition, with a noted increase since 2017.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report a mental health condition.
- In 2017, City of Racine respondents were more likely to report a mental health condition. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting a mental health condition.

Table 21. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q19D)^⓪

	2009	2012	2015	2017	2020
TOTAL ^a	13%	15%	21%	20%	21%
Gender ^{1,2,3,4,5}					
Male	10	11	16	16	13
Female ^a	16	20	25	25	29
Age ^{1,3,4,5}					
18 to 34 ^{a,b}	12	15	23	20	32
35 to 44 ^a	11	18	34	26	23
45 to 54	17	18	23	26	20
55 to 64	22	14	15	18	16
65 and Older	7	11	8	11	11
Education ⁴					
High School or Less	14	16	23	21	18
Some Post High School ^b	15	16	21	27	18
College Graduate ^{a,b}	10	13	18	13	23
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	19	26	28	31	26
Middle 20 Percent Bracket ^{a,b}	8	13	28	18	32
Top 40 Percent Bracket ^a	8	9	9	13	14
Marital Status ^{1,2,3,5}					
Married ^a	9	10	12	18	16
Not Married ^a	17	22	28	24	30
Health Department Service Area ^{1,4}					
City of Racine	16	18	23	29	21
Central Racine County ^{a,b}	11	14	19	15	21

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Diabetes in Past Three Years

2020 Findings (Table 22)

- Ten percent of respondents reported diabetes in the past three years.
- Nineteen percent of respondents 55 to 64 years old and 18% of those 65 and older reported diabetes in the past three years compared to 3% of respondents 18 to 44 years old.
- Fifteen percent of respondents with some post high school education and 14% of those with a high school education or less reported diabetes compared to 7% of respondents with a college education.

- Sixteen percent of respondents in the middle 20 percent household income bracket reported diabetes compared to 13% of those in the bottom 40 percent income bracket or 6% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report diabetes compared to married respondents (15% and 8%, respectively).
- Overweight respondents were more likely to report diabetes (12%) compared to respondents who were not overweight (3%).
- Twenty-four percent of inactive respondents reported diabetes compared to 11% of those who did an insufficient amount of physical activity or 7% of respondents who met the recommended amount of physical activity.
 - Of the 50 respondents who reported diabetes, 94% had it under control through medication, exercise or lifestyle changes.

2009 to 2020 Year Comparisons (Table 22)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.
- In 2009, respondents 65 and older were more likely to report diabetes. In 2020, respondents 55 and older were more likely to report diabetes. From 2009 to 2020, there was a noted increase in the percent of respondents 45 to 54 years old reporting diabetes.
- In 2009, respondents with a high school education or less were more likely to report diabetes. In 2020, respondents with some post high school education or less were more likely to report diabetes. From 2009 to 2020, there was a noted increase in the percent of respondents with some post high school education reporting diabetes.
- In 2009, respondents in the bottom 60 percent household income bracket were more likely to report diabetes. In 2020, respondents in the middle 20 percent household income bracket were more likely to report diabetes.
- In 2009, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report diabetes, with a noted increase since 2009.
- In 2009 and 2020, overweight respondents were more likely to report diabetes.
- In 2009 and 2020, inactive respondents were more likely to report diabetes. From 2009 to 2020, there was a noted increase in the percent of inactive respondents reporting diabetes.
- In 2009 and 2020, smoking status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of nonsmokers reporting diabetes.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of City of Racine respondents reporting diabetes.

2017 to 2020 Year Comparisons (Table 22)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported diabetes in the past three years. From 2017 to 2020, there was no statistical change in the overall percent of respondents with diabetes who reported it was under control through medication, exercise or lifestyle changes (91% and 94%, respectively).

- In 2017, respondents 65 and older were more likely to report diabetes. In 2020, respondents 55 and older were more likely to report diabetes. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting diabetes.
- In 2017, respondents with a high school education or less were more likely to report diabetes. In 2020, respondents with some post high school education or less were more likely to report diabetes. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education reporting diabetes.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2020, respondents in the middle 20 percent household income bracket were more likely to report diabetes. From 2017 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting diabetes.
- In 2017 and 2020, unmarried respondents were more likely to report diabetes. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting diabetes.
- In 2017 and 2020, overweight respondents were more likely to report diabetes.
- In 2017 and 2020, inactive respondents were more likely to report diabetes.
- In 2017 and 2020, smoking status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of nonsmokers reporting diabetes.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting diabetes.

Table 22. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q19E)^⓪

	2009	2012	2015	2017	2020
TOTAL ^b	8%	9%	9%	7%	10%
Gender					
Male	9	10	10	8	12
Female	7	8	8	6	9
Age ^{1,2,3,4,5}					
18 to 34 ^b	1	<1	0	0	3
35 to 44	2	1	3	3	3
45 to 54 ^{a,b}	6	12	14	6	14
55 to 64	14	16	17	10	19
65 and Older	26	21	16	19	18
Education ^{1,4,5}					
High School or Less	11	8	8	13	14
Some Post High School ^{a,b}	8	9	11	5	15
College Graduate	4	11	9	5	7
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	10	13	12	12	13
Middle 20 Percent Bracket	12	9	9	8	16
Top 40 Percent Bracket ^b	5	7	5	2	6
Marital Status ^{4,5}					
Married ^b	7	8	8	4	8
Not Married ^a	9	10	10	11	15
Overweight Status ^{1,2,3,4,5}					
Not Overweight	2	5	2	3	3
Overweight	11	11	11	8	12
Physical Activity ^{1,2,3,4,5}					
Inactive ^a	12	23	26	14	24
Insufficient	8	10	7	8	11
Recommended	6	5	6	5	7
Smoking Status					
Nonsmoker ^{a,b}	8	10	10	7	11
Smoker	9	7	5	7	7
Health Department Service Area					
City of Racine ^a	7	9	10	9	12
Central Racine County ^b	9	9	9	6	10

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Heart Disease/Condition in Past Three Years

2020 Findings (Table 23)

- Ten percent of respondents reported heart disease or condition in the past three years.
- Thirty-three percent of respondents 65 and older reported heart disease/condition in the past three years compared to 4% of those 45 to 54 years old or 0% of respondents 18 to 34 years old.
- Seventeen percent of respondents with a high school education or less reported heart disease/condition compared to 9% of those with some post high school education or 7% of respondents with a college education.
- Fifteen percent of respondents in the bottom 40 percent household income bracket and 14% of those in the middle 20 percent income bracket reported heart disease/condition compared to 4% of respondents in the top 40 percent household income bracket.
 - Of the 52 respondents who reported heart disease/condition, 81% had it under control through medication, exercise or lifestyle changes.

2009 to 2020 Year Comparisons (Table 23)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.
- In 2009 and 2020, respondents 65 and older were more likely to report heart disease/condition. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting heart disease/condition.
- In 2009, education was not a significant variable. In 2020, respondents with a high school education or less were more likely to report heart disease/condition, with a noted increase since 2009.
- In 2009, household income was not a significant variable. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report heart disease/condition.
- In 2009, overweight respondents were more likely to report heart disease/condition. In 2020, overweight status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents who were not overweight reporting heart disease/condition.

2017 to 2020 Year Comparisons (Table 23)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years. From 2017 to 2020, there was no statistical change in the overall percent of respondents with a heart disease/condition who reported it was under control through medication, exercise or lifestyle changes (92% and 81%, respectively).
- In 2017 and 2020, respondents 65 and older were more likely to report heart disease/condition.
- In 2017 and 2020, respondents with a high school education or less were more likely to report heart disease/condition.
- In 2017, household income was not a significant variable. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report heart disease/condition. From 2017 to 2020, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting heart disease/condition.

- In 2017, overweight respondents were more likely to report heart disease/condition. In 2020, overweight status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents who were not overweight reporting heart disease/condition.
- In 2017, inactive respondents were more likely to report heart disease/condition. In 2020, physical activity was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting heart disease/condition.

Table 23. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year (Q19C)[®]

	2009	2012	2015	2017	2020
TOTAL	8%	8%	7%	8%	10%
Gender					
Male	8	8	7	10	10
Female	8	7	8	7	8
Age ^{1,2,3,4,5}					
18 to 34 ^a	3	<1	1	0	0
35 to 44	4	1	2	3	8
45 to 54	5	6	4	6	4
55 to 64	9	9	8	11	11
65 and Older	24	26	27	27	33
Education ^{4,5}					
High School or Less ^a	10	7	7	13	17
Some Post High School	7	8	9	6	9
College Graduate	6	9	7	7	7
Household Income ^{2,5}					
Bottom 40 Percent Bracket	9	12	10	10	15
Middle 20 Percent Bracket ^b	9	4	5	6	14
Top 40 Percent Bracket	4	6	6	6	4
Marital Status ²					
Married	7	5	7	9	9
Not Married	8	10	8	8	10
Overweight Status ^{1,4}					
Not Overweight ^{a,b}	5	6	8	4	11
Overweight	10	9	8	9	9
Physical Activity ^{2,3,4}					
Inactive	11	15	13	19	12
Insufficient	8	8	5	8	8
Recommended ^b	7	5	8	6	10
Smoking Status ³					
Nonsmoker	9	8	9	9	10
Smoker	6	7	3	4	8
Health Department Service Area					
City of Racine	9	7	8	8	11
Central Racine County	7	8	7	9	9

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Current Asthma

In 2019, 10% of Wisconsin respondents and 10% of U.S. respondents reported they were told they currently have asthma (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 24)

- Fourteen percent of respondents reported they currently have asthma.
- Twenty-six percent of respondents 35 to 44 years old reported current asthma compared to 9% of those 55 and older or 8% of respondents 45 to 54 years old.
- Twenty percent of respondents with a college education reported current asthma compared to 11% of those with a high school education or less or 9% of respondents with some post high school education.
- City of Racine respondents were more likely to report current asthma (24%) compared to Central Racine County respondents (9%).
 - Of the 73 respondents who reported current asthma, 96% had it under control through medication, therapy or lifestyle changes.

2009 to 2020 Year Comparisons (Table 24)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported current asthma.
- In 2009, female respondents were more likely to report current asthma. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting current asthma.
- In 2009, age was not a significant variable. In 2020, respondents 35 to 44 years old were more likely to report current asthma. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 44 years old reporting current asthma.
- In 2009, education was not a significant variable. In 2020, respondents with a college education were more likely to report current asthma, with a noted increase since 2009.
- In 2009 and 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across household income reporting current asthma.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of married respondents reporting current asthma.
- In 2009 and 2020, City of Racine respondents were more likely to report current asthma. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting current asthma.

2017 to 2020 Year Comparisons (Table 24)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported current asthma. From 2017 to 2020, there was no statistical change in the overall percent of respondents with current asthma who reported it was under control through medication, therapy or lifestyle changes (97% and 96%, respectively).

- In 2017, female respondents were more likely to report current asthma. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of male respondents reporting current asthma.
- In 2017, age was not a significant variable. In 2020, respondents 35 to 44 years old were more likely to report current asthma. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 44 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting current asthma.
- In 2017, respondents with some post high school education or less were more likely to report current asthma. In 2020, respondents with a college education were more likely to report current asthma, with a noted increase since 2017.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report current asthma. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting current asthma.
- In 2017, unmarried respondents were more likely to report current asthma. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting current asthma.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report current asthma, with a noted increase since 2017.

Table 24. Current Asthma by Demographic Variables for Each Survey Year (Q19F)^⓪

	2009	2012	2015	2017	2020
TOTAL ^a	8%	10%	9%	11%	14%
Gender ^{1,2,4}					
Male ^{a,b}	5	8	7	7	12
Female ^a	11	13	11	16	17
Age ^{3,5}					
18 to 34 ^{a,b}	8	15	4	7	18
35 to 44 ^{a,b}	7	9	17	12	26
45 to 54 ^b	9	8	12	18	8
55 to 64	10	10	10	10	9
65 and Older	8	7	5	10	9
Education ^{2,4,5}					
High School or Less	9	10	9	14	11
Some Post High School	9	14	10	14	9
College Graduate ^{a,b}	6	7	8	7	20
Household Income ^{2,3,4}					
Bottom 40 Percent Bracket ^a	10	14	10	15	19
Middle 20 Percent Bracket ^{a,b}	4	4	14	5	13
Top 40 Percent Bracket ^a	7	7	5	11	13
Marital Status ^{2,4}					
Married ^{a,b}	7	7	8	8	15
Not Married	10	14	10	16	14
Health Department Service Area ^{1,2,5}					
City of Racine ^{a,b}	12	14	7	14	24
Central Racine County ^a	6	7	11	10	9

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

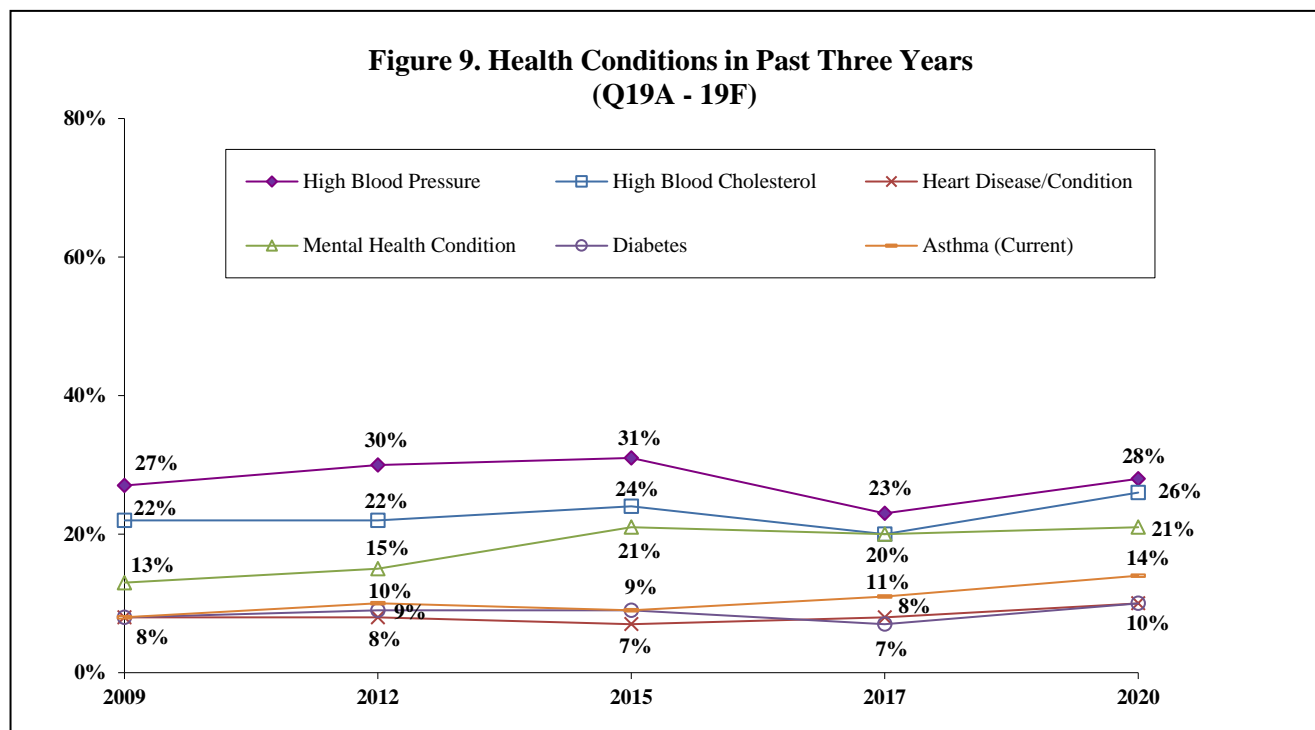
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Prevalence of Select Health Conditions Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or diabetes while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a mental health condition or current asthma while from 2017 to 2020, there was no statistical change.



Physical Activity (Figures 10 & 11; Tables 25 - 27)

KEY FINDINGS: In 2020, 34% of respondents did moderate physical activity five times in a usual week for 30 minutes. Twenty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents who were 35 to 44 years old, 65 and older or not overweight were more likely to report this.

From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times in a usual week for at least 30 minutes while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times in a usual week for at least 20 minutes, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a usual week while from 2017 to 2020, there was a statistical decrease.

Moderate Physical Activity in Usual Week

Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate.

In 2005, 42% of Wisconsin respondents and 33% of U.S. respondents did moderate physical activity at least five times a week for 30 or more minutes (2005 Behavioral Risk Factor Surveillance).

2020 Findings (Table 25)

- Thirty-four percent of all respondents did moderate physical activity at least five times for 30 minutes or more in a usual week. Fifty-six percent did some moderate activity while 11% did not do any moderate physical activity.
- Female respondents were more likely to meet the recommended amount of moderate physical activity (42%) compared to male respondents (25%).
- Forty-five percent of respondents 65 and older met the recommended amount of moderate physical activity compared to 28% of those 45 to 54 years old or 26% of respondents 18 to 34 years old.
- Respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity (44%) compared to overweight respondents (30%).
- City of Racine respondents were more likely to meet the recommended amount of moderate physical activity (40%) compared to Central Racine County respondents (30%).

2009 to 2020 Year Comparisons (Table 25)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a usual week.
- In 2009, male respondents were more likely to meet the recommended amount of moderate physical activity. In 2020, female respondents were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2009. From 2009 to 2020, there was a noted decrease in the percent of male respondents meeting the recommended amount of moderate physical activity.
- In 2009, age was not a significant variable. In 2020, respondents 65 and older were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2009.

- In 2009, unmarried respondents were more likely to meet the recommended amount of moderate physical activity. In 2020, marital status was not a significant variable.
- In 2009, overweight status was not a significant variable. In 2020, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2009.
- In 2009 and 2020, City of Racine respondents were more likely to meet the recommended amount of moderate physical activity.

2017 to 2020 Year Comparisons (Table 25)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who met the recommended amount of moderate physical activity in a usual week.
- In 2017, male respondents were more likely to meet the recommended amount of moderate physical activity. In 2020, female respondents were more likely to meet the recommended amount of moderate physical activity. From 2017 to 2020, there was a noted decrease in the percent of male respondents meeting the recommended amount of moderate physical activity.
- In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. In 2020, respondents 65 and older were more likely to meet the recommended amount of moderate physical activity. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old meeting the recommended amount of moderate physical activity.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less or with a college education meeting the recommended amount of moderate physical activity.
- In 2017, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2017, married respondents were more likely to meet the recommended amount of moderate physical activity. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of married respondents meeting the recommended amount of moderate physical activity.
- In 2017 and 2020, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. From 2017 to 2020, there was a noted decrease in the percent of respondents across overweight status meeting the recommended amount of moderate physical activity.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to meet the recommended amount of moderate physical activity. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents meeting the recommended amount of moderate physical activity.

Table 25. Recommended Moderate Physical Activity in Usual Week by Demographic Variables for Each Survey Year (Q22A)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^b	31%	35%	32%	47%	34%
Gender ^{1,2,4,5}					
Male ^{a,b}	36	31	32	53	25
Female ^a	27	38	32	41	42
Age ^{4,5}					
18 to 34 ^b	34	39	33	61	26
35 to 44	28	34	36	39	33
45 to 54 ^b	32	36	31	41	28
55 to 64	35	32	33	43	40
65 and Older ^a	27	30	28	42	45
Education ³					
High School or Less ^b	33	34	39	40	28
Some Post High School	33	35	30	50	40
College Graduate ^b	27	36	25	49	33
Household Income ^{3,4}					
Bottom 40 Percent Bracket	33	37	33	40	39
Middle 20 Percent Bracket ^b	38	36	18	46	32
Top 40 Percent Bracket ^b	28	35	31	54	29
Marital Status ^{1,4}					
Married ^b	28	35	33	52	31
Not Married	35	35	32	39	37
Overweight Status ^{2,4,5}					
Not Overweight ^{a,b}	34	39	37	61	44
Overweight ^b	31	32	31	43	30
Health Department Service Area ^{1,5}					
City of Racine	37	36	33	42	40
Central Racine County ^b	28	34	31	50	30

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Recommended moderate physical activity is 5 times/30+ minutes in a week.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Vigorous Physical Activity in Usual Week

Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.

In 2009, 31% of Wisconsin respondents and 29% of U.S. respondents did vigorous physical activity at least three times a week for 20 or more minutes (2009 Behavioral Risk Factor Surveillance).

2020 Findings (Table 26)

- Twenty-eight percent of respondents reported they did vigorous physical activity at least three times for 20 minutes or more in a usual week. Twenty-eight percent did some vigorous physical activity while 43% did not do any vigorous physical activity.
- Respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity (43%) compared to overweight respondents (23%).

2009 to 2020 Year Comparisons (Table 26)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a usual week.
- In 2009, male respondents were more likely to meet the recommended amount of vigorous physical activity. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of female respondents meeting the recommendation.
- In 2009, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old meeting the recommendation.
- In 2009, respondents with at least some post high school education were more likely to meet the recommended amount of vigorous physical activity. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with a high school education or less meeting the recommendation.
- In 2009, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommendation.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of married respondents meeting the recommendation.
- In 2009, overweight status was not a significant variable. In 2020, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2009.

2017 to 2020 Year Comparisons (Table 26)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a usual week.
- In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old meeting the recommendation.
- In 2017, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with a high school education or less meeting the recommendation.
- In 2017, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2020, household income was not a significant variable.

- In 2017 and 2020, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity.
- In 2017, Central Racine County respondents were more likely to meet the recommended amount of vigorous physical activity. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of City of Racine respondents meeting the recommendation.

Table 26. Recommended Vigorous Physical Activity in Usual Week by Demographic Variables for Each Survey Year (Q22B)^{①,②}

	2009	2012	2015	2017	2020
TOTAL	24%	25%	25%	28%	28%
Gender ^{1,3}					
Male	27	28	35	28	29
Female ^a	21	23	15	28	27
Age ^{1,2,4}					
18 to 34 ^b	30	34	30	37	26
35 to 44 ^a	24	32	25	27	39
45 to 54	24	22	27	26	24
55 to 64	21	22	22	25	32
65 and Older	14	12	16	16	23
Education ^{1,2,4}					
High School or Less ^{a,b}	19	21	24	21	32
Some Post High School	26	26	29	24	26
College Graduate	27	30	20	36	29
Household Income ^{1,2,4}					
Bottom 40 Percent Bracket ^a	17	19	22	21	27
Middle 20 Percent Bracket	29	18	25	26	24
Top 40 Percent Bracket	30	37	30	34	29
Marital Status					
Married ^a	23	27	26	29	30
Not Married	24	23	24	26	25
Overweight Status ^{2,4,5}					
Not Overweight ^a	27	33	29	41	43
Overweight	22	23	24	24	23
Health Department Service Area ^{3,4}					
City of Racine ^b	25	23	21	18	29
Central Racine County	23	27	28	34	28

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Recommended vigorous physical activity is 3 times/20+ minutes in a week.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Combined Recommended Amount of Physical Activity in Usual Week

The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a usual week.

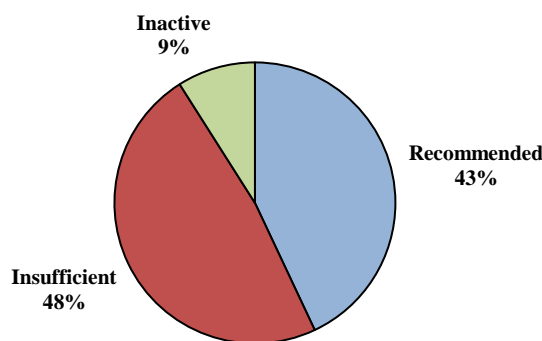
The Healthy People 2020 goal for persons reporting no moderate or vigorous activity is 33% (Objective PA-1).

In 2009, 53% of Wisconsin respondents and 51% of U.S. respondents met the recommended amount of physical activity (30+ minutes of moderate physical activity five days per week or 20+ minutes of vigorous physical activity three days per week) (2009 Behavioral Risk Factor Surveillance).

2020 Findings (Table 27)

- Forty-three percent of respondents met the recommended amount of physical activity in a usual week (moderate activity 5 times/week for 30 minutes or vigorous activity 3 times/week for 20 minutes). Forty-eight percent did an insufficient amount of physical activity while 9% did no physical activity in a usual week.

Figure 10. Physical Activity/Usual Week for 2020 (Q22A & Q22B)*



*Recommended physical activity is moderate activity 5 times/30+ minutes in a week or vigorous activity 3 times/20+ minutes in a week.

- Fifty-one percent of respondents 35 to 44 years old or 65 and older met the recommended amount of physical activity in a week compared to 32% of respondents 45 to 54 years old.
- Respondents who were not overweight were more likely to meet the recommended amount of physical activity in a week (59%) compared to overweight respondents (38%).

2009 to 2020 Year Comparisons (Table 27)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a usual week.

- In 2009, male respondents were more likely to meet the recommended amount of physical activity. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of male respondents and a noted increase in the percent of female respondents meeting the recommended amount of physical activity.
- In 2009, age was not a significant variable. In 2020, respondents 35 to 44 years old or 65 and older were more likely to meet the recommended amount of physical activity. From 2009 to 2020, there was a noted decrease in the percent of respondents 45 to 54 years old meeting the recommended amount of physical activity.
- In 2009, unmarried respondents were more likely to meet the recommended amount of physical activity. In 2020, marital status was not a significant variable.
- In 2009 and 2020, respondents who were not overweight were more likely to meet the recommended amount of physical activity. From 2009 to 2020, there was a noted increase in the percent of respondents who were not overweight meeting the recommended amount of physical activity.
- In 2009, City of Racine respondents were more likely to meet the recommended amount of physical activity. In 2020, health department service area was not a significant variable.

2017 to 2020 Year Comparisons (Table 27)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity in a usual week.
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of male respondents meeting the recommended amount of physical activity.
- In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. In 2020, respondents 35 to 44 years old or 65 and older were more likely to meet the recommended amount of physical activity. From 2017 to 2020, there was noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old meeting the recommended amount of physical activity.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education meeting the recommended amount of physical activity.
- In 2017, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket meeting the recommended amount of physical activity.
- In 2017, married respondents were more likely to meet the recommended amount of physical activity. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of married respondents meeting the recommended amount of physical activity.
- In 2017 and 2020, respondents who were not overweight were more likely to meet the recommended amount of physical activity. From 2017 to 2020, there was a noted decrease in the percent of respondents across overweight status meeting the recommended amount of physical activity.
- In 2017, Central Racine County respondents were more likely to meet the recommended amount of physical activity. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents meeting the recommended amount of physical activity.

Table 27. Recommended Moderate or Vigorous Physical Activity in Usual Week by Demographic Variables for Each Survey Year (Q22A & Q22B)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^b	43%	47%	41%	54%	43%
Gender ¹					
Male ^{a,b}	47	46	43	57	40
Female ^a	38	47	38	50	47
Age ^{2,4,5}					
18 to 34 ^b	44	54	47	72	39
35 to 44	41	52	39	44	51
45 to 54 ^{a,b}	47	46	36	46	32
55 to 64	44	43	42	47	48
65 and Older	38	35	35	47	51
Education ³					
High School or Less	42	46	46	47	40
Some Post High School	45	44	41	54	46
College Graduate ^b	40	50	33	59	44
Household Income ^{2,4}					
Bottom 40 Percent Bracket	41	45	39	45	46
Middle 20 Percent Bracket ^b	47	40	36	58	35
Top 40 Percent Bracket ^b	44	52	40	59	44
Marital Status ^{1,4}					
Married ^b	40	46	39	58	44
Not Married	46	47	42	47	42
Overweight Status ^{1,2,4,5}					
Not Overweight ^{a,b}	48	58	47	71	59
Overweight ^b	40	42	39	49	38
Health Department Service Area ^{1,4}					
City of Racine	48	47	41	48	47
Central Racine County ^b	39	46	40	57	41

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Recommended moderate physical activity is 5 times/30+ minutes in a week and recommended vigorous physical activity is 3 times/20+ minutes in a week.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

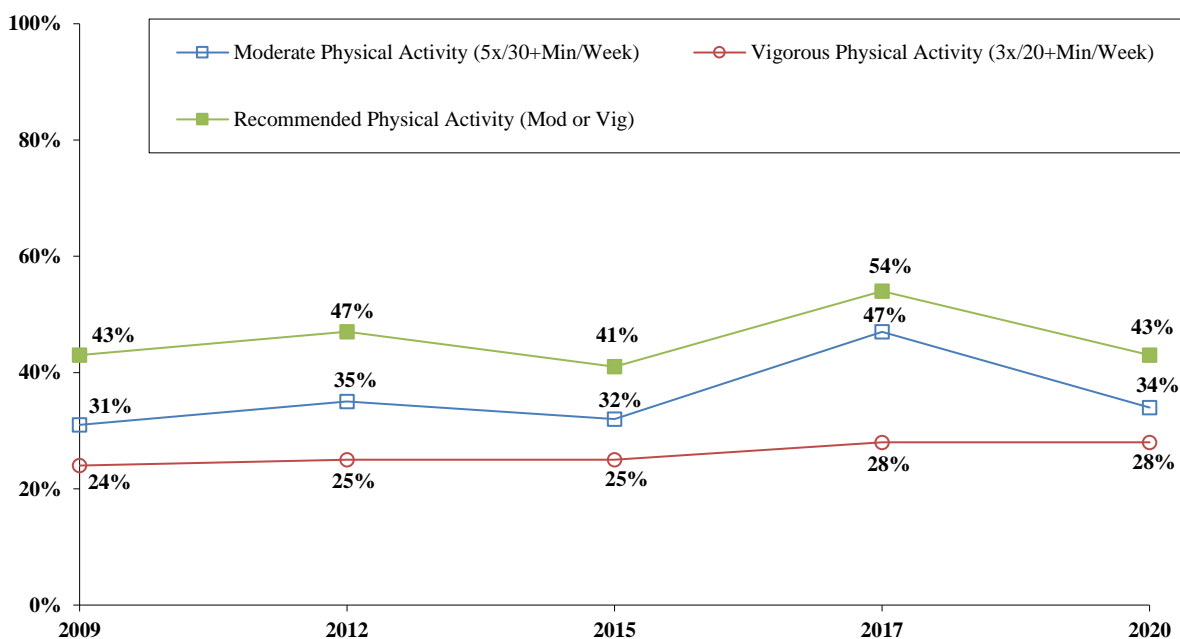
^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Physical Activity Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times in a usual week for at least 30 minutes while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times in a usual week for at least 20 minutes, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a usual week while from 2017 to 2020, there was a statistical decrease.

