Waukesha County
Community Health Survey Report
2017

Commissioned by:
Aurora Health Care
Children's Hospital of Wisconsin
Froedtert Health
ProHealth Care
Wheaton Franciscan Healthcare

In Partnership with:
Center for Urban Population Health
Waukesha County Public Health Division

Table of Contents

Purpose

The purpose of this project is to provide Waukesha 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, Froedtert Health, ProHealth Care and Wheaton Franciscan Healthcare in partnership with the Center for Urban Population Health and the Waukesha County Public Health Division.

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 Waukesha County Public Health Division at (262) 896-8430.

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 5 and July 9, 2017.

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 308,778 adult residents in the county. Thus, in this report, one percentage point equals approximately 3,090 adults. So, when 15% of respondents reported their health was fair or poor, this roughly equals 46,350 residents ±15,450 individuals. Therefore, from 30,900 to 61,800 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2015, the Census Bureau estimated 157,143 occupied housing units in Waukesha County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2015 household estimate, each percentage point for household-level data represents approximately 1,570 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 in 2006 being told or treated for high blood pressure in the past three years (26%) and the percentage of adults reporting this in 2017 (31%) 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 2006, 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 2009, 2012, 2015 and 2017, the bottom 40% income bracket included survey categories less than $40,001, the middle 20% income bracket was $40,001 to $60,000 and the top 40% income bracket was at least $60,001.

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/meter^2. 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 2012, 2015 and 2017, the Waukesha 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 2006 and 2009, 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 2017[①]

	Survey Results
TOTAL	100%
Gender	
Male	48%
Female	52
Age	
18 to 34	23%
35 to 44	18
45 to 54	23
55 to 64	18
65 and Older	19
Education	
High School Graduate or Less	18%
Some Post High School	31
College Graduate	51
Household Income	
Bottom 40 Percent Bracket	17%
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	54
Not Sure/No Answer	16
Married	61%

[①]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 Waukesha County residents. The following data are highlights of the comprehensive study.

Overall Health

Waukesha County	2006	2009	2012	2015	2017
Excellent	22%	23%	19%	21%	24%
Very Good	42%	45%	45%	36%	36%
Fair or Poor	9%	9%	10%	11%	15%

Other Research: (2016)	*WI*	*U.S.*
Fair or Poor	*16%*	*16%*

Health Care Coverage

Waukesha County	2006	2009	2012	2015	2017
Not Covered					
Personally (currently)	3%	8%	6%	2%	2%
Personally (past 12 months)		11%	7%	6%	3%
Household Member (past 12 months)	12%	12%	10%	9%	7%

Other Research: (2016)	*WI*	*U.S.*
Personally Not Covered (currently)	*9%*	*10%*

Did Not Receive Care Needed in Past 12 Months

Waukesha County	2012	2015	2017
Delayed/Did Not Seek Care Due to Cost		17%	17%
Prescript. Meds Not Taken Due to Cost (Household)	8%	8%	11%
Unmet Care in Past 12 Months			
Medical Care	4%	9%	12%
Dental Care	9%	12%	7%
Mental Health Care	<1%	3%	3%

Health Information and Services

Waukesha County	2006	2009	2012	2015	2017
Primary Source of Health Information					
Doctor			40%	47%	49%
Internet			28%	30%	30%
Myself/Family Member in Health Field			9%	6%	13%
Have a Primary Care Physician					86%
Primary Health Services					
Doctor/nurse practitioner's office	87%	86%	86%	78%	68%
Urgent care center	5%	4%	5%	8%	21%
Worksite clinic	--	--	--	--	4%
Quickcare clinic/fastcare clinic	--	--	--	--	3%
Public health clinic/com. health center	3%	3%	5%	4%	<1%
Hospital emergency room	<1%	2%	<1%	3%	<1%
Virtual health/tele-med/e-visits	--	--	--	--	<1%
Hospital outpatient	1%	1%	<1%	<1%	0%
No usual place	3%	4%	2%	6%	3%
Advance Care Plan	44%	40%	39%	40%	46%

Vaccinations (65 and Older)

Waukesha County	2006	2009	2012	2015	2017
Flu Vaccination (past year)	74%	75%	64%	73%	74%
Pneumonia (ever)	66%	74%	75%	73%	79%

Other Research: (2016)	*WI*	*U.S.*
Flu Vaccination (past year)	*50%*	*59%*
Pneumonia (ever)	*79%*	*73%*

Health Conditions in Past 3 Years

Waukesha County	2006	2009	2012	2015	2017
High Blood Pressure	26%	22%	26%	33%	31%
High Blood Cholesterol	26%	24%	25%	26%	26%
Mental Health Condition		13%	12%	11%	18%
Heart Disease/Condition	7%	6%	9%	7%	12%
Diabetes	6%	6%	7%	9%	12%
Asthma (Current)	8%	9%	8%	8%	11%

Condition Controlled Through Meds, Therapy or Lifestyle Changes

High Blood Pressure	96%	98%	98%	
High Blood Cholesterol	93%	81%	77%	
Mental Health Condition	94%	98%	97%	
Heart Disease/Condition	94%	87%	91%	
Diabetes	97%	94%	96%	
Asthma (Current)	88%	87%	98%	

Routine Procedures

Waukesha County	2006	2009	2012	2015	2017
Routine Checkup (2 yrs. ago or less)	86%	84%	85%	85%	86%
Cholesterol Test (4 years ago or less)	83%	82%	79%	84%	84%
Dental Checkup (past year)	77%	74%	75%	76%	82%
Eye Exam (past year)	47%	41%	49%	55%	53%

Other Research:	*WI*	*U.S.*
Routine Checkup (≤2 years; 2016)	*84%*	*84%*
Cholesterol Test (≤5 years; 2015)	*78%*	*78%*
Dental Checkup (past year; 2016)	*73%*	*66%*

Physical Health and Nutrition

Waukesha County	2006	2009	2012	2015	2017
Physical Activity/Week					
Moderate Activity (5 times/30 min)	35%	41%	33%	31%	44%
Vigorous Activity (3 times/20 min)	29%	33%	28%	31%	37%
Recommended Moderate or Vigorous	48%	53%	47%	46%	56%
Overweight Status					
Overweight (BMI 25.0+)	59%	63%	65%	70%	69%
Obese (BMI 30.0+)	20%	21%	25%	34%	30%
Fruit Intake (2+ servings/day)	68%	68%	65%	65%	67%
Vegetable Intake (3+ servings/day)	28%	30%	29%	25%	39%
At Least 5 Fruit/Vegetables/Day	39%	42%	37%	33%	45%
Household Went Hungry in Past Year					4%

Other Research (2016):	*WI*	*U.S.*
Overweight (BMI 25.0+)	*67%*	*65%*
Obese (BMI 30.0+)	*31%*	*30%*

Colorectal Cancer Screenings (50 and Older)

Waukesha County	2006	2009	2012	2015	2017
Blood Stool Test (within past year)	20%	--	14%	12%	9%
Sigmoidoscopy (within past 5 years)		10%	4%	6%	7%
Colonoscopy (within past 10 years)		62%	59%	62%	80%
Screening in Recommended Time Frame		66%	60%	65%	83%

Other Research: (2016)	*WI*	*U.S.*
Screening in Recommended Time Frame	*74%*	*68%*

Women's Health						**Alcohol Use in Past Month**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Mammogram (50+; within past 2 years)	89%	76%	77%	78%	73%	Binge Drinker	16%	27%	22%	29%	26%
Bone Density Scan (65 and older)	68%	76%	86%	86%	86%	Driver/Passenger When Driver					
Cervical Cancer Screening						Perhaps Had Too Much to Drink	2%	2%	3%	<1%	2%
Pap Smear (18 – 65; within past 3 years)	94%	89%	83%	82%	80%						
HPV Test (18 – 65; within past 5 years)				55%	47%	*Other Research: (2016)*				*WI*	*U.S.*
Screening in Recommended Time Frame						*Binge Drinker*				*25%*	*17%*
(18-29: Pap every 3 years; 30 to 65: Pap and HPV											
every 5 years or Pap only every 3 years)				88%	84%	**Other Drug Use Within Past 12 Months**					
						Waukesha County					2017
Other Research: (2016)				*WI*	*U.S.*	Misuse of Prescription Pain Relievers					<1%
Mammogram (50 - 74; within past 2 years)				*80%*	*78%*	Heroin					0%
Pap Smear (21- 65; within past 3 years)				*84%*	*80%*	Cocaine or Other Street Drugs					<1%
Tobacco Cigarette Use						**Household Problems Associated With…**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Current Smokers (past 30 days)	16%	17%	17%	13%	14%	Alcohol	2%	3%	3%	6%	1%
Of Current Smokers…						Misuse of Prescription or OTC Drugs			1%	1%	1%
Quit Smoking 1 Day or More in Past						Cocaine, Heroin or Other Street Drugs			2%	<1%	2%
Year Because Trying to Quit	32%	58%	45%	55%	67%	Marijuana			1%	2%	1%
Saw a Health Care Professional in Past											
Year and Advised to Quit Smoking	64%	72%	69%	67%	76%	**Times of Distress in Past Three Years**					
						Waukesha County					2017
Other Research: (2016)				*WI*	*U.S.*	Time of Distress and Someone in HH Looked					
Current Smokers				*17%*	*17%*	for Community Support					18%
						Of Respondents Who Looked for Support					
Exposure to Smoke						Felt Somewhat/Slightly or Not At All Supported					43%
Waukesha County		2009	2012	2015	2017						
Smoking Policy at Home						**Mental Health Status**					
Not allowed anywhere		85%	82%	86%	88%	Waukesha County	2006	2009	2012	2015	2017
Allowed in some places/at some times		7%	8%	6%	3%	Felt Sad, Blue or Depressed					
Allowed anywhere		2%	2%	<1%	<1%	Always/Nearly Always (past 30 days)	3%	5%	5%	4%	3%
No rules inside home		6%	7%	8%	9%	Find Meaning & Purpose in Daily Life					
Nonsmokers Exposed to Second-Hand						Seldom/Never	5%	3%	4%	4%	4%
Smoke in Past Seven Days		26%	10%	8%	7%	Considered Suicide (past year)	3%	4%	2%	4%	4%
Other Tobacco Products in Past Month						**Children in Household**					
Waukesha County				2015	2017	Waukesha County			2012	2015	2017
Smokeless Tobacco				2%	4%	Personal Health Doctor/Nurse Who					
Cigars, Cigarillos or Little Cigars				3%	4%	Knows Child Well and Familiar with History			86%	89%	97%
Electronic Cigarettes				4%	4%	Visited Personal Doctor/Nurse for					
						Preventive Care (past 12 months)			93%	95%	89%
Other Research: (2016)				*WI*	*U.S.*	Did Not Receive Care Needed (past 12 months)					
Electronic Cigarettes				*5%*	*5%*	Medical Care			3%	4%	2%
Smokeless Tobacco				*4%*	*4%*	Dental Care			3%	6%	2%
						Specialist			3%	1%	<1%
Top County Health Issues						Current Asthma			3%	7%	3%
Waukesha County					2017	Safe in Community/Neighborhood (seldom/never)			1%	0%	<1%
Illegal Drug Use					41%	Children 5 to 17 Years Old					
Access to Health Care					21%	Fruit Intake (2+ servings/day)			75%	86%	67%
Overweight or Obesity					18%	Vegetable Intake (3+ servings/day)			30%	26%	27%
Chronic Diseases					17%	5+ Fruit/Vegetables per Day			36%	48%	47%
Prescription or OTC Drug Abuse					17%	Physical Activity (60 min./5 or more days/week)			70%	57%	60%
Alcohol Use or Abuse					15%	Children 8 to 17 Years Old					
Cancer					11%	Unhappy, Sad or Depressed in Past 6 Months					
Mental Health or Depression					10%	Always/Nearly Always			4%	0%	1%
						Experienced Some Form of Bullying (past 12 months)			18%	14%	14%
Personal Safety in Past Year						Verbally Bullied			18%	14%	14%
Waukesha County	2006	2009	2012	2015	2017	Physically Bullied			5%	2%	4%
Afraid for Their Safety	5%	5%	4%	4%	4%	Cyber Bullied			3%	4%	
Pushed, Kicked, Slapped, or Hit	2%	4%	1%	3%	5%						1%
At Least One of the Safety Issues	6%	8%	4%	5%	7%						

Overall Health and Health Care Key Findings

In 2017, 60% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 55 to 64 years old, with a high school education or less or inactive respondents were more likely to report fair or poor health. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2017.*

In 2017, 2% of respondents reported they were not currently covered by health care insurance. Three percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. Seven percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2006 to 2017, 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 2015 to 2017. From 2009 to 2017, the overall percent statistically decreased for respondents who reported no personal health insurance at least part of the time in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2015 to 2017, there was no statistical change.*

In 2017, 17% 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 35 to 44 years old, with a college education or married respondents were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this. Seven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents 55 to 64 years old or in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. *From 2015 to 2017, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care due to cost. From 2012 to 2017, 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, as well as from 2015 to 2017. From 2012 to 2017, the overall percent statistically increased for respondents who reported they did not receive the medical care needed or they did not receive the mental health care needed while from 2015 to 2017, the overall percent statistically remained the same. From 2012 to 2017, the overall percent statistically remained the same for respondents who reported unmet dental care while from 2015 to 2017, the overall percent statistically decreased.*

In 2017, 49% of respondents reported they contact a doctor when they need health information or clarification while 30% reported they go to the Internet. Thirteen percent reported themselves or a family member is in the health care field and their source of information. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report they contact a doctor. Respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report the Internet as their source for health information/clarification. Respondents who were female, 35 to 44 years old, with a college education or in the middle 20 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. Eighty-six 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, 35 to 44 years old, 65 and older, with a high school education or less, 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. Sixty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 21% reported urgent care center. Respondents who were female, 65 and older or with a high school education or less were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with some post high school education were more likely to report urgent care as their primary health care. Forty-six percent of respondents had an advance care plan; respondents 65 and older, with a college education or married respondents were more likely to report an advance care plan. *From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting a doctor as their source of health information while from 2015 to 2017, there was no statistical change. From 2012 to 2017, there*

was no statistical change in the overall percent of respondents reporting the Internet as their source of health information, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting they were, or a family member was in the health care field and their source of health information while from 2015 to 2017, there was a statistical increase. From 2006 to 2017, 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, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2015 to 2017.

In 2017, 86% of respondents reported a routine medical checkup two years ago or less while 84% reported a cholesterol test four years ago or less. Eighty-two percent of respondents reported a visit to the dentist in the past year while 53% reported an eye exam in the past year. Respondents 35 and older, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents 45 to 64 years old, with a college education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education or in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report an eye exam in the past year. *From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup, a cholesterol test or an eye exam, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup while from 2015 to 2017, there was a statistical increase.*

In 2017, 60% of respondents had a flu vaccination in the past year. Respondents 65 and older, with a high school education or less or with a college education were more likely to report a flu vaccination. Seventy-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination or pneumonia vaccination, as well as from 2015 to 2017.*

Health Risk Factors Key Findings

In 2017, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%) or high blood cholesterol (26%). Respondents 55 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol. Eighteen percent reported a mental health condition; respondents with a high school education or less or unmarried respondents were more likely to report this. Twelve percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were 65 and older or inactive were more likely to report this. Twelve percent of respondents reported diabetes. Respondents with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight or smokers were more likely to report diabetes. Eleven percent reported current asthma; female respondents were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or current asthma, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2015 to 2017. From 2006 to 2017, there was a noted increase in the overall percent of respondents who reported diabetes while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2015 to 2017, there was a statistical increase.*

In 2017, 3% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were female, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male or unmarried were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall*

percent of respondents who reported they always or nearly always felt sad/blue/ depressed, they considered suicide or they seldom or never find meaning and purpose in daily life, as well as from 2015 to 2017.

Behavioral Risk Factors Key Findings

In 2017, 44% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 56% met the recommended amount of physical activity; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes or who met the recommended amount of physical activity, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2015 to 2017, there was no statistical change.*

In 2017, 69% of respondents were classified as at least overweight while 30% were obese. Respondents who were male, with a college education, in the bottom 40 percent household income bracket or married were more likely to be classified as at least overweight. Respondents with a high school education or less, in the bottom 40 percent household income bracket or married respondents were more likely to be obese. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents being at least overweight or being obese while from 2015 to 2017, there was no statistical change.*

In 2017, 67% of respondents reported two or more servings of fruit while 39% reported three or more servings of vegetables on an average day. Respondents who were female, 55 to 64 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who did the recommended amount of physical activity were more likely to report this. Four percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket, unmarried or in households with children were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2015 to 2017, there was a statistical increase.*

In 2017, 73% of female respondents 50 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan. Eighty percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-seven percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-four 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 2006 to 2017, there was a statistical <u>decrease</u> in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2015 to 2017, there was no statistical change. From 2015 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old reporting an HPV test within the past five years or reporting they had a cervical cancer screen within the recommended time frame.*

In 2017, 9% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 80% reported a colonoscopy within the past

ten years. This results in 83% of respondents meeting the current colorectal cancer screening recommendations; male respondents were more likely to meet the recommendation. *From 2006 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2015 to 2017.*

In 2017, 14% of respondents were current tobacco cigarette smokers; respondents who were female, 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 be a smoker. In the past 12 months, 67% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-six percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking, as well as from 2015 to 2017.*

In 2017, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Seven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents with a high school education or less or unmarried respondents were more likely to report this. *From 2009 to 2017, 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 2015 to 2017. From 2009 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2015 to 2017, there was no statistical change.*

In 2017, 4% of respondents used smokeless tobacco in the past month; respondents 18 to 34 years old or with some post high school education were more likely to use smokeless tobacco. Four percent of respondents used cigars, cigarillos or little cigars in the past 30 days. Four percent of respondents used electronic cigarettes in the past month; respondents with some post high school education or unmarried respondents were more likely to report this. *From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco, cigars/cigarillos/little cigars or electronic cigarettes.*

In 2017, 26% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school 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 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2017, there was no statistical change. From 2006 to 2017, 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 in the past month, as well as from 2015 to 2017.*

In 2017, less than one percent of respondents reported within the past 12 months they used prescription pain relievers for nonmedical reasons while another less than one percent reported more than 12 months ago. Zero percent of respondents reported within the past 12 months they used heroin within the past 12 months while 2% reported more than 12 months ago. Less than one percent reported they used cocaine or other street drugs within the past 12 months while 6% reported more than 12 months ago.

In 2017, 1% 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. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of

respondents each reported a household problem in connection with marijuana or with the misuse of prescription drugs/over-the-counter drugs. *From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs while from 2015 to 2017, there was a statistical increase. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2017.*

In 2017, 18% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support. Of respondents who looked for community support, 39% reported mental health issues as their reason for household distress, 30% reported economic hardship and 26% reported personal medical issues. Respondents in the top 40 percent household income bracket were more likely to report mental health issues as their reason for distress. Respondents in the bottom 60 percent household income bracket were more likely to report economic hardship or personal medical issues. Forty-three percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported; married respondents were more likely to report this.

In 2017, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents with a college education were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 45 to 54 years old or with a college education were more likely to report this. A total of 7% reported at least one of these two situations; respondents 35 to 54 years old or with a college education were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2015 to 2017.*

Children in Household Key Findings

In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-seven percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 89% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Two percent of respondents each reported there was a time in the past 12 months their child did not receive the medical care needed or dental care needed while less than one percent reported their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. Less than one percent of respondents reported their child was seldom or never safe in their community. Sixty-seven percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Forty-seven percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. One 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. Fourteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% physical bullying and 1% reported cyber bullying. *From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, an unmet dental need or was unable to see a specialist when needed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community, as well as from 2015 to 2017. From 2012 to 2017, 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 while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables or ate at least five servings of*

fruits/vegetables, as well as from 2015 to 2017. From 2012 to 2017, 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, as well as from 2015 to 2017. From 2012 to 2017, 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/depressed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied or in the type of bullying, as well as from 2015 to 2017.

County Health Issues Key Findings

In 2017, respondents were asked to list the top three health issues in the county. The most often cited was illegal drug use (41%). Respondents in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Twenty-one percent reported access to health care; respondents who were female, 35 to 44 years old, 55 to 64 years old or with a college education were more likely to report this. Eighteen percent reported overweight or obesity as a top county health issue. Respondents who were female or 18 to 34 years old were more likely to report overweight or obesity. Seventeen percent reported chronic diseases; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported prescription or over-the-counter drug abuse; respondents who were female, 18 to 34 years old or with some post high school education were more likely to report this. Fifteen percent of respondents reported alcohol use or abuse as a top health issue; respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported cancer; 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. Ten percent of respondents reported mental health or depression; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seven percent of respondents reported environmental issues as a top county health issue. Respondents who were in the top 40 percent household income bracket or married were more likely to report environmental issues. Seven percent of respondents reported affordable health care; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Five percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Five percent of respondents reported violence or crime; respondents 65 and older were more likely to report this. Four percent of respondents reported access to affordable healthy food as a top county health issue.

Key Findings

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

KEY FINDINGS: In 2017, 60% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 55 to 64 years old, with a high school education or less or inactive respondents were more likely to report fair or poor health.

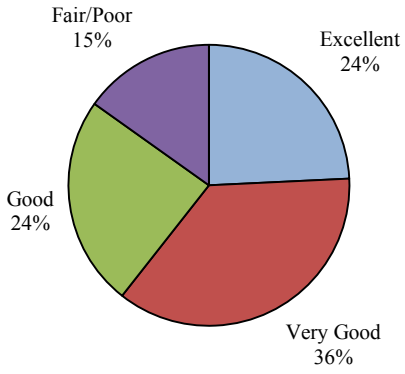
From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2017.

In 2016, 51% of Wisconsin respondents reported their health as excellent or very good while 16% 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 (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Sixty percent of respondents said their own health, generally speaking, was either excellent (24%) or very good (36%). A total of 15% reported their health was fair or poor.

Figure 1. Rate Own Health for 2017



- Male respondents were more likely to report their health was fair or poor (21%) compared to female respondents (10%).

- Respondents 55 to 64 years old were more likely to report their health was fair or poor (29%) compared to those 35 to 44 years old (11%) or respondents 18 to 34 years old (0%).

- Twenty-seven percent of respondents with a high school education or less reported their health was fair or poor compared to 14% of those with a college education or 11% of respondents with some post high school education.

- Inactive respondents were more likely to report their health was fair or poor (39%) compared to those who did an insufficient amount of physical activity (16%) or respondents who met the recommended amount of physical activity (12%).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported fair or poor health.

- In 2006, gender was not a significant variable. In 2017, male respondents were more likely to report fair or poor health, with a noted increase since 2006.

- In 2006, age was not a significant variable. In 2017, respondents 55 to 64 years old were more likely to report fair or poor health. From 2006 to 2017, there was a noted increase in the percent of respondents 45 to 54 years old reporting fair or poor health.

- In 2006 and 2017, respondents with a high school education or less were more likely to report fair or poor health. From 2006 to 2017, there was a noted increase in the percent of respondents with a college education reporting fair or poor health.

- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting fair or poor health.

- In 2006, unmarried respondents were more likely to report fair or poor health. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of married respondents reporting fair or poor health.

- In 2006, overweight respondents were more likely to report fair or poor health. In 2017, overweight status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents who were not overweight reporting fair or poor health.

- In 2006 and 2017, inactive respondents were more likely to report fair or poor health. From 2006 to 2017, there was a noted increase in the percent of respondents who were inactive or who met the recommended amount of physical activity reporting fair or poor health.

- In 2006, smokers were more likely to report fair or poor health. In 2017, smoking status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of nonsmokers reporting fair or poor health.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who reported fair or poor health.

- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to report fair or poor health, with a noted increase since 2015.

- In 2015, respondents 65 and older were more likely to report fair or poor health. In 2017, respondents 55 to 64 years old were more likely to report fair or poor health. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 64 years old reporting fair or poor health.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report fair or poor health, with a noted increase since 2015.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting fair or poor health.

- In 2015, unmarried respondents were more likely to report fair or poor health. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of married respondents reporting fair or poor health.

