



2017-2020

COMMUNITY HEALTH IMPROVEMENT PLAN



TABLE OF CONTENTS

| | |
|--|---------|
| Message from the Washington Ozaukee Public Health Department | Page 3 |
| Acknowledgements | Page 4 |
| Inside Washington County | Page 5 |
| About Well Washington County | Page 7 |
| Well Washington County Priority Areas | Page 8 |
| Strategic Plan | Page 10 |
| Nutrition & Physical Activity | |
| Alcohol, Tobacco, & Other Drugs | |
| Mental Health | |
| Worksite Wellness | |
| Get Involved with Well Washington County | Page 13 |
| References | Page 13 |

Message from the Washington Ozaukee Public Health Department

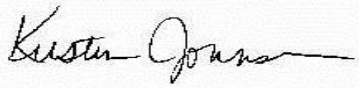
Washington County's Community Health Improvement Plan (CHIP) for 2015-2020 will outline our commitment to keeping Washington County ranked in the top ten for overall health. We would like to recognize the multiple organizations in our community that have impacted the health of our residents in the acknowledgements section. We truly thank for the members and partners of Well Washington County who support and engage our residents in creating a healthy and safe environment to live, work, learn, play and visit.

This document was developed by the Washington County Health Department and the Well Washington County Steering Committee and the format has been adapted from the Healthy People Wood County 2020 CHIP.

Thank you to all of our partners and colleagues for the work you do to maintain and improve the health of our community. Together we can make sustainable change.

Please contact Kirsten Johnson, Director of Public Health in Ozaukee County, johnson@co.ozaukee.wi.us if you have any questions or would like to discuss more about how to get involved with the strategies outlined in this Community Health Improvement Plan.

Warmly,

A handwritten signature in black ink, appearing to read "Kirsten Johnson", with a long horizontal flourish extending to the right.

Kirsten Johnson, MPH, CPH, CHES
Health Officer/Director
Washington Ozaukee Public Health Department

Amanda Wisth, MPH, CHES
Public Health Educator
Washington Ozaukee Public Health Department

ACKNOWLEDGEMENTS

Washington Ozaukee Public Health Department would like to acknowledge the following community partners for their contributions to the Community Health Improvement Plan (CHIP), who provided direction and leadership to the CHIP, assured compilation and shared data and engaged residents of Washington County through a health interest survey:

Albrecht Free Clinic
American Heart Association
Aurora Health Care
Bike Friendly West Bend
Casa Guadalupe Educational Center
City of Hartford
City of West Bend
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Family Center of Washington County
Froedtert & the Medical College of Wisconsin
Germantown Civic Group
United Way of Washington County
UW-Extension Washington County
UW-Washington County
Hartford Parks & Recreation Department
Hartford Union High School District
Jackson Parks & Recreation Department
Kettle Moraine YMCA
Kewaskum School District
Moraine Park Technical College
Riveredge Nature Center
Roger Memorial Hospital
Serigraph
Slinger School District
Tobacco-5 Counties for Tobacco-Free Living
Vibrant Gardens
Washington County Aging and Disability Resource Center
Washington County Human Services
Washington County Master Gardeners
Washington Ozaukee Public Health Department
Wellspring Farms
West Bend Mutual Insurance
West Bend Parks & Recreation Department
West Bend School District

INSIDE WASHINGTON COUNTY

With the landscape carved by glaciers and towered by the historical landmark of Holy Hill, Washington County provides an atmosphere for family living, business, and industry. Washington County has well-known major manufacturing industries including: machine tooling, metal fabrication, printing, pharmaceutical distribution, photo finishing, and trucking. The location along the US Highway 45 and US Highway 41 corridors makes Washington County an ideal location for trade, business, and retail.

According to the U.S. Census Bureau, the county has a total area of 436 square miles, of which 431 square miles is land and 5 square miles is water.

Washington County includes suburban and rural areas:

- Cities of Hartford and West Bend
- Towns of Addison, Barton, Erin, Farmington, Germantown, Hartford, Jackson, Kewaskum, Polk, Trenton, Wayne and West Bend.
- Villages of Germantown, Jackson, Kewaskum (part in Fond du Lac County), Newburg (part in Ozaukee County), Richfield, Slinger
- Unincorporated communities of Ackerville, Addison, Aurora, Boltonville, Cedar Creek, Cedar Lake, Cheeseville, Colgate, Diefenbach Corners, Fillmore, Hubertus, Kirchhayn, Kohlsville, Mayfield, Myra, Nenno, Nabob, Orchard Grove, Pike Lake, Pleasant Hill, Rockfield, Rugby Junction, Saint Anthony, Saint Lawrence, Saint Michaels, Thompson, Victory Center, Wayne, Young America

Washington County is Wisconsin's 12th Healthiest County

According to the 2015 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation County Health Rankings, Washington is ranked among the top 15 healthiest counties in Wisconsin. Therefore, partners still have work to do to collectively impact the health needs of Washington County.

The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. Understanding the root cause of health outcomes by looking at the rankings and considering data about social determinant of health such as social and economic factors, informs health priorities and actionable areas for Washington's Community Health Improvement Plan.

Community Health Needs Assessment (CHA)

The purpose of the Community Health Needs Assessment (CHA) is to provide Washington County with information for an assessment of the health status of residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population.
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 measurement along with Health People 2020 goals.

This report was commissioned by Aurora Health Care, Froedert & the Medical College of Wisconsin, Children's Hospital of Wisconsin and Columbia St. Mary's in partnership with the Washington County Health Department. The community health survey is supported by additional data collected and analyzed by the Center for Urban Population Health. Secondary data included the County Health Rankings, US Census Bureau, American Community Surveys, Healthy People 2020, and Healthiest Wisconsin 2020.

Methodology

In 2015, a shared community health needs assessment (CHA) was conducted to determine current community health needs in Washington County. The structure of the CHA was a blended version of the Wisconsin State Health Plan (Healthiest Wisconsin 2020) and the County Health Rankings. Based on the CHA's comprehensive data review utilizing the primary and secondary data sources resulted in demonstrating seven areas of concern for the health of Washington County. The seven health concerns identified were alcohol use, other drug use, tobacco use, injury prevention, obesity, mental health and breastfeeding.

In 2016, after the completion of the CHA, a Steering Committee was identified to determine the Community Health Improvement Plan process. Following the first exploratory meeting, more than 20 key stakeholders and leaders convened to review the community interest survey which was conducted to gather input from persons who represented the broad interests of the community and to identify community assets, prioritize significant health needs, and develop implementation strategies to address the needs within the community, resources, strategic goals and partnerships. After review of the data, the following priority areas emerged; substance abuse, chronic disease and mental health. In addition, the Steering Committee formalized a county-wide effort with a name, vision, mission and purpose. An ad-hoc committee agreed to form four action teams to address the priority areas. These action teams are nutrition and physical activity, alcohol, tobacco and other drugs, mental health and workplace wellness.

ABOUT WELL WASHINGTON COUNTY



Vision: Washington County: Healthy People, Communities, Workplaces and Environment.

Mission: Working to improve the health of Washington County through employers and community partners.

Purpose: The purpose of Well Washington County is to mobilize residents, organizations, employers and stakeholders to make an economic and measurable impact on the health needs of Washington County.

Focus areas: Well Washington County plans to address four focus areas for 2017-2020: Physical Activity & Nutrition, Alcohol, Tobacco & Other Drugs, Mental Health and Worksite Wellness.

Well Washington County is a community-wide initiative working collaboratively to sustain and improve the health of Washington County residents through improved physical activity and nutrition, improved mental health, the prevention of alcohol, other drug and tobacco use, and the expand workplace wellness.

The Washington Ozaukee Public Health Department, in collaboration with numerous community partners, formed the Well Washington County coalition in February 2016. Well Washington County was developed to identify Washington County resident's health priorities and work towards improving health outcomes based on those priorities.

The health priorities identified were substance abuse, chronic disease and mental health. Community partners actively participate on action teams focused on physical activity & nutrition, alcohol, tobacco & other drugs, mental health and workplace wellness to address health priorities. Not only were these the health concerns that the community identified, but they were also the areas of greatest priority according to Washington County's collected Community Health Assessment (CHA).

In addition to the four action teams, Well Washington County has a Leadership Council that acts as the backbone foundation by sustaining coalition efforts through working collaboratively and sharing resources. The Leadership Council is a compilation of action team chairs, co-chairs, leaders representing local hospitals, clinics, non-profit groups, and the health department. In early 2016, the Leadership Council worked collaboratively with the action teams to establish a strategic plan for the next term.

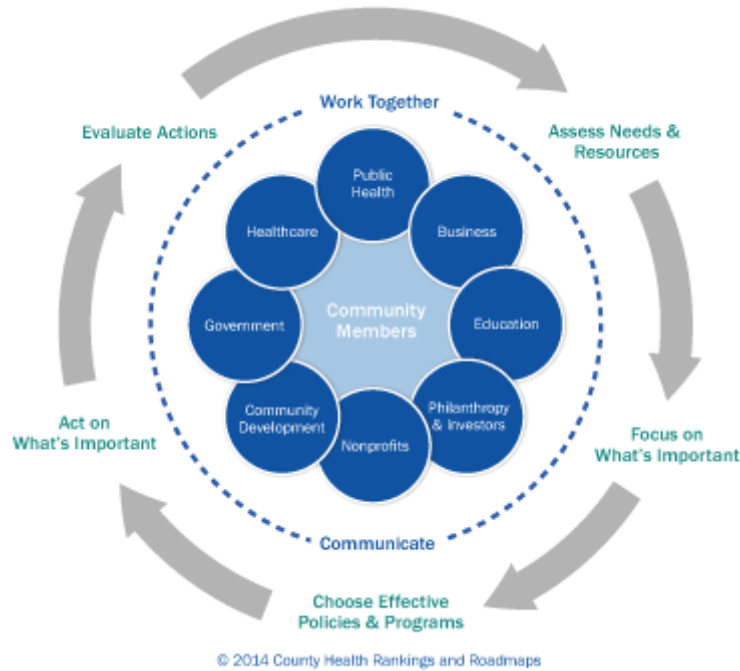
WELL WASHINGTON COUNTY LEADERSHIP COUNCIL

Kirsten Johnson, Director, Washington Ozaukee County Public Health
Amanda Wisth, Health Educator, Washington Ozaukee County Public Health
Julie Upstill, Health Educator, Washington Ozaukee County Public Health
Ronna Corliss, County Prevention Manager, Elevate
Abby Padilla, WB Director of School Nutrition
Chad Feltz, WBMI Director of Human Resources
Carrie Killoran, Executive Vice President-Central Region
Andy Dresang, Director, Community Engagement
Jim Strachota, Executive Director
Rob Johnson, Executive Director
Kristin Brandner, Executive Director
Carol Bralich, Family Living Educator

Coalition Director
Coalition Coordinator
Mental Health Chair
Alcohol, Tobacco & Other Drugs Chair
Nutrition & Physical Activity Chair
Workplace Wellness Chair
Aurora Health Care
Froedtert & Medical College of WI
Albrecht Free Clinic
Kettle Moraine YMCA
United Way of Washington County
UW-Extension Washington County

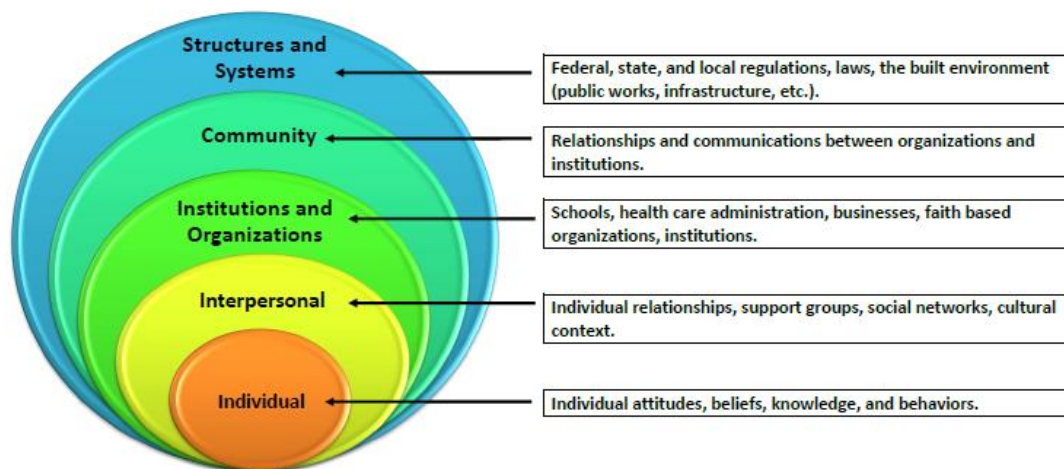
WELL WASHINGTON COUNTY PRIORITY AREAS

Evidence-based and best practices were researched and utilized as a framework to development the goals, objectives and strategies for the strategic plan. We recognize it is essential to engage our community and collaborate with many interested organizations to understand and address the socioeconomic factors including where people work and play to improve their health and welfare. As part of the CHIP, interventions were selected to address socioeconomic conditions that have a potential to produce wide-ranging health benefits and that aim to reduce health disparities.



Source: <http://www.walhdab.org/?customsitemodel>

The Community Health Improvement Plan is based on the Social Ecological Model (SEM). The SEM is a framework that enables us to consider the influence of individual *and* environmental factors on health & health-related behaviors. Therefore, in order to impact health outcomes, we need to address determinants at the individual, interpersonal, organizational, community and public policy levels.



Source: http://www.cdc.gov/obesity/health_equity/culturalRelevance.htm

COMMUNITY HEALTH PRIORITY AREAS

Eat & Move Well • Work Well • Choose Well • Think Well



1) Chronic Disease Prevention & Management

To reverse the obesity epidemic and reduce chronic disease, community efforts should be focused on supporting healthy eating and engaging in regular physical activity. Moving more and eating well has tremendous health benefits such as strengthening bones and muscles, reducing stress and depression, makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese and reduces rates of high blood pressure, heart disease, diabetes, and cancer.

Rational:

- In 2014, 67% of Washington County adults were classified as overweight (BMI 25 to 29.9) or obese (BMI 30 or higher).
- In 2015, 9% of Washington County residents were diagnosed with Diabetes.
- In 2014, 27% of Washington County residents reported having High Blood Pressure.
- In 2014, 6% of Washington County residents reported having Heart Disease or related condition.
- In 2011, 29% of children in WI age 10-17 years were overweight or obese.

EAT & MOVE WELL ACTION TEAM

Goal Statement: To decrease the percentage of chronic disease in Washington County by increasing physical activity and healthy eating.

Objective #1: By December 2020, increase consumption of fruits and vegetables among Washington County residents.

Performance Measures:

- In 2014, 66% of Washington County residents reported consuming recommended fruit intake
- In 2014, 29% of Washington County residents reported consuming recommended vegetable intake

Strategies

- Start a collaborative Harvest of the Month program across Washington and Ozaukee Counties that will feature one produce per month.
- Partner with at least one community to implement program in the school district, one grocery store, one workplace, and one restaurant.
- Partner with health systems in each county to implement program in hospital cafeterias.
- Market Harvest of the Month via social media and print media.

Objective # 2: By December 2020, get at least one festival or event in Washington County to adopt a healthy vendor policy.

Performance Measures:

- At least one new festival/event in Washington County will include adopt a health vendor policy.

Strategies

- Create inventory of potential festivals or events.
- Research healthy vendor policy examples
- Draft healthy vendor policy
- Approach festival or event coordinators to adopt policy

Objective # 2b: By December 2020, get at least three employers to adopt and implement healthy vending machines policies.

Performance Measures:

- *At least 3 employers will implement healthy vending machines policies (can be determined by Workplace wellness group)*

Strategies

- Research healthy vending policies
- Provide final healthy vendor policy to the Work Well Action Team
- Support the Work Well Action Team to approach vendors in supplying healthy options

Objective #3: By December 2020, increase percentage of Washington County residents who report they are physically active.

Performance Measures:

- *In 2015, 21% of Washington County residents reported being physically inactive.*
- *Increase physical activity by 2%, from 79% to 81%.*

Strategies

- Apply for a Bronze level Bike Friendly Designation for the City of West Bend
- Advocate for a Complete Streets policy in at least one of the communities in Washington County
- Support Bike Friendly West Bend initiatives
- Partner with Bike Friendly West Bend to hold community events
- Expand Bike Friendly beyond West Bend

Objective #4: By December 2020, increase number of active parks in Washington County.

Performance Measures:

- *At least one park in Washington County will include opportunities to be active through fitness equipment or other means.*

Strategies

- Research Active Park models
 - Partner with Villa Park Revitalization Project to incorporate fitness equipment
 - Assist in applying for fund to cover purchasing and installing active park components
 - Partner with YMCA to host a demo days event
 - Develop an Active Parks plan for approaching other parks/systems in the county.
-

2) Substance Abuse

Excessive alcohol consumption, tobacco and drug use contribute to significant health concerns including but not limited to unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, overdoses, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. In addition, substance abuse is extremely costly to society from losses in productivity, health care, crime and other expenses (CHA, 2013).

Rational:

- *In 2015, 28% of Washington County adults reported binge drinking, higher when compared to the state (22%) and the United States (15%).*
- *In 2015, 38% of motor vehicle deaths had alcohol involved.*
- *In 2015, 14% of Washington County adults reported cigarette smoking in the past 30 days (current smoker).*
- *In 2015, 5% of Washington County residents reported using electronic cigarettes.*

- *In 2015, 10% of Washington County mothers indicated smoking during pregnancy.*
- *From 2009 to 2013, there were 7 reported overdose deaths involving prescription painkillers and heroin in Washington County.*
- *In 2015, 8.5% of 10th grade students reported abusing prescription drugs in the last 30 days.*

CHOOSE WELL ACTION TEAM

Goal Statement 1: To reduce youth substance abuse.

Objective #1: Improve compliance with the minimum purchase laws/ reduce youth access of alcohol, tobacco & prescription drugs.

Strategies

- Implement alcohol & tobacco compliance checks
- Hold responsible alcohol sales classes and serve education
- Media Campaigns for example “Parents Who Host Lose the Most”
- Local business policy development

Objective #2: Regulate alcohol & tobacco licensing countywide.

Strategies

- Outlet density mapping for alcohol and tobacco countywide
- Review policies for licensing of tobacco and alcohol in each jurisdiction
- Require wristbands at community festivals
- Regulate number of drinks purchased per person at festivals
- Designate specific areas for alcoholic beverage consumption

Objective #3: Increase compliance with existing policies or procedures which set clear standards of behaviors and consequences related to youth alcohol and tobacco use.

Strategies

- Continue to enforce “Social Host” policy countywide
- Continue to help monitor and enforce policies and procedures
- Review district policies regarding ATODA use
- Increase awareness of vaping devices and assure policies are updated

Objective #4: Increase number of youth involved in ATODA prevention efforts.

Strategies

- Provide schools with research based high school programming
- Provide training to implement programming
- Continue to implement programming in elementary and middle schools
- Maintain inventory of prevention programming provided in the schools
- Offer opportunities for youth to become involved with coalition efforts

Objective #5: Generate local funds to assist with alternative activities and one-time events.

Strategies

- Implement alternative activities
- Continue implementing skills training for youth groups
- Recognition events for youth

Objective #6: Increase number of parents active in family/community based prevention efforts.

Strategies

- Provide parent education programming
- Increase faith community involvement
- Continue to offer “Hungry Heart” documentary
- Develop Speaker Bureau to educate community and workplaces
- Support State & National media campaigns
- Expand “Parent Pledge” and promote “ Party Alert”

- Promote use of prescription drug drop off sites

Objective #7: Create community awareness about local ATODA use, addiction and its impact on community.

Strategies

- Coaching and support for families
- Increase Naloxone trainings
- Promote sober activities
- Support increase in treatment options
- Increase funding for prevention and treatment

Goal Statement 2: Continue to strengthen and sustain community coalition.

Objective #1: Increase the number of members that report they play a critical role in the success of the coalition and represent various facets of the community.

Strategies

- Evaluate and refine Prevention Network structure
- Review and refine operations of meetings
- Continue to recruit new members

Objective #2: Community awareness of the Prevention Network (Alcohol, Tobacco, and Other Drug Action Team)

Strategies

- Prevention Network annual meeting
- Website maintenance for updated information

3) Mental Health

Mental health conditions are extremely costly to society, due to diminished personal, social and occupational functioning according to the CDC. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking and excessive drinking (CDC, 2014).

Rational:

- *In 2015, 18% of Washington County residents reported having a mental health condition.*
- *In 2015, Washington County residents reported having on average 2.3 mentally unhealthy days in the past 30 days.*
- *In 2015, there a reported 11 suicides in Washington County.*

THINK WELL ACTION TEAM

Goal Statement: To improve the mental health culture in Washington County.

Objective 1: By 2020, at least one municipality in Washington County will pilot Cultivate.

Strategies

- Reduce stigma and awareness campaign
- Through advocacy and outreach, engage key stakeholders on issues and trends effecting those with mental illness

Objective 2: By 2020, increase the percentage of funding sources dedicated to mental health initiatives throughout Washington County.

Strategies

- Inventory MH funding sources county, regionally and state and federal
- Increase funding to provide transportation grants for underserved populations to obtain treatment/services
- Educate funding sources on issues surrounding mental illness in Washington County

Objective 3: By 2020, increase peer support networks for individuals and families living with mental health illness.

Strategies

- Increase number of community health navigators or certified peer support specialists
- Utilization and enhancement of Impact211/COPE
- Explore mental health first aid/or similar evidence based model
 - Inventory fire/police depts. Have been trained CIT

4) Workplace Wellness

The workplace is an important setting for health protection, health promotion and disease prevention programs. On average, Americans working full-time spend more than one-third of their day, five days per week at the workplace. The use of effective workplace programs and policies can reduce health risks and improve the quality of life for American workers. Maintaining a healthier workforce can lower direct costs such as insurance premiums and worker's compensation claims. It will also positively impact many indirect costs such as absenteeism and worker productivity (CDC, 2016).

WORK WELL ACTION TEAM

Goal Statement: To create a workplace wellness network for worksites to share best practices, receive technical support and collaborate on local wellness initiatives.

Objective 1: By 2020, at least 10 Washington County workplaces will complete the Workplace Wellness Series.

Strategies

- Partner with Wisconsin Department of Health Services to host a series of in-person workshops and webinars
- Provide incentives for workplace to participate

Objective 2: By 2020, at least one workplace in each community will participate in local Well Washington County initiatives.

Strategies

- Partner with at least one workplace in Hartford, Kewaskum, Slinger and West Bend to implement the Harvest of the Month Program
- Partner with workplaces to adopt a healthy vending policy
- Encourage workplaces to promote Bike Month and participate in Bike to Work Day
- Partner with workplaces to provide mental health trainings for employees
- Support funding opportunities for mental health
- Support speaker bureau
- Support evaluation in the schools
- Advocate for wristbands at community festivals

- Advocate for ATODA education in the schools
- Support fund raising efforts for 2nd printing of Opiate/Heroin Awareness Toolkit
- Support implementation of drug testing policies
- Promote smoke free businesses and update policies to include all vaping devices

LEARN MORE ABOUT WELL WASHINGTON COUNTY

Coalition Coordinator

Amanda Wisth, Public Health Educator

amanda.wisth@co.washington.wi.us

Mailing Address

333 E Washington St, Ste 1100

West Bend, WI 53095

Phone Number

262.335.4462

Website

<http://wi-ozaukeecounty.civicplus.com/2400/Well-Washington-County>



Facebook Page

<https://www.facebook.com/wellwashingtoncounty/>

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Washington County Community Health Survey Report 2016

Commissioned by:
**Aurora Health Care
Children's Hospital of Wisconsin
Froedtert & Medical College**

In Partnership with:
**Center for Urban Population Health
Washington County Public Health Department**

Prepared by:
JKV Research, LLC

Table of Contents

| <u>Section Title</u> | <u>Page Number</u> |
|--|--------------------|
| Purpose | 1 |
| Methodology | 1 |
| Summary | 4 |
| Key Findings | 12 |
| Rating Their Own Health | 12 |
| Health Care Coverage | 15 |
| Health Care Needed | 21 |
| Health Information and Services..... | 31 |
| Routine Procedures | 43 |
| Vaccinations..... | 52 |
| Prevalence of Select Health Conditions | 56 |
| Physical Activity | 72 |
| Body Weight | 80 |
| Nutrition and Food Insecurity | 85 |
| Women’s Health..... | 97 |
| Colorectal Cancer Screening..... | 103 |
| Tobacco Cigarette Use | 109 |
| Exposure to Cigarette Smoke | 114 |
| Other Tobacco Products | 119 |
| Alcohol Use..... | 125 |
| Household Problems | 130 |
| Times of Distress in Past Three Years | 133 |
| Mental Health Status | 135 |
| Personal Safety Issues | 141 |
| Children in Household | 145 |
| County Health Issues..... | 158 |
| Appendix A: Questionnaire Frequencies..... | 175 |
| Appendix B: Survey Methodology..... | 192 |

| <u>Table Title</u> | <u>Page Number</u> |
|---|--------------------|
| Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2016 | 3 |
| Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year | 14 |
| Table 3. Personally No Health Care Coverage by Demographic Variables for Each Survey Year | 17 |
| Table 4. Personally Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year | 19 |
| Table 5. Someone in Household Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year | 20 |
| Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past 12 Months by Demographic Variables for 2016 | 24 |
| Table 7. Prescription Medications Not Taken Due to Cost in Past 12 Months by Demographic Variables for Each Survey Year (Household Member) | 25 |
| Table 8. Unmet Medical Care in Past 12 Months by Demographic Variables for Each Survey Year | 27 |
| Table 9. Unmet Dental Care in Past 12 Months by Demographic Variables for Each Survey Year | 29 |
| Table 10. Doctor as Source for Health Information by Demographic Variables for Each Survey Year..... | 33 |
| Table 11. Internet as Source for Health Information by Demographic Variables for Each Survey Year | 35 |
| Table 12. Myself/Family Member as Source for Health Information by Demographic Variables for Each Survey Year..... | 37 |
| Table 13. Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year..... | 38 |
| Table 14. Have a Primary Care Physician by Demographic Variables for 2016 | 39 |
| Table 15. Doctor’s or Nurse Practitioner’s Office as Primary Health Care Service by Demographic Variables for Each Survey Year | 41 |

| <u>Table Title</u> | <u>Page Number</u> |
|---|--------------------|
| Table 16. Advance Care Plan by Demographic Variables for Each Survey Year..... | 42 |
| Table 17. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year | 45 |
| Table 18. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year..... | 48 |
| Table 19. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year | 50 |
| Table 20. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year | 51 |
| Table 21. Flu Vaccination by Demographic Variables for Each Survey Year..... | 54 |
| Table 22. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year..... | 59 |
| Table 23. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year..... | 61 |
| Table 24. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year..... | 64 |
| Table 25. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year | 66 |
| Table 26. Diabetes in Past Three Years by Demographic Variables for Each Survey Year | 69 |
| Table 27. Current Asthma by Demographic Variables for Each Survey Year..... | 71 |
| Table 28. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year..... | 74 |
| Table 29. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year | 76 |
| Table 30. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year..... | 79 |
| Table 31. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year | 82 |
| Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year..... | 84 |
| Table 33. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year | 88 |
| Table 34. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year | 91 |
| Table 35. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year | 94 |
| Table 36. Often Read Food Labels When Purchasing a Product for the First Time by Demographic Variables for 2016..... | 95 |
| Table 37. Household Food Insecurity in Past Year by Demographic Variables for 2016 | 96 |
| Table 38. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) | 100 |
| Table 39. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)..... | 101 |
| Table 40. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) | 102 |
| Table 41. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older) | 104 |
| Table 42. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) | 105 |
| Table 43. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older) | 107 |
| Table 44. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)..... | 108 |
| Table 45. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year..... | 111 |
| Table 46. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year | 116 |
| Table 47. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year | 118 |
| Table 48. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year | 121 |
| Table 49. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year ... | 122 |
| Table 50. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year | 124 |
| Table 51. Binge Drinking in Past Month by Demographic Variables for Each Survey Year | 127 |
| Table 52. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year | 129 |
| Table 53. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year..... | 131 |
| Table 54. Times of Distress in Past Three Years by Demographic Variables for 2016..... | 134 |

| <u>Table Title</u> | <u>Page Number</u> |
|---|--------------------|
| Table 55. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year | 137 |
| Table 56. Considered Suicide in Past Year by Demographic Variables for Each Survey Year | 138 |
| Table 57. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year | 140 |
| Table 58. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year | 142 |
| Table 59. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year | 144 |
| Table 60. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year | 147 |
| Table 61. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year | 148 |
| Table 62. Child's Daily Fruit Intake (Two or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) | 152 |
| Table 63. Child's Daily Vegetable Intake (Three or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) | 153 |
| Table 64. Child's Daily Fruit or Vegetable Intake (Five or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) | 154 |
| Table 65. Child's Physical Activity (Five or More Times for 60 Minutes/Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) | 156 |
| Table 66. Child Experienced Bullying in Past 12 Months by Demographic Variables for Each Survey Year (Children 8 to 17 Years Old) | 157 |
| Table 67. Illegal Drug Use as a Top County Health Issue by Demographic Variables for 2016 | 160 |
| Table 68. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for 2016 | 161 |
| Table 69. Overweight or Obesity as a Top County Health Issue by Demographic Variables for 2016 | 162 |
| Table 70. Access to Health Care as a Top County Health Issue by Demographic Variables for 2016 | 163 |
| Table 71. Chronic Diseases as a Top County Health Issue by Demographic Variables for 2016 | 164 |
| Table 72. Cancer as a Top County Health Issue by Demographic Variables for 2016 | 165 |
| Table 73. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for 2016 | 166 |
| Table 74. Mental Health or Depression as a Top County Health Issue by Demographic Variables for 2016 | 167 |
| Table 75. Environmental Issues as a Top County Health Issue by Demographic Variables for 2016 | 168 |
| Table 76. Affordable Health Care as a Top County Health Issue by Demographic Variables for 2016 | 169 |
| Table 77. Driving Problems as a Top County Health Issue by Demographic Variables for 2016 | 170 |
| Table 78. Lack of Physical Activity as a Top County Health Issue by Demographic Variables for 2016 | 171 |
| Table 79. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for 2016 | 172 |
| Table 80. Tobacco Use as a Top County Health Issue by Demographic Variables for 2016 | 173 |
| Table 81. Violence or Crime as a Top County Health Issue by Demographic Variables for 2016 | 174 |

| <u>Figure Title</u> | <u>Page Number</u> |
|--|--------------------|
| Figure 1. Rate Own Health for 2016 | 12 |
| Figure 2. Fair or Poor Health | 15 |
| Figure 3. Type of Health Care Coverage for 2016 | 16 |
| Figure 4. Health Care Coverage | 21 |
| Figure 5. Unmet Health Care in Past 12 Months | 30 |
| Figure 6. Health Information and Services | 43 |
| Figure 7. Routine Procedures | 52 |
| Figure 8. Vaccinations | 56 |
| Figure 9. Health Conditions in Past Three Years for 2016 | 57 |
| Figure 10. Health Conditions in Past Three Years | 72 |
| Figure 11. Physical Activity/Week for 2016 | 77 |
| Figure 12. Physical Activity | 80 |
| Figure 13. Overweight Status for 2016 | 81 |

| <u>Figure Title</u> | <u>Page Number</u> |
|--|--------------------|
| Figure 14. Overweight Status | 85 |
| Figure 15. Nutrition and Food Insecurity | 97 |
| Figure 16. Women's Health Tests..... | 102 |
| Figure 17. Colorectal Cancer Screenings (Respondents 50 and Older) | 109 |
| Figure 18. Current Tobacco Cigarette Smokers (Past 30 Days)..... | 112 |
| Figure 19. Smoking Cessation in Past 12 Months (Current Smokers) | 114 |
| Figure 20. Smoking Policy Inside Home for 2016..... | 115 |
| Figure 21. Exposure to Cigarette Smoke..... | 119 |
| Figure 22. Other Tobacco Products Use in Past Month | 125 |
| Figure 23. Alcohol Use in Past Month | 130 |
| Figure 24. Household Problems in Past Year..... | 133 |
| Figure 25. Felt Sad, Blue or Depressed in Past 30 Days for 2016 | 135 |
| Figure 26. Mental Health Status..... | 141 |
| Figure 27. Personal Safety Issues in Past Year | 145 |
| Figure 28. Child's Unmet Needs in Past 12 Months | 149 |
| Figure 29. Child Experienced Bullying in Past Year | 158 |
| Figure 30. Top County Health Issues for 2016 | 159 |

Purpose

The purpose of this project is to provide Washington County with information for an assessment of the health status of 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 Aurora Health Care, Children's Hospital of Wisconsin and Froedtert & Medical College in partnership with the Center for Urban Population Health and Washington County Public Health Department.

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 the Washington County Health Department at (262) 335-4462.

Methodology

Data Collection

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. 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 and based on the number of adults in the household (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between June 28 and August 1, 2016.

Weighting of Data

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, if an adult, 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.

Margin of Error

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones 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 ± 5 percent, since fewer respondents are in that category (e.g., adults 65 years old or older who were asked if they ever received a pneumonia vaccination).

In 2015, the Census Bureau estimated 103,349 adult residents in the county. Thus, in this report, one percentage point equals approximately 1,030 adults. So, when 16% of respondents reported their health was fair or poor, this roughly equals 16,480 residents $\pm 5,150$ individuals. Therefore, from 11,330 to 21,630 residents likely have fair or poor health. Because the margin of error is $\pm 5\%$, events or health risks that are small will include zero.

In 2014, the Census Bureau estimated 52,554 occupied housing units in Washington County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2014 household estimate, each percentage point for household-level data represents approximately 530 households.

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 reporting a cholesterol test four years ago or less in 2005 (77%) and the percentage of adults reporting this in 2016 (80%) 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 and marital status). 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 Wisconsin and national percentages are included to provide another perspective of the health issues.

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.

Definitions

Certain variables were recoded for better analysis and are listed below.

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

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. In 2005, the bottom 40% income bracket included survey categories less than \$30,001, the middle 20% income bracket was \$30,001 to \$50,000 and the top 40% income bracket was at least \$50,001. In 2008, 2011, 2014 and 2016, 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.

The 2008 recommended amount of physical activity by the Centers for Disease Control 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 typical week.

Overweight status was calculated using the Center for Disease Control’s Body Mass Index (BMI). Body Mass Index is calculated by using kilograms/meter². A BMI of 25.0 to 29.9 is considered overweight and 30.0 or more as obese. In this report “overweight” includes both overweight and obese respondents.

Current smoker is defined as someone who smoked a tobacco cigarette at least some days in the past 30 days.

The definition for binge drinking varies. 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 2011, 2014 and 2016, the Washington County Health Survey defined 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. In 2005 and 2008, the definition was five or more drinks, regardless of gender.

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 2016[®]

| | Survey Results |
|------------------------------|----------------|
| TOTAL | 100% |
| Gender | |
| Male | 49% |
| Female | 51 |
| Age | |
| 18 to 34 | 24% |
| 35 to 44 | 19 |
| 45 to 54 | 23 |
| 55 to 64 | 17 |
| 65 and Older | 18 |
| Education | |
| High School Graduate or Less | 25% |
| Some Post High School | 28 |
| College Graduate | 47 |
| Household Income | |
| Bottom 40 Percent Bracket | 22% |
| Middle 20 Percent Bracket | 18 |
| Top 40 Percent Bracket | 47 |
| Not Sure/No Answer | 19 |
| Married | 59% |

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

Summary

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

| Overall Health | | | | | | Health Conditions in Past 3 Years | | | | | |
|---|------|------|------|------|------|---|------|------|------|------|------|
| Washington County | 2005 | 2008 | 2011 | 2014 | 2016 | Washington County | 2005 | 2008 | 2011 | 2014 | 2016 |
| Excellent | 20% | 23% | 15% | 19% | 15% | High Blood Pressure | 25% | 21% | 28% | 27% | 26% |
| Very Good | 43% | 44% | 36% | 43% | 43% | High Blood Cholesterol | 21% | 19% | 21% | 23% | 21% |
| Fair or Poor | 12% | 12% | 19% | 12% | 16% | Mental Health Condition | | 11% | 8% | 18% | 16% |
| <i>Other Research: (2014)</i> | | | | | | Diabetes | 6% | 8% | 9% | 7% | 13% |
| <i>Fair or Poor</i> | | | | | | Asthma (Current) | 6% | 9% | 8% | 10% | 9% |
| | | | | | | Heart Disease/Condition | 7% | 10% | 8% | 6% | 8% |
| Health Care Coverage | | | | | | Condition Controlled Through Meds, Therapy or Lifestyle Changes | | | | | |
| Washington County | 2005 | 2008 | 2011 | 2014 | 2016 | High Blood Pressure | | 97% | 98% | 94% | |
| Not Covered | | | | | | High Blood Cholesterol | | 88% | 91% | 89% | |
| Personally (currently) | 3% | 2% | 10% | 5% | 5% | Mental Health Condition | | 100% | 96% | 89% | |
| Personally (past 12 months) | | 6% | 11% | 10% | 10% | Diabetes | | 69% | 96% | 96% | |
| Household Member (past 12 months) | 12% | 8% | 12% | 10% | 9% | Asthma (Current) | | 88% | 93% | 91% | |
| <i>Other Research: (2014)</i> | | | | | | Heart Disease/Condition | | 97% | 75% | 91% | |
| <i>Personally Not Covered (currently)</i> | | | | | | Routine Procedures | | | | | |
| | | | | | | Washington County | 2005 | 2008 | 2011 | 2014 | 2016 |
| Did Not Receive Care Needed in Past 12 Months | | | | | | Routine Checkup (2 yrs. ago or less) | 84% | 86% | 80% | 91% | 83% |
| Washington County | | | 2011 | 2014 | 2016 | Cholesterol Test (4 years ago or less) | 77% | 81% | 74% | 84% | 81% |
| Delayed/Did Not Seek Care Due to Cost | | | 15% | 16% | 23% | Dental Checkup (past year) | 76% | 78% | 71% | 72% | 72% |
| Prescript. Meds Not Taken Due to | | | | | | Eye Exam (past year) | 41% | 49% | 42% | 49% | 42% |
| Cost (Household) | | | 14% | 7% | 17% | <i>Other Research:</i> | | | | | |
| Unmet Care in Past 12 Months | | | | | | Routine Checkup (≤ 2 years; 2014) | | | | 82% | 81% |
| Medical Care | | | 12% | 10% | 15% | Cholesterol Test (≤ 5 years; 2014) | | | | 77% | 76% |
| Dental Care | | | 19% | 9% | 15% | Dental Checkup (past year; 2012) | | | | 72% | 67% |
| Mental Health Care | | | 1% | 2% | 3% | Physical Health and Nutrition | | | | | |
| Health Information and Services | | | | | | Washington County | 2005 | 2008 | 2011 | 2014 | 2016 |
| Washington County | 2005 | 2008 | 2011 | 2014 | 2016 | Physical Activity/Week | | | | | |
| Primary Source of Health Information | | | | | | Moderate Activity (5 times/30 min) | 36% | 42% | 30% | 35% | 36% |
| Doctor | | | 44% | 44% | 49% | Vigorous Activity (3 times/20 min) | | 28% | 26% | 26% | 28% |
| Internet | | | 27% | 32% | 25% | Recommended Moderate or Vigorous | | 52% | 40% | 46% | 45% |
| Myself/Family Member in Health Field | | | 5% | 5% | 11% | Overweight Status | | | | | |
| Other Health Professional | | | 7% | 6% | 5% | Overweight (BMI 25.0+) | 59% | 63% | 70% | 67% | 69% |
| Have a Primary Care Physician | | | | | 91% | Obese (BMI 30.0+) | 23% | 26% | 32% | 31% | 36% |
| Primary Health Services | | | | | | Fruit Intake (2+ servings/day) | 61% | 64% | 58% | 66% | 71% |
| Doctor/nurse practitioner's office | 90% | 87% | 81% | 84% | 84% | Vegetable Intake (3+ servings/day) | 23% | 28% | 22% | 29% | 34% |
| Urgent care center | <1% | 1% | 1% | 4% | 4% | At Least 5 Fruit/Vegetables/Day | 36% | 37% | 30% | 40% | 44% |
| Public health clinic/com. health center | 5% | 6% | 10% | 4% | 4% | Often Read Label of New Food Product | | | | | 55% |
| Hospital emergency room | <1% | 2% | <1% | 2% | 2% | Household Went Hungry in Past Year | | | | | 5% |
| Quickcare clinic/Fastcare clinic | -- | -- | -- | -- | 2% | <i>Other Research (2014):</i> | | | | | |
| Worksite clinic | -- | -- | -- | -- | 3% | Overweight (BMI 25.0+) | | | | 67% | 65% |
| No usual place | 1% | 2% | 6% | 3% | <1% | Obese (BMI 30.0+) | | | | 31% | 30% |
| Advance Care Plan | 43% | 43% | 38% | 43% | 46% | Colorectal Cancer Screenings (50 and Older) | | | | | |
| Vaccinations (65 and Older) | | | | | | Washington County | 2005 | 2008 | 2011 | 2014 | 2016 |
| Washington County | 2005 | 2008 | 2011 | 2014 | 2016 | Blood Stool Test (within past year) | 26% | -- | 15% | 9% | 10% |
| Flu Vaccination (past year) | 40% | 67% | 66% | 62% | 72% | Sigmoidoscopy (within past 5 years) | | 15% | 10% | 9% | 6% |
| Pneumonia (ever) | 61% | 68% | 73% | 79% | 75% | Colonoscopy (within past 10 years) | | 64% | 69% | 72% | 72% |
| <i>Other Research: (2014)</i> | | | | | | Screening in Recommended Time Frame | | 69% | 74% | 74% | 75% |
| <i>Flu Vaccination (past year)</i> | | | | | | | | | | | |
| <i>Pneumonia (ever)</i> | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|--|-------------|-------------|-------------|-------------|-------------|
| Women's Health | | | | | | Alcohol Use in Past Month | | | | | |
| Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> | Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> |
| Mammogram (50+; within past 2 years) | 76% | 88% | 77% | 84% | 82% | Binge Drinker | 21% | 29% | 33% | 39% | 34% |
| Bone Density Scan (65 and older) | 59% | 78% | 78% | 88% | 88% | Driver/Passenger When Driver | | | | | |
| Cervical Cancer Screening | | | | | | Perhaps Had Too Much to Drink | 5% | 3% | 3% | 3% | 2% |
| Pap Smear (18 – 65; within past 3 years) | 92% | 90% | 83% | 92% | 89% | | | | | | |
| HPV Test (18 – 65; within past 5 years) | | | | 57% | 55% | <i>Other Research: (2014)</i> | | | | <i>WI</i> | <i>U.S.</i> |
| Screening in Recommended Time Frame | | | | | | <i>Binge Drinker</i> | | | | 22% | 16% |
| (18-29: Pap every 3 years; 30 to 65: Pap and HPV every 5 years or Pap only every 3 years) | | | | 95% | 89% | | | | | | |
| <i>Other Research (2014)</i> | | | | <i>WI</i> | <i>U.S.</i> | Household Problems Associated With... | | | | | |
| <i>Mammogram (50+; within past 2 years)</i> | | | | 77% | 76% | Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> |
| <i>Pap Smear (18+; within past 3 years)</i> | | | | 77% | 75% | Alcohol | 8% | 3% | 1% | 1% | 2% |
| | | | | | | Marijuana | | | 2% | 2% | <1% |
| | | | | | | Gambling | | | 1% | 0% | <1% |
| | | | | | | Misuse of Prescription or OTC Drugs | | | 0% | 3% | <1% |
| | | | | | | Cocaine, Heroin or Other Street Drugs | | | <1% | <1% | 0% |
| Tobacco Cigarette Use | | | | | | | | | | | |
| Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> | Times of Distress in Past Three Years | | | | | |
| Current Smokers (past 30 days) | 20% | 17% | 17% | 20% | 18% | Washington County | | | | | <u>2016</u> |
| Of Current Smokers... | | | | | | Time of Distress and Someone in HH Looked | | | | | |
| Quit Smoking 1 Day or More in Past | | | | | | for Community Support | | | | | 19% |
| Year Because Trying to Quit | 51% | 62% | 62% | 50% | 46% | Of Respondents Who Looked for Support | | | | | |
| Saw a Health Care Professional in Past | | | | | | Felt Somewhat/Slightly or Not At All Supported | | | | | 41% |
| Year and Advised to Quit Smoking | 81% | 67% | 77% | 78% | 62% | | | | | | |
| <i>Other Research:</i> | | | | <i>WI</i> | <i>U.S.</i> | Mental Health Status | | | | | |
| <i>Current Smokers (2014)</i> | | | | 17% | 18% | Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> |
| <i>Tried to Quit (2005)</i> | | | | 49% | 56% | Felt Sad, Blue or Depressed | | | | | |
| | | | | | | Always/Nearly Always (past 30 days) | 4% | 4% | 3% | 6% | 5% |
| Exposure to Smoke | | | | | | Find Meaning & Purpose in Daily Life | | | | | |
| Washington County | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> | | Seldom/Never | 3% | 5% | 3% | 2% | 7% |
| Smoking Policy at Home | | | | | | Considered Suicide (past year) | 3% | 3% | 2% | 4% | 3% |
| Not allowed anywhere | 81% | 80% | 83% | 83% | | | | | | | |
| Allowed in some places/at some times | 8% | 7% | 5% | 9% | | Children in Household | | | | | |
| Allowed anywhere | 2% | 2% | 2% | <1% | | Washington County | | | <u>2011</u> | <u>2014</u> | <u>2016</u> |
| No rules inside home | 9% | 12% | 10% | 7% | | Personal Health Doctor/Nurse Who | | | | | |
| Nonsmokers Exposed to Second-Hand | | | | | | Knows Child Well and Familiar with History | | | 84% | 99% | 99% |
| Smoke In Past Seven Days | 28% | 16% | 9% | 10% | | Visited Personal Doctor/Nurse for | | | | | |
| <i>Other Research: (WI: 2005; US: 2006-08)</i> | | | | <i>WI</i> | <i>U.S.</i> | Preventive Care (past 12 months) | | | 82% | 91% | 91% |
| <i>Smoking Prohibited at Home</i> | | | | 75% | 79% | Did Not Receive Care Needed (past 12 months) | | | | | |
| | | | | | | Medical Care | | | <1% | <1% | 2% |
| Other Tobacco Products in Past Month | | | | | | Dental Care | | | 7% | 9% | 5% |
| Washington County | <u>2014</u> | <u>2016</u> | | | | Specialist | | | 0% | 2% | 2% |
| Electronic Cigarettes | 5% | 8% | | | | Current Asthma | | | 6% | 4% | 10% |
| Cigars, Cigarillos or Little Cigars | 4% | 6% | | | | Safe in Community/Neighborhood (seldom/never) | | | 0% | 0% | 1% |
| Smokeless Tobacco | 8% | 5% | | | | Children 5 to 17 Years Old | | | | | |
| | | | | | | Fruit Intake (2+ servings/day) | | | 71% | 73% | 82% |
| Top County Health Issues | | | | | | Vegetable Intake (3+ servings/day) | | | 21% | 30% | 39% |
| Washington County | <u>2016</u> | | | | | 5+ Fruit/Vegetables per Day | | | 26% | 38% | 50% |
| Illegal Drug Use | 51% | | | | | Physical Activity (60 min./5 or more days/week) | | | 63% | 80% | 61% |
| Alcohol Use or Abuse | 22% | | | | | Children 8 to 17 Years Old | | | | | |
| Overweight or Obesity | 18% | | | | | Unhappy, Sad or Depressed in Past 6 Months | | | | | |
| Access to Health Care | 18% | | | | | Always/Nearly Always | | | 3% | 2% | 4% |
| Chronic Diseases | 14% | | | | | Experienced Some Form of Bullying (past 12 months) | | | 19% | 32% | 33% |
| Cancer | 12% | | | | | Verbally Bullied | | | 18% | 30% | 30% |
| Prescription or OTC Drug Abuse | 9% | | | | | Physically Bullied | | | 9% | 13% | 3% |
| Mental Health or Depression | 8% | | | | | Cyber Bullied | | | 6% | 0% | 5% |
| Environmental Issues | 7% | | | | | | | | | | |
| Affordable Health Care | 7% | | | | | Personal Safety in Past Year | | | | | |
| Driving Problems | 5% | | | | | Washington County | <u>2005</u> | <u>2008</u> | <u>2011</u> | <u>2014</u> | <u>2016</u> |
| Lack of Physical Activity | 5% | | | | | Afraid for Their Safety | 8% | 4% | 4% | 7% | 2% |
| Access to Affordable Healthy Food | 5% | | | | | Pushed, Kicked, Slapped, or Hit | 2% | 3% | 3% | 2% | 3% |
| | | | | | | At Least One of the Safety Issues | 8% | 7% | 6% | 8% | 4% |