Figure 11. Physical Activity in Usual Week (Q22A & Q22B)



Body Weight (Figures 12 & 13; Tables 28 & 29)

KEY FINDINGS: In 2020, 75% of respondents were classified as at least overweight while 39% were obese. Respondents who were male or did not meet the recommended amount of physical activity were more likely to be at least overweight. Respondents who were unmarried or inactive were more likely to be obese.

From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2017 to 2020, there was no statistical change.

At Least Overweight

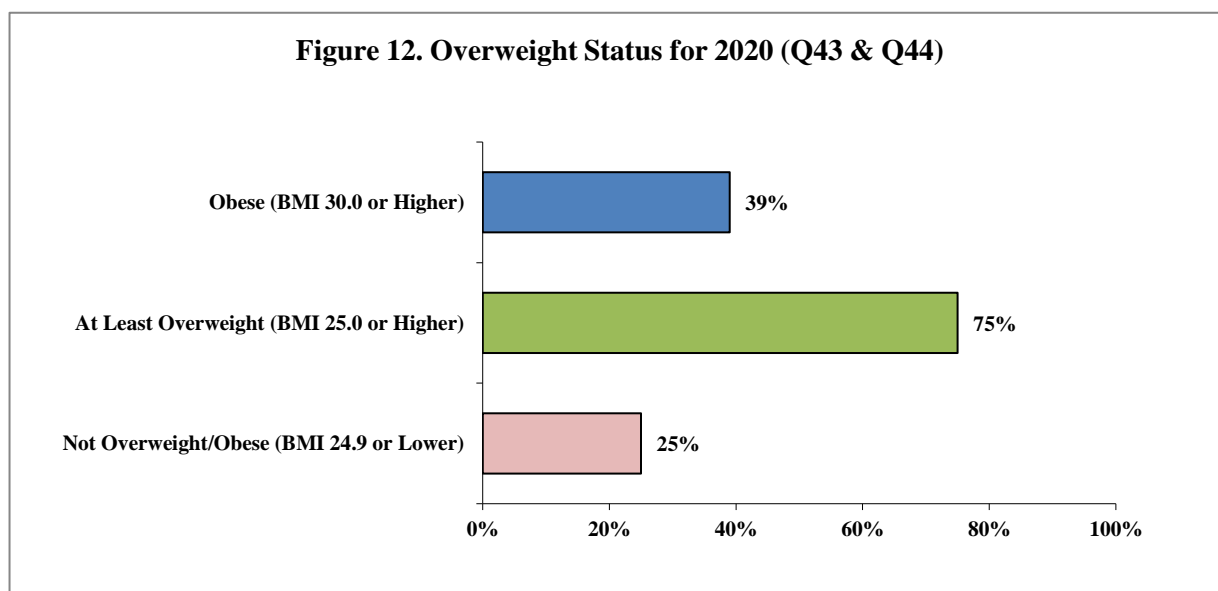
Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter².

The Healthy People 2020 goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66% (Objective NWS-8)

In 2019, 70% of Wisconsin respondents were classified as at least overweight (36% overweight, 34% obese). In the U.S., 67% were classified as at least overweight (35% overweight and 32% obese) (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 28)

- According to the definition, 75% of respondents were at least overweight.



- Male respondents were more likely to be at least overweight (80%) compared to female respondents (71%).
- Eighty-three percent of respondents who did an insufficient amount of physical activity and 82% of those who were inactive were at least overweight compared to 67% of respondents who met the recommended amount of physical activity.

2009 to 2020 Year Comparisons (Table 28)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were at least overweight.
- In 2009 and 2020, male respondents were more likely to be classified as at least overweight. From 2009 to 2020, there was a noted increase in the percent of female respondents who were at least overweight.
- In 2009, respondents 45 to 64 years old were more likely to be at least overweight. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old who were at least overweight.
- In 2009 and 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with at least some post high school education who were at least overweight.
- In 2009 and 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 60 percent household income bracket who were at least overweight.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status who were at least overweight.
- In 2009, inactive respondents were more likely to be at least overweight. In 2020, respondents who did not meet the recommended amount of physical activity were more likely to be at least overweight. From 2009 to 2020, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity who were at least overweight.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area who were at least overweight.

2017 to 2020 Year Comparisons (Table 28)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who were at least overweight.
- In 2017 and 2020, male respondents were more likely to be at least overweight.
- In 2017, respondents with a high school education or less were more likely to be at least overweight. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less who were at least overweight.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to be at least overweight. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket who were at least overweight.
- In 2017, inactive respondents were more likely to be at least overweight. In 2020, respondents who did not meet the recommended amount of physical activity were more likely to be at least overweight.

Table 28. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q43 & Q44)^o

	2009	2012	2015	2017	2020
TOTAL ^a	64%	71%	74%	75%	75%
Gender ^{1,2,3,4,5}					
Male	74	77	83	80	80
Female ^a	55	65	65	71	71
Age ^{1,2,3}					
18 to 34 ^a	54	62	62	74	78
35 to 44	63	79	81	78	73
45 to 54	72	76	82	74	77
55 to 64	74	71	73	81	81
65 and Older	69	70	72	73	69
Education ^{3,4}					
High School or Less ^b	68	72	77	82	70
Some Post High School ^a	62	72	67	78	78
College Graduate ^a	63	69	78	68	75
Household Income ^{3,4}					
Bottom 40 Percent Bracket ^b	69	74	69	82	71
Middle 20 Percent Bracket ^a	70	76	81	73	82
Top 40 Percent Bracket ^a	64	73	78	73	77
Marital Status ³					
Married ^a	67	73	80	77	76
Not Married ^a	62	69	68	73	74
Physical Activity ^{1,2,4,5}					
Inactive	75	74	82	90	82
Insufficient ^a	63	79	74	83	83
Recommended	60	65	70	68	67
Health Department Service Area ³					
City of Racine ^a	64	70	78	79	75
Central Racine County ^a	65	71	70	73	75

^oPercentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Obese

The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)

In 2019, 34% of Wisconsin respondents and 32% of U.S. respondents were classified as obese (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 29)

- Thirty-nine percent of respondents were classified as obese (BMI 30.0 or higher).
- Forty-six percent of unmarried respondents were obese compared to 35% of married respondents.
- Inactive respondents were more likely to be obese (61%) compared to those who did an insufficient amount of physical activity (47%) or respondents who met the recommended amount of physical activity (27%).

2009 to 2020 Year Comparisons (Table 29)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were obese.
- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of female respondents who were obese.
- In 2009, respondents 45 to 54 years old or 65 and older were more likely to be obese. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents 18 to 44 years old who were obese.
- In 2009, respondents with a high school education or less were more likely to be obese. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with a college education who were obese.
- In 2009, respondents in the bottom 60 percent household income bracket were more likely to be obese. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who were obese.
- In 2009 and 2020, unmarried respondents were more likely to be obese. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status who were obese.
- In 2009 and 2020, inactive respondents were more likely to be obese. From 2009 to 2020, there was a noted increase in the percent of those who did not meet the recommended amount of physical activity who were obese.
- In 2009, City of Racine respondents were more likely to be obese. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents who were obese.

2017 to 2020 Year Comparisons (Table 29)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who were obese.
- In 2017, respondents 35 to 44 years old or 55 to 64 years old were more likely to be obese. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old who were obese.
- In 2017, respondents with some post high school education or less were more likely to be obese. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with a college education who were obese.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to be obese. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who were obese.

- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to be obese.
- In 2017, respondents who did an insufficient amount of physical activity were more likely to be obese. In 2020, inactive respondents were more likely to be obese.
- In 2017, City of Racine respondents were more likely to be obese. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents who were obese.

Table 29. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q43 & Q44)[®]

	2009	2012	2015	2017	2020
TOTAL ^a	30%	34%	42%	35%	39%
Gender ³					
Male	32	36	48	32	39
Female ^a	29	32	37	39	41
Age ^{1,2,3,4}					
18 to 34 ^{a,b}	29	25	42	26	42
35 to 44 ^a	22	42	47	45	37
45 to 54 ^b	35	32	52	31	46
55 to 64	32	47	38	45	38
65 and Older	37	30	31	38	33
Education ^{1,4}					
High School or Less	37	34	46	43	45
Some Post High School	31	33	39	41	37
College Graduate ^{a,b}	19	35	42	25	37
Household Income ^{1,4}					
Bottom 40 Percent Bracket	37	35	39	50	41
Middle 20 Percent Bracket	35	29	46	35	45
Top 40 Percent Bracket ^{a,b}	24	37	45	26	36
Marital Status ^{1,5}					
Married ^a	27	33	43	33	35
Not Married ^a	33	35	42	40	46
Physical Activity ^{1,2,3,4,5}					
Inactive ^a	42	42	56	44	61
Insufficient ^a	29	39	47	53	47
Recommended	26	28	32	23	27
Health Department Service Area ^{1,3,4}					
City of Racine	35	32	48	44	42
Central Racine County ^{a,b}	27	35	38	31	38

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

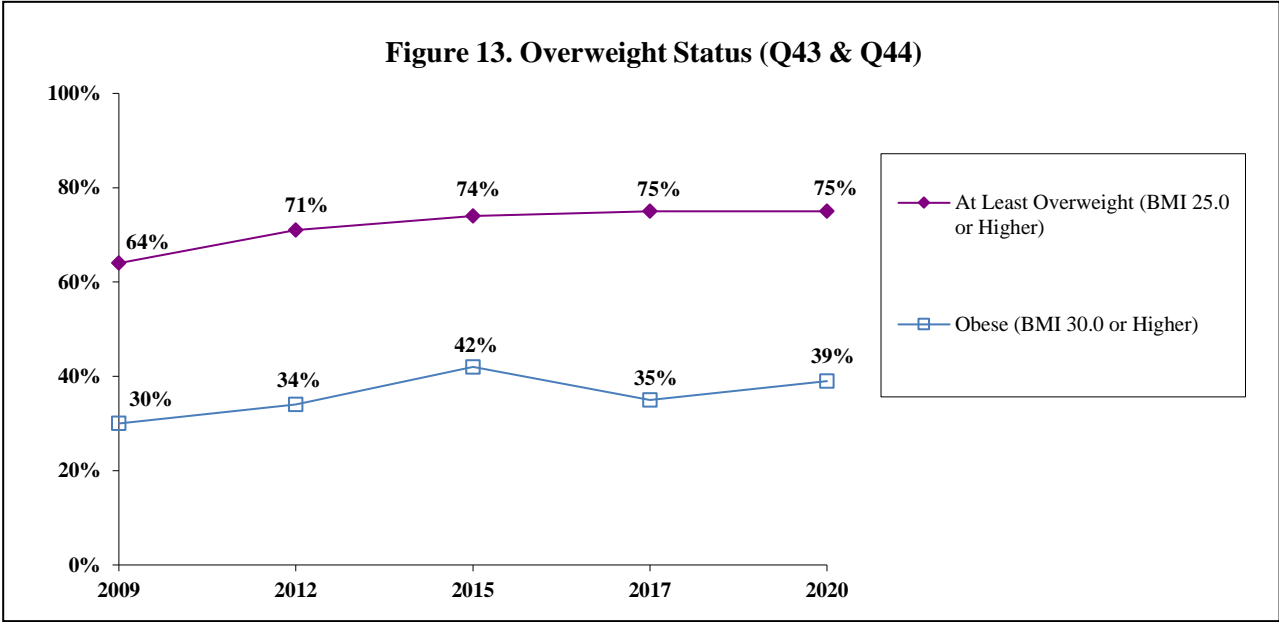
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Body Weight Overall

Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2017 to 2020, there was no statistical change.



Nutrition and Food Insecurity (Figure 14; Tables 30 - 33)

KEY FINDINGS: In 2020, 46% of respondents reported two or more servings of fruit while 23% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, in the top 40 percent household income bracket, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Twenty-seven percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Nine percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this.

From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.

Fruit Consumption on Average Day

Based on the USDA dietary guidelines, at a minimum, adults should have two servings of fruit each day. Age, gender and activity level may increase the recommended number of servings.

2020 Findings (Table 30)

- Forty-six percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit on an average day (51%) compared to male respondents (41%).
- Sixty percent of respondents with a college education reported at least two servings of fruit a day compared to 39% of those with some post high school education or 29% of respondents with a high school education or less.
- Fifty-four percent of respondents in the top 40 percent household income bracket and 53% of those in the middle 20 percent income bracket reported at least two servings of fruit a day compared to 34% of respondents in the bottom 40 percent household income bracket.
- Fifty-seven percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 42% of those who did an insufficient amount of physical activity or 22% of respondents who were inactive.

2009 to 2020 Year Comparisons (Table 30)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.

- In 2009 and 2020, female respondents were more likely to report at least two servings of fruit per day. From 2009 to 2020, there was a noted decrease in the percent of female respondents reporting at least two servings of fruit per day.
- In 2009, respondents 18 to 34 years old were more likely to report at least two servings of fruit per day. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting at least two servings of fruit per day.
- In 2009 and 2020, respondents with a college education were more likely to report at least two servings of fruit per day. From 2009 to 2020, there was a noted decrease in the percent of respondents across education reporting at least two servings of fruit per day.
- In 2009, respondents in the top 40 percent household income bracket were more likely to report at least two servings of fruit per day. In 2020, respondents in the top 60 percent household income bracket were more likely to report at least two servings of fruit per day. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting two or more servings of fruit per day.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across marital status reporting two or more servings of fruit per day.
- In 2009 and 2020, overweight status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across overweight status reporting two or more servings of fruit per day.
- In 2009, physical activity was not a significant variable. In 2020, respondents who met the recommended amount of physical activity were more likely to report at least two servings of fruit per day. From 2009 to 2020, there was a noted decrease in the percent of respondents who did not meet the recommended amount of physical activity reporting at least two servings of fruit per day.
- In 2009, Central Racine County respondents were more likely to report at least two servings of fruit per day. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting at least two servings of fruit per day.

2017 to 2020 Year Comparisons (Table 30)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2017 and 2020, female respondents were more likely to report at least two servings of fruit per day. From 2017 to 2020, there was a noted decrease in the percent of respondents across gender reporting at least two servings of fruit per day.
- In 2017, respondents 35 to 44 years old were more likely to report at least two servings of fruit per day. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 45 to 64 years old reporting at least two servings of fruit per day.
- In 2017 and 2020, respondents with a college education were more likely to report at least two servings of fruit per day. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting at least two servings of fruit per day.

- In 2017, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit per day. In 2020, respondents in the top 60 percent household income bracket were more likely to report two or more servings of fruit per day. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting at least two servings of fruit per day.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of married respondents reporting at least two servings of fruit per day.
- In 2017 and 2020, overweight status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of overweight respondents reporting at least two servings of fruit per day.
- In 2017 and 2020, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit per day. From 2017 to 2020, there was a noted decrease in the percent of respondents who were inactive or met the recommended amount of physical activity reporting two or more servings of fruit per day.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting two or more servings of fruit per day.

Table 30. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year (Q20A)^⓪

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	59%	63%	61%	57%	46%
Gender ^{1,2,3,4,5}					
Male ^b	48	54	53	51	41
Female ^{a,b}	70	71	69	63	51
Age ^{1,3,4}					
18 to 34 ^a	70	64	68	48	39
35 to 44	51	67	59	65	57
45 to 54 ^{a,b}	58	59	52	60	45
55 to 64 ^b	52	60	63	60	44
65 and Older	59	64	61	54	48
Education ^{1,2,3,4,5}					
High School or Less ^{a,b}	49	51	51	44	29
Some Post High School ^a	62	67	62	48	39
College Graduate ^{a,b}	70	75	74	76	60
Household Income ^{1,2,4,5}					
Bottom 40 Percent Bracket ^{a,b}	52	57	59	47	34
Middle 20 Percent Bracket	59	59	64	57	53
Top 40 Percent Bracket ^{a,b}	65	72	62	64	54
Marital Status ²					
Married ^{a,b}	60	67	59	60	47
Not Married ^a	59	58	62	53	44
Overweight Status					
Not Overweight ^a	64	66	64	59	50
Overweight ^{a,b}	57	62	59	56	45
Physical Activity ^{2,4,5}					
Inactive ^{a,b}	53	52	56	47	22
Insufficient ^a	60	59	66	48	42
Recommended ^b	62	70	57	65	57
Health Department Service Area ^{1,2}					
City of Racine ^{a,b}	54	54	60	56	43
Central Racine County ^{a,b}	63	69	62	58	48

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Vegetable Consumption on Average Day

Based on the USDA dietary guidelines, at a minimum, adults should have three servings of vegetables each day. Age, gender and activity level may increase the recommended number of servings.

2020 Findings (Table 31)

- Twenty-three percent of respondents reported three or more servings of vegetables on an average day.
- Female respondents were more likely to report at least three servings of vegetables on an average day (29%) compared to male respondents (17%).
- Twenty-nine percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 20% of those in the bottom 40 percent income bracket or 16% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report at least three servings of vegetables a day compared to unmarried respondents (28% and 17%, respectively).
- Respondents who were not overweight were more likely to report at least three servings of vegetables a day (31%) compared to overweight respondents (21%).
- Respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables a day (33%) compared to those who did an insufficient amount of physical activity (17%) or respondents who were inactive (12%).

2009 to 2020 Year Comparisons (Table 31)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2009 and 2020, female respondents were more likely to report at least three vegetable servings per day.
- In 2009, respondents with a college education were more likely to report at least three servings of vegetables per day. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents with a college education reporting at least three servings of vegetables per day.
- In 2009 and 2020, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables per day.
- In 2009 and 2020, married respondents were more likely to report at least three servings of vegetables per day.
- In 2009, overweight respondents were more likely to report at least three servings of vegetables per day. In 2020, respondents who were not overweight were more likely to report at least three servings of vegetables per day, with a noted increase since 2009. From 2009 to 2020, there was a noted decrease in the percent of overweight respondents reporting at least three servings of vegetables per day.
- In 2009, physical activity was not a significant variable. In 2020, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables per day. From 2009 to 2020, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity reporting at least three servings of vegetables per day.

2017 to 2020 Year Comparisons (Table 31)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2017 and 2020, female respondents were more likely to report at least three vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting at least three servings of vegetables per day.
- In 2017, respondents 18 to 34 years old were more likely to report at least three servings of vegetables per day. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least three servings of vegetables per day.
- In 2017, respondents with a college education were more likely to report at least three servings of vegetables per day. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting at least three servings of vegetables per day.
- In 2017, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables per day. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting at least three servings of vegetables per day.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to report at least three servings of vegetables per day. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting at least three vegetable servings per day.
- In 2017, overweight status was not a significant variable. In 2020, respondents who were not overweight were more likely to report at least three servings of vegetables per day. From 2017 to 2020, there was a noted decrease in the percent of overweight respondents reporting at least three servings of vegetables per day.
- In 2017 and 2020, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables per day.
- In 2017, Central Racine County respondents were more likely to report at least three servings of vegetables per day. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting at least three servings of vegetables per day.

Table 31. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year (Q20B)^⓪

	2009	2012	2015	2017	2020
TOTAL ^b	26%	22%	32%	31%	23%
Gender ^{1,2,3,4,5}					
Male	19	16	28	22	17
Female ^b	32	28	36	40	29
Age ^{3,4}					
18 to 34 ^b	28	19	44	37	21
35 to 44	24	25	34	33	32
45 to 54	31	22	27	33	27
55 to 64	21	22	30	28	18
65 and Older	23	23	20	17	20
Education ^{1,2,3,4}					
High School or Less	21	15	23	15	20
Some Post High School	21	21	31	25	20
College Graduate ^{a,b}	38	33	47	46	29
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket ^b	21	19	25	31	20
Middle 20 Percent Bracket ^b	24	18	38	32	16
Top 40 Percent Bracket	33	30	40	32	29
Marital Status ^{1,5}					
Married	30	23	36	32	28
Not Married ^b	22	20	29	28	17
Overweight Status ^{1,5}					
Not Overweight ^a	21	25	29	35	31
Overweight ^{a,b}	28	20	34	29	21
Physical Activity ^{2,3,4,5}					
Inactive	21	8	15	15	12
Insufficient ^a	25	16	33	24	17
Recommended	30	32	38	38	33
Health Department Service Area ^{2,4}					
City of Racine	23	19	31	23	23
Central Racine County ^b	28	24	33	35	23

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Five or More Fruit or Vegetables on Average Day

In 2009, 23% of Wisconsin respondents and 23% of U.S. respondents reported they ate at least five servings of fruit or vegetables per day (2009 Behavioral Risk Factor Surveillance).

2020 Findings (Table 32)

- Twenty-seven percent of respondents reported five or more servings of fruit/vegetables on an average day.
- Female respondents were more likely to report at least five servings of fruit/vegetables on an average day (33%) compared to male respondents (21%).
- Forty percent of respondents 45 to 54 years old reported at least five servings of fruit/vegetables a day compared to 18% of respondents 55 to 64 years old.
- Thirty-six percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 22% of those with a high school education or less or 20% of respondents with some post high school education.
- Thirty-three percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 29% of those in the middle 20 percent income bracket or 21% of respondents in the bottom 40 percent household income bracket.
- Respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables a day (35%) compared to those who did an insufficient amount of physical activity (24%) or respondents who were inactive (10%).

2009 to 2020 Year Comparisons (Table 32)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2009 and 2020, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2009 to 2020, there was a noted decrease in the percent of female respondents reporting at least five fruit/vegetable servings per day.
- In 2009, age was not a significant variable. In 2020, respondents 45 to 54 years old were more likely to report at least five fruit/vegetable servings per day. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least five fruit/vegetable servings per day.
- In 2009 and 2020, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2009 to 2020, there was a noted decrease in the percent of respondents with at least some post high school education reporting at least five fruit/vegetable servings per day.
- In 2009 and 2020, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting at least five fruit/vegetable servings per day.
- In 2009, married respondents were more likely to report at least five fruit/vegetable servings per day. In 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of married respondents reporting at least five fruit/vegetable servings per day.

- In 2009, overweight respondents were more likely to report at least five fruit/vegetable servings per day. In 2020, overweight status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of overweight respondents reporting at least five fruit/vegetable servings per day.
- In 2009, physical activity was not a significant variable. In 2020, respondents who met the recommended amount of physical activity were more likely to report at least five fruit/vegetable servings per day. From 2009 to 2020, there was a noted decrease in the percent of respondents who did not meet the recommended amount of physical activity reporting at least five fruit/vegetable servings per day.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting at least five fruit/vegetable servings per day.

2017 to 2020 Year Comparisons (Table 32)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2017 and 2020, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting at least five fruit/vegetable servings per day.
- In 2017, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day. In 2020, respondents 45 to 54 years old were more likely to report at least five fruit/vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of respondents 35 to 54 years old or 55 to 64 years old reporting at least five fruit/vegetable servings per day.
- In 2017 and 2020, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting at least five fruit/vegetable servings per day.
- In 2017 and 2020, respondents in the top 40 percent household income bracket were more likely to report at least five fruit/vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting at least five fruit/vegetable servings per day.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of married respondents reporting at least five fruit/vegetable servings per day.
- In 2017 and 2020, overweight status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of overweight respondents reporting at least five fruit/vegetable servings per day.
- In 2017 and 2020, respondents who met the recommended amount of physical activity were more likely to report at least five fruit/vegetable servings per day. From 2017 to 2020, there was a noted decrease in the percent of respondents who met the recommended amount of physical activity reporting at least five fruit/vegetable servings per day.
- In 2017, Central Racine County respondents were more likely to report at least five fruit/vegetable servings per day. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting at least five fruit/vegetable servings per day.

Table 32. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year (Q20A & Q20B)[®]

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	36%	34%	39%	35%	27%
Gender ^{1,2,3,4,5}					
Male	28	24	33	25	21
Female ^{a,b}	44	43	45	45	33
Age ^{3,4,5}					
18 to 34 ^a	41	34	50	34	24
35 to 44 ^b	33	39	37	46	32
45 to 54	40	31	33	33	40
55 to 64 ^b	26	34	37	36	18
65 and Older	34	33	33	27	24
Education ^{1,2,3,4,5}					
High School or Less	26	24	29	22	22
Some Post High School ^a	36	35	37	27	20
College Graduate ^{a,b}	50	48	55	52	36
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	30	29	33	31	21
Middle 20 Percent Bracket	39	37	45	30	29
Top 40 Percent Bracket ^a	42	41	43	42	33
Marital Status ^{1,2}					
Married ^{a,b}	41	38	41	37	28
Not Married	31	30	38	33	26
Overweight Status ^{1,2}					
Not Overweight	32	41	39	39	33
Overweight ^{a,b}	39	31	40	33	26
Physical Activity ^{2,4,5}					
Inactive ^a	31	17	27	23	10
Insufficient ^a	35	27	41	25	24
Recommended ^b	40	44	41	45	35
Health Department Service Area ^{2,4}					
City of Racine ^a	35	28	39	30	26
Central Racine County ^{a,b}	37	38	39	38	28

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Food Insecurity in Past Year

2020 Findings (Table 33)

- Nine percent of respondents reported their household went hungry because they couldn't afford enough food in the past year.
- Eighteen percent of respondents in the bottom 40 percent household income bracket reported their household went hungry because they couldn't afford enough food in the past year compared to 7% of those in the middle 20 percent income bracket or 0% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they couldn't afford enough food in the past year compared to married respondents (18% and 2%, respectively).
- City of Racine respondents were more likely to report they couldn't afford enough food in the past year (12%) compared to Central Racine County respondents (6%).

2017 to 2020 Year Comparisons (Table 33)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported they couldn't afford enough food in the past year.
- In 2017, respondents in the middle 20 percent household income bracket were more likely to report they couldn't afford enough food. In 2020, respondents in the bottom 40 percent household income bracket were more likely to report they couldn't afford enough food, with a noted increase since 2017.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report they couldn't afford enough food, with a noted increase since 2017.
- In 2017 and 2020, City of Racine respondents were more likely to report they couldn't afford enough food. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting they couldn't afford enough food.

Table 33. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year (Q21)^①

	2017	2020
TOTAL ^a	4%	9%
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	6	18
Middle 20 Percent Bracket	11	7
Top 40 Percent Bracket	0	0
Marital Status ²		
Married	4	2
Not Married ^a	4	18
Children in Household		
Yes	6	10
No	3	6
Health Department Service Area ^{1,2}		
City of Racine	9	12
Central Racine County ^a	1	6

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

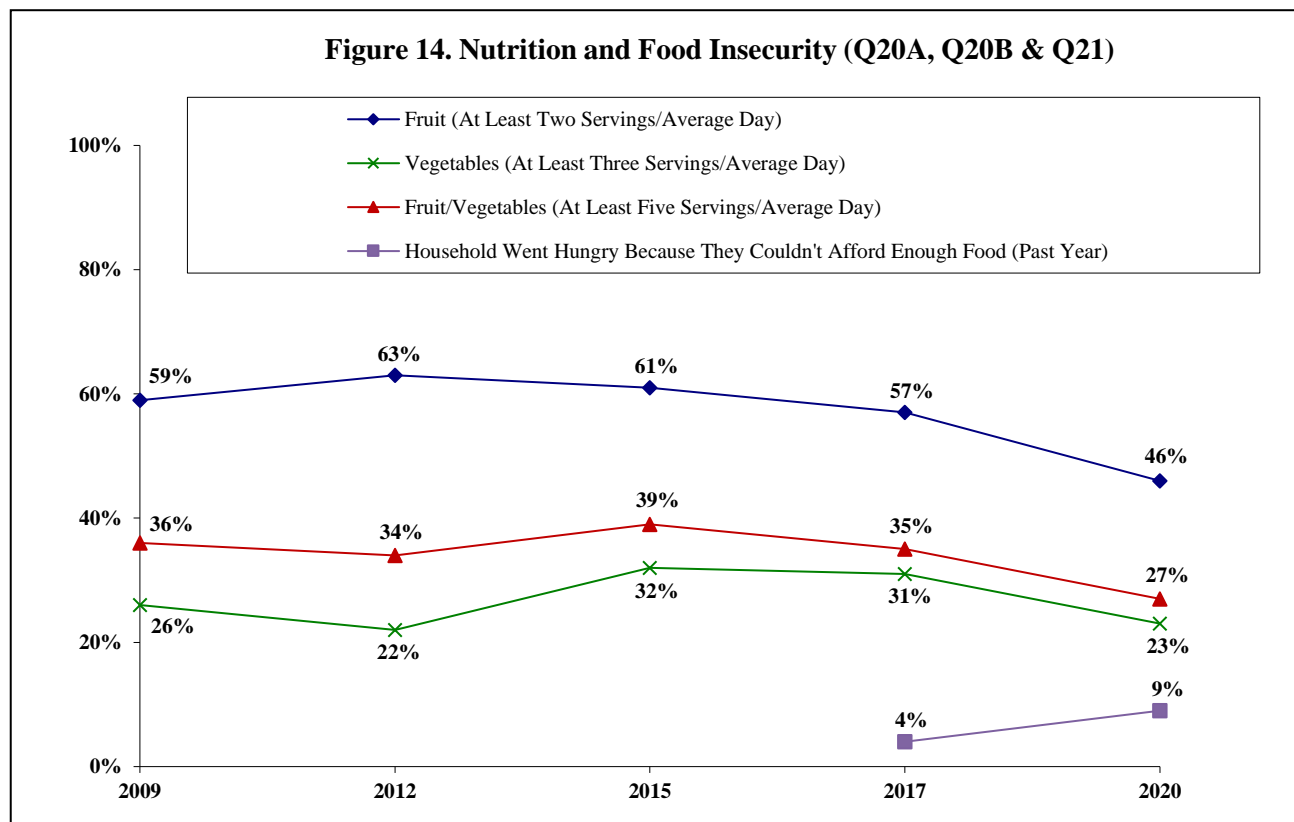
¹demographic difference at $p \leq 0.05$ in 2017; ²demographic difference at $p \leq 0.05$ in 2020

^ayear difference at $p \leq 0.05$ from 2017 to 2020

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.