- In 2015 and 2017, 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]

	2006	2009	2012	2015	2017
TOTAL[a,b]	9%	9%	10%	11%	15%
Gender[5]					
Male[a,b]	12	10	9	13	21
Female	7	8	10	8	10
Age[2,4,5]					
18 to 34[b]	4	7	6	13	0
35 to 44[b]	8	4	7	3	11
45 to 54[a,b]	7	9	12	8	19
55 to 64[b]	17	10	7	7	29
65 and Older	14	19	16	24	20
Education[1,2,3,5]					
High School or Less[b]	18	14	19	12	27
Some Post High School	11	11	10	8	11
College Graduate[a]	3	5	4	12	14
Household Income[1,2,3,4]					
Bottom 40 Percent Bracket	19	16	13	18	21
Middle 20 Percent Bracket	13	10	21	10	18
Top 40 Percent Bracket[a,b]	2	7	5	5	14
Marital Status[1,3,4]					
Married[a,b]	6	7	6	6	18
Not Married	14	12	15	18	12
Overweight Status[1]					
Not Overweight[a]	4	6	6	7	11
Overweight	13	10	12	13	17
Physical Activity[1,2,3,4,5]					
Inactive[a]	18	26	30	24	39
Insufficient	12	10	6	11	16
Recommended[a]	6	6	9	7	12
Smoking Status[1,2,3]					
Nonsmoker[a]	8	7	7	11	15
Smoker	16	18	25	10	14

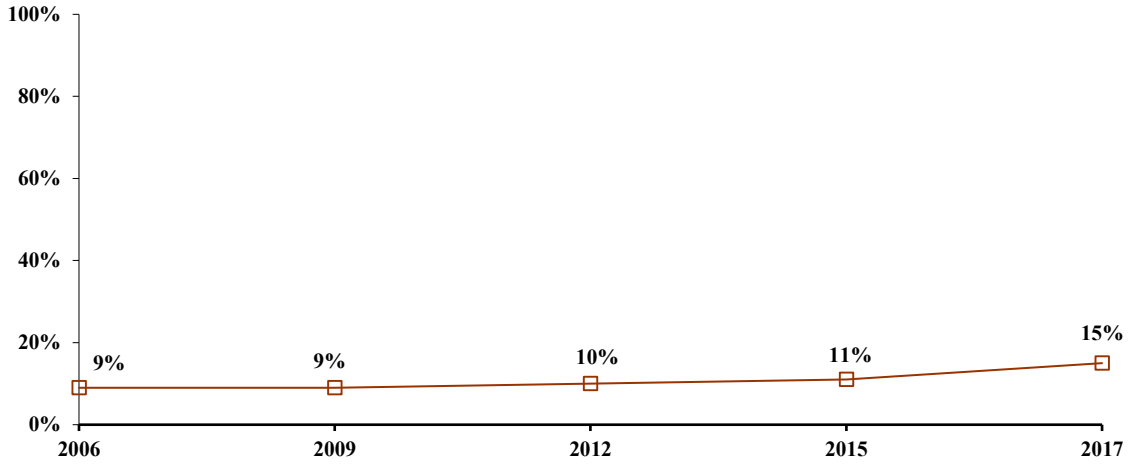
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2017.

Figure 2. Fair or Poor Health



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

KEY FINDINGS: In 2017, 2% of respondents reported they were not currently covered by health care insurance. Three percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. Seven percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2006 to 2017, 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 2015 to 2017. From 2009 to 2017, the overall percent statistically decreased for respondents who reported no personal health insurance at least part of the time in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2015 to 2017, there was no statistical change.

Personally Not Covered Currently

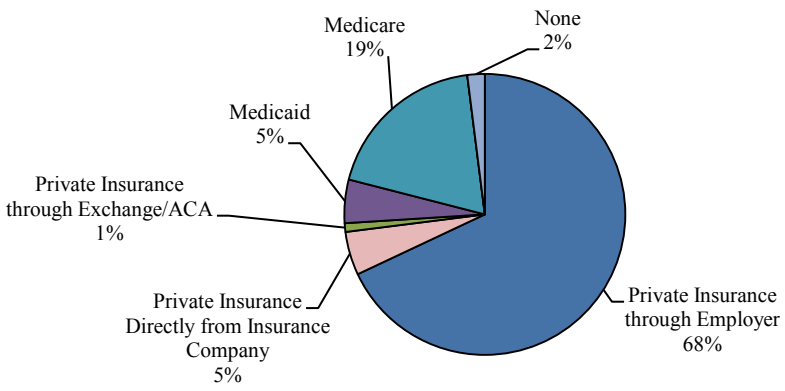
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2016, 9% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Ten percent of U.S. respondents reported this. Ten percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 12% of U.S. respondents 18 to 64 years old reported this (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Two percent of respondents reported they were not currently covered by any health care insurance. Sixty-eight percent reported private insurance through employer while 5% reported private insurance directly from insurance company. One percent reported private insurance through the exchange/ACA/Affordable Care Act while 5% reported Medicaid, including medical assistance, Title 19 or Badger Care, and 19% reported Medicare.

Figure 3. Type of Health Care Coverage for 2017



- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were not covered currently by health insurance.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were not covered currently by health care insurance in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were not covered currently by health care insurance in both study years.

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

	2006[②]	2009	2012	2015[②]	2017[②]
TOTAL					
All Respondents	3%	8%	6%	2%	2%
Respondents 18 to 64 Years Old	3	10	7	2	2
Gender[3]					
Male	--	7	8	--	--
Female	--	9	2	--	--
Age[2,3]					
18 to 34	--	11	9	--	--
35 to 44	--	6	4	--	--
45 to 54	--	9	3	--	--
55 to 64	--	14	11	--	--
65 and Older	--	0	0	--	--
Education[2,3]					
High School or Less	--	13	6	--	--
Some Post High School	--	6	10	--	--
College Graduate	--	7	2	--	--
Household Income[2,3]					
Bottom 40 Percent Bracket	--	15	16	--	--
Middle 20 Percent Bracket	--	9	3	--	--
Top 40 Percent Bracket	--	3	2	--	--
Marital Status[2,3]					
Married	--	5	3	--	--
Not Married	--	13	9	--	--

[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]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Personally Not Covered in the Past 12 Months

2017 Findings

- Three percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were not covered by health insurance at least part of the time in the past 12 months.

2009 to 2017 Year Comparisons

- From 2009 to 2017, the overall percent statistically decreased for respondents who reported no personal health coverage at least part of the time in the past 12 months.

- In 2009, respondents who were 55 to 64 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report they were not covered by health insurance at least part of the time in the past 12 months.

2015 to 2017 Year Comparisons

- From 2015 to 2017, the overall percent statistically decreased for respondents who reported no personal health coverage at least part of the time in the past 12 months.

- In 2015, respondents 18 to 44 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report they were not covered by health insurance at least part of the time in the past 12 months.

Table 4. Personally Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year①

	2009	2012	2015	2017②
TOTAL[a,b]	11%	7%	6%	3%
Gender[2]				
Male	10	11	8	--
Female	12	3	5	--
Age[1,2,3]				
18 to 34	14	12	10	--
35 to 44	10	4	10	--
45 to 54	14	7	7	--
55 to 64	18	11	1	--
65 and Older	0	1	1	--
Education[2,3]				
High School or Less	13	6	3	--
Some Post High School	11	14	14	--
College Graduate	11	2	1	--
Household Income[1,2,3]				
Bottom 40 Percent Bracket	18	18	10	--
Middle 20 Percent Bracket	14	3	13	--
Top 40 Percent Bracket	6	4	4	--
Marital Status[1,2,3]				
Married	8	5	4	--
Not Married	16	11	10	--

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Someone in Household Not Covered in the Past 12 Months

2017 Findings

- Seven 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.

- Twenty-four percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered in the past 12 months compared to 4% of those in the middle 20 percent income bracket or 3% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report someone in their household was not covered in the past 12 months compared to married respondents (10% and 5%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.

- In 2006 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past 12 months. From 2006 to 2017, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting someone in their household was not covered in the past 12 months.

- In 2006 and 2017, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household was not covered in the past 12 months. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past 12 months. From 2015 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting someone in their household was not covered in the past 12 months.

- In 2015 and 2017, unmarried respondents were more likely to report 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]

	2006	2009	2012	2015	2017
TOTAL[a]	12%	12%	10%	9%	7%
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	20	22	20	18	24
Middle 20 Percent Bracket[a,b]	16	16	13	17	4
Top 40 Percent Bracket[a]	7	6	5	4	3
Marital Status[1,2,3,4,5]					
Married	9	9	7	5	5
Not Married	15	17	15	15	10

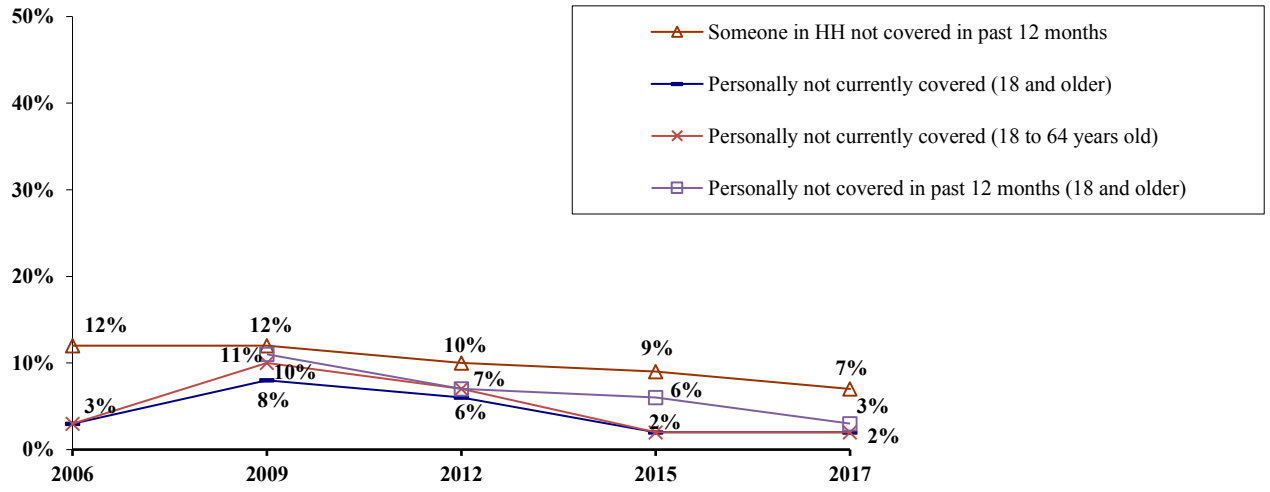
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Health Care Coverage Overall

Year Comparisons

- From 2006 to 2017, 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 2015 to 2017. From 2009 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months while from 2015 to 2017, there was no statistical change.

Figure 4. Health Care Coverage



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

KEY FINDINGS: In 2017, 17% 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 35 to 44 years old, with a college education or married respondents were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this. Seven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents 55 to 64 years old or in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.

From 2015 to 2017, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care due to cost. From 2012 to 2017, 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, as well as from 2015 to 2017. From 2012 to 2017, the overall percent statistically increased for respondents who reported they did not receive the medical care needed or they did not receive the mental health care needed while from 2015 to 2017, the overall percent statistically remained the same. From 2012 to 2017, the overall percent statistically remained the same for respondents who reported unmet dental care while from 2015 to 2017, the overall percent statistically decreased.

Financial Burden of Medical Care

2017 Findings

- Seventeen 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.

- Twenty-six percent of respondents 35 to 44 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 12% of those 18 to 34 years old or 3% of respondents 65 and older.

- Twenty-two percent of respondents with a college education reported they delayed or did not seek medical care compared to 15% of those with some post high school education or 4% of respondents with a high school education or less.

- Married respondents were more likely to report they delayed or did not seek medical care compared to unmarried respondents (21% and 10%, respectively).

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change for respondents who reported someone 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 the past 12 months.

- In 2015, respondents 18 to 34 years old were more likely to report they delayed or did not seek medical care. In 2017, respondents 35 to 44 years old were more likely to report they delayed or did not seek medical care. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they delayed or did not seek medical care.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report they delayed or did not seek medical care.

- In 2015 and 2017, married respondents were more likely to report they delayed or did not seek 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]

	2015	2017
TOTAL	17%	17%
Gender		
Male	19	14
Female	15	19
Age[1,2]		
18 to 34[a]	26	12
35 to 44	19	26
45 to 54	20	23
55 to 64	14	18
65 and Older	5	3
Education[2]		
High School or Less	10	4
Some Post High School	19	15
College Graduate	17	22
Household Income		
Bottom 40 Percent Bracket	13	10
Middle 20 Percent Bracket	14	11
Top 40 Percent Bracket	18	20
Marital Status[1,2]		
Married	20	21
Not Married	12	10

[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.
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2015 to 2017

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)

2017 Findings

- Eleven 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 their household had not taken their prescribed medication due to prescription costs in the past 12 months.

2012 to 2017 Year Comparisons

- From 2012 to 2017, 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.

- From 2012 to 2017, there were no statistically significant differences between and within demographic variables and responses of reporting someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months.

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

	2012	2015	2017
TOTAL	8%	8%	11%
Household Income			
Bottom 40 Percent Bracket	11	8	10
Middle 20 Percent Bracket	7	3	4
Top 40 Percent Bracket[b]	9	6	13
Marital Status			
Married	9	7	10
Not Married	7	8	12

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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)

2017 Findings

- Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed.

- Nineteen percent of respondents 55 to 64 years old and 17% of those 35 to 44 years old reported they did not receive the medical care needed compared to 4% of respondents 65 and older.

    - Of the 48 respondents who reported an unmet medical care need, 38% reported poor medical care was the reason while 18% reported insurance did not cover it. Fifteen percent of respondents reported co-payments too high, 14% responded they cannot afford to pay while 13% reported uninsured.

2012 to 2017 Year Comparisons

- From 2012 to 2017, the overall percent statistically increased for respondents who reported there was a time in the past 12 months they did not receive the medical care needed.

- In 2012 and 2017, gender was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents across gender reporting they did not receive the medical care needed.

- In 2012, age was not a significant variable. In 2017, respondents 35 to 44 years old or 55 to 64 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2012 to 2017, there was a noted increase in the percent of respondents 35 to 64 years old reporting they did not receive the medical care needed.

- In 2012, respondents with a 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 2017, education was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents with a college education reporting they did not receive the medical care needed.

- In 2012 and 2017, household income was not a significant variable. From 2012 to 2017, 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.

- In 2012 and 2017, marital status was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of married respondents reporting they did not receive the medical care needed.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015, age was not a significant variable. In 2017, respondents 35 to 44 years old or 55 to 64 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2015 to 2017, there was a noted increase in the percent of respondents 55 to 64 years old reporting they did not receive the medical care needed.

- In 2015, respondents with some post high school education were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2017, education was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents with a high school education or less or with a college education reporting they did not receive the medical care needed.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, 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]

	2012	2015	2017
TOTAL[a]	4%	9%	12%
Gender			
Male[a]	3	8	10
Female[a]	4	9	14
Age[3]			
18 to 34	2	9	7
35 to 44[a]	3	12	17
45 to 54[a]	5	10	14
55 to 64[a,b]	6	6	19
65 and Older	1	5	4
Education[1,2]			
High School or Less[b]	8	3	12
Some Post High School	3	13	8
College Graduate[a,b]	2	6	14
Household Income			
Bottom 40 Percent Bracket	6	10	7
Middle 20 Percent Bracket	8	8	14
Top 40 Percent Bracket[a,b]	2	6	15
Marital Status			
Married[a]	3	9	13
Not Married	6	8	9

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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)

2017 Findings

- Seven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- Respondents 55 to 64 years old were more likely to report they did not receive the dental care needed (14%) compared to those 45 to 54 years old (5%) or respondents 18 to 34 years old (0%).
- Fifteen percent of respondents in the bottom 40 percent household income bracket reported they did not receive the dental care needed compared to 7% of those in the middle 20 percent income bracket or 6% of respondents in the top 40 percent household income bracket.
    - Of the 28 respondents who reported not receiving dental care needed, 34% reported insurance did not cover it as the reason while 29% reported the inability to pay. Twenty percent reported uninsured.

2012 to 2017 Year Comparisons

- From 2012 to 2017, 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 2012, age was not a significant variable. In 2017, respondents 55 to 64 years old were more likely to report they did not receive the dental care needed. From 2012 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old reporting in the past 12 months they did not receive the dental care needed.

- In 2012, respondents in the middle 20 percent household income bracket were more likely to report in the past 12 months they did not receive the dental care needed. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report in the past 12 months they did not receive the dental care needed. From 2012 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they did not receive the dental care needed.

2015 to 2017 Year Comparisons

- From 2015 to 2017, the overall percent statistically decreased for respondents who reported there was a time in the past 12 months they did not receive the dental care needed.

- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of male respondents reporting in the past 12 months they did not receive the dental care needed.

- In 2015, age was not a significant variable. In 2017, respondents 55 to 64 years old were more likely to report in the past 12 months they did not receive the dental care needed. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old reporting in the past 12 months they did not receive the dental care needed.

- In 2015, respondents with some post high school education were more likely to report in the past 12 months they did not receive the dental care needed. In 2017, education was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education reporting in the past 12 months they did not receive the dental care needed.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed.

- In 2015, unmarried respondents were more likely to report in the past 12 months they did not receive the dental care needed. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of unmarried respondents reporting in the past 12 months 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]

	2012	2015	2017
TOTAL[b]	9%	12%	7%
Gender			
Male[b]	7	14	6
Female	11	10	8
Age[3]			
18 to 34[a,b]	17	18	0
35 to 44	7	10	6
45 to 54	7	9	5
55 to 64	7	13	14
65 and Older	7	8	11
Education[2]			
High School or Less	10	15	7
Some Post High School[b]	12	19	6
College Graduate	6	4	8
Household Income[1,2,3]			
Bottom 40 Percent Bracket	14	20	15
Middle 20 Percent Bracket[a]	25	5	7
Top 40 Percent Bracket	2	7	6
Marital Status[2]			
Married	8	7	7
Not Married[b]	12	18	6

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Unmet Mental Health Care

2017 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 low percent of respondents who reported there was a time in the past 12 months they did not receive the mental health care needed.
    - Of the 10 respondents who reported not receiving mental health care needed, three respondents each reported uninsured or they cannot afford to pay as the reason why.

2012 to 2017 Year Comparisons

- From 2012 to 2017, the overall percent statistically increased for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported an unmet mental health care need in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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.

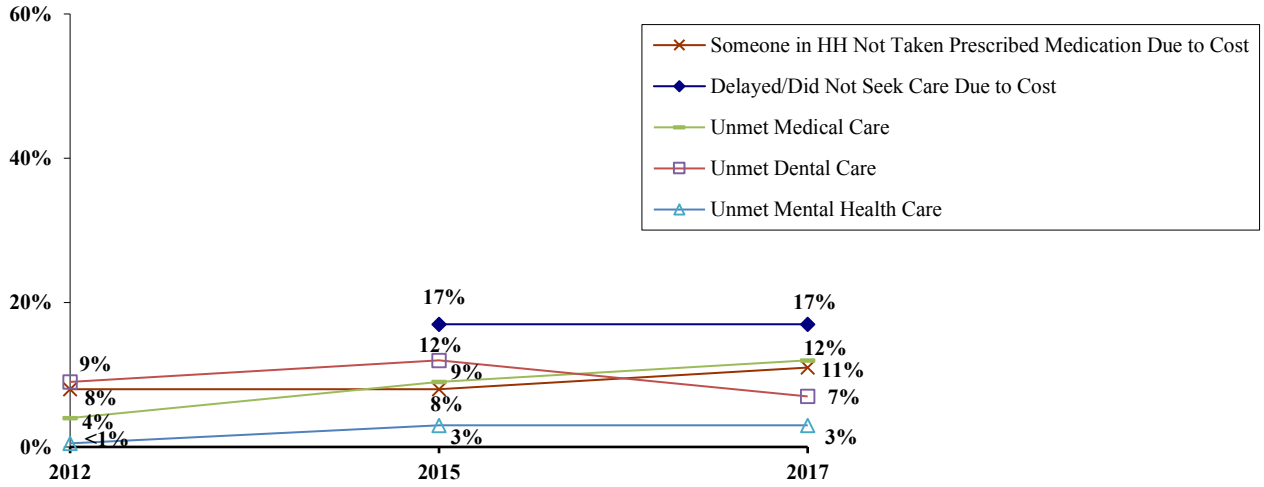
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported an unmet mental health care need in both study years.

Health Care Needed Overall

Year Comparisons

- From 2015 to 2017, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care due to cost. From 2012 to 2017, 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, as well as from 2015 to 2017. From 2012 to 2017, the overall percent statistically increased for respondents who reported they did not receive the medical care needed or they did not receive the mental health care needed while from 2015 to 2017, the overall percent statistically remained the same. From 2012 to 2017, the overall percent statistically remained the same for respondents who reported unmet dental care while from 2015 to 2017, the overall percent statistically decreased.

Figure 5. Unmet Health Care in Past 12 Months



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

KEY FINDINGS: In 2017, 49% of respondents reported they contact a doctor when they need health information or clarification while 30% reported they go to the Internet. Thirteen percent reported themselves or a family member is in the health care field and their source of information. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report they contact a doctor. Respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report the Internet as their source for health information/clarification. Respondents who were female, 35 to 44 years old, with a college education or in the middle 20 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. Eighty-six 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, 35 to 44 years old, 65 and older, with a high school education or less, 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. Sixty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 21% reported urgent care center. Respondents who were female, 65 and older or with a high school education or less were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with some post high school education were more likely to report urgent care as their primary health care service. Forty-six percent of respondents had an advance care plan; respondents 65 and older, with a college education or married respondents were more likely to report an advance care plan.

From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting a doctor as their source of health information while from 2015 to 2017, there was no statistical change. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting the Internet as their source of health information, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting they were, or a family member was in the health care field and their source of health information while from 2015 to 2017, there was a statistical increase. From 2006 to 2017, there was a statistical <u>decrease</u> 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, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2015 to 2017.

Source for Health Information

<u>2017 Findings</u>

- Forty-nine percent of respondents reported they contact their doctor when looking for health information or clarification while 30% reported they go to the Internet. Thirteen percent reported they were, or a family member was, in the healthcare field.

Doctor as Source for Health Information

<u>2017 Findings</u>

- Forty-nine percent of respondents reported they contact their doctor when looking for health information or clarification.

- Sixty-seven percent of respondents with a high school education or less reported doctor as their source of health information/clarification compared to 47% of those with a college education or 42% of respondents with some post high school education.

- Sixty-nine percent of respondents in the bottom 40 percent household income bracket reported doctor as their source of health information/clarification compared to 45% of those in the top 40 percent income bracket or 35% of respondents in the middle 20 percent household income bracket.

2012 to 2017 Year Comparisons

- From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting they contact their doctor for health information or clarification.

- In 2012, female respondents were more likely to report doctor as their source of health information/clarification. In 2017, gender was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of male respondents reporting doctor as their source of health information/clarification.

- In 2012, respondents 65 and older were more likely to report doctor as their source of health information/clarification. In 2017, age was not a significant variable. From 2012 to 2017, there was noted increase in the percent of respondents 55 to 64 years old reporting doctor as their source of health information/clarification.

- In 2012, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report doctor as their source of health information/clarification, with a noted increase since 2012.

- In 2012, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report doctor as their source of health information/clarification, with a noted increase since 2012.

- In 2012 and 2017, marital status was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of unmarried respondents reporting doctor as their source of health information/clarification.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting they contact their doctor for health information or clarification.

- In 2015, respondents 65 and older were more likely to report a doctor as their source of health information/clarification. In 2017, age was not a significant variable.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report they contact their doctor for health information/clarification.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report doctor as their source of health information/clarification.

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

	2012	2015	2017
TOTAL[a]	40%	47%	49%
Gender[1]			
Male[a]	33	47	44
Female	46	47	53
Age[1,2]			
18 to 34	31	36	43
35 to 44	44	42	41
45 to 54	33	49	45
55 to 64[a]	38	55	54
65 and Older	55	58	61
Education[3]			
High School or Less[a]	32	56	67
Some Post High School	38	48	42
College Graduate	45	44	47
Household Income[2,3]			
Bottom 40 Percent Bracket[a]	44	57	69
Middle 20 Percent Bracket	32	29	35
Top 40 Percent Bracket	37	46	45
Marital Status			
Married	41	48	46
Not Married[a]	38	47	53

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Internet as Source for Health Information

2017 Findings

- Thirty percent of respondents reported they go to the Internet when looking for health information or clarification.
- Respondents 45 to 54 years old were more likely to report the Internet as their source for health information/clarification (44%) compared to those 55 to 64 years old (26%) or respondents 65 and older (12%).
- Thirty-six percent of respondents in the top 40 percent household income bracket reported the Internet as their source for health information/clarification compared to 22% of those in the middle 20 percent income bracket or 11% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report the Internet as their source for health information/clarification compared to unmarried respondents (35% and 24%, respectively).

2012 to 2017 Year Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting they go to the Internet for health information or clarification.

- In 2012 and 2017, respondents 45 to 54 years old were more likely to report they go to the Internet when looking for health information/clarification.

- In 2012, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report the Internet when looking for health information/clarification. From 2012 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they go to the Internet.

- In 2012, marital status was not a significant variable. In 2017, married respondents were more likely to report the Internet when looking for health information/clarification.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting they go to the Internet for health information or clarification.

- In 2015, respondents 35 to 44 years old were more likely to report they go to the Internet when looking for health information/clarification. In 2017, respondents 45 to 54 years old were more likely to report they go to the Internet, with a noted increase since 2015. From 2015 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they go to the Internet.