Overall Health and Health Care Key Findings

In 2016, 58% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket or who were inactive were more likely to report fair or poor health. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.*

In 2016, 5% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 34 years old, with a high school education or less or unmarried were more likely to report this. Ten percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 54 years old, with a high school education or less or unmarried were more likely to report this. Nine percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; unmarried respondents were more likely to report this. *From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, the overall percent statistically increased for respondents who reported no personal health care coverage at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically remained the same. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2016.*

In 2016, 23% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 45 to 54 years old, with a high school education or less or with a college education were more likely to report this. Seventeen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed. Respondents with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. *From 2011 to 2016, the overall percent statistically increased for respondents who reported they delayed or did not seek medical care because of a high deductible/high co-pay/did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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 while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet dental care while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet mental health care, as well as from 2014 to 2016.*

In 2016, 49% of respondents reported they contact a doctor when they need health information or clarification while 25% reported they go to the Internet. Eleven percent reported themselves or a family member is in the health care field and their source of information while 5% reported another health professional. Respondents 65 and older or in the bottom 40 percent household income bracket were more likely to report they contact a doctor. Respondents 18 to 34 years old were more likely to report the Internet as their source for health information. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report themselves or a family member in the health care field and their source for health information. Unmarried respondents were more likely to report another health professional as their source for health information. Ninety-one percent 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, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. Eighty-four percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female, 45 to 54 years old or 65 and older were more likely to report this. Forty-six percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. *From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a doctor or another health professional as their source for health information, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet*

as their source for health information while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.

In 2016, 83% of respondents reported a routine medical checkup two years ago or less while 80% reported a cholesterol test four years ago or less. Seventy-two percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents who were 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents 65 and older were more likely to report an eye exam in the past year. *From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup or an eye exam while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or a dental checkup, as well as from 2014 to 2016.*

In 2016, 45% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, in the top 40 percent household income bracket or married were more likely to report a flu vaccination. Seventy-five percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.*

Health Risk Factors Key Findings

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report high blood pressure. Twenty-one percent of respondents reported high blood cholesterol; respondents who were 65 and older, married or overweight were more likely to report this. Sixteen percent reported a mental health condition; unmarried respondents were more likely to report this. Thirteen percent of respondents reported diabetes. Respondents who were male, 55 and older, in the bottom 40 percent household income bracket, overweight or inactive respondents were more likely to report diabetes. Eight percent reported they were treated for, or told they had heart disease in the past three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report heart disease/condition. Nine percent reported current asthma; respondents who were female, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported diabetes, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was no statistical change.*

In 2016, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they considered suicide, as well as from 2014 to 2016. From*

2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.

Behavioral Risk Factors Key Findings

In 2016, 36% of respondents did moderate physical activity five times a week for 30 minutes. Twenty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 45% met the recommended amount of physical activity; male respondents were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity while from 2014 to 2016, there was no statistical change.*

In 2016, 69% of respondents were classified as at least overweight while 36% were obese. Respondents who were male or 45 to 54 years old were more likely to be classified as at least overweight or obese. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.*

In 2016, 71% of respondents reported two or more servings of fruit while 34% reported three or more servings of vegetables on an average day. Respondents with a college education, in the top 40 percent household income bracket, who were not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 45 to 54 years old, with a college education, in the middle 20 percent household income bracket, who were married, not overweight or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-four percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married, not overweight or who met the recommended amount of physical activity were more likely to report this. Fifty-five percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 45 to 54 years old, 65 and older or who were not overweight were more likely to report this. Five percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents in the bottom 40 percent household income bracket or who were unmarried were more likely to report this. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2014 to 2016, there was no statistical change.*

In 2016, 82% of female respondents 50 and older reported a mammogram within the past two years. Eighty-eight percent of female respondents 65 and older had a bone density scan. Eighty-nine percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-five percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-nine 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 or married respondents were more likely to meet the cervical cancer recommendation. *From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a cervical cancer screening in the recommended time frame.*

In 2016, 10% of respondents 50 and older reported a blood stool test within the past year. Six percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 72% reported a colonoscopy within the past

ten years. This results in 75% of respondents meeting the current colorectal cancer screening recommendations. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.*

In 2016, 18% of respondents were current tobacco cigarette smokers; respondents who were male, 18 to 34 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to be a smoker. In the past 12 months, 46% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-two percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of current smokers who reported their health professional advised them to quit smoking while from 2014 to 2016, there was no statistical change.*

In 2016, 83% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.*

In 2016, 8% of respondents used electronic cigarettes in the past 30 days; respondents 18 to 34 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to use e-cigarettes. Six percent of respondents used cigars, cigarillos or little cigars in the past 30 days; respondents who were male, 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. Five percent of respondents used smokeless tobacco in the past month; respondents who were male, 18 to 34 years old, with a high school education or less or married were more likely to use smokeless tobacco. *From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported past month use of electronic cigarettes, cigars/cigarillos/little cigars or smokeless tobacco.*

In 2016, 34% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month while from 2014 to 2016, there was no statistical change.*

In 2016, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana, gambling or with the misuse of prescription drugs/over-the-counter drugs. Zero percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the*

overall percent of respondents reporting a household problem with marijuana while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.

In 2016, 19% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Forty-one percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2016, 2% of respondents reported someone made them afraid for their personal safety in the past year. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.*

Children in Household Key Findings

In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-nine percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 91% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Five percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 2% reported their child did not receive the medical care needed. Two percent reported their child was not able to visit a specialist they needed to see. Ten percent of respondents reported their child currently had asthma. One percent of respondents reported their child was seldom or never safe in their community. Eighty-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 39% reported three or more servings of vegetables. This results in 50% of respondents reporting their 5 to 17 year old child ate at least five or more servings of fruits or vegetables. Sixty-one percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Four percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Thirty-three percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 30% reported verbal bullying, 5% cyber bullying and 3% reported physical bullying. *From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor/nurse or their child visited their personal doctor for preventive care in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child had asthma while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting their child was seldom/never safe in their community, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit a day, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child ate at least three servings of vegetables a day or ate at least five servings of fruits/vegetables while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall or verbally bullied while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was physically bullied while from 2014 to*

2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was cyber bullied, as well as from 2014 to 2016.

County Health Issues Key Findings

In 2016, respondents were asked to report the top three health issues in the county. The most often cited was illegal drug use (51%) followed by alcohol use/abuse (22%). Respondents 18 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents 35 to 44 years old, with a college education or in the top 60 percent household income bracket were more likely to report alcohol use/abuse as a top health issue. Eighteen percent reported overweight or obesity as a top county health problem. Respondents with a college education or in the top 60 percent household income bracket were more likely to report overweight or obesity. Eighteen percent of respondents reported access to health care as a top county health issue; respondents who were female, 45 to 54 years old, with a college education or married were more likely to report this. Fourteen percent of respondents reported chronic diseases as a top issue. Twelve percent of respondents reported cancer as a top issue; respondents in the top 40 percent household income bracket were more likely to report this. Nine percent reported prescription or over-the-counter drug abuse; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Eight percent of respondents reported mental health/depression as a top county health issue; female respondents were more likely to report this. Seven percent of respondents reported environmental issues, such as air, water, wind turbines or animal waste. Respondents 18 to 44 years old, with a high school education or less or unmarried respondents were more likely to report environmental issues. Seven percent of respondents reported affordable health care; respondents 45 to 64 years old or with a college education were more likely to report this. Five percent of respondents reported driving problems/aggressive driving or drunk driving as a top county health issue; respondents in the middle 20 percent household income bracket or married respondents were more likely to report this. Five percent of respondents reported lack of physical activity as a top issue. Respondents who were male, 18 to 34 years old or with some post high school education were more likely to report lack of physical activity. Five percent reported access to affordable healthy food; respondents 18 to 34 years old, with some post high school education or less or in the middle 20 percent household income bracket were more likely to report this. Four percent reported tobacco use. Respondents 18 to 34 years old, in the middle 20 percent household income bracket or unmarried respondents were more likely to report tobacco use as a top county health issue. Four percent reported violence or crime as a top county health issue; respondents 18 to 34 years old or with some post high school education were more likely to report this.

Key Findings

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

KEY FINDINGS: In 2016, 58% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket or who were inactive were more likely to report fair or poor health.

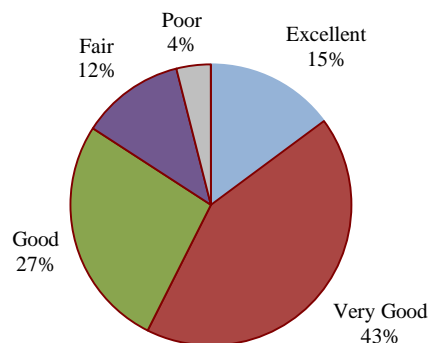
From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.

In 2014, 54% of Wisconsin respondents reported their health as excellent or very good while 15% reported fair or poor. Fifty-three percent of U.S. respondents reported their health as excellent or very good while 16% reported fair or poor (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Fifty-eight percent of respondents said their own health, generally speaking, was either excellent (15%) or very good (43%). A total of 16% reported their health was fair or poor.

Figure 1. Rate Own Health for 2016



- Twenty-three percent of respondents with some post high school education and 21% of those with a high school education or less reported their health was fair or poor compared to 8% of respondents with a college education.
- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 17% of those in the middle 20 percent income bracket or 8% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to report their health was fair or poor (38%) compared to those who did an insufficient amount of physical activity (15%) or respondents who met the recommended amount of physical activity (11%).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2005, respondents 55 and older were more likely to report fair or poor health. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting fair or poor health.
- In 2005, respondents with a high school education or less were more likely to report fair or poor health. In 2016, respondents with some post high school education or less were more likely to report fair or poor health. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting fair or poor health.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2005, overweight respondents were more likely to report fair or poor health. In 2016, overweight status was not a significant variable.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2014, respondents 45 to 54 years old or 65 and older were more likely to report fair or poor health. In 2016, age was not a significant variable.
- In 2014 and 2016, respondents with some post high school education or less were more likely to report fair or poor health.
- In 2014 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.
- In 2014 and 2016, inactive respondents were more likely to report fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|---------------------------------------|------|------|------|------|------|
| TOTAL | 12% | 12% | 19% | 12% | 16% |
| Gender | | | | | |
| Male | 11 | 13 | 22 | 12 | 16 |
| Female | 12 | 10 | 17 | 12 | 15 |
| Age ^{1,2,3,4} | | | | | |
| 18 to 34 ^{a,b} | 8 | 6 | 10 | 4 | 18 |
| 35 to 44 | 11 | 9 | 21 | 5 | 13 |
| 45 to 54 ^a | 5 | 12 | 22 | 19 | 16 |
| 55 to 64 | 21 | 14 | 16 | 13 | 15 |
| 65 and Older | 22 | 21 | 30 | 20 | 15 |
| Education ^{1,2,3,4,5} | | | | | |
| High School or Less | 18 | 22 | 32 | 16 | 21 |
| Some Post High School ^a | 11 | 9 | 14 | 14 | 23 |
| College Graduate | 6 | 5 | 7 | 6 | 8 |
| Household Income ^{1,2,3,4,5} | | | | | |
| Bottom 40 Percent Bracket | 24 | 21 | 30 | 19 | 24 |
| Middle 20 Percent Bracket | 12 | 15 | 15 | 13 | 17 |
| Top 40 Percent Bracket | 6 | 5 | 6 | 7 | 8 |
| Marital Status ^{2,3} | | | | | |
| Married | 11 | 7 | 13 | 11 | 13 |
| Not Married | 14 | 22 | 29 | 13 | 19 |
| Overweight Status ^{1,3} | | | | | |
| Not Overweight | 6 | 10 | 12 | 9 | 11 |
| Overweight | 15 | 13 | 23 | 14 | 17 |
| Physical Activity ^{2,3,4,5} | | | | | |
| Inactive | -- | 39 | 42 | 38 | 38 |
| Insufficient | -- | 9 | 19 | 11 | 15 |
| Recommended | -- | 6 | 12 | 8 | 11 |
| Smoking Status ^{2,3} | | | | | |
| Nonsmoker | 11 | 9 | 17 | 11 | 15 |
| Smoker | 15 | 21 | 29 | 16 | 19 |

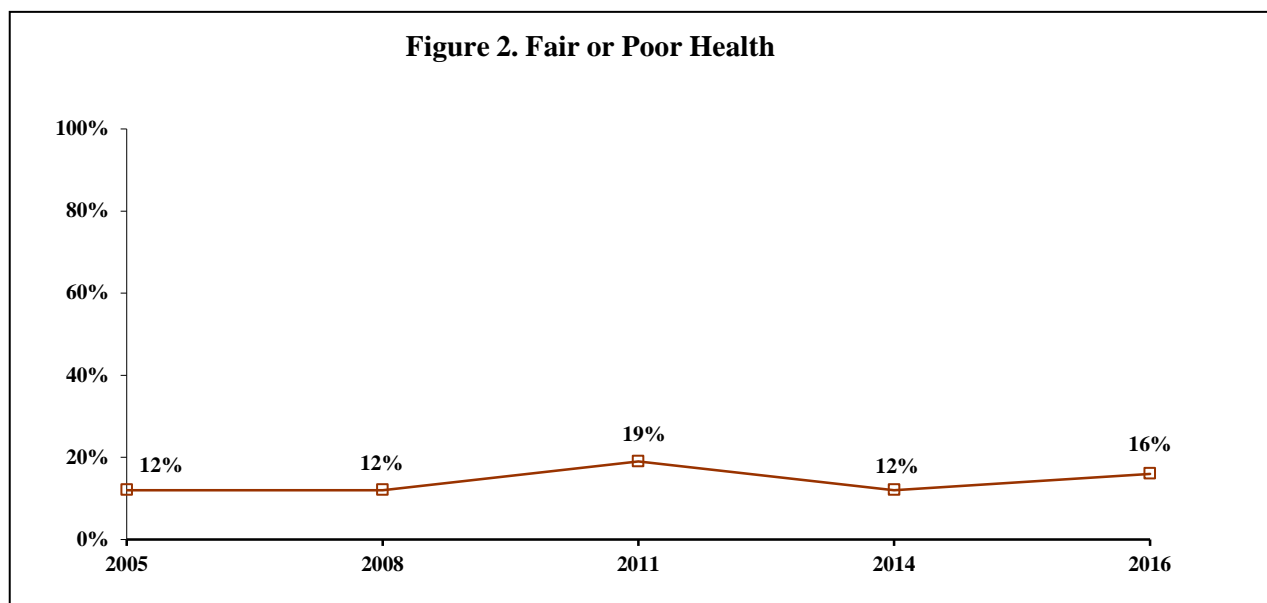
^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor as well as from 2014 to 2016.



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

KEY FINDINGS: In 2016, 5% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 34 years old, with a high school education or less or unmarried were more likely to report this. Ten percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 54 years old, with a high school education or less or unmarried were more likely to report this. Nine percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; unmarried respondents were more likely to report this.

From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, the overall percent statistically increased for respondents who reported no personal health care coverage at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically remained the same. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2016.

Personally Not Covered Currently

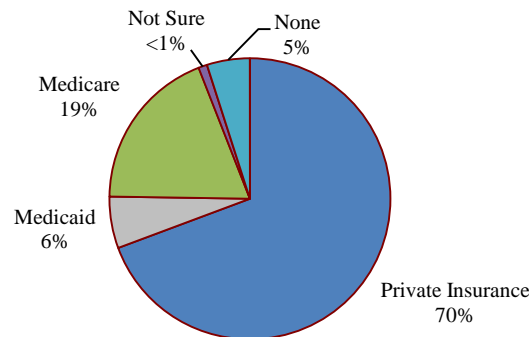
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2014, 9% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Thirteen percent of U.S. respondents reported this. Ten percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 15% of U.S. respondents 18 to 64 years old reported this (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Five percent of respondents reported they were not currently covered by any health care insurance. Seventy percent reported private insurance. Six percent reported Medicaid, including medical assistance, Title 19 or Badger Care, while 19% reported Medicare.

Figure 3. Type of Health Care Coverage for 2016



- Eight percent of male respondents reported they were not covered currently by health insurance compared to 2% of female respondents.
- Nine percent of respondents 18 to 34 years old reported they were not currently covered by health insurance compared to 1% of those 55 to 64 years old or 0% of respondents 65 and older.
- Ten percent of respondents with a high school education or less reported they were not covered currently by health insurance compared to 4% of those with some post high school education or 3% of respondents with a college education.
- Unmarried respondents were more likely to report they were not currently covered by health insurance (8%) compared to married respondents (2%).
 - Of the 278 respondents who reported they had private insurance, 87% reported they received private health insurance through an employer, 6% reported directly from an insurance company while another 3% reported an exchange.

2005 to 2016 Year Comparisons

- From 2005 to 2016, 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 insurance.
- In 2005, no demographic comparisons were conducted as a result of the small number of respondents reporting no personal health care insurance.

2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 insurance.

- In 2014 and 2016, male respondents were more likely to report no current personal health care coverage.
- In 2014 and 2016, respondents 18 to 34 years old were more likely to report no coverage.
- In 2014 and 2016, respondents with a high school education or less were more likely to report no personal health care coverage. From 2014 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting no coverage.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report no coverage. In 2016, household income was not a significant variable.
- In 2014 and 2016, unmarried respondents were more likely to report no health insurance. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting no coverage.

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

| | 2005 ^② | 2008 ^② | 2011 | 2014 | 2016 |
|------------------------------------|-------------------|-------------------|------|------|------|
| TOTAL | | | | | |
| All Respondents | 3% | 2% | 10% | 5% | 5% |
| Respondents 18 to 64 Years Old | 4 | 3 | 12 | 6 | 5 |
| Gender ^{3,4,5} | | | | | |
| Male | -- | -- | 15 | 7 | 8 |
| Female | -- | -- | 4 | 2 | 2 |
| Age ^{3,4,5} | | | | | |
| 18 to 34 | -- | -- | 19 | 11 | 9 |
| 35 to 44 | -- | -- | 13 | 1 | 3 |
| 45 to 54 | -- | -- | 7 | 5 | 7 |
| 55 to 64 | -- | -- | 7 | 4 | 1 |
| 65 and Older | -- | -- | 0 | 0 | 0 |
| Education ^{3,4,5} | | | | | |
| High School or Less | -- | -- | 10 | 10 | 10 |
| Some Post High School ^b | -- | -- | 14 | 0 | 4 |
| College Graduate | -- | -- | 4 | 3 | 3 |
| Household Income ^{3,4} | | | | | |
| Bottom 40 Percent Bracket | -- | -- | 19 | 3 | 9 |
| Middle 20 Percent Bracket | -- | -- | 8 | 10 | 7 |
| Top 40 Percent Bracket | -- | -- | 1 | 2 | 2 |
| Marital Status ^{3,4,5} | | | | | |
| Married ^b | -- | -- | 3 | 0 | 2 |
| Not Married | -- | -- | 19 | 11 | 8 |

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Personally Not Covered in the Past 12 Months

2016 Findings

- Ten percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months.
- Male respondents were more likely to report they were not covered at least part of the year (14%) compared to female respondents (6%).
- Fourteen percent of respondents 18 to 34 years old and 12% of those 35 to 54 years old reported they were not covered at least part of the year compared to 1% of respondents 65 and older.
- Sixteen percent of respondents with a high school education or less reported they were not covered at least part of the year compared to 9% those with a college education or 6% of respondents with some post high school education.
- Unmarried respondents were more likely to report they were not covered at least part of the year compared to married respondents (15% and 6%, respectively).

2008 to 2016 Year Comparisons

- From 2008 to 2016, the overall percent statistically increased for respondents who reported no personal health care coverage at least part of the time in the past 12 months.
- In 2008, gender was not a significant variable. In 2016, male respondents were more likely to report no coverage in the past 12 months, with a noted increase since 2008.
- In 2008, respondents 18 to 34 years old were more likely to report no coverage. In 2016, respondents 18 to 54 years old were more likely to report no coverage. From 2008 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old reporting no coverage.
- In 2008 and 2016, respondents with a high school education or less were more likely to report no coverage in the past 12 months. From 2008 to 2016, there was a noted increase in the percent of respondents with a college education reporting no coverage.
- In 2008, respondents in the middle 20 percent household income bracket were more likely to report no coverage. In 2016, household income was not a significant variable.
- In 2008 and 2016, unmarried respondents were more likely to report no health insurance.

2014 to 2016 Year Comparisons

- From 2014 to 2016, 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 12 months.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to report no coverage in the past 12 months.
- In 2014, respondents 18 to 34 years old or 45 to 54 years old were more likely to report no coverage. In 2016, respondents 18 to 54 years old were more likely to report no coverage.
- In 2014, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to report no coverage.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report no coverage. In 2016, household income was not a significant variable.
- In 2014 and 2016, unmarried respondents were more likely to report no health insurance. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting no coverage.

Table 4. Personally Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year^①

| | 2008 | 2011 | 2014 | 2016 |
|-----------------------------------|------|------|------|------|
| TOTAL ^a | 6% | 11% | 10% | 10% |
| Gender ^{2,4} | | | | |
| Male ^a | 5 | 15 | 12 | 14 |
| Female | 7 | 7 | 8 | 6 |
| Age ^{1,2,3,4} | | | | |
| 18 to 34 | 15 | 23 | 12 | 14 |
| 35 to 44 | 6 | 16 | 9 | 12 |
| 45 to 54 ^a | 3 | 7 | 13 | 12 |
| 55 to 64 | 0 | 7 | 9 | 4 |
| 65 and Older | 0 | 0 | 0 | 1 |
| Education ^{1,4} | | | | |
| High School or Less | 11 | 13 | 13 | 16 |
| Some Post High School | 5 | 14 | 9 | 6 |
| College Graduate ^a | 3 | 5 | 6 | 9 |
| Household Income ^{1,2,3} | | | | |
| Bottom 40 Percent Bracket | 8 | 22 | 16 | 10 |
| Middle 20 Percent Bracket | 17 | 9 | 11 | 14 |
| Top 40 Percent Bracket | 4 | 1 | 4 | 9 |
| Marital Status ^{1,2,3,4} | | | | |
| Married ^b | 3 | 4 | 1 | 6 |
| Not Married | 14 | 23 | 19 | 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 2008; ²demographic difference at p≤0.05 in 2011

³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Someone in Household Not Covered in the Past 12 Months

2016 Findings

- Nine percent of all respondents indicated someone in their household was not covered by insurance at least part of the time in the past 12 months.
- Fourteen percent of unmarried respondents reported someone in their household was not covered in the past 12 months compared to 6% of married respondents.

2005 to 2016 Year Comparisons

- From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.
- In 2005, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. From 2005 to 2016, there was a noted decrease in the percent of married respondents reporting someone in their household was not covered in the past 12 months.

2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.
- In 2014 and 2016, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting someone in their household was not covered in the past 12 months.

Table 5. Someone in Household Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|-----------------------------------|------|------|------|------|------|
| TOTAL | 12% | 8% | 12% | 10% | 9% |
| Household Income ^{2,3} | | | | | |
| Bottom 40 Percent Bracket | 15 | 11 | 24 | 11 | 8 |
| Middle 20 Percent Bracket | 15 | 20 | 9 | 10 | 14 |
| Top 40 Percent Bracket | 7 | 5 | 3 | 5 | 10 |
| Marital Status ^{2,3,4,5} | | | | | |
| Married ^{a,b} | 11 | 4 | 6 | 2 | 6 |
| Not Married | 14 | 17 | 23 | 19 | 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.

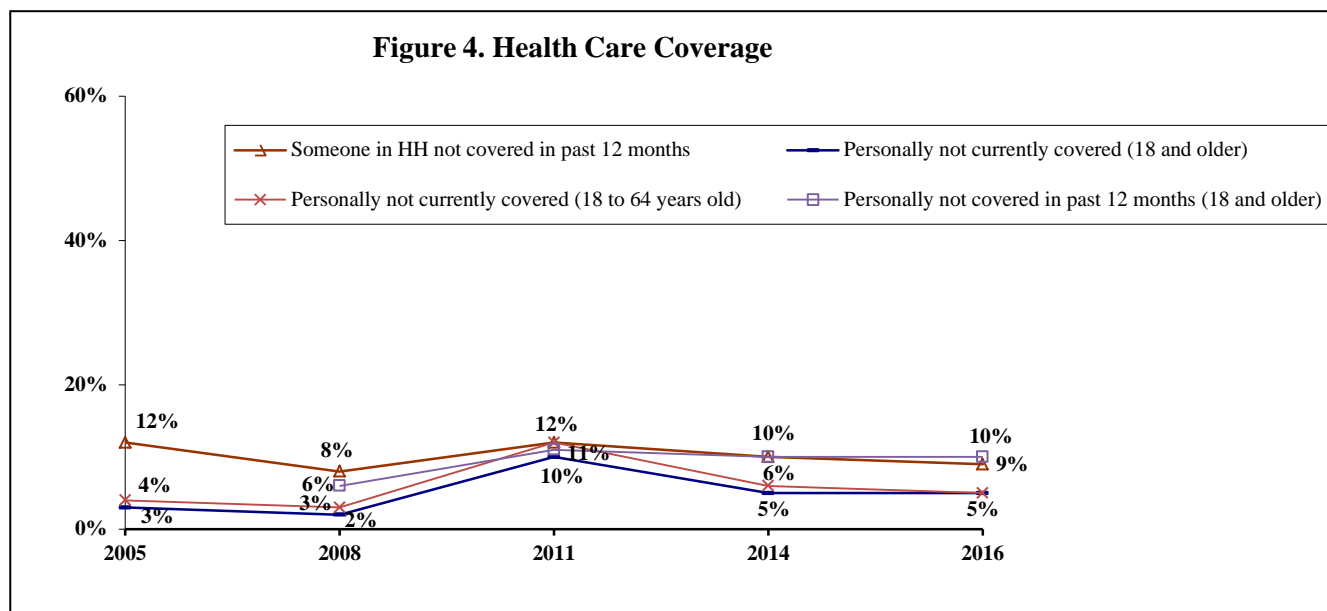
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Health Care Coverage Overall

Year Comparisons

- From 2005 to 2016, the overall percent statistically remained the same for respondents 18 and older who reported no current personal health care coverage, as well as from 2014 to 2016. From 2005 to 2016, the overall percent statistically remained the same for respondents 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2008 to 2016, the overall percent statistically increased for respondents who reported no personal health care coverage at least part of the time in the past 12 months while from 2014 to 2016, the overall percent statistically remained the same. From 2005 to 2016, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2016.



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

KEY FINDINGS: In 2016, 23% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 45 to 54 years old, with a high school education or less or with a college education were more likely to report this. Seventeen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed. Respondents with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.

From 2011 to 2016, the overall percent statistically increased for respondents who reported they delayed or did not seek medical care because of a high deductible/high co-pay/did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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 while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet dental care while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet mental health care, as well as from 2014 to 2016.

Financial Burden of Medical Care

2016 Findings

- Twenty-three percent of respondents reported in the past 12 months they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- Thirty-six percent of respondents 45 to 54 years old reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care compared to 15% of those 18 to 34 years old or 6% of respondents 65 and older.
- Twenty-seven percent of respondents with a college education and 26% of those with a high school education or less reported they delayed or did not seek medical care compared to 15% of respondents with some post high school education.

2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- In 2011, female respondents were more likely to report they delayed or did not seek medical care. In 2016, gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of male respondents reporting they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- In 2011, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report they delayed or did not seek medical care, with a noted increase since 2011.
- In 2011, education was not a significant variable. In 2016, respondents with a high school education or less or with a college education were more likely to report they delayed or did not seek medical care. From 2011 to 2016, there was a noted increase in the percent of respondents with a college education reporting they delayed or did not seek medical care.
- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report they delayed or did not seek medical care. In 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they delayed or did not seek medical care.
- In 2011, unmarried respondents were more likely to report they delayed or did not seek medical care. In 2016, marital status was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of married respondents reporting they delayed or did not seek medical care.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- In 2014 and 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- In 2014 and 2016, respondents 45 to 54 years old were more likely to report they delayed or did not seek medical care. From 2014 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old reporting they delayed or did not seek medical care.
- In 2014, education was not a significant variable. In 2016, respondents with a high school education or less or with a college education were more likely to report they delayed or did not seek medical care. From 2014 to 2016, there was a noted increase in the percent of respondents with a college education reporting they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- In 2014 and 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting they delayed or did not seek medical care.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of unmarried respondents reporting they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.

Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past 12 Months by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^{a,b} | 15% | 16% | 23% |
| Gender ¹ | | | |
| Male ^{a,b} | 9 | 12 | 25 |
| Female | 21 | 19 | 22 |
| Age ^{2,3} | | | |
| 18 to 34 | 14 | 18 | 15 |
| 35 to 44 | 23 | 16 | 29 |
| 45 to 54 ^{a,b} | 14 | 21 | 36 |
| 55 to 64 | 19 | 16 | 29 |
| 65 and Older | 7 | 3 | 6 |
| Education ³ | | | |
| High School or Less | 16 | 16 | 26 |
| Some Post High School | 17 | 14 | 15 |
| College Graduate ^{a,b} | 10 | 17 | 27 |
| Household Income ¹ | | | |
| Bottom 40 Percent Bracket ^b | 24 | 13 | 26 |
| Middle 20 Percent Bracket | 14 | 19 | 17 |
| Top 40 Percent Bracket ^{a,b} | 9 | 16 | 28 |
| Marital Status ¹ | | | |
| Married ^a | 12 | 19 | 22 |
| Not Married ^b | 19 | 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.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014

³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2011 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Financial Burden of Prescription Medications

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)

2016 Findings

- Seventeen percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.
- There were no statistically significant differences between demographic variables and responses of someone in the household not taking prescribed medication due to prescription costs.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting someone in the household had not taken their medication due to prescription costs.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.
- In 2014 and 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting someone in the household had not taken their medication due to prescription costs.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents across marital status reporting someone in the household had not taken their medication due to prescription costs.

Table 7. Prescription Medications Not Taken Due to Cost in Past 12 Months by Demographic Variables for Each Survey Year (Household Member)^①

| | 2011 | 2014 | 2016 |
|---------------------------------------|------|------|------|
| TOTAL ^b | 14% | 7% | 17% |
| Household Income | | | |
| Bottom 40 Percent Bracket | 19 | 9 | 17 |
| Middle 20 Percent Bracket | 14 | 6 | 11 |
| Top 40 Percent Bracket ^{a,b} | 11 | 5 | 20 |
| Marital Status | | | |
| Married ^b | 14 | 6 | 18 |
| Not Married ^b | 12 | 7 | 16 |

^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 2011; ²demographic difference at $p \leq 0.05$ in 2014

³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2011 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Unmet Medical Care

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)

2016 Findings

- Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed.
- Twenty-seven percent of respondents 35 to 44 years old and 26% of those 45 to 54 years old reported there was a time in the past 12 months they did not receive the medical care needed compared to 1% of respondents 65 and older.
- Nineteen percent of respondents in the bottom 40 percent household income bracket reported there was a time in the past 12 months they did not receive the medical care needed compared to 16% of those in the top 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.
 - Of the 58 respondents who reported an unmet medical care need, 40% reported the inability to pay was the reason while 32% reported co-payments too high. Twenty percent reported uninsured and 19% reported insurance did not cover it.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the medical care needed.
- In 2011, respondents 35 to 44 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2016, respondents 35 to 54 years old were more likely to report they did not receive the medical care needed. From 2011 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old reporting they did not receive the medical care needed.
- In 2011, respondents with some post high school education or less were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2016, education was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents with a college education reporting they did not receive the medical care needed.
- In 2011 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2011 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they did not receive the medical care needed.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the medical care needed.
- In 2014, respondents 45 to 54 years old were more likely to report they did not receive the medical care needed. In 2016, respondents 35 to 54 years old were more likely to report they did not receive the medical care needed. From 2014 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old reporting they did not receive the medical care needed.

- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with a college education reporting they did not receive the medical care needed.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the medical care needed. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they did not receive the medical care needed.

Table 8. Unmet Medical Care in Past 12 Months by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^b | 12% | 10% | 15% |
| Gender | | | |
| Male | 10 | 8 | 13 |
| Female | 13 | 11 | 16 |
| Age ^{1,2,3} | | | |
| 18 to 34 | 13 | 10 | 5 |
| 35 to 44 ^b | 23 | 3 | 27 |
| 45 to 54 ^a | 9 | 21 | 26 |
| 55 to 64 | 13 | 10 | 13 |
| 65 and Older | 1 | 1 | 1 |
| Education ¹ | | | |
| High School or Less | 15 | 10 | 11 |
| Some Post High School | 14 | 12 | 11 |
| College Graduate ^{a,b} | 4 | 6 | 19 |
| Household Income ^{1,3} | | | |
| Bottom 40 Percent Bracket | 20 | 11 | 19 |
| Middle 20 Percent Bracket ^a | 15 | 13 | 4 |
| Top 40 Percent Bracket ^{a,b} | 2 | 8 | 16 |
| Marital Status | | | |
| Married | 10 | 8 | 14 |
| Not Married | 14 | 11 | 16 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Unmet Dental Care

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)

2016 Findings

- Fifteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- Twenty-three percent of respondents with some post high school education or less reported they did not receive the dental care needed compared to 5% of respondents with a college education.

- Respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed (37%) compared to those in the middle 20 percent income bracket (22%) or respondents in the top 40 percent household income bracket (5%).
 - Of the 58 respondents who reported not receiving dental care needed, 36% reported the inability to pay as the reason while 35% reported uninsured. Nineteen percent reported insurance did not cover it.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the dental care needed.
- In 2011 and 2016, gender was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of female respondents reporting they did not receive the dental care needed.
- In 2011, respondents 35 to 44 years old or 55 to 64 years old were more likely to report they did not receive the dental care needed. In 2016, age was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they did not receive the dental care needed.
- In 2011, respondents with some post high school education were more likely to report they did not receive the dental care needed. In 2016, respondents with some post high school education or less were more likely to report they did not receive the dental care needed.
- In 2011 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. From 2011 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they did not receive the dental care needed.
- In 2011, unmarried respondents were more likely to report they did not receive the dental care needed. In 2016, marital status was not a significant variable.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the dental care needed.
- In 2014, female respondents were more likely to report in the past 12 months they did not receive the dental care needed. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents who reported they did not receive the dental care needed.
- In 2014, respondents 35 to 44 years old were more likely to report they did not receive the dental care needed. In 2016, age was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 64 years old reporting they did not receive the dental care needed.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report they did not receive the dental care needed, with a noted increase since 2014.
- In 2014 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting they did not receive the dental care needed.

- In 2014, unmarried respondents were more likely to report they did not receive the dental care needed. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting they did not receive the dental care needed.

Table 9. Unmet Dental Care in Past 12 Months by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^b | 19% | 9% | 15% |
| Gender ² | | | |
| Male ^b | 15 | 5 | 16 |
| Female ^a | 22 | 11 | 12 |
| Age ^{1,2} | | | |
| 18 to 34 ^b | 13 | 6 | 18 |
| 35 to 44 ^a | 27 | 17 | 8 |
| 45 to 54 ^b | 17 | 9 | 20 |
| 55 to 64 ^b | 28 | 3 | 15 |
| 65 and Older | 10 | 4 | 9 |
| Education ^{1,3} | | | |
| High School or Less ^b | 20 | 8 | 23 |
| Some Post High School ^b | 24 | 10 | 23 |
| College Graduate | 11 | 8 | 5 |
| Household Income ^{1,2,3} | | | |
| Bottom 40 Percent Bracket ^b | 27 | 17 | 37 |
| Middle 20 Percent Bracket ^b | 11 | 5 | 22 |
| Top 40 Percent Bracket ^a | 14 | 7 | 5 |
| Marital Status ^{1,2} | | | |
| Married ^b | 14 | 5 | 12 |
| Not Married | 26 | 13 | 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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Unmet Mental Health Care

2016 Findings

- Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.
- No demographic comparisons were conducted as a result of the small number of respondents reporting an unmet mental health care need.
 - Of the 12 respondents who reported not receiving mental health care needed, four respondents each reported they cannot afford to pay or poor mental health care as the reason for not receiving the mental health care needed.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed (1% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting an unmet mental health care need in both study years.