Women's Health Screenings (Figure 15; Tables 34 – 36)

KEY FINDINGS: In 2020, 75% of female respondents 50 and older reported a mammogram within the past two years. Ninety-two percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Seventy-five percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cervical cancer screen within the recommended time frame.

From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2017 to 2020, there was no statistical change. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2017 to 2020, there was no statistical change.

Mammogram in Past Two Years

Routine screening for breast cancer every one to two years with mammography is recommended for women 50 to 74 years old.²

In 2018, 78% of Wisconsin women and 78% of U.S. women 50 and older reported a mammogram within the past two years (2018 Behavioral Risk Factor Surveillance).

2020 Findings

- Seventy-five percent of the 130 female respondents 50 and older had a mammogram within the past two years.
- No demographic comparisons were conducted as a result of the number of women who were asked this question.

2009 to 2020 Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

²“Screening for Breast Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2009. Agency for Healthcare Research and Quality, 2009.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Bone Density Scan

2020 Findings

- Ninety-two percent of the 53 female respondents 65 and older had a bone density scan to determine if they are at risk for fractures or are in the early stages of osteoporosis.
- No demographic comparisons were conducted as a result of the number of women who were asked this question.

2009 to 2020 Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Pap Smear in Past Three Years

The Healthy People 2020 goal for women 21 to 65 years old having a pap smear within the past three years is 93%. (Objective C-15)

In 2018, 81% of Wisconsin women and 80% of U.S. women 18 and older reported a pap smear within the past three years (2018 Behavioral Risk Factor Surveillance).

2020 Findings (Table 34)

- Eighty-three percent of the 208 respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.
- Eighty-eight percent of respondents with a college education reported a pap smear within the past three years compared to 76% of respondents with some post high school education or less.

- Ninety-five percent of respondents in the top 40 percent household income bracket reported a pap smear within the past three years compared to 74% of respondents in the bottom 60 percent household income bracket.
- Married respondents were more likely to report a pap smear within the past three years compared to unmarried respondents (88% and 77%, respectively).

2009 to 2020 Year Comparisons (Table 34)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported a pap smear within the past three years.
- In 2009, education was not a significant variable. In 2020, respondents with a college education were more likely to report a pap smear within the past three years. From 2009 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear within the past three years.
- In 2009, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a pap smear within the past three years.
- In 2009, marital status was not a significant variable. In 2020, married respondents were more likely to report a pap smear within the past three years. From 2009 to 2020, there was a noted decrease in the percent of unmarried respondents reporting a pap smear within the past three years.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting a pap smear within the past three years.

2017 to 2020 Year Comparisons (Table 34)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2017, education was not a significant variable. In 2020, respondents with a college education were more likely to report a pap smear within the past three years.
- In 2017, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years, with a noted increase since 2017.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to report a pap smear within the past three years.
- In 2017, Central Racine County respondents were more likely to report a pap smear within the past three years. In 2020, health department service area was not a significant variable.

Table 34. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q23C)[®]

	2009	2012	2015	2017	2020
TOTAL ^a	90%	83%	75%	80%	83%
Education ⁵					
Some Post High School or Less ^a	91	83	72	82	76
College Graduate	89	84	83	78	88
Household Income ^{3,5}					
Bottom 60 Percent Bracket ^a	91	81	73	84	74
Top 40 Percent Bracket ^b	90	89	87	76	95
Marital Status ^{2,5}					
Married	92	90	79	82	88
Not Married ^a	89	76	73	78	77
Health Department Service Area ⁴					
City of Racine ^a	93	80	70	73	79
Central Racine County	88	85	80	85	86

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

HPV Test in Past Five Years

An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear.

2020 Findings (Table 35)

- Seventy-five percent of the 204 respondents 18 to 65 years old reported they had an HPV test within the past five years.
- Eighty-five percent of respondents in the top 40 percent household income bracket reported an HPV test within the past five years compared to 72% of respondents in the bottom 60 percent household income bracket.

2015 to 2020 Year Comparisons (Table 35)

- From 2015 to 2020, there was a statistical increase in the overall percent of respondents who reported they had an HPV test within the past five years.
- In 2015 and 2020, education was not a significant variable. From 2015 to 2020, there was a noted increase in the percent of respondents across education reporting an HPV test within the past five years.
- In 2015, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report an HPV test within the past five years. From 2015 to 2020, there was a noted increase in the percent of respondents across household income reporting an HPV test within the past five years.

- In 2015, unmarried respondents were more likely to report an HPV test within the past five years. In 2020, marital status was not a significant variable. From 2015 to 2020, there was a noted increase in the percent of respondents across marital status reporting an HPV test within the past five years.
- In 2015 and 2020, health department service area was not a significant variable. From 2015 to 2020, there was a noted increase in the percent of respondents across health department service area reporting an HPV test within the past five years.

2017 to 2020 Year Comparisons (Table 35)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported they had an HPV test within the past five years.
- In 2017, respondents with some post high school education or less were more likely to report an HPV test within the past five years. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with a college education reporting an HPV test within the past five years.
- In 2017, respondents in the bottom 60 percent household income bracket were more likely to report an HPV test within the past five years. In 2020, respondents in the top 40 percent household income bracket were more likely to report an HPV test within the past five years, with a noted increase since 2017.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting an HPV test within the past five years.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting an HPV test within the past five years.

Table 35. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q23D)^①

	2015	2017	2020
TOTAL ^{a,b}	53%	54%	75%
Education ²			
Some Post High School or Less ^a	54	61	72
College Graduate ^{a,b}	50	44	78
Household Income ^{2,3}			
Bottom 60 Percent Bracket ^a	53	65	72
Top 40 Percent Bracket ^{a,b}	63	43	85
Marital Status ¹			
Married ^{a,b}	45	51	75
Not Married ^{a,b}	59	57	76
Health Department Service Area			
City of Racine ^{a,b}	55	52	79
Central Racine County ^{a,b}	50	55	72

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2017

³demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2015 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Cervical Cancer Screening in Recommended Time Frame

Routine screening for cervical cancer in women 21 to 65 years old with a pap smear every three years is recommended. For women 30 to 65 years old who want to lengthen the screening interval, a pap smear in combination with an HPV test every five years is recommended.³

2020 Findings (Table 36)

- Eighty-six percent of the 196 respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every 3 years for ages 18 to 29 years old; pap smear and HPV test every 5 years or pap smear only every 3 years for ages 30 to 65 years old).
- Ninety-two percent of respondents with a college education reported a cervical cancer screen within the recommended time frame compared to 79% of respondents with some post high school education or less.
- Ninety-nine percent of respondents in the top 40 percent household income bracket reported a cervical cancer screen within the recommended time frame compared to 77% of respondents in the bottom 60 percent household income bracket.
- Married respondents were more likely to report a cervical cancer screen within the recommended time frame compared to unmarried respondents (93% and 79%, respectively).

2015 to 2020 Year Comparisons (Table 36)

- From 2015 to 2020, there was a statistical increase in the overall percent of respondents who reported they had a cervical cancer screen within the recommended time frame.
- In 2015, education was not a significant variable. In 2020, respondents with a college education were more likely to report a cervical cancer screen within the recommended time frame.
- In 2015, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report a cervical cancer screen within the recommended time frame, with a noted increase since 2015.
- In 2015, marital status was not a significant variable. In 2020, married respondents were more likely to report a cervical cancer screen within the recommended time frame, with a noted increase since 2015.

2017 to 2020 Year Comparisons (Table 36)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they had a cervical cancer screen within the recommended time frame.
- In 2017, education was not a significant variable. In 2020, respondents with a college education were more likely to report a cervical cancer screen within the recommended time frame, with a noted increase since 2017.
- In 2017, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report a cervical cancer screen within the recommended time frame, with a noted increase since 2017.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to report a cervical cancer screen within the recommended time frame, with a noted increase since 2017.

³“Screening for Cervical Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2012. Agency for Healthcare Research and Quality, 2012.

Table 36. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q23C & Q23D)^①

	2015	2017	2020
TOTAL ^a	79%	83%	86%
Education ³			
Some Post High School or Less	76	85	79
College Graduate ^b	87	80	92
Household Income ³			
Bottom 60 Percent Bracket	79	86	77
Top 40 Percent Bracket ^{a,b}	87	78	99
Marital Status ³			
Married ^{a,b}	82	85	93
Not Married	76	80	79
Health Department Service Area			
City of Racine	75	77	81
Central Racine County	82	86	91

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2015; ²demographic difference at $p \leq 0.05$ in 2017

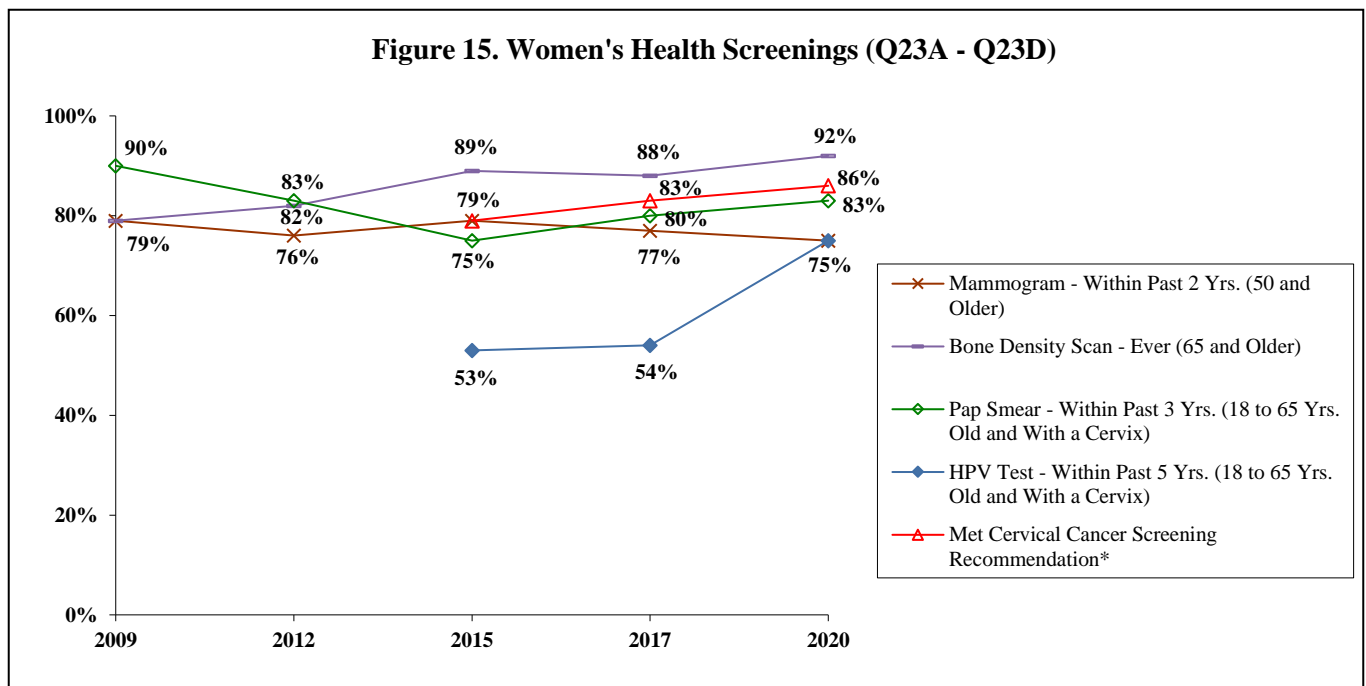
³demographic difference at $p \leq 0.05$ in 2020

^ayear difference at $p \leq 0.05$ from 2015 to 2020; ^byear difference at $p \leq 0.05$ from 2017 to 2020

Women's Health Screenings Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2017 to 2020, there was no statistical change. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2017 to 2020, there was no statistical change.



*Recommended time frame: pap smear every 3 years for ages 18 to 29 years old; pap smear and HPV test every 5 years or pap smear only every 3 years for ages 30 to 65 years old.

Colorectal Cancer Screenings (Figure 16; Tables 37 - 40)

KEY FINDINGS: In 2020, 16% of respondents 50 and older reported a blood stool test within the past year. Seventeen percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 71% reported a colonoscopy within the past ten years. This results in 73% of respondents meeting the current colorectal cancer screening recommendations.

From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2017 to 2020, there was no statistical change.

Blood Stool Test

In 2018, 7% of Wisconsin respondents and 9% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2018 Behavioral Risk Factor Surveillance).

2020 Findings (Table 37)

- Sixteen percent of the 237 respondents 50 and older had a blood stool test within the past year. Forty-five percent reported never.
- Male respondents were more likely to report a blood stool test within the past year (23%) compared to female respondents (11%).

2012 to 2020 Year Comparisons (Table 37)

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- In 2012, gender was not a significant variable. In 2020, male respondents were more likely to report a blood stool test within the past year.

2017 to 2020 Year Comparisons (Table 37)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- In 2017, gender was not a significant variable. In 2020, male respondents were more likely to report a blood stool test within the past year.

Table 37. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q24A)^⓪

	2012	2015	2017	2020
TOTAL	14%	13%	16%	16%
Gender ⁴				
Male	15	16	20	23
Female	14	10	12	11
Education				
Some Post High School or Less	14	13	15	18
College Graduate	13	12	18	14
Household Income				
Bottom 60 Percent Bracket	12	14	15	14
Top 40 Percent Bracket	17	12	16	16
Marital Status				
Married	14	11	17	19
Not Married	14	14	14	12
Health Department Service Area				
City of Racine	12	11	15	16
Central Racine County	16	14	15	17

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Sigmoidoscopy

A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.⁴

In 2018, 3% of Wisconsin respondents and 2% of U.S. respondents 50 to 75 years old reported a sigmoidoscopy in the past five years (2018 Behavioral Risk Factor Surveillance).

2020 Findings (Table 38)

- Seventeen percent of the 236 respondents 50 and older reported their last sigmoidoscopy was within the past five years. Sixty-eight percent reported never.
- There were no statistically significant differences between demographic variables and responses of reporting a sigmoidoscopy within the past five years.

2009 to 2020 Year Comparisons (Table 38)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

⁴“Screening for Colorectal Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2005. Agency for Healthcare Research and Quality, 2005. Pages 32 - 35.

- In 2009 and 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting a sigmoidoscopy in the past five years.
- In 2009 and 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a sigmoidoscopy in the past five years.

2017 to 2020 Year Comparisons (Table 38)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of male respondents reporting a sigmoidoscopy in the past five years.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting a sigmoidoscopy in the past five years.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a sigmoidoscopy in the past five years.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of unmarried respondents reporting a sigmoidoscopy in the past five years.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting a sigmoidoscopy in the past five years.

Table 38. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q24B)^①

	2009	2012	2015	2017	2020
TOTAL ^b	11%	11%	9%	7%	17%
Gender ²					
Male ^b	11	17	10	5	19
Female	12	5	9	9	13
Education					
Some Post High School or Less ^{a,b}	11	10	9	8	20
College Graduate	12	12	10	6	12
Household Income					
Bottom 60 Percent Bracket ^{a,b}	10	9	11	9	19
Top 40 Percent Bracket	9	11	8	6	13
Marital Status ²					
Married	11	13	10	9	14
Not Married ^b	12	7	9	5	20
Health Department Service Area					
City of Racine ^b	13	10	11	8	19
Central Racine County ^b	11	11	9	7	15

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Colonoscopy

A colonoscopy is recommended every 10 years for persons 50 and older while a flexible sigmoidoscopy is recommended more often.⁵

In 2018, 71% of Wisconsin respondents and 64% of U.S. respondents 50 to 75 years old reported a colonoscopy in the past ten years (2018 Behavioral Risk Factor Surveillance).

2020 Findings (Table 39)

- Seventy-one percent of the 240 respondents 50 and older had a colonoscopy within the past ten years. Twenty-four percent reported never.
- There were no statistically significant differences between demographic variables and responses of reporting a colonoscopy within the past ten years.

2009 to 2020 Year Comparisons (Table 39)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

⁵“Screening for Colorectal Cancer.” U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services, 2005. Agency for Healthcare Research and Quality, 2005. Pages 32 - 35.

- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of male respondents reporting a colonoscopy within the past ten years.
- In 2009, respondents with a college education were more likely to report a colonoscopy within the past ten years. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting a colonoscopy within the past ten years.
- In 2009, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a colonoscopy within the past ten years.
- In 2009, married respondents were more likely to report a colonoscopy within the past ten years. In 2020, marital status was not a significant variable.
- In 2009, City of Racine respondents were more likely to report a colonoscopy within the past ten years. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of City of Racine respondents reporting a colonoscopy within the past ten years.

2017 to 2020 Year Comparisons (Table 39)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2017, respondents with a college education were more likely to report a colonoscopy within the past ten years. In 2020, education was not a significant variable.

Table 39. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q24C)^⓪

	2009	2012	2015	2017	2020
TOTAL ^a	59%	62%	69%	71%	71%
Gender					
Male ^a	58	61	73	72	75
Female	60	63	66	71	68
Education ^{1,4}					
Some Post High School or Less ^a	56	61	66	67	71
College Graduate	69	67	77	80	70
Household Income ¹					
Bottom 60 Percent Bracket ^a	54	60	68	71	68
Top 40 Percent Bracket	73	70	70	72	76
Marital Status ¹					
Married	66	66	72	74	75
Not Married	53	58	65	67	64
Health Department Service Area ^{1,2,3}					
City of Racine ^a	50	55	58	69	70
Central Racine County	35	67	76	73	71

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Colorectal Cancer Screening Recommendation Met

*The Healthy People 2020 goal for meeting the colorectal cancer screening recommendation is 71%.
(Objective C-16)*

In 2018, 75% of Wisconsin respondents and 70% of U.S. respondents 50 to 75 years old had one of the three tests in the time frame recommended (2018 Behavioral Risk Factor Surveillance).

2020 Findings (Table 40)

- Seventy-three percent of the 241 respondents 50 and older had one of the three tests in the time frame recommended (blood stool test within the past year, sigmoidoscopy within the past five years, or colonoscopy within the past 10 years).
- There were no statistically significant differences between demographic variables and responses of reporting a colorectal cancer screen in the recommended time frame.

2009 to 2020 Year Comparisons (Table 40)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of male respondents reporting a colorectal cancer screen in the recommended time frame.
- In 2009, respondents with a college education were more likely to report a colorectal cancer screen in the recommended time frame. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting a colorectal cancer screen in the recommended time frame.
- In 2009, respondents in the top 40 percent household income bracket were more likely to report a colorectal cancer screen in the recommended time frame. In 2020, household income was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a colorectal cancer screen in the recommended time frame.
- In 2009, married respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2020, marital status was not a significant variable.
- In 2009, Central Racine County respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of City of Racine respondents reporting a colorectal cancer screen in the recommended time frame.

2017 to 2020 Year Comparisons (Table 40)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.
- In 2017, respondents with a college education more likely to report a colorectal cancer screen in the recommended time frame. In 2020, education was not a significant variable.

Table 40. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older) (Q24A – Q24C)^{①,②,③}

	2009	2012	2015	2017	2020
TOTAL ^a	63%	67%	72%	74%	73%
Gender					
Male ^a	63	66	76	73	77
Female	63	68	69	76	69
Education ^{1,3,4}					
Some Post High School or Less ^a	60	64	69	70	73
College Graduate	71	73	82	83	72
Household Income ¹					
Bottom 60 Percent Bracket ^a	57	63	71	74	70
Top 40 Percent Bracket	77	73	75	76	78
Marital Status ^{1,2}					
Married	70	72	76	76	77
Not Married	56	61	68	71	67
Health Department Service Area ^{1,2,3}					
City of Racine ^a	52	59	59	74	72
Central Racine County	69	72	80	75	73

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2009, blood stool test was not asked.

^③Recommended timeframe: blood stool test within the past year, sigmoidoscopy within the past five years, or colonoscopy within the past 10 years.

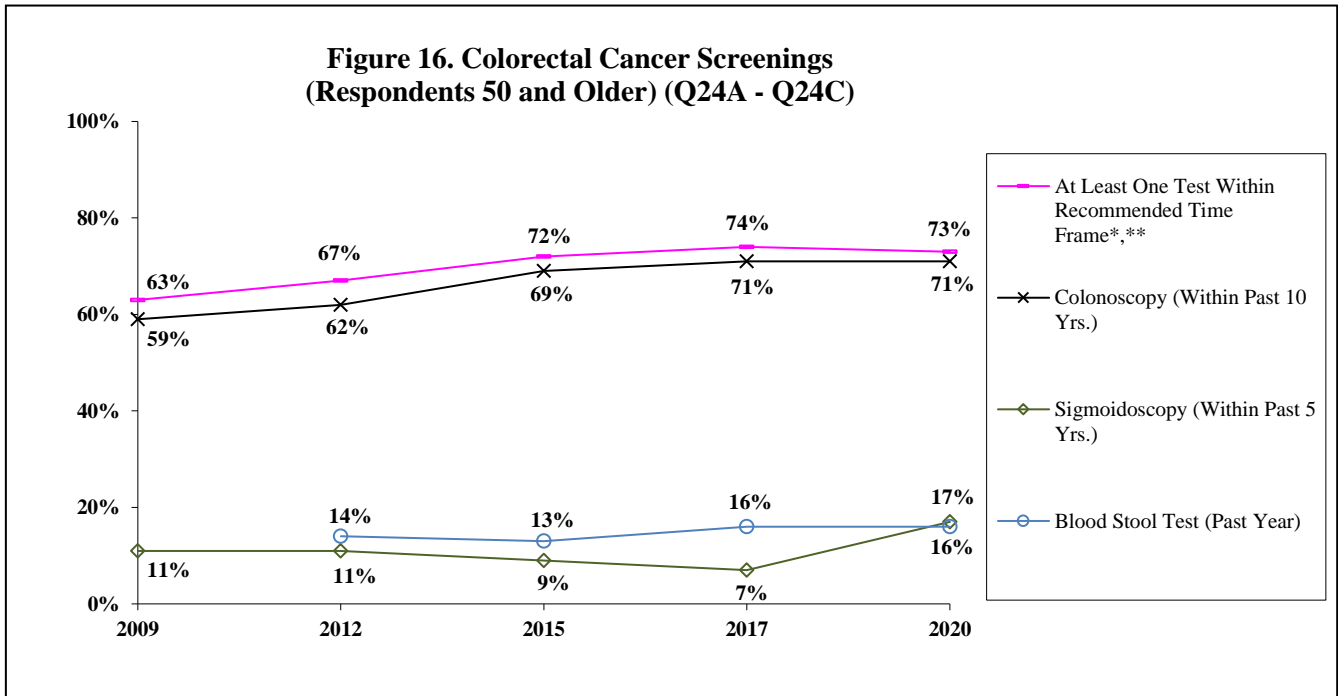
¹demographic difference at $p \leq 0.05$ in 2009; ²demographic difference at $p \leq 0.05$ in 2012; ³demographic difference at $p \leq 0.05$ in 2015; ⁴demographic difference at $p \leq 0.05$ in 2017; ⁵demographic difference at $p \leq 0.05$ in 2020

^ayear difference at $p \leq 0.05$ from 2009 to 2020; ^byear difference at $p \leq 0.05$ from 2017 to 2020

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2017 to 2020, there was no statistical change.



*In 2009, blood stool test was not asked.

**Recommended time frame: blood stool test within the past year, sigmoidoscopy within the past five years, or colonoscopy within the past 10 years.

Electronic Vaping or Cigarette Smoking (Figures 17 & 18; Tables 41 & 42)

KEY FINDINGS: In 2020, 6% of respondents used electronic vapor products in the past month; respondents 18 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Twelve percent of respondents were current tobacco cigarette smokers; respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were unmarried or City of Racine respondents were more likely to be a smoker. Forty-seven percent of current smokers quit for one day or longer because they were trying to quit in the past year.

From 2015 to 2020, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020.

Electronic Vapers in Past Month

In 2017, 4% of Wisconsin respondents and 5% of U.S. respondents currently used electronic cigarettes (2017 Behavioral Risk Factor Surveillance).

2020 Findings (Table 41)

- Six percent of respondents used electronic vapor products in the past month.
- Eleven percent of respondents 18 to 34 years old and 10% of those 35 to 44 years old reported they used electronic vapor products in the past month compared to 0% of respondents 65 and older.
- Eleven percent of respondents with some post high school education reported they used electronic vapor products in the past month compared to 2% of those with a college education or less than one percent of respondents with a high school education or less.
- Ten percent of respondents in the bottom 40 percent household income bracket reported they used electronic vapor products in the past month compared to 4% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report they used electronic vapor products in the past month compared to married respondents (10% and 3%, respectively).

2015 to 2020 Year Comparisons (Table 41)

- From 2015 to 2020, there was no statistical change in the overall percent of respondents who used electronic vapor products in the past month.
- In 2015, respondents 18 to 34 years old were more likely to report they used electronic vapor products. In 2020, respondents 18 to 44 years old were more likely to report they used electronic vapor products.
- In 2015, respondents with a high school education or less were more likely to report they used electronic vapor products. In 2020, respondents with some post high school education were more likely to report they used electronic vapor products. From 2015 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting they used electronic vapor products.

- In 2015, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products. In 2020, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products. From 2015 to 2020, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they used electronic vapor products.
- In 2015, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report they used electronic vapor products.

2017 to 2020 Year Comparisons (Table 41)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who used electronic vapor products in the past month.
- In 2017, respondents 18 to 34 years old were more likely to report they used electronic vapor products. In 2020, respondents 18 to 44 years old were more likely to report they used electronic vapor products. From 2017 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old reporting they used electronic vapor products.
- In 2017 and 2020, respondents with some post high school education were more likely to report they used electronic vapor products. From 2017 to 2020, there was a noted increase in the percent of respondents with a college education reporting they used electronic vapor products.
- In 2017, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products. In 2020, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they used electronic vapor products.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report they used electronic vapor products, with a noted increase since 2017.
- In 2017, City of Racine respondents were more likely to report they used electronic vapor products. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting they used electronic vapor products.

Table 41. Electronic Vapers in Past Month by Demographic Variables for Each Survey Year (Q35C)^⓪

	2015	2017	2020
TOTAL	7%	4%	6%
Gender			
Male	7	5	5
Female	7	4	7
Age ^{1,2,3}			
18 to 34	14	9	11
35 to 44 ^b	5	3	10
45 to 54	4	3	<1
55 to 64	5	5	6
65 and Older	3	<1	0
Education ^{1,2,3}			
High School or Less ^a	11	5	<1
Some Post High School	6	8	11
College Graduate ^b	2	0	2
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket ^b	6	3	10
Middle 20 Percent Bracket ^{a,b}	12	12	3
Top 40 Percent Bracket	3	3	4
Marital Status ³			
Married	5	4	3
Not Married ^b	8	5	10
Health Department Service Area ²			
City of Racine	6	10	7
Central Racine County ^b	7	<1	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2017

³demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2015 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Smokers in Past Month

The Healthy People 2020 goal for adult smoking is 12%. (Objective TU-1.1)

In 2019, 15% of Wisconsin respondents and 16% of U.S. respondents were current smokers (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 42)

- Twelve percent of respondents were current tobacco cigarette smokers.
- Eighteen percent of respondents with some post high school education or less were current smokers compared to 6% of respondents with a college education.

- Nineteen percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 9% of respondents in the top 60 percent household income bracket.
- Unmarried respondents were more likely to be current smokers compared to married respondents (20% and 8%, respectively).
- City of Racine respondents were more likely be current smokers (17%) compared to Central Racine County respondents (10%).

2009 to 2020 Year Comparisons (Table 42)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across gender who were current smokers.
- In 2009, respondents 18 to 34 years old or 45 to 64 years old were more likely to be a current smoker. In 2020, age was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents 18 to 64 years old who were current smokers.
- In 2009, respondents with a high school education or less were more likely to be a current smoker. In 2020, respondents with some post high school education or less were more likely to be a current smoker. From 2009 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less who were current smokers.
- In 2009 and 2020, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2009 to 2020, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket who were current smokers.
- In 2009 and 2020, unmarried respondents were more likely to be a current smoker. From 2009 to 2020, there was a noted decrease in the percent of respondents across marital status who were current smokers.
- In 2009 and 2020, City of Racine respondents were more likely to be a current smoker. From 2009 to 2020, there was a noted decrease in the percent of respondents across health department service area who were current smokers.

2017 to 2020 Year Comparisons (Table 42)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2017, male respondents were more likely to be a current smoker. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of male respondents who were current smokers.
- In 2017, respondents 45 to 54 years old were more likely to be a current smoker. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 35 to 54 years old who were current smokers.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education or less were more likely to be a current smoker. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education who were current smokers.

- In 2017, respondents in the middle 20 percent household income bracket were more likely to be a current smoker. In 2020, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket who were current smokers.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to be a current smoker. From 2017 to 2020, there was a noted decrease in the percent of married respondents who were current smokers.
- In 2017 and 2020, City of Racine respondents were more likely to be a current smoker. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents who were current smokers.