- In 2015, respondents with at least some post high school education were more likely to report they go to the Internet when looking for health information/clarification. In 2017, education was not a significant variable.

- In 2015, respondents in the middle 20 percent household income bracket were more likely to report they go to the Internet when looking for health information/clarification. In 2017, respondents in the top 40 percent household income bracket were more likely to report they go to the Internet when looking for health information/clarification. From 2015 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting they go to the Internet.

- In 2015, marital status was not a significant variable. In 2017, married respondents were more likely to report the Internet when looking for health information/clarification.

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

	2012	2015	2017
TOTAL	28%	30%	30%
Gender			
Male	30	29	29
Female	26	30	32
Age[1,2,3]			
18 to 34	38	38	37
35 to 44[b]	19	45	29
45 to 54[b]	42	30	44
55 to 64	31	26	26
65 and Older	7	11	12
Education[2]			
High School or Less	27	16	22
Some Post High School	35	31	35
College Graduate	23	34	30
Household Income[2,3]			
Bottom 40 Percent Bracket[a]	27	22	11
Middle 20 Percent Bracket[b]	37	45	22
Top 40 Percent Bracket	28	33	36
Marital Status[3]			
Married	29	29	35
Not Married	27	31	24

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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

2017 Findings

- Thirteen 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.
- Male 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/clarification (17%) compared to female respondents (10%).
- 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 to go to when looking for health information/clarification (25%) compared to those 45 to 54 years old (8%) or respondents 65 and older (7%).
- Seventeen percent of respondents with a college education reported they were, or a family member was, in the health care field and their source for health information/clarification compared to 12% of those with some post high school education or 3% of respondents with a high school education or less.

- Thirty-one percent of respondents in the middle 20 percent household income bracket reported they were, or a family member was, in the health care field and their source for health information/clarification compared to 14% of those in the top 40 percent income bracket or 2% of respondents in the bottom 40 percent household income bracket.

2012 to 2017 Year Comparisons

- From 2012 to 2017, there was no statistical change 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 2012 and 2017, male 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/clarification.

- In 2012 and 2017, respondents 35 to 44 years old were more likely to report they were, or a family member was in the health care field and their source for health information/clarification.

- In 2012, education was not a significant variable. In 2017, 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/clarification.

- In 2012, household income was not a significant variable. In 2017, respondents in the middle 20 percent household income bracket 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/clarification, with a noted increase since 2012.

- In 2012 and 2017, marital status was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of married respondents reporting they were, or a family member was, in the health care field and their source to go to when looking for health information/clarification.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015, gender was not a significant variable. In 2017, male respondents were more likely to report they were, or a family member was, in the health care field and their source for health information/clarification, with a noted increase since 2015.

- In 2015, respondents 18 to 34 years old were more likely to report they were, or a family member was, in the health care field and their source for health information/clarification. In 2017, respondents 35 to 44 years old were more likely to report they were, or a family member was, in the health care field and their source for health information/clarification, with a noted increase since 2015.

- In 2015 and 2017, 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/clarification. From 2015 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting this.

- In 2015, 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 to go to when looking for health information/clarification. In 2017, respondents in the middle 20 percent household income bracket were more likely to this, with a noted increase since 2015.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting they were, or a family member was, in the health care field and their source to go to when looking for health information/clarification.

Table 12. Myself/Family Member as Source for Health Information by Demographic Variables for Each Survey Year①

	2012	2015	2017
TOTAL[b]	9%	6%	13%
Gender[1,3]			
Male[b]	13	5	17
Female	6	7	10
Age[1,2,3]			
18 to 34	11	13	16
35 to 44[b]	20	3	25
45 to 54	2	4	8
55 to 64	6	3	10
65 and Older	7	3	7
Education[2,3]			
High School or Less	7	1	3
Some Post High School[b]	6	3	12
College Graduate[b]	13	10	17
Household Income[2,3]			
Bottom 40 Percent Bracket	4	1	2
Middle 20 Percent Bracket[a,b]	6	6	31
Top 40 Percent Bracket	11	8	14
Marital Status			
Married[a,b]	8	7	14
Not Married[b]	10	4	10

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Primary Care Physician

2017 Findings

- Eighty-six percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- Female respondents were more likely to report a primary care physician (92%) compared to male respondents (79%).

- Ninety-seven percent of respondents 35 to 44 years old or 65 and older reported a primary care physician compared to 83% of those 45 to 54 years old or 66% of respondents 18 to 34 years old.

- Ninety-five percent of respondents with a high school education or less reported a primary care physician compared to 90% of those with a college education or 74% of respondents with some post high school education.

- Ninety-three percent of respondents in the bottom 40 percent household income bracket and 92% of those in the top 40 percent income bracket reported a primary care physician compared to 64% of respondents in the middle 20 percent household income bracket.

Table 13. Have a Primary Care Physician by Demographic Variables for 2017[①]

	2017
TOTAL	86%
Gender[1]	
Male	79
Female	92
Age[1]	
18 to 34	66
35 to 44	97
45 to 54	83
55 to 64	92
65 and Older	97
Education[1]	
High School or Less	95
Some Post High School	74
College Graduate	90
Household Income[1]	
Bottom 40 Percent Bracket	93
Middle 20 Percent Bracket	64
Top 40 Percent Bracket	92
Marital Status	
Married	86
Not Married	86

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2017

Primary Health Care Services

2017 Findings

- Sixty-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Twenty-one percent reported urgent care center while 4% reported worksite clinic. Three percent reported Quickcare clinic.

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

2017 Findings

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

- Female respondents were more likely to report a doctor's or nurse practitioner's office (76%) compared to male respondents (60%).

- Eighty-two percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared 60% of those 35 to 44 years old or 56% of respondents 18 to 34 years old.

- Eighty-four percent of respondents with a high school education or less reported a doctor's or nurse practitioner's office compared to 69% of those with a college education or 57% of respondents with some post high school education.

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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 2006, gender was not a significant variable. In 2017, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2017, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2006, respondents 55 to 64 years old were more likely to report a doctor's or nurse practitioner's office. In 2017, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2017, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting a doctor's or nurse practitioner's office.

- In 2006, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report a doctor's or nurse practitioner's office. From 2006 to 2017, 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 2006 and 2017, household income was not a significant variable. From 2006 to 2017, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting a doctor's or nurse practitioner's office.

- In 2006, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015, gender was not a significant variable. In 2017, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2015 to 2017, there was a noted decrease in the percent of male respondents reporting a doctor's or nurse practitioner's office.

- In 2015 and 2017, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2015 to 2017, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a doctor's or nurse practitioner's office.

- In 2015, respondents with some post high school education were more likely to report a doctor's or nurse practitioner's office. In 2017, respondents with a high school education or less were more likely to report a doctor's or nurse practitioner's office. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education reporting a doctor's or nurse practitioner's office.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting a doctor's or nurse practitioner's office.

- In 2015, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

Table 14. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year①

	2006	2009	2012	2015	2017
TOTAL[a,b]	87%	86%	86%	78%	68%
Gender[3,5]					
Male[a,b]	85	84	80	76	60
Female[a]	88	88	93	81	76
Age[1,4,5]					
18 to 34[a]	81	85	80	69	56
35 to 44[a]	91	87	87	69	60
45 to 54[b]	80	87	88	81	67
55 to 64[a]	98	82	89	83	76
65 and Older	87	88	92	89	82
Education[4,5]					
High School or Less	84	79	84	72	84
Some Post High School[a,b]	85	85	83	85	57
College Graduate[a]	90	89	91	75	69
Household Income[2]					
Bottom 40 Percent Bracket	82	85	81	71	73
Middle 20 Percent Bracket[a,b]	88	67	84	77	59
Top 40 Percent Bracket[a,b]	90	93	88	82	68
Marital Status[1,4]					
Married[a,b]	90	89	88	83	69
Not Married[a]	82	82	84	72	67

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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Urgent Care Center as Primary Health Care Services

2017 Findings

- Twenty-one percent of respondents reported they go to an urgent care center when they are sick.
- Thirty-four percent of respondents 18 to 34 years old reported urgent care center compared to 13% of those 55 to 64 years old or 9% of respondents 65 and older.
- Thirty percent of respondents with some post high school education reported urgent care center compared to 19% of those with a college education or 8% of respondents with a high school education or less.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place when they are sick was an urgent care center.
- In 2006 and 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across gender reporting urgent care center.
- In 2006 and 2017, respondents 18 to 34 years old were more likely to report urgent care center. From 2006 to 2017, there was a noted increase in the percent of respondents 18 to 64 years old reporting urgent care center.
- In 2006 and 2017, respondents with some post high school education were more likely to report an urgent care center. From 2006 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting urgent care center.
- In 2006 and 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting urgent care center.
- In 2006 and 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across marital status reporting urgent care center.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place when they are sick was an urgent care center.
- In 2015, female respondents were more likely to report urgent care center. In 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of male respondents reporting urgent care center.
- In 2015, respondents 35 to 44 years old were more likely to report urgent care center. In 2017, respondents 18 to 34 years old were more likely to report urgent care center. From 2015 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting urgent care center.
- In 2015, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report urgent care center. From 2015 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting urgent care center.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting urgent care center.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting urgent care center.

Table 15. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a,b]	5%	4%	5%	8%	21%
Gender[4]					
Male[a,b]	6	5	7	4	24
Female[a]	3	3	3	11	17
Age[1,4,5]					
18 to 34[a,b]	12	2	9	4	34
35 to 44[a]	3	5	6	18	20
45 to 54[a,b]	6	6	7	8	23
55 to 64[a]	0	6	3	7	13
65 and Older	4	2	0	3	9
Education[1,5]					
High School or Less	5	5	8	6	8
Some Post High School[a,b]	9	4	5	7	30
College Graduate[a,b]	2	4	4	9	19
Household Income					
Bottom 40 Percent Bracket	9	1	5	5	12
Middle 20 Percent Bracket[a]	3	7	10	11	21
Top 40 Percent Bracket[a,b]	4	4	4	7	22
Marital Status					
Married[a,b]	3	3	5	8	22
Not Married[a,b]	7	5	6	7	19

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Advance Care Plan

2017 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-one percent of respondents 65 and older reported they had an advance care plan compared to 40% of those 45 to 54 years old or 17% of respondents 18 to 34 years old.

- Respondents with a college education were more likely to report they had an advance care plan (51%) compared to those with a high school education or less (45%) or respondents with some post high school education (37%).

- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (52% and 35%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan.

- In 2006 and 2017, respondents 65 and older were more likely to report having an advance care plan.

- In 2006, respondents with a high school education or less were more likely to report having an advance care plan. In 2017, respondents with a college education were more likely to report having an advance care plan, with a noted increase since 2006.

- In 2006, unmarried respondents were more likely to report having an advance care plan. In 2017, married respondents were more likely to report having an advance care plan, with a noted increase since 2006. From 2006 to 2017, there was a noted decrease in the percent of unmarried respondents reporting an advance care plan.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan.

- In 2015 and 2017, respondents 65 and older were more likely to report having an advance care plan. From 2015 to 2017, there was a noted increase in the percent of respondents 35 to 44 years old reporting an advance care plan.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report having an advance care plan, with a noted increase since 2015.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting an advance care plan.

- In 2015, marital status was not a significant variable. In 2017, married respondents were more likely to report having an advance care plan, with a noted increase since 2015.

Table 16. Advance Care Plan by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL	44%	40%	39%	40%	46%
Gender					
Male	40	40	35	37	45
Female	47	40	42	42	46
Age[1,2,3,4,5]					
18 to 34	11	19	12	21	17
35 to 44[b]	45	29	37	22	46
45 to 54	32	42	33	27	40
55 to 64	51	49	49	56	56
65 and Older	78	82	74	77	81
Education[1,5]					
High School or Less	54	38	39	43	45
Some Post High School	41	46	34	37	37
College Graduate[a,b]	40	38	43	40	51
Household Income					
Bottom 40 Percent Bracket	42	44	36	38	49
Middle 20 Percent Bracket[b]	44	40	31	25	48
Top 40 Percent Bracket	41	39	43	39	44
Marital Status[1,5]					
Married[a,b]	39	41	41	43	52
Not Married[a]	50	40	36	34	35

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

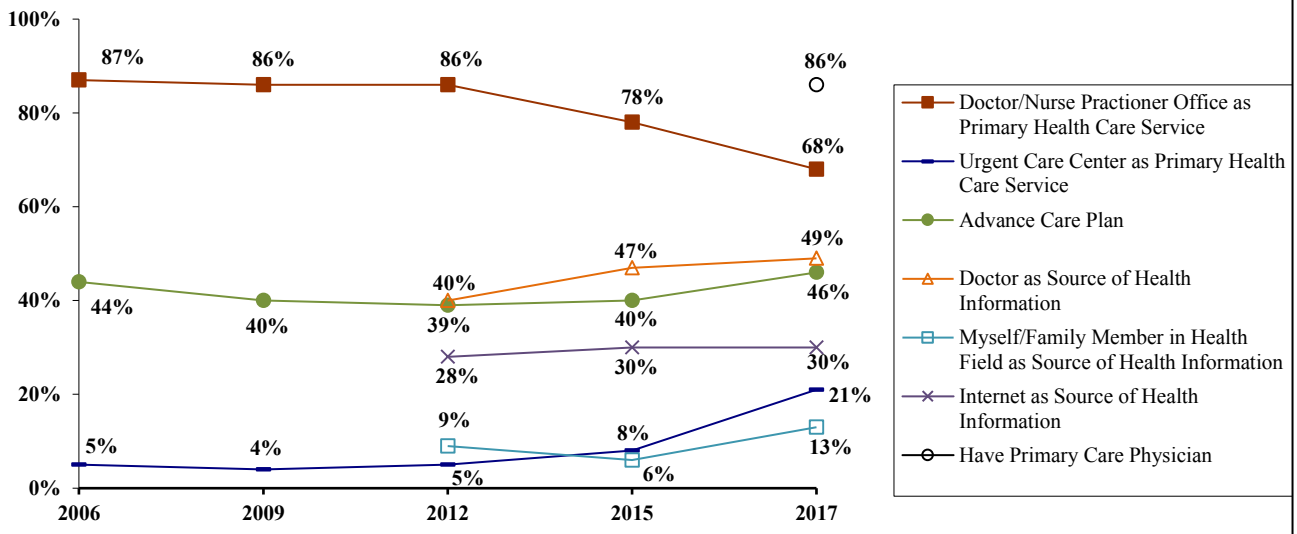
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Health Information and Services Overall

Year Comparisons

- From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting a doctor as their source of health information while from 2015 to 2017, there was no statistical change. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting the Internet as their source of health information, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting they were, or a family member was in the health care field and their source of health information while from 2015 to 2017, there was a statistical increase. From 2006 to 2017, 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, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2015 to 2017.

Figure 6. Health Information and Services



Routine Procedures (Figure 7; Tables 17 - 20)

KEY FINDINGS: In 2017, 86% of respondents reported a routine medical checkup two years ago or less while 84% reported a cholesterol test four years ago or less. Eighty-two percent of respondents reported a visit to the dentist in the past year while 53% reported an eye exam in the past year. Respondents 35 and older, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents 45 to 64 years old, with a college education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education or in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report an eye exam in the past year.

From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup, a cholesterol test or an eye exam, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup while from 2015 to 2017, there was a statistical increase.

Routine Checkup

In 2016, 71% of Wisconsin respondents reported in the past year they had a routine checkup, 13% reported past two years, 8% past five years and 7% five or more years ago. Nationally, 71% reported past year, 13% past two years, 8% past five years and 7% five or more years ago (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-six percent of respondents reported they had a routine checkup in the past two years.
- Ninety-three percent of respondents 35 to 44 years old or 55 to 64 years old, 92% of those 65 and older and 89% of respondents 45 to 54 years old reported a routine checkup in the past two years compared to 63% of respondents 18 to 34 years old.
- Ninety-two percent of respondents with a high school education or less or with a college education reported a routine checkup in the past two years compared to 71% of respondents with some post high school education.
- Ninety-four percent of respondents in the bottom 40 percent household income bracket reported a routine checkup in the past two years compared to 88% of those in the top 40 percent income bracket or 70% 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 (91% and 78%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2006, female respondents were more likely to report a routine checkup two years ago or less. In 2017, gender was not a significant variable.
- In 2006, respondents 55 and older were more likely to report a routine checkup two years ago or less. In 2017, respondents 35 and older were more likely to report a routine checkup two years ago or less.
- In 2006, education was not a significant variable. In 2017, respondents with a high school education or less or with a college education were more likely to report a routine checkup two years ago or less. From 2006 to 2017, there was a noted decrease in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education reporting a routine checkup two years ago or less.
- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a routine checkup two years ago or less, with a noted increase since 2006. From 2006 to 2017, 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 2006, marital status was not a significant variable. In 2017, married respondents were more likely to report a routine checkup two years ago or less.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.

- In 2015, female respondents were more likely to report a routine checkup two years ago or less. In 2017, gender was not a significant variable.

- In 2015, respondents 55 to 64 years old were more likely to report a routine checkup two years ago or less. In 2017, respondents 35 and older were more likely to report a routine checkup two years ago or less. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 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 2015, respondents with some post high school education were more likely to report a routine checkup two years ago or less. In 2017, respondents with a high school education or less or with a college education were more likely to report a routine checkup two years ago or less. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education reporting a routine checkup two years ago or less.

- In 2015, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a routine checkup two years ago or less, with a noted increase since 2015. From 2015 to 2017, 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 2015, marital status was not a significant variable. In 2017, married respondents were more likely to report 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]

	2006	2009	2012	2015	2017
TOTAL	86%	84%	85%	85%	86%
Gender[1,3,4]					
Male	81	81	78	80	87
Female	90	86	91	89	84
Age[1,3,4,5]					
18 to 34[b]	77	88	76	78	63
35 to 44	84	77	90	87	93
45 to 54[b]	84	85	87	76	89
55 to 64	92	80	79	96	93
65 and Older	92	89	95	92	92
Education[4,5]					
High School or Less	89	81	86	84	92
Some Post High School[a,b]	85	86	79	92	71
College Graduate[a,b]	85	84	88	80	92
Household Income[2,5]					
Bottom 40 Percent Bracket[a,b]	78	82	82	80	94
Middle 20 Percent Bracket[a,b]	85	70	81	92	70
Top 40 Percent Bracket	88	87	90	85	88
Marital Status[2,5]					
Married	86	87	86	87	91
Not Married	85	79	83	82	78

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Cholesterol Test

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

In 2015, 78% of Wisconsin respondents and 78% of U.S. respondents reported they had their cholesterol checked within the past five years (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-four percent of respondents reported having their cholesterol tested four years ago or less. Eight percent reported five or more years ago while 6% reported never having their cholesterol tested.
- Ninety-six percent of respondents 45 to 64 years old reported a cholesterol test four years ago or less compared to 86% of those 35 to 44 years old or 56% of respondents 18 to 34 years old.
- Respondents with a college education were more likely to report a cholesterol test four years ago or less (93%) compared to those with a high school education or less (81%) or respondents with some post high school education (70%).

- Married respondents were more likely to report a cholesterol test four years ago or less compared to unmarried respondents (88% and 76%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2006, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less. In 2017, respondents 45 to 64 years old were more likely to report a cholesterol test four years ago or less. From 2006 to 2017, there was a noted increase in the percent of respondents 45 to 54 years old reporting a cholesterol test four years ago or less.

- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to report a cholesterol test four years ago or less, with a noted increase since 2006.

- In 2006, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2017, household income was not a significant variable.

- In 2006, marital status was not a significant variable. In 2017, married respondents were more likely to report a cholesterol test four years ago or less.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2015, respondents 55 to 64 years old were more likely to report a cholesterol test four years ago or less. In 2017, respondents 45 to 64 years old were more likely to report a cholesterol test four years ago or less. From 2015 to 2017, 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 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education reporting a cholesterol test four years ago or less.

- In 2015, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2017, household income was not a significant variable.

- In 2015 and 2017, married respondents were more likely to report a cholesterol test four years ago or less.

Table 18. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL	83%	82%	79%	84%	84%
Gender					
Male	82	80	76	85	81
Female	83	84	81	83	86
Age[1,2,3,4,5]					
18 to 34[b]	56	66	48	79	56
35 to 44	86	83	81	75	86
45 to 54[a]	86	89	85	88	96
55 to 64	96	84	92	93	96
65 and Older	91	94	95	85	89
Education[3,5]					
High School or Less	85	81	68	79	81
Some Post High School[b]	79	77	71	81	70
College Graduate[a]	83	86	91	88	93
Household Income[1,2,3,4]					
Bottom 40 Percent Bracket	83	78	78	83	90
Middle 20 Percent Bracket	72	74	67	69	82
Top 40 Percent Bracket	89	88	85	88	86
Marital Status[2,3,4,5]					
Married	86	90	85	88	88
Not Married	78	71	69	78	76

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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 2016, 73% of Wisconsin respondents and 66% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-two percent of respondents reported a dental visit in the past year. An additional 10% 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.

- Respondents with a college education were more likely to report a dental checkup in the past year (89%) compared to those with a high school education or less (75%) or respondents with some post high school education (74%).

- Eighty-eight percent of respondents in the middle 20 percent household income bracket reported a dental checkup in the past year compared to 82% of those in the top 40 percent income bracket or 70% of respondents in the bottom 40 percent household income bracket.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.

- In 2006, respondents 45 to 54 years old were more likely to report a dental checkup in the past year. In 2017, age was not a significant variable.

- In 2006 and 2017, respondents with a college education were more likely to report a dental checkup in the past year.

- In 2006, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2017, respondents in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year, with a noted increase since 2006. From 2006 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a dental checkup in the past year.

- In 2006, married respondents were more likely to report a dental checkup in the past year. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of unmarried respondents reporting a dental checkup in the past year.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who reported having a dental checkup in the past year.

- In 2015, female respondents were more likely to report a dental checkup in the past year. In 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of male respondents reporting a dental checkup in the past year.

- In 2015, respondents 45 to 54 years old were more likely to report a dental checkup in the past year. In 2017, age was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.

- In 2015 and 2017, respondents with a college education were more likely to report a dental checkup in the past year. From 2015 to 2017, there was a noted increase in the percent of respondents with a high school education or less reporting a dental checkup in the past year.

- In 2015, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. In 2017, respondents in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year, with a noted increase since 2015.

- In 2015, married respondents were more likely to report a dental checkup in the past year. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of unmarried respondents reporting a dental checkup in the past year.

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

	2006	2009	2012	2015	2017
TOTAL[b]	77%	74%	75%	76%	82%
Gender[4]					
Male[b]	76	72	73	69	79
Female	77	76	75	82	85
Age[1,4]					
18 to 34	78	70	64	71	81
35 to 44[b]	77	74	73	61	86
45 to 54	86	74	79	91	86
55 to 64	81	75	83	79	83
65 and Older	64	77	76	71	75
Education[1,2,3,4,5]					
High School or Less[b]	69	62	63	54	75
Some Post High School	72	71	72	72	74
College Graduate	85	80	83	86	89
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	63	49	62	58	70
Middle 20 Percent Bracket[a,b]	68	64	59	73	88
Top 40 Percent Bracket[a]	89	85	86	85	82
Marital Status[1,2,4]					
Married	83	83	76	81	82
Not Married[a,b]	68	61	72	67	81

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Eye Exam

2017 Findings

- Fifty-three percent of respondents had an eye exam in the past year while 27% reported one to two years ago.
- Female respondents were more likely to report an eye exam in the past year (60%) compared to male respondents (45%).
- Respondents 65 and older were more likely to report an eye exam in the past year (70%) compared to those 35 to 54 years old (48%) or respondents 55 to 64 years old (46%).
- Sixty-seven percent of respondents in the bottom 40 percent household income bracket reported an eye exam in the past year compared to 50% of those in the top 40 percent income bracket or 43% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report an eye exam in the past year compared to married respondents (61% and 48%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2006, gender was not a significant variable. In 2017, female respondents were more likely to report an eye exam less than a year ago.

- In 2006 and 2017, respondents 65 and older were more likely to report an eye exam less than a year ago.

- In 2006 and 2017, education was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents with a high school education or less reporting an eye exam less than a year ago.

- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report an eye exam less than a year ago, with a noted increase since 2006.

- In 2006 and 2017, unmarried respondents were more likely to report an eye exam less than a year ago.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2015, gender was not a significant variable. In 2017, female respondents were more likely to report an eye exam less than a year ago.

- In 2015 and 2017, respondents 65 and older were more likely to report an eye exam less than a year ago. From 2015 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting an eye exam less than a year ago.

- In 2015, respondents with a college education were more likely to report an eye exam less than a year ago. In 2017, education was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents with a college education reporting an eye exam less than a year ago.