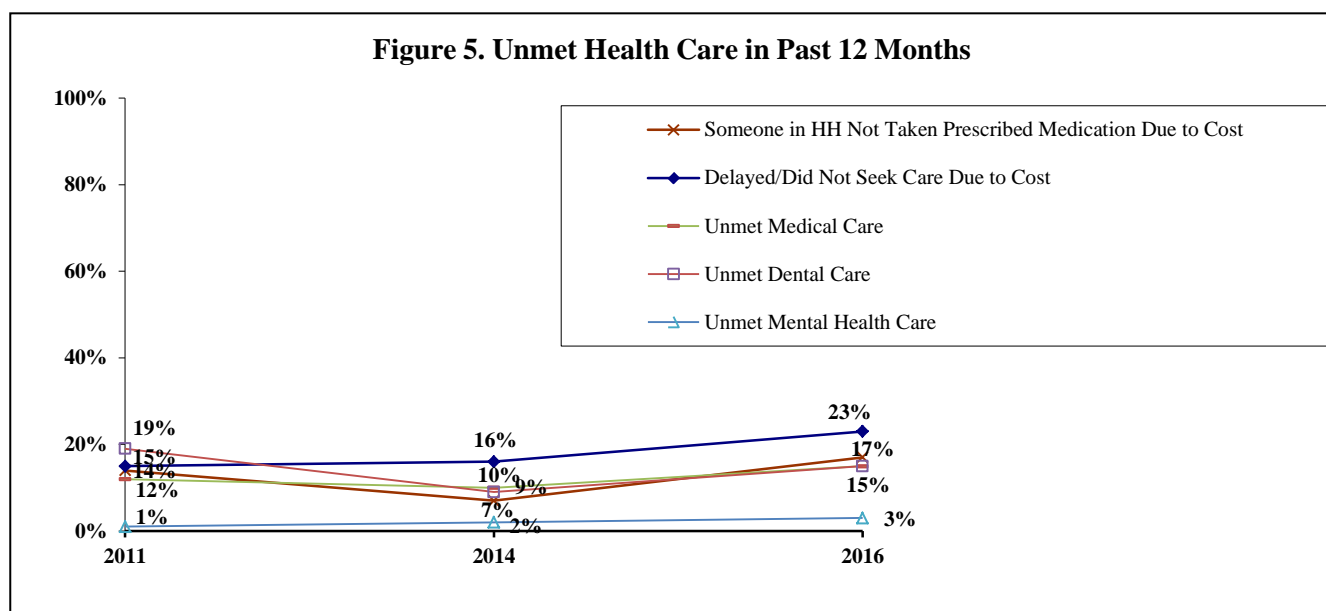
2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed (2% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting an unmet mental health care need in both study years.

Health Care Needed Overall

Year Comparisons

- From 2011 to 2016, the overall percent statistically increased for respondents who reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage, as well as from 2014 to 2016. From 2011 to 2016, 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 while from 2014 to 2016, the overall percent statistically increased. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care or unmet dental care while in 2014 to 2016, the overall percent statistically increased. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet mental health care, as well as from 2014 to 2016.



Health Information and Services (Figure 6; Tables 10 - 16)

KEY FINDINGS: In 2016, 49% of respondents reported they contact a doctor when they need health information or clarification while 25% reported they go to the Internet. Eleven percent reported themselves or a family member is in the health care field and their source of information while 5% reported another health professional. Respondents 65 and older or in the bottom 40 percent household income bracket were more likely to report they contact a doctor. Respondents 18 to 34 years old were more likely to report the Internet as their source for health information. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report themselves or a family member in the health care field and their source for health information. Unmarried respondents were more likely to report another health professional as their source for health information. Ninety-one percent 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, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. Eighty-four percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female, 45 to 54 years old or 65 and older were more likely to report this. Forty-six percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan.

From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a doctor or another health professional as their source for health information, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source for health information while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.

Doctor as Source for Health Information

2016 Findings

- Forty-nine percent of respondents reported they contact their doctor when looking for health information or clarification.
- Sixty-nine percent of respondents 65 and older reported a doctor as their source of health information/clarification compared to 42% of those 35 to 44 years old or 34% of respondents 18 to 34 years old.
- Sixty-one percent of respondents in the bottom 40 percent household income bracket reported a doctor as their source of health information/clarification compared to 57% of those in the middle 20 percent income bracket or 40% of respondents in the top 40 percent household income bracket.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents reporting they contact their doctor for health information/clarification.

- In 2011 and 2016, gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of male respondents reporting a doctor as their source of health information/clarification.
- In 2011, respondents 35 to 44 years old were more likely to report a doctor as their source of health information/clarification. In 2016, respondents 65 and older were more likely to report a doctor as their source, with a noted increase since 2011.
- In 2011 and 2016, education was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting a doctor as their source of health information/clarification.
- In 2011, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report a doctor as their source, with a noted increase since 2011.

2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents reporting they contact their doctor for health information/clarification.
- In 2014, female respondents were more likely to report a doctor as their source. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting they contact their doctor for health information/clarification.
- In 2014, respondents 55 and older were more likely to report a doctor as their source of health information/clarification. In 2016, respondents 65 and older were more likely to report a doctor as their source. From 2014 to 2016, 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 54 years old reporting they contact their doctor for health information/clarification.
- In 2014, respondents with a high school education or less were more likely to report they contact their doctor for health information/clarification. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting they contact their doctor for health information/clarification.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report a doctor as their source of health information/clarification. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report a doctor as their source of health information/clarification.
- In 2014, unmarried respondents were more likely to report a doctor as their source of health information/clarification. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of married respondents reporting they contact their doctor for health information/clarification.

Table 10. Doctor as Source for Health Information by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL | 44% | 44% | 49% |
| Gender ² | | | |
| Male ^{a,b} | 37 | 37 | 55 |
| Female | 50 | 50 | 43 |
| Age ^{1,2,3} | | | |
| 18 to 34 ^b | 28 | 49 | 34 |
| 35 to 44 ^b | 53 | 21 | 42 |
| 45 to 54 ^b | 44 | 37 | 53 |
| 55 to 64 | 50 | 55 | 50 |
| 65 and Older ^a | 49 | 56 | 69 |
| Education ² | | | |
| High School or Less | 49 | 56 | 53 |
| Some Post High School ^{a,b} | 40 | 34 | 54 |
| College Graduate | 40 | 38 | 43 |
| Household Income ^{2,3} | | | |
| Bottom 40 Percent Bracket ^a | 45 | 51 | 61 |
| Middle 20 Percent Bracket | 44 | 56 | 57 |
| Top 40 Percent Bracket | 43 | 33 | 40 |
| Marital Status ² | | | |
| Married ^b | 46 | 38 | 52 |
| Not Married | 40 | 51 | 44 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Internet as Source for Health Information

2016 Findings

- Twenty-five percent of respondents reported they go to the Internet when looking for health information or clarification.
- Forty percent of respondents 18 to 34 years old reported the Internet as their source for health information compared to 11% of those 35 to 44 years old or 7% of respondents 65 and older.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents reporting they go to the Internet for health information/clarification.
- In 2011 and 2016, respondents 18 to 34 years old were more likely to report they go to the Internet when looking for health information or clarification. From 2011 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they go to the Internet.

- In 2011, respondents with at least some post high school education were more likely to report they go to the Internet when looking for health information or clarification. In 2016, education was not a significant variable.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents reporting they go to the Internet for health information/clarification.
- In 2014, male respondents were more likely to report they go to the Internet when looking for health information or clarification. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting they go to the Internet.
- In 2014, respondents 35 to 44 years old were more likely to report they go to the Internet when looking for health information or clarification. In 2016, respondents 18 to 34 years old were more likely to report they go to the Internet. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they go to the Internet.
- In 2014, respondents with at least some post high school education were more likely to report they go to the Internet when looking for health information or clarification. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with at least some post high school education reporting they go to the Internet.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report they go to the Internet when looking for health information or clarification. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they go to the Internet.
- In 2014, married respondents were more likely to report they go to the Internet when looking for health information or clarification. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting they go to the Internet.

Table 11. Internet as Source for Health Information by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|
| TOTAL ^b | 27% | 32% | 25% |
| Gender ² | | | |
| Male ^b | 23 | 39 | 24 |
| Female | 30 | 26 | 26 |
| Age ^{1,2,3} | | | |
| 18 to 34 | 46 | 35 | 40 |
| 35 to 44 ^{a,b} | 24 | 63 | 11 |
| 45 to 54 | 32 | 32 | 33 |
| 55 to 64 | 18 | 17 | 23 |
| 65 and Older | 6 | 10 | 7 |
| Education ^{1,2} | | | |
| High School or Less | 20 | 17 | 26 |
| Some Post High School ^b | 30 | 43 | 24 |
| College Graduate ^b | 32 | 40 | 25 |
| Household Income ² | | | |
| Bottom 40 Percent Bracket | 22 | 21 | 25 |
| Middle 20 Percent Bracket | 35 | 22 | 36 |
| Top 40 Percent Bracket ^b | 32 | 43 | 24 |
| Marital Status ² | | | |
| Married ^b | 28 | 40 | 22 |
| Not Married | 25 | 22 | 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.

¹demographic difference at $p \leq 0.05$ in 2011; ²demographic difference at $p \leq 0.05$ in 2014

³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2011 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Myself/Family Member in Health Care Field as Source for Health Information

2016 Findings

- Eleven percent of respondents reported they were, or a family member was, in the health care field and was their source to go to when looking for health information or clarification.
- Female respondents were more likely to report they were, or a family member was, in the health care field and was their source to go to when looking for health information or clarification compared to male respondents (15% and 5%, respectively).
- Twenty-nine percent of respondents 35 to 44 reported they were, or a family member was, in the health care field and was their source compared to 3% of those 65 and older or 1% of respondents 45 to 54 years old.
- Nineteen percent of respondents with a college education reported they were, or a family member was, in the health care field and their source compared to 5% of those with some post high school education or 2% of respondents with a high school education or less.

- Eighteen percent of respondents in the top 40 percent household income bracket reported they were, or a family member was, in the health care field and was their source for health information compared to 1% of those in the bottom 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report they were, or a family member was, in the health care field and was their source compared to unmarried respondents (16% and 3%, respectively).

2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and was their source to go to when looking for health information or clarification.
- In 2011, gender was not a significant variable. In 2016, female respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2011.
- In 2011, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they were, or a family member was their source for health information, with a noted increase since 2011.
- In 2011, education was not a significant variable. In 2016, respondents with a college education were more likely to report they were, or a family member was, in the health care field and their source to go to when looking for health information or clarification, with a noted increase since 2011.
- In 2011, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2011.
- In 2011, marital status was not a significant variable. In 2016, married respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and was their source to go to when looking for health information or clarification.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information. From 2014 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting they were, or a family member was, in the health care field and their source for health information or clarification.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report they were, or a family member was their source, with a noted increase since 2011.
- In 2014, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting this.

- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report they were, or a family member was, in the health care field and their source, with a noted increase since 2014.

Table 12. Myself/Family Member as Source for Health Information by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^{a,b} | 5% | 5% | 11% |
| Gender ³ | | | |
| Male | 6 | 4 | 5 |
| Female ^{a,b} | 4 | 6 | 15 |
| Age ³ | | | |
| 18 to 34 | 5 | 5 | 10 |
| 35 to 44 ^{a,b} | 5 | 3 | 29 |
| 45 to 54 ^b | 2 | 9 | 1 |
| 55 to 64 ^b | 6 | 3 | 15 |
| 65 and Older | 7 | 3 | 3 |
| Education ³ | | | |
| High School or Less | 6 | 2 | 2 |
| Some Post High School | 5 | 8 | 5 |
| College Graduate ^{a,b} | 5 | 6 | 19 |
| Household Income ³ | | | |
| Bottom 40 Percent Bracket | 6 | 6 | 1 |
| Middle 20 Percent Bracket ^b | 3 | 7 | 0 |
| Top 40 Percent Bracket ^{a,b} | 6 | 4 | 18 |
| Marital Status ³ | | | |
| Married ^{a,b} | 6 | 5 | 16 |
| Not Married | 3 | 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.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Other Health Professional as Source for Health Information

2016 Findings

- Five percent of respondents reported they see another health professional when looking for health information or clarification.
- Seven percent of unmarried respondents reported another health professional as their source for health information compared to 3% of married respondents.

2011 to 2016 Year Comparisons

- From 2011 to 2016, the overall percent statistically remained the same for respondents reporting they contact another health professional for health information/clarification.

- In 2011 and 2016, gender was not a significant variable. From 2011 to 2016, there was a noted decrease in the percent of male respondents reporting they contact another health professional for health information/clarification.
- In 2011, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they contact another health professional for health information/clarification.

2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents reporting they contact another health professional for health information/clarification.
- In 2014 and 2016, age was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they contact another health professional for health information/clarification.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they contact another health professional for health information/clarification.

Table 13. Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|-----------------------------|------|------|------|
| TOTAL | 7% | 6% | 5% |
| Gender | | | |
| Male ^a | 9 | 4 | 4 |
| Female | 4 | 7 | 5 |
| Age | | | |
| 18 to 34 | 11 | 2 | 6 |
| 35 to 44 ^b | 4 | 7 | 0 |
| 45 to 54 | 7 | 7 | 6 |
| 55 to 64 | 2 | 5 | 7 |
| 65 and Older | 7 | 10 | 3 |
| Education | | | |
| High School or Less | 7 | 8 | 4 |
| Some Post High School | 7 | 5 | 6 |
| College Graduate | 7 | 3 | 4 |
| Household Income | | | |
| Bottom 40 Percent Bracket | 8 | 7 | 6 |
| Middle 20 Percent Bracket | 2 | 8 | 1 |
| Top 40 Percent Bracket | 4 | 5 | 7 |
| Marital Status ³ | | | |
| Married | 6 | 5 | 3 |
| Not Married | 8 | 6 | 7 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Primary Care Physician

2016 Findings

- Ninety-one percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (96%) compared to male respondents (86%).
- Respondents 65 and older were more likely to report a primary care physician (99%) compared to those 55 to 64 years old (91%) or respondents 18 to 34 years old (78%).
- Ninety-seven percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent income bracket reported a primary care physician compared to 77% of respondents in the middle 20 percent household income bracket.

Table 14. Have a Primary Care Physician by Demographic Variables for 2016[Ⓢ]

| | 2016 |
|-------------------------------|------|
| TOTAL | 91% |
| Gender ¹ | |
| Male | 86 |
| Female | 96 |
| Age ¹ | |
| 18 to 34 | 78 |
| 35 to 44 | 97 |
| 45 to 54 | 95 |
| 55 to 64 | 91 |
| 65 and Older | 99 |
| Education | |
| High School or Less | 86 |
| Some Post High School | 91 |
| College Graduate | 94 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 97 |
| Middle 20 Percent Bracket | 77 |
| Top 40 Percent Bracket | 97 |
| Marital Status | |
| Married | 92 |
| Not Married | 89 |

[Ⓢ]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 2016

Primary Health Care Services

2016 Findings

- Eighty-four percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Four percent of respondents each reported urgent care center or public health clinic/community center.
- Female respondents were more likely to report a doctor's or nurse practitioner's office (88%) compared to male respondents (79%).
- Ninety-four percent of respondents 45 to 54 years old and 93% of those 65 and older reported a doctor's or nurse practitioner's office compared to 63% of respondents 18 to 34 years old.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2016, there was a noted decrease in the percent of male respondents reporting a doctor's or nurse practitioner's office.
- In 2005, age was not a significant variable. In 2016, respondents 45 to 54 years old or 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a doctor's or nurse practitioner's office.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with at least some post high school education reporting a doctor's or nurse practitioner's office.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a doctor's or nurse practitioner's office.
- In 2005, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

2014 to 2016 Year Comparisons

- From 2014 to 2016, the overall percent statistically remained the same for respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report a doctor's or nurse practitioner's office.
- In 2014, respondents 45 and older were more likely to report a doctor's or nurse practitioner's office. In 2016, respondents 45 to 54 years old or 65 and older were more likely to report a doctor's or nurse practitioner's office.
- In 2014, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2016, marital status was not a significant variable.

Table 15. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|------|------|
| TOTAL ^a | 90% | 87% | 81% | 84% | 84% |
| Gender ^{2,3,5} | | | | | |
| Male ^a | 88 | 80 | 74 | 81 | 79 |
| Female | 91 | 93 | 88 | 86 | 88 |
| Age ^{4,5} | | | | | |
| 18 to 34 ^a | 87 | 87 | 77 | 73 | 63 |
| 35 to 44 | 92 | 87 | 82 | 84 | 88 |
| 45 to 54 | 87 | 82 | 78 | 88 | 94 |
| 55 to 64 | 96 | 92 | 84 | 88 | 87 |
| 65 and Older | 86 | 87 | 87 | 89 | 93 |
| Education ² | | | | | |
| High School or Less | 85 | 80 | 84 | 84 | 85 |
| Some Post High School ^a | 91 | 88 | 79 | 83 | 80 |
| College Graduate ^a | 93 | 90 | 80 | 84 | 85 |
| Household Income ³ | | | | | |
| Bottom 40 Percent Bracket | 86 | 81 | 76 | 78 | 82 |
| Middle 20 Percent Bracket | 90 | 94 | 92 | 84 | 84 |
| Top 40 Percent Bracket ^a | 94 | 87 | 88 | 89 | 84 |
| Marital Status ^{1,2,4} | | | | | |
| Married ^a | 92 | 89 | 84 | 91 | 86 |
| Not Married | 85 | 81 | 77 | 75 | 81 |

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Advance Care Plan

2016 Findings

- Forty-six 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.
- Eighty-five percent of respondents 65 and older reported they had an advance care plan compared to 36% of those 35 to 44 years old or 18% of respondents 18 to 34 years old.

2005 to 2016 Year Comparisons

- From 2005 to 2016, the overall percent statistically remained the same for respondents having an advance care plan.
- In 2005 and 2016, respondents 65 and older were more likely to report having an advance care plan.

- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting an advance care plan.

2014 to 2016 Year Comparisons

- From 2014 to 2016 the overall percent statistically remained the same for respondents having an advance care plan.
- In 2014 and 2016, respondents 65 and older were more likely to report having an advance care plan.

Table 16. Advance Care Plan by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 43% | 43% | 38% | 43% | 46% |
| Gender | | | | | |
| Male | 41 | 43 | 35 | 41 | 49 |
| Female | 45 | 43 | 42 | 45 | 43 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 | 24 | 19 | 18 | 26 | 18 |
| 35 to 44 | 35 | 47 | 16 | 36 | 36 |
| 45 to 54 | 48 | 30 | 30 | 45 | 51 |
| 55 to 64 | 40 | 58 | 52 | 36 | 49 |
| 65 and Older | 82 | 82 | 85 | 79 | 85 |
| Education | | | | | |
| High School or Less | 45 | 40 | 37 | 43 | 48 |
| Some Post High School | 45 | 40 | 39 | 39 | 46 |
| College Graduate | 40 | 46 | 38 | 47 | 45 |
| Household Income | | | | | |
| Bottom 40 Percent Bracket | 48 | 39 | 37 | 48 | 46 |
| Middle 20 Percent Bracket ^a | 35 | 40 | 39 | 38 | 54 |
| Top 40 Percent Bracket | 41 | 42 | 39 | 44 | 43 |
| Marital Status ² | | | | | |
| Married | 46 | 49 | 40 | 43 | 49 |
| Not Married | 39 | 30 | 35 | 43 | 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.

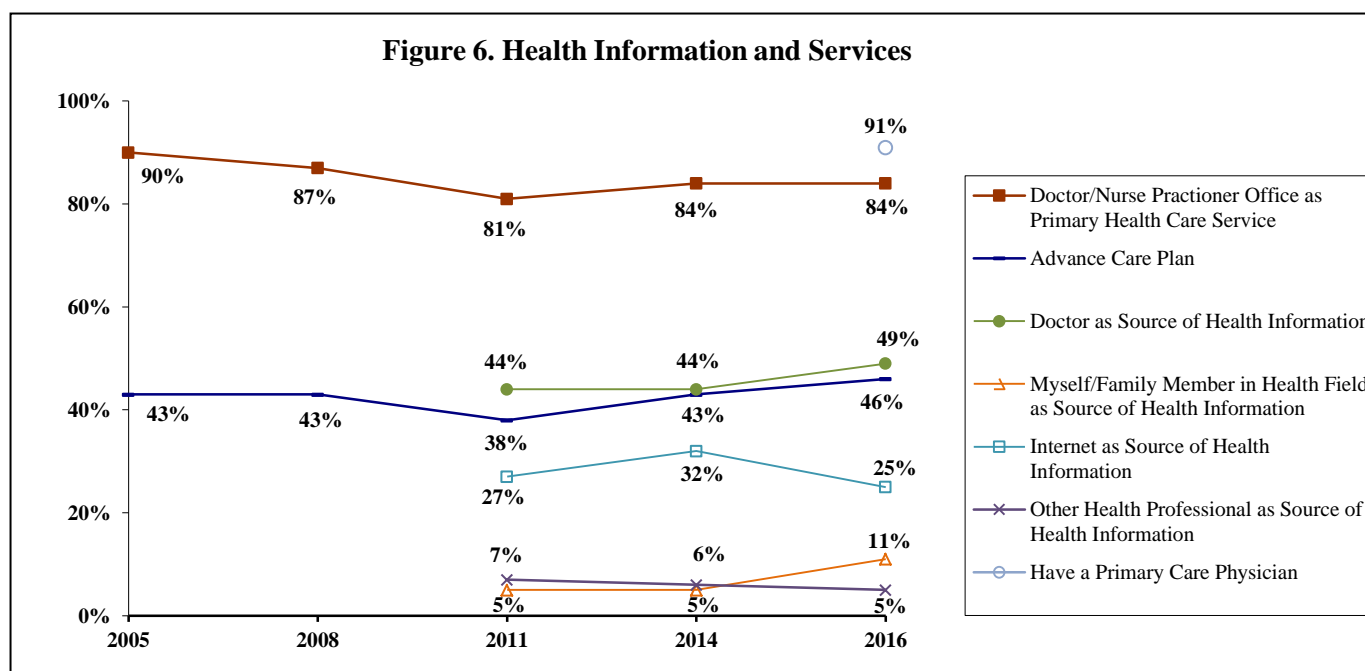
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Health Information and Services Overall

Year Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a doctor or another health professional as their source of health information, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting the Internet as their source of health information while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting they were, or a family member was, in the health care field and their source for health information, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.



Routine Procedures (Figure 7; Tables 17 - 20)

KEY FINDINGS: In 2016, 83% of respondents reported a routine medical checkup two years ago or less while 80% reported a cholesterol test four years ago or less. Seventy-two percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents who were 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents 65 and older were more likely to report an eye exam in the past year.

From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup or an eye exam while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or a dental checkup, as well as from 2014 to 2016.

Routine Checkup

In 2014, 68% of Wisconsin respondents reported in the past year they had a routine checkup, 14% reported past two years, 9% past five years and 8% five or more years ago. Nationally, 68% reported past year, 13% past two years, 8% past five years and 8% five or more years ago (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighty-three 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 (95%) compared to male respondents (71%).
- Respondents 65 and older were more likely to report a routine checkup in the past two years (96%) compared to those 18 to 34 years old (76%) or respondents 35 to 44 years old (69%).
- Eighty-eight percent of respondents in the bottom 40 percent household income bracket and 86% of those in the top 40 percent income bracket reported a routine checkup in the past two years compared to 72% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report a routine checkup in the past two years compared to unmarried respondents (89% and 74%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2005 and 2016, female respondents were more likely to report a routine checkup two years ago or less. From 2005 to 2016, there was a noted increase in the percent of female respondents reporting a routine checkup.
- In 2005, age was not a significant variable. In 2016, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2005 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 45 to 54 years old reporting a routine checkup two years ago or less.
- In 2005, respondents with a college education were more likely to report a routine checkup two years ago or less. In 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education and a noted decrease in the percent of respondents with a college education reporting a routine checkup two years ago or less.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less.
- In 2005 and 2016, married respondents were more likely to report a routine checkup two years ago or less.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2014 and 2016, female respondents were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting a routine checkup two years ago or less.
- In 2014, age was not a significant variable. In 2016, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old reporting a routine checkup two years ago or less.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education reporting a routine checkup two years ago or less.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a routine checkup two years ago or less.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report a routine checkup two years ago or less. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a routine checkup two years ago or less.

Table 17. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^b | 84% | 86% | 80% | 91% | 83% |
| Gender ^{1,4,5} | | | | | |
| Male ^b | 77 | 85 | 76 | 85 | 71 |
| Female ^a | 89 | 87 | 83 | 96 | 95 |
| Age ^{2,3,5} | | | | | |
| 18 to 34 ^b | 86 | 74 | 63 | 93 | 76 |
| 35 to 44 ^{a,b} | 84 | 88 | 77 | 85 | 69 |
| 45 to 54 ^a | 78 | 91 | 82 | 95 | 89 |
| 55 to 64 | 85 | 90 | 87 | 88 | 87 |
| 65 and Older | 89 | 97 | 93 | 93 | 96 |
| Education ¹ | | | | | |
| High School or Less | 82 | 85 | 78 | 89 | 82 |
| Some Post High School ^a | 77 | 83 | 79 | 93 | 89 |
| College Graduate ^{a,b} | 91 | 89 | 83 | 91 | 80 |
| Household Income ^{2,3,5} | | | | | |
| Bottom 40 Percent Bracket | 89 | 78 | 74 | 92 | 88 |
| Middle 20 Percent Bracket ^b | 81 | 82 | 75 | 97 | 72 |
| Top 40 Percent Bracket | 86 | 96 | 88 | 88 | 86 |
| Marital Status ^{1,2,3,5} | | | | | |
| Married | 88 | 89 | 84 | 93 | 89 |
| Not Married ^b | 77 | 79 | 73 | 89 | 74 |

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Cholesterol Test

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

In 2014, 77% of Wisconsin respondents and 76% of U.S. respondents reported they had their cholesterol checked within the past five years (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighty percent of respondents reported having their cholesterol tested four years ago or less. Five percent reported five or more years ago while 8% reported never having their cholesterol tested.
- Ninety-four percent of respondents 45 to 54 years old reported a cholesterol test four years ago or less compared to 80% of those 35 to 44 years old or 55% of respondents 18 to 34 years old.
- Eighty-six percent of respondents with a college education reported a cholesterol test four years ago or less compared to 80% of those with some post high school education or 69% of respondents with a high school education or less.

- Eighty-eight percent of respondents in the top 40 percent household income bracket reported having their cholesterol tested four years ago or less compared to 79% of those in the bottom 40 percent income bracket or 75% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report a cholesterol test four years ago or less compared to unmarried respondents (90% and 66%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2005, respondents 55 and older were more likely to report a cholesterol test four years ago or less. In 2016, respondents 45 to 54 years old were more likely to report a cholesterol test four years ago or less, with a noted increase since 2005.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report a cholesterol test four years ago or less.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less.
- In 2005 and 2016, married respondents were more likely to report a cholesterol test four years ago or less. From 2005 to 2016, there was a noted increase in the percent of married respondents reporting a cholesterol test four years ago or less.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2014, respondents 45 to 54 years old or 65 and older were more likely to report a cholesterol test four years ago or less. In 2016, respondents 45 to 54 years old were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting a cholesterol test four years ago or less.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting a cholesterol test.
- In 2014, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less.
- In 2014 and 2016, married respondents were more likely to report a cholesterol test four years ago or less. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a cholesterol test four years ago or less.

Table 18. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year[®]

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|------|------|
| TOTAL | 77% | 81% | 74% | 84% | 80% |
| Gender | | | | | |
| Male | 75 | 82 | 74 | 82 | 76 |
| Female | 78 | 80 | 74 | 86 | 84 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^b | 57 | 65 | 53 | 72 | 55 |
| 35 to 44 | 73 | 79 | 68 | 84 | 80 |
| 45 to 54 ^a | 83 | 91 | 81 | 90 | 94 |
| 55 to 64 | 91 | 98 | 84 | 87 | 85 |
| 65 and Older | 91 | 92 | 89 | 89 | 90 |
| Education ⁵ | | | | | |
| High School or Less ^b | 75 | 79 | 72 | 81 | 69 |
| Some Post High School | 71 | 82 | 73 | 84 | 80 |
| College Graduate | 82 | 82 | 77 | 87 | 86 |
| Household Income ^{2,3,5} | | | | | |
| Bottom 40 Percent Bracket | 75 | 73 | 66 | 79 | 79 |
| Middle 20 Percent Bracket | 71 | 77 | 83 | 85 | 75 |
| Top 40 Percent Bracket | 82 | 92 | 81 | 89 | 88 |
| Marital Status ^{1,2,3,4,5} | | | | | |
| Married ^a | 82 | 85 | 80 | 89 | 90 |
| Not Married ^b | 68 | 74 | 65 | 78 | 66 |

[®]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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Dental Checkup

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 2012, 72% of Wisconsin respondents and 67% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2012 Behavioral Risk Factor Surveillance).

2016 Findings

- Seventy-two percent of respondents reported a dental visit in the past year. An additional 15% had a visit in the past one to two years.

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.

- Female respondents were more likely to report a dental visit in the past year (79%) compared to male respondents (65%).
- Respondents with a college education were more likely to report a dental checkup in the past year (84%) compared to those with some post high school education (65%) or respondents with a high school education or less (57%).
- Eighty-six percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 68% 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 visit in the past year compared to unmarried respondents (78% and 64%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year. From 2005 to 2016, there was a noted decrease in the percent of male respondents reporting a dental checkup in the past year.
- In 2005, respondents 45 to 54 years old were more likely to report a dental checkup in the past year. In 2016, age was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a dental checkup in the past year.
- In 2005, respondents with at least some post high school education were more likely to report a dental checkup in the past year. In 2016, respondents with a college education were more likely to report a dental checkup. From 2005 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting a dental checkup within the past year.
- In 2005 and 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting a dental checkup in the past year.
- In 2005 and 2016, married respondents were more likely to report a dental checkup in the past year.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year.
- In 2014 and 2016, respondents with a college education were more likely to report a dental checkup in the past year.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2014 and 2016, married respondents were more likely to report a dental checkup in the past year.

Table 19. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 76% | 78% | 71% | 72% | 72% |
| Gender ⁵ | | | | | |
| Male ^a | 77 | 77 | 70 | 68 | 65 |
| Female | 75 | 79 | 72 | 77 | 79 |
| Age ^{1,2,3} | | | | | |
| 18 to 34 | 67 | 72 | 60 | 71 | 65 |
| 35 to 44 | 84 | 85 | 55 | 65 | 77 |
| 45 to 54 ^a | 88 | 83 | 86 | 79 | 76 |
| 55 to 64 | 74 | 86 | 81 | 75 | 73 |
| 65 and Older | 63 | 64 | 74 | 73 | 71 |
| Education ^{1,2,3,4,5} | | | | | |
| High School or Less | 63 | 60 | 65 | 62 | 57 |
| Some Post High School ^a | 82 | 81 | 69 | 67 | 65 |
| College Graduate | 85 | 90 | 81 | 90 | 84 |
| Household Income ^{1,2,3,4,5} | | | | | |
| Bottom 40 Percent Bracket ^a | 60 | 60 | 52 | 57 | 44 |
| Middle 20 Percent Bracket | 77 | 78 | 71 | 73 | 68 |
| Top 40 Percent Bracket | 86 | 84 | 84 | 84 | 86 |
| Marital Status ^{1,2,3,4,5} | | | | | |
| Married | 81 | 86 | 78 | 82 | 78 |
| Not Married | 68 | 62 | 59 | 61 | 64 |

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Eye Exam

2016 Findings

- Forty-two percent of respondents had an eye exam in the past year while 30% reported one to two years ago.
- Sixty-one percent of respondents 65 and older reported an eye exam in the past year compared to 33% of respondents 18 to 34 years old or 45 to 54 years old.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2005, respondents 55 to 64 years old were more likely to report an eye exam less than a year ago. In 2016, respondents 65 and older were more likely to report an eye exam less than a year ago.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2014, female respondents were more likely to report an eye exam less than a year ago. In 2016, gender was not a significant variable.
- In 2014 and 2016, respondents 65 and older were more likely to report an eye exam less than a year ago. From 2014 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting an exam less than a year ago.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education reporting an eye exam less than a year ago.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting an eye exam less than a year ago.

Table 20. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|-------------------------------|------|------|------|------|------|
| TOTAL ^b | 41% | 49% | 42% | 49% | 42% |
| Gender ^{3,4} | | | | | |
| Male | 38 | 49 | 36 | 44 | 39 |
| Female | 44 | 49 | 48 | 54 | 45 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 | 30 | 32 | 26 | 39 | 33 |
| 35 to 44 | 42 | 52 | 35 | 44 | 43 |
| 45 to 54 ^b | 35 | 49 | 31 | 51 | 33 |
| 55 to 64 | 56 | 51 | 51 | 50 | 41 |
| 65 and Older | 52 | 70 | 76 | 66 | 61 |
| Education | | | | | |
| High School or Less | 40 | 52 | 47 | 45 | 38 |
| Some Post High School | 42 | 51 | 40 | 49 | 46 |
| College Graduate ^b | 43 | 43 | 39 | 54 | 41 |
| Household Income ² | | | | | |
| Bottom 40 Percent Bracket | 47 | 49 | 41 | 52 | 46 |
| Middle 20 Percent Bracket | 40 | 58 | 49 | 51 | 41 |
| Top 40 Percent Bracket | 39 | 37 | 34 | 46 | 39 |
| Marital Status | | | | | |
| Married ^b | 38 | 50 | 45 | 50 | 40 |
| Not Married | 47 | 45 | 37 | 48 | 44 |

^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.

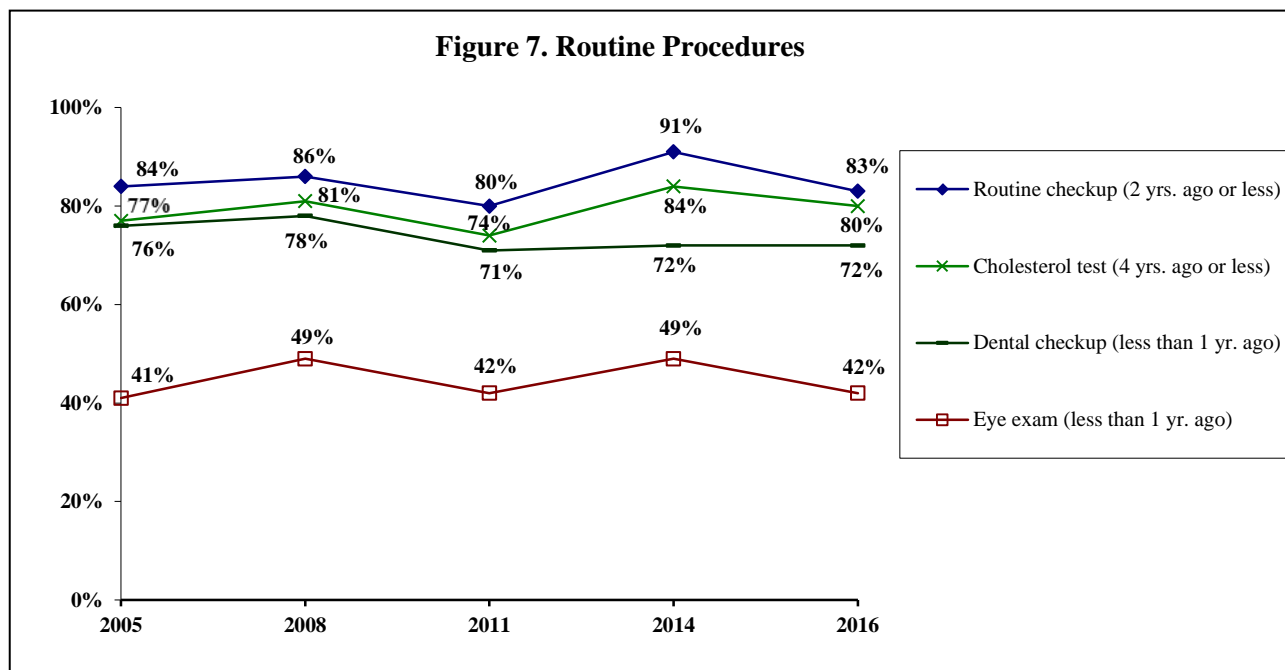
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Routine Procedures Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less or an eye exam in the past year while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2014 to 2016.



Vaccinations (Figure 8; Table 21)

KEY FINDINGS: In 2016, 45% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, in the top 40 percent household income bracket or married were more likely to report a flu vaccination. Seventy-five percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2016.

Flu Vaccination

The Healthy People 2020 goal for adults 18 and older having an annual influenza vaccination is 70%. (Objectives IID-12.8)

In 2014, 54% of Wisconsin respondents and 61% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Forty-five percent of respondents had a flu shot or flu vaccine that was sprayed in their nose in the past 12 months.
- Female respondents were more likely to report receiving a flu vaccination (56%) compared to male respondents (34%).
- Seventy-two percent of respondents 65 and older reported receiving a flu vaccination compared to 37% of those 35 to 44 years old or 25% of respondents 18 to 34 years old.
- Respondents in the top 40 percent household income bracket were more likely to report receiving a flu vaccination (53%) compared to those in the bottom 40 percent income bracket (42%) or respondents in the middle 20 percent household income bracket (30%).
- Married respondents were more likely to report receiving a flu vaccination compared to unmarried respondents (56% and 30%, respectively).

2005 to 2016 Year Comparisons

In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2005, gender was not a significant variable. In 2016, female respondents were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2005 and 2016, respondents 65 and older were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across age reporting a flu vaccination.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across education reporting a flu vaccination.
- In 2005, respondents in the bottom 40 percent household income bracket were more likely to report a flu vaccination. In 2016, respondents in the top 40 percent household income bracket were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report a flu vaccination. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.

- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report a flu vaccination, with a noted increase since 2014.
- In 2014 and 2016, respondents 65 and older were more likely to report a flu vaccination. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a flu vaccination.
- In 2014, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a flu vaccination.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report a flu vaccination, with a noted increase since 2014.

Table 21. Flu Vaccination by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^a | 16% | 35% | 44% | 43% | 45% |
| Gender ⁵ | | | | | |
| Male ^a | 12 | 36 | 40 | 40 | 34 |
| Female ^{a,b} | 19 | 33 | 47 | 45 | 56 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^a | 9 | 15 | 34 | 28 | 25 |
| 35 to 44 ^{a,b} | 8 | 35 | 37 | 55 | 37 |
| 45 to 54 ^a | 9 | 27 | 36 | 35 | 45 |
| 55 to 64 ^a | 25 | 50 | 51 | 39 | 54 |
| 65 and Older ^a | 40 | 67 | 66 | 62 | 72 |
| Education ² | | | | | |
| High School or Less ^a | 20 | 26 | 39 | 44 | 37 |
| Some Post High School ^a | 12 | 37 | 42 | 36 | 45 |
| College Graduate ^a | 13 | 40 | 50 | 46 | 51 |
| Household Income ^{1,5} | | | | | |
| Bottom 40 Percent Bracket ^a | 22 | 37 | 46 | 40 | 42 |
| Middle 20 Percent Bracket ^a | 7 | 29 | 40 | 40 | 30 |
| Top 40 Percent Bracket ^a | 13 | 34 | 41 | 49 | 53 |
| Marital Status ⁵ | | | | | |
| Married ^{a,b} | 14 | 35 | 43 | 45 | 56 |
| Not Married ^a | 19 | 33 | 44 | 40 | 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.

^②In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Pneumonia Vaccination

The Healthy People 2020 goal for persons 65 and older ever having a pneumococcal vaccine is 90%. (Objective IID-13.1)

In 2014, 72% of Wisconsin respondents and 70% of U.S. respondents 65 and older reported they received a pneumonia shot (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Seventy-five percent of respondents 65 and older reported they received a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question each year.

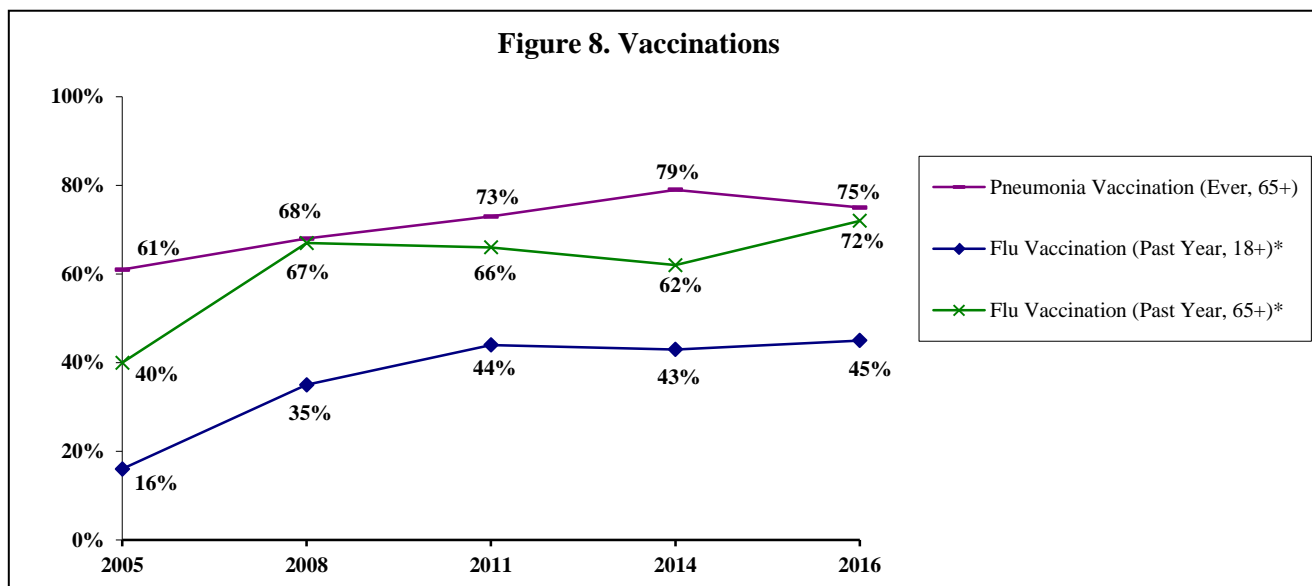
2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question each year.