Table 42. Smokers in Past Month by Demographic Variables for Each Survey Year (Q33)^o

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	26%	23%	25%	19%	12%
Gender ^{3,4}					
Male ^{a,b}	29	23	22	24	14
Female ^a	24	23	29	14	11
Age ^{1,2,3,4}					
18 to 34 ^a	33	26	32	16	15
35 to 44 ^{a,b}	25	23	36	21	7
45 to 54 ^{a,b}	31	29	24	26	16
55 to 64 ^a	30	20	22	20	11
65 and Older	9	11	10	9	11
Education ^{1,2,3,5}					
High School or Less ^a	36	34	38	25	18
Some Post High School ^a	29	22	22	17	18
College Graduate ^b	10	8	12	16	6
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^a	43	34	38	18	19
Middle 20 Percent Bracket ^{a,b}	27	19	23	30	9
Top 40 Percent Bracket ^b	12	13	14	15	9
Marital Status ^{1,2,3,5}					
Married ^{a,b}	18	18	16	20	8
Not Married ^a	35	28	33	16	20
Health Department Service Area ^{1,2,3,4,5}					
City of Racine ^{a,b}	38	31	30	32	17
Central Racine County ^a	18	16	22	11	10

^oPercentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

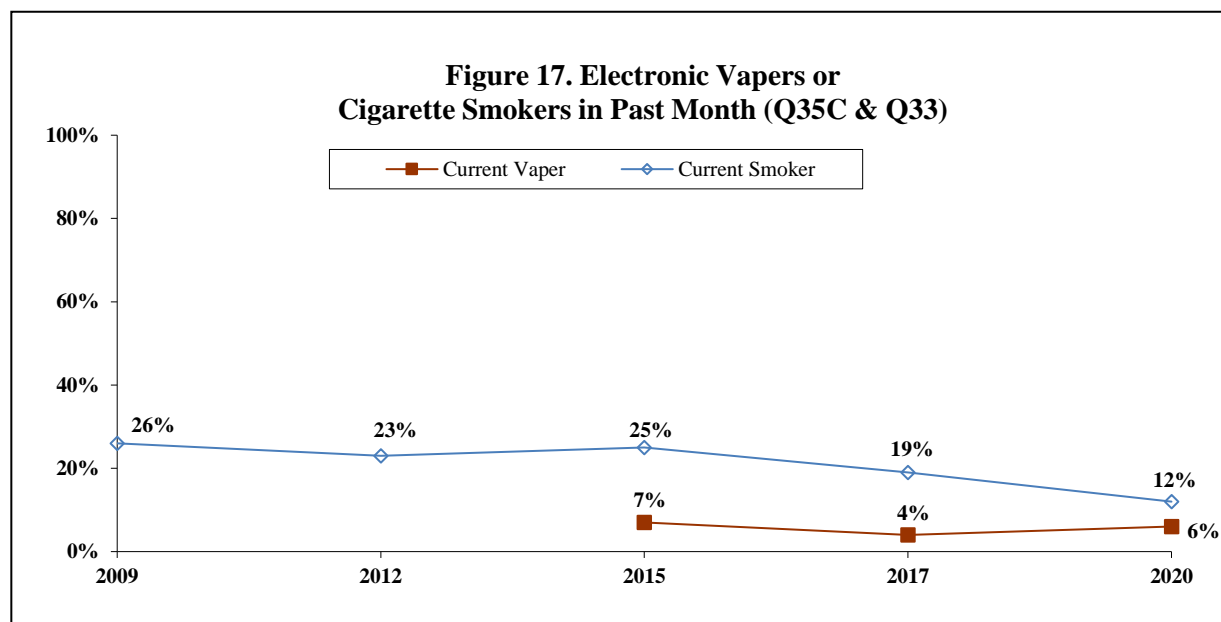
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Electronic Vaping or Cigarette Smoking Overall

Year Comparisons

- From 2015 to 2020, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2017 to 2020.



Quit Smoking for at Least One Day in Past Year as a Result of Trying to Quit

The Healthy People 2020 goal for current smokers to have tried quitting for at least one day is 80%. (Objective TU-4.1)

In 2005, 49% of Wisconsin respondents reported they quit smoking for at least one day because they were trying to quit while 56% of U.S. respondents reported a cessation attempt for at least one day (2005 Behavioral Risk Factor Surveillance).

2020 Findings

Of the 70 current tobacco cigarette smokers...

- Forty-seven percent of the 70 current smokers reported they quit smoking for one day or longer in the past year because they were trying to quit.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2009 to 2020 Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer in the past year because they were trying to quit.

- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question.

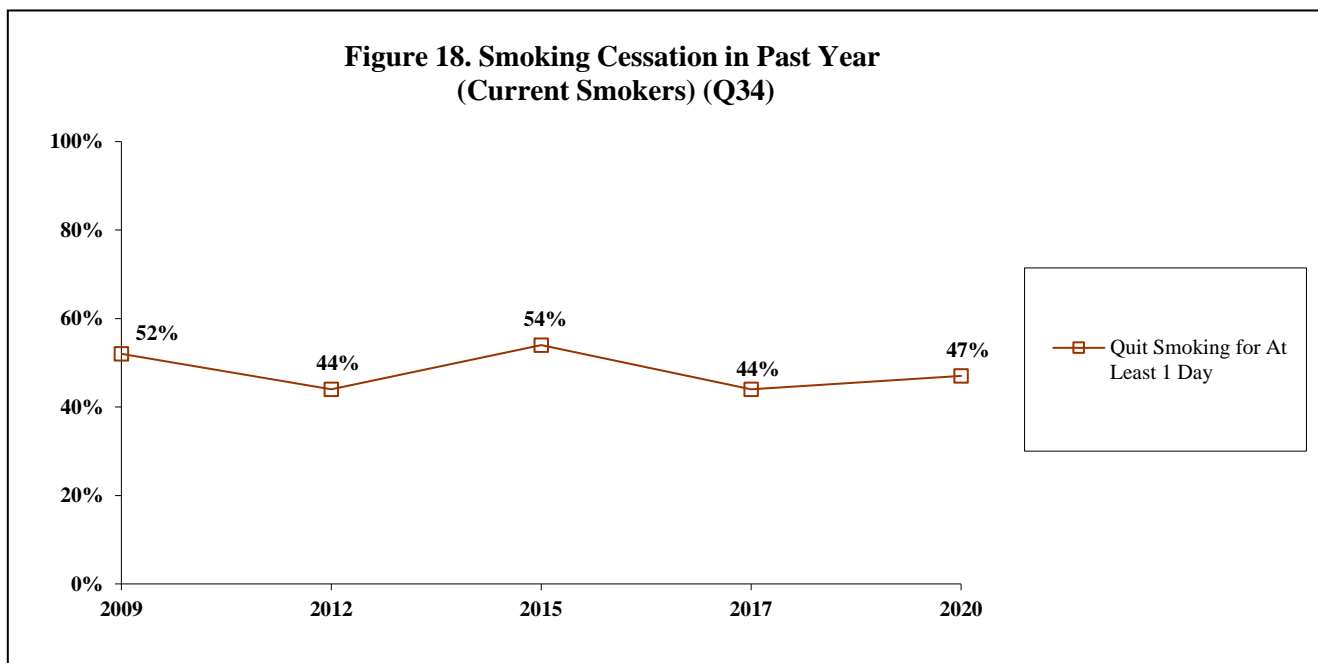
2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer in the past year because they were trying to quit.
- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question.

Smoking Cessation Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020.



Exposure to Cigarette Smoke/Electronic Vapor (Figures 19 & 20; Tables 43 & 44)

KEY FINDINGS: In 2020, 83% of respondents reported smoking/vaping is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, without children in the household or Central Racine County respondents were more likely to report smoking/vaping is not allowed anywhere inside the home. Eighteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents 18 to 34 years old, with some post high school education or less, in the bottom 60 percent household income bracket or City of Racine respondents were more likely to report this.

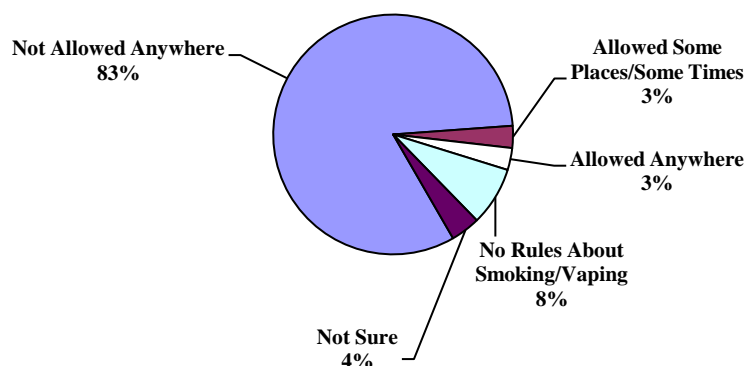
From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking or vaping is not allowed anywhere inside the home while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2017 to 2020, there was no statistical change. Please note: in 2020, the rules about smoking in the household included vaping while in previous years the question included smoking only. Also in 2020, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.

Smoking/Vaping Policy Inside Home

2020 Findings (Table 43)

- Eighty-three percent of respondents reported smoking/vaping is not allowed anywhere inside the home while 3% reported smoking/vaping is allowed in some places or at some times. Three percent reported smoking/vaping is allowed anywhere inside the home. Eight percent of respondents reported there are no rules about smoking/vaping inside the home.

Figure 19. Smoking/Vaping Policy Inside Home for 2020 (Q37)



- Ninety-two percent of respondents in the top 40 percent household income bracket reported smoking/vaping is not allowed in the home compared to 88% of those in the middle 20 percent income bracket or 67% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report smoking/vaping is not allowed in the home compared to unmarried respondents (90% and 72%, respectively).
- Respondents without children in the household were more likely to report smoking/vaping is not allowed in the home (91%) compared to respondents with children in the household (79%).
- Central Racine County respondents were more likely to report smoking/vaping is not allowed in the home (86%) compared to City of Racine respondents (77%).

2009 to 2020 Year Comparisons (Table 43)

In 2009, the question was asked of smoking only. In 2020, the question was asked of smoking or vaping.

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking/vaping is not allowed anywhere inside the home.
- In 2009 and 2020, respondents in the top 40 percent household income bracket were more likely to report smoking/vaping is not allowed in the home. From 2009 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting smoking/vaping is not allowed in the home.
- In 2009 and 2020, married respondents were more likely to report smoking/vaping is not allowed in the home. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting smoking/vaping is not allowed in the home.
- In 2009, respondents with children in the household were more likely to report smoking is not allowed in the home. In 2020, respondents without children in the household were more likely to report smoking/vaping is not allowed in the home, with a noted increase since 2009.
- In 2009 and 2020, Central Racine County respondents were more likely to report smoking is not allowed in the home. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting smoking/vaping is not allowed in the home.

2017 to 2020 Year Comparisons (Table 43)

In 2017, the question was asked of smoking only. In 2020, the question was asked of smoking or vaping.

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported smoking/vaping is not allowed anywhere inside the home.
- In 2017, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home. In 2020, respondents in the top 40 percent household income bracket were more likely to report smoking/vaping is not allowed in the home.
- In 2017 and 2020, married respondents were more likely to report smoking/vaping is not allowed in the home.
- In 2017, respondents with children in the household were more likely to report smoking/vaping is not allowed in the home. In 2020, respondents without children in the household were more likely to report smoking/vaping is not allowed in the home, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents with children in the household reporting smoking/vaping is not allowed in the home.
- In 2017, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report smoking/vaping is not allowed in the home.

Table 43. Smoking/Vaping Not Allowed in Home by Demographic Variables for Each Survey Year (Q37)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^a	71%	74%	76%	82%	83%
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^a	54	62	67	73	67
Middle 20 Percent Bracket ^a	71	75	76	89	88
Top 40 Percent Bracket	88	88	88	90	92
Marital Status ^{1,2,3,4,5}					
Married ^a	80	83	83	88	90
Not Married ^a	62	63	70	74	72
Children in Household ^{1,2,4,5}					
Yes ^b	76	81	78	92	79
No ^{a,b}	67	69	74	76	91
Health Department Service Area ^{1,2,3,5}					
City of Racine ^a	61	62	67	80	77
Central Racine County ^a	79	82	82	84	86

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question included vaping. In all other years, the question was asked of smoking only.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Exposure to Second-Hand Smoke/Vapor in Past Seven Days (Nonsmokers or Nonvapers)

2020 Findings (Table 44)

Of 552 nonsmoking or nonvaping respondents...

- Eighteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor on at least one day in the past seven days while they rode in a car or were in the same room with a person who was smoking or vaping.
- Thirty-one percent of respondents 18 to 34 years old reported second-hand smoke or vapor exposure in the past seven days compared to 11% of those 55 to 64 years old or 7% of respondents 65 and older.
- Twenty-six percent of respondents with a high school education or less and 25% of those with some post high school education reported second-hand smoke or vapor exposure compared to 9% of respondents with a college education.
- Twenty-five percent of respondents in the bottom 40 percent household income bracket and 23% of those in the middle 20 percent income bracket reported second-hand smoke or vapor exposure compared to 13% of respondents in the top 40 percent household income bracket.
- City of Racine respondents were more likely to report second-hand smoke or vapor exposure (30%) compared to Central Racine County respondents (11%).

2009 to 2020 Year Comparisons (Table 44)

In 2009, the question was asked of nonsmoking respondents only. In 2020, the question was asked of nonsmoking and nonvaping respondents.

- From 2009 to 2020, there was a statistical decrease in the overall percent of nonsmoking/nonvaping respondents who reported exposure to second-hand smoke or vapor in the past seven days.
- In 2009, male respondents were more likely to report second-hand smoke exposure in the past seven days. In 2020, gender was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of male respondents reporting exposure to second-hand smoke or vapor.
- In 2009, respondents 18 to 34 years old or 45 to 54 years old were more likely to report second-hand smoke exposure. In 2020, respondents 18 to 34 years old were more likely to report second-hand smoke or vapor exposure. From 2009 to 2020, there was a noted decrease in the percent of respondents 45 to 64 years old reporting exposure.
- In 2009, respondents with a high school education or less or with a college education were more likely to report exposure to second-hand smoke. In 2020, respondents with some post high school education or less were more likely to report exposure to second-hand smoke or vapor. From 2009 to 2020, there was a noted decrease in the percent of respondents with a college education reporting exposure.
- In 2009, household income was not a significant variable. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report second-hand smoke or vapor exposure. From 2009 to 2020, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting exposure.
- In 2009 and 2020, marital status was not a significant variable. From 2009 to 2020, there was a noted decrease in the percent of respondents across marital status reporting exposure to second-hand smoke or vapor.
- In 2009, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report second-hand smoke or vapor exposure. From 2009 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting exposure.

2017 to 2020 Year Comparisons (Table 44)

In 2017, the question was asked of nonsmoking respondents only. In 2020, the question was asked of nonsmoking and nonvaping respondents.

- From 2017 to 2020, there was no statistical change in the overall percent of nonsmoking/nonvaping respondents who reported exposure to second-hand smoke or vapor in the past seven days.
- In 2017 and 2020, respondents 18 to 34 years old were more likely to report second-hand exposure.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education or less were more likely to report exposure to second-hand smoke or vapor. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting exposure.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report exposure.

- In 2017, unmarried respondents were more likely to report exposure to second-hand smoke. In 2020, marital status was not a significant variable.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report second-hand smoke or vapor exposure, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting exposure.

Table 44. Nonsmokers or Nonvapers Exposed to Second-Hand Smoke or Vapor in Past Seven Days by Demographic Variables for Each Survey Year (Q36)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^a	30%	21%	16%	19%	18%
Gender ¹					
Male ^a	35	24	15	20	16
Female	25	18	18	18	20
Age ^{1,2,4,5}					
18 to 34	38	32	20	39	31
35 to 44	27	24	21	15	20
45 to 54 ^a	37	22	20	15	17
55 to 64 ^a	33	16	12	10	11
65 and Older	14	7	11	5	7
Education ^{1,2,5}					
High School or Less	33	29	21	24	26
Some Post High School	23	20	12	21	25
College Graduate ^{a,b}	33	13	17	15	9
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket	29	26	21	34	25
Middle 20 Percent Bracket	29	21	24	14	23
Top 40 Percent Bracket ^a	36	14	9	11	13
Marital Status ^{2,4}					
Married ^a	28	16	13	13	16
Not Married ^a	32	27	20	27	22
Health Department Service Area ^{2,5}					
City of Racine ^b	32	32	19	17	30
Central Racine County ^{a,b}	29	15	14	20	11

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmokers only.

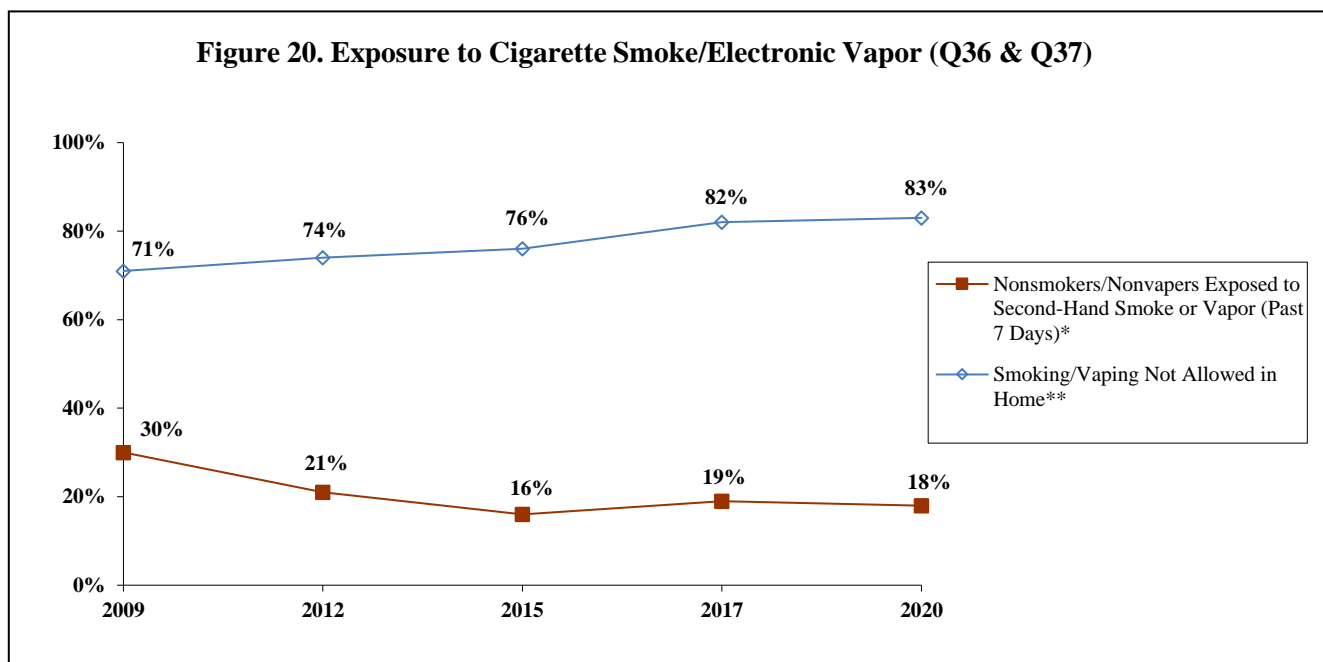
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Exposure to Cigarette Smoke/Electronic Vapor Overall

Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking or vaping is not allowed anywhere inside the home while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2017 to 2020, there was no statistical change. Please note: in 2020, the rules about smoking in the household included vaping while in previous years the question included smoking only. Also in 2020, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.



*In 2020, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmokers only.

**In 2020, the question included vaping. In all other years, the question was asked of smoking only.

Other Tobacco Products (Figure 21; Tables 45 & 46)

KEY FINDINGS: In 2020, 3% of respondents used cigars, cigarillos or little cigars in the past month while less than one percent of respondents used smokeless tobacco. Respondents who were male, 45 to 54 years old or unmarried were more likely to report they used cigars, cigarillos or little cigars.

From 2015 to 2020, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2017 to 2020.

Cigars, Cigarillos or Little Cigars in Past Month

2020 Findings (Table 45)

- Three percent of respondents used cigars, cigarillos or little cigars in the past month.
- Six percent of male respondents reported they used cigars, cigarillos or little cigars in the past month compared to less than one percent of female respondents.
- Seven percent of respondents 45 to 54 years old reported they used cigars, cigarillos or little cigars in the past month compared to 1% of those 65 and older or less than one percent of respondents 18 to 34 years old.
- Unmarried respondents were more likely to report they used cigars, cigarillos or little cigars in the past month compared to married respondents (6% and 1%, respectively).

2015 to 2020 Year Comparisons (Table 45)

- From 2015 to 2020, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- In 2015 and 2020, male respondents were more likely to report they used cigars, cigarillos or little cigars. From 2015 to 2020, there was a noted decrease in the percent of female respondents reporting they used cigars, cigarillos or little cigars.
- In 2015, respondents 35 to 44 years old were more likely to report they used cigars, cigarillos or little cigars. In 2020, respondents 45 to 54 years old were more likely to report they used cigars, cigarillos or little cigars. From 2015 to 2020, there was a noted decrease in the percent of respondents 18 to 44 years old reporting they used cigars, cigarillos or little cigars.
- In 2015, respondents in the middle 20 percent household income bracket were more likely to report they used cigars, cigarillos or little cigars. In 2020, household income was not a significant variable. From 2015 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they used cigars, cigarillos or little cigars.
- In 2015 and 2020, unmarried respondents were more likely to report they used cigars, cigarillos or little cigars.
- In 2015, City of Racine respondents were more likely to report they used cigars, cigarillos or little cigars. In 2020, health department service area was not a significant variable. From 2015 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting they used cigars, cigarillos or little cigars.

2017 to 2020 Year Comparisons (Table 45)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- In 2017 and 2020, male respondents were more likely to report they used cigars, cigarillos or little cigars.
- In 2017, respondents 18 to 34 years old were more likely to report they used cigars, cigarillos or little cigars. In 2020, respondents 45 to 54 years old were more likely to report they used cigars, cigarillos or little cigars. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they used cigars, cigarillos or little cigars.
- In 2017, respondents with a college education were more likely to report they used cigars, cigarillos or little cigars. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting they used cigars, cigarillos or little cigars.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report they used cigars, cigarillos or little cigars. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they used cigars, cigarillos or little cigars.
- In 2017 and 2020, unmarried respondents were more likely to report they used cigars, cigarillos or little cigars.

Table 45. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year (Q35B)^⓪

	2015	2017	2020
TOTAL	6%	4%	3%
Gender ^{1,2,3}			
Male	8	7	6
Female ^a	3	<1	<1
Age ^{1,2,3}			
18 to 34 ^{a,b}	6	8	<1
35 to 44 ^a	11	3	3
45 to 54	7	3	7
55 to 64	<1	5	3
65 and Older	3	<1	1
Education ²			
High School or Less	7	3	4
Some Post High School	4	2	3
College Graduate ^b	6	7	3
Household Income ^{1,2}			
Bottom 40 Percent Bracket ^{a,b}	8	8	3
Middle 20 Percent Bracket	11	4	4
Top 40 Percent Bracket	2	3	3
Marital Status ^{1,2,3}			
Married	2	2	1
Not Married	8	8	6
Health Department Service Area ¹			
City of Racine ^a	10	4	3
Central Racine County	2	4	3

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2017

³demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2015 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Smokeless Tobacco in Past Month

The Healthy People 2020 goal for current smokeless tobacco users is 0.2% (Objective TU-1.2).

In 2019, 3% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 46)

- Less than one percent of respondents used smokeless tobacco in the past month.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported smokeless tobacco use in the past month.

2015 to 2020 Year Comparisons (Table 46)

- From 2015 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month.
- In 2015, male respondents were more likely to report smokeless tobacco use in the past month.

2017 to 2020 Year Comparisons (Table 46)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported smokeless tobacco use in both study years.

Table 46. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year (Q35A)^⓪

	2015	2017 ^②	2020 ^②
TOTAL ^{a,b}	4%	2%	<1%
Gender ¹			
Male	6	--	--
Female	2	--	--
Age			
18 to 34	5	--	--
35 to 44	4	--	--
45 to 54	5	--	--
55 to 64	3	--	--
65 and Older	3	--	--
Education			
High School or Less	5	--	--
Some Post High School	4	--	--
College Graduate	2	--	--
Household Income			
Bottom 40 Percent Bracket	5	--	--
Middle 20 Percent Bracket	2	--	--
Top 40 Percent Bracket	5	--	--
Marital Status			
Married	3	--	--
Not Married	4	--	--
Health Department Service Area			
City of Racine	5	--	--
Central Racine County	3	--	--

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2015; ²demographic difference at p≤0.05 in 2017

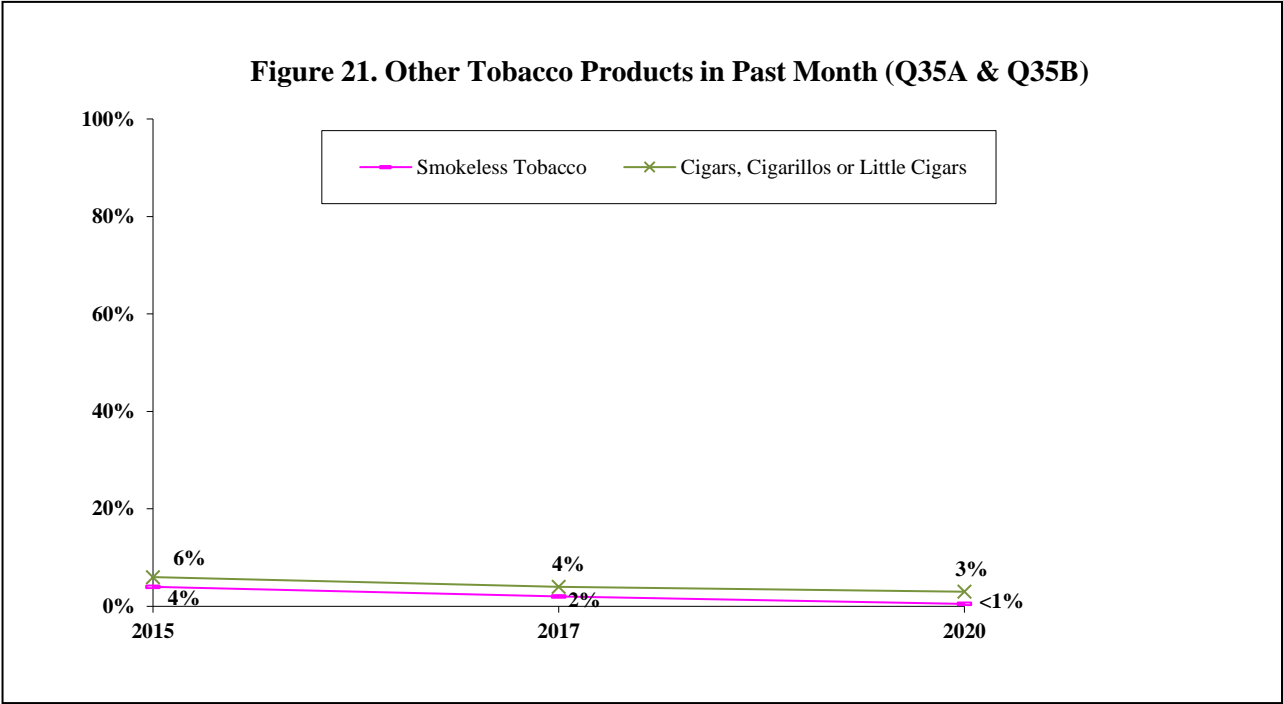
³demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2015 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Other Tobacco Products Overall

Year Comparisons

- From 2015 to 2020, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2017 to 2020.



Alcohol Use (Figure 22; Tables 47 & 48)

KEY FINDINGS: In 2020, 73% of respondents had an alcoholic drink in the past month; respondents who were male, 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report this. Thirty percent of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were male, 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to have binged at least once in the past month.

From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2017 to 2020, there was no statistical change.

Alcohol Use in Past Month

In 2019, 65% of Wisconsin respondents and 54% of U.S. respondents reported at least one drink of alcohol in the past month (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 47)

- Seventy-three percent of respondents had a drink in the past month.
- Male respondents were more likely to report having a drink in the past month (79%) compared to female respondents (68%).
- Eighty-six percent of respondents 18 to 34 years old reported having a drink in the past month compared to 73% of those 35 to 44 years old or 55% of respondents 65 and older.
- Seventy-nine percent of respondents with a college education and 77% of those with some post high school education reported having a drink in the past month compared to 58% of respondents with a high school education or less.
- Eighty-six percent of respondents in the top 40 percent household income bracket reported having a drink in the past month compared to 75% of those in the middle 20 percent income bracket or 61% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report having a drink in the past month compared to unmarried respondents (81% and 64%, respectively).
- Central Racine County respondents were more likely to report having a drink in the past month (78%) compared to City of Racine respondents (66%).

Table 47. Alcohol Use in Past Month by Demographic Variables for 2020 (Q27)^⓪

	2020
TOTAL	73%
Gender ¹	
Male	79
Female	68
Age ¹	
18 to 34	86
35 to 44	73
45 to 54	75
55 to 64	74
65 and Older	55
Education ¹	
High School or Less	58
Some Post High School	77
College Graduate	79
Household Income ¹	
Bottom 40 Percent Bracket	61
Middle 20 Percent Bracket	75
Top 40 Percent Bracket	86
Marital Status ¹	
Married	81
Not Married	64
Health Department Service Area ¹	
City of Racine	66
Central Racine County	78

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Binge Drinking in Past Month

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2020, Racine County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2020 goal for adult binge drinking (5 or more drinks) is 24%. (Objective SA-14.3)

In 2019, 22% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Seventeen percent of U.S. respondents reported binge drinking in the past month (2019 Behavioral Risk Factor Surveillance).

2020 Findings (Table 48)

- Thirty percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).
- Male respondents were more likely to have binged in the past month (38%) compared to female respondents (22%).
- Respondents 45 to 54 years old were more likely to have binged in the past month (45%) compared to those 18 to 34 years old (25%) or respondents 65 and older (12%).
- Forty-one percent of respondents in the top 40 percent household income bracket binged in the past month compared to 29% of those in the middle 20 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to have binged in the past month compared to unmarried respondents (35% and 22%, respectively).

2009 to 2020 Year Comparisons (Table 48)

In 2012, 2015, 2017 and 2020, the Racine County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males. In 2009, the definition was five or more drinks, regardless of gender.

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who binged in the past month.
- In 2009 and 2020, male respondents were more likely to have binged. From 2009 to 2020, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2009, respondents 18 to 34 years old were more likely to have binged. In 2020, respondents 45 to 54 years old were more likely to have binged. From 2009 to 2020, there was a noted increase in the percent of respondents 45 to 64 years old reporting binge drinking.
- In 2009, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to have binged, with a noted increase since 2009.
- In 2009, marital status was not a significant variable. In 2020, married respondents were more likely to have binged, with a noted increase since 2009.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting binge drinking.