- In 2015, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report an eye exam less than a year ago.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report 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]

	2006	2009	2012	2015	2017
TOTAL	47%	41%	49%	55%	53%
Gender[2,3,5]					
Male	42	34	43	52	45
Female	52	48	53	58	60
Age[1,2,3,4,5]					
18 to 34[b]	51	33	43	31	53
35 to 44	34	36	41	55	48
45 to 54	44	38	38	61	48
55 to 64	55	45	52	61	46
65 and Older	62	65	69	71	70
Education[4]					
High School or Less[a]	44	35	48	57	63
Some Post High School	49	45	49	45	55
College Graduate[b]	49	41	48	63	48
Household Income[5]					
Bottom 40 Percent Bracket[a]	45	43	49	55	67
Middle 20 Percent Bracket	46	29	39	52	43
Top 40 Percent Bracket	49	45	47	57	50
Marital Status[1,5]					
Married	43	45	49	56	48
Not Married	54	36	48	54	61

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

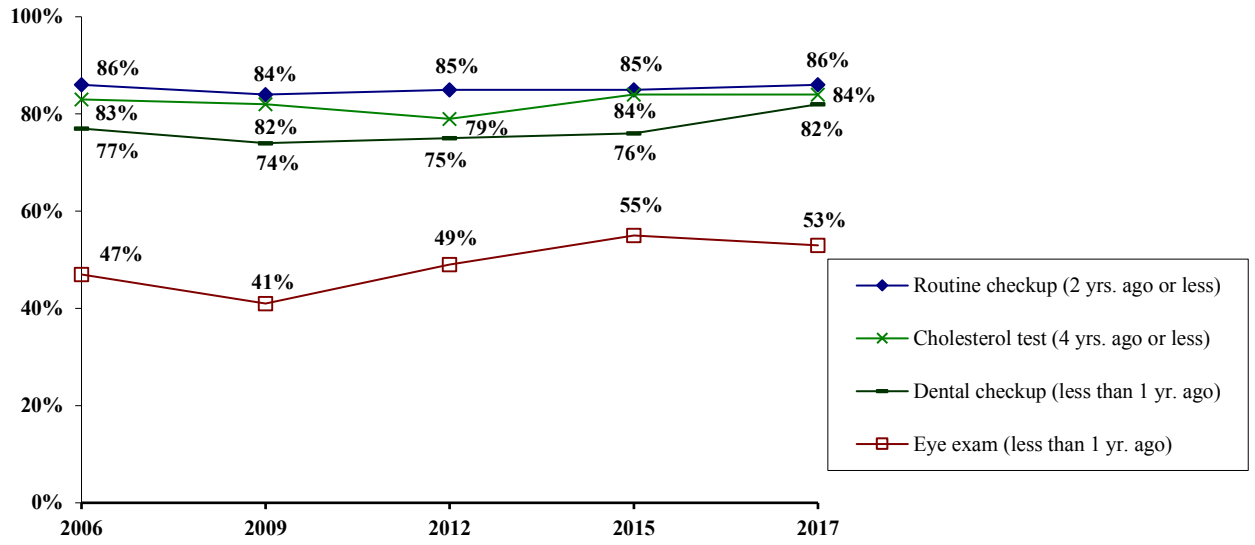
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Routine Procedures Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup, a cholesterol test or an eye exam, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup while from 2015 to 2017, there was a statistical increase.

Figure 7. Routine Procedures



Vaccinations (Figure 8; Table 21)

KEY FINDINGS: In 2017, 60% of respondents had a flu vaccination in the past year. Respondents 65 and older, with a high school education or less or with a college education were more likely to report a flu vaccination. Seventy-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

From 2006 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination or pneumonia vaccination, as well as from 2015 to 2017.

Flu Vaccination

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

In 2016, 50% of Wisconsin respondents and 59% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Sixty percent of respondents had a flu vaccination in the past 12 months.
- Respondents 65 and older were more likely to report receiving a flu vaccination (74%) compared to those 45 to 54 years old (59%) or respondents 18 to 34 years old (44%).
- Sixty-eight percent of respondents with a college education and 66% of those with a high school education or less reported receiving a flu vaccination compared to 44% of respondents with some post high school education.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2006 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2006, female respondents were more likely to report a flu vaccination. In 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2006 and 2017, respondents 65 and older were more likely to report a flu vaccination. From 2006 to 2017, there was a noted increase in the percent of respondents 18 to 54 years old reporting a flu vaccination.
- In 2006, education was not a significant variable. In 2017, respondents with a high school education or less or with a college education were more likely to report a flu vaccination, with a noted increase since 2006.
- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report a flu vaccination. In 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.
- In 2006, unmarried respondents were more likely to report a flu vaccination. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2015 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2015 and 2017, respondents 65 and older were more likely to report a flu vaccination. From 2015 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting a flu vaccination.
- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less or with a college education were more likely to report a flu vaccination. From 2015 to 2017, there was a noted increase in the percent of respondents with a college education reporting a flu vaccination.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report a flu vaccination. In 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

Table 21. Flu Vaccination by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a,b]	37%	45%	45%	46%	60%
Gender[1]					
Male[a,b]	28	45	43	48	59
Female[a,b]	44	46	48	45	61
Age[1,2,3,4,5]					
18 to 34[a]	22	36	40	34	44
35 to 44[a,b]	28	48	37	42	62
45 to 54[a,b]	17	29	33	30	59
55 to 64	48	45	56	54	62
65 and Older	74	75	64	73	74
Education[5]					
High School or Less[a]	46	36	42	51	66
Some Post High School	33	43	47	41	44
College Graduate[a,b]	33	50	46	49	68
Household Income[1,4]					
Bottom 40 Percent Bracket[a,b]	49	41	48	49	73
Middle 20 Percent Bracket[a,b]	36	33	37	30	54
Top 40 Percent Bracket[a,b]	28	50	45	44	62
Marital Status[1,2]					
Married[a,b]	32	50	43	48	60
Not Married[a,b]	42	38	49	43	60

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Pneumonia Vaccination

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

In 2016, 79% of Wisconsin respondents and 73% of U.S. respondents 65 and older reported they received a pneumonia shot (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Seventy-nine 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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 in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.

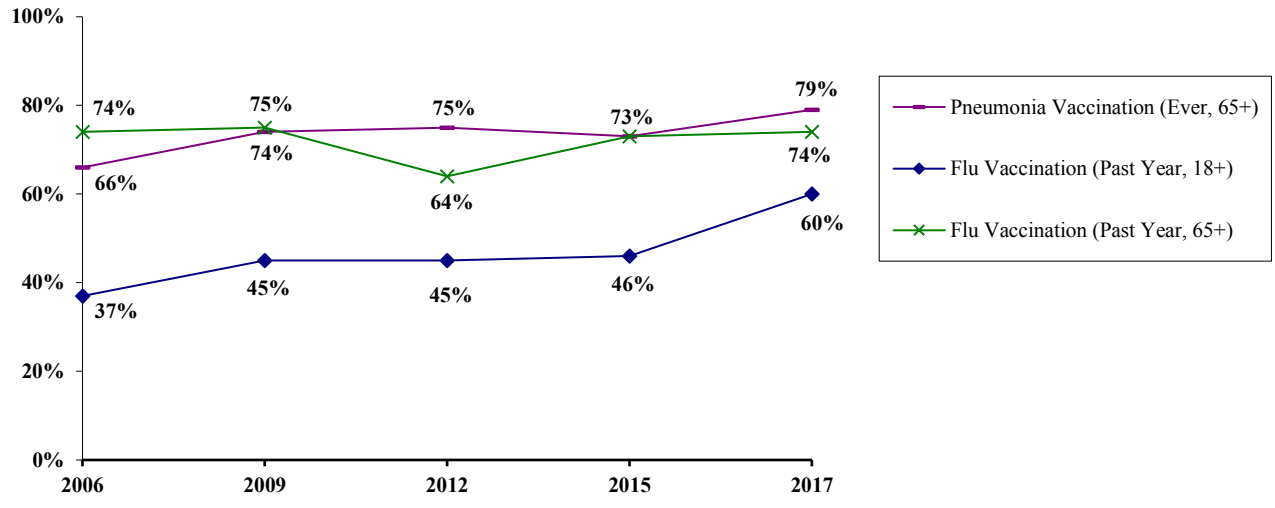
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

Vaccinations Overall

Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination or pneumonia vaccination, as well as from 2015 to 2017.

Figure 8. Vaccinations



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.

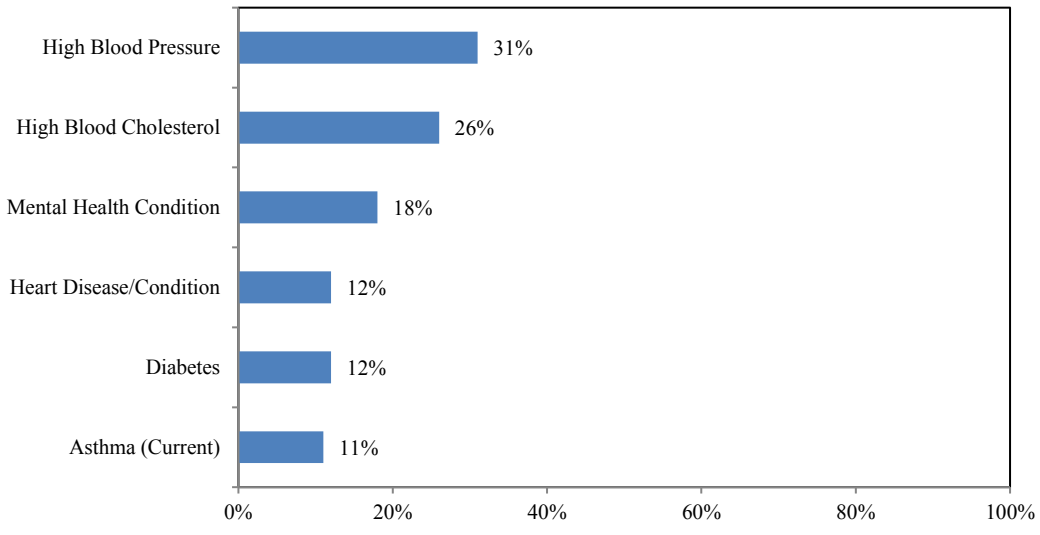
KEY FINDINGS: In 2017, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%) or high blood cholesterol (26%). Respondents 55 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol. Eighteen percent reported a mental health condition; respondents with a high school education or less or unmarried respondents were more likely to report this. Twelve percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were 65 and older or inactive were more likely to report this. Twelve percent of respondents reported diabetes. Respondents with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight or smokers were more likely to report diabetes. Eleven percent reported current asthma; female respondents were more likely to report this.

From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or current asthma, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2015 to 2017. From 2006 to 2017, there was a noted increase in the overall percent of respondents who reported diabetes while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2015 to 2017, there was a statistical increase.

2017 Findings

- Respondents were more likely to report high blood pressure (31%) or high blood cholesterol (26%) in the past three years out of six health conditions listed.

Figure 9. Health Conditions in Past Three Years for 2017



High Blood Pressure

2017 Findings

- Thirty-one percent of respondents reported high blood pressure in the past three years.
- Respondents 55 and older were more likely to report high blood pressure in the past three years (56%) compared to those 35 to 44 years old (14%) or respondents 18 to 34 years old (13%).
- Fifty-one percent of respondents with a high school education or less reported high blood pressure compared to 26% of those with a college education or 25% of respondents with some post high school education.
- Fifty-five percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 29% of those in the middle 20 percent income bracket or 24% of respondents in the top 40 percent household income bracket.
- Overweight respondents were more likely to report high blood pressure (35%) compared to respondents who were not overweight (20%).
- Smokers were more likely to report high blood pressure compared to nonsmokers (43% and 28%, respectively).
    - Of the 123 respondents who reported high blood pressure, 98% had it under control through medication, exercise or lifestyle changes.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure.
- In 2006, male respondents were more likely to report high blood pressure. In 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of female respondents reporting high blood pressure.
- In 2006, respondents 65 and older were more likely to report high blood pressure. In 2017, respondents 55 and older were more likely to report high blood pressure. From 2006 to 2017, there was a noted increase in the percent of respondents 55 to 64 years old reporting high blood pressure.
- In 2006 and 2017, respondents with a high school education or less were more likely to report high blood pressure. From 2006 to 2017, there was a noted increase in the percent of respondents with a college education reporting high blood pressure.
- In 2006 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.
- In 2006, unmarried respondents were more likely to report high blood pressure. In 2017, marital status was not a significant variable.
- In 2006 and 2017, overweight respondents were more likely to report high blood pressure.
- In 2006, inactive respondents were more likely to report high blood pressure. In 2017, physical activity was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting high blood pressure.

- In 2006, smoking status was not a significant variable. In 2017, smokers were more likely to report high blood pressure, with a noted increase since 2006.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2015 to 2017, 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 98%, respectively).

- In 2015, male respondents were more likely to report high blood pressure. In 2017, gender was not a significant variable.

- In 2015, respondents 65 and older were more likely to report high blood pressure. In 2017, respondents 55 and older were more likely to report high blood pressure.

- In 2015 and 2017, respondents with a high school education or less were more likely to report high blood pressure. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education reporting high blood pressure.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.

- In 2015 and 2017, overweight respondents were more likely to report high blood pressure.

- In 2015, inactive respondents were more likely to report high blood pressure. In 2017, physical activity was not a significant variable.

- In 2015, smoking status was not a significant variable. In 2017, smokers 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]

	2006	2009	2012	2015	2017
TOTAL	26%	22%	26%	33%	31%
Gender[1,4]					
Male	31	22	24	38	31
Female[a]	22	22	27	28	30
Age[1,2,3,4,5]					
18 to 34	5	2	4	11	13
35 to 44	14	13	16	22	14
45 to 54	21	20	18	19	18
55 to 64[a]	37	43	37	51	56
65 and Older	58	52	59	65	56
Education[1,3,4,5]					
High School or Less	40	26	34	51	51
Some Post High School[b]	36	21	26	37	25
College Graduate[a]	11	21	21	22	26
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	46	32	38	42	55
Middle 20 Percent Bracket	18	26	21	31	29
Top 40 Percent Bracket[a]	13	16	22	23	24
Marital Status[1]					
Married	21	20	25	34	28
Not Married	32	25	27	31	34
Overweight Status[1,3,4,5]					
Not Overweight	15	18	11	16	20
Overweight	33	24	32	39	35
Physical Activity[1,4]					
Inactive	40	30	38	45	50
Insufficient	30	23	23	37	28
Recommended[a]	19	20	25	24	30
Smoking Status[3,5]					
Nonsmoker	27	24	28	32	28
Smoker[a]	23	14	16	38	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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

High Blood Cholesterol

2017 Findings

- Twenty-six 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 (47%) compared to those 45 to 54 years old (22%) or respondents 18 to 34 years old (6%).

- Thirty-nine percent of respondents in the bottom 40 percent household income bracket reported high blood cholesterol compared to 25% of those in the top 40 percent income bracket or 18% of respondents in the middle 20 percent household income bracket.

- Thirty-four percent of overweight respondents reported high blood cholesterol compared to 11% of respondents who were not overweight.

- Inactive respondents were more likely to report high blood cholesterol (54%) compared to those who did an insufficient amount of physical activity (28%) or respondents who met the recommended amount of physical activity (22%).

    - Of the 105 respondents who reported high blood cholesterol, 77% had it under control through medication, exercise or lifestyle changes.

<u>2006 to 2017 Year Comparisons</u>

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.

- In 2006, male respondents were more likely to report high blood cholesterol. In 2017, gender was not a significant variable.

- In 2006 and 2017, respondents 65 and older were more likely to report high blood cholesterol.

- In 2006, respondents with a high school education or less were more likely to report high blood cholesterol. In 2017, education was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents with a college education reporting high blood cholesterol.

- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol.

- In 2006 and 2017, overweight respondents were more likely to report high blood cholesterol.

- In 2006 and 2017, inactive respondents were more likely to report high blood cholesterol.

<u>2015 to 2017 Year Comparisons</u>

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported high blood cholesterol. From 2015 to 2017, 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 (81% and 77%, respectively).

- In 2015, male respondents were more likely to report high blood cholesterol. In 2017, gender was not a significant variable.

- In 2015, respondents 55 to 64 years old were more likely to report high blood cholesterol. In 2017, respondents 65 and older were more likely to report high blood cholesterol.

- In 2015, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol.

- In 2015 and 2017, overweight respondents were more likely to report high blood cholesterol.
- In 2015, physical activity was not a significant variable. In 2017, inactive respondents were more likely to report high blood cholesterol, with a noted increase since 2015.

Table 23. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL	26%	24%	25%	26%	26%
Gender[1,4]					
Male	31	25	24	30	30
Female	22	23	25	21	23
Age[1,2,3,4,5]					
18 to 34	10	2	3	9	6
35 to 44	17	20	16	20	24
45 to 54	31	32	20	20	22
55 to 64	38	35	41	44	39
65 and Older	41	45	47	39	47
Education[1]					
High School or Less	36	32	27	25	26
Some Post High School	28	18	21	26	19
College Graduate[a]	19	24	25	26	31
Household Income[3,5]					
Bottom 40 Percent Bracket	33	28	35	26	39
Middle 20 Percent Bracket	20	28	18	19	18
Top 40 Percent Bracket	25	22	24	24	25
Marital Status					
Married	26	26	27	26	29
Not Married	27	21	20	24	22
Overweight Status[1,3,4,5]					
Not Overweight	17	20	15	15	11
Overweight	32	26	29	31	34
Physical Activity[1,2,5]					
Inactive[b]	44	26	32	26	54
Insufficient	28	32	24	31	28
Recommended	21	18	23	20	22
Smoking Status					
Nonsmoker	28	25	26	26	27
Smoker	18	17	19	21	23

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Mental Health Condition

2017 Findings

- Eighteen 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.

- Thirty-two percent of respondents with a high school education or less reported a mental health condition in the past three years compared to 18% of those with some post high school education or 12% of respondents with a college education.

- Unmarried respondents were more likely to report a mental health condition compared to married respondents (24% and 13%, respectively).

    - Of the 70 respondents who reported a mental health condition, 97% had it under control through medication, therapy or lifestyle changes.

2009 to 2017 Year Comparisons

- From 2009 to 2017, there was no statistical change in the overall percent of respondents reporting a mental health condition.

- In 2009, respondents with some post high school education or less were more likely to report a mental health condition. In 2017, respondents with a high school education or less were more likely to report a mental health condition, with a noted increase since 2009.

- In 2009, respondents in the bottom 60 percent household income bracket were more likely to report a mental health condition. In 2017, household income was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a mental health condition.

- In 2009, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report a mental health condition, with a noted increase since 2009.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents reporting a mental health condition. From 2015 to 2017, 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 (98% and 97%, respectively).

- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of female respondents reporting a mental health condition.

- In 2015 and 2017, age was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents 45 to 54 years old reporting a mental health condition.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report a mental health condition, with a noted increase since 2015.

- In 2015 and 2017, unmarried respondents were more likely to report a mental health condition. From 2015 to 2017, there was a noted increase in the percent of married respondents reporting a mental health condition.

Table 24. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year[①]

	2009	2012	2015	2017
TOTAL[b]	13%	12%	11%	18%
Gender[2]				
Male	10	8	10	13
Female[b]	16	15	11	21
Age				
18 to 34	20	16	13	20
35 to 44	8	11	9	17
45 to 54[b]	13	16	9	23
55 to 64	12	11	10	11
65 and Older	14	4	12	14
Education[1,4]				
High School or Less[a,b]	18	12	10	32
Some Post High School	21	15	11	18
College Graduate	7	9	10	12
Household Income[1,2]				
Bottom 40 Percent Bracket	20	15	16	19
Middle 20 Percent Bracket	22	20	6	14
Top 40 Percent Bracket[a]	10	7	11	18
Marital Status[2,3,4]				
Married[b]	13	8	7	13
Not Married[a]	14	18	16	24

[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.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Heart Disease/Condition

2017 Findings

- Twelve percent of respondents reported heart disease or condition in the past three years.
- Thirty-four percent of respondents 65 and older reported heart disease/condition in the past three years compared to 3% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.
- Inactive respondents were more likely to report heart disease/condition (25%) compared to those who met the recommended amount of physical activity (12%) or respondents who did an insufficient amount of physical activity (9%).
    - Of the 46 respondents who reported heart disease/condition, 91% had it under control through medication, exercise or lifestyle changes.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition.

- In 2006 and 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of female respondents reporting heart disease/condition.

- In 2006 and 2017, respondents 65 and older were more likely to report heart disease/condition.

- In 2006, respondents with a high school education or less were more likely to report heart disease/condition. In 2017, education was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents with a college education reporting heart disease/condition.

- In 2006, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.

- In 2006, unmarried respondents were more likely to report heart disease/condition. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of married respondents reporting heart disease/condition.

- In 2006 and 2017, inactive respondents were more likely to report heart disease/condition. From 2006 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting heart disease/condition.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition. From 2015 to 2017, 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 (87% and 91%, respectively).

- In 2015, male respondents were more likely to report heart disease/condition. In 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of female respondents reporting heart disease/condition.

- In 2015 and 2017, respondents 65 and older were more likely to report heart disease/condition. From 2015 to 2017, there was a noted increase in the percent of respondents 55 to 64 years old reporting heart disease/condition.

- In 2015, respondents with a high school education or less were more likely to report heart disease/condition. In 2017, education was not a significant variable.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.

- In 2015 and 2017, inactive respondents were more likely to report heart disease/condition.

- In 2015 and 2017, smoking status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of nonsmokers reporting heart disease/condition.

Table 25. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a,b]	7%	6%	9%	7%	12%
Gender[4]					
Male	10	6	9	10	12
Female[a,b]	5	6	8	4	11
Age[1,2,3,4,5]					
18 to 34	4	0	1	0	0
35 to 44	0	2	0	0	3
45 to 54	1	2	10	5	5
55 to 64[b]	11	8	10	4	21
65 and Older	24	25	24	28	34
Education[1,4]					
High School or Less	15	10	11	15	18
Some Post High School	9	7	6	3	9
College Graduate[a]	2	4	9	8	11
Household Income[1,2,4]					
Bottom 40 Percent Bracket	14	11	12	13	19
Middle 20 Percent Bracket	8	10	10	3	13
Top 40 Percent Bracket[a,b]	1	2	5	5	11
Marital Status[1,2]					
Married[a]	4	4	8	6	10
Not Married	12	9	11	10	14
Overweight Status					
Not Overweight	7	5	7	8	10
Overweight	8	7	10	8	13
Physical Activity[1,2,3,4,5]					
Inactive	18	25	19	24	25
Insufficient	8	4	10	4	9
Recommended[a]	4	6	5	7	12
Smoking Status					
Nonsmoker[b]	8	6	8	7	12
Smoker	6	6	10	11	11

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Diabetes

2017 Findings

- Twelve percent of respondents reported diabetes in the past three years.

- Twenty-seven percent of respondents with a high school education or less reported diabetes in the past three years compared to 11% of those with some post high school education or 6% of respondents with a college education.

- Thirty percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 14% of those in the middle 20 percent income bracket or 7% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report diabetes compared to married respondents (17% and 9%, respectively).

- Overweight respondents were more likely to report diabetes (16%) compared to respondents who were not overweight (2%).

- Smokers were more likely to report diabetes (30%) compared to nonsmokers (9%).

    - Of the 48 respondents who reported diabetes, 96% had it under control through medication, exercise or lifestyle changes.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported diabetes.

- In 2006 and 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of female respondents reporting diabetes.

- In 2006, respondents 55 and older were more likely to report diabetes. In 2017, age was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents 18 to 44 years old reporting diabetes.

- In 2006 and 2017, respondents with a high school education or less were more likely to report diabetes. From 2006 to 2017, there was a noted increase in the percent of respondents with a high school education or less or with a college education reporting diabetes.

- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report diabetes, with a noted increase since 2006.

- In 2006, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report diabetes, with a noted increase since 2006.

- In 2006 and 2017, overweight respondents were more likely to report diabetes. From 2006 to 2017, there was a noted increase in the percent of overweight respondents reporting diabetes.

- In 2006 and 2017, physical activity was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting diabetes.

- In 2006, smoking status was not a significant variable. In 2017, smokers were more likely to report diabetes, with a noted increase since 2006.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported diabetes. From 2015 to 2017, there was no statistical change in the overall percent of respondents with diabetes reporting it was under control through medication, exercise or lifestyle changes (94% and 96%, respectively).

- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of female respondents reporting diabetes.

- In 2015, respondents 65 and older were more likely to report diabetes. In 2017, age was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting diabetes.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report diabetes, with a noted increase since 2015.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2015 to 2017, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting diabetes.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report diabetes.

- In 2015 and 2017, overweight respondents were more likely to report diabetes.

- In 2015, inactive respondents were more likely to report diabetes. In 2017, physical activity was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity reporting diabetes.

- In 2015, smoking status was not a significant variable. In 2017, smokers were more likely to report diabetes.