Vaccinations Overall

Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination as well as from 2014 to 2016.



*In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.

Prevalence of Select Health Conditions (Figures 9 & 10; Tables 22 - 27)

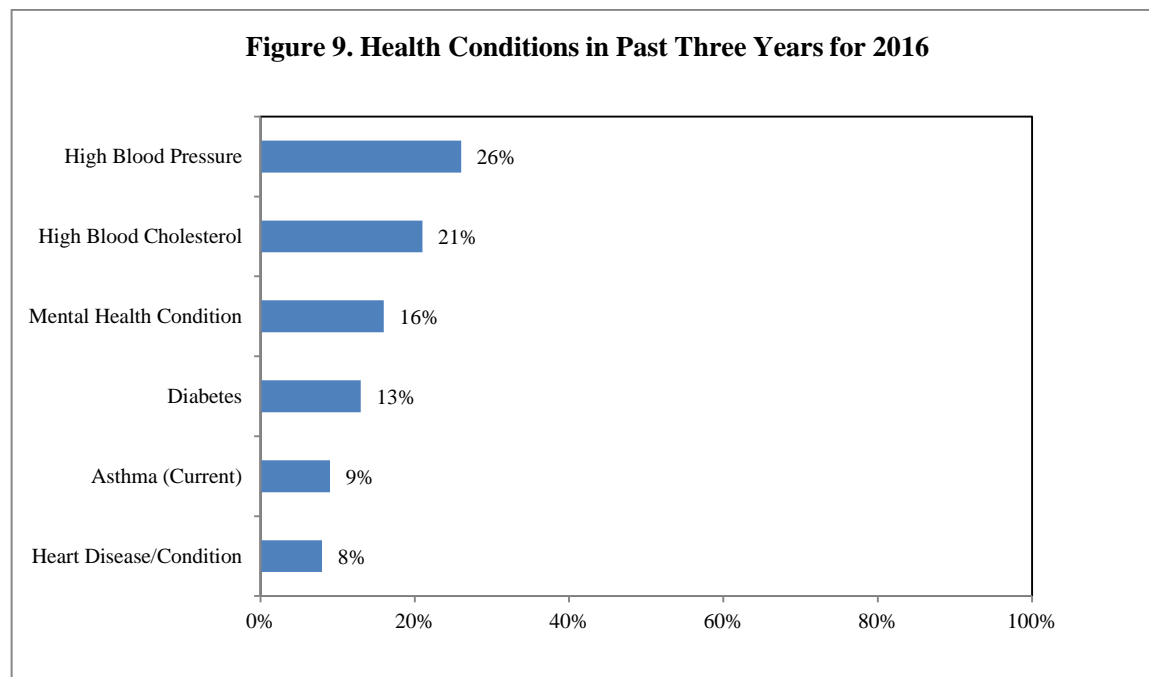
Respondents were asked a series of questions regarding if they had certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight, inactive or nonsmokers were more likely to report high blood pressure. Twenty-one percent of respondents reported high blood cholesterol; respondents who were 65 and older, married or overweight were more likely to report this. Sixteen percent reported a mental health condition; unmarried respondents were more likely to report this. Thirteen percent of respondents reported diabetes. Respondents who were male, 55 and older, in the bottom 40 percent household income bracket, overweight or inactive respondents were more likely to report diabetes. Eight percent reported they were treated for, or told they had heart disease in the past three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report heart disease/condition. Nine percent reported current asthma; respondents who were female, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this.

From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported diabetes, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was no statistical change.

2016 Findings

- Respondents were more likely to report high blood pressure (26%) in the past three years out of six health conditions listed.



High Blood Pressure

2016 Findings

- Twenty-six 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 (59%) compared to those 35 to 44 years old (15%) or respondents 18 to 34 years old (1%).
- Thirty-nine percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 23% of those in the top 40 percent income bracket or 17% of respondents in the middle 20 percent household income bracket.
- Overweight respondents were more likely to report high blood pressure (30%) compared to respondents who were not overweight (16%).
- Inactive respondents were more likely to report high blood pressure (54%) compared to those who met the recommended amount of physical activity (23%) or respondents who did an insufficient amount of physical activity (21%).

- Nonsmokers were more likely to report high blood pressure compared to smokers (29% and 11%, respectively).
 - Of the 102 respondents who reported high blood pressure, 94% had it under control through medication, exercise or lifestyle changes.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2005 and 2016, respondents 65 and older were more likely to report high blood pressure. From 2005 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting high blood pressure.
- In 2005, respondents with a high school education or less were more likely to report high blood pressure. In 2016, education was not a significant variable.
- In 2005 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2005, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report high blood pressure.
- In 2005 and 2016, nonsmokers were more likely to report high blood pressure.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2014 to 2016, there was no statistical change in the overall percent of respondents with high blood pressure reporting it was under control through medication, exercise or lifestyle changes (98% and 94%, respectively).
- In 2014 and 2016, respondents 65 and older were more likely to report high blood pressure. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years reporting high blood pressure.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2014 and 2016, overweight respondents were more likely to report high blood pressure.
- In 2014, physical activity was not a significant variable. In 2016, inactive respondents were more likely to report high blood pressure.
- In 2014, smoking status was not a significant variable. In 2016, nonsmokers were more likely to report high blood pressure.

Table 22. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--------------------------------------|------|------|------|------|------|
| TOTAL | 25% | 21% | 28% | 27% | 26% |
| Gender | | | | | |
| Male | 27 | 21 | 30 | 30 | 27 |
| Female | 24 | 22 | 24 | 24 | 25 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^{a,b} | 18 | 4 | 4 | 13 | 1 |
| 35 to 44 | 14 | 11 | 8 | 9 | 15 |
| 45 to 54 | 19 | 22 | 21 | 30 | 30 |
| 55 to 64 | 39 | 35 | 51 | 41 | 34 |
| 65 and Older | 52 | 59 | 65 | 51 | 59 |
| Education ^{1,2} | | | | | |
| High School or Less | 33 | 28 | 29 | 31 | 30 |
| Some Post High School | 23 | 22 | 27 | 31 | 31 |
| College Graduate | 19 | 14 | 25 | 20 | 21 |
| Household Income ^{1,5} | | | | | |
| Bottom 40 Percent Bracket | 36 | 28 | 33 | 35 | 39 |
| Middle 20 Percent Bracket | 21 | 24 | 28 | 24 | 17 |
| Top 40 Percent Bracket | 21 | 16 | 21 | 22 | 23 |
| Marital Status ² | | | | | |
| Married | 24 | 18 | 27 | 28 | 27 |
| Not Married | 27 | 28 | 28 | 26 | 24 |
| Overweight Status ^{2,3,4,5} | | | | | |
| Not Overweight | 21 | 8 | 15 | 14 | 16 |
| Overweight | 28 | 29 | 33 | 34 | 30 |
| Physical Activity ^{2,5} | | | | | |
| Inactive | -- | 43 | 38 | 35 | 54 |
| Insufficient | -- | 19 | 25 | 28 | 21 |
| Recommended | -- | 17 | 25 | 25 | 23 |
| Smoking Status ^{1,3,5} | | | | | |
| Nonsmoker | 28 | 23 | 30 | 29 | 29 |
| Smoker | 15 | 13 | 16 | 23 | 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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

High Blood Cholesterol

2016 Findings

- Twenty-one percent of respondents reported high blood cholesterol in the past three years.
- Respondents 65 and older were more likely to report high blood cholesterol in the past three years (37%) compared to those 35 to 44 years old (9%) or respondents 18 to 34 years old (5%).
- Married respondents were more likely to report high blood cholesterol compared to unmarried respondents (25% and 15%, respectively).
- Twenty-seven percent of overweight respondents reported high blood cholesterol compared to 7% of respondents who were not overweight.
 - Of the 82 respondents who reported high blood cholesterol, 88% had it under control through medication, exercise or lifestyle changes.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.
- In 2005 and 2016, respondents 65 and older were more likely to report high blood cholesterol.
- In 2005, respondents with a high school education or less were more likely to report high blood cholesterol. In 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting high blood cholesterol.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report high blood cholesterol.
- In 2005 and 2016, overweight respondents were more likely to report high blood cholesterol.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol. From 2014 to 2016, there was no statistical change in the overall percent of respondents with high blood cholesterol reporting it was under control through medication, exercise or lifestyle changes (91% and 89%, respectively).
- In 2014 and 2016, respondents 65 and older were more likely to report high blood cholesterol.
- In 2014, respondents with a high school education or less were more likely to report high blood cholesterol. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting high blood cholesterol.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report high blood cholesterol. In 2016, household income was not a significant variable.
- In 2014, unmarried respondents were more likely to report high blood cholesterol. In 2016, married respondents were more likely to report high blood cholesterol. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting high blood cholesterol.

- In 2014 and 2016, overweight respondents were more likely to report high blood cholesterol.
- In 2014, respondents who did an insufficient amount of physical activity were more likely to report high blood cholesterol. In 2016, physical activity was not a significant variable.

Table 23. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--------------------------------------|------|------|------|------|------|
| TOTAL | 21% | 19% | 21% | 23% | 21% |
| Gender | | | | | |
| Male | 25 | 18 | 19 | 24 | 21 |
| Female | 18 | 19 | 22 | 21 | 21 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 | 9 | 10 | 9 | 1 | 5 |
| 35 to 44 | 16 | 10 | 11 | 7 | 9 |
| 45 to 54 | 21 | 10 | 14 | 35 | 27 |
| 55 to 64 | 36 | 38 | 34 | 30 | 31 |
| 65 and Older | 38 | 44 | 40 | 45 | 37 |
| Education ^{1,4} | | | | | |
| High School or Less ^{a,b} | 32 | 24 | 17 | 30 | 18 |
| Some Post High School | 17 | 17 | 23 | 21 | 25 |
| College Graduate | 14 | 16 | 24 | 15 | 20 |
| Household Income ⁴ | | | | | |
| Bottom 40 Percent Bracket | 30 | 18 | 21 | 27 | 27 |
| Middle 20 Percent Bracket | 23 | 18 | 26 | 35 | 25 |
| Top 40 Percent Bracket | 17 | 20 | 20 | 15 | 18 |
| Marital Status ^{4,5} | | | | | |
| Married | 22 | 18 | 23 | 18 | 25 |
| Not Married ^b | 20 | 19 | 17 | 28 | 15 |
| Overweight Status ^{1,2,4,5} | | | | | |
| Not Overweight | 14 | 11 | 18 | 8 | 7 |
| Overweight | 28 | 23 | 23 | 30 | 27 |
| Physical Activity ^{2,3,4} | | | | | |
| Inactive | -- | 28 | 39 | 19 | 33 |
| Insufficient | -- | 24 | 17 | 31 | 22 |
| Recommended | -- | 13 | 19 | 15 | 17 |
| Smoking Status ² | | | | | |
| Nonsmoker | 23 | 21 | 22 | 23 | 20 |
| Smoker | 15 | 7 | 13 | 23 | 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.

^②Physical activity was defined differently in 2005.

¹demographic difference at $p \leq 0.05$ in 2005; ²demographic difference at $p \leq 0.05$ in 2008; ³demographic difference at $p \leq 0.05$ in 2011; ⁴demographic difference at $p \leq 0.05$ in 2014; ⁵demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2005 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Heart Disease/Condition

2016 Findings

- Eight percent of respondents reported heart disease or condition in the past three years.
- Twenty-three percent of respondents 65 and older reported heart disease/condition in the past three years compared to 1% of those 18 to 34 years old or 0% of respondents 35 to 44 years old.
- Fifteen percent of respondents with some post high school education and 13% of those with a high school education or less reported heart disease/condition compared to 2% of respondents with a college education.
- Twenty-one percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition in the past three years compared to 4% of those in the top 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.
- Overweight respondents were more likely to report heart disease/condition compared to respondents who were not overweight (10% and 4%, respectively).
- Thirty-one percent of inactive respondents reported heart disease/condition compared to 7% of those who did an insufficient amount of physical activity or 5% of respondents who met the recommended amount of physical activity.
 - Of the 33 respondents who reported heart disease/condition, 91% had it under control through medication, exercise or lifestyle changes.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported heart disease/condition.
- In 2005, respondents 55 and older were more likely to report heart disease/condition. In 2016, respondents 65 and older were more likely to report heart disease/condition. From 2005 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting heart disease/condition.
- In 2005, respondents with a high school education or less were more likely to report heart disease/condition. In 2016, respondents with some post high school education or less were more likely to report heart disease/condition. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting heart disease/condition.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition, with a noted increase since 2005.
- In 2005 and 2016, overweight respondents were more likely to report heart disease/condition.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported heart disease/condition. From 2014 to 2016, there was no statistical change in the overall percent of respondents with a heart disease/condition reporting it was under control through medication, exercise or lifestyle changes (75% and 91%, respectively).

- In 2014 and 2016, respondents 65 and older were more likely to report heart disease/condition. From 2014 to 2016, there was a noted increase in the percent of respondents 55 to 64 years old reporting heart disease/condition.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report heart disease/condition. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting heart disease/condition.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report heart disease/condition. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition, with a noted increase since 2014.
- In 2014, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report heart disease/condition.
- In 2014 and 2016, inactive respondents were more likely to report heart disease/condition.

Table 24. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 7% | 10% | 8% | 6% | 8% |
| Gender | | | | | |
| Male | 10 | 9 | 9 | 8 | 9 |
| Female | 5 | 11 | 8 | 4 | 8 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 | 0 | 3 | 1 | 5 | 1 |
| 35 to 44 ^a | 5 | 4 | 3 | 0 | 0 |
| 45 to 54 | 2 | 3 | 3 | 1 | 2 |
| 55 to 64 ^b | 19 | 19 | 10 | 4 | 19 |
| 65 and Older | 19 | 33 | 29 | 23 | 23 |
| Education ^{1,2,5} | | | | | |
| High School or Less ^b | 13 | 18 | 11 | 6 | 13 |
| Some Post High School ^a | 4 | 8 | 6 | 9 | 15 |
| College Graduate | 4 | 5 | 6 | 3 | 2 |
| Household Income ^{2,3,4,5} | | | | | |
| Bottom 40 Percent Bracket ^{a,b} | 10 | 19 | 14 | 10 | 21 |
| Middle 20 Percent Bracket | 10 | 8 | 6 | 9 | 3 |
| Top 40 Percent Bracket | 4 | 3 | <1 | 2 | 4 |
| Marital Status | | | | | |
| Married | 7 | 8 | 8 | 6 | 6 |
| Not Married | 7 | 12 | 9 | 6 | 11 |
| Overweight Status ^{1,5} | | | | | |
| Not Overweight | 3 | 8 | 8 | 5 | 4 |
| Overweight | 11 | 11 | 9 | 6 | 10 |
| Physical Activity ^{2,3,4,5} | | | | | |
| Inactive | -- | 19 | 16 | 16 | 31 |
| Insufficient | -- | 7 | 6 | 4 | 7 |
| Recommended | -- | 8 | 9 | 7 | 5 |
| Smoking Status | | | | | |
| Nonsmoker | 7 | 10 | 9 | 7 | 9 |
| Smoker | 6 | 9 | 6 | 3 | 8 |

^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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Mental Health Condition

2016 Findings

- Sixteen 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.
- Unmarried respondents were more likely to report a mental health condition compared to married respondents (22% and 12%, respectively).
 - Of the 63 respondents who reported a mental health condition, 89% had it under control through medication, therapy or lifestyle changes.

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical increase in the overall percent of respondents reporting a mental health condition.
- In 2008 and 2016, education was not a significant variable. From 2008 to 2016, there was a noted increase in the percent of respondents with a college education reporting a mental health condition.
- In 2008 and 2016, unmarried respondents were more likely to report a mental health condition.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting a mental health condition. From 2014 to 2016, there was no statistical change in the overall percent of respondents with a mental health condition reporting it was under control through medication, therapy or lifestyle changes (96% and 89%, respectively).
- In 2014, female respondents were more likely to report a mental condition. In 2016, gender was not a significant variable.
- In 2014, respondents 45 to 54 years old were more likely to report a mental health condition. In 2016, age was not a significant variable.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. In 2016, household income was not a significant variable.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report a mental health condition.

Table 25. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year^①

| | 2008 | 2011 | 2014 | 2016 |
|-------------------------------|------|------|------|------|
| TOTAL ^a | 11% | 8% | 18% | 16% |
| Gender ^{2,3} | | | | |
| Male | 10 | 5 | 9 | 13 |
| Female | 13 | 10 | 26 | 19 |
| Age ³ | | | | |
| 18 to 34 | 13 | 12 | 22 | 19 |
| 35 to 44 | 14 | 8 | 16 | 23 |
| 45 to 54 | 8 | 4 | 26 | 15 |
| 55 to 64 | 14 | 6 | 13 | 15 |
| 65 and Older | 7 | 6 | 7 | 6 |
| Education | | | | |
| High School or Less | 14 | 10 | 17 | 10 |
| Some Post High School | 14 | 8 | 18 | 14 |
| College Graduate ^a | 7 | 4 | 18 | 20 |
| Household Income ³ | | | | |
| Bottom 40 Percent Bracket | 19 | 10 | 28 | 19 |
| Middle 20 Percent Bracket | 12 | 9 | 14 | 13 |
| Top 40 Percent Bracket | 10 | 4 | 11 | 17 |
| Marital Status ^{1,4} | | | | |
| Married | 9 | 6 | 15 | 12 |
| Not Married | 17 | 10 | 21 | 22 |

^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 2008; ²demographic difference at $p \leq 0.05$ in 2011

³demographic difference at $p \leq 0.05$ in 2014; ⁴demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2008 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Diabetes

2016 Findings

- Thirteen percent of respondents reported diabetes in the past three years.
- Male respondents were more likely to report diabetes (17%) compared to female respondents (8%).
- Twenty-two percent of respondents 55 to 64 years old and 20% of those 65 and older reported diabetes in the past three years compared to 4% of respondents 18 to 34 years old.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 15% of those in the middle 20 percent income bracket or 7% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report diabetes (16%) compared to respondents who were not overweight (4%).

- Thirty-three percent of inactive respondents reported diabetes compared to 11% of those who met the recommended amount of physical activity or 10% of respondents who did an insufficient amount.
 - Of the 50 respondents who reported diabetes, 96% had it under control through medication, exercise or lifestyle changes.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported diabetes.
- In 2005, gender was not a significant variable. In 2016, male respondents were more likely to report diabetes, with a noted increase since 2005.
- In 2005, respondents 55 to 64 years old were more likely to report diabetes. In 2016, respondents 55 and older were more likely to report diabetes. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting diabetes.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with at least some post high school education reporting diabetes.
- In 2005, respondents in the bottom 60 percent household income bracket were more likely to report diabetes. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2005 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or top 40 percent household income bracket reporting diabetes.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status reporting diabetes.
- In 2005 and 2016, overweight respondents were more likely to report diabetes. From 2005 to 2016, there was a noted increase in the percent of overweight respondents reporting diabetes.
- In 2005 and 2016, smoking status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across smoking status reporting diabetes.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported diabetes. From 2014 to 2016, there was no statistical change in the overall percent of respondents with diabetes reporting it was under control through medication, exercise or lifestyle changes (96% and 96%, respectively).
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to report diabetes, with a noted increase since 2014.
- In 2014, respondents 65 and older were more likely to report diabetes. In 2016, respondents 55 and older were more likely to report diabetes. From 2014 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old reporting diabetes.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting diabetes.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting diabetes.

- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of unmarried respondents reporting diabetes.
- In 2014 and 2016, overweight respondents were more likely to report diabetes. From 2014 to 2016, there was a noted increase in the percent of overweight respondents reporting diabetes.
- In 2014 and 2016, inactive respondents were more likely to report diabetes. From 2014 to 2016, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting diabetes.
- In 2014 and 2016, smoking status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of smokers reporting diabetes.

Table 26. Diabetes in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^{a,b} | 6% | 8% | 9% | 7% | 13% |
| Gender ⁵ | | | | | |
| Male ^{a,b} | 8 | 10 | 10 | 8 | 17 |
| Female | 5 | 5 | 7 | 6 | 8 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^a | 0 | 0 | 4 | 1 | 4 |
| 35 to 44 ^b | 4 | 3 | 12 | 0 | 7 |
| 45 to 54 ^a | 0 | 10 | 4 | 8 | 13 |
| 55 to 64 | 21 | 13 | 9 | 10 | 22 |
| 65 and Older | 13 | 23 | 17 | 17 | 20 |
| Education ^{2,3} | | | | | |
| High School or Less ^b | 8 | 12 | 13 | 5 | 13 |
| Some Post High School ^a | 7 | 10 | 8 | 9 | 16 |
| College Graduate ^a | 3 | 3 | 4 | 7 | 10 |
| Household Income ^{1,3,5} | | | | | |
| Bottom 40 Percent Bracket ^{a,b} | 9 | 13 | 18 | 10 | 22 |
| Middle 20 Percent Bracket ^b | 11 | 10 | 9 | 3 | 15 |
| Top 40 Percent Bracket ^a | 0 | 7 | 3 | 8 | 7 |
| Marital Status | | | | | |
| Married ^a | 6 | 7 | 9 | 7 | 11 |
| Not Married ^{a,b} | 5 | 10 | 9 | 7 | 15 |
| Overweight Status ^{1,2,3,4,5} | | | | | |
| Not Overweight | 1 | 2 | 2 | 2 | 4 |
| Overweight ^{a,b} | 9 | 11 | 9 | 9 | 16 |
| Physical Activity ^{2,3,4,5} | | | | | |
| Inactive | -- | 26 | 14 | 31 | 33 |
| Insufficient | -- | 6 | 13 | 5 | 10 |
| Recommended ^b | -- | 5 | 2 | 4 | 11 |
| Smoking Status ³ | | | | | |
| Nonsmoker ^a | 7 | 9 | 7 | 8 | 12 |
| Smoker ^{a,b} | 4 | 4 | 18 | 4 | 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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Current Asthma

In 2014, 10% of Wisconsin respondents and 9% of U.S. respondents reported they were told they currently have asthma (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Nine percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (13%) compared to male respondents (4%).
- Respondents 18 to 34 years old were more likely to report current asthma (17%) compared to those 65 and older (6%) or respondents 35 to 44 years old (3%).
- Seventeen percent of respondents in the bottom 40 percent household income bracket reported current asthma compared to 10% of those in the top 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.
 - Of the 35 respondents who reported current asthma, 91% had it under control through medication, therapy or lifestyle changes.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2005 and 2016, female respondents were more likely to report current asthma.
- In 2005, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report current asthma, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report current asthma.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported current asthma. From 2014 to 2016, there was no statistical change in the overall percent of respondents with current asthma reporting it was under control through medication, therapy or lifestyle changes (93% and 91%, respectively).
- In 2014, gender was not a significant variable. In 2016, female respondents were more likely to report current asthma.
- In 2014, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report current asthma. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting current asthma.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report current asthma. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report current asthma. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting current asthma.

Table 27. Current Asthma by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 6% | 9% | 8% | 10% | 9% |
| Gender ^{1,2,3,5} | | | | | |
| Male | 2 | 6 | 4 | 9 | 4 |
| Female | 8 | 12 | 13 | 11 | 13 |
| Age ⁵ | | | | | |
| 18 to 34 ^a | 6 | 7 | 6 | 14 | 17 |
| 35 to 44 ^b | 5 | 11 | 7 | 13 | 3 |
| 45 to 54 | 9 | 9 | 4 | 12 | 7 |
| 55 to 64 | 6 | 10 | 13 | 3 | 9 |
| 65 and Older | 3 | 7 | 11 | 6 | 6 |
| Education | | | | | |
| High School or Less | 5 | 7 | 8 | 14 | 9 |
| Some Post High School | 8 | 9 | 11 | 7 | 12 |
| College Graduate | 4 | 10 | 5 | 7 | 7 |
| Household Income ^{4,5} | | | | | |
| Bottom 40 Percent Bracket | 9 | 16 | 13 | 9 | 17 |
| Middle 20 Percent Bracket ^b | 2 | 8 | 11 | 24 | 4 |
| Top 40 Percent Bracket | 5 | 7 | 5 | 5 | 10 |
| Marital Status | | | | | |
| Married | 5 | 7 | 7 | 7 | 7 |
| Not Married | 7 | 12 | 10 | 13 | 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.

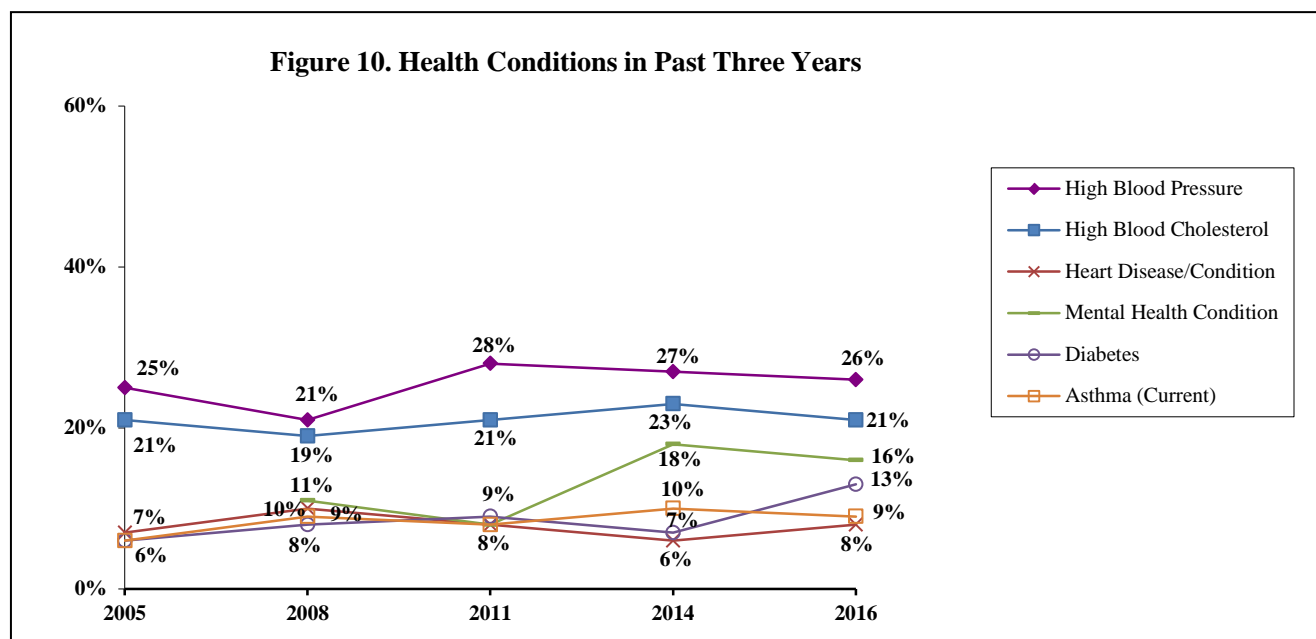
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Health Conditions Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition or current asthma, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported diabetes, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was no statistical change.



Physical Activity (Figures 11 & 12; Tables 28 - 30)

KEY FINDINGS: In 2016, 36% of respondents did moderate physical activity five times a week for 30 minutes. Twenty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 45% met the recommended amount of physical activity; male respondents were more likely to report this.

From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity while from 2014 to 2016, there was no statistical change.

Moderate Physical Activity in Usual Week

Moderate physical activity includes walking briskly, 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).

2016 Findings

- Thirty-six percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Fifty-four percent did some moderate activity, while 10% did not do any moderate physical activity.
- Male respondents were more likely to meet the recommended amount of moderate physical activity (44%) compared to female respondents (28%).
- Forty-seven percent of respondents 18 to 34 years old met the recommended amount of moderate physical activity in a week compared to 28% of those 55 to 64 years old or 25% of respondents 35 to 44 years old.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2005, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of moderate physical activity. From 2005 to 2016, there was a noted decrease in the percent of female respondents meeting the recommended amount of moderate physical activity.
- In 2005, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity.
- In 2005, respondents with a college education were more likely to meet the recommended amount of moderate physical activity. In 2016, education was not a significant variable.
- In 2005, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. In 2016, household income was not a significant variable.
- In 2005, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. In 2016, overweight status was not a significant variable.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of moderate physical activity.
- In 2014, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity.
- In 2014, respondents with a college education were more likely to meet the recommended amount of physical activity. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less and a noted decrease in the percent of respondents with a college education meeting the recommended amount of moderate physical activity.
- In 2014, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. In 2016, overweight status was not a significant variable.

Table 28. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|------------------------------------|------|------|------|------|------|
| TOTAL | 36% | 42% | 30% | 35% | 36% |
| Gender ⁵ | | | | | |
| Male | 35 | 41 | 31 | 35 | 44 |
| Female ^a | 37 | 42 | 28 | 36 | 28 |
| Age ⁵ | | | | | |
| 18 to 34 | 34 | 48 | 22 | 40 | 47 |
| 35 to 44 | 38 | 38 | 33 | 36 | 25 |
| 45 to 54 | 44 | 39 | 26 | 29 | 34 |
| 55 to 64 | 37 | 38 | 36 | 34 | 28 |
| 65 and Older | 27 | 43 | 36 | 35 | 40 |
| Education ^{1,2,4} | | | | | |
| High School or Less ^b | 27 | 30 | 32 | 27 | 39 |
| Some Post High School | 39 | 53 | 24 | 34 | 38 |
| College Graduate ^b | 43 | 39 | 32 | 46 | 32 |
| Household Income ¹ | | | | | |
| Bottom 40 Percent Bracket | 25 | 38 | 31 | 31 | 36 |
| Middle 20 Percent Bracket | 39 | 46 | 29 | 41 | 36 |
| Top 40 Percent Bracket | 41 | 51 | 29 | 42 | 37 |
| Marital Status ² | | | | | |
| Married | 37 | 46 | 29 | 33 | 34 |
| Not Married | 35 | 33 | 30 | 38 | 37 |
| Overweight Status ^{1,3,4} | | | | | |
| Not Overweight | 49 | 48 | 38 | 42 | 39 |
| Overweight | 29 | 38 | 27 | 32 | 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.

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

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

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).

2016 Findings

- Twenty-eight percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Thirty-five percent did some vigorous physical activity while 36% did not do any vigorous physical activity.
- Male respondents were more likely to meet the recommended amount of vigorous physical activity compared to female respondents (41% and 16%, respectively).

- Forty percent of respondents 18 to 34 years old met the recommended amount of vigorous physical activity compared to 21% of those 55 to 64 years old or 18% of respondents 65 and older.
- Thirty-nine percent of respondents in the middle 20 percent household income bracket met the recommended amount of vigorous physical activity compared to 29% of those in the top 40 percent income bracket or 19% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity (35%) compared to overweight respondents (25%).

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2008 and 2016, male respondents were more likely to meet the recommended amount of vigorous physical activity.
- In 2008 and 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old meeting the recommended amount of vigorous physical activity.
- In 2008, respondents with at least some post high school education were more likely to meet the recommended amount of vigorous physical activity. In 2016, education was not a significant variable.
- In 2008, household income was not a significant variable. In 2016, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity.
- In 2008 and 2016, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of female respondents meeting the recommended amount of vigorous physical activity.
- In 2014, respondents 35 to 44 years old were more likely to meet the recommended amount of vigorous physical activity. In 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 45 to 54 years old meeting the recommended amount of vigorous physical activity.
- In 2014, household income was not a significant variable. In 2016, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2014.
- In 2014, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity.

Table 29. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL | 28% | 26% | 26% | 28% |
| Gender ^{1,4} | | | | |
| Male ^b | 34 | 30 | 25 | 41 |
| Female ^b | 23 | 22 | 27 | 16 |
| Age ^{1,3,4} | | | | |
| 18 to 34 | 48 | 26 | 30 | 40 |
| 35 to 44 ^b | 30 | 28 | 43 | 23 |
| 45 to 54 ^{a,b} | 19 | 29 | 14 | 32 |
| 55 to 64 | 15 | 25 | 26 | 21 |
| 65 and Older | 13 | 24 | 16 | 18 |
| Education ¹ | | | | |
| High School or Less | 16 | 23 | 19 | 22 |
| Some Post High School | 35 | 24 | 28 | 31 |
| College Graduate | 32 | 34 | 32 | 29 |
| Household Income ⁴ | | | | |
| Bottom 40 Percent Bracket | 28 | 25 | 31 | 19 |
| Middle 20 Percent Bracket ^b | 27 | 31 | 23 | 39 |
| Top 40 Percent Bracket | 32 | 31 | 29 | 29 |
| Marital Status | | | | |
| Married | 30 | 26 | 22 | 27 |
| Not Married | 25 | 26 | 31 | 30 |
| Overweight Status ^{1,4} | | | | |
| Not Overweight | 37 | 29 | 31 | 35 |
| Overweight | 23 | 26 | 23 | 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.

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

¹demographic difference at p≤0.05 in 2008; ²demographic difference at p≤0.05 in 2011; ³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Combined Recommended Amount of Physical Activity in Typical Week

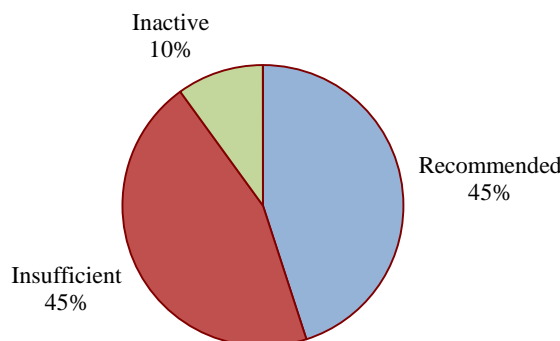
The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, 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 typical week.

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).

2016 Findings

- Forty-five percent of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times/week for 30 minutes or vigorous activity 3 times/week for 20 minutes). Forty-five percent did an insufficient amount of physical activity while 10% did no physical activity in a typical week.

Figure 11. Physical Activity/Week for 2016*



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

- Male respondents were more likely to meet the recommended amount of physical activity compared to female respondents (58% and 33%, respectively).

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2008, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of physical activity. From 2008 to 2016, there was a noted decrease in the percent of female respondents meeting the recommended amount of physical activity.
- In 2008, respondents with some post high school education were more likely to meet the recommended amount of physical activity. In 2016, education was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents with some post high school education meeting the recommended amount of physical activity.
- In 2008 and 2016, household income was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket meeting the recommended amount of physical activity.
- In 2008, married respondents were more likely to meet the recommended amount of physical activity. In 2016, marital status was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of married respondents meeting the recommended amount of physical activity.

- In 2008, respondents who were not overweight were more likely to meet the recommended amount of physical activity. In 2016, overweight status was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents who were not overweight meeting the recommended amount of physical activity.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to meet the recommended amount of physical activity, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of female respondents meeting the recommended amount of physical activity.
- In 2014, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. In 2016, age was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old meeting the recommended amount of physical activity.
- In 2014, respondents with a college education were more likely to meet the recommended amount of physical activity. In 2016, education was not a significant variable.

Table 30. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

| | 2008 | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|------|
| TOTAL ^a | 52% | 40% | 46% | 45% |
| Gender ⁴ | | | | |
| Male ^b | 52 | 43 | 46 | 58 |
| Female ^{a,b} | 53 | 38 | 47 | 33 |
| Age ³ | | | | |
| 18 to 34 | 65 | 32 | 57 | 55 |
| 35 to 44 ^b | 49 | 45 | 54 | 37 |
| 45 to 54 | 47 | 42 | 36 | 46 |
| 55 to 64 | 46 | 43 | 41 | 38 |
| 65 and Older | 48 | 45 | 41 | 47 |
| Education ^{1,3} | | | | |
| High School or Less | 39 | 39 | 36 | 48 |
| Some Post High School ^a | 63 | 36 | 50 | 44 |
| College Graduate | 53 | 48 | 56 | 45 |
| Household Income | | | | |
| Bottom 40 Percent Bracket | 52 | 39 | 48 | 43 |
| Middle 20 Percent Bracket | 50 | 43 | 45 | 54 |
| Top 40 Percent Bracket ^a | 60 | 44 | 53 | 44 |
| Marital Status ¹ | | | | |
| Married ^a | 57 | 41 | 45 | 43 |
| Not Married | 42 | 40 | 47 | 49 |
| Overweight Status ^{1,2} | | | | |
| Not Overweight ^a | 64 | 49 | 51 | 50 |
| Overweight | 46 | 38 | 44 | 43 |

① 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.

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

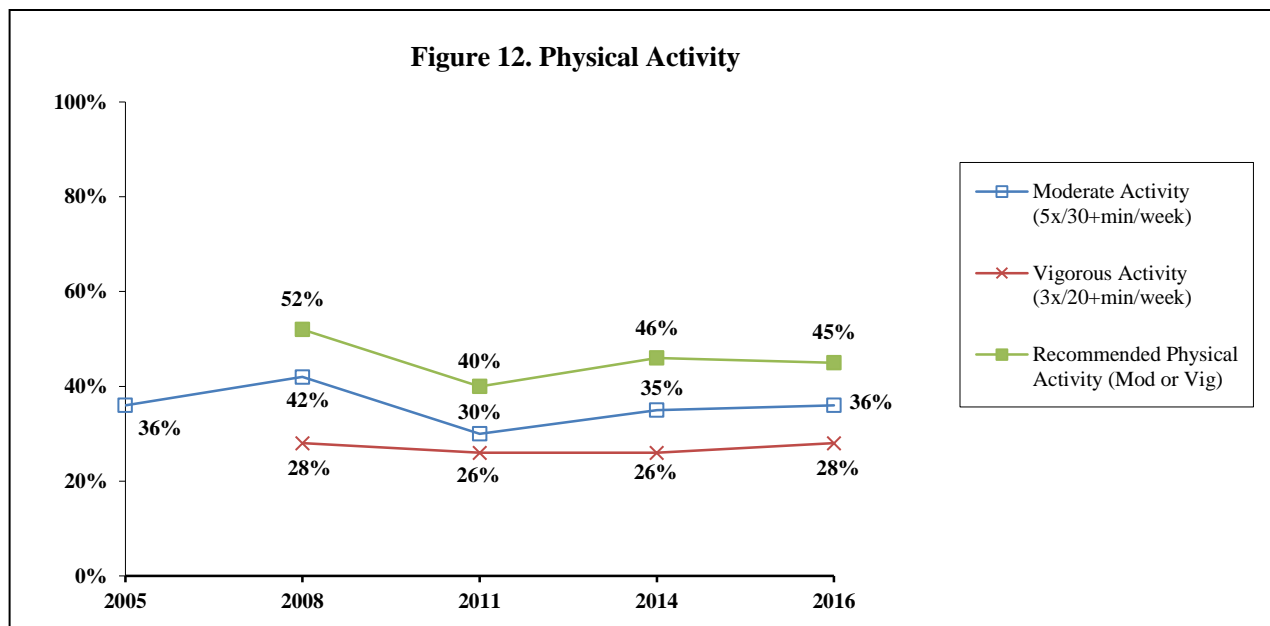
¹demographic difference at p≤0.05 in 2008; ²demographic difference at p≤0.05 in 2011; ³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Physical Activity Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity while from 2014 to 2016, there was no statistical change.



Body Weight (Figures 13 & 14; Tables 31 & 32)

KEY FINDINGS: In 2016, 69% of respondents were classified as at least overweight while 36% were obese. Respondents who were male or 45 to 54 years old were more likely to be classified as at least overweight or obese.

From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, 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.

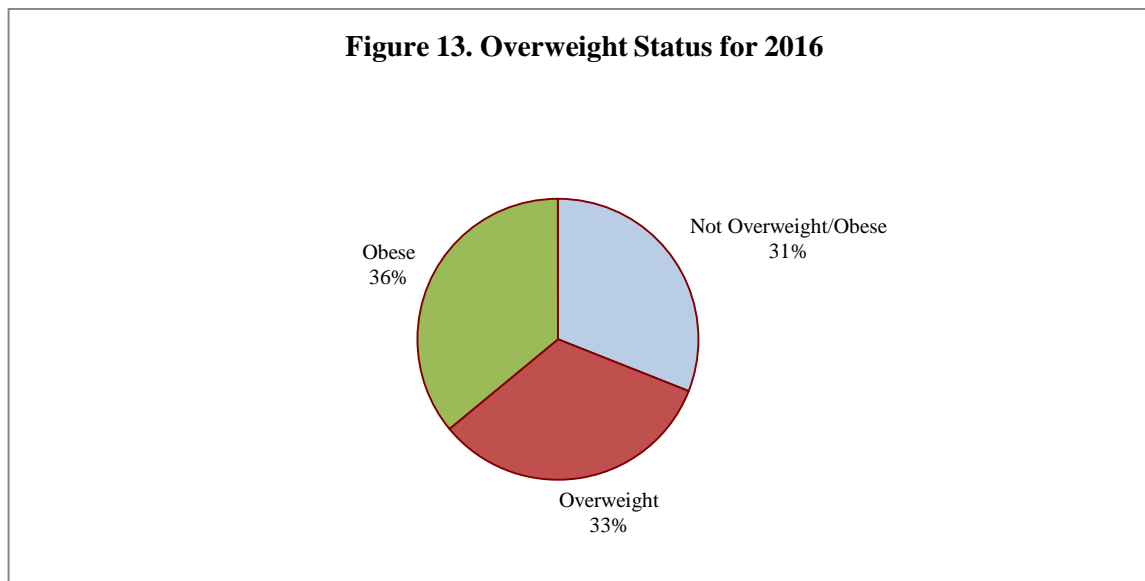
The Healthy People 2020 goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66%. (Objective NWS-8)

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

In 2014, 67% of Wisconsin respondents were classified as at least overweight (36% overweight, 31% obese). In the U.S., 65% were classified as at least overweight (35% overweight and 30% obese) (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- According to the definition, 69% of respondents were at least overweight (overweight 33% and obese 36%).