2017 to 2020 Year Comparisons (Table 48)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who binged in the past month.
- In 2017 and 2020, male respondents were more likely to have binged.
- In 2017, respondents 18 to 34 years old were more likely to have binged. In 2020, respondents 45 to 54 years old were more likely to have binged, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting binge drinking.

- In 2017, respondents with some post high school education were more likely to have binged. In 2020, education was not a significant variable.
- In 2017, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to have binged. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting binge drinking.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to have binged. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting binge drinking.

Table 48. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q28)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^a	23%	29%	33%	34%	30%
Gender ^{1,2,3,4,5}					
Male	34	38	39	39	38
Female ^a	14	20	28	28	22
Age ^{1,2,3,4,5}					
18 to 34 ^b	32	35	44	51	25
35 to 44	28	36	46	45	34
45 to 54 ^{a,b}	24	32	37	31	45
55 to 64 ^a	17	27	22	26	30
65 and Older	6	9	10	9	12
Education ^{2,4}					
High School or Less	21	29	30	27	27
Some Post High School	27	33	39	40	35
College Graduate	22	22	31	33	27
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket ^b	21	24	29	36	15
Middle 20 Percent Bracket	27	36	44	34	29
Top 40 Percent Bracket ^a	28	33	38	34	41
Marital Status ⁵					
Married ^a	21	31	32	33	35
Not Married ^b	26	26	34	35	22
Health Department Service Area ²					
City of Racine	23	24	30	32	25
Central Racine County ^a	23	32	35	35	33

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2012, 2015, 2017 and 2020, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2009, “5 or more drinks on an occasion” was used for both males and females.

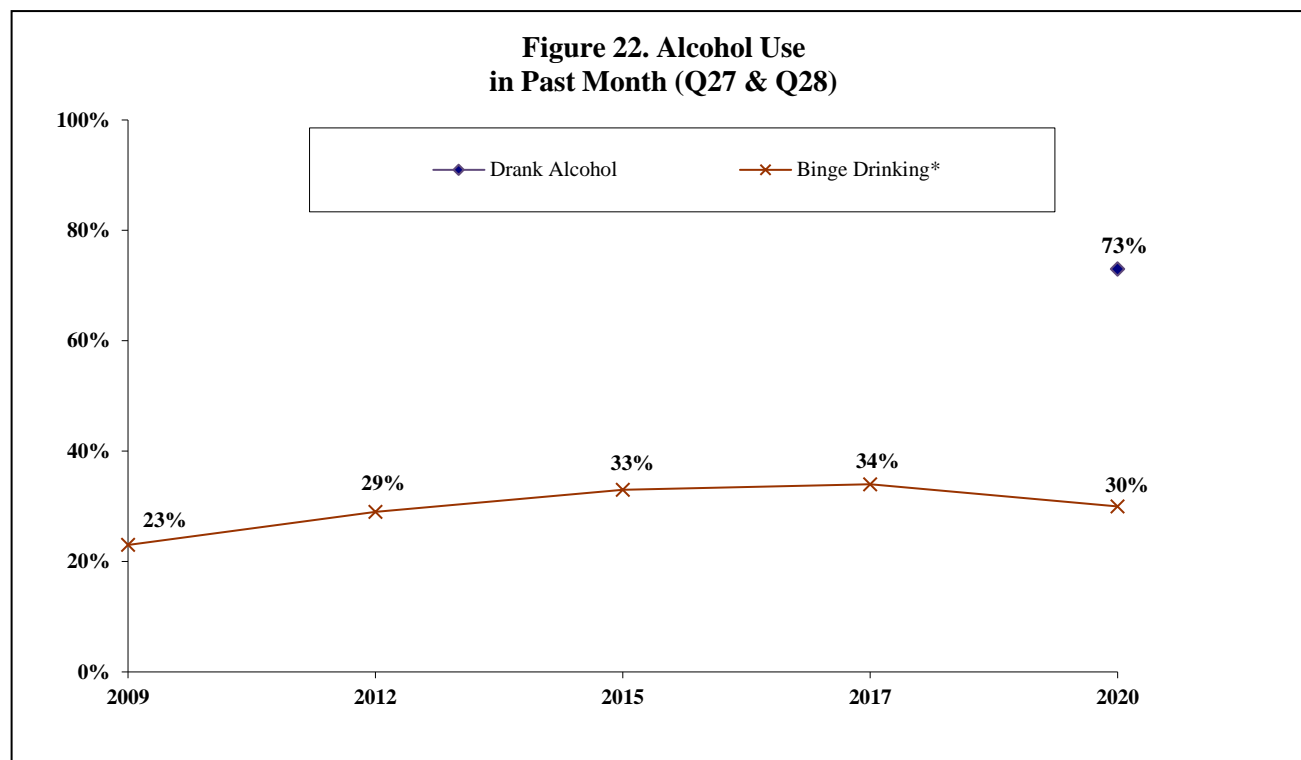
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Alcohol Use Overall

Year Comparisons

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2017 to 2020, there was no statistical change.



*In 2012, 2015, 2017 and 2020, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2009, “5 or more drinks on an occasion” was used for both males and females.

Other Substance Use (Tables 49 & 50)

KEY FINDINGS: In 2020, 5% of respondents reported they used marijuana, cocaine, heroin or other street drugs in the past month while 3% reported they used prescription drugs that were not theirs or taken more than prescribed. Respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they used marijuana, cocaine, heroin or other street drugs. Respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket, unmarried respondents or Central Racine County respondents were more likely to report they misused/abused prescription drugs.

Marijuana, Cocaine, Heroin or Other Street Drug Use in Past Month

2020 Findings (Table 49)

- Five percent of respondents reported they used marijuana, cocaine, heroin or other street drugs in the past month.
- Male respondents were more likely to report they used marijuana, cocaine, heroin or other street drugs in the past month (7%) compared to female respondents (3%).
- Ten percent of respondents 18 to 34 years old reported they used marijuana, cocaine, heroin or other street drugs in the past month compared to 3% of those 65 and older or 0% of respondents 45 to 54 years old.
- Eight percent of respondents with some post high school education reported they used marijuana, cocaine, heroin or other street drugs in the past month compared to 3% of those with a college education or 2% of respondents with a high school education or less.
- Nine percent of respondents in the bottom 40 percent household income bracket reported they used marijuana, cocaine, heroin or other street drugs in the past month compared to 5% of those in middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they used marijuana, cocaine, heroin or other street drugs in the past month compared to married respondents (10% and 2%, respectively).

Table 49. Marijuana, Cocaine, Heroin or Other Street Drug Use in Past Month by Demographic Variables for 2020 (Q38A)^⓪

	2020
TOTAL	5%
Gender ¹	
Male	7
Female	3
Age ¹	
18 to 34	10
35 to 44	7
45 to 54	0
55 to 64	4
65 and Older	3
Education ¹	
High School or Less	2
Some Post High School	8
College Graduate	3
Household Income ¹	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	5
Top 40 Percent Bracket	3
Marital Status ¹	
Married	2
Not Married	10
Health Department Service Area	
City of Racine	4
Central Racine County	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Prescription Drug Misuse/Abuse in Past Month

2020 Findings (Table 50)

- Three percent of respondents reported they used prescription drugs that were not theirs or taken more than prescribed in the past month.
- Eight percent of respondents 18 to 34 years old reported they misused/abused prescription drugs in the past month compared to 0% of respondents 45 to 54 years old or 65 and older.
- Four percent of respondents with some post high school education reported they misused/abused prescription drugs in the past month compared to less than one percent of those with a high school education or less or 0% of respondents with a college education.

- Seven percent of respondents in the bottom 40 percent household income bracket reported they misused/abused prescription drugs in the past month compared to 1% of those in middle 20 percent income bracket or 0% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they misused/abused prescription drugs in the past month compared to married respondents (7% and 0%, respectively).
- Four percent of Central Racine County respondents reported they misused/abused prescription drugs in the past month compared to less than one percent of City of Racine respondents.

Table 50. Prescription Drug Misuse/Abuse in Past Month by Demographic Variables for 2020 (Q38B)[®]

	2020
TOTAL	3%
Gender	
Male	3
Female	2
Age ¹	
18 to 34	8
35 to 44	1
45 to 54	0
55 to 64	1
65 and Older	0
Education ¹	
High School or Less	<1
Some Post High School	4
College Graduate	0
Household Income ¹	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	1
Top 40 Percent Bracket	0
Marital Status ¹	
Married	0
Not Married	7
Health Department Service Area ¹	
City of Racine	<1
Central Racine County	4

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Mental Health (Figures 23 & 24; Tables 51 - 53)

KEY FINDINGS: In 2020, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 35 to 54 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Nineteen percent of respondents reported they seldom or never find meaning and purpose in life in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

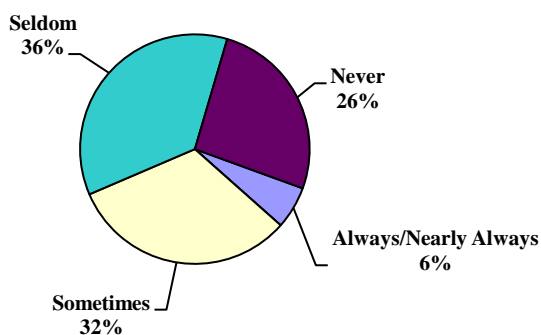
From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life, as well as from 2017 to 2020. Please note: in 2020, finding meaning and purpose in life was asked in the past month. In previous years it was asked of daily life.

Felt Sad, Blue or Depressed in Past Month

2020 Findings (Table 51)

- Six percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 15,100 residents.

Figure 23. Felt Sad, Blue or Depressed in Past Month for 2020 (Q25A)



- Female respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month (8%) compared to male respondents (3%).
- Twelve percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed in the past month compared to 3% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month compared to married respondents (8% and 3%, respectively).
- City of Racine respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month (8%) compared to Central Racine County respondents (4%).

2009 to 2020 Year Comparisons (Table 51)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.
- In 2009, gender was not a significant variable. In 2020, female respondents were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2009, respondents with some post high school education or less were more likely to report they always or nearly always felt sad, blue or depressed. In 2020, education was not a significant variable.
- In 2009 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2009 and 2020, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2009 and 2020, City of Racine respondents were more likely to report they always or nearly always felt sad, blue or depressed.

2017 to 2020 Year Comparisons (Table 51)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.
- In 2017, gender was not a significant variable. In 2020, female respondents were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2017, respondents 55 to 64 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old reporting always or nearly always.
- In 2017, respondents with a high school education or less were more likely to report they always or nearly always felt sad, blue or depressed. In 2020, education was not a significant variable.
- In 2017 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 51. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year (Q25A)^①

	2009	2012	2015	2017	2020
TOTAL	5%	7%	7%	4%	6%
Gender ⁵					
Male	4	7	6	3	3
Female	5	7	8	5	8
Age ^{3,4}					
18 to 34	5	7	7	4	9
35 to 44 ^b	4	7	<1	0	4
45 to 54	7	6	13	3	4
55 to 64	6	11	8	10	7
65 and Older	3	6	5	4	2
Education ^{1,2,4}					
High School or Less	6	10	7	10	7
Some Post High School	6	6	9	3	4
College Graduate	2	4	5	1	4
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	9	15	12	10	12
Middle 20 Percent Bracket	2	2	5	2	3
Top 40 Percent Bracket	1	4	5	<1	2
Marital Status ^{1,2,3,5}					
Married	3	4	3	4	3
Not Married	6	10	10	4	8
Health Department Service Area ^{1,2,5}					
City of Racine	8	10	6	4	8
Central Racine County	2	5	8	3	4

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Considered Suicide in Past Year

2020 Findings (Table 52)

- Seven percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 16,610 residents who may have considered suicide in the past year.
- Fourteen percent of respondents 35 to 44 years old and 13% of those 45 to 54 years old reported they felt so overwhelmed in the past year that they considered suicide compared to 1% of respondents 65 and older.
- Eleven percent of respondents with some post high school education reported they felt so overwhelmed in the past year that they considered suicide compared to 5% of those with a college education or 0% of respondents with a high school education or less.

- Twenty percent of respondents in the middle 20 percent household income bracket reported they felt so overwhelmed in the past year that they considered suicide compared to 6% of those in the bottom 40 percent income bracket or 3% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide compared to married respondents (12% and 3%, respectively).

2009 to 2020 Year Comparisons (Table 52)

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.
- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting they considered suicide.
- In 2009, age was not a significant variable. In 2020, respondents 35 to 54 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2009.
- In 2009, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2009 to 2020, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with at least some post high school education reporting they considered suicide.
- In 2009, respondents in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2020, respondents in the middle 20 percent household income bracket were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2009.
- In 2009 and 2020, unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2009 to 2020, there was a noted increase in the percent of unmarried respondents reporting they considered suicide.
- In 2009, City of Racine respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting they considered suicide.

2017 to 2020 Year Comparisons (Table 52)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- In 2017, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2020, respondents 35 to 54 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they considered suicide.
- In 2017, respondents with a high school education or less or with a college education were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2020, respondents with some post high school education were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting they considered suicide.

- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2020, respondents in the middle 20 percent household income bracket were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they considered suicide.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2017.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of City of Racine respondents reporting they considered suicide.

Table 52. Considered Suicide in Past Year by Demographic Variables for Each Survey Year (Q26)[®]

	2009	2012	2015	2017	2020
TOTAL ^a	3%	4%	6%	5%	7%
Gender ³					
Male ^a	3	4	4	6	7
Female ^a	3	4	8	4	7
Age ^{2,3,4,5}					
18 to 34 ^b	5	6	6	11	5
35 to 44 ^{a,b}	3	2	5	5	14
45 to 54 ^{a,b}	4	7	12	<1	13
55 to 64	4	4	4	5	2
65 and Older	<1	1	2	<1	1
Education ^{2,3,4,5}					
High School or Less ^{a,b}	4	6	7	6	0
Some Post High School ^{a,b}	4	4	8	2	11
College Graduate ^a	2	2	2	7	5
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^b	6	8	11	13	6
Middle 20 Percent Bracket ^{a,b}	2	2	2	0	20
Top 40 Percent Bracket	2	3	2	2	3
Marital Status ^{1,2,3,5}					
Married	2	2	2	4	3
Not Married ^{a,b}	5	6	9	5	12
Health Department Service Area ^{1,2,3}					
City of Racine ^b	6	6	9	3	9
Central Racine County ^a	2	3	4	6	6

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Find Meaning and Purpose in Life in Past Month

2020 Findings (Table 53)

- A total of 19% of respondents reported they seldom or never find meaning and purpose in life in the past month. Twenty-five percent of respondents reported they always find meaning and purpose while an additional 36% reported nearly always.
- Twenty-five percent of respondents in the bottom 40 percent household income bracket reported they seldom or never find meaning and purpose in life in the past month compared to 16% of those in the middle 20 percent income bracket or 15% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they seldom or never find meaning and purpose in life in the past month compared to married respondents (25% and 15%, respectively).

2009 to 2020 Year Comparisons (Table 53)

In 2020, the question asked about finding meaning and purpose in life in the past month. In 2009, the question did not include a timeframe but included “daily life.”

- From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life.
- In 2009 and 2020, gender was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across gender reporting they seldom or never find meaning and purpose in life.
- In 2009 and 2020, age was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across age reporting they seldom or never find meaning and purpose in life.
- In 2009, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in life. In 2020, education was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across education reporting they seldom or never find meaning and purpose in life.
- In 2009 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in life. From 2009 to 2020, there was a noted increase in the percent of respondents across household income reporting they seldom or never find meaning and purpose in life.
- In 2009 and 2020, unmarried respondents were more likely to report they seldom or never find meaning and purpose in life. From 2009 to 2020, there was a noted increase in the percent of respondents across marital status reporting they seldom or never find meaning and purpose in life.
- In 2009 and 2020, health department service area was not a significant variable. From 2009 to 2020, there was a noted increase in the percent of respondents across health department service area reporting they seldom or never find meaning and purpose in life.

2017 to 2020 Year Comparisons (Table 53)

In 2020, the question asked about finding meaning and purpose in life in the past month. In 2017, the question did not include a timeframe but included “daily life,”

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life.

- In 2017, male respondents were more likely to report they seldom or never find meaning and purpose in life. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting they seldom or never find meaning and purpose in life.
- In 2017 and 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across age reporting they seldom or never find meaning and purpose in life.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across education reporting they seldom or never find meaning and purpose in life.
- In 2017 and 2020, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in life. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting they seldom or never find meaning and purpose in life.
- In 2017 and 2020, unmarried respondents were more likely to report they seldom or never find meaning and purpose in life. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting they seldom or never find meaning and purpose in life.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting they seldom or never find meaning and purpose in life.

Table 53. Seldom/Never Find Meaning and Purpose in Life in Past Month by Demographic Variables for Each Survey Year (Q25B)^{①,②}

	2009	2012	2015	2017	2020
TOTAL ^{a,b}	4%	7%	6%	5%	19%
Gender ^{2,3,4}					
Male ^{a,b}	4	9	8	9	18
Female ^{a,b}	4	5	4	2	21
Age ³					
18 to 34 ^{a,b}	4	9	4	6	21
35 to 44 ^{a,b}	3	4	2	3	11
45 to 54 ^{a,b}	2	5	10	5	21
55 to 64 ^{a,b}	5	5	6	6	23
65 and Older ^{a,b}	7	9	8	6	18
Education ^{1,2}					
High School or Less ^{a,b}	7	12	5	8	24
Some Post High School ^{a,b}	3	3	8	3	16
College Graduate ^{a,b}	2	2	4	6	18
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	8	9	10	11	25
Middle 20 Percent Bracket ^{a,b}	3	4	3	0	16
Top 40 Percent Bracket ^{a,b}	<1	2	4	2	15
Marital Status ^{1,2,3,4,5}					
Married ^{a,b}	2	4	2	2	15
Not Married ^{a,b}	6	10	9	11	25
Health Department Service Area ²					
City of Racine ^{a,b}	5	10	7	6	21
Central Racine County ^{a,b}	3	4	5	5	19

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question asked about finding meaning and purpose in life in the past month. In all other years, the question did not include a timeframe but included “daily life.”

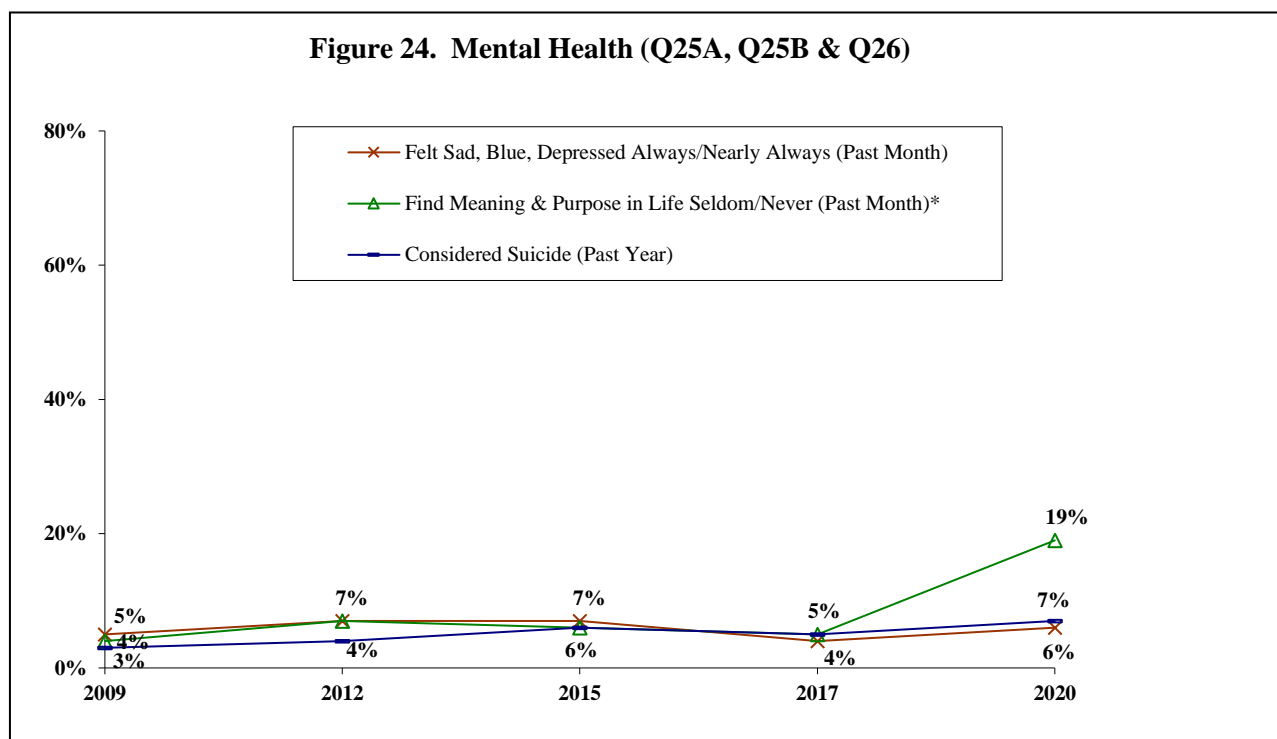
¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Mental Health Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life, as well as from 2017 to 2020. Please note: in 2020, finding meaning and purpose in life was asked in the past month. In previous years it was asked of daily life.



*In 2020, the question asked about finding meaning and purpose in life in the past month. In all other years, the question did not include a timeframe but included “daily life.”

Personal Safety Issues (Figure 25; Tables 54 - 56)

KEY FINDINGS: In 2020, 5% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were male or in the middle 20 percent household income bracket were more likely to report this. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents in the middle 20 percent household income bracket were more likely to report this.

From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported or they were pushed/kicked/slapped/hit in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2017 to 2020.

Afraid for Personal Safety in Past Year

2020 Findings (Table 54)

- Five percent of respondents reported someone made them afraid for their personal safety in the past year.
- Male respondents were more likely to report someone made them afraid for their personal safety in the past year (7%) compared to female respondents (3%).
- Twelve percent of respondents in the middle 20 percent household income bracket reported someone made them afraid for their personal safety in the past year compared to 4% of those in the bottom 40 percent income bracket or 2% of respondents in the top 40 percent household income bracket.
 - Of the 26 respondents who were afraid for their personal safety, a stranger was the person most often reported who made them afraid (56%) followed by an ex-spouse (12%). Eleven percent reported a spouse.

2009 to 2020 Year Comparisons (Table 54)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year.
- In 2009, gender was not a significant variable. In 2020, male respondents were more likely to report they were afraid for their personal safety, with a noted increase since 2009.
- In 2009, household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report they were afraid for their personal safety, with a noted increase since 2009.

2017 to 2020 Year Comparisons (Table 54)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year.
- In 2017, gender was not a significant variable. In 2020, male respondents were more likely to report they were afraid for their personal safety.

- In 2017, respondents with a high school education or less were more likely to report they were afraid for their personal safety. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting they were afraid for their personal safety.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report they were afraid for their personal safety. In 2020, respondents in the middle 20 percent household income bracket were more likely to report they were afraid for their personal safety, with a noted increase since 2017.

Table 54. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year (Q29)[®]

	2009	2012	2015	2017	2020
TOTAL	4%	4%	5%	5%	5%
Gender ^{3,5}					
Male ^a	3	3	2	5	7
Female	4	4	7	5	3
Age					
18 to 34	5	3	6	6	6
35 to 44	4	2	5	9	3
45 to 54	5	5	5	3	7
55 to 64	5	6	4	4	4
65 and Older	0	3	2	3	1
Education ^{3,4}					
High School or Less ^b	2	2	2	11	4
Some Post High School	5	5	5	2	3
College Graduate	4	4	8	3	7
Household Income ^{4,5}					
Bottom 40 Percent Bracket	4	5	6	7	4
Middle 20 Percent Bracket ^{a,b}	3	4	6	<1	12
Top 40 Percent Bracket	3	3	3	3	2
Marital Status ³					
Married	3	4	3	4	4
Not Married	4	4	6	5	5
Health Department Service Area					
City of Racine	4	5	5	3	5
Central Racine County	3	3	4	6	5

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Pushed, Kicked, Slapped or Hit in Past Year

2020 Findings (Table 55)

- One percent of respondents reported they were pushed, kicked, slapped or hit in the past year.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were pushed, kicked, slapped or hit in the past year.

2009 to 2020 Year Comparisons (Table 55)

- From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit in the past year.
- In 2009, respondents who were 18 to 34 years old, unmarried or City of Racine respondents were more likely to report they were pushed, kicked, slapped or hit in the past year.

2017 to 2020 Year Comparisons (Table 55)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit in the past year.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were pushed, kicked, slapped or hit in both study years.

Table 55. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year (Q31)^①

	2009	2012	2015	2017 ^②	2020 ^②
TOTAL ^a	3%	4%	3%	2%	1%
Gender					
Male	4	4	2	--	--
Female	3	4	5	--	--
Age ^{1,2,3}					
18 to 34	7	8	5	--	--
35 to 44	2	1	8	--	--
45 to 54	3	5	1	--	--
55 to 64	2	3	3	--	--
65 and Older	0	0	0	--	--
Education					
High School or Less	3	5	3	--	--
Some Post High School	4	4	4	--	--
College Graduate	3	3	3	--	--
Household Income ³					
Bottom 40 Percent Bracket	5	7	6	--	--
Middle 20 Percent Bracket	6	3	0	--	--
Top 40 Percent Bracket	2	3	2	--	--
Marital Status ^{1,2,3}					
Married	2	2	<1	--	--
Not Married	5	6	5	--	--
Health Department Service Area ^{1,2,3}					
City of Racine	5	7	5	--	--
Central Racine County	2	2	2	--	--

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Combined Personal Safety Issues in Past Year

2020 Findings (Table 56)

- A total of 5% of all respondents reported at least one of the two personal safety issues in the past year.
- Twelve percent of respondents in the middle 20 percent household income bracket reported at least one of the two personal safety issues in the past year compared to 5% of those in the bottom 40 percent income bracket or 3% of respondents in the top 40 percent household income bracket.

2009 to 2020 Year Comparisons (Table 56)

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the personal safety issues in the past year.
- In 2009, respondents 18 to 34 years old or 45 to 54 years old were more likely to report at least one of the personal safety issues. In 2020, age was not a significant variable.
- In 2009, household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report at least one of the personal safety issues.
- In 2009, unmarried respondents were more likely to report at least one of the personal safety issues. In 2020, marital status was not a significant variable.
- In 2009, City of Racine respondents were more likely to report at least one of the personal safety issues. In 2020, health department service area was not a significant variable.

2017 to 2020 Year Comparisons (Table 56)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the personal safety issues in the past year.
- In 2017, respondents with a high school education or less were more likely to report at least one of the personal safety issues. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting at least one of the personal safety issues.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. In 2020, respondents in the middle 20 percent household income bracket were more likely to report at least one of the personal safety issues, with a noted increase since 2017.

Table 56. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year (Q29 & Q31)[®]

	2009	2012	2015	2017	2020
TOTAL	6%	7%	7%	5%	5%
Gender ³					
Male	6	6	4	6	7
Female	6	7	9	5	3
Age ^{1,2}					
18 to 34	9	10	8	6	6
35 to 44	6	3	11	9	3
45 to 54	8	9	5	6	7
55 to 64	6	7	6	5	7
65 and Older	0	3	2	4	2
Education ⁴					
High School or Less ^b	5	7	4	11	5
Some Post High School	7	8	8	3	3
College Graduate	7	6	8	4	7
Household Income ^{2,3,4,5}					
Bottom 40 Percent Bracket	7	10	10	8	5
Middle 20 Percent Bracket ^b	7	5	6	2	12
Top 40 Percent Bracket	4	5	3	4	3
Marital Status ^{1,2,3}					
Married	5	5	3	5	5
Not Married	8	9	9	6	5
Health Department Service Area ^{1,2}					
City of Racine	9	11	9	4	5
Central Racine County	4	4	5	7	5

[®]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2009; ²demographic difference at p≤0.05 in 2012; ³demographic difference at p≤0.05 in 2015; ⁴demographic difference at p≤0.05 in 2017; ⁵demographic difference at p≤0.05 in 2020

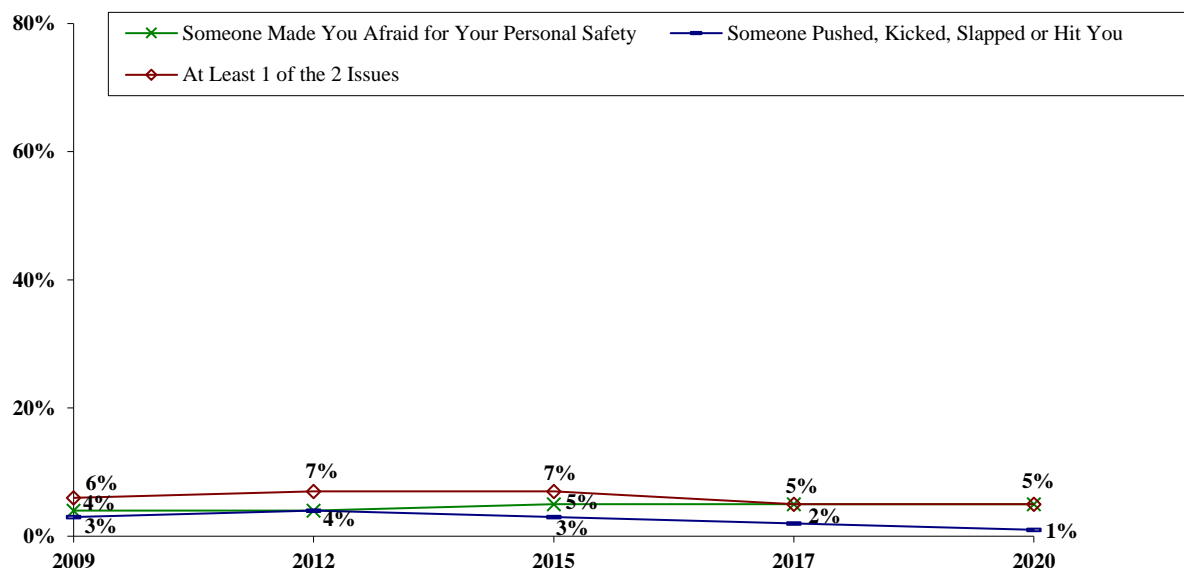
^ayear difference at p≤0.05 from 2009 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Personal Safety Issues Overall

Year Comparisons

- From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported or they were pushed/kicked/slapped/hit in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2017 to 2020.