Table 26. Diabetes in Past Three Years by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a]	6%	6%	7%	9%	12%
Gender					
Male	8	7	6	10	9
Female[a,b]	4	5	8	8	15
Age[1,2,3,4]					
18 to 34[a,b]	0	0	3	0	12
35 to 44[a]	0	1	0	6	6
45 to 54	4	5	4	8	9
55 to 64	15	14	13	14	11
65 and Older	15	20	16	21	20
Education[1,5]					
High School or Less[a,b]	10	5	8	13	27
Some Post High School	7	7	8	6	11
College Graduate[a]	2	6	6	10	6
Household Income[3,4,5]					
Bottom 40 Percent Bracket[a]	11	8	13	19	30
Middle 20 Percent Bracket[b]	5	11	8	3	14
Top 40 Percent Bracket	4	4	4	6	7
Marital Status[5]					
Married	5	5	8	8	9
Not Married[a]	8	7	6	11	17
Overweight Status[1,2,4,5]					
Not Overweight	<1	3	4	3	2
Overweight[a]	10	8	9	12	16
Physical Activity[2,4]					
Inactive	8	9	14	29	18
Insufficient	8	9	5	10	13
Recommended[a,b]	4	3	8	4	10
Smoking Status[5]					
Nonsmoker	7	6	7	8	9
Smoker[a]	2	5	10	15	30

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Current Asthma

In 2016, 9% of Wisconsin respondents and 9% of U.S. respondents reported they were told they currently have asthma (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eleven percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (15%) compared to male respondents (7%).
    - Of the 45 respondents who reported current asthma, 98% had it under control through medication, therapy or lifestyle changes.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported current asthma.
- In 2006, gender was not a significant variable. In 2017, female respondents were more likely to report current asthma, with a noted increase since 2006.
- In 2006, respondents 35 to 44 years old were more likely to report current asthma. In 2017, age was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting current asthma.
- In 2006 and 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting current asthma.
- In 2006, unmarried respondents were more likely to report current asthma. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of married respondents reporting current asthma.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported current asthma. From 2015 to 2017, 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 (87% and 98%, respectively).
- In 2015 and 2017, female respondents were more likely to report current asthma.
- In 2015, respondents 35 to 44 years old were more likely to report current asthma. In 2017, age was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting current asthma.
- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting current asthma.

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

	2006	2009	2012	2015	2017
TOTAL	8%	9%	8%	8%	11%
Gender[4,5]					
Male	7	9	8	5	7
Female[a]	8	9	8	10	15
Age[1,2,3,4]					
18 to 34[a,b]	1	10	8	3	12
35 to 44	13	18	1	14	11
45 to 54[b]	6	2	4	2	11
55 to 64	4	8	13	8	8
65 and Older	8	5	12	9	14
Education					
High School or Less	5	8	8	13	11
Some Post High School	10	11	10	8	11
College Graduate	8	9	6	6	11
Household Income					
Bottom 40 Percent Bracket	12	9	12	11	12
Middle 20 Percent Bracket	6	9	3	5	4
Top 40 Percent Bracket[a,b]	5	11	8	6	14
Marital Status[1]					
Married[a]	3	8	7	7	9
Not Married	13	11	9	9	14

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

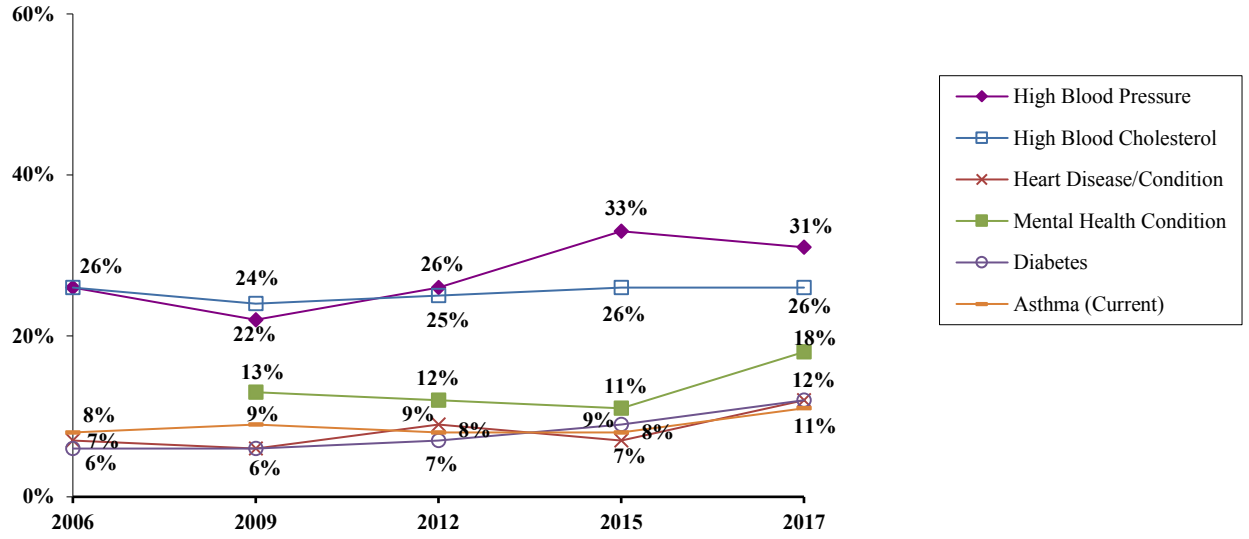
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Health Conditions Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or current asthma, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2015 to 2017. From 2006 to 2017, there was a noted increase in the overall percent of respondents who reported diabetes while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition while from 2015 to 2017, there was a statistical increase.

Figure 10. Health Conditions in Past Three Years



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

KEY FINDINGS: In 2017, 44% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 56% met the recommended amount of physical activity; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this.

From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes or who met the recommended amount of physical activity, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2015 to 2017, there was no statistical change.

Moderate Physical Activity in Usual Week

Moderate physical activity includes walking briskly, biking, 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).

2017 Findings

- Forty-four percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Forty-six percent did some moderate activity, while 10% did not do any moderate physical activity.

- Respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity in a week (57%) compared to those 55 to 64 years old (36%) or respondents 45 to 54 years old (34%).

- Sixty-three percent of respondents with a high school education or less met the recommended amount of moderate physical activity compared to 41% of those with some post high school education or 39% of respondents with a college education.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2006 and 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of female respondents meeting the recommended amount of moderate physical activity.

- In 2006, respondents 35 to 44 years old were more likely to meet the recommended amount of moderate physical activity. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. From 2006 to 2017, there was a noted increase in the percent of respondents 65 and older meeting the recommended amount of moderate physical activity.

- In 2006, respondents with some post high school education were more likely to meet the recommended amount of moderate physical activity. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2006.

- In 2006 and 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of moderate physical activity.

- In 2006 and 2017, overweight status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of overweight respondents meeting the recommended amount of moderate physical activity.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across gender meeting the recommended amount of moderate physical activity.

- In 2015, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2017, there was a noted increase in the percent of respondents 18 to 44 years old meeting the recommended amount of moderate physical activity.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of moderate physical activity. From 2015 to 2017, there was a noted increase in the percent of respondents with some post high school education or less meeting the recommended amount of moderate physical activity.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of moderate physical activity.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status meeting the recommended amount of moderate physical activity.

- In 2015 and 2017, overweight status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of moderate physical activity.

Table 28. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year[①,②]

	2006	2009	2012	2015	2017
TOTAL[a,b]	35%	41%	33%	31%	44%
Gender					
Male[b]	39	41	30	31	42
Female[a,b]	32	41	36	31	45
Age[1,5]					
18 to 34[b]	42	37	33	32	57
35 to 44[b]	45	48	39	29	49
45 to 54	38	33	32	33	34
55 to 64	25	41	34	30	36
65 and Older[a]	19	46	30	29	41
Education[1,3,5]					
High School or Less[a,b]	23	38	42	39	63
Some Post High School[b]	43	40	34	26	41
College Graduate	37	43	27	32	39
Household Income					
Bottom 40 Percent Bracket[a,b]	36	37	30	30	55
Middle 20 Percent Bracket	31	33	48	23	38
Top 40 Percent Bracket	39	44	33	33	40
Marital Status					
Married[b]	32	40	31	29	40
Not Married[b]	39	43	36	33	49
Overweight Status[2]					
Not Overweight[b]	40	52	37	34	50
Overweight[a,b]	31	36	31	30	41

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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).

2017 Findings

- Thirty-seven percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Thirty-three percent did some vigorous physical activity while 30% did not do any vigorous physical activity.

- Male respondents were more likely to meet the recommended amount of vigorous physical activity (42%) compared to female respondents (32%).

- Respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity (56%) compared to those 55 to 64 years old (27%) or respondents 65 and older (20%).

- Forty-three percent of respondents in the top 40 percent household income bracket met the recommended amount of vigorous physical activity compared to 27% of those in the middle 20 percent income bracket or 25% 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 (46%) compared to respondents who were overweight (34%).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2006, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2006.

- In 2006, respondents 45 to 54 years old were more likely to meet the recommended amount of vigorous physical activity. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2006.

- In 2006, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. In 2017, education was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents with some post high school education or less meeting the recommended amount of vigorous physical activity.

- In 2006 and 2017, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity.

- In 2006, married respondents were more likely to meet the recommended amount of vigorous physical activity. In 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of vigorous physical activity.

- In 2006 and 2017, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2006 to 2017, there was a noted increase in the percent of overweight respondents meeting the recommended amount of vigorous physical activity.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2015.

- In 2015 and 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity.

- In 2015, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. In 2017, education was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents meeting the recommended amount of vigorous physical activity.

- In 2015, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2015.

- In 2015, overweight status was not a significant variable. In 2017, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2015.

Table 29. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year[①,②]

	2006	2009	2012	2015	2017
TOTAL[a]	29%	33%	28%	31%	37%
Gender[3,5]					
Male[a,b]	32	37	24	29	42
Female	27	29	33	32	32
Age[1,2,3,4,5]					
18 to 34[a]	36	45	34	44	56
35 to 44	32	43	41	33	43
45 to 54	39	25	27	29	35
55 to 64	21	27	25	27	27
65 and Older	13	14	12	15	20
Education[1,4]					
High School or Less[a]	18	27	30	24	38
Some Post High School[a,b]	27	34	22	25	42
College Graduate	36	34	31	37	33
Household Income[1,2,5]					
Bottom 40 Percent Bracket	22	22	19	26	25
Middle 20 Percent Bracket	24	26	32	43	27
Top 40 Percent Bracket[b]	39	40	31	30	43
Marital Status[1]					
Married	34	34	28	31	37
Not Married[a]	22	31	29	31	37
Overweight Status[1,2,3,5]					
Not Overweight[b]	40	44	38	33	46
Overweight[a]	22	27	24	30	34

[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 vigorous physical activity is 3 times/20+ minutes in a week.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Combined Recommended Amount of Physical Activity in Typical Week

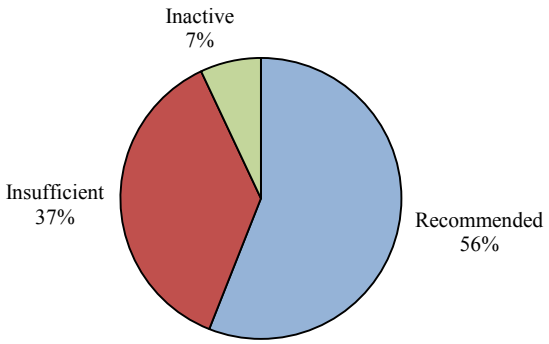
The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly,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

2017 Findings

- Fifty-six 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). Thirty-seven percent did an insufficient amount of physical activity while 7% did no physical activity in a typical week.

Figure 11. Physical Activity/Week for 2017*



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

- Seventy-one percent of respondents 18 to 34 years old met the recommended amount of physical activity compared to 48% of those 45 to 54 years old or 46% of respondents 55 to 64 years old.

- Seventy-one percent of respondents with a high school education or less met the recommended amount of physical activity compared to 55% of those with some post high school education or 50% of respondents with a college education.

- Unmarried respondents were more likely to meet the recommended amount of physical activity compared to married respondents (63% and 51%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2006, male respondents were more likely to meet the recommended amount of physical activity. In 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of female respondents meeting the recommended amount of physical activity.

- In 2006, respondents 35 to 44 years old were more likely to meet the recommended amount of physical activity. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. From 2006 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 65 and older meeting the recommended amount of physical activity.

- In 2006, respondents with some post high school education were more likely to meet the recommended amount of physical activity. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of physical activity, with a noted increase since 2006.

- In 2006 and 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of physical activity.

- In 2006, marital status was not a significant variable. In 2017, unmarried respondents were more likely to meet the recommended amount of physical activity, with a noted increase since 2006.

- In 2006, respondents who were not overweight were more likely to meet the recommended amount of physical activity. In 2017, overweight status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of overweight respondents meeting the recommended amount of physical activity.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2015 and 2017, gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across gender meeting the recommended amount of physical activity.

- In 2015, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity, with a noted increase since 2015.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of physical activity. From 2015 to 2017, there was a noted increase in the percent of respondents with some post high school education or less meeting the recommended amount of physical activity.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of physical activity.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more likely to meet the recommended amount of physical activity, with a noted increase since 2015.

- In 2015 and 2017, overweight status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of physical activity.

Table 30. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year[①,②]

	2006	2009	2012	2015	2017
TOTAL[a,b]	48%	53%	47%	46%	56%
Gender[1]					
Male[b]	54	54	42	46	56
Female[a,b]	43	51	51	45	55
Age[1,5]					
18 to 34[a,b]	51	53	48	51	71
35 to 44	59	56	57	45	61
45 to 54	56	48	46	48	48
55 to 64	35	56	49	44	46
65 and Older[a]	32	51	36	36	50
Education[1,5]					
High School or Less[a,b]	30	51	51	47	71
Some Post High School[b]	61	54	45	39	55
College Graduate	51	53	46	50	50
Household Income					
Bottom 40 Percent Bracket[a,b]	46	47	42	40	63
Middle 20 Percent Bracket	43	48	52	54	44
Top 40 Percent Bracket	56	54	49	46	55
Marital Status[5]					
Married	48	52	45	47	51
Not Married[a,b]	49	54	50	43	63
Overweight Status[1,2,3]					
Not Overweight[b]	59	70	57	49	63
Overweight[a,b]	41	44	42	45	54

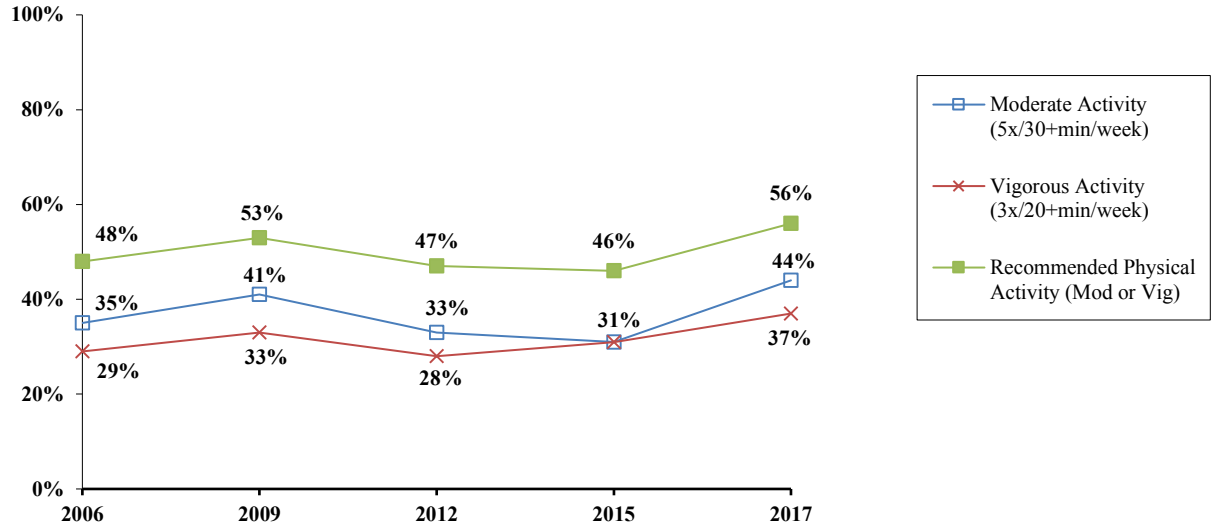
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Recommended moderate physical activity is 5 times/30+ minutes in a week and recommended vigorous physical activity is 3 times/20+ minutes in a week.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Physical Activity Overall

Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes or who met the recommended amount of physical activity, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2015 to 2017, there was no statistical change.

Figure 12. Physical Activity



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

KEY FINDINGS: In 2017, 69% of respondents were classified as at least overweight while 30% were obese. Respondents who were male, with a college education, in the bottom 40 percent household income bracket or married were more likely to be classified as at least overweight. Respondents with a high school education or less, in the bottom 40 percent household income bracket or married respondents were more likely to be obese.

From 2006 to 2017, there was a statistical increase in the overall percent of respondents being at least overweight or being obese while from 2015 to 2017, 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/meter^2.

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

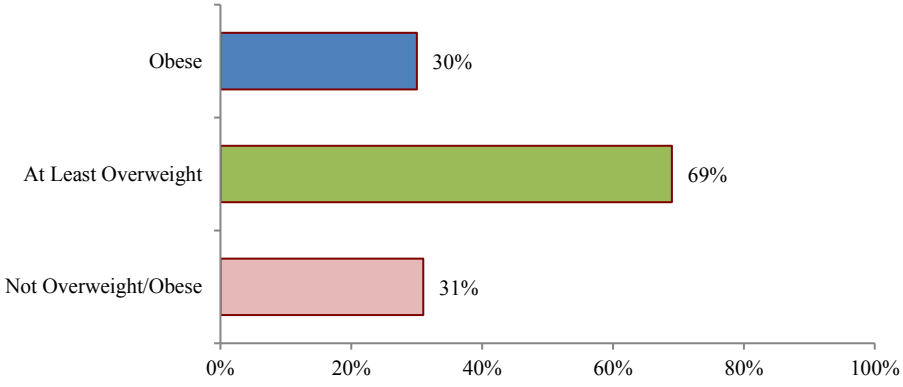
The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)

In 2016, 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) (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- According to the definition, 69% of respondents were at least overweight.

Figure 13. Overweight Status for 2017



- Male respondents were more likely to be at least overweight (80%) compared to female respondents (59%).
- Respondents with a college education were more likely to be overweight (74%) compared to those with a high school education or less (71%) or respondents with some post high school education (59%).
- Eighty-three percent of respondents in the bottom 40 percent household income bracket were at least overweight compared to 72% of those in the middle 20 percent income bracket or 64% of respondents in the top 40 percent household income bracket.
- Married respondents were more likely to be overweight compared to unmarried respondents (75% and 60%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents being overweight.
- In 2006 and 2017, male respondents were more likely to be classified as overweight. From 2006 to 2017, there was a noted increase in the percent of male respondents being overweight.
- In 2006, respondents 55 to 64 years old were more likely to be overweight. In 2017, age was not a significant variable. From 2006 to 2017, there was a noted increase in the overall percent of respondents 35 to 54 years old being overweight.
- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to be overweight, with a noted increase since 2006.

- In 2006, respondents in the middle 20 percent household income bracket were more likely to be overweight. In 2017, respondents in the bottom 40 percent household income bracket were more likely to be overweight. From 2006 to 2017, 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 being overweight.

- In 2006, marital status was not a significant variable. In 2017, married respondents were more likely to be overweight, with a noted increase since 2006.

- In 2006, respondents who did not meet the recommended amount of physical activity were more likely to be overweight. In 2017, physical activity was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being overweight.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents being overweight.

- In 2015 and 2017, male respondents were more likely to be classified as overweight.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to be overweight.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to be overweight.

- In 2015, marital status was not a significant variable. In 2017, married respondents were more likely to be overweight.

Table 31. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a]	59%	63%	65%	70%	69%
Gender[1,2,3,4,5]					
Male[a]	68	74	71	82	80
Female	50	52	60	58	59
Age[1,3]					
18 to 34	62	66	49	60	57
35 to 44[a]	52	64	70	78	76
45 to 54[a]	49	56	76	67	72
55 to 64	80	70	65	74	71
65 and Older	61	63	68	73	74
Education[5]					
High School or Less	63	67	69	79	71
Some Post High School	60	59	66	69	59
College Graduate[a]	56	64	63	68	74
Household Income[1,4,5]					
Bottom 40 Percent Bracket[a]	66	67	69	76	83
Middle 20 Percent Bracket	72	63	74	55	72
Top 40 Percent Bracket[a]	52	65	62	73	64
Marital Status[5]					
Married[a]	58	66	67	71	75
Not Married	59	60	64	68	60
Physical Activity[1,2,3]					
Inactive	68	80	63	67	74
Insufficient	67	75	74	73	73
Recommended[a]	50	52	58	68	66

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Obesity

2017 Findings

- Thirty percent of respondents were classified as obese (BMI 30.0 or higher).
- Forty-three percent of respondents with a high school education or less were obese compared to 34% of those with a college education or 16% of respondents with some post high school education.
- Forty-four percent of respondents in the bottom 40 percent household income bracket were obese compared to 26% of those in the top 40 percent income bracket or 24% of respondents in the middle 20 percent household income bracket.

- Married respondents were more likely to be obese compared to unmarried respondents (35% and 24%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents being obese.

- In 2006 and 2017, gender was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents across gender being obese.

- In 2006 and 2017, age was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents 45 to 64 years old being obese.

- In 2006, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to be obese. From 2006 to 2017, there was a noted increase in the percent of respondents with a high school education or less or with a college education being obese.

- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to be obese. From 2006 to 2017, 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 being obese.

- In 2006, unmarried respondents were more likely to be obese. In 2017, married respondents were more likely to be obese, with a noted increase since 2006.

- In 2006 and 2017, physical activity was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being obese.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents being obese.

- In 2015, male respondents were more likely to be obese. In 2017, gender was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of male respondents being obese.

- In 2015, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to be obese. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education being obese.

- In 2015, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to be obese. In 2017, respondents in the bottom 40 percent household income bracket were more likely to be obese. From 2015 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket being obese.

- In 2015 and 2017, married respondents were more likely to be obese.

- In 2015, respondents who did not meet the recommended amount of physical activity were more likely to be obese. In 2017, physical activity was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity and a noted increase in the percent of respondents who met the recommended amount of physical activity being obese.

Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a]	20%	21%	25%	34%	30%
Gender[4]					
Male[a,b]	18	20	24	42	31
Female[a]	21	22	27	26	30
Age[2]					
18 to 34	15	14	18	30	23
35 to 44	27	18	36	40	28
45 to 54[a]	12	29	22	31	32
55 to 64[a]	25	32	30	37	43
65 and Older	20	17	23	35	29
Education[5]					
High School or Less[a]	20	21	28	38	43
Some Post High School[b]	23	21	29	36	16
College Graduate[a]	18	22	21	32	34
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket[a]	28	31	32	37	44
Middle 20 Percent Bracket	20	23	33	19	24
Top 40 Percent Bracket[a,b]	17	18	19	36	26
Marital Status[1,4,5]					
Married[a]	14	19	25	38	35
Not Married	27	24	25	28	24
Physical Activity[2,4]					
Inactive	24	50	23	45	29
Insufficient[b]	24	21	26	45	32
Recommended[a,b]	15	19	24	20	29

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

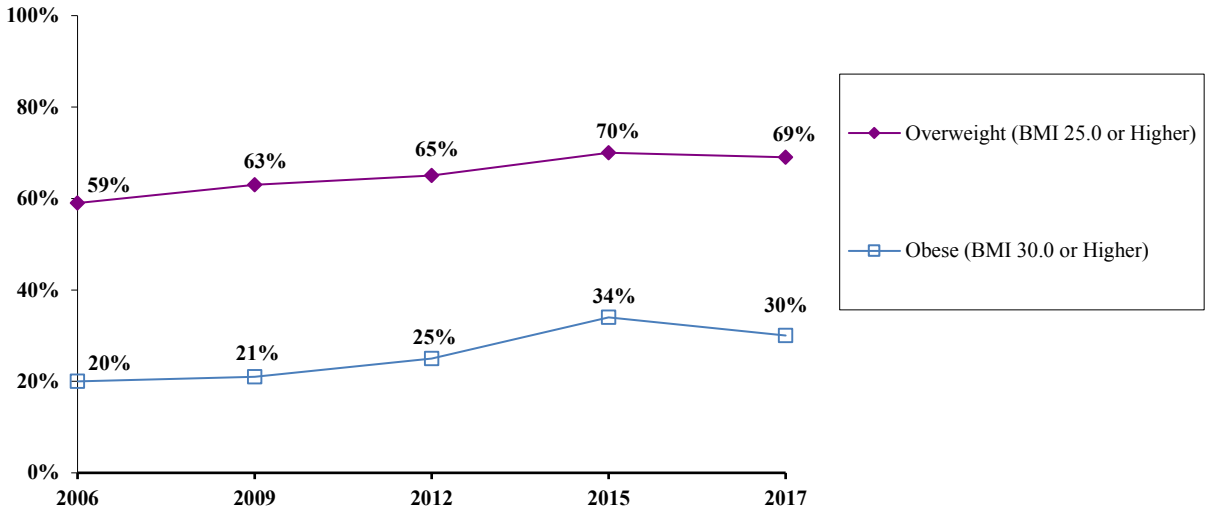
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Body Weight Overall

Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents being at least overweight or being obese while from 2015 to 2017, there was no statistical change.