- Male respondents were more likely to be at least overweight (74%) compared to female respondents (65%).
- Eighty-two percent of respondents 45 to 54 years old were at least overweight compared to 66% of those 35 to 44 years old or 51% of respondents 18 to 34 years old.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being overweight.
- In 2005 and 2016, male respondents were more likely to be classified as overweight. From 2005 to 2016, there was a noted increase in the percent of female respondents being overweight.
- In 2005, respondents 55 to 64 years old were more likely to be overweight. In 2016, respondents 45 to 54 years old were more likely to be overweight. From 2005 to 2016, there was a noted increase in the overall percent of respondents 18 to 34 years old or 45 to 54 years old being overweight.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with a college education being overweight.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket being overweight.
- In 2005, married respondents were more likely to be overweight. In 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of unmarried respondents being overweight.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents being overweight.
- In 2014 and 2016, male respondents were more likely to be classified as overweight.
- In 2014 and 2016, respondents 45 to 54 years old were more likely to be overweight.

Table 31. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^a | 59% | 63% | 70% | 67% | 69% |
| Gender ^{1,2,3,4,5} | | | | | |
| Male | 71 | 71 | 81 | 76 | 74 |
| Female ^a | 49 | 56 | 58 | 58 | 65 |
| Age ^{1,2,4,5} | | | | | |
| 18 to 34 ^a | 35 | 46 | 64 | 48 | 51 |
| 35 to 44 | 66 | 64 | 68 | 54 | 66 |
| 45 to 54 ^a | 55 | 69 | 71 | 81 | 82 |
| 55 to 64 | 78 | 75 | 75 | 79 | 73 |
| 65 and Older | 69 | 77 | 72 | 76 | 76 |
| Education ³ | | | | | |
| High School or Less | 62 | 59 | 71 | 71 | 69 |
| Some Post High School | 61 | 63 | 81 | 60 | 69 |
| College Graduate ^a | 54 | 67 | 55 | 67 | 69 |
| Household Income | | | | | |
| Bottom 40 Percent Bracket | 58 | 53 | 66 | 66 | 65 |
| Middle 20 Percent Bracket ^a | 57 | 64 | 77 | 63 | 76 |
| Top 40 Percent Bracket | 65 | 66 | 67 | 74 | 71 |
| Marital Status ^{1,2} | | | | | |
| Married | 66 | 71 | 71 | 71 | 70 |
| Not Married ^a | 48 | 48 | 66 | 62 | 67 |
| Physical Activity ² | | | | | |
| Inactive | -- | 78 | 79 | 71 | 85 |
| Insufficient | -- | 70 | 72 | 69 | 69 |
| Recommended | -- | 56 | 64 | 63 | 65 |

^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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Obesity

2016 Findings

- Thirty-six percent of respondents were classified as obese (BMI 30.0 or higher).
- Fifty-six percent of respondents 45 to 54 years old were obese compared to 28% of those 35 to 44 years old or 16% of respondents 18 to 34 years old.
- Sixty-two percent of inactive respondents were obese compared to 47% of those who did an insufficient amount of physical activity or 19% of respondents who met the recommended amount of physical activity.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being obese.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of female respondents being obese.
- In 2005, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to be obese. From 2005 to 2016, there was a noted increase in the percent of respondents 45 and older being obese.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with at least some post high school education being obese.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket being obese.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status being obese.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents being obese.
- In 2014 and 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of female respondents being obese.
- In 2014, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to be obese, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old being obese.
- In 2014, respondents with a college education were more likely to be obese. In 2016, education was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents with some post high school education being obese.
- In 2014, respondents in the top 40 percent household income bracket were more likely to be obese. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket being obese.
- In 2014, married respondents were more likely to be obese. In 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of unmarried respondents being obese.

- In 2014 and 2016, inactive respondents were more likely to be overweight. From 2014 to 2016, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity being obese.

Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^a | 23% | 26% | 32% | 31% | 36% |
| Gender | | | | | |
| Male | 25 | 28 | 34 | 35 | 34 |
| Female ^{a,b} | 21 | 23 | 30 | 28 | 38 |
| Age ^{2,5} | | | | | |
| 18 to 34 ^b | 17 | 15 | 25 | 29 | 16 |
| 35 to 44 | 26 | 26 | 39 | 24 | 28 |
| 45 to 54 ^{a,b} | 25 | 30 | 32 | 38 | 56 |
| 55 to 64 ^a | 24 | 36 | 39 | 33 | 42 |
| 65 and Older ^a | 21 | 31 | 25 | 31 | 37 |
| Education ^{3,4} | | | | | |
| High School or Less | 25 | 28 | 27 | 33 | 36 |
| Some Post High School ^{a,b} | 17 | 30 | 51 | 21 | 36 |
| College Graduate ^a | 25 | 18 | 15 | 38 | 36 |
| Household Income ^{2,4} | | | | | |
| Bottom 40 Percent Bracket ^b | 29 | 21 | 29 | 23 | 40 |
| Middle 20 Percent Bracket ^{a,b} | 17 | 37 | 38 | 24 | 41 |
| Top 40 Percent Bracket | 26 | 25 | 27 | 41 | 36 |
| Marital Status ⁴ | | | | | |
| Married ^a | 26 | 28 | 31 | 39 | 38 |
| Not Married ^{a,b} | 17 | 20 | 32 | 21 | 33 |
| Physical Activity ^{3,4,5} | | | | | |
| Inactive | -- | 39 | 50 | 52 | 62 |
| Insufficient ^b | -- | 26 | 31 | 34 | 47 |
| Recommended | -- | 22 | 36 | 26 | 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.

^②Physical activity was defined differently in 2005.

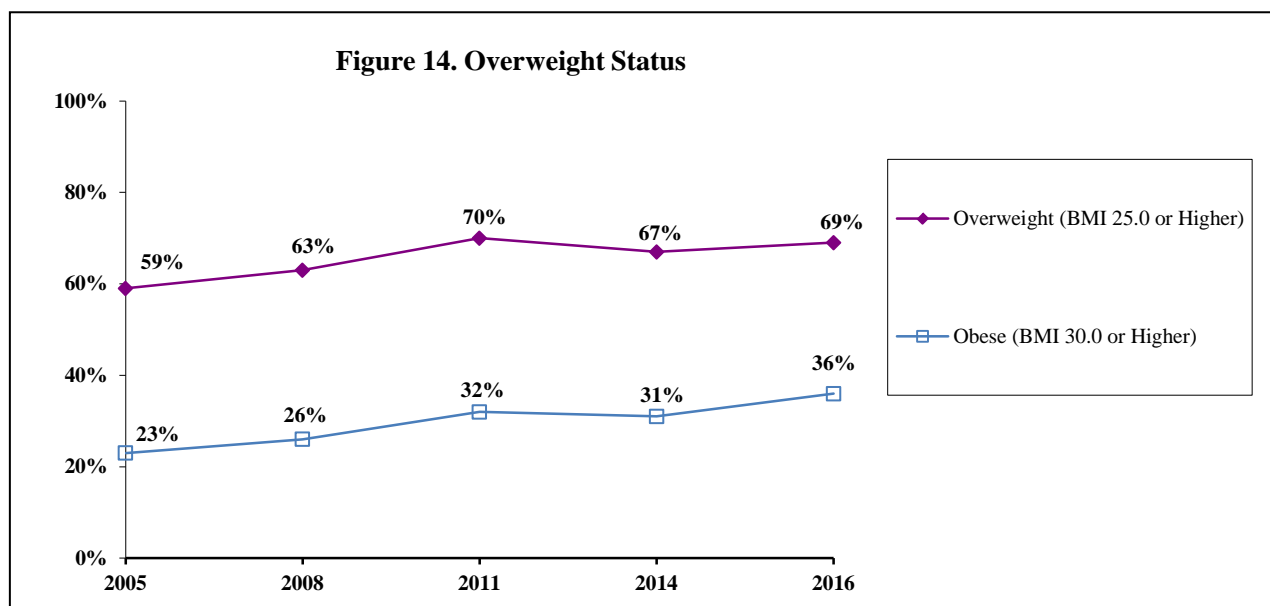
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Body Weight Overall

Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight or obese while from 2014 to 2016, there was no statistical change.



Nutrition and Food Insecurity (Figure 15; Tables 33 - 37)

KEY FINDINGS: In 2016, 71% of respondents reported two or more servings of fruit while 34% reported three or more servings of vegetables on an average day. Respondents with a college education, in the top 40 percent household income bracket, who were not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 45 to 54 years old, with a college education, in the middle 20 percent household income bracket, who were married, not overweight or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-four percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married, not overweight or who met the recommended amount of physical activity were more likely to report this. Fifty-five percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 45 to 54 years old, 65 and older or who were not overweight were more likely to report this. Five percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents in the bottom 40 percent household income bracket or who were unmarried were more likely to report this.

From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2014 to 2016, there was no statistical change.

Fruit Consumption

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.

2016 Findings

- Seventy-one percent of respondents reported at least two servings of fruit on an average day.
- Eighty percent of respondents with a college education reported at least two servings of fruit a day compared to 67% of those with some post high school education or 58% of respondents with a high school education or less.
- Seventy-nine percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 69% of those in the middle 20 percent income bracket or 61% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to report at least two servings of fruit a day (79%) compared to overweight respondents (67%).
- Eighty-two percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 64% of those who did an insufficient amount of physical activity or 53% of inactive respondents.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2005, female respondents were more likely to report at least two servings of fruit per day. In 2016, gender was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of male respondents reporting two or more servings of fruit per day.
- In 2005 and 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old reporting two or more servings of fruit per day.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report two or more servings of fruit, with a noted increase since 2005.
- In 2005, respondents in the bottom 60 percent household income bracket were more likely to report two or more servings of fruit per day. In 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit, with a noted increase since 2005.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of married respondents reporting two or more servings of fruit per day.
- In 2005, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least two servings of fruit, with a noted increase since 2005.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.

- In 2014, female respondents were more likely to report at least two servings of fruit per day. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting two or more servings of fruit.
- In 2014 and 2016, age was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old and a noted decrease in the percent of respondents 55 to 64 years old reporting two or more servings of fruit.
- In 2014, respondents with at least some post high school education were more likely to report two or more servings of fruit. In 2016, respondents with a college education were more likely to report two or more servings of fruit.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit.
- In 2014, married respondents were more likely to report two or more servings of fruit. In 2016, marital status was not a significant variable.
- In 2014 and 2016, respondents who were not overweight were more likely to report at least two servings of fruit.
- In 2014, physical activity was not a significant variable. In 2016, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit, with a noted increase since 2014.

Table 33. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|---------------------------------------|------|------|------|------|------|
| TOTAL ^a | 61% | 64% | 58% | 66% | 71% |
| Gender ^{1,3,4} | | | | | |
| Male ^{a,b} | 47 | 60 | 51 | 54 | 69 |
| Female | 72 | 68 | 65 | 78 | 72 |
| Age ³ | | | | | |
| 18 to 34 | 65 | 65 | 51 | 67 | 77 |
| 35 to 44 ^a | 51 | 63 | 69 | 64 | 77 |
| 45 to 54 ^b | 59 | 60 | 49 | 58 | 73 |
| 55 to 64 ^b | 70 | 67 | 61 | 78 | 58 |
| 65 and Older | 67 | 67 | 66 | 66 | 66 |
| Education ^{2,3,4,5} | | | | | |
| High School or Less | 65 | 53 | 54 | 54 | 58 |
| Some Post High School | 64 | 74 | 51 | 76 | 67 |
| College Graduate ^a | 54 | 66 | 72 | 74 | 80 |
| Household Income ^{1,2,3,4,5} | | | | | |
| Bottom 40 Percent Bracket | 68 | 53 | 47 | 55 | 61 |
| Middle 20 Percent Bracket | 67 | 77 | 67 | 57 | 69 |
| Top 40 Percent Bracket ^a | 51 | 69 | 67 | 75 | 79 |
| Marital Status ⁴ | | | | | |
| Married ^a | 61 | 66 | 60 | 72 | 74 |
| Not Married | 61 | 61 | 56 | 59 | 67 |
| Overweight Status ^{3,4,5} | | | | | |
| Not Overweight ^a | 64 | 65 | 67 | 73 | 79 |
| Overweight | 59 | 63 | 56 | 62 | 67 |
| Physical Activity ^{3,5} | | | | | |
| Inactive | -- | 62 | 46 | 71 | 53 |
| Insufficient | -- | 59 | 50 | 61 | 64 |
| Recommended ^b | -- | 69 | 71 | 71 | 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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Vegetable Consumption

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.

2016 Findings

- Thirty-four 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 a day (41%) compared to male respondents (27%).
- Fifty percent of respondents 45 to 54 years old reported at least three servings of vegetables a day compared to 26% of those 18 to 34 years old or 22% of respondents 65 and older.
- Forty-two percent of respondents with a college education reported at least three servings of vegetables a day compared to 29% of those with some post high school education or 24% of respondents with a high school education or less.
- Forty percent of respondents in the middle 20 percent household income bracket reported at least three servings of vegetables a day compared to 37% of those in the top 40 percent income bracket or 21% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least three servings of vegetables a day compared to unmarried respondents (42% and 23%, respectively).
- Respondents who were not overweight were more likely to report at least three servings of vegetables a day compared to overweight respondents (47% and 27% respectively).
- Forty-three percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 27% of those who did an insufficient amount of physical activity or 25% of inactive respondents.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2005 and 2016, female respondents were more likely to report at least three vegetable servings per day. From 2005 to 2016, there was a noted increase in the percent of respondents across gender reporting at least three vegetable servings per day.
- In 2005, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report at least three vegetable servings per day. From 2005 to 2016, there was a noted increase in the percent of respondents 35 to 54 years old reporting at least three vegetable servings per day.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least three servings of vegetables, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the middle 20 percent household income bracket were more likely to report at least three servings of vegetables. From 2005 to 2016, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting at least three servings of vegetables per day.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report at least three servings of vegetables, with a noted increase since 2005.
- In 2005 and 2016, respondents who were not overweight were more likely to report at least three servings of vegetables. From 2005 to 2016, there was a noted increase in the percent of respondents across overweight status reporting at least three servings of vegetables.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2014 and 2016, female respondents were more likely to report at least three vegetable servings per day.
- In 2014, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2014.
- In 2014 and 2016, respondents with a college education were more likely to report at least three servings of vegetables.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables. In 2016, respondents in the middle 20 percent household income bracket were more likely to report at least three servings of vegetables, with a noted increase since 2014.
- In 2014 and 2016, married respondents were more likely to report at least three servings of vegetables.
- In 2014, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least three servings of vegetables, with a noted increase since 2014.
- In 2014, respondents who met the recommended amount of physical activity or inactive respondents were more likely to report at least three servings of vegetables. In 2016, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2014 to 2016, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity reporting at least three servings of vegetables per day.

Table 34. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^a | 23% | 28% | 22% | 29% | 34% |
| Gender ^{1,3,4,5} | | | | | |
| Male ^a | 17 | 26 | 17 | 21 | 27 |
| Female ^a | 28 | 29 | 27 | 36 | 41 |
| Age ⁵ | | | | | |
| 18 to 34 | 22 | 32 | 27 | 24 | 26 |
| 35 to 44 ^a | 22 | 24 | 18 | 41 | 40 |
| 45 to 54 ^{a,b} | 26 | 24 | 19 | 25 | 50 |
| 55 to 64 | 25 | 29 | 24 | 31 | 29 |
| 65 and Older | 19 | 30 | 22 | 24 | 22 |
| Education ^{2,4,5} | | | | | |
| High School or Less | 23 | 18 | 21 | 15 | 24 |
| Some Post High School | 23 | 33 | 17 | 31 | 29 |
| College Graduate ^a | 23 | 31 | 29 | 43 | 42 |
| Household Income ^{4,5} | | | | | |
| Bottom 40 Percent Bracket | 18 | 30 | 23 | 24 | 21 |
| Middle 20 Percent Bracket ^{a,b} | 25 | 28 | 29 | 23 | 40 |
| Top 40 Percent Bracket ^a | 23 | 24 | 18 | 38 | 37 |
| Marital Status ^{4,5} | | | | | |
| Married ^a | 24 | 28 | 19 | 37 | 42 |
| Not Married | 21 | 27 | 26 | 18 | 23 |
| Overweight Status ^{1,5} | | | | | |
| Not Overweight ^{a,b} | 34 | 31 | 21 | 29 | 47 |
| Overweight ^a | 15 | 26 | 22 | 28 | 27 |
| Physical Activity ^{4,5} | | | | | |
| Inactive | -- | 26 | 14 | 41 | 25 |
| Insufficient ^b | -- | 23 | 23 | 18 | 27 |
| Recommended | -- | 32 | 24 | 38 | 43 |

^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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Five or More Fruit or Vegetables per Day

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

2016 Findings

- Forty-four 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 a day (51%) compared to male respondents (37%).
- Respondents 35 to 54 years old were more likely to report at least five servings of fruit/vegetables a day (55%) compared to those 55 to 64 years old (35%) or respondents 65 and older (32%).
- Fifty-two percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 42% of those with some post high school education or 32% of respondents with a high school education or less.
- Forty-nine percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 43% of those in the middle 20 percent income bracket or 31% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least five servings of fruit/vegetables a day compared to unmarried respondents (49% and 37%, respectively).
- Respondents who were not overweight were more likely to report at least five servings of fruit/vegetables a day (55%) compared to overweight respondents (39%).
- Fifty-six percent of respondents who met the recommended amount of physical activity reported at least five servings of fruit/vegetables a day compared to 34% of respondents who did not meet the recommended amount of physical activity.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2005 and 2016, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2005 to 2016, there was a noted increase in the percent of male respondents reporting at least five fruit/vegetable servings per day.
- In 2005, age was not a significant variable. In 2016, respondents 35 to 54 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2005.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables, with a noted increase since 2005.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2005.
- In 2005 and 2016, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day. From 2005 to 2016, there was a noted increase in the percent of respondents who were overweight reporting at least five servings of fruit/vegetables per day.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.

- In 2014 and 2016, female respondents were more likely to report at least five fruit/vegetable servings per day.
- In 2014, age was not a significant variable. In 2016, respondents 35 to 54 years old were more likely to report at least five fruit/vegetable servings per day. From 2014 to 2016, there was a noted increase in the percent of respondents 45 to 54 years old reporting at least five fruit/vegetables servings a day.
- In 2014 and 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.
- In 2014 and 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day.
- In 2014 and 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day.
- In 2014 and 2016, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day.
- In 2014 and 2016, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day.

Table 35. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|------|------|
| TOTAL ^a | 36% | 37% | 30% | 40% | 44% |
| Gender ^{1,4,5} | | | | | |
| Male ^a | 28 | 33 | 26 | 30 | 37 |
| Female | 43 | 40 | 34 | 49 | 51 |
| Age ⁵ | | | | | |
| 18 to 34 | 40 | 33 | 30 | 41 | 39 |
| 35 to 44 ^a | 31 | 31 | 32 | 44 | 55 |
| 45 to 54 ^{a,b} | 30 | 36 | 22 | 33 | 55 |
| 55 to 64 | 42 | 48 | 33 | 46 | 35 |
| 65 and Older | 40 | 45 | 38 | 36 | 32 |
| Education ^{2,4,5} | | | | | |
| High School or Less | 36 | 26 | 28 | 23 | 32 |
| Some Post High School | 39 | 38 | 26 | 47 | 42 |
| College Graduate ^a | 34 | 45 | 38 | 54 | 52 |
| Household Income ^{3,4,5} | | | | | |
| Bottom 40 Percent Bracket | 36 | 31 | 26 | 27 | 31 |
| Middle 20 Percent Bracket | 42 | 40 | 47 | 36 | 43 |
| Top 40 Percent Bracket ^a | 31 | 38 | 26 | 51 | 49 |
| Marital Status ^{4,5} | | | | | |
| Married ^a | 37 | 39 | 28 | 49 | 49 |
| Not Married | 33 | 31 | 33 | 28 | 37 |
| Overweight Status ^{1,4,5} | | | | | |
| Not Overweight | 47 | 33 | 33 | 48 | 55 |
| Overweight ^a | 29 | 39 | 30 | 35 | 39 |
| Physical Activity ^{4,5} | | | | | |
| Inactive | -- | 35 | 20 | 42 | 34 |
| Insufficient | -- | 33 | 29 | 27 | 34 |
| Recommended | -- | 39 | 34 | 52 | 56 |

^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.

^②Physical activity was defined differently in 2005.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Reading Food Label Information

2016 Findings

- Fifty-five percent of respondents reported when they buy a product for the first time, they often read the food label information. Twenty-two percent reported sometimes while the remaining 23% reported rarely or never.
- Female respondents were more likely to report they read a new product's label often (67%) compared to male respondents (43%).

- Sixty-two percent of respondents 45 to 54 years old or 65 and older reported they read a new product's label often compared to 57% of those 55 to 64 years old or 40% of respondents 18 to 34 years old.
- Respondents who were not overweight were more likely to report they read a new product's label often compared to respondents who were overweight (66% and 50%, respectively).

Table 36. Often Read Food Labels When Purchasing a Product for the First Time by Demographic Variables for 2016[®]

| | 2016 |
|--------------------------------|------|
| TOTAL | 55% |
| Gender ¹ | |
| Male | 43 |
| Female | 67 |
| Age ¹ | |
| 18 to 34 | 40 |
| 35 to 44 | 60 |
| 45 to 54 | 62 |
| 55 to 64 | 57 |
| 65 and Older | 62 |
| Education | |
| High School or Less | 49 |
| Some Post High School | 53 |
| College Graduate | 60 |
| Household Income | |
| Bottom 40 Percent Bracket | 56 |
| Middle 20 Percent Bracket | 49 |
| Top 40 Percent Bracket | 59 |
| Marital Status | |
| Married | 57 |
| Not Married | 53 |
| Overweight Status ¹ | |
| Not Overweight | 66 |
| Overweight | 50 |
| Physical Activity | |
| Inactive | 50 |
| Insufficient | 53 |
| Recommended | 60 |

[®]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 2016

Food Insecurity

2016 Findings

- Five percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months.
- Eighteen percent of respondents in the bottom 40 percent household income bracket reported they couldn't afford enough food compared to 1% of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report they couldn't afford enough food compared to married respondents (10% and 0%, respectively).

Table 37. Household Food Insecurity in Past Year by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 5% |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 18 |
| Middle 20 Percent Bracket | 0 |
| Top 40 Percent Bracket | 1 |
| Marital Status ¹ | |
| Married | 0 |
| Not Married | 10 |
| Children in Household | |
| Yes | 4 |
| No | 5 |

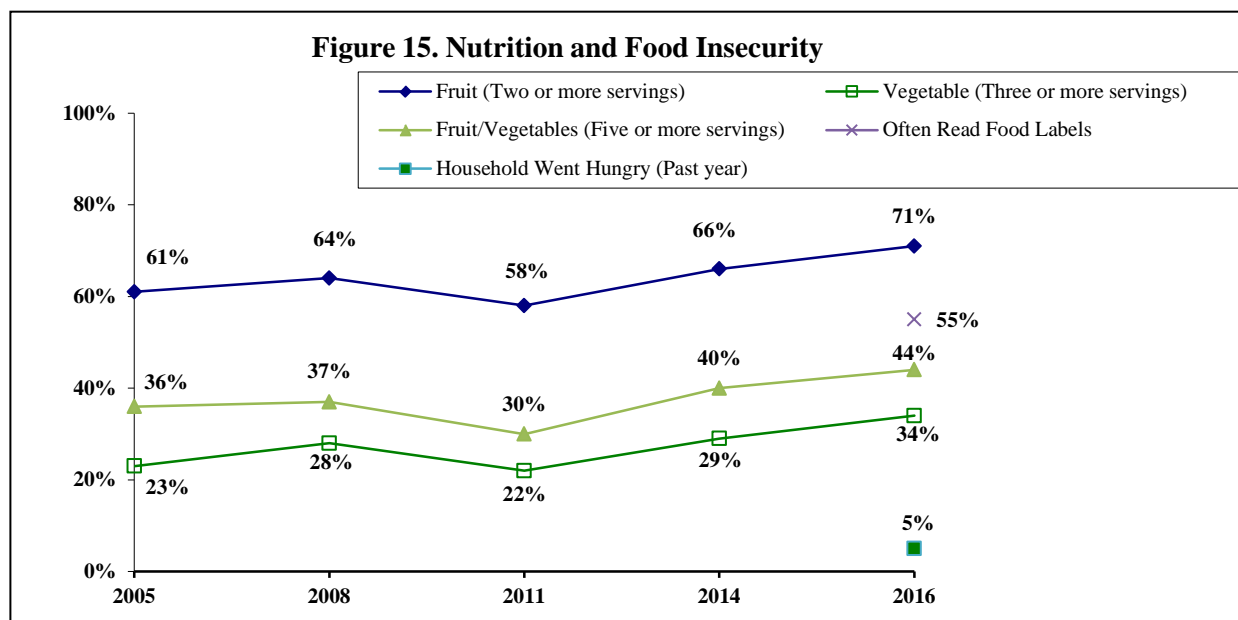
^①Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at $p \leq 0.05$ in 2016

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2014 to 2016, there was no statistical change.



Women's Health (Figure 16; Tables 38 - 40)

KEY FINDINGS: In 2016, 82% of female respondents 50 and older reported a mammogram within the past two years. Eighty-eight percent of female respondents 65 and older had a bone density scan. Eighty-nine percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-five percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-nine 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 or married respondents were more likely to meet the cervical cancer recommendation.

From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a cervical cancer screening in the recommended time frame.

Mammogram

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

In 2014, 77% of Wisconsin women and 76% of U.S. women 50 and older reported a mammogram within the past two years (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighty-two percent of 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.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported having 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 in both study years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having 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 in both study years.

Bone Density Scan

2016 Findings

- Eighty-eight percent of the 40 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.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

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.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

Pap Smear

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

In 2014, 77% of Wisconsin women and 75% of U.S. women 18 and older reported a pap smear within the past three years (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighty-nine percent of respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.
- Ninety-seven percent of respondents with a college education reported a pap smear within the past three years compared to 77% of respondents with some post high school education or less.
- Married respondents were more likely to report a pap smear compared to unmarried respondents (97% and 73%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to report a pap smear within the past three years. From 2005 to 2016, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear.
- In 2005, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years. In 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a pap smear within the past three years.
- In 2005, marital status was not a significant variable. In 2016, married respondents were more likely to report a pap smear within the past three years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report a pap smear within the past three years. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear.

- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to report a pap smear within the past three years. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting a pap smear within the past three years.

Table 38. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 92% | 90% | 83% | 92% | 89% |
| Education ^{2,3,5} | | | | | |
| Some Post High School or Less ^{a,b} | 89 | 85 | 78 | 91 | 77 |
| College Graduate | 97 | 98 | 92 | 94 | 97 |
| Household Income ^{1,2,3} | | | | | |
| Bottom 60 Percent Bracket | 93 | 83 | 73 | 89 | 92 |
| Top 40 Percent Bracket ^a | 100 | 100 | 93 | 95 | 91 |
| Marital Status ^{2,5} | | | | | |
| Married | 95 | 97 | 87 | 94 | 97 |
| Not Married ^b | 88 | 73 | 75 | 89 | 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.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

HPV Test

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.

2016 Findings

- Fifty-five percent of respondents 18 to 65 years old reported they had an HPV test within the past five years.
- There were no statistically significant differences between demographic variables and responses of an HPV test within the past five years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting they had an HPV test within the past five years.
- From 2014 to 2016, there were no statistically significant differences between and within demographic variables and responses of an HPV test within the past five years.

Table 39. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)^①

| | 2014 | 2016 |
|-------------------------------|------|------|
| TOTAL | 57% | 55% |
| Education | | |
| Some Post High School or Less | 53 | 51 |
| College Graduate | 63 | 58 |
| Household Income | | |
| Bottom 60 Percent Bracket | 58 | 64 |
| Top 40 Percent Bracket | 55 | 60 |
| Marital Status | | |
| Married | 57 | 60 |
| Not Married | 56 | 48 |

^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 2014; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2014 to 2016

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

2016 Findings

- Eighty-nine percent of respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every three years for ages 18 to 29 years old; pap smear and HPV test every five years or pap smear only every three years for ages 30 to 65 years old).
- Ninety-nine percent of respondents with a college education met the recommendation compared to 78% of respondents with some post high school education or less.
- Married respondents were more likely to meet the recommendation compared to unmarried respondents (98% and 75%).

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting they had a cervical cancer screen within the recommended time frame.
- In 2014, education was not a significant variable. In 2016, respondents with a college education were more likely to report they met the recommendation. From 2014 to 2016, there was a noted decrease in the percent of respondents with some post high school education or less meeting the recommendation.
- In 2014 and 2016, married respondents were more likely to report they met the recommendation. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents meeting the recommendation.

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

| | 2014 | 2016 |
|--|------|------|
| TOTAL | 95% | 89% |
| Education² | | |
| Some Post High School or Less ^a | 92 | 78 |
| College Graduate | 98 | 99 |
| Household Income | | |
| Bottom 60 Percent Bracket | 92 | 94 |
| Top 40 Percent Bracket | 98 | 90 |
| Marital Status^{1,2} | | |
| Married | 98 | 98 |
| Not Married ^a | 89 | 75 |

^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.

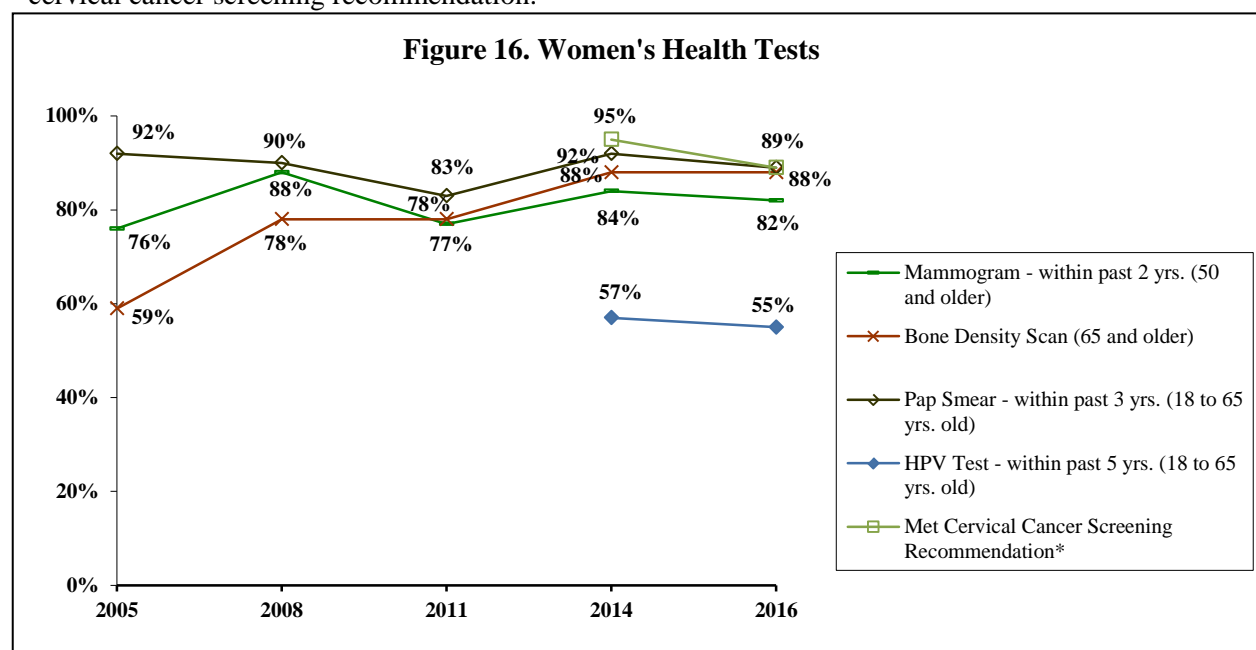
¹demographic difference at $p \leq 0.05$ in 2014; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2014 to 2016

Women's Health Tests Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2016. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who met the cervical cancer screening recommendation.



*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 Screening (Figure 17; Tables 41 - 44)

KEY FINDINGS: In 2016, 10% of respondents 50 and older reported a blood stool test within the past year. Six percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 72% reported a colonoscopy within the past ten years. This results in 75% of respondents meeting the current colorectal cancer screening recommendations.

From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.

Blood Stool Test

In 2014, 6% of Wisconsin respondents and 8% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Ten percent of respondents 50 and older had a blood stool test within the past year. Fifty-three percent reported never while 5% were not sure.
- There were no statistically significant differences between demographic variables and responses of a blood stool test within the past year.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents across gender reporting a blood stool test within the past year.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents across education reporting a blood stool test within the past year.
- In 2005 and 2016, household income was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a blood stool test within the past year.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of married respondents reporting a blood stool test within the past year.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.

- From 2014 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a blood stool test within the past year.

Table 41. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

| | 2005 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL ^a | 26% | 15% | 9% | 10% |
| Gender | | | | |
| Male ^a | 28 | 12 | 11 | 10 |
| Female ^a | 25 | 17 | 6 | 11 |
| Education | | | | |
| Some Post High School or Less ^a | 28 | 14 | 7 | 12 |
| College Graduate ^a | 21 | 16 | 12 | 8 |
| Household Income | | | | |
| Bottom 60 Percent Bracket ^a | 30 | 16 | 8 | 12 |
| Top 40 Percent Bracket | 22 | 14 | 9 | 10 |
| Marital Status | | | | |
| Married ^a | 30 | 16 | 10 | 9 |
| Not Married | 22 | 13 | 7 | 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.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2011

³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Sigmoidoscopy

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

2016 Findings

- Six percent of respondents 50 and older reported their last sigmoidoscopy was within the past five years. Seventy-three percent reported never.
- There were no statistically significant differences between demographic variables and responses of a sigmoidoscopy within the past five years.

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical decrease in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- In 2008 and 2016, gender was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of female respondents reporting 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 2008 and 2016, education was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents with some post high school education or less reporting a sigmoidoscopy in the past five years.
- In 2008 and 2016, household income was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a sigmoidoscopy in the past five years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- From 2014 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy within the past five years.

Table 42. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL ^a | 15% | 10% | 9% | 6% |
| Gender | | | | |
| Male | 17 | 12 | 10 | 8 |
| Female ^a | 13 | 9 | 8 | 4 |
| Education | | | | |
| Some Post High School or Less ^a | 16 | 9 | 10 | 6 |
| College Graduate | 10 | 14 | 8 | 6 |
| Household Income | | | | |
| Bottom 60 Percent Bracket ^a | 15 | 10 | 9 | 6 |
| Top 40 Percent Bracket | 13 | 12 | 9 | 7 |
| Marital Status | | | | |
| Married | 15 | 10 | 7 | 7 |
| Not Married | 13 | 12 | 12 | 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.

¹demographic difference at p≤0.05 in 2008; ²demographic difference at p≤0.05 in 2011

³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Colonoscopy

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

2016 Findings

- Seventy-two percent of respondents 50 and older had a colonoscopy within the past ten years. Nineteen percent reported never.

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.

- There were no statistically significant differences between demographic variables and responses of a colonoscopy within the past ten years.

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2008 and 2016, household income was not a significant variable. From 2008 to 2016, 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.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report a colonoscopy within the past ten years. In 2016, household income was not a significant variable.

Table 43. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL | 64% | 69% | 72% | 72% |
| Gender | | | | |
| Male | 59 | 73 | 69 | 70 |
| Female | 68 | 66 | 75 | 73 |
| Education ² | | | | |
| Some Post High School or Less | 59 | 65 | 73 | 71 |
| College Graduate | 74 | 82 | 67 | 73 |
| Household Income ³ | | | | |
| Bottom 60 Percent Bracket ^a | 56 | 69 | 77 | 74 |
| Top 40 Percent Bracket | 66 | 67 | 61 | 71 |
| Marital Status | | | | |
| Married | 63 | 65 | 73 | 73 |
| Not Married | 64 | 77 | 70 | 70 |

^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 2008; ²demographic difference at $p \leq 0.05$ in 2011

³demographic difference at $p \leq 0.05$ in 2014; ⁴demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2008 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Colorectal Cancer Screening Recommendation Met

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

2016 Findings

- Seventy-five percent of 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 a colorectal cancer screen in the recommended time frame.

2008 to 2016 Year Comparisons

- From 2008 to 2016, 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 2008 and 2016, household income was not a significant variable. From 2008 to 2016, 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.

2014 to 2016 Year Comparisons

- From 2014 to 2016, 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.
- From 2014 to 2016, there were no statistically significant differences between and within demographic variables and responses of a colorectal cancer screen in the recommended time frame.

Table 44. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)^{①,②}

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL | 69% | 74% | 74% | 75% |
| Gender | | | | |
| Male | 68 | 78 | 72 | 72 |
| Female | 70 | 70 | 77 | 77 |
| Education | | | | |
| Some Post High School or Less | 64 | 70 | 76 | 74 |
| College Graduate | 79 | 84 | 69 | 75 |
| Household Income | | | | |
| Bottom 60 Percent Bracket ^a | 61 | 73 | 78 | 79 |
| Top 40 Percent Bracket | 75 | 71 | 66 | 71 |
| Marital Status | | | | |
| Married | 68 | 70 | 78 | 75 |
| Not Married | 69 | 80 | 71 | 74 |

^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 2008, blood stool test was not asked.

¹demographic difference at $p \leq 0.05$ in 2008; ²demographic difference at $p \leq 0.05$ in 2011

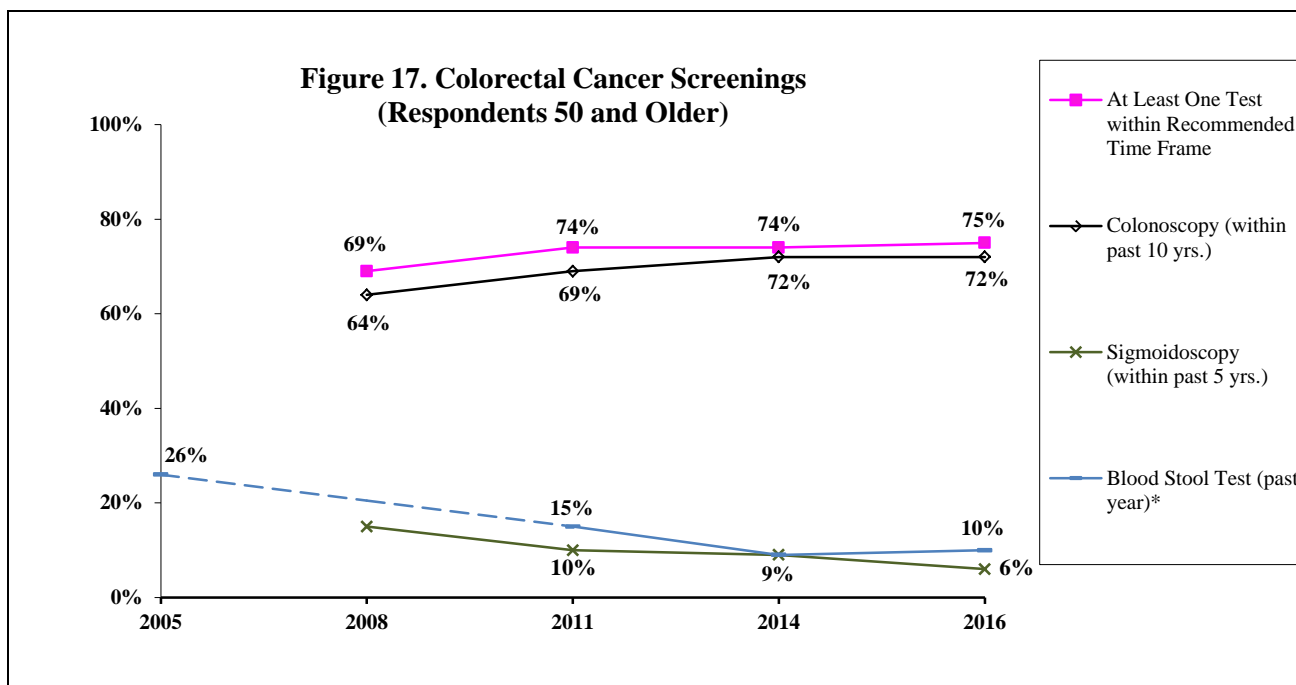
³demographic difference at $p \leq 0.05$ in 2014; ⁴demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2008 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year, while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was a statistical decrease in the overall percent of respondents who reported a sigmoidoscopy in the past five years while from 2014 to 2016, there was no statistical change. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2014 to 2016. From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2014 to 2016.



*In 2008, blood stool test was not asked.

Tobacco Cigarette Use (Figures 18 & 19; Table 45)

KEY FINDINGS: In 2016, 18% of respondents were current tobacco cigarette smokers; respondents who were male, 18 to 34 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to be a smoker. In the past 12 months, 46% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-two percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of current smokers who reported their health professional advised them to quit smoking while from 2014 to 2016, there was no statistical change.

Current Tobacco Cigarette Smokers

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

In 2014, 17% of Wisconsin respondents and 18% of U.S. respondents were current smokers (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighteen percent of respondents were current tobacco cigarette smokers; 6% smoked some days and 12% smoked every day in the past month.
- Twenty-two percent of male respondents were current smokers compared to 14% of female respondents.
- Respondents 18 to 34 years old were more likely to be a current smoker (31%) compared to those 65 and older (13%) or respondents 35 to 44 years old (11%).
- Twenty-nine percent of respondents with some post high school education and 27% of those with a high school education or less were current smokers compared to 6% of respondents with a college education.
- Thirty-two percent of respondents in the middle 20 percent household income bracket and 30% of those in the bottom 40 percent income bracket were current smokers compared to 10% of respondents in the top 40 percent household income bracket.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2005, gender was not a significant variable. In 2016, male respondents were more likely to be a current smoker.
- In 2005 and 2016, respondents 18 to 34 years old were more likely to be a current smoker.
- In 2005, respondents with a high school education or less were more likely to be a current smoker. In 2016, respondents with some post high school education or less were more likely to be a current smoker. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education and a noted decrease in the percent of respondents with a college education who were current smokers.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker. From 2005 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket who were current smokers.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2014, gender was not a significant variable. In 2016, male respondents were more likely to be a current smoker.

- In 2014 respondents 35 to 44 years old were more likely to be a current smoker. In 2016, respondents 18 to 34 years old were more likely to be a current smoker, with a noted increase since 2014. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 54 years old who were current smokers.
- In 2014, respondents with a high school education or less were more likely to be a current smoker. In 2016, respondents with some post high school education or less were more likely to be a current smoker.
- In 2014 and 2016, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker.
- In 2014, unmarried respondents were more likely to be a current smoker. In 2016, marital status was not a significant variable.