Figure 25. Personal Safety Issues in Past Year (Q29 & Q31)



Children in Household (Figures 26 & 27; Tables 57 - 63)

KEY FINDINGS: In 2020, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's primary doctor or nurse, with 98% reporting the child visited their primary doctor or nurse for preventive care during the past year. Twelve percent of respondents reported in the past year the child did not receive the dental care needed while 9% reported the child did not receive the medical care needed or did not visit a specialist they needed. Four percent of respondents reported the child currently had asthma. Nine percent of respondents reported the child was seldom/never safe in their community. Eighty-seven percent of respondents reported the 5 to 17 year old child ate at least two servings of fruit on an average day while 34% reported three or more servings of vegetables. Forty percent of respondents reported the child ate five or more servings of fruit/vegetables on an average day. Twenty-five percent of respondents reported the 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 15% reported verbal bullying, 4% cyber bullying and 0% reported physical bullying.

From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child had a primary doctor or nurse, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care, as well as from 2017 to 2020. From 2012 to 2020, there a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need or was unable to see a specialist when needed, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need while from 2017 to 2020, there was a statistical increase. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child ate at least three servings of vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported the 5 to 17 year old child was physically active for at least 60 minutes five times a week, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was cyber bullied while from 2017 to 2020, there was a statistical increase.

Children in Household

2020 Findings

- Thirty-two percent of respondents reported they have a child under the age of 18 living in their household. Eighty-nine percent of these respondents reported they make the health care decisions for the child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.
 - Seventy-one percent of the children selected were 12 or younger. Forty-two percent were boys. Of these households, 39% were in the bottom 60 percent household income bracket and 70% were married. Forty percent were City of Racine respondents.

Child's Primary Doctor/Nurse

2020 Findings (Table 57)

Of the 158 respondents with a child...

- Ninety-six percent of respondents reported they have one or more persons they think of as the child's primary doctor or nurse who knows the child well and is familiar with the child's health history.
- Respondents were more likely to report their son has one or more persons they think of as a primary doctor or nurse (100%) compared to respondents speaking on behalf of their daughter (93%).
- One hundred percent of respondents in the bottom 60 percent household income bracket reported they have one or more persons they think of as the child's primary doctor or nurse compared to 93% of respondents in the top 40 percent household income bracket.
- City of Racine respondents were more likely to report the child has one or more persons they think of as the child's primary doctor or nurse (100%) compared to Central Racine County respondents (94%).

2012 to 2020 Year Comparisons (Table 57)

- From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child had a primary doctor or nurse.
- In 2012, child's gender was not a significant variable. In 2020, respondents were more likely to report their son had a primary doctor or nurse, with a noted increase since 2012.
- In 2012 and 2020, child's age was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents reporting the 13 to 17 year old child had a primary doctor or nurse.
- In 2012, respondents in the top 40 percent household income bracket were more likely to report the child had a primary doctor or nurse. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child had a primary doctor or nurse, with a noted increase since 2012.
- In 2012, married respondents were more likely to report the child had a primary doctor or nurse. In 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of unmarried respondents reporting the child had a primary doctor or nurse.
- In 2012, Central Racine County respondents were more likely to report the child had a primary doctor or nurse. In 2020, City of Racine respondents were more likely to report the child had a primary doctor or nurse, with a noted increase since 2012.

2017 to 2020 Year Comparisons (Table 57)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported the child had a primary doctor or nurse.
- In 2017, child's gender was not a significant variable. In 2020, respondents were more likely to report their son had a primary doctor or nurse, with a noted increase since 2017.
- In 2017 and 2020, child's age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents reporting the 13 to 17 year old child had a primary doctor or nurse.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report the child had a primary doctor or nurse. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child had a primary doctor or nurse, with a noted increase since 2017.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting the child had a primary doctor or nurse.
- In 2017, Central Racine County respondents were more likely to report the child had a primary doctor or nurse. In 2020, City of Racine respondents were more likely to report the child had a primary doctor or nurse, with a noted increase since 2017.

Table 57. Child Has Primary Doctor/Nurse by Demographic Variables for Each Survey Year (Q56)[○]

	2012	2015	2017	2020
TOTAL ^{a,b}	90%	90%	87%	96%
Gender ⁴				
Boy ^{a,b}	88	90	87	100
Girl	91	91	87	93
Age				
12 Years Old or Younger	91	93	87	95
13 to 17 Years Old ^{a,b}	86	85	87	100
Household Income ^{1,3,4}				
Bottom 60 Percent Bracket ^{a,b}	84	90	80	100
Top 40 Percent Bracket	95	89	92	93
Marital Status ¹				
Married ^b	92	93	86	95
Not Married ^a	83	87	94	100
Health Department Service Area ^{1,2,3,4}				
City of Racine ^{a,b}	80	80	80	100
Central Racine County	95	99	92	94

[○]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Preventive Care with Child's Primary Doctor/Nurse in Past Year

The Healthy People 2020 goal for adolescents 10 to 17 having a wellness checkup in the past year is 76% (Objective AH-1).

2020 Findings (Table 58)

Of the 96% of respondents with a child who had a primary doctor/nurse (n=152)...

- Of children who had a primary doctor, 98% reported the child visited their primary doctor/nurse for preventive care during the past year.
- Central Racine County respondents were more likely to report the child visited their primary doctor/nurse for preventive care in the past year (100%) compared to City of Racine respondents (95%).

2012 to 2020 Year Comparisons (Table 58)

- From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care.
- In 2012 and 2020, child's gender was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents across child's gender reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2012 and 2020, child's age was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents across child's age reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2012 and 2020, household income was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents across household income reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2012 and 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents across marital status reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2012, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report the child visited their primary doctor/nurse for preventive care in the past year, with a noted increase since 2012.

2017 to 2020 Year Comparisons (Table 58)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care.
- In 2017 and 2020, child's gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents reporting their son visited their primary doctor/nurse for preventive care in the past year.
- In 2017, respondents were more likely to report the child who was 12 or younger visited their primary doctor/nurse for preventive care in the past year. In 2020, child's age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across child's age reporting the child visited their primary doctor/nurse for preventive care in the past year.

- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2017, married respondents were more likely to report the child visited their primary doctor/nurse for preventive care in the past year. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of unmarried respondents reporting the child visited their primary doctor/nurse for preventive care in the past year.
- In 2017, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report the child visited their primary doctor/nurse for preventive care in the past year, with a noted increase since 2017.

Table 58. Child Went to Primary Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q57)^①

	2012	2015	2017	2020
TOTAL ^{a,b}	85%	84%	89%	98%
Gender				
Boy ^{a,b}	85	83	87	100
Girl ^a	84	85	91	97
Age ^{2,3}				
12 Years Old or Younger ^{a,b}	86	88	93	99
13 to 17 Years Old ^{a,b}	83	75	84	96
Household Income				
Bottom 60 Percent Bracket ^{a,b}	83	85	87	97
Top 40 Percent Bracket ^{a,b}	87	88	91	100
Marital Status ³				
Married ^a	86	81	92	97
Not Married ^{a,b}	84	88	76	100
Health Department Service Area ⁴				
City of Racine	88	83	92	95
Central Racine County ^{a,b}	84	83	88	100

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Child's Unmet Care in Past Year

2020 Findings

Of the 158 respondents with a child...

- Twelve percent of respondents reported in the past year the child did not receive the dental care needed while 9% each reported the child did not receive the medical care needed or did not visit a specialist they needed.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had an unmet need.

2012 to 2020 Year Comparisons

- From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need or was unable to see a specialist when needed. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet need in both study years.

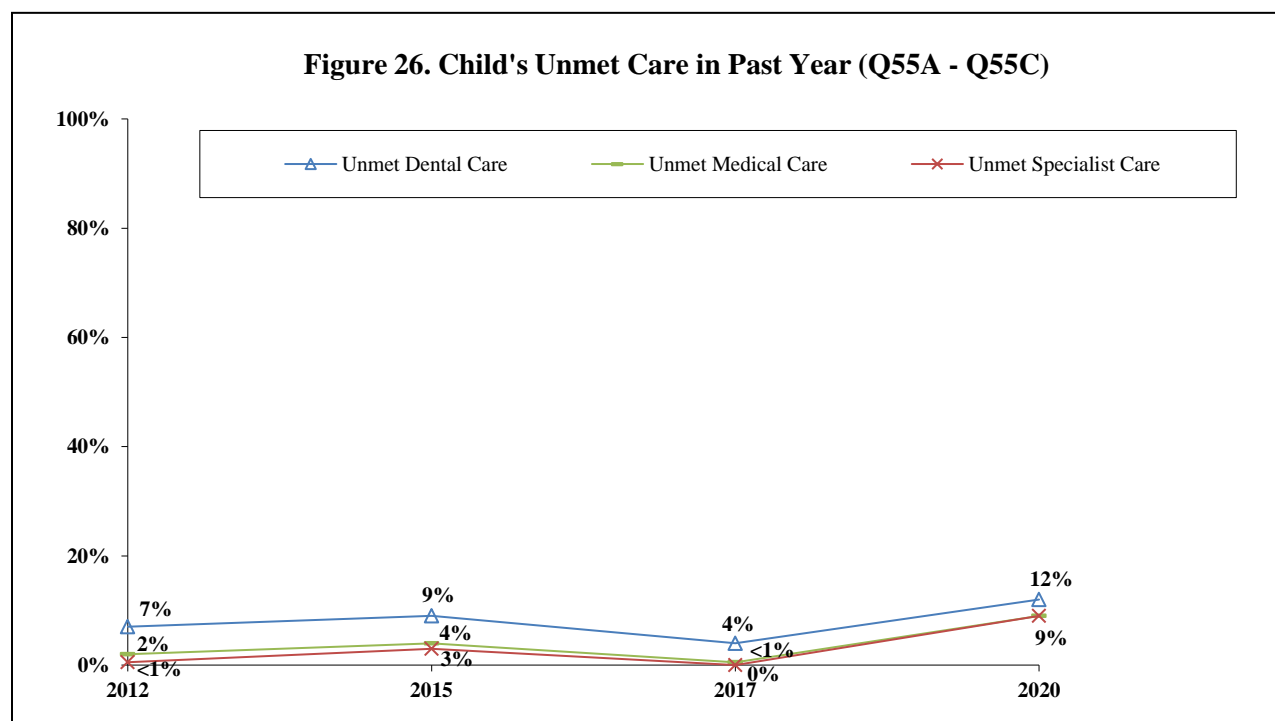
2017 to 2020 Year Comparisons

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need, unmet dental care need or was unable to see a specialist when needed.
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet need in both study years.

Child's Unmet Care Overall

Year Comparisons

- From 2012 to 2020, there a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need or was unable to see a specialist when needed, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need while from 2017 to 2020, there was a statistical increase.



Child's Current Asthma

2020 Findings

Of the 158 respondents with a child...

- Four percent of respondents reported the child currently had asthma.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child currently had asthma.

2012 to 2020 Year Comparisons

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child currently had asthma (7% and 4%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported the child currently had asthma (3% and 4%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

Child's Safety in Community

2020 Findings

Of the 158 respondents with a child...

- Nine percent of respondents reported the child was seldom/never safe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community.

2012 to 2020 Year Comparisons

- From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child was seldom/never safe (3% and 9%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported the child was seldom/never safe (less than one percent and 9%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

Child's Sleeping Arrangement as a Baby

2020 Findings

Of the 21 respondents with a child two years old or younger...

- Sixteen respondents (73%) reported when the child was a baby, the child usually slept in a crib or bassinette. Eighteen percent reported the child slept in a swing. Two respondents (10%) reported in bed with them or another adult.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2012 to 2020 Year Comparisons

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child slept in bed with the respondent or another adult when the child was a baby (4% and 10%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported the child slept in bed with the respondent or another adult when the child was a baby (0% and 10%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who were asked this question in both study years.

Child's Fruit Intake on Average Day

2020 Findings (Table 59)

Of the 131 respondents with a child 5 to 17 years old...

- Eighty-seven percent of respondents reported the 5 to 17 year old child ate at least two servings of fruit on an average day.
- Ninety-four percent of respondents reported the 5 to 12 year old child ate at least two servings of fruit on an average day compared to 74% of respondents speaking on behalf of the 13 to 17 year old child.

2012 to 2020 Year Comparisons (Table 59)

- From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child ate at least two servings of fruit on an average day.
- In 2012 and 2020, child's gender was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents reporting their son ate at least two servings of fruit on an average day.
- In 2012 and 2020, respondents were more likely to report the 5 to 12 year old child ate at least two servings of fruit on an average day. From 2012 to 2020, there was a noted increase in the percent of respondents reporting the 5 to 12 year old child ate at least two servings of fruit on an average day.

- In 2012 and 2020, household income was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents across household income reporting the child ate at least two servings of fruit on an average day.
- In 2012 and 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of unmarried respondents reporting the child ate at least two servings of fruit on an average day.
- In 2012 and 2020, health department service area was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of City of Racine respondents reporting the child ate at least two servings of fruit on an average day.

2017 to 2020 Year Comparisons (Table 59)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported the child ate at least two servings of fruit on an average day.
- In 2017, respondents were more likely to report their daughter ate at least two servings of fruit on an average day. In 2020, child's gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents reporting their son ate at least two servings of fruit on an average day.
- In 2017, child's age was not a significant variable. In 2020, respondents were more likely to report the 5 to 12 year old child ate at least two servings of fruit on an average day, with a noted increase since 2017.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report the child ate at least two servings of fruit on an average day. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting the child ate at least two servings of fruit on an average day.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of unmarried respondents reporting the child ate at least two servings of fruit on an average day.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of City of Racine respondents reporting the child ate at least two servings of fruit on an average day.

Table 59. Child's Fruit Intake (Two or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q65A)^①

	2012	2015	2017	2020
TOTAL ^{a,b}	74%	75%	73%	87%
Gender ³				
Boy ^{a,b}	70	72	64	92
Girl	79	79	81	83
Age ^{1,2,4}				
5 to 12 Years Old ^{a,b}	79	85	72	94
13 to 17 Years Old	67	65	74	74
Household Income ^{2,3}				
Bottom 60 Percent Bracket ^{a,b}	73	68	55	91
Top 40 Percent Bracket ^a	72	83	81	89
Marital Status				
Married	76	76	76	84
Not Married ^{a,b}	71	74	64	92
Health Department Service Area				
City of Racine ^{a,b}	76	69	71	93
Central Racine County	73	79	75	82

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Child's Vegetable Intake on Average Day

2020 Findings (Table 60)

Of the 131 respondents with a child 5 to 17 years old...

- Thirty-four percent of respondents reported the 5 to 17 year old child ate at least three servings of vegetables on an average day.
- Fifty-two percent of respondents in the bottom 60 percent household income bracket reported the child ate at least three servings of vegetables on an average day compared to 21% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report the child ate at least three servings of vegetables on an average day compared to married respondents (53% and 23%, respectively).
- City of Racine respondents were more likely to report the child ate at least three servings of vegetables on an average day (43%) compared to Central Racine County respondents (26%).

2012 to 2020 Year Comparisons (Table 60)

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child ate at least three servings of vegetables on an average day.

- In 2012, respondents were more likely to report the 5 to 12 year old child ate at least three servings of vegetables on an average day. In 2020, child's age was not a significant variable.
- In 2012, household income was not a significant variable. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2012.
- In 2012, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2012.
- In 2012, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2012.

2017 to 2020 Year Comparisons (Table 60)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported the child ate at least three servings of vegetables on an average day.
- In 2017, respondents were more likely to report their son ate at least three servings of vegetables on an average day. In 2020, child's gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents reporting their daughter ate at least three servings of vegetables on an average day.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report the child ate at least three servings of vegetables on an average day. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2017.
- In 2017, married respondents were more likely to report the child ate at least three servings of vegetables on an average day. In 2020, unmarried respondents were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2017.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report the child ate at least three servings of vegetables on an average day, with a noted increase since 2017.

Table 60. Child's Vegetable Intake (Three or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q65B)^①

	2012	2015	2017	2020
TOTAL	25%	25%	30%	34%
Gender ³				
Boy	23	23	38	31
Girl ^b	27	28	22	36
Age ¹				
5 to 12 Years Old	29	31	23	35
13 to 17 Years Old	18	19	35	31
Household Income ^{3,4}				
Bottom 60 Percent Bracket ^{a,b}	25	21	17	52
Top 40 Percent Bracket	26	30	33	21
Marital Status ^{3,4}				
Married	24	22	34	23
Not Married ^{a,b}	25	28	12	53
Health Department Service Area ⁴				
City of Racine ^{a,b}	27	25	20	43
Central Racine County	23	24	34	26

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Child's Fruit and Vegetable Intake on Average Day

2020 Findings (Table 61)

Of the 131 respondents with a child 5 to 17 years old...

- Forty percent of respondents reported the 5 to 17 year old child ate at least five servings of fruits or vegetables on an average day.
- Sixty-one percent of respondents in the bottom 60 percent household income bracket reported the child ate at least five servings of fruit or vegetables on an average day compared to 28% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day compared to married respondents (58% and 30%, respectively).
- City of Racine respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day (51%) compared to Central Racine County respondents (32%).

2012 to 2020 Year Comparisons (Table 61)

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child ate at least five servings of fruits or vegetables on an average day.

- In 2012, respondents were more likely to report the 5 to 12 year old child ate at least five servings of fruit or vegetables on an average day. In 2020, child's age was not a significant variable. From 2012 to 2020, there was a noted increase in the percent of respondents reporting the 13 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2012, household income was not a significant variable. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child ate at least five servings of fruit or vegetables on an average day, with a noted increase since 2012.
- In 2012, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day, with a noted increase since 2012.
- In 2012, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day.

2017 to 2020 Year Comparisons (Table 61)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported the child ate at least five servings of fruits or vegetables on an average day.
- In 2017, respondents were more likely to report their son ate at least five servings of fruits or vegetables on an average day. In 2020, child's gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents reporting their daughter ate at least five servings of fruits or vegetables on an average day.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report the child ate at least five servings of fruit or vegetables on an average day. In 2020, respondents in the bottom 60 percent household income bracket were more likely to report the child ate at least five servings of fruit or vegetables on an average day, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting the child ate at least five servings of fruit or vegetables on an average day.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day, with a noted increase since 2017.
- In 2017, Central Racine County respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day. In 2020, City of Racine respondents were more likely to report the child ate at least five servings of fruit or vegetables on an average day, with a noted increase since 2017.

Table 61. Child's Fruit or Vegetable Intake (Five or More Servings) on Average Day by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q65A & Q65B)^①

	2012	2015	2017	2020
TOTAL	37%	42%	38%	40%
Gender ³				
Boy	33	42	49	34
Girl ^b	41	42	29	45
Age ^{1,2}				
5 to 12 Years Old	47	54	33	40
13 to 17 Years Old ^a	23	31	41	41
Household Income ^{2,3,4}				
Bottom 60 Percent Bracket ^{a,b}	37	25	22	61
Top 40 Percent Bracket ^b	36	58	43	28
Marital Status ⁴				
Married	39	48	40	30
Not Married ^{a,b}	32	32	27	58
Health Department Service Area ^{3,4}				
City of Racine ^b	36	34	24	51
Central Racine County	37	49	43	32

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Child's Physical Activity in Past Seven Days

2020 Findings (Table 62)

Of the 131 respondents with a child 5 to 17 years old...

- Twenty-five percent of respondents reported the 5 to 17 year old child was physically active for at least 60 minutes five times in the past week.
- There were no statistically significant differences between demographic variables and responses of reporting the child was physically active for at least 60 minutes five times in the past week.

Of the 74% of respondents with a child 5 to 17 years old who was not physically active for 60 minutes five times in the past week (n=97)...

- Of the 97 respondents who reported the child was not physically active five times a week/60 minutes, 42% reported the child likes to play video games or on computer as the reason for less physical activity while 24% reported the child prefers to watch TV. Twelve percent reported the child was doing school work/virtual learning and 10% reported the child does not like to be physically active.

2012 to 2020 Year Comparisons (Table 62)

- From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported the child was physically active for at least 60 minutes five times in the past week.
- In 2012 and 2020, child's gender was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of respondents across child's gender reporting the child was physically active five times a week.
- In 2012 and 2020, child's age was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of respondents across child's age reporting the child was physically active five times a week.
- In 2012 and 2020, household income was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of respondents across household income reporting the child was physically active five times a week.
- In 2012 and 2020, marital status was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of respondents across marital status reporting the child was physically active five times a week.
- In 2012 and 2020, health department service area was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting the child was physically active five times a week.

2017 to 2020 Year Comparisons (Table 62)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported the child was physically active for at least 60 minutes five times in the past week.
- In 2017, respondents were more likely to report their son was physically active five times a week. In 2020, child's gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across child's gender reporting the child was physically active five times a week.
- In 2017, respondents were more likely to report the 5 to 12 year old child was physically active five times a week. In 2020, child's age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across child's age reporting the child was physically active five times a week.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across household income reporting the child was physically active five times a week.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across marital status reporting the child was physically active five times a week.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting the child was physically active five times a week.

Table 62. Child's Physical Activity (Five or More Times for 60 Minutes/Past Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q66)^o

	2012	2015	2017	2020
TOTAL ^{a,b}	69%	60%	62%	25%
Gender ³				
Boy ^{a,b}	72	63	76	19
Girl ^{a,b}	66	57	51	30
Age ³				
5 to 12 Years Old ^{a,b}	70	65	72	28
13 to 17 Years Old ^{a,b}	68	55	54	20
Household Income				
Bottom 60 Percent Bracket ^{a,b}	72	65	71	28
Top 40 Percent Bracket ^{a,b}	63	59	58	26
Marital Status				
Married ^{a,b}	66	62	61	24
Not Married ^{a,b}	76	56	64	27
Health Department Service Area				
City of Racine ^{a,b}	70	66	69	25
Central Racine County ^{a,b}	69	55	59	25

^oPercentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2012; ²demographic difference at p≤0.05 in 2015

³demographic difference at p≤0.05 in 2017; ⁴demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2012 to 2020; ^byear difference at p≤0.05 from 2017 to 2020

Child's Emotional Well-Being in Past Six Months

2020 Findings

Of the 129 respondents with a child 5 to 17 years old...

- Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months.

2012 to 2020 Year Comparisons

In 2012, the question was asked for children 8 to 17 years old. In 2020, the question was asked for children 5 to 17 years old.

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (6% and 6%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

2017 to 2020 Year Comparisons

In 2017, the question was asked for children 8 to 17 years old. In 2020, the question was asked for children 5 to 17 years old.

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (2% and 6%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2020 Findings (Table 63)

Of the 130 respondents with a child 5 to 17 years old...

- Fifteen percent of respondents reported the 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 15% reported the child was verbally bullied, for example, mean rumors said or kept out of a group. Four percent of respondents reported the child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods. Zero percent reported the child was physically bullied, for example, being hit or kicked.
- Thirty-one percent of respondents reported the 13 to 17 year old child was bullied overall in the past year compared to 6% of respondents speaking on behalf of the 5 to 12 year old child.
- Twenty-three percent of respondents in the top 40 percent household income bracket reported the child was bullied overall in the past year compared to 2% of respondents in the bottom 60 percent household income bracket.

2012 to 2020 Year Comparisons (Table 63)

In 2012, the question was asked for children 8 to 17 years old. In 2020, the question was asked for children 5 to 17 years old.

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall, verbally bullied or cyber bullied. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied.
- In 2012, child's age was not a significant variable. In 2020, respondents were more likely to report the 13 to 17 year old child was bullied in the past year. From 2012 to 2020, there was a noted decrease in the percent of respondents reporting the 5 to 12 year old child was bullied.
- In 2012, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report the child was bullied in the past year. From 2012 to 2020, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting the child was bullied.
- In 2012, unmarried respondents were more likely to report the child was bullied in the past year. In 2020, marital status was not a significant variable.

- In 2012 and 2020, health department service area was not a significant variable. From 2012 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting the child was bullied.

2017 to 2020 Year Comparisons (Table 63)

In 2017, the question was asked for children 8 to 17 years old. In 2020, the question was asked for children 5 to 17 years old.

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported in the past year the child was cyber bullied.
- In 2017, respondents were more likely to report the 5 to 12 year old child was bullied in the past year. In 2020, respondents were more likely to report the 13 to 17 year old child was bullied in the past year, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents reporting the 5 to 12 year old child was bullied.
- In 2017, household income was not a significant variable. In 2020, respondents in the top 40 percent household income bracket were more likely to report the child was bullied in the past year. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting the child was bullied.

**Table 63. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year
(Children 5 to 17 Years Old) (Q63)^{①,②}**

	2012	2015	2017	2020
TOTAL	22%	33%	17%	15%
Gender				
Boy	19	35	17	15
Girl	25	30	17	15
Age ^{3,4}				
5 to 12 Years Old ^{a,b}	26	33	40	6
13 to 17 Years Old ^b	18	34	5	31
Household Income ^{2,4}				
Bottom 60 Percent Bracket ^{a,b}	23	47	22	2
Top 40 Percent Bracket	23	23	15	23
Marital Status ^{1,2}				
Married	17	25	18	13
Not Married	32	50	14	19
Health Department Service Area ²				
City of Racine ^a	21	54	11	9
Central Racine County	21	19	19	19

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②In 2020, the question was asked for children 5 to 17 years old. In 2012, 2015 and 2017, the question was asked for children 8 to 17 years old.

¹demographic difference at $p \leq 0.05$ in 2012; ²demographic difference at $p \leq 0.05$ in 2015

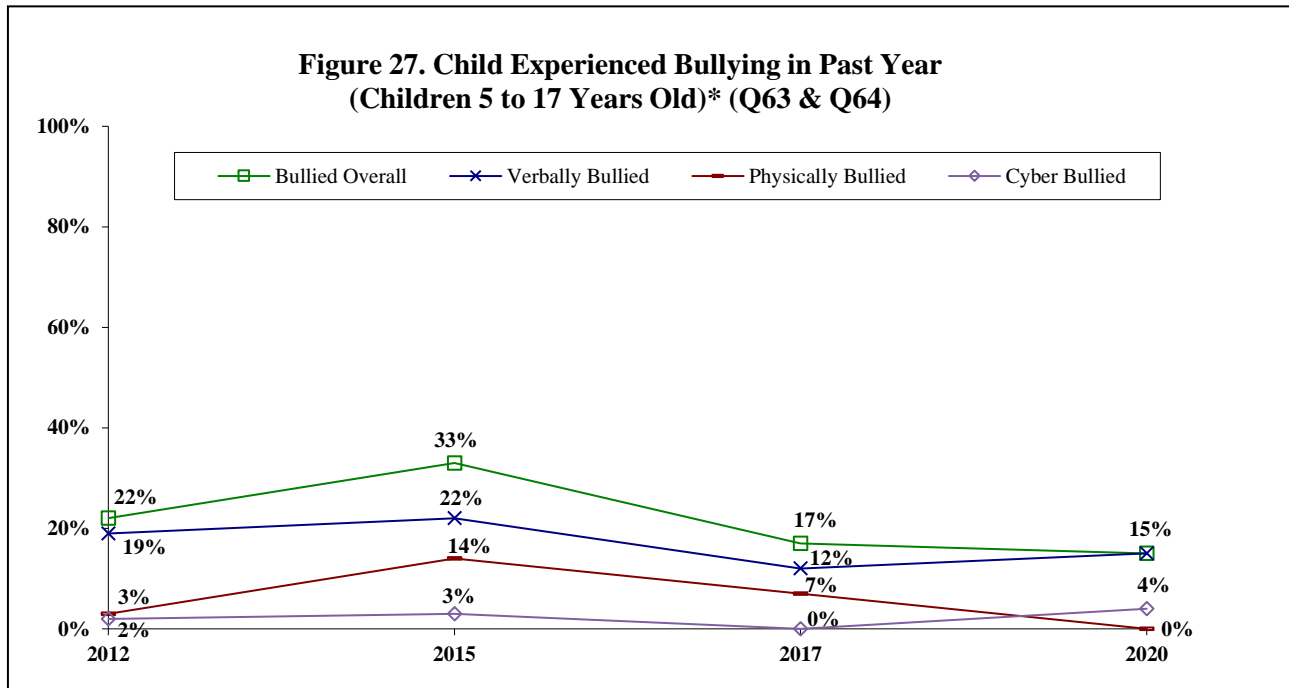
³demographic difference at $p \leq 0.05$ in 2017; ⁴demographic difference at $p \leq 0.05$ in 2020

^ayear difference at $p \leq 0.05$ from 2012 to 2020; ^byear difference at $p \leq 0.05$ from 2017 to 2020

Child Experienced Bullying Overall

Year Comparisons

- From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was cyber bullied while from 2017 to 2020, there was a statistical increase.



*In 2012, 2015 and 2017, the question was asked for children 8 to 17 years old.

Community and Personal Support (Table 64)

KEY FINDINGS: In 2020, 17% of respondents reported they felt slightly or not at all supported by community resources; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this.

Community Resource Support

2020 Findings (Table 64)

- Seventeen percent of respondents reported they felt slightly or not at all supported by community resources. Twenty-four percent reported somewhat supported while 22% reported extremely supported or very supported. Thirty-seven percent were not sure.
- Twenty-three percent of respondents in the bottom 40 percent household income bracket reported they felt slightly or not at all supported by community resources compared to 12% of respondents in the top 60 percent household income bracket.
- Unmarried respondents were more likely to report they felt slightly or not at all supported by community resources compared to married respondents (21% and 13%, respectively).
- City of Racine respondents were more likely to report they felt slightly or not at all supported by community resources (22%) compared to Central Racine County respondents (14%).