Figure 14. Overweight Status



Nutrition and Food Insecurity (Figure 15; Tables 33 - 36)

KEY FINDINGS: In 2017, 67% of respondents reported two or more servings of fruit while 39% reported three or more servings of vegetables on an average day. Respondents who were female, 55 to 64 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who did the recommended amount of physical activity were more likely to report this. Four percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket, unmarried or in households with children were more likely to report this.

From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2015 to 2017, there was a statistical increase.

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.

2017 Findings

- Sixty-seven percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit a day (73%) compared to male respondents (61%).
- Respondents 55 to 64 years old were more likely to report at least two servings of fruit a day (79%) compared to those 65 and older (63%) or respondents 18 to 34 years old (53%).
- Seventy-five percent of respondents with a college education reported at least two servings of fruit a day compared to 65% of those with some post high school education or 51% of respondents with a high school education or less.
- Seventy percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 54% of those in the middle 20 percent income bracket or 50% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least two servings of fruit a day compared to unmarried respondents (76% and 52%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2006 and 2017, female respondents were more likely to report at least two servings of fruit per day.
- In 2006, age was not a significant variable. In 2017, respondents 55 to 64 years old were more likely to report at least two servings of fruit per day.
- In 2006 and 2017, respondents with a college education were more likely to report two or more servings of fruit per day.
- In 2006, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least two servings of fruit per day.
- In 2006 and 2017, married respondents were more likely to report two or more servings of fruit per day.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2015 and 2017, female respondents were more likely to report at least two servings of fruit per day.

- In 2015, age was not a significant variable. In 2017, respondents 55 to 64 years old were more likely to report at least two servings of fruit per day. From 2015 to 2017, 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 44 years old or 55 to 64 years old reporting at least two servings of fruit per day.

- In 2015 and 2017, respondents with a college education were more likely to report two or more servings of fruit.

- In 2015 and 2017, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit.

- In 2015 and 2017, married respondents were more likely to report two or more servings of fruit.

- In 2015, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit. In 2017, physical activity was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of inactive respondents reporting two or more servings of fruit.

Table 33. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL	68%	68%	65%	65%	67%
Gender[1,2,3,4,5]					
Male	55	57	55	58	61
Female	79	78	75	71	73
Age[2,5]					
18 to 34[b]	60	82	67	72	53
35 to 44[b]	73	60	67	55	74
45 to 54	63	66	64	68	69
55 to 64[b]	63	51	56	62	79
65 and Older	73	74	69	63	63
Education[1,3,4,5]					
High School or Less	64	60	57	41	51
Some Post High School	60	74	59	65	65
College Graduate	74	67	74	73	75
Household Income[2,4,5]					
Bottom 40 Percent Bracket	64	46	60	48	50
Middle 20 Percent Bracket	70	70	68	56	54
Top 40 Percent Bracket	72	75	65	76	70
Marital Status[1,2,4,5]					
Married	73	74	67	70	76
Not Married	60	59	62	56	52
Overweight Status					
Not Overweight	72	74	67	71	63
Overweight	64	64	64	62	68
Physical Activity[2,4]					
Inactive[b]	64	58	70	45	70
Insufficient	63	59	63	66	61
Recommended	72	75	66	69	70

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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.

2017 Findings

- Thirty-nine 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 (49%) compared to male respondents (29%).

- Respondents 35 to 44 years old were more likely to report at least three servings of vegetables a day (63%) compared to those 18 to 34 years old (29%) or respondents 65 and older (22%).

- Fifty percent of respondents with a college education reported at least three servings of vegetables a day compared to 35% of those with some post high school education or 16% of respondents with a high school education or less.

- Forty-two percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 25% of respondents in the bottom 60 percent household income bracket.

- Forty-seven percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 32% of those who did an insufficient amount of physical activity or 15% of inactive respondents.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported three or more servings of vegetables on an average day.

- In 2006 and 2017, female respondents were more likely to report at least three vegetable servings per day. From 2006 to 2017, there was a noted increase in the percent of respondents across gender reporting at least three servings of vegetables per day.

- In 2006, age was not a significant variable. In 2017, respondents 35 to 44 years old were more likely to report at least three servings of vegetables. From 2006 to 2017, there was a noted increase in the percent of respondents 35 to 64 years old reporting at least three servings of vegetables per day.

- In 2006 and 2017, respondents with a college education were more likely to report at least three servings of vegetables. From 2006 to 2017, there was a noted increase in the percent of respondents with a college education reporting at least three servings of vegetables per day.

- In 2006, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables.

- In 2006 and 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of married respondents reporting at least three servings of vegetables.

- In 2006, respondents who were not overweight were more likely to report at least three servings of vegetables. In 2017, overweight status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of overweight respondents reporting at least three servings of vegetables.

- In 2006 and 2017, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2006 to 2017, there was a noted increase in the percent of respondents who did at least some physical activity reporting at least three servings of vegetables.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents who reported three or more servings of vegetables on an average day.

- In 2015 and 2017, female respondents were more likely to report at least three vegetable servings per day. From 2015 to 2017, there was a noted increase in the percent of respondents across gender reporting at least three servings of vegetables.

- In 2015, age was not a significant variable. In 2017, respondents 35 to 44 years old were more likely to report at least three vegetable servings per day. From 2015 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting at least three servings of vegetables per day.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report at least three servings of vegetables, with a noted increase since 2015.

- In 2015, respondents in the middle 20 percent household income bracket were more likely to report at least three servings of vegetables. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables. From 2015 to 2017, 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 at least three servings of vegetables.

- In 2015, married respondents were more likely to report at least three servings of vegetables. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting at least three servings of vegetables.

- In 2015 and 2017, overweight status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across overweight status reporting at least three servings of vegetables per day.

- In 2015 and 2017, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2015 to 2017 there was a noted increase in the percent of respondents who did at least some physical activity reporting at least three servings of vegetables.

Table 34. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL[a,b]	28%	30%	29%	25%	39%
Gender[1,3,4,5]					
Male[a,b]	19	26	19	18	29
Female[a,b]	36	34	37	33	49
Age[2,5]					
18 to 34	24	44	30	29	29
35 to 44[a,b]	37	36	38	23	63
45 to 54[a,b]	30	25	32	20	45
55 to 64[a]	17	16	27	29	39
65 and Older	24	20	17	26	22
Education[1,2,5]					
High School or Less	14	18	23	19	16
Some Post High School	30	33	30	28	35
College Graduate[a,b]	34	33	31	26	50
Household Income[2,4,5]					
Bottom 40 Percent Bracket[b]	23	20	26	10	25
Middle 20 Percent Bracket	24	18	24	39	25
Top 40 Percent Bracket[b]	34	38	33	24	42
Marital Status[2,4]					
Married[a,b]	25	35	27	30	41
Not Married[b]	32	23	31	18	36
Overweight Status[1]					
Not Overweight[b]	36	32	34	29	45
Overweight[a,b]	22	29	26	23	37
Physical Activity[1,2,3,4,5]					
Inactive	23	13	16	10	15
Insufficient[a,b]	21	25	23	20	32
Recommended[a,b]	36	36	37	35	47

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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).

2017 Findings

- Forty-five 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 (56%) compared to male respondents (33%).

- Respondents 35 to 44 years old were more likely to report at least five serving of fruit/vegetables a day (66%) compared to those 65 and older (34%) or respondents 18 to 34 years old (29%).

- Fifty-eight percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 39% of those with some post high school education or 21% 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 31% of those in the bottom 40 percent income bracket or 29% of respondents in the middle 20 percent household income bracket.

- Respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables a day (51%) compared to those who did an insufficient amount of physical activity (38%) or inactive respondents (30%).

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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 2006 and 2017, female respondents were more likely to report at least five fruit/vegetable servings per day.

- In 2006, age was not a significant variable. In 2017, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2006.

- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2006.

- In 2006, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day.

- In 2006, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day. In 2017, overweight status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of overweight respondents reporting at least five servings of fruit/vegetables per day.

- In 2006 and 2017, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015 and 2017, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2017, there was a noted increase in the percent of female respondents reporting at least five fruit/vegetables servings a day.

- In 2015, age was not a significant variable. In 2017, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings a day. From 2015 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting at least five fruit/vegetable servings a day.

- In 2015 and 2017, respondents with a college education were more likely to report at least five fruit/vegetable servings per day. From 2015 to 2017, there was a noted increase in the percent of respondents with a college education reporting at least five fruit/vegetable servings per day.

- In 2015, respondents in the top 60 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day. From 2015 to 2017, 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 at least five servings of fruit/vegetables per day.

- In 2015, married respondents were more likely to report at least five servings of fruit/vegetables per day. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of unmarried respondents reporting at least five servings of fruit/vegetables per day.

- In 2015 and 2017, overweight status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across overweight status reporting at least five servings of fruit/vegetables per day.

- In 2015 and 2017, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day. From 2015 to 2017, there was a noted increase in the percent of respondents who did an insufficient amount of physical activity reporting 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]

	2006	2009	2012	2015	2017
TOTAL[b]	39%	42%	37%	33%	45%
Gender[1,2,3,4,5]					
Male	28	31	28	25	33
Female[b]	48	52	46	41	56
Age[2,5]					
18 to 34	34	62	36	37	29
35 to 44[a,b]	40	39	43	36	66
45 to 54[b]	40	38	43	30	48
55 to 64	33	24	35	33	49
65 and Older	45	37	28	28	34
Education[2,3,4,5]					
High School or Less	31	26	23	15	21
Some Post High School	38	49	35	35	39
College Graduate[a,b]	43	44	47	38	58
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket[b]	37	26	29	14	31
Middle 20 Percent Bracket	36	35	31	37	29
Top 40 Percent Bracket[b]	41	51	46	38	49
Marital Status[2,4]					
Married	40	48	39	42	47
Not Married[b]	38	33	34	20	41
Overweight Status[1]					
Not Overweight[b]	50	48	40	36	50
Overweight[a,b]	31	39	35	32	43
Physical Activity[1,2,4,5]					
Inactive	33	13	41	20	30
Insufficient[b]	29	33	32	26	38
Recommended	48	53	41	44	51

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Food Insecurity

2017 Findings

- Four percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months.

- Nineteen percent of respondents in the bottom 40 percent household income bracket reported they couldn't afford enough food compared to 2% of those in the middle 20 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 they couldn't afford enough food compared to married respondents (10% and 0%, respectively).

- Respondents in households with children were more likely to report they couldn't afford enough food (6%) compared to respondents in households without children (2%).

Table 36. Household Food Insecurity in Past Year by Demographic Variables for 2017[①]

	2017
TOTAL	4%
Household Income[1]	
Bottom 40 Percent Bracket	19
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	<1
Marital Status[1]	
Married	0
Not Married	10
Children in Household[1]	
Yes	6
No	2

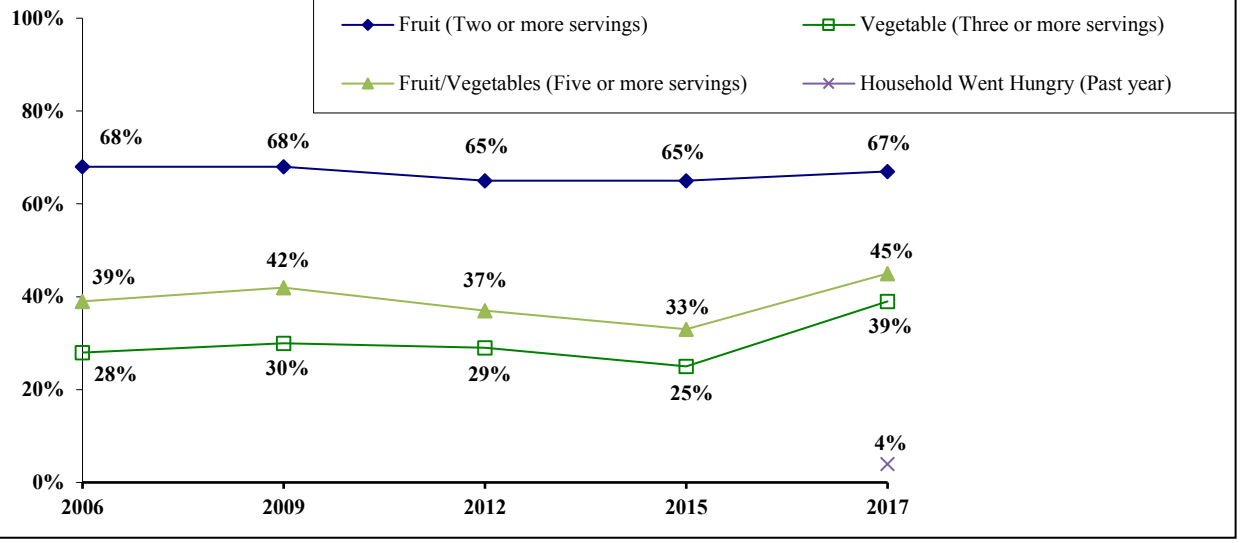
[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2015 to 2017, there was a statistical increase.

Figure 15. Nutrition and Food Insecurity



Women's Health (Figure 16; Tables 37 - 39)

KEY FINDINGS: In 2017, 73% of female respondents 50 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan. Eighty percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-seven percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-four 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 2006 to 2017, there was a statistical decrease in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2015 to 2017, there was no statistical change. From 2015 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old reporting an HPV test within the past five years or reporting they had a cervical cancer screen within 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 2016, 80% of Wisconsin women and 78% of U.S. women 50 to 74 years old reported a mammogram within the past two years (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Seventy-three 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical decrease 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.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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

2017 Findings

- Eighty-six percent of the 42 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 smear within the past three years is 93%. (Objective C-15)

In 2016, 84% of Wisconsin women and 80% of U.S. women 21 to 65 years old reported a pap smear within the past three years (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty percent of respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.

- Ninety-one percent of respondents with a college education reported a pap smear within the past three years compared to 69% of respondents with some post high school education or less.

- Married respondents were more likely to report a pap smear compared to unmarried respondents (85% and 71%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical decrease in the overall percent of respondents who reported a pap smear within the past three years.

- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to report a pap smear within the past three years. From 2006 to 2017, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear within the past three years.

- In 2006 and 2017, household income was not a significant variable. From 2006 to 2017, 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 2006, marital status was not a significant variable. In 2017, married respondents were more likely to report a pap smear within the past three years. From 2006 to 2017, there was a noted decrease in the percent of unmarried respondents reporting a pap smear within the past three years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report a pap smear within the past three years. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education or less reporting a pap smear.

- In 2015, marital status was not a significant variable. In 2017, married respondents were more likely to report a pap smear within the past three years.

Table 37. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)[①]

	2006	2009	2012	2015	2017
TOTAL[a]	94%	89%	83%	82%	80%
Education[3,5]					
Some Post High School or Less[a,b]	93	85	72	84	69
College Graduate	95	93	95	80	91
Household Income[2]					
Bottom 60 Percent Bracket	91	78	80	82	85
Top 40 Percent Bracket[a]	95	96	88	81	79
Marital Status[3,5]					
Married	92	92	88	80	85
Not Married[a]	95	84	73	85	71

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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.

2017 Findings

- Forty-seven percent of respondents 18 to 65 years old reported they had an HPV test within the past five years.
- Fifty-seven percent of respondents with a college education reported an HPV test within the past five years compared to 36% of respondents with some post high school education or less.
- Fifty-eight percent of respondents in the top 40 percent household income bracket reported an HPV test within the past five years compared to 33% of respondents in the bottom 60 percent household income bracket.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting they had an HPV test within the past five years.
- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report an HPV test within the past five years. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education or less reporting an HPV test within the past five years.
- In 2015, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report an HPV test within the past five years.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of unmarried respondents reporting an HPV test within the past five years.

Table 38. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)[①]

	2015	2017
TOTAL	55%	47%
Education[2]		
Some Post High School or Less[a]	53	36
College Graduate	57	57
Household Income[2]		
Bottom 60 Percent Bracket	52	33
Top 40 Percent Bracket	57	58
Marital Status		
Married	54	52
Not Married[a]	57	39

[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.
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2015 to 2017

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]

2017 Findings

- Eighty-four 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-three percent of respondents with a college education met the recommendation compared to 73% of respondents with some post high school education or less.
- Married respondents were more likely to meet the recommendation compared to unmarried respondents (91% and 72%).

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting they had a cervical cancer screen within the recommended time frame.
- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report they met the recommendation. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education or less 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.

- In 2015, marital status was not a significant variable. In 2017, married respondents were more likely to report they met the recommendation. From 2015 to 2017, there was a noted decrease in the percent of unmarried respondents meeting the recommendation.

Table 39. 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

	2015	2017
TOTAL	88%	84%
Education[2]		
Some Post High School or Less[a]	87	73
College Graduate	87	93
Household Income		
Bottom 60 Percent Bracket	85	87
Top 40 Percent Bracket	90	84
Marital Status[2]		
Married	87	91
Not Married[a]	88	72

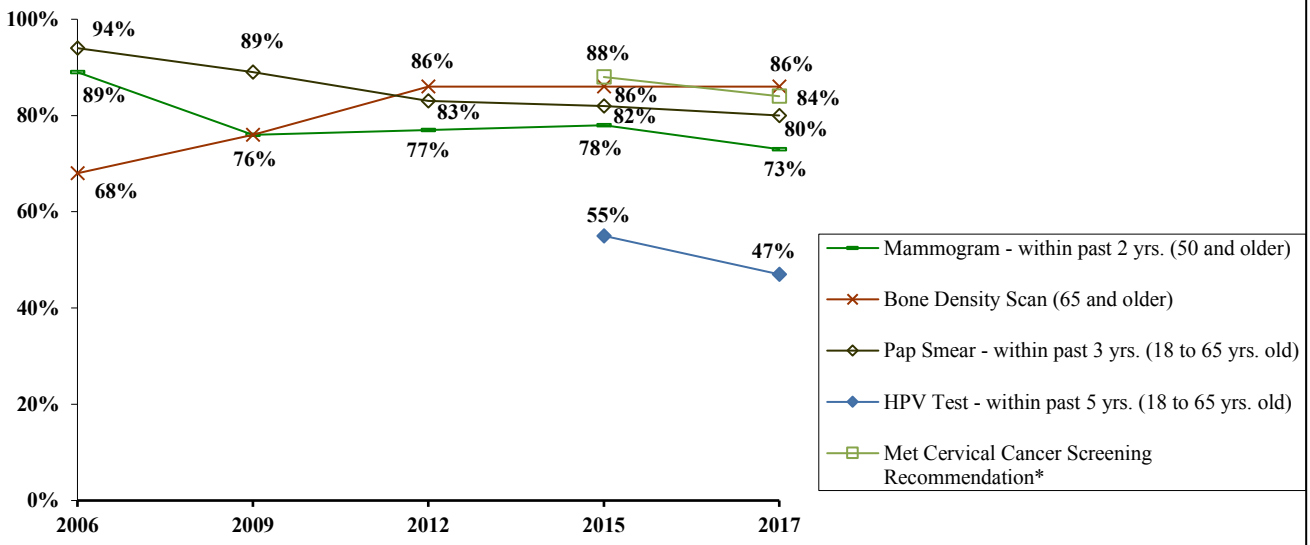
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2015 to 2017

Women's Health Tests Overall

Year Comparisons

- From 2006 to 2017, there was a statistical decrease in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2015 to 2017, there was no statistical change. From 2015 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old reporting an HPV test within the past five years or reporting they had a cervical cancer screen within the recommended time frame.

Figure 16. Women's Health Tests



*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 40 - 43)

KEY FINDINGS: In 2017, 9% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 80% reported a colonoscopy within the past ten years. This results in 83% of respondents meeting the current colorectal cancer screening recommendations; male respondents were more likely to meet the recommendation.

From 2006 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2015 to 2017.

Blood Stool Test

In 2016, 7% of Wisconsin respondents and 8% of U.S. respondents 50 to 75 years old reported a blood stool test within the past year (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Nine percent of respondents 50 and older had a blood stool test within the past year. Fifty-eight percent reported never while 4% were not sure.
- Male respondents were more likely to report a blood stool test within the past year (15%) compared to female respondents (4%).
- Eighteen percent of respondents in the bottom 60 percent household income bracket reported a blood stool test within the past year compared to 3% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report a blood stool test within the past year compared to married respondents (15% and 5%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.
- In 2006, gender was not a significant variable. In 2017, male respondents were more likely to report a blood stool test within the past year. From 2006 to 2017, there was a noted decrease in the percent of female respondents reporting a blood stool test within the past year.
- In 2006 and 2017, education was not a significant variable. From 2006 to 2017, there was a noted decrease in the percent of respondents with a college education reporting a blood stool test within the past year.
- In 2006, household income was not a significant variable. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report a blood stool test within the past year. From 2006 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a blood stool test within the past year.
- In 2006, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report a blood stool test within the past year. From 2006 to 2017, there was a noted decrease in the percent of married respondents reporting a blood stool test within the past year.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to report a blood stool test within the past year. From 2015 to 2017, there was a noted decrease in the percent of female respondents reporting a blood stool test within the past year.
- In 2015, household income was not a significant variable. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report a blood stool test within the past year.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report a blood stool test within the past year. From 2015 to 2017, there was a noted decrease in the percent of married respondents reporting a blood stool test within the past year.

Table 40. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①]

	2006	2012	2015	2017
TOTAL[a]	20%	14%	12%	9%
Gender[4]				
Male	20	15	11	15
Female[a,b]	19	13	13	4
Education				
Some Post High School or Less	19	15	12	12
College Graduate[a]	21	12	12	6
Household Income[4]				
Bottom 60 Percent Bracket	21	13	14	18
Top 40 Percent Bracket[a]	17	15	9	3
Marital Status[4]				
Married[a,b]	16	15	13	5
Not Married	24	12	12	15

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Sigmoidoscopy

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

In 2016, 3% of Wisconsin respondents and 2% of U.S. respondents 50 to 75 years old reported a sigmoidoscopy within the past five years (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Seven percent of respondents 50 and older reported their last sigmoidoscopy was within the past five years. Seventy-seven percent reported never.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported a sigmoidoscopy within the past five years.

2009 to 2017 Year Comparisons

- From 2009 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

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

- In 2009, unmarried respondents were more likely to report a sigmoidoscopy in the past five years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a sigmoidoscopy in both study years.

Table 41. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)①

	2009	2012②	2015②	2017②
TOTAL	10%	4%	6%	7%
Gender				
Male	9	--	--	--
Female	11	--	--	--
Education				
Some Post High School or Less	11	--	--	--
College Graduate	9	--	--	--
Household Income				
Bottom 60 Percent Bracket	13	--	--	--
Top 40 Percent Bracket	4	--	--	--
Marital Status[1]				
Married	5	--	--	--
Not Married	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.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Colonoscopy

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

In 2016, 70% of Wisconsin respondents and 64% of U.S. respondents 50 to 75 years old reported a colonoscopy within the past ten years (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty percent of respondents 50 and older had a colonoscopy within the past ten years. Thirteen 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.

- Male respondents were more likely to report a colonoscopy within the past ten years (88%) compared to female respondents (73%).

2009 to 2017 Year Comparisons

- From 2009 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

- In 2009, gender was not a significant variable. In 2017, male respondents were more likely to report a colonoscopy within the past ten years. From 2009 to 2017, there was a noted increase in the percent of respondents across gender reporting a colonoscopy within the past ten years.

- In 2009 and 2017, education was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across education reporting a colonoscopy within the past ten years.

- In 2009 and 2017, household income was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across household income reporting a colonoscopy within the past ten years.

- In 2009 and 2017, marital status was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colonoscopy within the past ten years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to report a colonoscopy within the past ten years. From 2015 to 2017, there was a noted increase in the percent of respondents across gender reporting a colonoscopy within the past ten years.

- In 2015, respondents with some post high school education or less were more likely to report a colonoscopy within the past ten years. In 2017, education was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents with a college education reporting a colonoscopy within the past ten years.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across household income reporting a colonoscopy within the past ten years.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colonoscopy within the past ten years.