Table 45. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL | 20% | 17% | 17% | 20% | 18% |
| Gender ⁵ | | | | | |
| Male | 21 | 18 | 14 | 23 | 22 |
| Female | 18 | 17 | 20 | 17 | 14 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^b | 27 | 32 | 23 | 13 | 31 |
| 35 to 44 ^b | 17 | 5 | 24 | 41 | 11 |
| 45 to 54 ^b | 23 | 22 | 17 | 27 | 15 |
| 55 to 64 | 20 | 17 | 13 | 12 | 19 |
| 65 and Older | 8 | 5 | 6 | 6 | 13 |
| Education ^{1,2,3,4,5} | | | | | |
| High School or Less | 27 | 27 | 23 | 32 | 27 |
| Some Post High School ^a | 17 | 18 | 21 | 21 | 29 |
| College Graduate ^a | 13 | 9 | 5 | 3 | 6 |
| Household Income ^{2,3,4,5} | | | | | |
| Bottom 40 Percent Bracket | 24 | 28 | 23 | 28 | 30 |
| Middle 20 Percent Bracket ^a | 15 | 26 | 25 | 30 | 32 |
| Top 40 Percent Bracket | 16 | 7 | 8 | 12 | 10 |
| Marital Status ^{2,4} | | | | | |
| Married | 18 | 13 | 14 | 16 | 16 |
| Not Married | 23 | 26 | 21 | 25 | 21 |

^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.

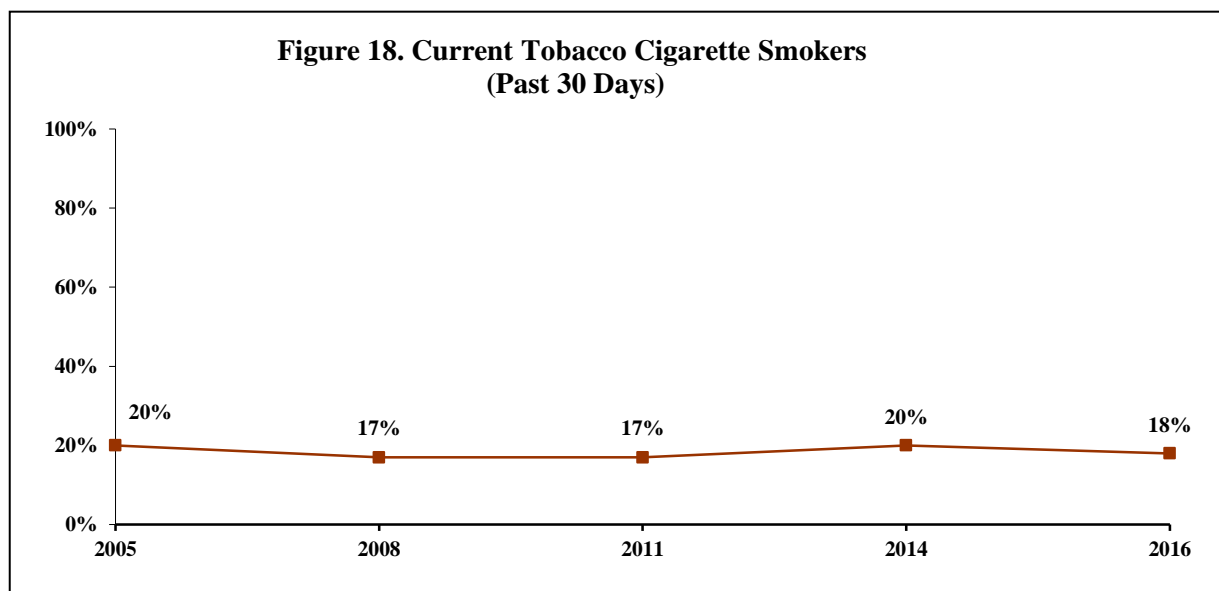
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Tobacco Cigarette Use Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016.



Quit Smoking for at Least One Day in Past 12 Months 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).

2016 Findings

Of current tobacco cigarette smokers...

- Forty-six percent of the 72 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.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer 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.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they quit smoking for one day or longer 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.

Doctor, Nurse or Other Health Professional Advised Respondent to Quit

2016 Findings

Of current smokers who have seen a health professional in the past 12 months...

- Sixty-two percent of the 60 current smokers who have seen a health professional in the past 12 months reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

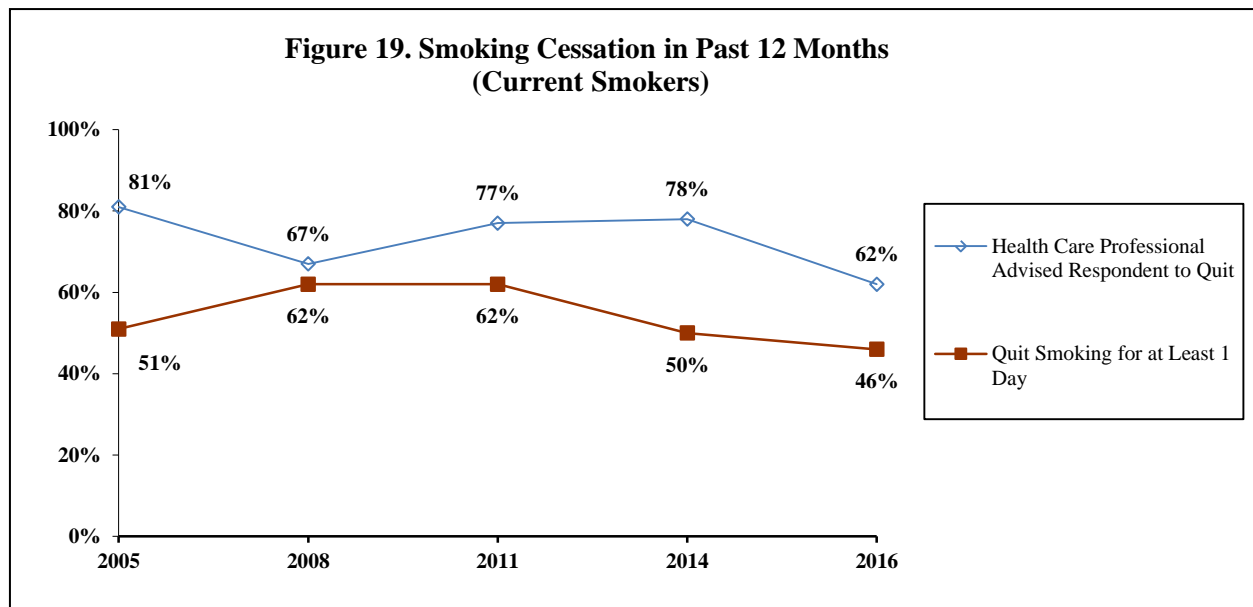
2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

Smoking Cessation Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of current smokers who reported their health professional advised them to quit smoking, while from 2014 to 2016 there was no statistical change.



Exposure to Cigarette Smoke (Figures 20 & 21; Tables 46 & 47)

KEY FINDINGS: In 2016, 83% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.

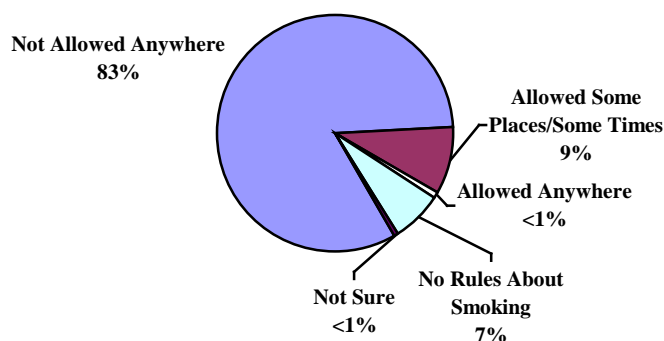
Smoking Policy Inside Home

In 2005, 75% of Wisconsin respondents reported smoking is prohibited in their home (2005 Tobacco Use Supplement to the Current Population Survey). In 2006-2008, 79% of U.S. respondents reported smoking is prohibited in their home (2006-2008 Tobacco Use Supplement to the Current Population Survey).

2016 Findings

- Eighty-three percent of respondents reported smoking is not allowed anywhere inside the home while 9% reported smoking is allowed in some places or at some times. Less than one percent reported smoking is allowed anywhere inside the home. Seven percent of respondents reported there are no rules about smoking inside the home.

Figure 20. Smoking Policy Inside Home for 2016



- Ninety-three percent of respondents in the middle 20 percent household income bracket and 90% of those in the top 40 percent income bracket reported smoking is not allowed in the home compared to 72% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report smoking is not allowed in the home compared to unmarried respondents (89% and 75%, respectively).
- Eighty-six percent of nonsmokers reported smoking is not allowed in the home compared to 68% of smokers.
- Respondents in households with children were more likely to report smoking is not allowed in the home (92%) compared to respondents in households without children (77%).

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2008, household income was not a significant variable. In 2016, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home. From 2008 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting smoking is not allowed in the home.
- In 2008 and 2016, married respondents were more likely to report smoking is not allowed in the home.
- In 2008 and 2016, nonsmokers were more likely to report smoking is not allowed in the home.
- In 2008 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2014, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2016, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home. From 2014 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting smoking is not allowed in the home.
- In 2014 and 2016, married respondents were more likely to report smoking is not allowed in the home.
- In 2014 and 2016, nonsmokers were more likely to report smoking is not allowed in the home.
- In 2014 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home.

Table 46. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year^①

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL | 81% | 80% | 83% | 83% |
| Household Income ^{3,4} | | | | |
| Bottom 40 Percent Bracket | 71 | 75 | 74 | 72 |
| Middle 20 Percent Bracket ^b | 84 | 88 | 74 | 93 |
| Top 40 Percent Bracket ^a | 80 | 82 | 91 | 90 |
| Marital Status ^{1,3,4} | | | | |
| Married | 87 | 82 | 89 | 89 |
| Not Married | 68 | 75 | 76 | 75 |
| Smoking Status ^{1,2,3,4} | | | | |
| Nonsmoker | 86 | 85 | 89 | 86 |
| Smoker | 56 | 51 | 59 | 68 |
| Children in Household ^{1,2,3,4} | | | | |
| Yes | 87 | 86 | 90 | 92 |
| No | 76 | 76 | 79 | 77 |

^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 2008; ²demographic difference at p≤0.05 in 2011

³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Exposure to Second-Hand Smoke in Past Seven Days (Nonsmokers)

The Healthy People 2020 goal for nonsmokers exposed to second-hand smoke is 34%. (Objective TU-11.3)

2016 Findings

Of 327 nonsmoking respondents...

- Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke 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.

- Eighteen percent of respondents 18 to 34 years old reported second-hand smoke exposure compared to 6% of those 35 to 44 years old or 5% of respondents 65 and older.
- Twenty percent of respondents with a high school education or less reported second-hand smoke exposure compared to 16% of those with some post high school education or 3% of respondents with a college education.
- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported second-hand smoke exposure compared to 10% 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 second-hand smoke exposure compared to married respondents (16% and 6%, respectively).

2008 to 2016 Year Comparisons

- From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2008 and 2016, gender was not a significant variable. From 2008 to 2016, there was a noted decrease in the percent of respondents across gender reporting second-hand smoke exposure
- In 2008 and 2016, respondents 18 to 34 years old were more likely to report second-hand smoke exposure. From 2008 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting second-hand smoke exposure.
- In 2008, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted decrease in the percent of respondents with at least some post high school education reporting second-hand smoke exposure.
- In 2008, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting second-hand smoke exposure.
- In 2008 and 2016, unmarried respondents were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted decrease in the percent of respondents across marital status reporting second-hand smoke exposure.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2014, respondents 45 to 54 years old were more likely to report second-hand smoke exposure. In 2016, respondents 18 to 34 years old were more likely to report second-hand smoke exposure.
- In 2014 and 2016, respondents with a high school education or less were more likely to report exposure to second-hand smoke. From 2008 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting second-hand smoke exposure.

- In 2014, household income bracket was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke, with a noted increase since 2014.
- In 2014 and 2016, unmarried respondents were more like to report exposure to second-hand smoke exposure.

Table 47. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year^①

| | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|
| TOTAL ^a | 28% | 16% | 9% | 10% |
| Gender | | | | |
| Male ^a | 26 | 16 | 9 | 12 |
| Female ^a | 30 | 17 | 10 | 9 |
| Age ^{1,2,3,4} | | | | |
| 18 to 34 ^a | 53 | 19 | 14 | 18 |
| 35 to 44 ^a | 19 | 21 | 5 | 6 |
| 45 to 54 | 25 | 11 | 18 | 14 |
| 55 to 64 ^a | 30 | 26 | 2 | 7 |
| 65 and Older | 14 | 7 | 4 | 5 |
| Education ^{3,4} | | | | |
| High School or Less | 29 | 16 | 16 | 20 |
| Some Post High School ^{a,b} | 33 | 19 | 7 | 16 |
| College Graduate ^a | 22 | 13 | 5 | 3 |
| Household Income ⁴ | | | | |
| Bottom 40 Percent Bracket ^b | 34 | 24 | 8 | 24 |
| Middle 20 Percent Bracket | 22 | 16 | 13 | 10 |
| Top 40 Percent Bracket ^a | 30 | 16 | 7 | 4 |
| Marital Status ^{1,3,4} | | | | |
| Married ^a | 25 | 15 | 6 | 6 |
| Not Married ^a | 37 | 18 | 14 | 16 |

^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 2008; ²demographic difference at p≤0.05 in 2011

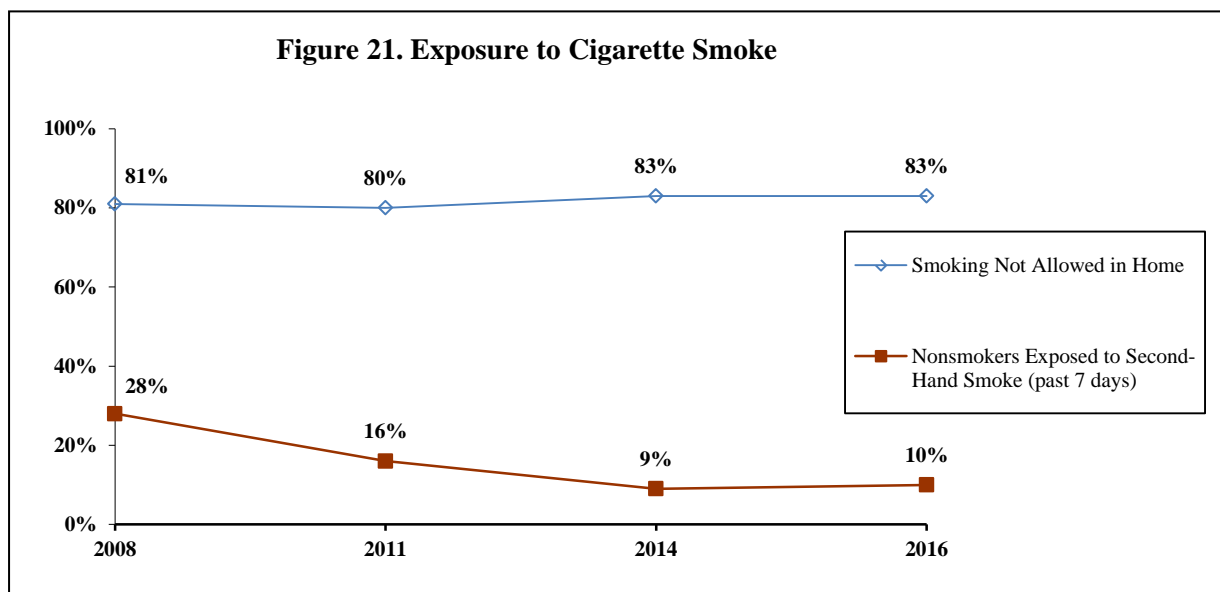
³demographic difference at p≤0.05 in 2014; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2008 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Exposure to Cigarette Smoke Overall

Year Comparisons

- From 2008 to 2016, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2008 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.



Other Tobacco Products (Figure 22; Tables 48 – 50)

KEY FINDINGS: In 2016, 8% of respondents used electronic cigarettes in the past 30 days; respondents 18 to 34 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to use e-cigarettes. Six percent of respondents used cigars, cigarillos or little cigars in the past 30 days; respondents who were male, 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. Five percent of respondents used smokeless tobacco in the past month; respondents who were male, 18 to 34 years old, with a high school education or less or married were more likely to use smokeless tobacco.

From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported past month use of electronic cigarettes, cigars/cigarillos/little cigars or smokeless tobacco.

Electronic Cigarettes

2016 Findings

- Eight percent of respondents used electronic cigarettes in the past 30 days.
- Eighteen percent of respondents 18 to 34 years old used electronic cigarettes in the past month compared to 5% of those 45 to 54 years old or 1% of respondents 65 and older.

- Thirteen percent of respondents with a high school education or less and 12% of those with some post high school education used electronic cigarettes in the past month compared to 3% of respondents with a college education.
- Seventeen percent of respondents in the bottom 40 percent household income bracket used electronic cigarettes in the past month compared to 13% of those in the middle 20 percent income bracket or 5% of respondents in the top 40 percent household income bracket.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who used electronic cigarettes in the past month.
- In 2014, female respondents were more likely to have used electronic cigarettes in the past month. In 2016, gender was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting electronic cigarette use.
- In 2014, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to have used electronic cigarettes, with a noted increase since 2014.
- In 2014, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to have used electronic cigarettes in the past month. From 2014 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting electronic cigarette use.
- In 2014 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report electronic cigarettes in the past month. From 2014 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting electronic cigarette use.

Table 48. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year^①

| | 2014 | 2016 |
|--|------|------|
| TOTAL | 5% | 8% |
| Gender ¹ | | |
| Male ^a | 3 | 9 |
| Female | 7 | 7 |
| Age ² | | |
| 18 to 34 ^a | 5 | 18 |
| 35 to 44 | 9 | 8 |
| 45 to 54 | 5 | 5 |
| 55 to 64 | 4 | 6 |
| 65 and Older | 1 | 1 |
| Education ² | | |
| High School or Less ^a | 4 | 13 |
| Some Post High School | 7 | 12 |
| College Graduate | 5 | 3 |
| Household Income ^{1,2} | | |
| Bottom 40 Percent Bracket | 11 | 17 |
| Middle 20 Percent Bracket ^a | 2 | 13 |
| Top 40 Percent Bracket | 4 | 5 |
| Marital Status | | |
| Married | 3 | 6 |
| Not Married | 7 | 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.

¹demographic difference at $p \leq 0.05$ in 2014; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2014 to 2016

Cigars, Cigarillos or Little Cigars

2016 Findings

- Six percent of respondents used cigars, cigarillos or little cigars in the past 30 days.
- Thirteen percent of male respondents used cigars, cigarillos or little cigars in the past month compared to less than one percent of female respondents.
- Thirteen percent of respondents 18 to 34 years old used cigars, cigarillos or little cigars compared to 3% of respondents 35 to 44 years old or 65 and older.
- Thirteen percent of respondents with a high school education or less used cigars, cigarillos or little cigars in the past month compared to 8% of those with some post high school education or 2% of respondents with a college education.
- Fourteen percent of respondents in the middle 20 percent household income bracket used cigars, cigarillos or little cigars in the past month compared to 9% of those in the bottom 40 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- In 2014 and 2016, male respondents were more likely to have used cigars, cigarillos or little cigars in the past month. From 2014 to 2016, there was a noted increase in the percent of male respondents reporting past month use.
- In 2014 age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to have used cigars, cigarillos or little cigars, with a noted increase since 2014.
- In 2014, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to have used cigars, cigarillos or little cigars, with a noted increase since 2014.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report to have used cigars, cigarillos or little cigars in the past month. In 2016, respondents in the middle 20 percent household income bracket were more likely to report past month use, with a noted increase since 2014.

Table 49. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year^①

| | 2014 | 2016 |
|--|------|------|
| TOTAL | 4% | 6% |
| Gender ^{1,2} | | |
| Male ^a | 6 | 13 |
| Female | 2 | <1 |
| Age ² | | |
| 18 to 34 ^a | 2 | 13 |
| 35 to 44 | 9 | 3 |
| 45 to 54 | 4 | 4 |
| 55 to 64 | 4 | 9 |
| 65 and Older | 1 | 3 |
| Education ² | | |
| High School or Less ^a | 4 | 13 |
| Some Post High School | 8 | 8 |
| College Graduate | 2 | 2 |
| Household Income ^{1,2} | | |
| Bottom 40 Percent Bracket | 10 | 9 |
| Middle 20 Percent Bracket ^a | 0 | 14 |
| Top 40 Percent Bracket | 4 | 2 |
| Marital Status | | |
| Married | 4 | 6 |
| Not Married | 5 | 7 |

^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 2014; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2014 to 2016

Smokeless Tobacco

In 2014, 2% of Wisconsin respondents and 2% of U.S. respondents used chewing tobacco, snuff or snus (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Five percent of respondents used smokeless tobacco in the past 30 days.
- Ten percent of male respondents used smokeless tobacco in the past month compared to less than one percent of female respondents.
- Fourteen percent of respondents 18 to 34 years old used smokeless tobacco in the past month compared to 0% of respondents 35 to 44 years old or 65 and older.
- Eleven percent of respondents with a high school education or less used smokeless tobacco in the past month compared to 8% of those with some post high school education or less than one percent of respondents with a college education.
- Seven percent of married respondents used smokeless tobacco in the past month compared to 2% of unmarried respondents.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.
- In 2014 and 2016, male respondents were more likely to have used smokeless tobacco in the past month.
- In 2014, respondents 35 to 44 years old were more likely to have used smokeless tobacco in the past month. In 2016, respondents 18 to 34 years old were more likely to have used smokeless tobacco. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting smokeless tobacco.
- In 2014 and 2016, respondents with a high school education or less were more likely to have used smokeless tobacco.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to have used smokeless tobacco in the past month. In 2016, household income was not a significant variable.
- In 2014, marital status was not a significant variable. In 2016, married respondents were more likely to have used smokeless tobacco in the past month. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting smokeless tobacco.

Table 50. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year^①

| | 2014 | 2016 |
|-------------------------------|------|------|
| TOTAL | 8% | 5% |
| Gender ^{1,2} | | |
| Male | 14 | 10 |
| Female | 1 | <1 |
| Age ^{1,2} | | |
| 18 to 34 | 10 | 14 |
| 35 to 44 ^a | 14 | 0 |
| 45 to 54 | 11 | 7 |
| 55 to 64 | 0 | 1 |
| 65 and Older | 0 | 0 |
| Education ^{1,2} | | |
| High School or Less | 13 | 11 |
| Some Post High School | 7 | 8 |
| College Graduate | 2 | <1 |
| Household Income ¹ | | |
| Bottom 40 Percent Bracket | 7 | 3 |
| Middle 20 Percent Bracket | 21 | 10 |
| Top 40 Percent Bracket | 4 | 4 |
| Marital Status ² | | |
| Married | 6 | 7 |
| Not Married ^a | 9 | 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.

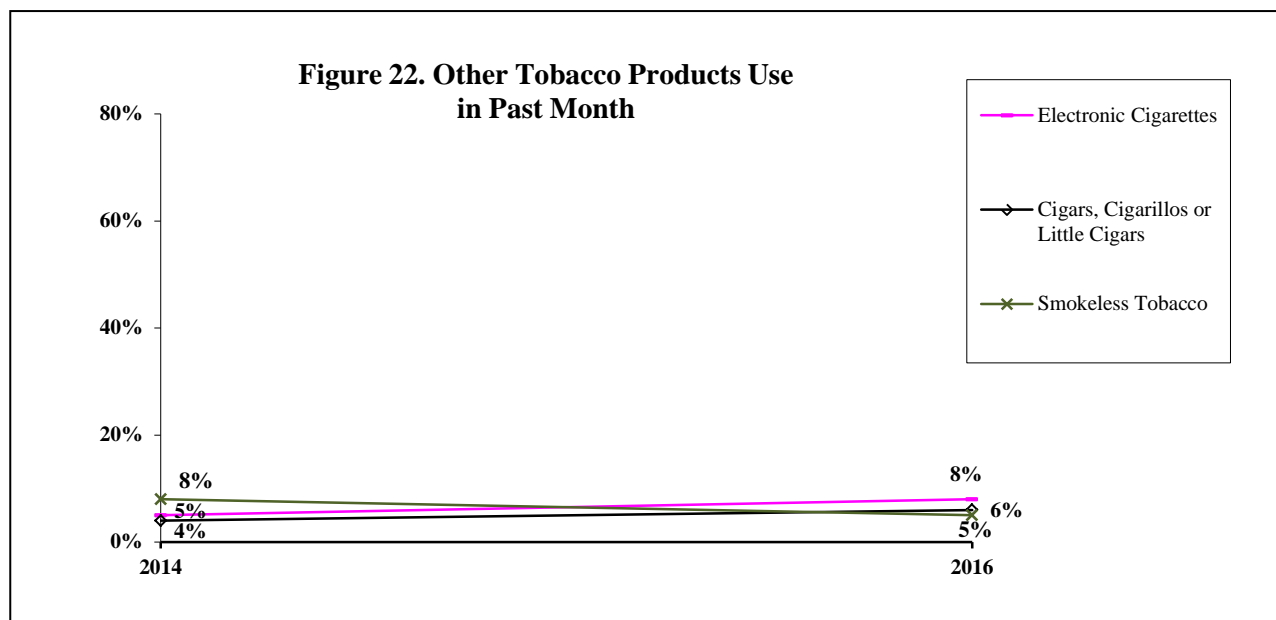
¹demographic difference at p≤0.05 in 2014; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2014 to 2016

Other Tobacco Products Overall

Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported in the past month they used electronic cigarettes, cigars/cigarillos/little cigars or smokeless tobacco.



Alcohol Use (Figure 23; Tables 51 & 52)

KEY FINDINGS: In 2016, 34% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month.

From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month while from 2014 to 2016, there was no statistical change.

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 2016, Washington 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 2014, 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). Sixteen percent of U.S. respondents reported binge drinking in the past month (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Thirty-four 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 (45%) compared to female respondents (23%).
- Respondents 18 to 34 years old were more likely to have binged in the past month (61%) compared to those 35 to 44 years old (21%) or respondents 65 and older (11%).
- Thirty-nine percent of respondents with a college education binged in the past month compared to 35% of those with some post high school education or 23% of respondents with high school education or less.
- Forty-eight percent of respondents in the middle 20 percent household income bracket binged in the past month compared to 42% of those in the top 40 percent income bracket or 24% of respondents in the bottom 40 percent household income bracket.

2005 to 2016 Year Comparisons

In 2011, 2014 and 2016, the Washington 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 2005 and 2008, the definition was five or more drinks, regardless of gender.

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who binged.
- In 2005 and 2016, male respondents were more likely to have binged. From 2005 to 2016, there was a noted increase in the percent of respondents across gender reporting binge drinking.
- In 2005, respondents 18 to 54 years old were more likely to have binged. In 2016, respondents 18 to 34 years old were more likely to have binged. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting binge drinking.
- In 2005, education was not a significant variable. In 2016, respondents with a college education were more likely to have binged. From 2005 to 2016, there was a noted increase in the percent of respondents with at least some post high school education reporting binge drinking.
- In 2005, respondents in the top 60 percent household income bracket were more likely to have binged. In 2016, respondents in the middle 20 percent household income bracket were more likely to have binged. From 2005 to 2016, there was a noted increase in the percent of respondents across household income reporting binge drinking.
- In 2005 and 2016, marital status was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents across marital status reporting binge drinking.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who binged.
- In 2014 and 2016, male respondents were more likely to have binged. From 2014 to 2016, there was a noted decrease in the percent of male respondents reporting binge drinking.
- In 2014 and 2016, respondents 18 to 34 years old were more likely to have binged. From 2014 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old reporting binge drinking.
- In 2014, respondents with a high school education or less were more likely to have binged. In 2016, respondents with a college education were more likely to have binged. From 2014 to 2016, there was a noted decrease in the percent of respondents with high school education or less reporting binge drinking.
- In 2014 and 2016, respondents in the middle 20 percent household income bracket were more likely to have binged.
- In 2014 and 2016, marital status was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of unmarried respondents reporting binge drinking.

Table 51. Binge Drinking in Past Month by Demographic Variables for Each Survey Year^{①,②}

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^a | 21% | 29% | 33% | 39% | 34% |
| Gender ^{1,2,3,4,5} | | | | | |
| Male ^{a,b} | 34 | 39 | 46 | 56 | 45 |
| Female ^a | 10 | 19 | 19 | 22 | 23 |
| Age ^{1,2,3,4,5} | | | | | |
| 18 to 34 ^a | 24 | 38 | 53 | 53 | 61 |
| 35 to 44 ^b | 26 | 38 | 39 | 47 | 21 |
| 45 to 54 ^a | 23 | 27 | 33 | 43 | 37 |
| 55 to 64 | 19 | 19 | 25 | 26 | 29 |
| 65 and Older | 5 | 7 | 4 | 20 | 11 |
| Education ^{3,4,5} | | | | | |
| High School or Less ^b | 19 | 20 | 32 | 47 | 23 |
| Some Post High School ^a | 16 | 33 | 44 | 39 | 35 |
| College Graduate ^a | 27 | 29 | 19 | 29 | 39 |
| Household Income ^{1,3,4,5} | | | | | |
| Bottom 40 Percent Bracket ^a | 11 | 22 | 26 | 28 | 24 |
| Middle 20 Percent Bracket ^a | 24 | 29 | 32 | 55 | 48 |
| Top 40 Percent Bracket ^a | 24 | 26 | 43 | 40 | 42 |
| Marital Status | | | | | |
| Married ^a | 24 | 28 | 32 | 35 | 36 |
| Not Married ^{a,b} | 17 | 29 | 33 | 44 | 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.

^②In 2011, 2014 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in all other study years, “5 or more drinks on an occasion” was used for both males and females.

¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month

2016 Findings

- Two percent of respondents reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.
- In 2005, respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink in both study years.

Table 52. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 ^② | 2011 ^② | 2014 ^② | 2016 ^② |
|-------------------------------|------|-------------------|-------------------|-------------------|-------------------|
| TOTAL ^a | 5% | 3% | 3% | 3% | 2% |
| Gender | | | | | |
| Male | 6 | -- | -- | -- | -- |
| Female | 3 | -- | -- | -- | -- |
| Age | | | | | |
| 18 to 34 | 7 | -- | -- | -- | -- |
| 35 to 44 | 5 | -- | -- | -- | -- |
| 45 to 54 | 5 | -- | -- | -- | -- |
| 55 to 64 | 4 | -- | -- | -- | -- |
| 65 and Older | 2 | -- | -- | -- | -- |
| Education ¹ | | | | | |
| High School or Less | 8 | -- | -- | -- | -- |
| Some Post High School | 4 | -- | -- | -- | -- |
| College Graduate | 1 | -- | -- | -- | -- |
| Household Income ¹ | | | | | |
| Bottom 40 Percent Bracket | 8 | -- | -- | -- | -- |
| Middle 20 Percent Bracket | 2 | -- | -- | -- | -- |
| Top 40 Percent Bracket | 2 | -- | -- | -- | -- |
| Marital Status ¹ | | | | | |
| Married | 2 | -- | -- | -- | -- |
| Not Married | 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.

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

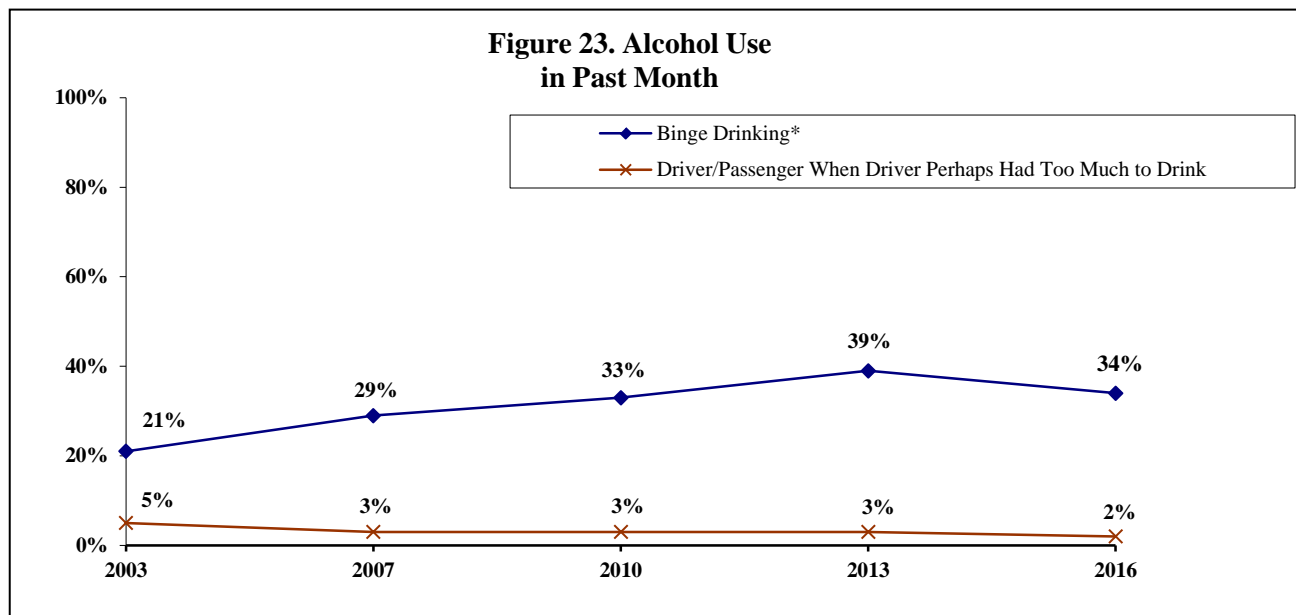
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Alcohol Use Overall

Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month while from 2014 to 2016, there was no statistical change.



*In 2011, 2014 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2005 and 2008, “5 or more drinks on an occasion” was used for both males and females.

Household Problems (Figure 24; Table 53)

KEY FINDINGS: In 2016, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana, gambling or with the misuse of prescription drugs/over-the-counter drugs. Zero percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs.

From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with marijuana while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.

Household Problem Associated with Alcohol in Past Year

2016 Findings

- Two percent of respondents reported they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking alcohol in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol in the past year.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol.
- In 2005, there were no statistically significant differences between demographic variables and responses of a household problem with alcohol.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting a household problem with drinking alcohol in both study years.

Table 53. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 ^② | 2011 ^② | 2014 ^② | 2016 ^② |
|---------------------------|------|-------------------|-------------------|-------------------|-------------------|
| TOTAL ^a | 8% | 3% | 1% | 1% | 2% |
| Household Income | | | | | |
| Bottom 40 Percent Bracket | 8 | -- | -- | -- | -- |
| Middle 20 Percent Bracket | 9 | -- | -- | -- | -- |
| Top 40 Percent Bracket | 9 | -- | -- | -- | -- |
| Marital Status | | | | | |
| Married | 8 | -- | -- | -- | -- |
| Not Married | 8 | -- | -- | -- | -- |
| Children in Household | | | | | |
| Yes | 9 | -- | -- | -- | -- |
| No | 8 | -- | -- | -- | -- |

^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 2005; ²demographic difference at $p \leq 0.05$ in 2008; ³demographic difference at $p \leq 0.05$ in 2011; ⁴demographic difference at $p \leq 0.05$ in 2014; ⁵demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2005 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Other Household Problems in Past Year

2016 Findings

- Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana, gambling or with the misuse of prescription drugs/over-the-counter drugs. Zero percent of respondents reported a household problem in connection with cocaine/heroin/other street drugs.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a problem associated with each of the other household problems in the past year.

2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with marijuana in the past year. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting each household problem in both study years.

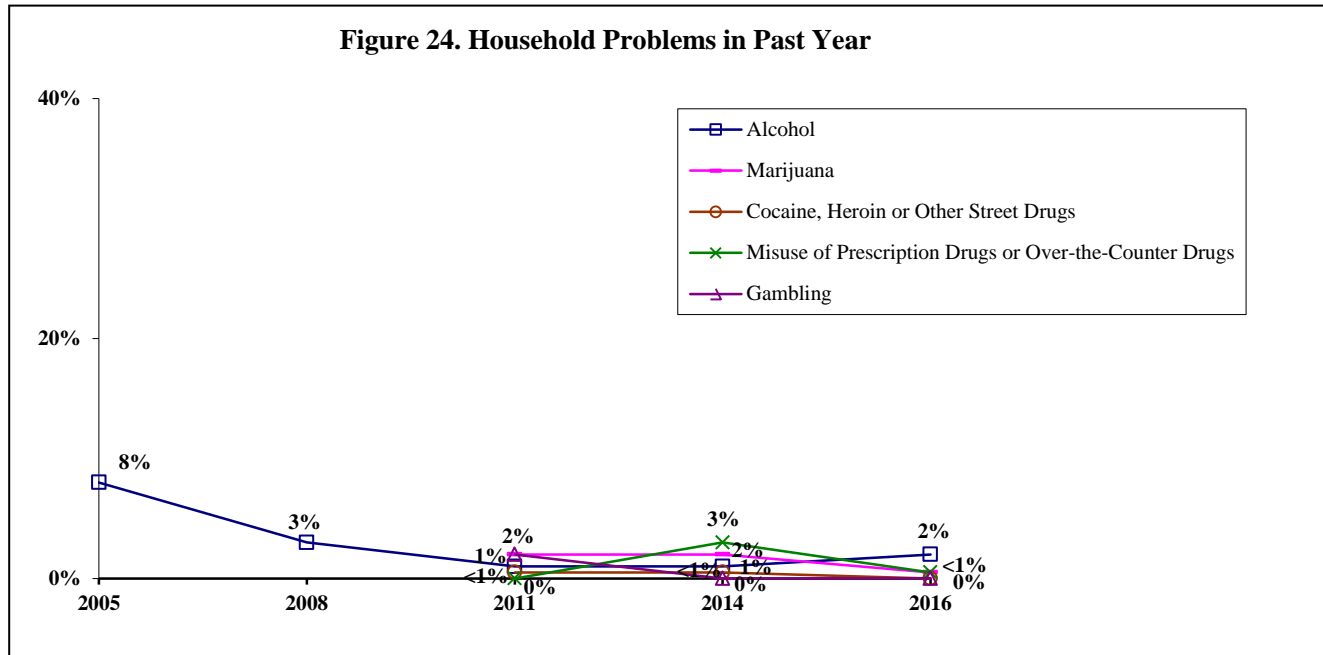
2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs in the past year. From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling in the past year.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting each household problem in both study years.

Household Problems Overall

Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem with marijuana while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs or gambling, as well as from 2014 to 2016.



Times of Distress in Past Three Years (Table 54)

KEY FINDINGS: In 2016, 19% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Forty-one percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

Times of Distress

2016 Findings

- Nineteen percent of respondents reported in the past three years someone in their household experienced times of distress, including economic hardship, family issues, medical issues or some other distress in life and looked for community resource support in Washington County.

- Thirty-four percent of respondents in the bottom 40 percent household income bracket reported someone in their household experienced times of distress in the past three years and looked for support compared to 23% of those in the middle 20 percent income bracket or 15% of respondents in the top 40 percent household income bracket.
- Twenty-eight percent of unmarried respondents reported someone in their household experienced times of distress in the past three years compared to 12% of married respondents.

Table 54. Times of Distress in Past Three Years by Demographic Variables for 2016[®]

| | 2016 |
|-------------------------------|------|
| TOTAL | 19% |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 34 |
| Middle 20 Percent Bracket | 23 |
| Top 40 Percent Bracket | 15 |
| Marital Status ¹ | |
| Married | 12 |
| Not Married | 28 |
| Children in Household | |
| Yes | 20 |
| No | 18 |

[®]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 2016

Community Resource Support

- Forty-one percent of the 75 respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Sixty percent reported extremely supported or very supported.
 - Of the 30 respondents who reported they felt somewhat, slightly or not at all supported by community resources, 24% reported finances and 23% reported the lack of knowledge of where to go as the reason they selected one of the lower levels of support. Seventeen percent of respondents reported the stigma related to needing help/disapproval while 15% reported poor quality of care as their reason for the lower level of support.

Mental Health Status (Figures 25 & 26; Tables 55 - 57)

KEY FINDINGS: In 2016, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

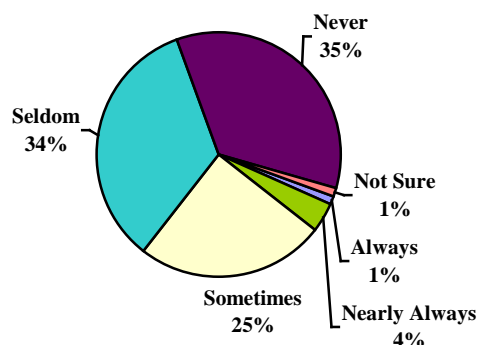
From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or they considered suicide, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.

Felt Sad, Blue or Depressed

2016 Findings

- Five percent of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. This represents up to 10,300 residents.

Figure 25. Felt Sad, Blue or Depressed in Past 30 Days for 2016



- Nine percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed compared to 5% of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed compared to married respondents (9% and 2%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2005 and 2016, age was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting they always or nearly always felt sad, blue or depressed.

- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting they always or nearly always felt sad, blue or depressed.
- In 2005, household income was not a significant variable. In 2016, 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 2005, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2005.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2014, respondents with some post high school education were more likely to report always or nearly always. In 2016, education was not a significant variable.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report always or nearly always. From 2014 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting always or nearly always.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting they always or nearly always felt sad, blue or depressed.

Table 55. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 ^② | 2014 | 2016 |
|--|------|------|-------------------|------|------|
| TOTAL | 4% | 4% | 3% | 6% | 5% |
| Gender | | | | | |
| Male | 4 | 5 | -- | 5 | 4 |
| Female | 4 | 3 | -- | 7 | 6 |
| Age | | | | | |
| 18 to 34 ^a | 0 | 2 | -- | 9 | 5 |
| 35 to 44 | 6 | 3 | -- | 4 | 3 |
| 45 to 54 | 5 | 9 | -- | 11 | 7 |
| 55 to 64 | 6 | 4 | -- | 4 | 7 |
| 65 and Older | 3 | 3 | -- | 1 | 1 |
| Education ^{2,4} | | | | | |
| High School or Less | 6 | 9 | -- | 6 | 6 |
| Some Post High School ^a | 2 | 3 | -- | 11 | 8 |
| College Graduate | 4 | <1 | -- | 2 | 3 |
| Household Income ^{2,4,5} | | | | | |
| Bottom 40 Percent Bracket | 5 | 14 | -- | 12 | 9 |
| Middle 20 Percent Bracket ^b | 4 | 5 | -- | 13 | 0 |
| Top 40 Percent Bracket ^b | 3 | 0 | -- | 1 | 5 |
| Marital Status ^{2,5} | | | | | |
| Married ^b | 4 | 1 | -- | 6 | 2 |
| Not Married ^a | 3 | 11 | -- | 6 | 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.