Table 64. Felt Slightly/Not at All Supported by Community Resources by Demographic Variables for 2020 (Q39)[®]

	2020
TOTAL	17%
Gender	
Male	17
Female	17
Age	
18 to 34	19
35 to 44	17
45 to 54	12
55 to 64	18
65 and Older	17
Education	
High School or Less	17
Some Post High School	20
College Graduate	13
Household Income ¹	
Bottom 40 Percent Bracket	23
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	12
Marital Status ¹	
Married	13
Not Married	21
Health Department Service Area ¹	
City of Racine	22
Central Racine County	14

[®]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Top County Health Issues (Figures 28 & 29; Tables 65 - 80)

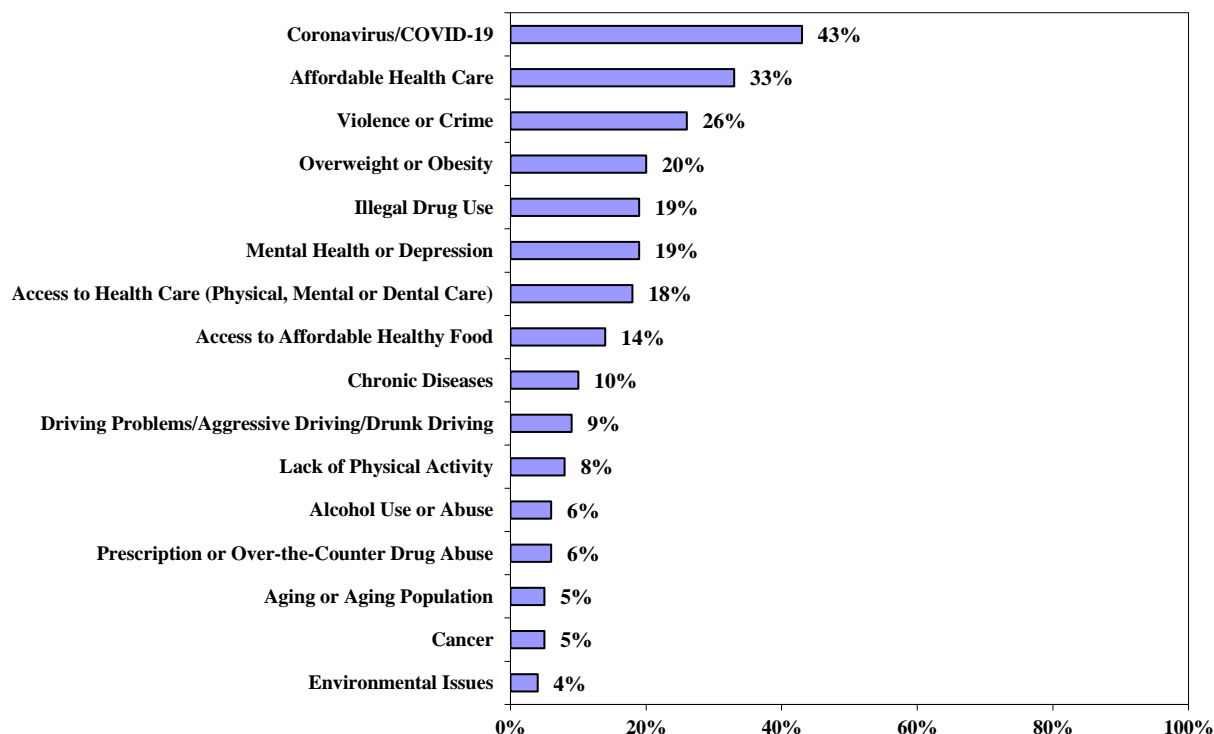
KEY FINDINGS: In 2020, respondents were asked to list the top three health issues in the county. The most often cited were coronavirus/COVID-19 (43%), affordable health care (33%) or violence/crime (26%). Respondents who were 65 and older or married were more likely to report coronavirus/COVID-19 as a top health issue. Respondents who were male, in the middle 20 percent house household income bracket or married were more likely to report affordable health care. Respondents 45 to 54 years old were more likely to report violence or crime. Twenty percent of respondents reported overweight/obesity as a top health issue; respondents who were male, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report this. Nineteen percent of respondents reported illegal drug use as a top health issue; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Nineteen percent of respondents reported mental health/depression; respondents 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Eighteen percent of respondents reported access to health care; respondents who were 18 to 34 years old or unmarried were more likely to report this. Fourteen percent of respondents reported access to affordable healthy food; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported chronic diseases as a top issue; married respondents were more likely to report this. Nine percent of respondents were more likely to report driving problems/aggressive driving/drunken driving. Eight percent of respondents reported lack of physical activity; respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Six percent of respondents reported alcohol use or abuse; Central Racine County respondents were more likely to report this. Six percent of respondents reported prescription or over-the-counter drug abuse; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Five percent of respondents reported aging or the aging population as a top health issue; respondents 55 and older were more likely to report this. Five percent of respondents reported cancer as a top issue; respondents who were male, 45 to 54 years old or with some post high school education or less were more likely to report this. Four percent of respondents reported environmental issues; female respondents were more likely to report this.

From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported affordable health care, violence/crime, mental health/depression, access to affordable healthy food, driving problems/aggressive driving/drunken driving, lack of physical activity or aging/aging population. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported access to health care, chronic diseases, alcohol use/abuse or cancer as one of the top health issues in the county. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported overweight/obesity, illegal drug use, prescription/over-the-counter drug abuse or environmental issues as one of the top health issues in the county.

2020 Findings

- Respondents were asked to list the three largest health issues in Racine County. Respondents were more likely to report coronavirus/COVID-19 (43%), affordable health care (33%) or violence/crime (26%).

Figure 28. Top County Health Issues for 2020 (Q40)



Coronavirus/COVID-19 as a Top County Health Issue

2020 Findings (Table 65)

- Forty-three percent of respondents reported coronavirus/COVID-19 as one of the top three county health issues.
- Fifty-six percent of respondents 65 and older reported coronavirus/COVID-19 as one of the top health issues compared to 43% of those 18 to 34 years old or 35% of respondents 45 to 54 years old.
- Married respondents were more likely to report coronavirus/COVID-19 as a top issue compared to unmarried respondents (50% and 34%, respectively).

Table 65. Coronavirus/COVID-19 as a Top County Health Issue by Demographic Variables for 2020 (Q40)^⓪

	2020
TOTAL	43%
Gender	
Male	46
Female	40
Age ¹	
18 to 34	43
35 to 44	44
45 to 54	35
55 to 64	44
65 and Older	56
Education	
High School or Less	50
Some Post High School	39
College Graduate	44
Household Income	
Bottom 40 Percent Bracket	43
Middle 20 Percent Bracket	41
Top 40 Percent Bracket	45
Marital Status ¹	
Married	50
Not Married	34
Health Department Service Area	
City of Racine	42
Central Racine County	43

^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2020

Affordable Health Care as a Top County Health Issue

2020 Findings (Table 66)

- Thirty-three percent of respondents reported affordable health care as one of the top three county health issues.
- Male respondents were more likely to report affordable health care as one of the top health issues (40%) compared to female respondents (27%).
- Fifty-one percent of respondents in the middle 20 percent household income bracket reported affordable health care as a top issue compared to 35% of those in the top 40 percent income bracket or 25% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report affordable health care as a top health issue compared to unmarried respondents (37% and 28%, respectively).

2017 to 2020 Year Comparisons (Table 66)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported affordable health care as one of the top health issues in the county.
- In 2017, gender was not a significant variable. In 2020, male respondents were more likely to report affordable health care as a top health issue. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting affordable health care.
- In 2017, respondents 55 to 64 years old were more likely to report affordable health care. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across age reporting affordable health care.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across education reporting affordable health care.
- In 2017, household income was not a significant variable. In 2020, respondents in the middle 20 percent household income bracket were more likely to report affordable health care as a top health issue. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting affordable health care.
- In 2017, marital status was not a significant variable. In 2020, married respondents were more likely to report affordable health care. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting affordable health care.
- In 2017, City of Racine respondents were more likely to report affordable health care as a top health issue. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting affordable health care.

Table 66. Affordable Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	9%	33%
Gender ²		
Male ^a	7	40
Female ^a	10	27
Age ¹		
18 to 34 ^a	3	32
35 to 44 ^a	9	34
45 to 54 ^a	9	35
55 to 64 ^a	16	37
65 and Older ^a	11	31
Education		
High School or Less ^a	9	35
Some Post High School ^a	8	35
College Graduate ^a	10	31
Household Income ²		
Bottom 40 Percent Bracket ^a	6	25
Middle 20 Percent Bracket ^a	11	51
Top 40 Percent Bracket ^a	8	35
Marital Status ²		
Married ^a	10	37
Not Married ^a	8	28
Health Department Service Area ¹		
City of Racine ^a	13	31
Central Racine County ^a	6	34

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Violence or Crime as a Top County Health Issue

2020 Findings (Table 67)

- Twenty-six percent of respondents reported violence or crime as one of the top three county health issues.
- Thirty-six percent of respondents 45 to 54 years old reported violence or crime as one of the top health issues compared to 20% of those 35 to 44 years old or 18% of respondents 55 to 64 years old.

2017 to 2020 Year Comparisons (Table 67)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported violence or crime as one of the top health issues in the county.

- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting violence or crime.
- In 2017, respondents 55 and older were more likely to report violence or crime. In 2020, respondents 45 to 54 years old were more likely to report violence or crime. From 2017 to 2020, there was a noted increase in the percent of respondents across age reporting violence or crime.
- In 2017, respondents with some post high school education were more likely to report violence or crime as a top health issue. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across education reporting violence or crime.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting violence or crime.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across marital status reporting violence or crime.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting violence or crime.

Table 67. Violence or Crime as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	6%	26%
Gender		
Male ^a	6	24
Female ^a	5	28
Age ^{1,2}		
18 to 34 ^a	6	29
35 to 44 ^a	0	20
45 to 54 ^a	6	36
55 to 64 ^a	8	18
65 and Older ^a	9	25
Education ¹		
High School or Less ^a	3	26
Some Post High School ^a	9	30
College Graduate ^a	4	24
Household Income		
Bottom 40 Percent Bracket ^a	7	26
Middle 20 Percent Bracket ^a	2	21
Top 40 Percent Bracket ^a	6	26
Marital Status		
Married ^a	7	28
Not Married ^a	5	24
Health Department Service Area		
City of Racine ^a	5	28
Central Racine County ^a	6	25

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Overweight or Obesity as a Top County Health Issue

2020 Findings (Table 68)

- Twenty percent of respondents reported overweight or obesity as one of the top three county health issues.
- Male respondents were more likely to report overweight or obesity as one of the top health issues (27%) compared to female respondents (14%).
- Twenty-seven percent of respondents with a college education reported overweight or obesity as a top issue compared to 22% of those with some post high school education or 6% of respondents with a high school education or less.

- Thirty-one percent of respondents in the top 40 percent household income bracket reported overweight or obesity as a top health issue compared to 14% of those in the middle 20 percent income bracket or 13% of respondents in the bottom 40 percent household income bracket.
- Central Racine County respondents were more likely to report overweight or obesity as a top issue (23%) compared to City of Racine respondents (14%).

2017 to 2020 Year Comparisons (Table 68)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported overweight or obesity as one of the top health issues in the county.
- In 2017, gender was not a significant variable. In 2020, male respondents were more likely to report overweight or obesity, with a noted increase since 2017.
- In 2017, respondents 18 to 34 years old were more likely to report overweight or obesity. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 65 and older reporting overweight or obesity as a top county health issue.
- In 2017 and 2020, respondents with a college education were more likely to report overweight or obesity. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education reporting overweight or obesity.
- In 2017, respondents in the middle 20 percent household income bracket were more likely to report overweight or obesity as a top county health issue. In 2020, respondents in the top 40 percent household income bracket were more likely to report overweight or obesity, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting overweight or obesity.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting overweight or obesity.
- In 2017 and 2020, Central Racine County respondents were more likely to report overweight or obesity as a top health issue.

Table 68. Overweight or Obesity as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL	16%	20%
Gender ²		
Male ^a	18	27
Female	14	14
Age ¹		
18 to 34	22	15
35 to 44	19	25
45 to 54	14	23
55 to 64	15	26
65 and Older ^a	6	18
Education ^{1,2}		
High School or Less	5	6
Some Post High School ^a	15	22
College Graduate	25	27
Household Income ^{1,2}		
Bottom 40 Percent Bracket	8	13
Middle 20 Percent Bracket ^a	26	14
Top 40 Percent Bracket ^a	20	31
Marital Status		
Married ^a	16	23
Not Married	17	18
Health Department Service Area ^{1,2}		
City of Racine	11	14
Central Racine County	19	23

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Illegal Drug Use as a Top County Health Issue

2020 Findings (Table 69)

- Nineteen percent of respondents reported illegal drug use as one of the top three county health issues.
- Twenty-nine percent of respondents in the middle 20 percent household income bracket reported illegal drug use as one of the top health issues compared to 20% of those in the bottom 40 percent income bracket or 14% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report illegal drug use as a top issue compared to married respondents (25% and 17%, respectively).

2017 to 2020 Year Comparisons (Table 69)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported illegal drug use as one of the top health issues in the county.
- In 2017, male respondents were more likely to report illegal drug use. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of male respondents reporting illegal drug use.
- In 2017, respondents 65 and older were more likely to report illegal drug use. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old reporting illegal drug use.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting illegal drug use.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. In 2020, respondents in the middle 20 percent household income bracket were more likely to report illegal drug use, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting illegal drug use.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report illegal drug use. From 2017 to 2020, there was a noted decrease in the percent of married respondents reporting illegal drug use.
- In 2017, Central Racine County respondents were more likely to report illegal drug use. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting illegal drug use.

Table 69. Illegal Drug Use as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL	24%	19%
Gender ¹		
Male ^a	28	20
Female	19	19
Age ¹		
18 to 34	25	19
35 to 44 ^a	7	21
45 to 54	27	19
55 to 64	28	19
65 and Older	31	23
Education		
High School or Less	19	18
Some Post High School	24	23
College Graduate ^a	27	19
Household Income ^{1,2}		
Bottom 40 Percent Bracket	16	20
Middle 20 Percent Bracket ^a	17	29
Top 40 Percent Bracket ^a	32	14
Marital Status ²		
Married ^a	24	17
Not Married	23	25
Health Department Service Area ¹		
City of Racine	15	20
Central Racine County ^a	29	19

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Mental Health or Depression as a Top County Health Issue

2020 Findings (Table 70)

- Nineteen percent of respondents reported mental health or depression as one of the top three health issues.
- Twenty-six percent of respondents 18 to 34 years old reported mental health/depression as a top health issue compared to 18% of those 45 to 54 years old or 9% of respondents 65 and older.
- Twenty-five percent of respondents with some post high school education reported mental health/depression as a top issue compared to 20% of those with a college education or 11% of respondents with a high school education or less.
- Unmarried respondents were more likely to report mental health/depression as a top health issue compared to married respondents (27% and 14%, respectively).

2017 to 2020 Year Comparisons (Table 70)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported mental health/depression as one of the top health issues in the county.
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting mental health/depression.
- In 2017 and 2020, respondents 18 to 34 years old were more likely to report mental health/depression as a top health issue. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 54 years old reporting mental health/depression.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report mental health/depression. From 2017 to 2020, there was a noted increase in the percent of respondents with at least some post high school education reporting mental health/depression.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across household income reporting mental health/depression.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report mental health/depression, with a noted increase since 2017.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting mental health/depression.

Table 70. Mental Health or Depression as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^①

	2017	2020
TOTAL ^a	10%	19%
Gender		
Male ^a	8	16
Female ^a	12	22
Age ^{1,2}		
18 to 34 ^a	17	26
35 to 44 ^a	8	21
45 to 54 ^a	5	18
55 to 64	11	19
65 and Older	6	9
Education ²		
High School or Less	7	11
Some Post High School ^a	10	25
College Graduate ^a	11	20
Household Income		
Bottom 40 Percent Bracket ^a	12	23
Middle 20 Percent Bracket ^a	5	19
Top 40 Percent Bracket ^a	12	19
Marital Status ²		
Married	11	14
Not Married ^a	9	27
Health Department Service Area		
City of Racine ^a	8	20
Central Racine County ^a	11	18

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Access to Health Care as a Top County Health Issue

2020 Findings (Table 71)

- Eighteen percent of respondents reported access to health care (physical, mental or dental care) as one of the top three county health issues.
- Thirty-one percent of respondents 18 to 34 years old reported access to health care as one of the top health issues compared to 12% of those 55 to 64 years old or 11% of respondents 35 to 44 years old.
- Unmarried respondents were more likely to report access to health care as a top issue compared to married respondents (22% and 15%, respectively).

2017 to 2020 Year Comparisons (Table 71)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported access to health care as one of the top health issues in the county.
- In 2017, female respondents were more likely to report access to health care. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting access to health care.
- In 2017, age was not a significant variable. In 2020, respondents 18 to 34 years old were more likely to report access to health care, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting access to health care.
- In 2017, respondents with a college education were more likely to report access to health care. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting access to health care.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting access to health care.
- In 2017, married respondents were more likely to report access to health care. In 2020, unmarried respondents were more likely to report access to health care. From 2017 to 2020, there was a noted decrease in the percent of married respondents reporting access to health care.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting access to health care.

Table 71. Access to Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	24%	18%
Gender ¹		
Male	20	16
Female ^a	27	19
Age ²		
18 to 34 ^a	21	31
35 to 44 ^a	23	11
45 to 54	24	17
55 to 64 ^a	33	12
65 and Older	21	15
Education ¹		
High School or Less	23	17
Some Post High School	18	18
College Graduate ^a	30	16
Household Income		
Bottom 40 Percent Bracket	24	22
Middle 20 Percent Bracket	24	15
Top 40 Percent Bracket ^a	23	14
Marital Status ^{1,2}		
Married ^a	27	15
Not Married	19	22
Health Department Service Area		
City of Racine ^a	26	15
Central Racine County	22	19

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Access to Affordable Healthy Food as a Top County Health Issue

2020 Findings (Table 72)

- Fourteen percent of respondents reported access to affordable healthy food as one of the top three county health issues.
- Twenty-six percent of respondents 18 to 34 years old reported access to affordable healthy food as one of the top health issues compared to 9% of those 65 and older or 6% of respondents 55 to 64 years old.
- Nineteen percent of respondents with a high school education or less reported access to affordable healthy food as a top issue compared to 14% of those with a college education or 9% of respondents with some post high school education.

- Twenty-two percent of respondents in the middle 20 percent household income bracket reported access to affordable healthy food as a top health issue compared to 19% of those in the bottom 40 percent income bracket or 6% of respondents in the top 40 percent household income bracket.

2017 to 2020 Year Comparisons (Table 72)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported access to affordable healthy food as one of the top health issues in the county.
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting access to affordable healthy food.
- In 2017, age was not a significant variable. In 2020, respondents 18 to 34 years old were more likely to report access to affordable healthy food. From 2017 to 2020, there was a noted increase in the percent of respondents 18 to 54 years old reporting access to affordable healthy food.
- In 2017, respondents with a college education were more likely to report access to affordable healthy food. In 2020, respondents with a high school education or less were more likely to report access to affordable healthy food. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting access to affordable healthy food.
- In 2017 and 2020, respondents in the middle 20 percent household income bracket were more likely to report access to affordable healthy food. From 2017 to 2020, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting access to affordable healthy food.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of unmarried respondents reporting access to affordable healthy food.
- In 2017, City of Racine respondents were more likely to report access to affordable healthy food. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of Central Racine County respondents reporting access to affordable healthy food.

Table 72. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^①

	2017	2020
TOTAL ^a	6%	14%
Gender		
Male ^a	7	13
Female ^a	5	15
Age ²		
18 to 34 ^a	9	26
35 to 44 ^a	3	10
45 to 54 ^a	6	13
55 to 64	8	6
65 and Older	6	9
Education ^{1,2}		
High School or Less ^a	6	19
Some Post High School ^a	2	9
College Graduate	11	14
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	5	19
Middle 20 Percent Bracket	14	22
Top 40 Percent Bracket	4	6
Marital Status		
Married	8	12
Not Married ^a	4	17
Health Department Service Area ¹		
City of Racine	10	14
Central Racine County ^a	4	14

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Chronic Diseases as a Top County Health Issue

2020 Findings (Table 73)

- Ten percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.
- Married respondents were more likely to report chronic diseases as one of the top health issues compared to unmarried respondents (13% and 7%, respectively).

2017 to 2020 Year Comparisons (Table 73)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported chronic diseases as one of the top health issues in the county.

- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting chronic diseases.
- In 2017, respondents 18 to 34 years old were more likely to report chronic diseases as a top health issue. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old or 65 and older reporting chronic diseases.
- In 2017 and 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with some post high school education reporting chronic diseases.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting chronic diseases.
- In 2017, unmarried respondents were more likely to report chronic diseases as a top health issue. In 2020, married respondents were more likely to report chronic diseases. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting chronic diseases as a top health issue.
- In 2017 and 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across health department service area reporting chronic diseases.

Table 73. Chronic Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	17%	10%
Gender		
Male	14	12
Female ^a	20	9
Age ¹		
18 to 34 ^a	25	10
35 to 44	12	9
45 to 54	14	14
55 to 64	17	13
65 and Older ^a	15	4
Education		
High School or Less	17	13
Some Post High School ^a	20	8
College Graduate	15	10
Household Income		
Bottom 40 Percent Bracket ^a	23	11
Middle 20 Percent Bracket	15	9
Top 40 Percent Bracket	16	12
Marital Status ^{1,2}		
Married	14	13
Not Married ^a	23	7
Health Department Service Area		
City of Racine ^a	21	12
Central Racine County ^a	15	9

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Driving Problems/Aggressive Driving/Drunk Driving as a Top County Health Issue

2020 Findings (Table 74)

- Nine percent of respondents reported driving problems/aggressive driving/drunk driving as one of the top three county health issues.
- There were no statistically significant differences between demographic variables and responses of reporting driving problems/aggressive driving/drunk driving as one of the top three county health issues.

2017 to 2020 Year Comparisons (Table 74)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported driving problems/aggressive driving/drunk driving as one of the top health issues in the county.

- In 2017, male respondents were more likely to report driving problems/aggressive driving/drunken driving as a top health issue. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting driving problems/aggressive driving/drunken driving.
- In 2017, respondents 18 to 34 years old were more likely to report driving problems/aggressive driving/drunken driving. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 55 and older reporting driving problems/aggressive driving/drunken driving.
- In 2017, respondents with a college education were more likely to report driving problems/aggressive driving/drunken driving as a top health issue. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting driving problems/aggressive driving/drunken driving.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report driving problems/aggressive driving/drunken driving. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting driving problems/aggressive driving/drunken driving.
- In 2017, unmarried respondents were more likely to report driving problems/aggressive driving/drunken driving. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting driving problems/aggressive driving/drunken driving as a top health issue.
- In 2017, Central Racine County respondents were more likely to report driving problems/aggressive driving/drunken driving as a top health issue. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across health department service area reporting driving problems/aggressive driving/drunken driving.

Table 74. Driving Problems/Aggressive Driving/Drunk Driving as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^①

	2017	2020
TOTAL ^a	3%	9%
Gender ¹		
Male ^a	5	10
Female ^a	1	9
Age ¹		
18 to 34	6	10
35 to 44	3	5
45 to 54	1	5
55 to 64 ^a	<1	12
65 and Older ^a	2	15
Education ¹		
High School or Less ^a	2	10
Some Post High School ^a	<1	7
College Graduate	5	9
Household Income ¹		
Bottom 40 Percent Bracket	7	9
Middle 20 Percent Bracket	2	6
Top 40 Percent Bracket ^a	1	12
Marital Status ¹		
Married ^a	1	10
Not Married	5	8
Health Department Service Area ¹		
City of Racine ^a	<1	8
Central Racine County ^a	4	10

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Lack of Physical Activity as a Top County Health Issue

2020 Findings (Table 75)

- Eight percent of respondents reported lack of physical activity as one of the top three county health issues.
- Sixteen percent of respondents 45 to 54 years old reported lack of physical activity as one of the top health issues compared to 2% of those 65 and older or less than one percent of respondents 18 to 34 years old.
- Twelve percent of respondents with a college education reported lack of physical activity as a top issue compared to 7% of those with some post high school education or 2% of respondents with a high school education or less.
- Thirteen percent of respondents in the top 40 percent household income bracket reported lack of physical activity as a top health issue compared to 6% of those in the middle 20 percent income bracket or 4% of respondents in the bottom 40 percent household income bracket.

2017 to 2020 Year Comparisons (Table 75)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported lack of physical activity as one of the top health issues in the county.
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents across gender reporting lack of physical activity.
- In 2017, respondents 18 to 34 years old were more likely to report lack of physical activity. In 2020, respondents 45 to 54 years old were more likely to report lack of physical activity. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 64 years old reporting lack of physical activity.
- In 2017 and 2020, respondents with a college education were more likely to report lack of physical activity as a top health issue. From 2017 to 2020, there was a noted increase in the percent of respondents with some post high school education or less reporting lack of physical activity.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report lack of physical activity. In 2020, respondents in the top 40 percent household income bracket were more likely to report lack of physical activity, with a noted increase since 2017.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of married respondents reporting lack of physical activity as a top health issue.
- In 2017, Central Racine County respondents were more likely to report lack of physical activity as a top health issue. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of City of Racine respondents reporting lack of physical activity.

Table 75. Lack of Physical Activity as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	3%	8%
Gender		
Male ^a	4	9
Female ^a	2	6
Age ^{1,2}		
18 to 34 ^a	9	<1
35 to 44 ^a	2	13
45 to 54 ^a	<1	16
55 to 64 ^a	<1	8
65 and Older	<1	2
Education ^{1,2}		
High School or Less ^a	0	2
Some Post High School ^a	<1	7
College Graduate	8	12
Household Income ^{1,2}		
Bottom 40 Percent Bracket	7	4
Middle 20 Percent Bracket	3	6
Top 40 Percent Bracket ^a	<1	13
Marital Status		
Married ^a	2	9
Not Married	5	7
Health Department Service Area ¹		
City of Racine ^a	<1	8
Central Racine County	5	8

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Alcohol Use or Abuse as a Top County Health Issue

2020 Findings (Table 76)

- Six percent of respondents reported alcohol use or abuse as one of the top three county health issues.
- Central Racine County respondents were more likely to report alcohol use or abuse as one of the top health issues (8%) compared to City of Racine respondents (3%).

2017 to 2020 Year Comparisons (Table 76)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported alcohol use or abuse as one of the top health issues in the county.

- In 2017, female respondents were more likely to report alcohol use or abuse as a top health issue. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting alcohol use or abuse.
- In 2017 and 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting alcohol use or abuse.
- In 2017, respondents with a college education were more likely to report alcohol use or abuse. In 2020, education was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting alcohol use or abuse.
- In 2017, respondents in the middle 20 percent household income bracket were more likely to report alcohol use or abuse. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting alcohol use or abuse.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting alcohol use or abuse.
- In 2017, health department service area was not a significant variable. In 2020, Central Racine County respondents were more likely to report alcohol use or abuse. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting alcohol use or abuse.

Table 76. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	10%	6%
Gender ¹		
Male	7	6
Female ^a	13	7
Age		
18 to 34 ^a	12	5
35 to 44	5	5
45 to 54	11	8
55 to 64	9	6
65 and Older	12	8
Education ¹		
High School or Less	8	3
Some Post High School	6	7
College Graduate ^a	14	8
Household Income ¹		
Bottom 40 Percent Bracket	6	6
Middle 20 Percent Bracket ^a	16	3
Top 40 Percent Bracket	11	9
Marital Status		
Married	8	7
Not Married ^a	12	6
Health Department Service Area ²		
City of Racine ^a	8	3
Central Racine County	11	8

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

2020 Findings (Table 77)

- Six percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.
- Sixteen percent of respondents 35 to 44 years old reported prescription or over-the-counter drug abuse as one of the top health issues compared to 4% of those 65 and older or 1% of respondents 55 to 64 years old.
- Ten percent of respondents in the bottom 40 percent household income bracket reported prescription or over-the-counter drug abuse as a top issue compared to 7% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report prescription or over-the-counter drug abuse as a top health issue compared to married respondents (10% and 4%, respectively).
- City of Racine respondents were more likely to report prescription or over-the-counter drug abuse as a top issue (12%) compared to Central Racine County respondents (3%).

2017 to 2020 Year Comparisons (Table 77)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported prescription or over-the-counter drug abuse as one of the top health issues in the county.
- In 2017, female respondents were more likely to report prescription or over-the-counter drug abuse. In 2020, gender was not a significant variable.
- In 2017, respondents 55 and older were more likely to report prescription or over-the-counter drug abuse. In 2020, respondents 35 to 44 years old were more likely to report prescription or over-the-counter drug abuse. From 2017 to 2020, there was a noted decrease in the percent of respondents 55 and older reporting prescription or over-the-counter drug abuse.
- In 2017, household income was not a significant variable. In 2020, respondents in the bottom 40 percent household income bracket were more likely to report prescription or over-the-counter drug abuse.
- In 2017, marital status was not a significant variable. In 2020, unmarried respondents were more likely to report prescription or over-the-counter drug abuse.
- In 2017, health department service area was not a significant variable. In 2020, City of Racine respondents were more likely to report prescription or over-the-counter drug abuse, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of Central Racine County respondents reporting prescription or over-the-counter drug abuse.

Table 77. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^①

	2017	2020
TOTAL	7%	6%
Gender ¹		
Male	4	5
Female	10	8
Age ^{1,2}		
18 to 34	1	5
35 to 44	8	16
45 to 54	7	7
55 to 64 ^a	11	1
65 and Older ^a	12	4
Education		
High School or Less	7	7
Some Post High School	7	9
College Graduate	8	5
Household Income ²		
Bottom 40 Percent Bracket	6	10
Middle 20 Percent Bracket	11	7
Top 40 Percent Bracket	5	4
Marital Status ²		
Married	7	4
Not Married	7	10
Health Department Service Area ²		
City of Racine ^a	6	12
Central Racine County ^a	8	3

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Aging or the Aging Population as a Top County Health Issue

2020 Findings (Table 78)

- Five percent of respondents reported aging or the aging population as one of the top three county health issues.
- Fourteen percent of respondents 65 and older and 13% of those 55 to 64 years old reported aging/aging population as one of the top health issues compared to 0% of respondents 35 to 54 years old.