Table 42. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①]

	2009	2012	2015	2017
TOTAL[a,b]	62%	59%	62%	80%
Gender[4]				
Male[a,b]	67	54	65	88
Female[a,b]	57	64	60	73
Education[3]				
Some Post High School or Less[a]	58	56	68	75
College Graduate[a,b]	66	64	54	85
Household Income				
Bottom 60 Percent Bracket[a,b]	59	56	54	76
Top 40 Percent Bracket[a,b]	67	61	67	86
Marital Status				
Married[a,b]	65	59	61	80
Not Married[a,b]	58	60	63	80

[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.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Colorectal Cancer Screening Recommendation Met

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

In 2016, 74% of Wisconsin respondents and 68% of U.S. respondents 50 to 75 years old reported one of the three tests in the recommended time frame (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-three 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).

- Male respondents were more likely to report a colorectal cancer screen in the recommended time frame (92%) compared to female respondents (76%).

2009 to 2017 Year Comparisons

- From 2009 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2009, gender was not a significant variable. In 2017, male respondents were more likely to report a colorectal cancer screen in the recommended time frame, with a noted increase since 2009.

- In 2009 and 2017, education was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across education reporting a colorectal cancer screen in the recommended time frame.

- In 2009 and 2017, household income was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across household income reporting a colorectal cancer screen in the recommended time frame.

- In 2009 and 2017, marital status was not a significant variable. From 2009 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colorectal cancer screen in the recommended time frame.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to report a colorectal cancer screen in the recommended time frame. From 2015 to 2017, there was a noted increase in the percent of respondents across gender reporting a colorectal cancer screen in the recommended time frame.

- In 2015 and 2017, education was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents with a college education reporting a colorectal cancer screen in the recommended time frame.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across household income reporting a colorectal cancer screen in the recommended time frame.

- In 2015 and 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colorectal cancer screen in the recommended time frame.

Table 43. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①,②]

	2009	2012	2015	2017
TOTAL[a,b]	66%	60%	65%	83%
Gender[4]				
Male[a,b]	67	55	68	92
Female[b]	64	64	62	76
Education				
Some Post High School or Less[a]	65	57	71	79
College Graduate[a,b]	66	64	58	87
Household Income				
Bottom 60 Percent Bracket[a,b]	64	57	61	80
Top 40 Percent Bracket[a,b]	68	61	68	87
Marital Status				
Married[a,b]	70	60	65	82
Not Married[a,b]	62	60	66	85

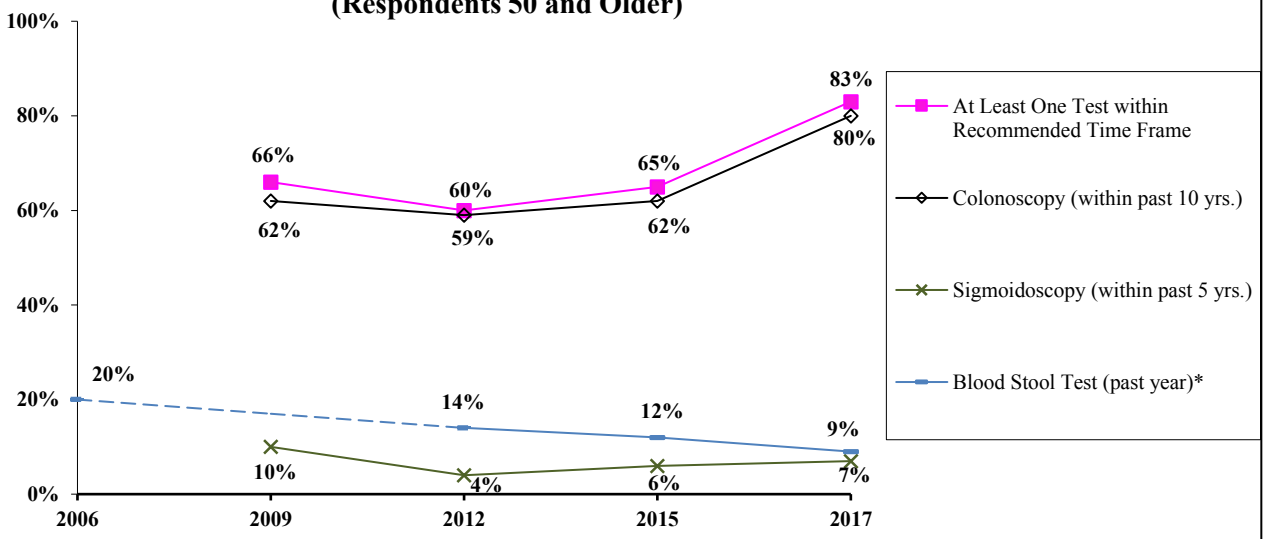
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2009, blood stool test was not asked.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2006 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2015 to 2017.

Figure 17. Colorectal Cancer Screenings (Respondents 50 and Older)



*In 2009, blood stool test was not asked.

Tobacco Cigarette Use (Figures 18 & 19; Table 44)

KEY FINDINGS: In 2017, 14% of respondents were current tobacco cigarette smokers; respondents who were female, 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 be a smoker. In the past 12 months, 67% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-six percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

From 2006 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking, as well as from 2015 to 2017.

Current Tobacco Cigarette Smokers

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

In 2016, 17% of Wisconsin respondents and 17% of U.S. respondents were current smokers (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Fourteen percent of respondents were current tobacco cigarette smokers.
- Female respondents were more likely to be a current smoker (20%) compared to male respondents (8%).
- Respondents 18 to 34 years old were more likely to be a current smoker (28%) compared to those 35 to 44 years old (9%) or respondents 55 to 64 years old (7%).
- Twenty-six percent of respondents with a high school education or less were a current smoker compared to 21% of those with some post high school education or 5% of respondents with a college education.
- Thirty-six percent of respondents in the bottom 40 percent household income bracket were a current smoker compared to 9% of respondents in the top 60 percent household income bracket.
- Unmarried respondents were more likely to be a current smoker compared to married respondents (25% and 7%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2006, gender was not a significant variable. In 2017, female respondents were more likely to be a current smoker. From 2006 to 2017, there was a noted decrease in the percent of male respondents who were current smokers.
- In 2006, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to be a current smoker. From 2006 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old who were current smokers.
- In 2006, respondents with some post high school education or less were more likely to be a current smoker. In 2017, respondents with a high school education or less were more likely to be a current smoker.
- In 2006 and 2017, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.
- In 2006 and 2017, unmarried respondents were more likely to be a current smoker.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2015, gender was not a significant variable. In 2017, male respondents were more likely to be a current smoker.

- In 2015, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to be a current smoker, with a noted increase since 2015.

- In 2015 and 2017, respondents with a high school education or less were more likely to be a current smoker.

- In 2015 and 2017, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.

- In 2015 and 2017, unmarried respondents were more likely to be a current smoker.

Table 44. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year①

	2006	2009	2012	2015	2017
TOTAL	16%	17%	17%	13%	14%
Gender[5]					
Male[a]	17	19	20	10	8
Female	14	15	15	16	20
Age[2,3,5]					
18 to 34[b]	23	19	28	8	28
35 to 44[a]	20	13	17	10	9
45 to 54	13	27	13	18	11
55 to 64	10	16	17	17	7
65 and Older	9	3	9	13	12
Education[1,2,3,4,5]					
High School or Less	21	32	33	26	26
Some Post High School	23	12	19	17	21
College Graduate	8	13	7	5	5
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	25	30	33	28	36
Middle 20 Percent Bracket	19	19	33	5	9
Top 40 Percent Bracket	9	11	6	11	9
Marital Status[1,3,4,5]					
Married	11	14	10	10	7
Not Married	21	20	27	18	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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

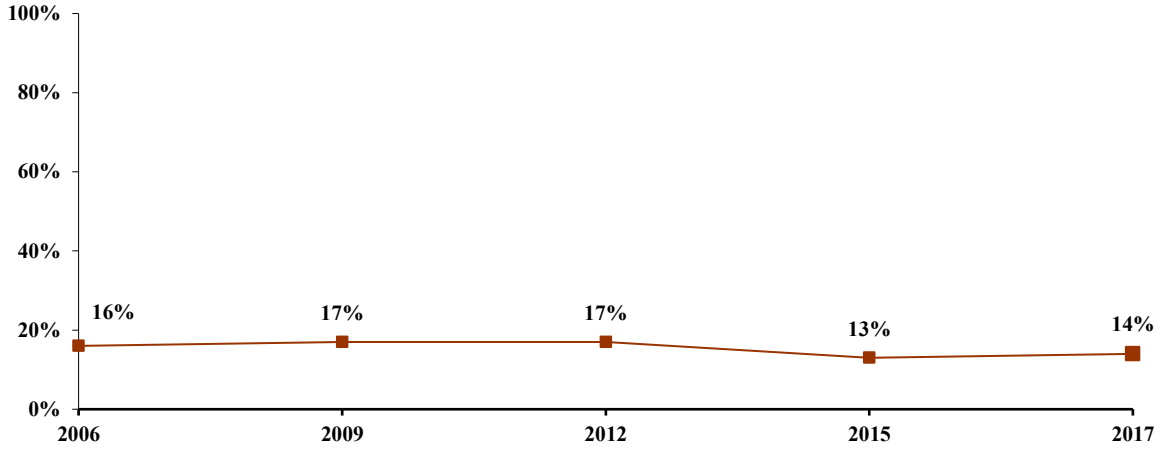
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Tobacco Cigarette Use Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2017.

Figure 18. Current Tobacco Cigarette Smokers (Past 30 Days)



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).

2017 Findings

Of current tobacco cigarette smokers…

- Sixty-seven percent of the 55 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase 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.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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

2017 Findings

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

- Seventy-six percent of the 50 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported their health professional advised them to quit smoking.

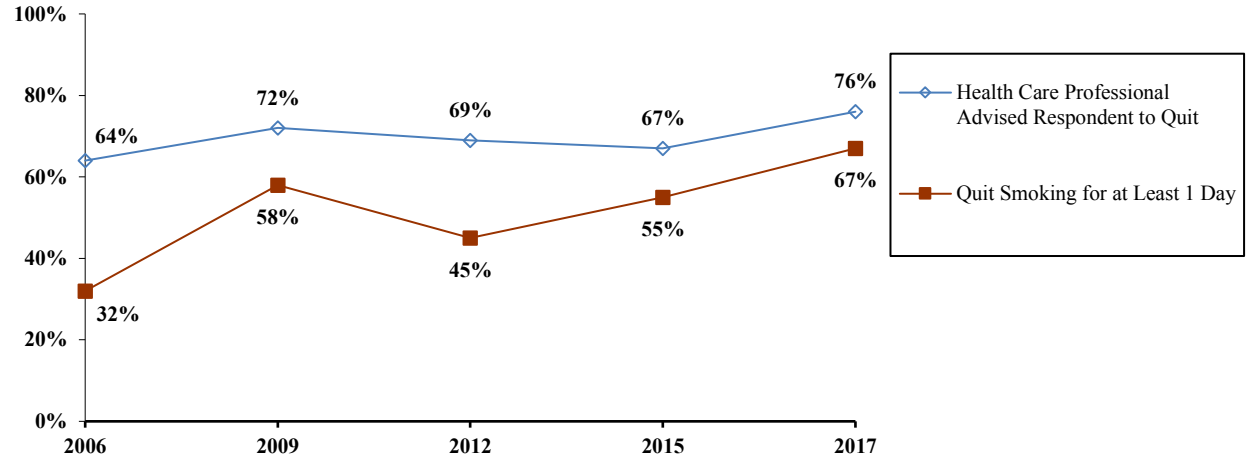
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

Smoking Cessation Overall

Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking, as well as from 2015 to 2017.

Figure 19. Smoking Cessation in Past 12 Months (Current Smokers)



Exposure to Cigarette Smoke (Figures 20 & 21; Tables 45 & 46)

KEY FINDINGS: In 2017, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Seven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents with a high school education or less or unmarried respondents were more likely to report this.

From 2009 to 2017, 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 2015 to 2017. From 2009 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2015 to 2017, there was no statistical change.

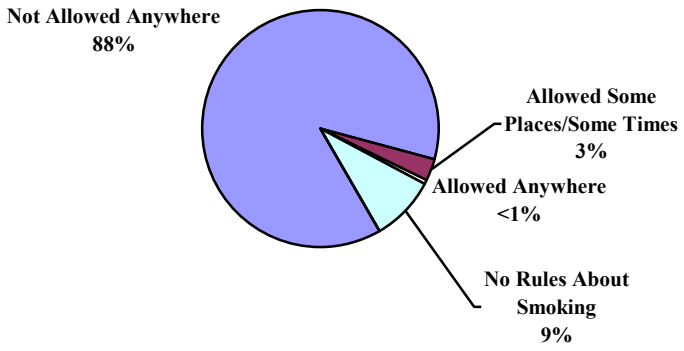
Smoking Policy Inside Home

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).

2017 Findings

- Eighty-eight percent of respondents reported smoking is not allowed anywhere inside the home while 3% reported smoking is allowed in some places or at some times. Less than one percent reported smoking is allowed anywhere inside the home. Nine percent of respondents reported there are no rules about smoking inside the home.

Figure 20. Smoking Policy Inside Home for 2017



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

- Married respondents were more likely to report smoking is not allowed in the home compared to unmarried respondents (95% and 78%, respectively).

- Ninety-three percent of nonsmokers reported smoking is not allowed in the home compared to 58% of smokers.

2009 to 2017 Year Comparisons

- From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2009 and 2017, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home.

- In 2009 and 2017, married respondents were more likely to report smoking is not allowed in the home. From 2009 to 2017, there was a noted increase in the percent of married respondents reporting smoking is not allowed in the home.

- In 2009 and 2017, nonsmokers were more likely to report smoking is not allowed in the home.

- In 2009, respondents in households with children were more likely to report smoking is not allowed in the home. In 2017, the presence of children was not a significant variable.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2015 and 2017, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home.
- In 2015 and 2017, married respondents were more likely to report smoking is not allowed in the home.
- In 2015 and 2017, nonsmokers were more likely to report smoking is not allowed in the home.
- In 2015, respondents in households with children were more likely to report smoking is not allowed in the home. In 2017, the presence of children was not a significant variable.

Table 45. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year[①]

	2009	2012	2015	2017
TOTAL	85%	82%	86%	88%
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket	62	73	79	67
Middle 20 Percent Bracket	83	79	75	88
Top 40 Percent Bracket	94	90	92	93
Marital Status[1,2,3,4]				
Married[a]	90	88	91	95
Not Married	77	74	78	78
Smoking Status[1,2,3,4]				
Nonsmoker	92	88	91	93
Smoker	50	54	50	58
Children in Household[1,2,3]				
Yes	93	92	92	90
No	79	76	81	86

[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.
[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012
[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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)

2017 Findings

Of 337 nonsmoking respondents…

- Seven 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.

- Nineteen percent of respondents with a high school education or less reported second-hand smoke exposure compared to 5% of those with some post high school education or 4% of respondents with a college education.

- Unmarried respondents were more likely to report second-hand smoke exposure compared to married respondents (10% and 5%, respectively).

2009 to 2017 Year Comparisons

- From 2009 to 2017, 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 2009 and 2017, gender was not a significant variable. From 2009 to 2017, there was a noted decrease in the percent of respondents across gender reporting second-hand smoke exposure.

- In 2009, respondents 18 to 34 years old were more likely to report second-hand smoke exposure. In 2017, age was not a significant variable. From 2009 to 2017, there was a noted decrease in the percent of respondents 18 to 54 years old reporting second-hand smoke exposure.

- In 2009, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report exposure to second-hand smoke. From 2009 to 2017, there was a noted decrease in the percent of respondents with at least some post high school education reporting second-hand smoke exposure.

- In 2009 and 2017, household income was not a significant variable. From 2009 to 2017, there was a noted decrease in the percent of respondents across household income reporting second-hand smoke exposure.

- In 2009 and 2017, unmarried respondents were more likely to report exposure to second-hand smoke. From 2009 to 2017, there was a noted decrease in the percent of respondents across marital status reporting second-hand smoke exposure.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 2015 and 2017, respondents with a high school education or less were more likely to report exposure to second-hand smoke.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more like to report exposure to second-hand smoke.

Table 46. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year[①]

	2009	2012	2015	2017
TOTAL[a]	26%	10%	8%	7%
Gender				
Male[a]	28	9	7	8
Female[a]	23	11	9	6
Age[1,2]				
18 to 34[a]	37	13	9	5
35 to 44[a]	22	22	10	8
45 to 54[a]	29	3	4	5
55 to 64	23	10	10	11
65 and Older	14	6	5	5
Education[3,4]				
High School or Less	30	11	18	19
Some Post High School[a]	27	11	8	5
College Graduate[a]	24	9	5	4
Household Income[2]				
Bottom 40 Percent Bracket[a]	31	15	12	14
Middle 20 Percent Bracket[a]	34	19	10	4
Top 40 Percent Bracket[a]	22	7	5	5
Marital Status[1,4]				
Married[a]	22	11	8	5
Not Married[a]	32	9	9	10

[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.

[1]demographic difference at p≤0.05 in 2009; [2]demographic difference at p≤0.05 in 2012

[3]demographic difference at p≤0.05 in 2015; [4]demographic difference at p≤0.05 in 2017

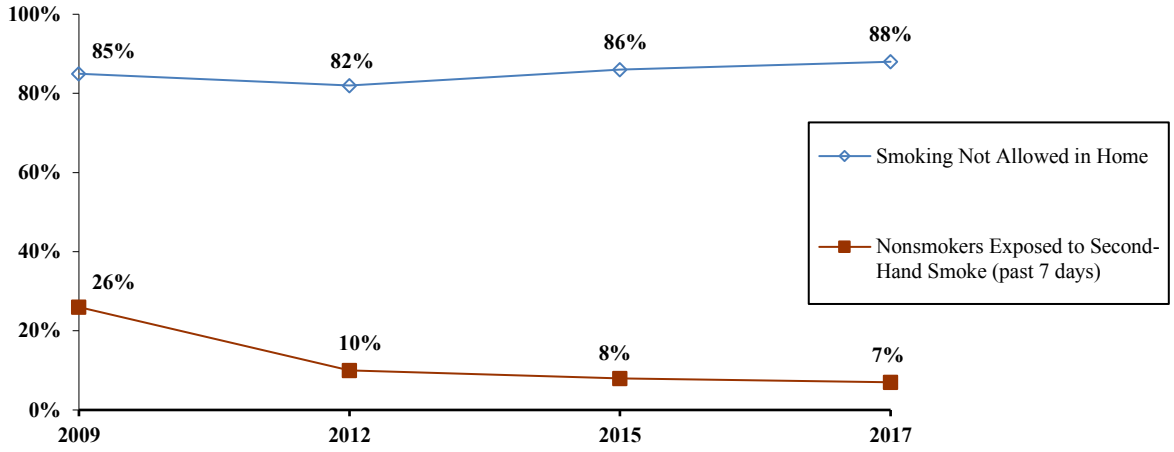
[a]year difference at p≤0.05 from 2009 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Exposure to Cigarette Smoke Overall

Year Comparisons

- From 2009 to 2017, 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 2015 to 2017. From 2009 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2015 to 2017, there was no statistical change.

Figure 21. Exposure to Cigarette Smoke



Other Tobacco Products (Figure 22; Tables 47 - 49)

KEY FINDINGS: In 2017, 4% of respondents used smokeless tobacco in the past month; respondents 18 to 34 years old or with some post high school education were more likely to use smokeless tobacco. Four percent of respondents used cigars, cigarillos or little cigars in the past 30 days. Four percent of respondents used electronic cigarettes in the past month; respondents with some post high school education or unmarried respondents were more likely to report this.

From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco, cigars/cigarillos/little cigars or electronic cigarettes.

Smokeless Tobacco

In 2016, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Four percent of respondents used smokeless tobacco in the past 30 days.

- Respondents 18 to 34 years old were more likely to use smokeless tobacco in the past month (15%) compared to those 35 to 44 years old (1%) or respondents 45 and older (0%).

- Eleven percent of respondents with some post high school education used smokeless tobacco in the past month compared to less than one percent of those with a college education or 0% of respondents with a high school education or less.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who used smokeless tobacco in 2015.

Table 47. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year[①]

	2015[②]	2017
TOTAL	2%	4%
Gender		
Male	--	5
Female	--	2
Age[2]		
18 to 34	--	15
35 to 44	--	1
45 to 54	--	0
55 to 64	--	0
65 and Older	--	0
Education[2]		
High School or Less	--	0
Some Post High School	--	11
College Graduate	--	<1
Household Income		
Bottom 40 Percent Bracket	--	0
Middle 20 Percent Bracket	--	0
Top 40 Percent Bracket	--	5
Marital Status		
Married	--	4
Not Married	--	4

[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]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2015 to 2017

Cigars, Cigarillos or Little Cigars

2017 Findings

- Four percent of respondents used cigars, cigarillos or little cigars in the past 30 days.

- There were no statistically significant differences between demographic variables and responses of using cigars, cigarillos or little cigars in the past month.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who used cigars, cigarillos or little cigars in 2015.

Table 48. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year[①]

	2015[②]	2017
TOTAL	3%	4%
Gender		
Male	--	4
Female	--	3
Age		
18 to 34	--	5
35 to 44	--	9
45 to 54	--	0
55 to 64	--	3
65 and Older	--	3
Education		
High School or Less	--	0
Some Post High School	--	6
College Graduate	--	3
Household Income		
Bottom 40 Percent Bracket	--	1
Middle 20 Percent Bracket	--	0
Top 40 Percent Bracket	--	4
Marital Status		
Married	--	4
Not Married	--	4

[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]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2015 to 2017

Electronic Cigarettes

In 2016, 5% of Wisconsin respondents and 5% of U.S. respondents used electronic cigarettes in the past month (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Four percent of respondents used electronic cigarettes in the past month.

- Seven percent of respondents with some post high school education reported they used electronic cigarettes in the past month compared to 2% of those with a college education or 0% of respondents with a high school education or less.

- Unmarried respondents were more likely to report they used electronic cigarettes in the past month compared to married respondents (6% and 2%, respectively).

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who used electronic cigarettes in the past month.

- In 2015, respondents 35 to 44 years old were more likely to report they used electronic cigarettes in the past month. In 2017, age was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they used electronic cigarettes in the past month.

- In 2015, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report they used electronic cigarettes in the past month, with a noted increase since 2015. From 2015 to 2017, there was a noted decrease in the percent of respondents with a high school education or less reporting they used electronic cigarettes in the past month.

- In 2015, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report they used electronic cigarettes in the past month.

Table 49. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year[①]

	2015	2017
TOTAL	4%	4%
Gender		
Male	6	2
Female	2	5
Age[1]		
18 to 34	3	8
35 to 44[a]	13	3
45 to 54	3	3
55 to 64	1	0
65 and Older	0	3
Education[2]		
High School or Less[a]	7	0
Some Post High School[a]	1	7
College Graduate	4	2
Household Income		
Bottom 40 Percent Bracket	7	1
Middle 20 Percent Bracket	0	4
Top 40 Percent Bracket	4	6
Marital Status[2]		
Married	3	2
Not Married	5	6

[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.

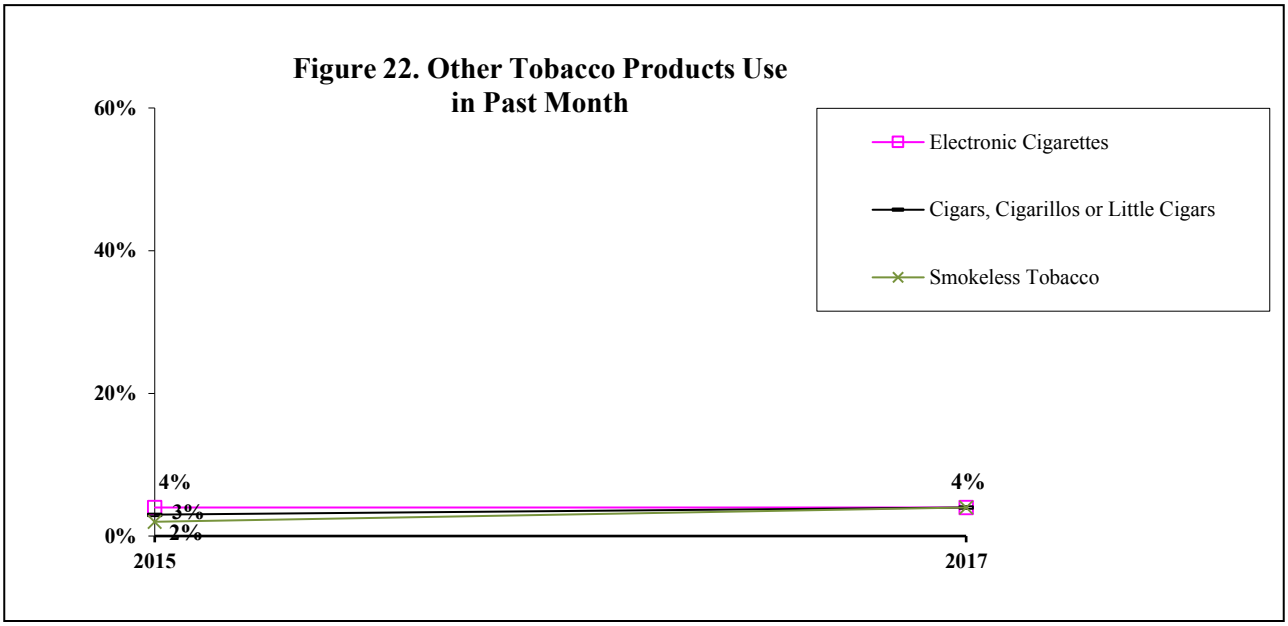
[1]demographic difference at p≤0.05 in 2015; [2]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2015 to 2017

Other Tobacco Products Overall

Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco, cigars/cigarillos/little cigars or electronic cigarettes.