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Considered Suicide

All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

2016 Findings

- Three percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 8,240 residents who may have considered suicide in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year they considered suicide.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- No demographic comparison across years were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year they considered suicide in both study years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.
- In 2014, respondents who were female or in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed in the past year they considered suicide.

Table 56. Considered Suicide in Past Year by Demographic Variables for Each Survey Year^①

| | 2005 ^② | 2008 ^② | 2011 ^② | 2014 | 2016 ^② |
|-------------------------------|-------------------|-------------------|-------------------|------|-------------------|
| TOTAL | 3% | 3% | 2% | 4% | 3% |
| Gender ⁴ | | | | | |
| Male | -- | -- | -- | <1 | -- |
| Female | -- | -- | -- | 6 | -- |
| Age | | | | | |
| 18 to 34 | -- | -- | -- | 6 | -- |
| 35 to 44 | -- | -- | -- | 4 | -- |
| 45 to 54 | -- | -- | -- | 4 | -- |
| 55 to 64 | -- | -- | -- | 0 | -- |
| 65 and Older | -- | -- | -- | 0 | -- |
| Education | | | | | |
| High School or Less | -- | -- | -- | 3 | -- |
| Some Post High School | -- | -- | -- | 6 | -- |
| College Graduate | -- | -- | -- | 2 | -- |
| Household Income ⁴ | | | | | |
| Bottom 40 Percent Bracket | -- | -- | -- | 7 | -- |
| Middle 20 Percent Bracket | -- | -- | -- | 0 | -- |
| Top 40 Percent Bracket | -- | -- | -- | 2 | -- |
| Marital Status | | | | | |
| Married | -- | -- | -- | 4 | -- |
| Not Married | -- | -- | -- | 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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Find Meaning and Purpose in Daily Life

2016 Findings

- Seven percent of respondents reported they seldom or never find meaning and purpose in daily life. Thirty-seven percent of respondents reported they always find meaning and purpose while an additional 43% reported nearly always.
- Sixteen percent of respondents with a high school education or less reported they seldom or never find meaning and purpose in daily life compared to 7% of those with some post high school education or 2% of respondents with a college education.
- Seventeen percent of respondents in the bottom 40 percent household income bracket reported they seldom or never find meaning and purpose in daily life compared to 3% of those in the middle 20 percent income bracket or 1% 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 daily life compared to married respondents (15% and 1%, respectively).

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.
- No demographic comparisons between years were conducted as a result of the low percent of respondents reporting they seldom or never find meaning and purpose in daily life in 2005.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.
- No demographic comparisons between years were conducted as a result of the low percent of respondents reporting they seldom or never find meaning and purpose in daily life in 2014.

Table 57. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year^①

| | 2005 ^② | 2008 | 2011 ^② | 2014 ^② | 2016 |
|-------------------------------|-------------------|------|-------------------|-------------------|------|
| TOTAL ^{a,b} | 3% | 5% | 3% | 2% | 7% |
| Gender | | | | | |
| Male | -- | 7 | -- | -- | 8 |
| Female | -- | 3 | -- | -- | 6 |
| Age | | | | | |
| 18 to 34 | -- | 4 | -- | -- | 11 |
| 35 to 44 | -- | 4 | -- | -- | 3 |
| 45 to 54 | -- | 6 | -- | -- | 4 |
| 55 to 6 | -- | 4 | -- | -- | 9 |
| 65 and Older | -- | 8 | -- | -- | 7 |
| Education ^{2,5} | | | | | |
| High School or Less | -- | 14 | -- | -- | 16 |
| Some Post High School | -- | <1 | -- | -- | 7 |
| College Graduate | -- | 1 | -- | -- | 2 |
| Household Income ⁵ | | | | | |
| Bottom 40 Percent Bracket | -- | 8 | -- | -- | 17 |
| Middle 20 Percent Bracket | -- | 8 | -- | -- | 3 |
| Top 40 Percent Bracket | -- | 2 | -- | -- | 1 |
| Marital Status ^{2,5} | | | | | |
| Married | -- | 3 | -- | -- | 1 |
| Not Married | -- | 10 | -- | -- | 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.

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

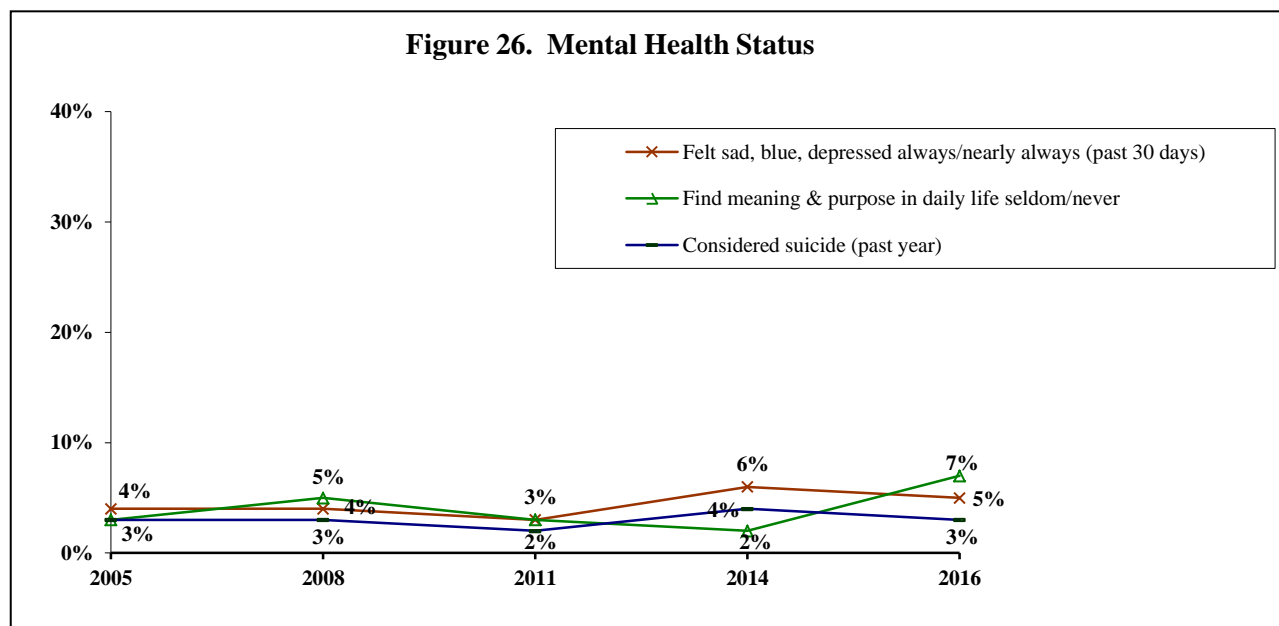
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Mental Health Status Overall

Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed or considered suicide, as well as from 2014 to 2016. From 2005 to 2016, there was a noted increase in the percent of respondents who reported they seldom or never find meaning and purpose in daily life, as well as from 2014 to 2016.



Personal Safety Issues (Figure 27; Tables 58 & 59)

KEY FINDINGS: In 2016, 2% of respondents reported someone made them afraid for their personal safety in the past year. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations; respondents in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.

Afraid for Personal Safety

2016 Findings

- Two percent of respondents reported someone made them afraid for their personal safety in the past year.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported someone made them afraid for their personal safety in the past year.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2005, there were no demographic differences in the percent of respondents reporting they were afraid for their personal safety.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2014, respondents in the middle 20 percent household income bracket were more likely to report being afraid for their personal safety.

Table 58. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 ^② |
|-------------------------------|------|------|------|------|-------------------|
| TOTAL ^{a,b} | 8% | 4% | 4% | 7% | 2% |
| Gender | | | | | |
| Male | 8 | 3 | 4 | 7 | -- |
| Female | 7 | 6 | 4 | 7 | -- |
| Age ³ | | | | | |
| 18 to 34 | 10 | 4 | 11 | 9 | -- |
| 35 to 44 | 10 | 4 | 1 | 8 | -- |
| 45 to 54 | 6 | 8 | 2 | 8 | -- |
| 55 to 64 | 2 | 2 | 4 | 3 | -- |
| 65 and Older | 6 | 3 | 0 | 6 | -- |
| Education | | | | | |
| High School or Less | 8 | 7 | 4 | 6 | -- |
| Some Post High School | 7 | 4 | 3 | 6 | -- |
| College Graduate | 8 | 3 | 5 | 9 | -- |
| Household Income ⁴ | | | | | |
| Bottom 40 Percent Bracket | 11 | 6 | 6 | 7 | -- |
| Middle 20 Percent Bracket | 7 | 0 | 0 | 10 | -- |
| Top 40 Percent Bracket | 7 | 6 | 6 | 3 | -- |
| Marital Status ³ | | | | | |
| Married | 7 | 4 | <1 | 5 | -- |
| Not Married | 9 | 5 | 9 | 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.

^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 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Pushed, Kicked, Slapped or Hit

2016 Findings

- Three 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 reporting they were pushed, kicked, slapped or hit in the past year.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in both study years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in both study years.

Combined Personal Safety Issues

2016 Findings

- Four percent of all respondents reported at least one of the two personal safety issues.
- Thirteen percent of respondents in the bottom 40 percent household income bracket reported at least one of the two personal safety issues compared to 1% of respondents in the top 60 percent household income bracket.
- Eight percent of unmarried respondents reported at least one of the two personal safety issues compared to less than one percent of married respondents.

2005 to 2016 Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2005 and 2016, gender was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of female respondents reporting at least one of the personal safety issues.
- In 2005 and 2016, education was not a significant variable. From 2005 to 2016, there was a noted decrease in the percent of respondents with a college education reporting at least one of the personal safety issues.
- In 2005, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. From 2005 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least one of the personal safety issues.

- In 2005, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report at least one of the personal safety issues. From 2005 to 2016, there was a noted decrease in the percent of married respondents reporting at least one of the personal safety issues.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2014 and 2016, education was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents with a college education reporting at least one of the personal safety issues.
- In 2014, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues. From 2014 to 2016, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting at least one of the personal safety issues.
- In 2014, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report at least one of the personal safety issues. From 2014 to 2016, there was a noted decrease in the percent of married respondents reporting at least one of the personal safety issues.

Table 59. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year^①

| | 2005 | 2008 | 2011 | 2014 | 2016 |
|--|------|------|------|------|------|
| TOTAL ^{a,b} | 8% | 7% | 6% | 8% | 4% |
| Gender | | | | | |
| Male | 8 | 7 | 6 | 8 | 4 |
| Female ^a | 8 | 7 | 6 | 7 | 3 |
| Age ^{2,3} | | | | | |
| 18 to 34 | 10 | 13 | 15 | 9 | 6 |
| 35 to 44 | 10 | 4 | 3 | 13 | 7 |
| 45 to 54 | 7 | 8 | 3 | 8 | 2 |
| 55 to 64 | 4 | 2 | 4 | 4 | 3 |
| 65 and Older | 6 | 3 | 0 | 6 | 1 |
| Education | | | | | |
| High School or Less | 8 | 11 | 6 | 6 | 6 |
| Some Post High School | 8 | 8 | 6 | 8 | 6 |
| College Graduate ^{a,b} | 9 | 3 | 5 | 11 | 2 |
| Household Income ⁵ | | | | | |
| Bottom 40 Percent Bracket | 13 | 8 | 6 | 7 | 13 |
| Middle 20 Percent Bracket ^b | 8 | 5 | 6 | 10 | 1 |
| Top 40 Percent Bracket ^{a,b} | 8 | 7 | 7 | 5 | 1 |
| Marital Status ^{3,5} | | | | | |
| Married ^{a,b} | 7 | 6 | 3 | 6 | <1 |
| Not Married | 9 | 9 | 10 | 10 | 8 |

^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.

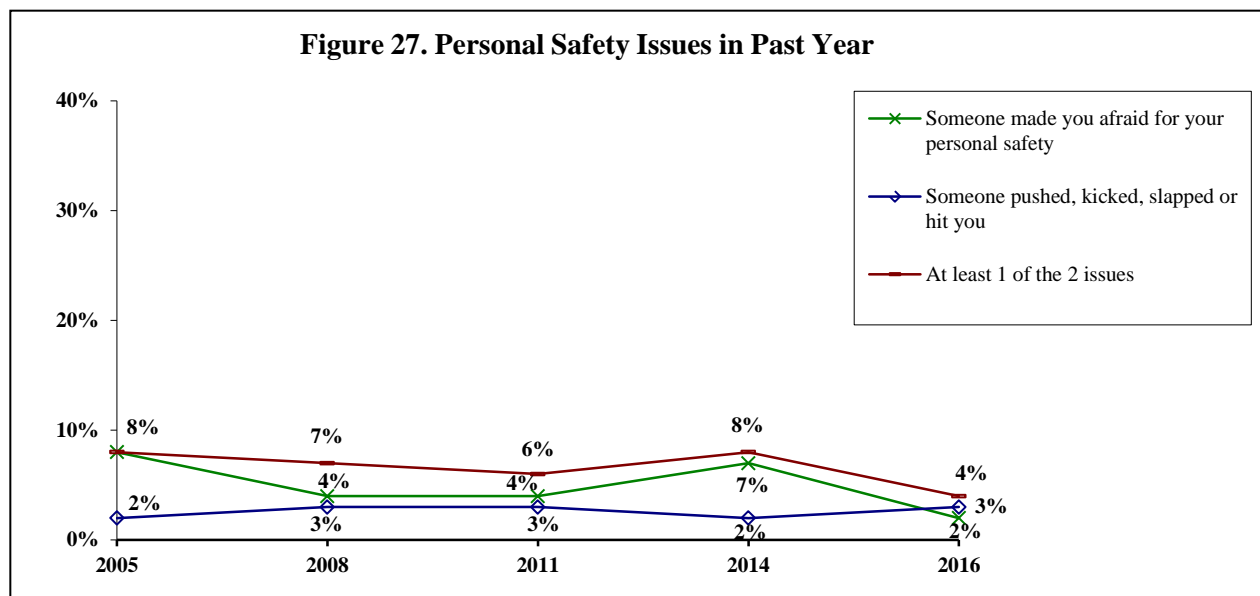
¹demographic difference at p≤0.05 in 2005; ²demographic difference at p≤0.05 in 2008; ³demographic difference at p≤0.05 in 2011; ⁴demographic difference at p≤0.05 in 2014; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2005 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Personal Safety Issues Overall

Year Comparisons

- From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2016.



Children in Household (Figures 28 & 29; Tables 60 – 66)

KEY FINDINGS: In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-nine percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 91% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Five percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 2% reported their child did not receive the medical care needed. Two percent reported their child was not able to visit a specialist they needed to see. Ten percent of respondents reported their child currently had asthma. One percent of respondents reported their child was seldom or never safe in their community. Eighty-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 39% reported three or more servings of vegetables. This results in 50% of respondents reporting their 5 to 17 year old child ate at least five or more servings of fruits or vegetables. Sixty-one percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Four percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Thirty-three percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 30% reported verbal bullying, 5% cyber bullying and 3% reported physical bullying.

From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor/nurse or their child visited their personal doctor for preventive care in the past year while from 2014 to 2016, there was no statistical change. From

2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child had asthma while from 2014 to 2016, there was a statistical increase. From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting their child was seldom/never safe in their community, as well as from 2014 to 2016. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit a day, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child ate at least three servings of vegetables a day or ate at least five servings of fruits/vegetables while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed, as well as from 2014 to 2016. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child was bullied overall or verbally bullied while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was physically bullied while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was cyber bullied, as well as from 2014 to 2016.

Children in Household

2016 Findings

- Thirty-nine 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 their child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.
- Fifty-seven percent of the children selected were 12 or younger. Fifty-two percent were boys. Of these households, 42% were in the bottom 60 percent household income bracket and 84% were married.

Child's Personal Doctor

2016 Findings

Of the 135 respondents who make health care decisions for their child...

- Ninety-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse who knows their child well and is familiar with their child's health history.
- There were no statistically significant differences between demographic variables and responses of having one or more persons they think of as their child's personal doctor or nurse.

2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor or nurse.

- In 2011 and 2016, child's gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their son had a personal doctor or nurse.
- In 2011 and 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents, regardless of child's age, reporting their child had a personal doctor or nurse.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report their child had a personal doctor or nurse. In 2016 household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting their child had a personal doctor or nurse.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting their child had a personal doctor or nurse.
- There were no statistically significant differences between and within demographic variables and responses of having one or more persons they think of as their child's personal doctor or nurse.

Table 60. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^a | 84% | 99% | 99% |
| Gender | | | |
| Boy ^a | 80 | 99 | 100 |
| Girl | 90 | 100 | 97 |
| Age | | | |
| 12 Years Old or Younger ^a | 83 | 99 | 97 |
| 13 to 17 Years Old ^a | 87 | 100 | 100 |
| Household Income ¹ | | | |
| Bottom 60 Percent Bracket ^a | 74 | 97 | 96 |
| Top 40 Percent Bracket | 96 | 100 | 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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Preventive Care with Child's Personal Doctor

2016 Findings

Of the 133 respondents with a child who had a personal doctor...

- Of children who had a personal doctor, 91% reported their child visited their personal doctor/nurse for preventive care during the past 12 months.
- Ninety-six percent of respondents speaking on behalf of their son reported their child saw their personal doctor/nurse for preventive care in the past 12 months compared to 85% of respondents speaking on behalf of their daughter.

2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care.
- In 2011, respondents were more likely to report their daughter saw their personal doctor in the past year. In 2016, respondents were more likely to report their son saw their personal doctor for preventive care, with a noted increase since 2011.
- In 2011, respondents were more likely to report their child who was 12 or younger saw their personal doctor for preventive care. In 2016, age was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their 13 to 17 year old child saw their personal doctor for preventive care.
- In 2011, respondents in the top 40 percent household income bracket were more likely to report their child saw their personal doctor for preventive care. In 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting their child saw their personal doctor for preventive care.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care.
- In 2014, child's gender was not a significant variable. In 2016, respondents were more likely to report their son saw their personal doctor for preventive care.
- In 2014, respondents were more likely to report their child who was 12 or younger saw their personal doctor for preventive care. In 2016, child's age was not a significant variable.

Table 61. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^a | 82% | 91% | 91% |
| Gender ^{1,3} | | | |
| Boy ^a | 74 | 91 | 96 |
| Girl | 91 | 90 | 85 |
| Age ^{1,2} | | | |
| 12 Years Old or Younger | 92 | 94 | 91 |
| 13 to 17 Years Old ^a | 68 | 79 | 91 |
| Household Income ¹ | | | |
| Bottom 60 Percent Bracket ^a | 68 | 90 | 90 |
| Top 40 Percent Bracket | 88 | 90 | 96 |

^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 2011; ²demographic difference at $p \leq 0.05$ in 2014

³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2011 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Unmet Care

2016 Findings

Of the 135 respondents with a child...

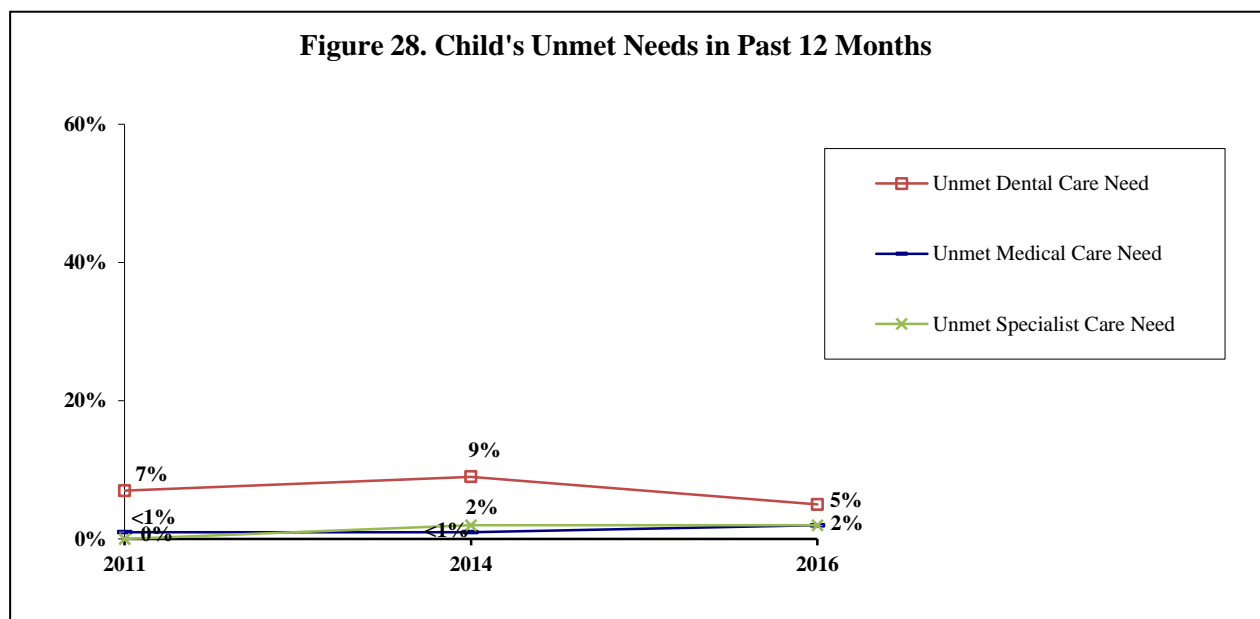
- Five percent of respondents reported there was a time in the past 12 months their child did not get the dental care needed. Two percent each reported their child did not receive the medical care needed or their child did not visit a specialist they needed to see in the past 12 months.
- No demographic comparisons were conducted as a result of the low number of respondents who reported their child had an unmet need.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or was unable to see a specialist when needed.
- No demographic comparisons were conducted between years as a result of the low number of respondents who reported their child had an unmet need in both study years.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents reporting in the past 12 months their child had an unmet medical need, unmet dental need or was unable to see a specialist when needed.
- No demographic comparisons were conducted between years as a result of the low number of respondents who reported their child had an unmet need in both study years.



Child's Asthma

2016 Findings

Of the 135 respondents with a child...

- Ten percent of respondents reported their child currently had asthma.
- No demographic comparisons were conducted as a result of the number of respondents who reported their child had asthma.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (6% and 10%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child had asthma in both study years.

2014 to 2016 Comparisons

- From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported their child currently had asthma (4% and 10%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child had asthma in both study years.

Child's Safety in Community

2016 Findings

Of the 135 respondents with a child...

- One percent of respondents reported their child was seldom/never safe in their community or neighborhood.
- No demographic comparisons were conducted as a result of the number of respondents who reported their child was seldom/never safe in their community.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (0% and 1%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child was seldom/never safe in their community in both study years.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (0% and 1%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child was seldom/never safe in their community in both study years.

Child's Sleeping Arrangement

2016 Findings

Of the 13 respondents with a child two years old or younger...

- Eleven respondents (85%) reported when their child was a baby, their child usually slept in a crib or bassinette while two respondents (15%) reported in bed with them or another person.
- No demographic comparisons were conducted as a result of the number of respondents who were asked this question.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (0% and 15%, 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.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child slept in bed with the respondent or another person when the child was a baby (5% and 15%, 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

2016 Findings

Of the 115 respondents with a child 5 to 17 years old...

- Eighty-two percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day.
- There were no statistically significant differences between demographic variables and responses of reporting their child ate at least two servings of fruit on an average day.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day.
- In 2011, respondents were more likely to report their 5 to 12 year old child ate at least two servings of fruit. In 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents who reported their 13 to 17 year old child ate at least two servings of fruit on an average day.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting their child ate at least two servings of fruit on an average day.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day.
- In 2014, respondents were more likely to report their 5 to 12 year old child ate at least two servings of fruit. In 2016, child's age was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents who reported their 13 to 17 year old child ate at least two servings of fruit on an average day.

Table 62. Child's Daily Fruit Intake (Two or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL | 71% | 73% | 82% |
| Gender | | | |
| Boy | 77 | 74 | 84 |
| Girl | 65 | 71 | 79 |
| Age ^{1,2} | | | |
| 5 to 12 Years Old | 89 | 90 | 82 |
| 13 to 17 Years Old ^{a,b} | 56 | 39 | 82 |
| Household Income | | | |
| Bottom 60 Percent Bracket ^a | 65 | 78 | 87 |
| Top 40 Percent Bracket | 75 | 69 | 79 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Child's Vegetable Intake

2016 Findings

Of the 115 respondents with a child 5 to 17 years old...

- Thirty-nine percent of respondents reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.
- Fifty percent of respondents reported their 5 to 12 year old child ate at least three servings of vegetables a day compared to 28% of respondents reporting about their 13 to 17 year old child.

2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.
- In 2011 and 2016, gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents, regardless of child's gender, reporting their child ate at least three servings of vegetables.

- In 2011, child's age was not a significant variable. In 2016, respondents were more likely to report their 5 to 12 year old child ate at least three servings of vegetables on an average day, with a noted increase since 2011.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child ate at least three servings of vegetables.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.
- In 2014, child's age was not a significant variable. In 2016, respondents were more likely to report their 5 to 12 year old child ate at least three servings of vegetables on an average day.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report their child ate at least three servings of vegetables. In 2016, household income was not a significant variable.

Table 63. Child's Daily Vegetable Intake (Three or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)^①

| | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|
| TOTAL ^a | 21% | 30% | 39% |
| Gender | | | |
| Boy ^a | 22 | 27 | 41 |
| Girl ^a | 19 | 35 | 37 |
| Age ³ | | | |
| 5 to 12 Years Old ^a | 19 | 35 | 50 |
| 13 to 17 Years Old | 22 | 22 | 28 |
| Household Income ² | | | |
| Bottom 60 Percent Bracket | 23 | 48 | 40 |
| Top 40 Percent Bracket ^a | 19 | 21 | 37 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Child's Fruit and Vegetable Intake

2016 Findings

Of the 115 respondents with a child 5 to 17 years old...

- Fifty percent of respondents reported their 5 to 17 year old child ate at least five servings of fruits or vegetables on an average day.
- There were no statistically significant differences between demographic variables and responses of reporting their child ate at least five servings of fruits or vegetables on an average day.

2011 to 2016 Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their 5 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2011 and 2016, child's gender was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents, regardless of child's gender, reporting at least five servings of fruit or vegetables.
- In 2011 and 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their 5 to 12 year old child ate at least five servings of fruit or vegetables.
- In 2011 and 2016, household income was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents across household income reporting their child ate at least five servings of fruit or vegetables a day.

2014 to 2016 Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least five servings of fruit or vegetables on an average day.
- In 2014, respondents were more likely to report their 5 to 12 year old child ate at least five servings of fruit or vegetables on an average day. In 2016, child's age was not a significant variable.
- In 2014, respondents in the bottom 60 percent household income bracket were more likely to report their child ate at least five servings of fruit or vegetables. In 2016, household income was not a significant variable. From 2014 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child ate at least five servings of fruit or vegetables on an average day.

Table 64. Child's Daily Fruit or Vegetable Intake (Five or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^a | 26% | 38% | 50% |
| Gender | | | |
| Boy ^a | 30 | 38 | 54 |
| Girl ^a | 23 | 41 | 47 |
| Age ² | | | |
| 5 to 12 Years Old ^a | 28 | 47 | 60 |
| 13 to 17 Years Old | 25 | 22 | 42 |
| Household Income ² | | | |
| Bottom 60 Percent Bracket ^a | 27 | 57 | 55 |
| Top 40 Percent Bracket ^{a,b} | 27 | 29 | 48 |

^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 2011; ²demographic difference at p≤0.05 in 2014

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Child's Physical Activity

2016 Findings

Of the 115 respondents with a child 5 to 17 years old...

- Sixty-one percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.
- Respondents were more likely to report their son was physically active five times a week (72%) compared to respondents reporting about their daughter (51%).
- Respondents were more likely to report their 5 to 12 year old child was physically active five times a week (84%) compared to respondents reporting about their 13 to 17 year old child (38%).
 - Of the 44 respondents who reported their child was not physically active five times a week for at least 60 minutes, 46% reported they liked to play video games or on computer while 24% reported their child does not like to be active.

2011 to 2016 Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2011 and 2016, respondents were more likely to report their son was physically active five times a week.
- In 2011 and 2016, respondents were more likely to report their 5 to 12 year old child was physically active five times a week.

2014 to 2016 Comparisons

- From 2014 to 2016, there was a statistical decrease in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes.
- In 2014, child's gender was not a significant variable. In 2016, respondents were more likely to report their son was physically active five times a week. From 2014 to 2016, there was a noted decrease in the percent of respondents reporting their daughter was physically active five times a week.
- In 2014, child's age was not a significant variable. In 2016, respondents were more likely to report their 5 to 12 year old child was physically active five times a week. From 2014 to 2016, there was a noted decrease in the percent of respondents reporting their 13 to 17 year old child was physically active five times a week.
- In 2014 and 2016, household income was not a significant variable. From 2014 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting their child was physically active five times a week.

Table 65. Child's Physical Activity (Five or More Times for 60 Minutes/Week) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)^①

| | 2011 | 2014 | 2016 |
|--|------|------|------|
| TOTAL ^b | 63% | 80% | 61% |
| Gender ^{1,3} | | | |
| Boy | 72 | 84 | 72 |
| Girl ^b | 52 | 74 | 51 |
| Age ^{1,3} | | | |
| 5 to 12 Years Old | 74 | 82 | 84 |
| 13 to 17 Years Old ^b | 54 | 75 | 38 |
| Household Income | | | |
| Bottom 60 Percent Bracket ^b | 65 | 87 | 60 |
| Top 40 Percent Bracket | 62 | 75 | 58 |

^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 2011; ²demographic difference at $p \leq 0.05$ in 2014

³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2011 to 2016; ^byear difference at $p \leq 0.05$ from 2014 to 2016

Child's Emotional Well-Being

2016 Findings

Of the 100 respondents with a child 8 to 17 years old...

- Four percent of respondents reported their 8 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 number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months.

2011 to 2016 Year Comparisons

- From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months (3% and 4%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months (2% and 4%, respectively).
- No demographic comparisons were conducted between years as a result of the number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2016 Findings

Of the 99 respondents with a child 8 to 17 years old...

- Thirty-three percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past year. More specifically, 30% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Five percent of respondents reported their child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods. Three percent reported their child was physically bullied, for example, being hit or kicked.
- Respondents in the top 40 percent household income bracket were more likely to report their child was bullied in some way (38%) compared to respondents in the bottom 60 percent household income bracket (17%).

2011 to 2016 Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child was bullied in the past year.
- In 2011 and 2016, child's age was not a significant variable. From 2011 to 2016, there was a noted increase in the percent of respondents reporting their 8 to 12 year old child was bullied.
- In 2011, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report their child was bullied, with a noted increase since 2011.

2014 to 2016 Year Comparisons

- From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported their child was bullied in the past year.
- In 2014, respondents were more likely to report their 8 to 12 year old child was bullied. In 2016, child's age was not a significant variable.

Table 66. Child Experienced Bullying in Past 12 Months by Demographic Variables for Each Survey Year
(Children 8 to 17 Years Old)^①

| | 2011 | 2014 | 2016 |
|-------------------------------------|------|------|------|
| TOTAL ^a | 19% | 32% | 33% |
| Gender | | | |
| Boy | 23 | 37 | 37 |
| Girl | 15 | 25 | 30 |
| Age ² | | | |
| 8 to 12 Years Old ^a | 16 | 46 | 44 |
| 13 to 17 Years Old | 20 | 18 | 26 |
| Household Income ^{2,3} | | | |
| Bottom 60 Percent Bracket | 24 | -- | 17 |
| Top 40 Percent Bracket ^a | 16 | -- | 38 |

^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.

--Data is not shown due to the low number of respondents in the response categories.

¹demographic difference at p≤0.05 in 2011; ²demographic difference at p≤0.05 in 2014

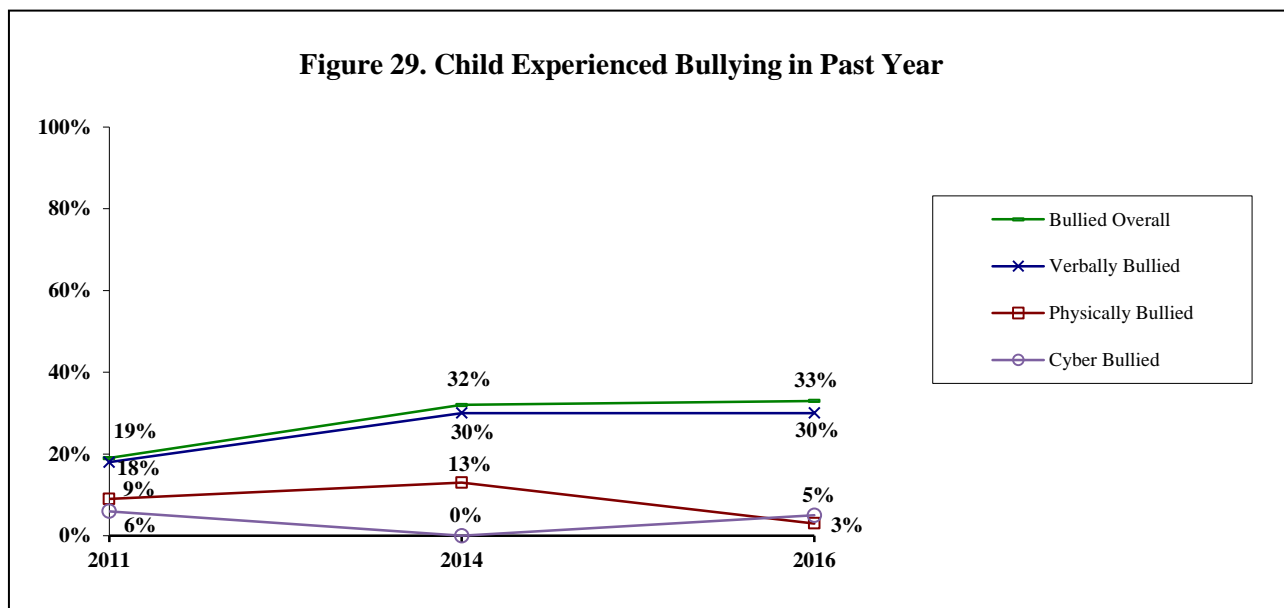
³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2011 to 2016; ^byear difference at p≤0.05 from 2014 to 2016

Child Experienced Bullying Overall

Year Comparisons

- From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child was bullied overall while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was a statistical increase in the overall percent of respondents who reported their child was verbally bullied while from 2014 to 2016, there was no statistical change. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was physically bullied while from 2014 to 2016, there was a statistical decrease. From 2011 to 2016, there was no statistical change in the overall percent of respondents who reported their child was cyber bullied, as well as from 2014 to 2016.



County Health Issues (Figure 30; Tables 67 - 81)

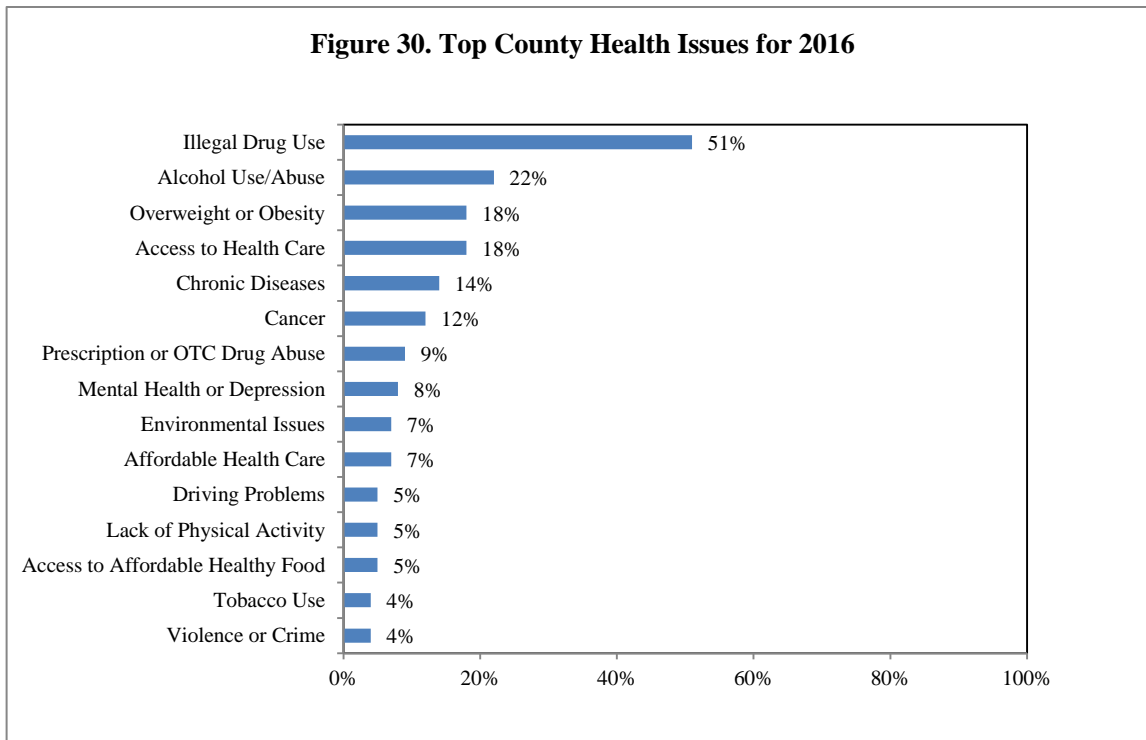
KEY FINDINGS: In 2016, respondents were asked to report the top three health issues in the county. The most often cited was illegal drug use (51%) followed by alcohol use/abuse (22%). Respondents 18 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents 35 to 44 years old, with a college education or in the top 60 percent household income bracket were more likely to report alcohol use/abuse as a top health issue. Eighteen percent reported overweight or obesity as a top county health problem. Respondents with a college education or in the top 60 percent household income bracket were more likely to report overweight or obesity. Eighteen percent of respondents reported access to health care as a top county health issue; respondents who were female, 45 to 54 years old, with a college education or married were more likely to report this. Fourteen percent of respondents reported chronic diseases as a top issue. Twelve percent of respondents reported cancer as a top issue; respondents in the top 40 percent household income bracket were more likely to report this. Nine percent reported prescription or over-the-counter drug abuse; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Eight percent of respondents reported mental health/depression as a top county health issue; female respondents were more likely to report this. Seven percent of respondents reported environmental issues, such as air, water, wind turbines or animal waste. Respondents 18 to 44 years old, with a high school education or less or unmarried respondents were more likely to report environmental issues. Seven percent of respondents reported affordable health care; respondents 45 to 64 years old or with a college education were more likely to report

this. Five percent of respondents reported driving problems/aggressive driving or drunk driving as a top county health issue; respondents in the middle 20 percent household income bracket or married respondents were more likely to report this. Five percent of respondents reported lack of physical activity as a top issue. Respondents who were male, 18 to 34 years old or with some post high school education were more likely to report lack of physical activity. Five percent reported access to affordable healthy food; respondents 18 to 34 years old, with some post high school education or less or in the middle 20 percent household income bracket were more likely to report this. Four percent reported tobacco use. Respondents 18 to 34 years old, in the middle 20 percent household income bracket or unmarried respondents were more likely to report tobacco use as a top county health issue. Four percent reported violence or crime as a top county health issue; respondents 18 to 34 years old or with some post high school education were more likely to report this.

2016 Findings

- Respondents were given a broad list of seventeen health issues that some communities face and were asked to select the three largest in Washington County. Respondents were more likely to select illegal drug use (51%) followed by alcohol use/abuse (22%), overweight/obesity (18%) or access to health care (18%).

Figure 30. Top County Health Issues for 2016



Illegal Drug Use as a Top County Health Issue

2016 Findings

- Fifty-one percent of respondents reported illegal drug use as one of their top three county health issues.
- Fifty-seven percent of respondents 18 to 34 years old, 56% of those 35 to 44 years old and 55% of respondents 45 to 54 years old reported illegal drug use as one of the top health issues compared to 31% of respondents 65 and older.

- Respondents with a college education were more likely to report illegal drug use as one of the top health issues (59%) compared to those with some post high school education (44%) or respondents with a high school education or less (43%).
- Sixty-nine percent of respondents in the middle 20 percent household income bracket reported illegal drug use compared to 53% of those in the top 40 percent income bracket or 34% of respondents in the bottom 40 percent household income bracket.

Table 67. Illegal Drug Use as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 51% |
| Gender | |
| Male | 51 |
| Female | 50 |
| Age ¹ | |
| 18 to 34 | 57 |
| 35 to 44 | 56 |
| 45 to 54 | 55 |
| 55 to 64 | 50 |
| 65 and Older | 31 |
| Education ¹ | |
| High School or Less | 43 |
| Some Post High School | 44 |
| College Graduate | 59 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 34 |
| Middle 20 Percent Bracket | 69 |
| Top 40 Percent Bracket | 53 |
| Marital Status | |
| Married | 51 |
| Not Married | 49 |

^①Percentages 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 2016

Alcohol Use or Abuse as a Top County Health Issue

2016 Findings

- Twenty-two percent of respondents reported alcohol use or abuse as one of their top three county health issues.
- Thirty-six percent of respondents 35 to 44 years old reported alcohol use or abuse as one of the top health issues compared to 13% of those 55 and older or 12% of respondents 45 to 54 years old.
- Thirty percent of respondents with a college education reported alcohol use or abuse as one of the top health issues compared to 18% of those with some post high school education or 9% of respondents with a high school education or less.

- Twenty-six percent of respondents in the top 40 percent household income bracket and 24% of those in the middle 20 percent income bracket reported alcohol use or abuse as one of the top health issues compared to 12% of respondents in the bottom 40 percent household income bracket.