2017 to 2020 Year Comparisons (Table 78)

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported aging/aging population as one of the top health issues in the county.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported aging/aging population as one of the top three issues in 2017.

Table 78. Aging or Aging Population as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^①

	2017 ^②	2020
TOTAL ^a	2%	5%
Gender		
Male	--	4
Female	--	5
Age ²		
18 to 34	--	<1
35 to 44	--	0
45 to 54	--	0
55 to 64	--	13
65 and Older	--	14
Education		
High School or Less	--	6
Some Post High School	--	5
College Graduate	--	3
Household Income		
Bottom 40 Percent Bracket	--	6
Middle 20 Percent Bracket	--	5
Top 40 Percent Bracket	--	4
Marital Status		
Married	--	5
Not Married	--	5
Health Department Service Area		
City of Racine	--	4
Central Racine County	--	5

^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

¹demographic difference at $p \leq 0.05$ in 2017; ²demographic difference at $p \leq 0.05$ in 2020

^ayear difference at $p \leq 0.05$ from 2017 to 2020

Cancer as a Top County Health Issue

2020 Findings (Table 79)

- Five percent of respondents reported cancer as one of the top three county health issues.
- Male respondents were more likely to report cancer as one of the top health issues (7%) compared to female respondents (3%).
- Ten percent of respondents 45 to 54 years old reported cancer as a top issue compared to 1% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

- Seven percent of respondents with some post high school education and 6% of those with a high school education or less reported cancer as a top health issue compared to 2% of respondents with a college education.

2017 to 2020 Year Comparisons (Table 79)

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported cancer as one of the top health issues in the county.
- In 2017, gender was not a significant variable. In 2020, male respondents were more likely to report cancer as a top health issue. From 2017 to 2020, there was a noted decrease in the percent of female respondents reporting cancer.
- In 2017, age was not a significant variable. In 2020, respondents 45 to 54 years old were more likely to report cancer. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 44 years old reporting cancer.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education or less were more likely to report cancer as a top health issue. From 2017 to 2020, there was a noted decrease in the percent of respondents with a college education reporting cancer.
- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting cancer.
- In 2017 and 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across marital status reporting cancer.
- In 2017, City of Racine respondents were more likely to report cancer as a top health issue. In 2020, health department service area was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of City of Racine respondents reporting cancer.

Table 79. Cancer as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL ^a	10%	5%
Gender ²		
Male	8	7
Female ^a	12	3
Age ²		
18 to 34 ^a	11	0
35 to 44 ^a	7	1
45 to 54	14	10
55 to 64	7	6
65 and Older	12	8
Education ²		
High School or Less	12	6
Some Post High School	11	7
College Graduate ^a	8	2
Household Income		
Bottom 40 Percent Bracket ^a	10	4
Middle 20 Percent Bracket	11	5
Top 40 Percent Bracket ^a	10	4
Marital Status		
Married ^a	10	5
Not Married ^a	11	4
Health Department Service Area ¹		
City of Racine ^a	14	4
Central Racine County	8	5

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

^ayear difference at p≤0.05 from 2017 to 2020

Environmental Issues as a Top County Health Issue

2020 Findings (Table 80)

- Four percent of respondents reported environmental issues (air, water, wind turbines, animal waste) as one of the top three county health issues.
- Female respondents were more likely to report environmental issues as one of the top health issues (6%) compared to male respondents (2%).

2017 to 2020 Year Comparisons (Table 80)

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported environmental issues as one of the top health issues in the county.

- In 2017, male respondents were more likely to report environmental issues. In 2020, female respondents were more likely to report environmental issues as a top health issue, with a noted increase since 2017. From 2017 to 2020, there was a noted decrease in the percent of male respondents reporting environmental issues.
- In 2017 and 2020, age was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old reporting environmental issues.
- In 2017, respondents in the bottom 40 percent household income bracket were more likely to report environmental issues. In 2020, household income was not a significant variable.
- In 2017, unmarried respondents were more likely to report environmental issues. In 2020, marital status was not a significant variable.

Table 80. Environmental Issues as a Top County Health Issue by Demographic Variables for Each Survey Year (Q40)^⓪

	2017	2020
TOTAL	5%	4%
Gender ^{1,2}		
Male ^a	9	2
Female ^a	2	6
Age		
18 to 34 ^a	9	2
35 to 44	3	7
45 to 54	6	4
55 to 64	2	2
65 and Older	4	6
Education		
High School or Less	3	3
Some Post High School	5	6
College Graduate	7	3
Household Income ¹		
Bottom 40 Percent Bracket	9	7
Middle 20 Percent Bracket	7	2
Top 40 Percent Bracket	3	4
Marital Status ¹		
Married	4	3
Not Married	8	6
Health Department Service Area		
City of Racine	5	5
Central Racine County	5	3

^⓪Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2017; ²demographic difference at p≤0.05 in 2020

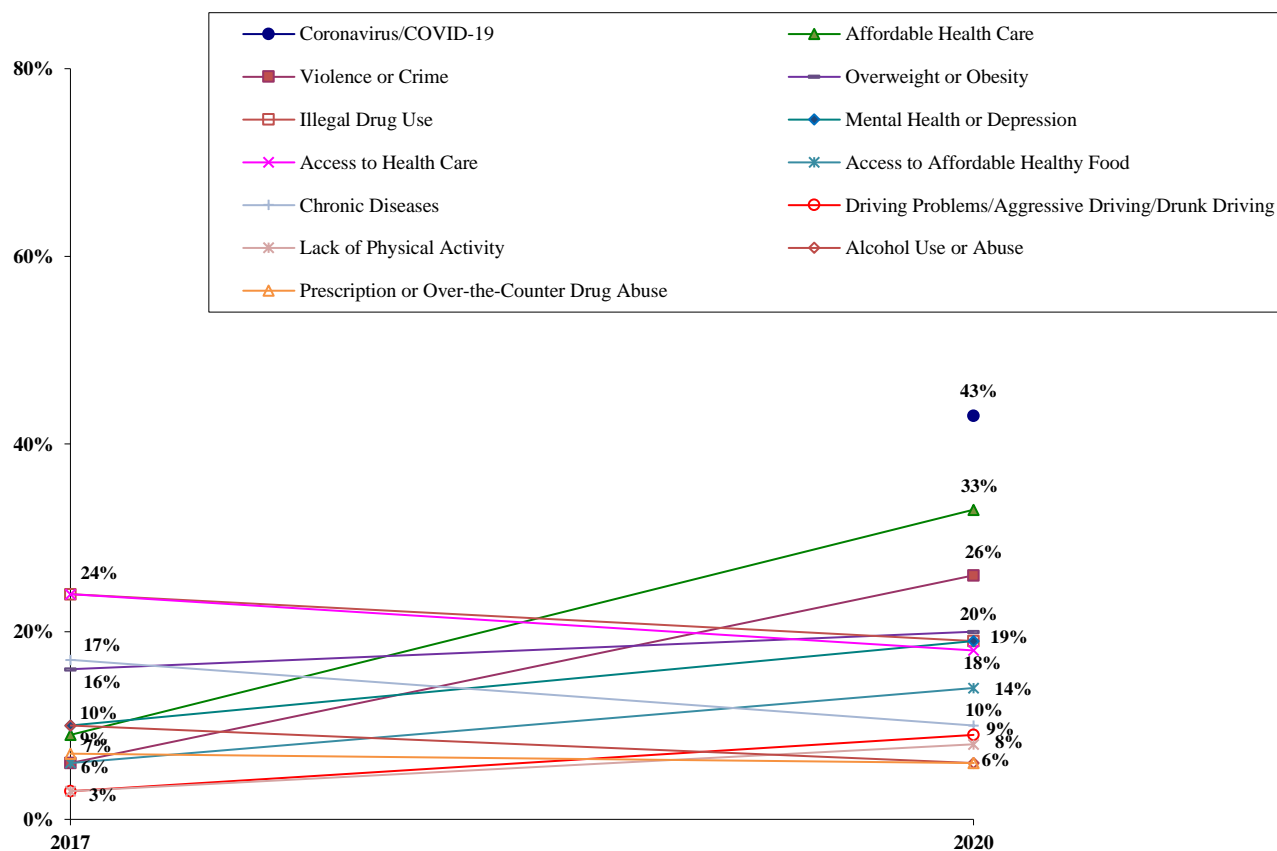
^ayear difference at p≤0.05 from 2017 to 2020

Top County Health Issues Overall

Year Comparisons

- From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported affordable health care, violence/crime, mental health/depression, access to affordable healthy food, driving problems/aggressive driving/drunk driving, lack of physical activity or aging/aging population. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported access to health care, chronic diseases, alcohol use/abuse or cancer as one of the top health issues in the county. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported overweight/obesity, illegal drug use, prescription/over-the-counter drug abuse or environmental issues as one of the top health issues in the county.

Figure 29. Top County Health Issues (Q40)



APPENDIX A: QUESTIONNAIRE FREQUENCIES

RACINE COUNTY
2020 COMMUNITY HEALTH SURVEY
October 23, 2020 to January 30, 2021

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

County Information

1. What county do you live in?

Racine County 100%

2. What city, town or village do you legally reside in?

Racine, city 34%
Caledonia, village 17
Mount Pleasant, village 15
Burlington, city 8
Burlington, town 4
Norway, town 4
Dover, town 3
Waterford, village 3
All others (2% or less) 13

3. What is the zip code of your primary residence?

53402 22%
53406 15
53105 13
53405 12
53403 11
53185 9
53404 4
53216 3
53177 3
53182 3
All others (2% or less) 5

Health Care Coverage

4. *Currently*, what is your primary type of health care coverage?

Private insurance 63%
Medicaid including Medical Assistance, Title 19 or
Badger Care 12
Medicare 18
Other 4
No health care coverage 4

5. In the *past 12 months*...

	All of the time	Part of the time	None of the time	Not sure
A. Did you have health care coverage?	93%	2%	3%	1%
B. Did everyone in your household have health care coverage?	89	4	6	2

6. In the *past 12 months*, have **you or someone in your household** not taken prescribed medication due to prescription costs?

Yes..... 13%
 No 86
 Not sure <1

7. Was there a time during the *last 12 months* that **you or someone in your household** did not receive the medical care needed?

Yes..... 11% → CONTINUE WITH Q8
 No 87 → GO TO Q9
 Not sure 2 → GO TO Q9

8. What were the reasons you or someone in your household did not receive the medical care needed?
 [61 Respondents; More than 1 response accepted]

Coronavirus/COVID-19 42%
 No insurance..... 33
 Poor medical care available..... 26
 Cannot afford..... 23
 Unable to get appointment 20
 Insurance did not cover it 16
 Not enough time 13
 Co-payments too high 10
 Specialty physician not in area..... 3
 Other (2% or less)..... 15

9. Was there a time during the *last 12 months* that **you or someone in your household** did not receive the dental care needed?

Yes..... 25% → CONTINUE WITH Q10
 No 74 → GO TO Q11
 Not sure 1 → GO TO Q11

10. What were the reasons you or someone in your household did not receive the dental care needed?
[141 Respondents; More than 1 response accepted]

Coronavirus/COVID-19	40%
Cannot afford.....	29
Insurance did not cover it	28
No insurance.....	25
Co-payments too high	12
Don't know where to go	8
Unable to get appointment	7
Lack of child day care	6
Not enough time	3
Other (2% or less).....	16

11. Was there a time during the *last 12 months* that **you or someone in your household** did not receive the mental health care needed?

Yes.....	9%	→ CONTINUE WITH Q12
No	87	→ GO TO Q13
Not sure	4	→ GO TO Q13

12. What were the reasons you or someone in your household did not receive the mental health care needed?
[49 Respondents; More than 1 response accepted]

Poor mental health care available.....	33%
Unable to get appointment	33
Insurance did not cover it	27
Cannot afford.....	23
Coronavirus/COVID-19	20
Specialty physician not in area.....	18
Co-payments too high	16
Don't know where to go	15
Inconvenient hours	14
Not enough time	8
No insurance.....	8
Lack of transportation	4
Other (2% or less).....	6

General Health

13. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

Yes.....	82%
No	18

14. When you are sick, to which one of the following places do you usually go?

Doctor's or nurse practitioner's office58%
 Public health clinic 1
 Hospital emergency room 1
 Urgent care center or walk-in care28
 Employee clinic 3
 No usual place 7
 Other..... 1

15. In general, how would you rate your health?

Poor 2%
 Fair 14
 Good39
 Very good35
 Excellent..... 10

16. If a vaccine to prevent COVID-19 were available today, would you...

Definitely not get the vaccine..... 14%
 Probably not get the vaccine 14
 Probably get the vaccine..... 29
 Definitely get the vaccine 27
 Not sure 17

17. About how long has it been since you...

	Less than a year ago	1 to 2 years ago	3 to 4 years ago	5 or more years ago	Never
A. Received a routine checkup (general physical exam, not for a specific injury, illness or condition)?	58%	30%	7%	4%	2%
B. Had a cholesterol test?	52	27	6	2	13
C. Had a visit to a dentist or dental clinic?	67	16	9	7	1
D. Had an eye exam?	44	30	10	12	4

18. Do you have an advance health care plan, living will or health care power of attorney stating your end of life health care wishes?

Yes.....35%
 No65

19. In the *past three years*, have you...

A. Been treated for or been told by a doctor, nurse or other health care provider?

B. If yes, is it under control through medication, exercise, therapy or lifestyle changes?

A. Been treated for or told have...		Condition	B. Is it under control?		
Yes	No		Yes	No	[n=]
28%	72%	A. High blood pressure	91%	9%	[145]
26	74	B. Blood cholesterol is high	88	12	[135]
10	90	C. Heart disease or a heart condition	81	19	[52]
21	79	D. Mental health condition such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression	82	18	[114]
10	90	E. Diabetes (not associated with a pregnancy)	94	6	[50]
14	86	F. <i>Currently</i> treated for or told you have asthma	96	4	[73]

Nutrition and Physical Health

20. On an *average day*, how many servings...

	Number of servings				
	0	1	2	3	4 or more
A. Of <u>fruit</u> do you eat or drink? One serving is ½ cup of canned, frozen or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% juice.	13%	41%	27%	15%	4%
B. Of <u>vegetables</u> do you eat or drink? One serving is ½ cup of cooked, frozen or raw vegetable or 6 ounces of 100% juice.	6	36	34	14	10

21. Was there a time during the *last 12 months* that your household was hungry, but didn't eat because you couldn't afford enough food?

Yes..... 9%
 No90
 Not sure 1

22. In a *usual week*, not including at work, on how many days do you...

A. Do moderate activities for at least 30 minutes at a time? Moderate activities include brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate.

No moderate activity 11%
 Less than 5 times/week for 30 minutes or less than 30 minutes each time56
 5 times/week for 30 minutes or more34

- B. Do vigorous activities for at least 20 minutes at a time? Vigorous activities include running, aerobics, heavy yard work or anything else that causes large increases in breathing or heart rate.

No vigorous activity	43%
Less than 3 times/week for 20 minutes or less than 20 minutes each time	28
3 times/week for 20 minutes or more	28

Women's Health (If Male, Go to Q24)

23. About how long has it been since ...

- A. Your last mammogram? A mammogram is an x-ray of each breast to look for breast cancer.
[130 Respondents 50 and Older]

Less than 12 months ago	52%
More than 1 year, but less than 2 years ago	23
2 years, but less than 3 years ago	10
3 years, but less than 5 years ago	5
5 or more years ago	8
Never	2

- B. Your last bone density scan? A bone density scan helps determine if you are at risk for fractures or are in the early stages of osteoporosis. [53 Respondents 65 and Older]

Less than 12 months ago	25%
More than 1 year, but less than 2 years ago	21
2 years, but less than 3 years ago	13
3 years, but less than 5 years ago	15
5 or more years ago	19
Never	8

- C. Your last pap smear, if you have not had a hysterectomy? A pap smear is a test for cancer of the cervix.
[208 Respondents 18 to 65 years old]

Less than 12 months ago	34%
More than 1 year, but less than 2 years ago	38
2 years, but less than 3 years ago	10
3 years, but less than 5 years ago	7
5 or more years ago	6
Never	5

- D. Your last HPV test, if you have not had a hysterectomy? An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear.
[204 Respondents 18 to 65 years old]

Less than 12 months ago	33%
More than 1 year, but less than 2 years ago	32
2 years, but less than 3 years ago	5
3 years, but less than 5 years ago	6
5 or more years ago	8
Never	16

Colorectal Health

24. About how long has it been since ...

- A. Your last blood stool test? A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. [237 Respondents 50 and Older]

Less than 12 months ago 16%
 More than 1 year, but less than 2 years ago 11
 2 years, but less than 5 years ago 13
 5 years, but less than 10 years ago 8
 10 or more years ago 7
 Never 45

- B. Your last sigmoidoscopy? A sigmoidoscopy is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. [236 Respondents 50 and Older]

Less than 12 months ago 3%
 More than 1 year, but less than 2 years ago 6
 2 years, but less than 5 years ago 8
 5 years, but less than 10 years ago 7
 10 or more years ago 8
 Never 68

- C. Your last colonoscopy? A colonoscopy uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. [240 Respondents 50 and Older]

Less than 12 months ago 10%
 More than 1 year, but less than 2 years ago 13
 2 years, but less than 5 years ago 27
 5 years, but less than 10 years ago 21
 10 or more years ago 5
 Never 24

Mental Health

25. During the *past 30 days*, about how often did you...

	Never	Seldom	Sometimes	Nearly always	Always
A. Feel sad, blue or depressed?	26%	36%	32%	4%	1%
B. Find meaning and purpose in life?	13	6	19	36	25

26. In the *past year*, have you ever felt so overwhelmed that you considered suicide?

Yes..... 7%
 No 93

If you would like to talk to someone, please call Wisconsin 2-1-1 anytime at 877-947-2211 or dial 211.

Alcohol Use

An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

27. During the *past 30 days*, on how many days did you drink **any** alcoholic beverages?

0 days.....	27%
1 day	9
2 to 3 days	18
4 to 5 days	10
6 to 7 days	10
8 or more days	26

28. Considering all types of alcohol beverages, how many days during the *past month* did you have [five or more drinks (males); four or more drinks (females)]...

0 days.....	70%
1 day	9
2 to 3 days	8
4 to 5 days	2
6 to 7 days	3
8 or more days	7

Personal Safety

29. During the *past year*, has anyone made you afraid for your personal safety?

Yes.....	5%	→ CONTINUE WITH Q30
No	95	→ GO TO Q31

30. What relationship is this person or people to you? [26 Respondents; More than 1 response accepted]

Stranger	56%
Ex-spouse	12
Spouse	11
Separated spouse	8
Boyfriend or girlfriend	4
Brother or sister	4
Child	4
Acquaintance	4
Other.....	22

31. During the *past year*, has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes.....	1%	→ CONTINUE WITH Q32
No	99	→ GO TO Q33

32. What relationship is this person or people to you? [8 Respondents; More than 1 response accepted]

Spouse 2 respondents
 Ex-spouse 1 respondent
 Boyfriend or girlfriend 1 respondent
 Other..... 4 respondents

If you would like to talk to someone, please call Wisconsin 2-1-1 anytime at 877-947-2211 or dial 211.

Tobacco Products

33. In the *past 30 days*, did you smoke regular tobacco cigarettes...

Every day..... 7% → CONTINUE WITH Q34
 Some days 6 → CONTINUE WITH Q34
 Not at all88 → GO TO Q35

34. During the *past 12 months*, have you stopped smoking for one day or longer because you were trying to quit?
 [70 Current Smokers]

Yes.....47%
 No53

35. In the *past 30 days*, did you use...

	Yes	No
A. Smokeless tobacco including chewing tobacco, snuff, plug or spit?	<1%	99%
B. Cigars, cigarillos or little cigars?	3	97
C. Electronic cigarettes, also known as vaping or e-cigarettes?	6	94

36. In the *past seven days*, how many days were you in the same room or did you ride in a car with someone who was **smoking or vaping**? [552 Nonsmokers or Nonvapers]

0 days.....82%
 1 to 3 days 10
 4 to 6 days 2
 All 7 days 7

37. Which statement best describes the rules about **smoking and vaping** inside your home?

Smoking/vaping is not allowed anywhere inside your home83%
 Smoking/vaping is allowed in some places or at sometimes..... 3
 Smoking/vaping is allowed anywhere inside your home 3
 There are no rules about smoking/vaping inside your home 8
 Not sure 4

Other Substance Use

38. In the *past 30 days*, have you used...

	Yes	No
A. Marijuana, cocaine, heroin or other street drugs?	5%	95%
B. Prescription drugs that were not yours or taken more than prescribed?	3	97

County Issues

39. How supported do you feel by community resources offered to you?

Not at all supported	10%
Slightly supported.....	7
Somewhat supported	24
Very supported	19
Extremely supported.....	3
Not sure	37

40. What are **three** largest health concerns for Racine County?

Coronavirus/COVID-19	43%
Affordable health care	33
Violence or crime	26
Overweight or obesity	20
Illegal drug use	19
Mental health or depression.....	19
Access to health care (physical, mental or dental care)	18
Access to affordable healthy food	14
Chronic diseases like diabetes or heart disease	10
Driving problems/aggressive driving/drunken driving.....	9
Lack of physical activity.....	8
Alcohol use or abuse.....	6
Prescription or over-the-counter drug abuse.....	6
Aging or aging population	5
Cancer.....	5
Environmental issues (air, water, wind turbines, animal waste)	4
Teen pregnancy.....	2
Tobacco use	2
Vaping	2
Infant mortality	1
Other infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases.....	<1
Lead poisoning	<1
Other	3

About You [For Statistical Purposes Only]

41. In what year you born? [CALCULATE AGE]

18 to 34 years old	27%
35 to 44 years old	18
45 to 54 years old	22
55 to 64 years old	16
65 and older	17

42. What gender do you identify with?

Male.....	49%
Female	51
Nonbinary	0
Other.....	0
No answer.....	<1

43. About how much do you weigh, without shoes?

44. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese.....	25%
Overweight	36
Obese.....	39

45. Are you Hispanic or Latino?

Yes.....	6%
No	92
No answer.....	3

46. What race do you identify with most?

American Indian or Alaska Native	2%
Asian.....	<1
Black, African American.....	7
Native Hawaiian or Other Pacific Islander.....	1
White	84
Multiracial	2
Another race	<1
No answer.....	3

47. What is your current marital status?

Single and never married.....	20%
A member of an unmarried couple	9
Married	50
Separated	<1
Divorced	15
Widowed	5

48. What is the highest grade level of education you have completed?

8th grade or less.....	<1%
Some high school	5
High school graduate or GED	17
Some college	20
Technical school graduate	13
College graduate.....	32
Advanced or professional degree	12

49. What is your annual household income before taxes?

Less than \$10,000.....	4%
\$10,000 to \$20,000.....	8
\$20,001 to \$30,000.....	6
\$30,001 to \$40,000.....	9
\$40,001 to \$50,000.....	6
\$50,001 to \$60,000.....	8
\$60,001 to \$75,000.....	9
\$75,001 to \$90,000.....	9
\$90,001 to \$105,000.....	9
\$105,001 to \$120,000.....	5
\$120,001 to \$135,000.....	4
Over \$135,000.....	13
Not sure	5
No answer.....	5

50. How many adults 18 or older, including yourself, live in the household?

1 adult.....	30%
2 adults	58
3 adults	9
4 or more adults.....	2

51. How many children 17 or younger live in the household?

Zero	68%	→ End of survey.
One	13	→ CONTINUE WITH Q52
Two or more.....	19	→ CONTINUE WITH Q52

Children in Household (17 or Younger)

Please answer the following questions for the **oldest** child in the household.

52. Do you make health care decisions for this child? [177 Respondents]

Yes.....	89%	→ CONTINUE WITH Q53
No	11	→ End of survey.

53. What is the age of this child? [158 Respondents]

2 or younger.....13%
 3 to 4 years old 3
 5 to 9 years old36
 10 to 12 years old18
 13 to 17 years old29

54. What gender is the child? [158 Respondents]

Male.....42%
 Female58
 Nonbinary 0
 Other..... 0

55. In the *past 12 months*, was there a time the child... [158 Respondents]

	Yes	No	Not sure
A. Did not get the <u>medical</u> care needed?	9%	89%	2%
B. Did not get the <u>dental</u> care needed?	12	88	0
C. Did not see a <u>specialist</u> needed? (Doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and otherwise who specialize in one area of health care.)	9	91	<1

56. A primary doctor or nurse is a health professional who knows your child well, and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Does the child have a primary doctor or nurse? [158 Respondents]

Yes.....96% → CONTINUE WITH Q57
 No 4 → GO TO Q58
 Not sure 0 → GO TO Q58

57. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the *past 12 months*, did the child visit their primary doctor or nurse for preventive care? [152 Respondents]

Yes.....98%
 No 2
 Not sure 0

58. Does the child have asthma? [158 Respondents]

Yes..... 4% → CONTINUE WITH Q59
 No96 → GO TO Q60
 Not sure 0 → GO TO Q60

59. Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the child limit his or her activity more than usual or make you seek medical care. During the *past 12 months*, has the child had an episode of asthma or an asthma attack? [6 Respondents]

Yes.....0 respondents
 No6 respondents
 Not sure0 respondents

60. When the child was an infant of less than one year old, where did they usually sleep? [21 Respondents of Children 2 years old or younger]

Crib or bassinette.....	73%
Swing.....	18
In bed with you or another adult.....	10

61. How often do you feel the child is safe in your community or neighborhood? [158 Respondents]

Never	3%
Seldom.....	7
Sometimes	13
Nearly always	39
Always.....	38
Not sure	0

Children 5 to 17 Years Old

62. During the *past six months*, how often was the child unhappy, sad or depressed? [129 Respondents of Children 5 to 17 years old]

Never	21%
Seldom.....	47
Sometimes	24
Nearly always	6
Always.....	0
Not sure	2

63. During the *past 12 months*, has the child experienced any bullying? [130 Respondents of Children 5 to 17 years old]

Yes.....	15%	→ CONTINUE WITH Q64
No	82	→ GO TO Q65
Not sure	3	→ GO TO Q65

64. What type of bullying did the child experience? [127 Respondents of Children 5 to 17 years old]

Physically bullied, for example, being hit or kicked	0%
Verbally bullied, for example, spreading mean rumors or kept out of a group...	15
Cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	4

65. On an *average day*, how many servings... [131 Respondents of Children 5 to 17 years old]

		Number of servings					
		0	1	2	3	4 or more	Not sure
A.	Of fruit does the child eat or drink? One serving is ½ cup of canned, frozen or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% juice.	0%	13%	55%	14%	18%	0%
B.	Of vegetables does the child eat or drink? One serving is ½ cup of cooked, frozen or raw vegetable or 6 ounces of 100% juice.	6	34	26	19	15	0

66. During the *past seven days*, on how many days was the child physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time?
[131 Respondents of Children 5 to 17 years old]

0 days	8%	→ CONTINUE WITH Q67
1 to 2 days	35	→ CONTINUE WITH Q67
3 to 4 days	31	→ CONTINUE WITH Q67
5 to 6 days	15	→ End of survey.
7 days	11	→ End of survey.
Not sure	<1	→ End of survey.

67. What were the reasons the child was not physically active for at least 60 minutes on more days?
[97 Respondents of Children 5 to 17 years old: Multiple responses accepted]

Likes to play video games or on a computer	42%
Prefers to watch TV.....	24
School/virtual learning	12
Child does not like to be physically active	10
Neighborhood is not safe to be outside	7
Child works	6
Keep child close due to covid.....	6
Bad weather	4
No sports due to covid.....	3
Other	12
Not sure	18

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2020 Community Health Survey

The 2020 Racine County Community Health Survey was conducted from October 23, 2020 through January 30, 2021. A random sample of 3,000 addresses in Racine County was provided by Marketing Systems Group. A three-step approach was conducted. 1) Pre-notification postcard from the health department announcing the upcoming paper survey packet. The postcard provided a QR code and web address to complete online. A Spanish link was also provided. 2) Questionnaire packet to households who had not completed the online survey. 3) Reminder postcard to those who had not yet completed the survey. Five hundred sixty-six respondents were completed. Post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 566, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2017 Community Health Survey

The 2017 Racine County Community Health Survey was conducted from June 5 through July 29, 2017. Six-hundred fifty-six respondents were scientifically selected from the City of Racine and Central Racine County's Community Health Surveys so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household ($n=500$). 2) A cell-phone only sample where the person answering the phone was selected as the respondent ($n=156$). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county. With a sample size of 656, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2015 Community Health Survey

The 2015 Racine County Community Health Survey was conducted from February 3 through March 3, 2015. Six-hundred fifty-six respondents were scientifically selected from the City of Racine and Central Racine County's Community Health Surveys so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household ($n=496$). 2) A cell-phone only sample where the person answering the phone was selected as the respondent ($n=160$). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county. With a sample size of 656, the margin of error is $\pm 4\%$. The margin of error for smaller subgroups is larger.

2012 Community Health Survey

The 2012 Racine County Community Health Survey was conducted from February 21 through April 10, 2012. One thousand and one respondents were scientifically selected from the City of Racine, Central Racine County and Western Racine County's Community Health Surveys so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household ($n=758$). 2) A cell-phone only sample where the person answering the phone was selected as the respondent ($n=243$). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county. With a sample size of 1001, the margin of error is $\pm 3\%$. The margin of error for smaller subgroups is larger.

2009 Community Health Survey

The 2009 Community Health Surveys were conducted from December 27, 2008 through February 4, 2009. Nine hundred and seventeen respondents were scientifically selected from the City of Racine, Central Racine County and Western Racine County's Community Health Surveys so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included both listed and unlisted numbers where the respondent within each household was randomly selected by computer based on the number of adults in the household (n=795). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=122). A reimbursement of \$20 was offered to respondents to cover the cost of incoming minutes. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 917, the margin of error is $\pm 3\%$. The margin of error for smaller subgroups is larger.