Table 68. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 22% |
| Gender | |
| Male | 22 |
| Female | 21 |
| Age ¹ | |
| 18 to 34 | 32 |
| 35 to 44 | 36 |
| 45 to 54 | 12 |
| 55 to 64 | 13 |
| 65 and Older | 13 |
| Education ¹ | |
| High School or Less | 9 |
| Some Post High School | 18 |
| College Graduate | 30 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 12 |
| Middle 20 Percent Bracket | 24 |
| Top 40 Percent Bracket | 26 |
| Marital Status | |
| Married | 20 |
| Not Married | 24 |

^①Percentages 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 2016

Overweight or Obesity as a Top County Health Issue

2016 Findings

- Eighteen percent of respondents reported overweight or obesity as one of the top three county health issues.
- Twenty-eight percent of respondents with a college education reported overweight or obesity as a top county health issue compared to 10% of those with some post high school education or 8% of respondents with a high school education or less.
- Twenty-five percent of respondents in the top 40 percent household income bracket and 24% of those in the middle 20 percent income bracket reported overweight or obesity as a top health issue compared to 7% of respondents in the bottom 40 percent household income bracket.

Table 69. Overweight or Obesity as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 18% |
| Gender | |
| Male | 22 |
| Female | 15 |
| Age | |
| 18 to 34 | 15 |
| 35 to 44 | 25 |
| 45 to 54 | 24 |
| 55 to 64 | 16 |
| 65 and Older | 10 |
| Education ¹ | |
| High School or Less | 8 |
| Some Post High School | 10 |
| College Graduate | 28 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 7 |
| Middle 20 Percent Bracket | 24 |
| Top 40 Percent Bracket | 25 |
| Marital Status | |
| Married | 18 |
| Not Married | 18 |

^①Percentages 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 2016

Access to Health Care as a Top County Health Issue

2016 Findings

- Eighteen percent of respondents reported access to health care (physical, dental or mental) as one of the top three county health issues.
- Female respondents were more likely to report access to health care as one of the top health issues compared to male respondents (22% and 14%, respectively).
- Forty-two percent of respondents 45 to 54 years old reported access to health care as one of the top health issues compared to 9% of those 18 to 34 years old or 7% of respondents 65 and older.
- Twenty-five percent of respondents with a college education reported access to health care compared to 16% of those with some post high school education or 9% of respondents with a high school education or less.
- Married respondents were more likely to report access to health care as a top issue compared to unmarried respondents (24% and 10%, respectively).

Table 70. Access to Health Care as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-----------------------------|------|
| TOTAL | 18% |
| Gender ¹ | |
| Male | 14 |
| Female | 22 |
| Age ¹ | |
| 18 to 34 | 9 |
| 35 to 44 | 15 |
| 45 to 54 | 42 |
| 55 to 64 | 16 |
| 65 and Older | 7 |
| Education ¹ | |
| High School or Less | 9 |
| Some Post High School | 16 |
| College Graduate | 25 |
| Household Income | |
| Bottom 40 Percent Bracket | 15 |
| Middle 20 Percent Bracket | 19 |
| Top 40 Percent Bracket | 25 |
| Marital Status ¹ | |
| Married | 24 |
| Not Married | 10 |

^①Percentages 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 2016

Chronic Diseases as a Top County Health Issue

2016 Findings

- Fourteen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.
- There were no statistically significant differences between demographic variables and responses of reporting chronic diseases as one of their top three county issues.

Table 71. Chronic Diseases as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|---------------------------|------|
| TOTAL | 14% |
| Gender | |
| Male | 15 |
| Female | 14 |
| Age | |
| 18 to 34 | 12 |
| 35 to 44 | 16 |
| 45 to 54 | 10 |
| 55 to 64 | 18 |
| 65 and Older | 17 |
| Education | |
| High School or Less | 13 |
| Some Post High School | 10 |
| College Graduate | 17 |
| Household Income | |
| Bottom 40 Percent Bracket | 11 |
| Middle 20 Percent Bracket | 10 |
| Top 40 Percent Bracket | 18 |
| Marital Status | |
| Married | 13 |
| Not Married | 15 |

^①Percentages 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 2016

Cancer as a Top County Health Issue

2016 Findings

- Twelve percent of respondents reported cancer as one of their top three county health issues.
- Seventeen percent of respondents in the top 40 percent household income bracket reported cancer as one of the top health issues compared to 8% of those in the bottom 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.

Table 72. Cancer as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 12% |
| Gender | |
| Male | 14 |
| Female | 10 |
| Age | |
| 18 to 34 | 10 |
| 35 to 44 | 12 |
| 45 to 54 | 10 |
| 55 to 64 | 10 |
| 65 and Older | 18 |
| Education | |
| High School or Less | 11 |
| Some Post High School | 9 |
| College Graduate | 13 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 8 |
| Middle 20 Percent Bracket | 4 |
| Top 40 Percent Bracket | 17 |
| Marital Status | |
| Married | 12 |
| Not Married | 11 |

^①Percentages 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 2016

Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

2016 Findings

- Nine percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.
- Fourteen percent of respondents with a college education reported prescription or over-the-counter drug abuse as a top health issue compared to 6% of those with a high school education or less or 3% of respondents with some post high school education.
- Thirteen percent of respondents in the top 40 percent household income bracket reported prescription or over-the-counter drug abuse as a top county health issue compared to 8% of those in the bottom 40 percent income bracket or 1% of respondents in the middle 20 percent household income bracket.

Table 73. Prescription or Over-the Counter Drug Abuse as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 9% |
| Gender | |
| Male | 9 |
| Female | 8 |
| Age | |
| 18 to 34 | 9 |
| 35 to 44 | 14 |
| 45 to 54 | 3 |
| 55 to 64 | 15 |
| 65 and Older | 6 |
| Education ¹ | |
| High School or Less | 6 |
| Some Post High School | 3 |
| College Graduate | 14 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 8 |
| Middle 20 Percent Bracket | 1 |
| Top 40 Percent Bracket | 13 |
| Marital Status | |
| Married | 11 |
| Not Married | 6 |

^①Percentages 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 2016

Mental Health or Depression as a Top County Health Issue

2016 Findings

- Eight percent of respondents reported mental health or depression as one of their top three health issues.
- Eleven percent of female respondents reported mental health or depression as one of their top three county health issues compared to 4% of male respondents.

Table 74. Mental Health or Depression as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|---------------------------|------|
| TOTAL | 8% |
| Gender ¹ | |
| Male | 4 |
| Female | 11 |
| Age | |
| 18 to 34 | 10 |
| 35 to 44 | 3 |
| 45 to 54 | 11 |
| 55 to 64 | 9 |
| 65 and Older | 4 |
| Education | |
| High School or Less | 6 |
| Some Post High School | 10 |
| College Graduate | 6 |
| Household Income | |
| Bottom 40 Percent Bracket | 10 |
| Middle 20 Percent Bracket | 10 |
| Top 40 Percent Bracket | 8 |
| Marital Status | |
| Married | 7 |
| Not Married | 8 |

^①Percentages 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 2016

Environmental Issues as a Top County Health Issue

2016 Findings

- Seven percent of respondents reported environmental issues (air, water, wind turbine, animal waste) as one of their top three county health issues.
- Twelve percent of respondents 35 to 44 years old and 11% of those 18 to 34 years old reported environmental issues as a top county health issue compared to 0% of respondents 45 to 54 years old.
- Twelve percent of respondents with a high school education or less reported environmental issues as a top health issue compared to 6% of those with a college education or 4% of respondents with some post high school education.
- Unmarried respondents were more likely to report environmental issues as a top health issue compared to married respondents (12% and 3%, respectively).

Table 75. Environmental Issues as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-----------------------------|------|
| TOTAL | 7% |
| Gender | |
| Male | 8 |
| Female | 5 |
| Age ¹ | |
| 18 to 34 | 11 |
| 35 to 44 | 12 |
| 45 to 54 | 0 |
| 55 to 64 | 4 |
| 65 and Older | 6 |
| Education ¹ | |
| High School or Less | 12 |
| Some Post High School | 4 |
| College Graduate | 6 |
| Household Income | |
| Bottom 40 Percent Bracket | 3 |
| Middle 20 Percent Bracket | 3 |
| Top 40 Percent Bracket | 7 |
| Marital Status ¹ | |
| Married | 3 |
| Not Married | 12 |

^①Percentages 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 2016

Affordable Health Care as a Top County Health Issue

2016 Findings

- Seven percent of respondents reported affordable health care as one of the top three county health issues.
- Thirteen percent of respondents 55 to 64 years old and 12% of those 45 to 54 years old reported affordable health care as a top health issue compared to 0% of respondents 18 to 34 years old.
- Nine percent of respondents with a college education reported affordable health care as a top county health issue compared to 6% of those with some post high school education or less than one percent of respondents with a high school education or less.

Table 76. Affordable Health Care as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|---------------------------|------|
| TOTAL | 7% |
| Gender | |
| Male | 9 |
| Female | 4 |
| Age ¹ | |
| 18 to 34 | 0 |
| 35 to 44 | 3 |
| 45 to 54 | 12 |
| 55 to 64 | 13 |
| 65 and older | 4 |
| Education ¹ | |
| High School or Less | <1 |
| Some Post High School | 6 |
| College Graduate | 9 |
| Household Income | |
| Bottom 40 Percent Bracket | 8 |
| Middle 20 Percent Bracket | 3 |
| Top 40 Percent Bracket | 9 |
| Marital Status | |
| Married | 8 |
| Not Married | 5 |

^①Percentages 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 2016

Driving Problems as a Top County Health Issue

2016 Findings

- Five percent of respondents reported driving problems, including aggressive driving and drunk driving, as one of the top three county health issues.
- Thirteen percent of respondents in the middle 20 percent household income bracket reported driving problems as a top issue compared to 2% of those in the top 40 percent income bracket or 1% of respondents in the bottom 40 percent household income bracket.
- Eight percent of married respondents reported driving problems as a top issue compared to less than one percent of unmarried respondents.

Table 77. Driving Problems as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 5% |
| Gender | |
| Male | 6 |
| Female | 4 |
| Age | |
| 18 to 34 | 7 |
| 35 to 44 | 8 |
| 45 to 54 | 3 |
| 55 to 64 | 0 |
| 65 and older | 4 |
| Education | |
| High School or Less | <1 |
| Some Post High School | 5 |
| College Graduate | 6 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 1 |
| Middle 20 Percent Bracket | 13 |
| Top 40 Percent Bracket | 2 |
| Marital Status ¹ | |
| Married | 8 |
| Not Married | <1 |

^①Percentages 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 2016

Lack of Physical Activity as a Top County Health Issue

2016 Findings

- Five percent of respondents reported lack of physical activity as one of the top three county health issues.
- Male respondents were more likely to report lack of physical activity as a top issue compared to female respondents (7% and 2%, respectively).
- Ten percent of respondents 18 to 34 years old reported lack of physical activity as a top issue compared to 3% of those 45 to 64 years old or 0% of respondents 35 to 44 years old.
- Twelve percent of respondents with some post high school education reported lack of physical activity as a top issue compared to 3% of those with a college education or less than one percent of respondents with a high school education or less.

Table 78. Lack of Physical Activity as a Top County Health Issue by Demographic Variables for 2016[Ⓢ]

| | 2016 |
|---------------------------|------|
| TOTAL | 5% |
| Gender ¹ | |
| Male | 7 |
| Female | 2 |
| Age ¹ | |
| 18 to 34 | 10 |
| 35 to 44 | 0 |
| 45 to 54 | 3 |
| 55 to 64 | 3 |
| 65 and older | 6 |
| Education ¹ | |
| High School or Less | <1 |
| Some Post High School | 12 |
| College Graduate | 3 |
| Household Income | |
| Bottom 40 Percent Bracket | 6 |
| Middle 20 Percent Bracket | 8 |
| Top 40 Percent Bracket | 4 |
| Marital Status | |
| Married | 6 |
| Not Married | 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≤0.05 in 2016

Access to Affordable Healthy Food as a Top County Health Issue

2016 Findings

- Five percent of respondents reported access to affordable healthy food as one of the top three county health issues.
- Thirteen percent of respondents 18 to 34 years old reported access to affordable healthy food as a top issue compared to 2% of those 45 to 54 years old or 1% of respondents 55 to 64 years old.
- Eight percent of respondents with some post high school education and 7% of those with a high school education or less reported access to affordable healthy food as a top issue compared to 1% of respondents with a college education.
- Eight percent of respondents in the middle 20 percent household income bracket reported access to affordable healthy food as a top county health issue compared to 3% of those in the bottom 40 percent income bracket or 1% of respondents in the top 40 percent household income bracket.

Table 79. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 5% |
| Gender | |
| Male | 4 |
| Female | 5 |
| Age ¹ | |
| 18 to 34 | 13 |
| 35 to 44 | 3 |
| 45 to 54 | 2 |
| 55 to 64 | 1 |
| 65 and Older | 3 |
| Education ¹ | |
| High School or Less | 7 |
| Some Post High School | 8 |
| College Graduate | 1 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 3 |
| Middle 20 Percent Bracket | 8 |
| Top 40 Percent Bracket | 1 |
| Marital Status | |
| Married | 3 |
| Not Married | 6 |

^①Percentages 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 2016

Tobacco Use as a Top County Health Issue

2016 Findings

- Four percent of respondents reported tobacco use as one of the top three county health issues.
- Thirteen percent of respondents 18 to 34 years old reported tobacco use as a top health issue compared to 3% of those 65 and older or 0% of respondents 35 to 54 years old.
- Eleven percent of respondents in the middle 20 percent household income bracket reported tobacco use as a top county health issue compared to 6% of those in the bottom 40 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report tobacco use as a top issue compared to married respondents (8% and 2%, respectively).

Table 80. Tobacco Use as a Top County Health Issue by Demographic Variables for 2016^①

| | 2016 |
|-------------------------------|------|
| TOTAL | 4% |
| Gender | |
| Male | 5 |
| Female | 3 |
| Age ¹ | |
| 18 to 34 | 13 |
| 35 to 44 | 0 |
| 45 to 54 | 0 |
| 55 to 64 | 4 |
| 65 and Older | 3 |
| Education | |
| High School or Less | 5 |
| Some Post High School | 6 |
| College Graduate | 3 |
| Household Income ¹ | |
| Bottom 40 Percent Bracket | 6 |
| Middle 20 Percent Bracket | 11 |
| Top 40 Percent Bracket | <1 |
| Marital Status ¹ | |
| Married | 2 |
| Not Married | 8 |

^①Percentages 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 2016

Violence or Crime as a Top County Health Issue

2016 Findings

- Four percent of respondents reported violence or crime as one of the top three county health issues.
- Eleven percent of respondents 18 to 34 years old reported violence or crime as a top issue compared to 1% of those 45 to 54 years old or 0% of respondents 35 to 44 years old.
- Respondents with some post high school education were more likely to report violence or crime as a top issue (11%) compared to those with a high school education or less (4%) or respondents with a college education (less than one percent).

Table 81. Violence or Crime as a Top County Health Issue by Demographic Variables for 2016[Ⓐ]

| | 2016 |
|---------------------------|------|
| TOTAL | 4% |
| Gender | |
| Male | 4 |
| Female | 4 |
| Age ¹ | |
| 18 to 34 | 11 |
| 35 to 44 | 0 |
| 45 to 54 | 1 |
| 55 to 64 | 3 |
| 65 and Older | 6 |
| Education ¹ | |
| High School or Less | 4 |
| Some Post High School | 11 |
| College Graduate | <1 |
| Household Income | |
| Bottom 40 Percent Bracket | 6 |
| Middle 20 Percent Bracket | 10 |
| Top 40 Percent Bracket | 3 |
| Marital Status | |
| Married | 4 |
| Not Married | 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 2016

APPENDIX A: QUESTIONNAIRE FREQUENCIES

WASHINGTON COUNTY

June 28 through August 1, 2016

[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.]

1. Generally speaking, would you say that your own health is...?

| | |
|-----------------|----|
| Poor | 4% |
| Fair | 12 |
| Good | 27 |
| Very good | 43 |
| Excellent | 15 |
| Not sure | 0 |

2. Currently, what is your primary type of health care coverage? Is it through...
[“Obamacare, the exchange, Affordable Care Act (ACA)”, code as private insurance]

| | | |
|---|-----|--------------------|
| Private insurance | 70% | → CONTINUE WITH Q3 |
| Medicaid including medical assistance, Title 19 or Badger Care | 6 | → GO TO Q4 |
| Medicare | 19 | → GO TO Q4 |
| Or do you not have health care coverage | 5 | → GO TO Q4 |
| Not sure | <1 | → GO TO Q4 |

3. Did you get the private health insurance through an employer, directly from an insurance company or an exchange? [“Obamacare, ACA, Affordable Care Act” is an exchange] [278 Respondents]

| | |
|---------------------------------------|-----|
| Employer | 87% |
| Directly from insurance company | 6 |
| An exchange | 3 |
| Not sure | 3 |

4. Did you have health care coverage during all, part or none of the past 12 months?

| | |
|----------------|-----|
| All | 90% |
| Part | 7 |
| None | 3 |
| Not sure | 0 |

5. Did everyone in your household have health care coverage during all, part or none of the past 12 months?

| | |
|----------------|-----|
| All | 89% |
| Part | 7 |
| None | 2 |
| Not sure | 2 |

6. In the past 12 months, did you delay or not seek medical care because of a high deductible, high co-pay or because you did not have coverage for the medical care?

Yes..... 23%
No 77
Not sure 0

7. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes..... 17%
No 82
Not sure 1

8. Was there a time during the last 12 months that you felt you did not get the medical care you needed?

Yes..... 15% →CONTINUE WITH Q9
No 85 →GO TO Q10
Not sure <1 →GO TO Q10

9. Why did you not receive the medical care you thought you needed? [58 Respondents; More than 1 response accepted]

Cannot afford to pay..... 40%
Co-payments too high 32
Uninsured 20
Insurance did not cover it 19
Not enough time 15
Poor medical care 11
Specialty physician not in area..... 7
Other (2% or less) 3

10. Was there a time during the last 12 months that you felt you did not get the dental care you needed?

Yes..... 15% →CONTINUE WITH Q11
No 85 →GO TO Q12
Not sure 0 →GO TO Q12

11. Why did you not receive the dental care you thought you needed? [58 Respondents; More than 1 response accepted]

Cannot afford to pay..... 36%
Uninsured 35
Insurance did not cover it 19
Unable to find a dentist to take Medicaid or other insurance... 11
Co-payments too high 6
Poor dental care 5
Don't know where to go..... 3
Specialty physician not in area..... 3
Other (2% or less) 6

12. Was there a time during the last 12 months that you felt you did not get the mental health care you needed?

| | | |
|----------------|----|---------------------|
| Yes..... | 3% | → CONTINUE WITH Q13 |
| No..... | 97 | → GO TO Q14 |
| Not sure | <1 | → GO TO Q14 |

13. Why did you not receive the mental health care you thought you needed? [12 Respondents: Multiple responses accepted]

| | |
|--------------------------------------|---------------|
| Cannot afford to pay..... | 4 respondents |
| Poor mental health care | 4 respondents |
| Specialty physician not in area..... | 3 respondents |
| Not enough time | 2 respondents |
| Insurance did not cover it | 2 respondents |
| Uninsured | 2 respondents |
| Other (specify)..... | 1 respondent |

14. Times of distress can happen to anyone and may include economic hardship, family issues, medical issues or some other distress in life. When this happens, people may look for support from community resources. In the past three years, did you have a time of distress where you or someone in your household looked for community resource support in Washington County?

| | | |
|--|-----|--------------------|
| Yes..... | 19% | →CONTINUE WITH Q15 |
| No | 81 | →GO TO Q17 |
| Should have/could have looked, but did not | <1 | →GO TO Q16 |
| Not sure | 0 | →GO TO Q17 |

15. How supported did you feel by community resources offered to you? Would you say...[75 Respondents]

| | | |
|----------------------------|-----|--------------------|
| Not at all supported | 12% | →CONTINUE WITH Q16 |
| Slightly supported | 7 | →CONTINUE WITH Q16 |
| Somewhat supported | 22 | →CONTINUE WITH Q16 |
| Very supported or..... | 41 | →GO TO Q17 |
| Extremely supported..... | 19 | →GO TO Q17 |
| Not sure | 0 | →GO TO Q17 |

16. What is the reason or reasons you answered the way you did? [30 Respondents: Multiple responses accepted]

| | |
|--|-----|
| Finances..... | 24% |
| Lack of knowledge of where to go..... | 23 |
| Stigma related to needing help/disapproval | 17 |
| Poor quality of care | 15 |
| Inconvenient hours | 10 |
| Other (2% or less) | 9 |
| Not sure | 7 |

17. 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..... | 91% |
| No | 9 |
| Not sure | <1 |

18. From which source do you get most of your health information?

Doctor.....49%
 Internet25
 Myself/family member in health care field11
 Other health professional..... 5
 Other (2% or less) 7
 Not sure 5

19. 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.....46%
 No53
 Not sure 2

20. When you are sick, to which one of the following places do you usually go?

Doctor's or nurse practitioner's office84%
 Public health clinic or community health center 4
 Hospital outpatient department 0
 Hospital emergency room 2
 Urgent care center 4
 Quickcare clinic (fastcare clinic) 2
 Worksite clinic 3
 No usual place<1
 Not sure 2

A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last received...?

| | Less than a Year Ago | 1 to 2 Years Ago | 3 to 4 Years Ago | 5 or More Years Ago | Never | Not Sure |
|---|-------------------------|---------------------|---------------------|------------------------|-------|----------|
| 21. A routine checkup | 64% | 19% | 6% | 10% | 1% | <1% |
| 22. Cholesterol test..... | 62 | 14 | 5 | 5 | 8 | 7 |
| 23. A visit to a dentist or dental clinic | 72 | 15 | 6 | 6 | <1 | <1 |
| 24. An eye exam..... | 42 | 30 | 10 | 16 | 3 | <1 |

25. During the past 12 months, have you had a flu shot or a flu vaccine that was sprayed in your nose?

Yes.....45%
 No54
 Not sure 1

26. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old24%
 35 to 44 years old 19
 45 to 54 years old23
 55 to 64 years old17
 65 and older 18

27. A pneumonia shot or pneumococcal vaccine is usually given once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? [72 Respondents 65 and Older]

Yes..... 75%
 No 18
 Not sure 7

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

| | Yes | No | Not Sure |
|--|-----|-----|----------|
| 28. You have high blood pressure?..... | 26% | 72% | 2% |
| 29. ...(if yes) [102 Respondents]: Is it under control through medication, exercise or lifestyle changes?..... | 94 | 6 | 0 |
| 30. Your blood cholesterol is high? | 21 | 78 | 1 |
| 31. ...(if yes) [82 Respondents]: Is it under control through medication, exercise or lifestyle changes?..... | 88 | 6 | 6 |
| 32. You have heart disease or a heart condition?..... | 8 | 92 | 0 |
| 33. ...(if yes) [33 Respondents]: Is it under control through medication, exercise or lifestyle changes?..... | 91 | 6 | 3 |
| 34. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?..... | 16 | 84 | 0 |
| 35. ...(if yes) [63 Respondents]: Is it under control through medication, therapy or lifestyle changes?..... | 89 | 8 | 3 |
| 36. You have diabetes (men) You have diabetes not associated with a pregnancy (women) | 13 | 87 | <1 |
| 37. ...(if yes) [50 Respondents]: Is it under control through medication, exercise or lifestyle changes?..... | 96 | 4 | 0 |
| 38. Do you currently have asthma?..... | 9 | 91 | <1 |
| 39. ...(if yes) [35 Respondents]: Is it under control through medication, therapy or lifestyle changes?..... | 91 | 3 | 6 |

40. On an average day, how many servings of fruit do you eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice.

One or fewer servings..... 29%
 Two servings 33
 Three or more servings..... 37
 Not sure 0

41. On an average day, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice.

One or fewer servings..... 40%
 Two servings 26
 Three or more servings..... 34
 Not sure 0

42. I'd like you to think about the labels on many food products that list ingredients and provide nutrition and other information. When you buy a product for the first time, how often do you read this information? Would you say...

| | |
|-----------------|-----|
| Often..... | 55% |
| Sometimes | 22 |
| Rarely | 13 |
| Never..... | 10 |
| Not sure | 0 |

43. 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..... | 5% |
| No | 96 |
| Not sure | 0 |

44. Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate. In a usual week, not including at work, on how many days do you do moderate activities for at least 30 minutes at a time?

| | |
|-------------------|-----|
| Zero days | 10% |
| 1 to 4 days | 54 |
| 5 to 7 days | 36 |
| Not sure | <1 |

45. Vigorous activities include running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Not including at work, in a usual week, how often do you do vigorous physical activities for at least 20 minutes at a time?

| | |
|-------------------|-----|
| Zero days | 36% |
| 1 to 2 days | 35 |
| 3 to 7 days | 28 |
| Not sure | <1 |

FEMALES ONLY

Now I have some questions about women's health.

46. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [93 Respondents 50 and Older]

| | |
|--|-----|
| Within the past year (anytime less than 12 months ago)..... | 69% |
| Within the past 2 years (1 year, but less than 2 years ago) | 13 |
| Within the past 3 years (2 years, but less than 3 years ago) | 5 |
| Within the past 5 years (3 years, but less than 5 years ago)..... | 4 |
| 5 or more years ago | 6 |
| Never | 1 |
| Not sure | 1 |

47. A bone density scan helps determine if you are at risk for fractures or are in the early stages of osteoporosis. Have you ever had a bone density scan? [40 Respondents 65 and Older]

| | |
|----------------|-----|
| Yes..... | 88% |
| No | 10 |
| Not sure | 3 |

48. A pap smear is a test for cancer of the cervix. If you have not had a hysterectomy, how long has it been since you had your last pap smear? [149 Respondents 18 to 65 years old]

| | |
|--|-----|
| Within the past year (anytime less than 12 months ago)..... | 62% |
| Within the past 2 years (1 year, but less than 2 years ago) | 20 |
| Within the past 3 years (2 years, but less than 3 years ago) | 6 |
| Within the past 5 years (3 years, but less than 5 years ago)..... | 1 |
| 5 or more years ago | 2 |
| Never | 7 |
| Not sure | 1 |

49. 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. When was the last time you had an HPV test? [145 Respondents 18 to 65 years old]

| | |
|--|-----|
| Within the past year (anytime less than 12 months ago)..... | 42% |
| Within the past 2 years (1 year, but less than 2 years ago) | 12 |
| Within the past 3 years (2 years, but less than 3 years ago) | 0 |
| Within the past 5 years (3 years, but less than 5 years ago)..... | 1 |
| 5 or more years ago | 9 |
| Never | 19 |
| Not sure | 17 |

MALE & FEMALE RESPONDENTS 50 AND OLDER

50. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had a blood stool test? [183 Respondents 50 and Older]

| | |
|---|-----|
| Within the past year (anytime less than 12 months ago)..... | 10% |
| Within the past 2 years (1 year, but less than 2 years ago) | 8 |
| Within the past 5 years (2 years, but less than 5 years ago)..... | 8 |
| 5 years ago or more | 15 |
| Never | 53 |
| Not sure | 5 |

51. A sigmoidoscopy is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy? [185 Respondents 50 and Older]

| | |
|---|----|
| Within the past year (anytime less than 12 months ago)..... | 2% |
| Within the past 2 years (1 year, but less than 2 years ago) | 3 |
| Within the past 5 years (2 years, but less than 5 years ago)..... | 2 |
| Within the past 10 years (5 years but less than 10 years ago)... | 5 |
| 10 years ago or more | 9 |
| Never | 73 |
| Not sure | 6 |

52. A colonoscopy is similar to a sigmoidoscopy, but 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. How long has it been since you had your last colonoscopy? [182 Respondents 50 and Older]

| | |
|--|-----|
| Within the past year (anytime less than 12 months ago)..... | 14% |
| Within the past 2 years (1 year, but less than 2 years ago) | 10 |
| Within the past 5 years (2 years, but less than 5 years ago) | 36 |
| Within the past 10 years (5 years but less than 10 years ago) ... | 12 |
| 10 years ago or more | 10 |
| Never | 19 |
| Not sure | 0 |

ALL RESPONDENTS

53. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

| | |
|--------------------|-----|
| Never | 35% |
| Seldom..... | 34 |
| Sometimes | 25 |
| Nearly always..... | 4 |
| Always..... | 1 |
| Not sure | 1 |

54. How often would you say you find meaning and purpose in your daily life?

| | |
|--------------------|----|
| Never | 2% |
| Seldom..... | 5 |
| Sometimes | 12 |
| Nearly always..... | 43 |
| Always..... | 37 |
| Not sure | 1 |

55. In the past year have you ever felt so overwhelmed that you considered suicide?

| | |
|----------------|----|
| Yes..... | 3% |
| No | 97 |
| Not sure | 0 |

Now I'd like to ask you about alcohol. 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.

56. Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

| | |
|----------------------|-----|
| 0 days..... | 66% |
| 1 day | 11 |
| 2 or more days | 23 |
| Not sure | <1 |

57. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

Yes..... 2%
 No.....98
 Not sure<1

During the past year, has ANYONE IN YOUR HOUSEHOLD, INCLUDING YOURSELF, experienced any kind of problem such as legal, social, personal, physical or medical in connection with ...?

| | Yes | No | Not Sure |
|---|-----|-----|----------|
| 58. Drinking alcohol..... | 2% | 98% | 0% |
| 59. Marijuana | <1 | 99 | <1 |
| 60. Cocaine, heroin or other street drugs | 0 | 100 | 0 |
| 61. Misuse of prescription drugs or over-the-counter drugs..... | <1 | 100 | 0 |
| 62. Gambling..... | <1 | 99 | 0 |

In the past 30 days, did you use...

| | Yes | No | Not Sure |
|--|-----|-----|----------|
| 63. Smokeless tobacco including chewing tobacco, snuff, plug, or spit..... | 5% | 95% | 0% |
| 64. Cigars, cigarillos, or little cigars..... | 6 | 94 | 0 |
| 65. Electronic cigarettes, also known as e-cigarettes ... | 8 | 92 | 0 |

Now I'd like to talk to you about regular tobacco cigarettes....

66. Do you now smoke cigarettes every day, some days or not at all?

Every day.....12%
 Some days 6
 Not at all82 →GO TO Q70
 Not sure 0 →GO TO Q70

67. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?
 [72 Current Smokers]

Yes.....46%
 No.....54
 Not sure 0

68. In the past 12 months, have you seen a doctor, nurse or other health professional? [72 Current Smokers]

Yes.....83% →CONTINUE WITH Q69
 No..... 14 →GO TO Q70
 Not sure 0 →GO TO Q70

69. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?
 [60 Current Smokers]

Yes.....62%
 No.....38
 Not sure 3

70. Which statement best describes the rules about smoking inside your home...

| | |
|--|-----|
| Smoking is not allowed anywhere inside your home | 83% |
| Smoking is allowed in some places or at some times | 9 |
| Smoking is allowed anywhere inside your home or..... | <1 |
| There are no rules about smoking inside your home..... | 7 |
| Not sure | <1 |

71. 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 cigarettes? [327 Nonsmokers]

| | |
|-------------------|-----|
| 0 days..... | 90% |
| 1 to 3 days | 6 |
| 4 to 6 days | 3 |
| All 7 days | 2 |
| Not sure | 0 |

Now, I have a few questions to ask about you and your household.

72. Gender [DERIVED, NOT ASKED]

| | |
|--------------|-----|
| Male..... | 49% |
| Female | 51 |

73. About how much do you weigh, without shoes?

74. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

| | |
|---------------------------|-----|
| Not overweight/obese..... | 31% |
| Overweight | 33 |
| Obese..... | 36 |

75. Are you Hispanic or Latino?

| | |
|----------------|----|
| Yes..... | 2% |
| No | 99 |
| Not sure | 0 |

76. Which of the following would you say is your race?

| | |
|--|-----|
| White | 98% |
| Black, African American..... | <1 |
| Asian..... | <1 |
| Native Hawaiian or Other Pacific Islander..... | 0 |
| American Indian or Alaska Native | <1 |
| Another race | <1 |
| Multiple races..... | 0 |
| Not sure | <1 |

77. What is your current marital status?

| | |
|--------------------------------------|-----|
| Single and never married..... | 24% |
| A member of an unmarried couple..... | 0 |
| Married | 59 |
| Separated | <1 |
| Divorced | 11 |
| Widowed | 7 |
| Not sure | 0 |

78. What is the highest grade level of education you have completed?

| | |
|---------------------------------------|-----|
| 8th grade or less..... | <1% |
| Some high school | 1 |
| High school graduate or GED | 24 |
| Some college | 22 |
| Technical school graduate | 6 |
| College graduate..... | 29 |
| Advanced or professional degree | 18 |
| Not sure | 0 |

79. What county do you live in? [FILTER]

| | |
|-----------------|------|
| Washington..... | 100% |
|-----------------|------|

80. What city, town or village do you legally reside in? [FILTER]

| | |
|------------------------------|-----|
| West Bend city | 26% |
| Germantown village | 13 |
| Hartford city | 9 |
| Richfield village | 8 |
| Slinger village | 6 |
| Kewaskum village | 6 |
| Farmington town | 6 |
| Jackson village | 5 |
| West Bend town | 4 |
| All others (3% or less)..... | 17 |

81. What is the zip code of your primary residence?

| | |
|------------------------------|-----|
| 53095..... | 20% |
| 53090..... | 20 |
| 53022..... | 12 |
| 53027..... | 12 |
| 53040..... | 10 |
| 53086..... | 8 |
| 53037..... | 7 |
| 53017..... | 6 |
| All others (3% or less)..... | 5 |

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

82. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
83. How many of these telephone numbers are residential numbers?
84. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

85. What is your annual household income before taxes?

| | |
|-----------------------------|----|
| Less than \$10,000..... | 3% |
| \$10,000 to \$20,000..... | 6 |
| \$20,001 to \$30,000..... | 7 |
| \$30,001 to \$40,000..... | 6 |
| \$40,001 to \$50,000..... | 8 |
| \$50,001 to \$60,000..... | 10 |
| \$60,001 to \$75,000..... | 8 |
| \$75,001 to \$90,000..... | 8 |
| \$90,001 to \$105,000..... | 6 |
| \$105,001 to \$120,000..... | 6 |
| \$120,001 to \$135,000..... | 4 |
| Over \$135,000..... | 10 |
| Not sure | 7 |
| No answer..... | 11 |

86. How many children under the age of 18 are living in the household?

| | | |
|-------------------|-----|--------------------|
| None | 61% | →GO TO Q109 |
| One | 17 | →CONTINUE WITH Q87 |
| Two or more | 22 | →CONTINUE WITH Q87 |

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

87. Do you make health care decisions for [HIM/HER]? [151 Respondents]

| | | |
|----------|-----|---------------------|
| Yes..... | 89% | → CONTINUE WITH Q90 |
| No | 11 | →GO TO Q109 |

88. What is the age of the child? [135 Respondents]

| | |
|--------------------------|-----|
| 12 or younger | 57% |
| 13 to 17 years old | 43 |

89. Is this child a boy or girl? [135 Respondents]

| | |
|------------|-----|
| Boy | 52% |
| Girl | 48 |

90. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [135 Respondents]

| | | |
|----------------|----|---------------------|
| Yes..... | 2% | → CONTINUE WITH Q91 |
| No | 98 | → GO TO Q92 |
| Not sure | 0 | → GO TO Q92 |

91. Why did your child not receive the medical care needed? [3 Respondents; Multiple Responses Accepted]

Poor medical care2 respondents
Co-payments too high2 respondents
Physical barriers2 respondents

92. A personal doctor or nurse is a health professional who knows your child well, and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as your child's personal doctor or nurse?
[135 Respondents]

Yes.....99% → CONTINUE WITH Q93
No..... 1 → GO TO Q94
Not sure 0 → GO TO Q94

93. 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 [HE/SHE] visit their personal doctor or nurse for preventive care? [133 Respondents]

Yes.....91%
No..... 9
Not sure 0

94. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and others who specialize in one area of health care. Was there a time during the past 12 months your child needed to see a specialist but did not? [135 Respondents]

Yes..... 2% → CONTINUE WITH Q95
No.....98 → GO TO Q96

95. Why did your child not see a specialist needed? [3 Respondents; Multiple Responses Accepted]

Physical barriers2 respondents
Poor medical care1 respondent

96. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [135 Respondents]

Yes..... 5% → CONTINUE WITH Q97
No.....95 → GO TO Q98

97. Why did your child not receive the dental health care needed? [7 Respondents; Multiple Responses Accepted]

Unable to get appointment2 respondents
Dentist/specialist not in area.....2 respondents
Lack of child day care2 respondents
No dental insurance1 respondent

98. Does your child have asthma? [135 Respondents]

Yes..... 10% →CONTINUE WITH Q99
No..... 90 →GO TO Q100

99. 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 your child had an episode of asthma or an asthma attack? [14 Respondents]

Yes.....8 respondents
No6 respondents

100. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep?
[13 Respondents of Children 2 years old or younger]

Crib or bassinette.....85%
In bed with you or another person.....15
Pack n' Play..... 0
Couch or chair 0
Swing..... 0
Car 0
Car seat..... 0
Floor 0

101. How often do you feel your child is safe in your community or neighborhood? [135 Respondents]

Always.....57%
Nearly always.....38
Sometimes 3
Seldom..... 0
Never 1
Not sure 0

102. During the past 6 months, how often was your child unhappy, sad or depressed? [100 Respondents of Children 8 to 17 years old]

Always..... 2%
Nearly always..... 2
Sometimes16
Seldom.....60
Never20
Not sure 0

103. During the past 12 months, has your child experienced any bullying? [99 Respondents of Children 8 to 17 years old]

Yes.....33%
No67
Not sure 0

104. What type of bullying did your child experience? [99 Respondents of Children 8 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group.... 30%
Physically bullied for example, being hit or kicked 3
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods 5

105. On an average day, how many servings of fruit does your child eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice. [115 Respondents of Children 5 to 17 years old]

| | |
|-----------------------------|-----|
| One or fewer servings..... | 18% |
| Two servings | 28 |
| Three or more servings..... | 54 |
| Not sure | 0 |

106. On an average day, how many servings of vegetables does your child eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice. [115 Respondents of Children 5 to 17 years old]

| | |
|-----------------------------|-----|
| One or fewer servings..... | 25% |
| Two servings | 36 |
| Three or more servings..... | 39 |
| Not sure | 0 |

107. During the past seven days, on how many days was your 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?
[115 Respondents of Children 5 to 17 years old]

| | | |
|-----------------------------|----|----------------------|
| Zero or one day | 4% | → CONTINUE WITH Q108 |
| Two through four days | 34 | → CONTINUE WITH Q108 |
| Five or more days | 61 | → GO TO Q109 |
| Not sure | 0 | → GO TO Q109 |

108. Why was your child not physically active for at least 60 minutes on more days? [44 Respondents: Multiple responses accepted]

| | |
|--|-----|
| Likes to play video games or on computer..... | 46% |
| Child does not like to be physically active..... | 24 |
| Work..... | 12 |
| Other..... | 30 |

The next series of questions deal with personal safety issues.

109. During the past year has anyone made you afraid for your personal safety?

| | | |
|----------------|----|---------------------|
| Yes..... | 2% | →CONTINUE WITH Q110 |
| No..... | 98 | →GO TO Q111 |
| Not sure | 0 | →GO TO Q111 |

110. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a child, a stranger, or someone else? Again, I want to assure you that all your responses are strictly confidential. [8 Respondents; More than 1 response accepted]

| | |
|-------------------------------|---------------|
| Stranger | 4 respondents |
| Boyfriend or girlfriend | 2 respondents |
| Separated spouse | 1 respondent |
| Acquaintance..... | 1 respondent |
| Someone else..... | 1 respondent |

111. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

| | | |
|----------------|----|---------------------|
| Yes | 3% | →CONTINUE WITH Q112 |
| No | 97 | →GO TO Q113 |
| Not sure | 0 | →GO TO Q113 |

112. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a child, a stranger, or someone else? [11 Respondents; More than 1 response accepted]

| | |
|-------------------------------|---------------|
| Friend | 6 respondents |
| Boyfriend or girlfriend | 2 respondents |
| Child | 1 respondent |
| Separated spouse | 1 respondent |
| Stranger | 1 respondent |
| Parent..... | 1 respondent |

113. Finally, please tell me the 3 largest health concerns in Washington County.

| | |
|--|-----|
| Illegal drug use | 51% |
| Alcohol use or abuse..... | 22 |
| Overweight or obesity | 18 |
| Access to health care (physical, mental or dental care)..... | 18 |
| Chronic diseases like diabetes or heart disease | 14 |
| Cancer..... | 12 |
| Prescription or over-the-counter drug abuse..... | 9 |
| Mental health or depression..... | 8 |
| Environmental issues (air, water, wind turbines, animal waste) ... | 7 |
| Affordable health care | 7 |
| Driving problems/aggressive driving/drunken driving | 5 |
| Lack of physical activity..... | 5 |
| Access to affordable healthy food | 5 |
| Tobacco use | 4 |
| Violence or crime | 4 |
| Teen pregnancy..... | 2 |
| Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases | 1 |
| Lead poisoning | <1 |

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2016 Community Health Survey

The 2016 Washington County Community Health Survey was conducted from June 28 through August 1, 2016. Four hundred respondents were scientifically selected 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=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). 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 area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2014 Community Health Survey

The 2014 Washington County Community Health Survey was conducted from June 9 through July 23, 2014. Four hundred respondents were scientifically selected 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=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). 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 area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2011 Community Health Survey

The 2011 Washington County Community Health Survey was conducted from November 29 through December 19, 2011. Four hundred respondents were scientifically selected 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=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). 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 area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2008 Community Health Survey

The 2008 Washington County Community Health Survey was conducted from August 1 through August 12, 2008. Respondents were scientifically selected so that the survey would be representative of all adults 18 years old 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=320). 2) A cell-phone only sample where the person answering the phone was selected as the respondent. A reimbursement of \$20 was offered to respondents to cover the cost of incoming minutes (n=80). 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 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2005 Community Health Survey

The 2005 Washington County Community Health Survey was conducted from May 26 through August 16, 2005. 400 random adults 18 years old or older within the county were interviewed by telephone. The sample of random telephone numbers included both listed and unlisted numbers. Respondents within each household were randomly selected by computer based on the number of adults in the household. At least 8 attempts were made to contact a respondent. Survey respondents were weighted 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. Post-stratification was also done by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.