Alcohol Use (Figure 23; Table 50)

KEY FINDINGS: In 2017, 26% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school 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 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2017, there was no statistical change. From 2006 to 2017, 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 in the past month, as well as from 2015 to 2017.

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 2017, Waukesha 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 2016, 25% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Seventeen percent of U.S. respondents reported binge drinking in the past month (2016 Behavioral Risk Factor Surveillance).

2017 Findings

- Twenty-six 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 (32%) compared to female respondents (20%).
- Respondents 18 to 34 years old were more likely to have binged in the past month (42%) compared to those 55 to 64 years old (14%) or respondents 65 and older (8%).
- Thirty-seven percent of respondents with some post high school education binged in the past month compared to 24% of those with a college education or 14% of respondents with a high school education or less.
- Thirty-six percent of respondents in the middle 20 percent household income bracket binged in the past month compared to 31% of those in the top 40 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.

2006 to 2017 Year Comparisons

In 2012, 2015 and 2017, the Waukesha 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 2006 and 2009, the definition was five or more drinks, regardless of gender.

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who binged.
- In 2006 and 2017, male respondents were more likely to have binged. From 2006 to 2017, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2006 and 2017, respondents 18 to 34 years old were more likely to have binged. From 2006 to 2017, there was a noted increase in the percent of respondents 45 to 54 years old reporting binge drinking.
- In 2006, education was not a significant variable. In 2017, respondents with some post high school education were more likely to have binged. From 2006 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting binge drinking.
- In 2006, household income was not a significant variable. In 2017, respondents in the middle 20 percent household income bracket were more likely to have binged. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting binge drinking.
- In 2006 and 2017, marital status was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of married respondents reporting binge drinking.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who binged.
- In 2015 and 2017, male respondents were more likely to have binged.

- In 2015, respondents 35 to 44 years old were more likely to have binged. In 2017, respondents 18 to 34 years old were more likely to have binged, with a noted increase since 2015. From 2015 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting binge drinking.

- In 2015, education was not a significant variable. In 2017, respondents with some post high school education were more likely to have binged, with a noted increase since 2015. From 2015 to 2017, there was a noted decrease in the percent of respondents with a college education reporting binge drinking.

- In 2015 and 2017, respondents in the middle 20 percent household income bracket were more likely to have binged.

Table 50. Binge Drinking in Past Month by Demographic Variables for Each Survey Year[①,②]

	2006	2009	2012	2015	2017
TOTAL[a]	16%	27%	22%	29%	26%
Gender[1,2,3,4,5]					
Male	24	40	30	35	32
Female[a]	10	15	16	24	20
Age[1,2,3,4,5]					
18 to 34[b]	31	49	33	26	42
35 to 44[b]	25	23	29	57	37
45 to 54[a]	11	24	26	32	25
55 to 64[b]	6	20	18	30	14
65 and Older	5	8	4	5	8
Education[3,5]					
High School or Less	19	29	20	20	14
Some Post High School[a,b]	15	24	31	26	37
College Graduate[a,b]	16	28	18	34	24
Household Income[4,5]					
Bottom 40 Percent Bracket	15	23	23	18	15
Middle 20 Percent Bracket[a]	18	21	16	42	36
Top 40 Percent Bracket[a]	20	30	28	33	31
Marital Status[2]					
Married[a]	15	23	20	31	27
Not Married	18	32	26	27	25

[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]In 2012, 2015 and 2017, "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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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

2017 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, 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 across years 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.

2015 to 2017 Year Comparisons

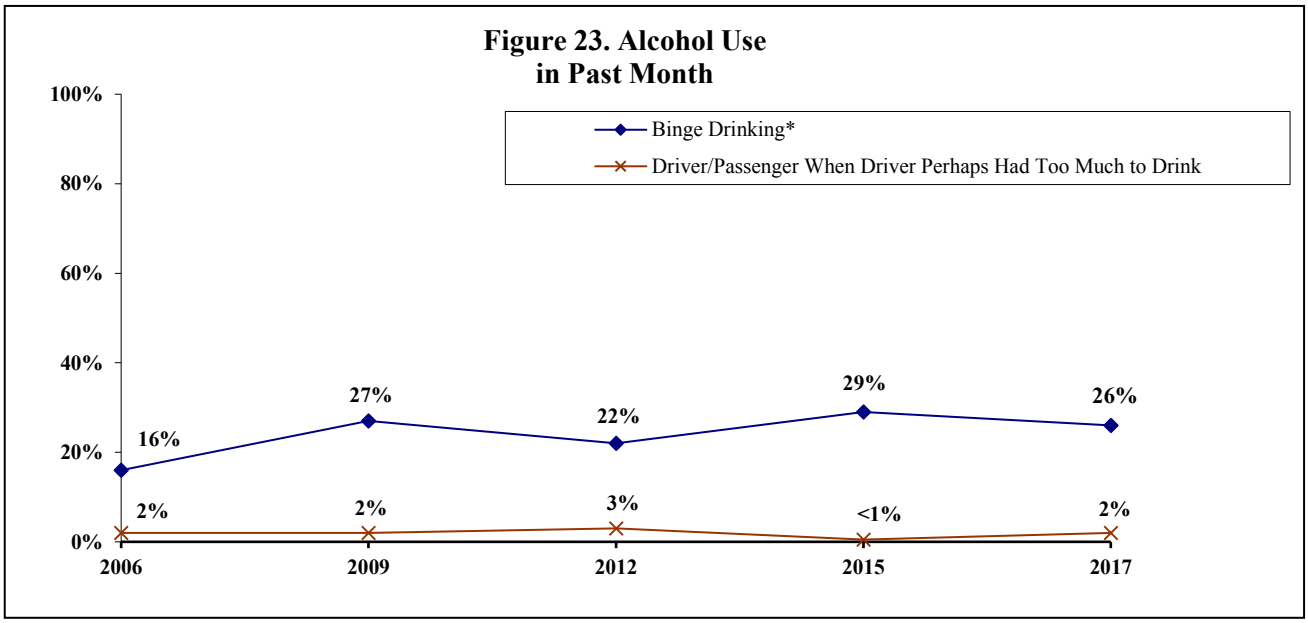
- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

- No demographic comparisons across years 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.

Alcohol Use Overall

Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2017, there was no statistical change. From 2006 to 2017, 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 in the past month, as well as from 2015 to 2017.



*In 2012, 2015 and 2017, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2006 and 2009, "5 or more drinks on an occasion" was used for both males and females.

Other Drug Use

KEY FINDINGS: In 2017, less than one percent of respondents reported within the past 12 months they used prescription pain relievers for nonmedical reasons while another less than one percent reported more than 12 months ago. Zero percent of respondents reported within the past 12 months they used heroin within the past 12 months while 2% reported more than 12 months ago. Less than one percent reported they used cocaine or other street drugs within the past 12 months while 6% reported more than 12 months ago.

Other Drug Use

2017 Findings

- Less than one percent of respondents each reported it has been within the past 12 months since they last used any prescription pain relievers like Demorol, Oxycontin, Vicodin, Percocet or Methadone, that was not prescribed to them or took for non-medical reasons or used cocaine/other street drugs. Zero percent used heroin within the past 12 months.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported the use of other drugs.

Household Problems (Figure 24; Table 51)

KEY FINDINGS: In 2017, 1% 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. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported a household problem in connection with marijuana or with the misuse of prescription drugs/over-the-counter drugs.

From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs while from 2015 to 2017, there was a statistical increase. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2017.

Household Problem Associated with Alcohol in Past Year

2017 Findings

- One 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.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change 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 the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem with drinking alcohol in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year.

- In 2015, respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report a household problem with drinking alcohol.

Table 51. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year①

	2006②	2009②	2012②	2015	2017②
TOTAL[b]	2%	3%	3%	6%	1%
Household Income[4]					
Bottom 40 Percent Bracket	--	--	--	1	--
Middle 20 Percent Bracket	--	--	--	10	--
Top 40 Percent Bracket	--	--	--	7	--
Marital Status[4]					
Married	--	--	--	4	--
Not Married	--	--	--	9	--
Children in Household					
Yes	--	--	--	6	--
No	--	--	--	6	--

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Other Household Problems in Past Year

2017 Findings

- Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported a household problem in connection with marijuana or with the misuse of prescription drugs/over-the-counter 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.

2012 to 2017 Year Comparisons

- From 2012 to 2017, there was no statistical change 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 each of the other household problems in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with each of the other household problems in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents reporting a household problem in connection with cocaine, heroin or other street drugs in the past year. From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with marijuana or with the misuse of prescription drugs/over-the-counter drugs in the past year.

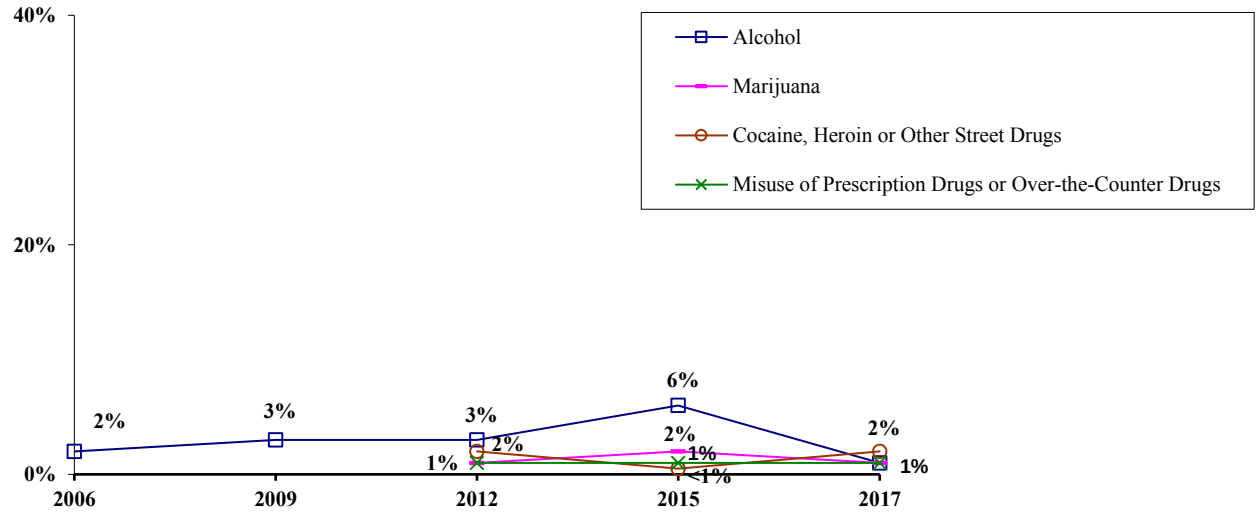
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported a household problem in connection with each of the other household problems in both study years.

Household Problems Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs while from 2015 to 2017, there was a statistical increase. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2017.

Figure 24. Household Problems in Past Year



Times of Distress in Past Three Years (Tables 52 - 54)

KEY FINDINGS: In 2017, 18% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support. Of respondents who looked for community support, 39% reported mental health issues as their reason for household distress, 30% reported economic hardship and 26% reported personal medical issues. Respondents in the top 40 percent household income bracket were more likely to report mental health issues as their reason for distress. Respondents in the bottom 60 percent household income bracket were more likely to report economic hardship or personal medical issues. Forty-three percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported; married respondents were more likely to report this.

Times of Distress

2017 Findings

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

- There were no statistically significant differences between demographic variables and responses of someone in their household experienced times of distress in the past three years and looked for support.

Table 52. Times of Distress in Past Three Years by Demographic Variables for 2017[①]

	2017
TOTAL	18%
Household Income	
Bottom 60 Percent Bracket	15
Top 40 Percent Bracket	19
Marital Status	
Married	17
Not Married	18
Children in Household	
Yes	16
No	19

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2017

Reason for Distress

2017 Findings

Of 70 respondents who looked for community resource support…

- Thirty-nine percent of respondents reported mental health issues as a reason for distress while 30% reported economic hardship. Twenty-six percent of respondents reported personal medical issues followed by 16% reporting providing regular care/assistance to a friend or family member who has a health problem/disability as their reason for stress. Five percent reported other family issues and 4% reported substance use/drug addiction. Multiple responses were accepted.

- Respondents in the top 40 percent household income bracket were more likely to report mental health issues as their reason for distress while respondents in the bottom 60 percent household income bracket were more likely to report economic hardship or personal medical issues as their reason for distress.

Table 53. Reason for Distressing Time in Past Three Years by Demographic Variables for 2017 (Respondents with Household Distress)[①]

	Mental Health Issues	Economic Hardship	Personal Medical Issues
TOTAL	39%	30%	26%
Household Income			
Bottom 60 Percent Bracket	16[1]	47[1]	47[1]
Top 40 Percent Bracket	50[1]	17[1]	15[1]
Marital Status			
Married	35	35	20
Not Married	45	25	36
Children in Household			
Yes	30	37	26
No	45	26	26

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Community Resource Support

2017 Findings

Of 70 respondents who looked for community resource support…

- Forty-three percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Fifty-seven percent reported extremely supported or very supported.

- Married respondents were more likely to report they felt somewhat, slightly or not all supported compared to unmarried respondents (53% and 28%, respectively).

    - Of the 29 respondents who reported they felt somewhat, slightly or not at all supported, 33% reported lack of knowledge of where to go, 30% reported finances while 21% reported poor quality of care.

Table 54. Community Resource Support (Somewhat/Slightly/Not At All) by Demographic Variables for 2017[①]

	2017
TOTAL	43%
Household Income	
Bottom 60 Percent Bracket	44
Top 40 Percent Bracket	38
Marital Status[1]	
Married	53
Not Married	28
Children in Household	
Yes	48
No	39

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

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

KEY FINDINGS: In 2017, 3% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were female, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male or unmarried were more likely to report this.

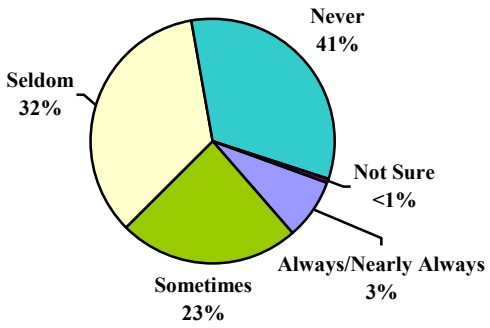
From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed, they considered suicide or they seldom or never find meaning and purpose in daily life, as well as from 2015 to 2017.

Felt Sad, Blue or Depressed

2017 Findings

- Three percent of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. This represents up to 24,720 residents. Twenty-three percent reported sometimes and the remaining 73% reported seldom or never.

Figure 25. Felt Sad, Blue or Depressed in Past 30 Days for 2017



- No demographic comparisons were conducted as a result of the low percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past 30 days.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they always or nearly always felt sad, blue or depressed in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.

- In 2015, respondents 45 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed in the past 30 days.

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

	2006[②]	2009	2012	2015	2017[②]
TOTAL	3%	5%	5%	4%	3%
Gender					
Male	--	6	4	5	--
Female	--	4	5	3	--
Age[4]					
18 to 34	--	7	10	0	--
35 to 44	--	8	1	0	--
45 to 54	--	2	4	9	--
55 to 64	--	4	1	4	--
65 and Older	--	2	4	5	--
Education[2,3]					
High School or Less	--	8	10	1	--
Some Post High School	--	7	2	4	--
College Graduate	--	2	2	4	--
Household Income[2,3]					
Bottom 40 Percent Bracket	--	11	1	6	--
Middle 20 Percent Bracket	--	0	18	3	--
Top 40 Percent Bracket	--	4	1	4	--
Marital Status					
Married	--	4	3	3	--
Not Married	--	7	6	5	--

[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]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

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.

2017 Findings

- Four percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 27,810 residents who may have considered suicide in the past year**.**
- Seven percent of female respondents reported they felt so overwhelmed in the past year they considered suicide compared to less than one percent of male respondents.
- Ten percent of respondents 18 to 34 years old reported they considered suicide compared to 0% of respondents 55 to 64 years old.

- Ten percent of respondents with some post high school education reported they considered suicide compared to less than one percent of those with a college education or 0% of respondents with a high school education or less.

- Unmarried respondents were more likely to report they considered suicide compared to married respondents (8% and 1%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- No demographic comparisons 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 2006.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2015, gender was not a significant variable. In 2017, female respondents were more likely to report they considered suicide. From 2015 to 2017, there was a noted decrease in the percent of male respondents reporting they considered suicide.

- In 2015, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to report they considered suicide, with a noted increase since 2015.

- In 2015, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report they considered suicide, with a noted increase since 2015. From 2015 to 2017, there was a noted decrease in the percent of respondents with a college education reporting they considered suicide.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report they considered suicide. In 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they considered suicide.

- In 2015 and 2017, unmarried respondents were more likely to report they considered suicide.

Table 56. Considered Suicide in Past Year by Demographic Variables for Each Survey Year①

	2006②	2009	2012②	2015	2017
TOTAL	3%	4%	2%	4%	4%
Gender[5]					
Male[b]	--	2	--	4	<1
Female	--	5	--	3	7
Age[2,5]					
18 to 34[b]	--	0	--	2	10
35 to 44	--	7	--	6	1
45 to 54	--	7	--	7	4
55 to 64	--	4	--	3	0
65 and Older	--	2	--	1	1
Education[5]					
High School or Less	--	7	--	4	0
Some Post High School[b]	--	6	--	1	10
College Graduate[b]	--	2	--	6	<1
Household Income[2,4]					
Bottom 40 Percent Bracket	--	9	--	10	3
Middle 20 Percent Bracket	--	7	--	2	2
Top 40 Percent Bracket[b]	--	1	--	1	5
Marital Status[4,5]					
Married	--	3	--	2	1
Not Married	--	6	--	6	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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Find Meaning and Purpose in Daily Life

2017 Findings

- Four percent of respondents reported they seldom or never find meaning and purpose in daily life. Forty-six percent of respondents reported they always find meaning and purpose while an additional 39% reported nearly always.

- Male respondents were more likely to report they seldom or never find meaning and purpose in daily life (6%) compared to female respondents (1%).

- Unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life compared to married respondents (6% and 2%, respectively).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2006, gender was not a significant variable. In 2017, male respondents were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2006 and 2017, age was not a significant variable. From 2006 to 2017, there was a noted decrease in the percent of respondents 45 to 54 years old reporting they seldom or never find meaning and purpose in daily life.

- In 2006, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life. In 2017, education was not a significant variable.

- In 2006, respondents in the bottom 60 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life. In 2017, household income was not a significant variable.

- In 2006, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2015 and 2017, male respondents were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2015, respondents 65 and older were more likely to report they seldom or never find meaning and purpose in daily life. In 2017, age was not a significant variable.

- In 2015, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily. In 2017, household income was not a significant variable.

- In 2015 and 2017, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

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

	2006	2009[②]	2012	2015	2017
TOTAL	5%	3%	4%	4%	4%
Gender[3,4,5]					
Male	6	--	6	6	6
Female	4	--	1	1	1
Age[3,4]					
18 to 34	3	--	1	0	2
35 to 44	5	--	0	0	3
45 to 54[a]	7	--	3	3	1
55 to 64	2	--	3	7	7
65 and Older	8	--	11	10	5
Education[1,3]					
High School or Less	11	--	8	7	4
Some Post High School	2	--	2	1	3
College Graduate	3	--	3	4	3
Household Income[1,3,4]					
Bottom 40 Percent Bracket	8	--	9	11	4
Middle 20 Percent Bracket	10	--	0	3	4
Top 40 Percent Bracket	2	--	<1	1	4
Marital Status[4,5]					
Married	5	--	3	2	2
Not Married	5	--	4	6	6

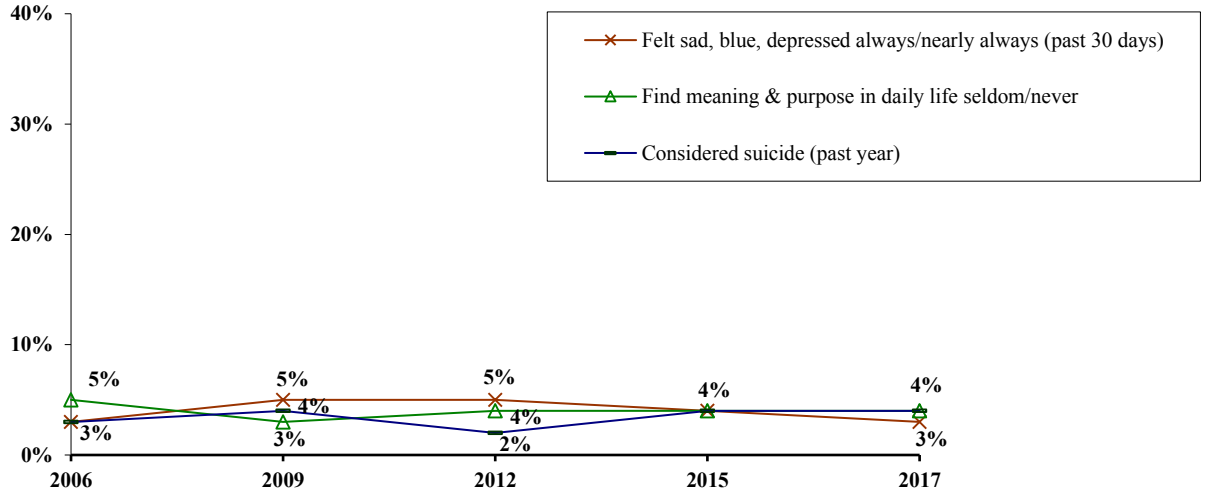
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Mental Health Status Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed, they considered suicide or they seldom or never find meaning and purpose in daily life, as well as from 2015 to 2017.

Figure 26. Mental Health Status



Personal Safety Issues (Figure 27; Tables 58 - 60)

KEY FINDINGS: In 2017, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents with a college education were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 45 to 54 years old or with a college education were more likely to report this. A total of 7% reported at least one of these two situations; respondents 35 to 54 years old or with a college education were more likely to report this.

From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2015 to 2017.

Afraid for Personal Safety

2017 Findings

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

- Seven percent of respondents with a college education reported someone made them afraid for their personal safety in the past year compared to 2% of those with some post high school education or 1% of respondents with a high school education or less.

    - Of the 17 respondents who reported someone made them afraid for their personal safety, a stranger was the most often cited person who made them afraid (8 respondents) followed by a brother/sister (4 respondents).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.

- In 2006, female respondents were more likely to report they were afraid for their personal safety. In 2017, gender was not a significant variable.

- In 2006, respondents 18 to 34 years old were more likely to report they were afraid for their personal safety. In 2017, age was not a significant variable. From 2006 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they were afraid for their personal safety.

- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to report they were afraid for their personal safety.

- In 2006, respondents in the middle 20 percent household income bracket were more likely to report they were afraid for their personal safety. In 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting they were afraid for their personal safety.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.

- In 2015 respondents 18 to 34 years old were more likely to report being afraid for their personal safety. In 2017, age was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting they were afraid for their personal safety.

- In 2015, education was not a significant variable. In 2017, respondents with a college education were more likely to report they were afraid for their personal safety. From 2015 to 2017, there was a noted decrease in the percent of respondents with some post high school education reporting they were afraid for their personal safety.

- In 2015, unmarried respondents were more likely to report being afraid for their personal safety. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of married respondents reporting they were afraid for their personal safety.

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

	2006	2009	2012	2015	2017
TOTAL	5%	5%	4%	4%	4%
Gender[1,2]					
Male	3	2	4	5	4
Female	7	8	4	3	5
Age[1,4]					
18 to 34[a,b]	15	7	7	13	2
35 to 44	3	8	4	4	6
45 to 54[b]	6	4	3	1	8
55 to 64	0	2	4	0	4
65 and Older	3	2	1	1	1
Education[5]					
High School or Less	3	9	4	0	1
Some Post High School[b]	6	4	5	7	2
College Graduate	6	4	3	4	7
Household Income[1,3]					
Bottom 40 Percent Bracket	6	8	5	4	1
Middle 20 Percent Bracket	10	5	8	0	2
Top 40 Percent Bracket[a]	2	4	1	6	7
Marital Status[3,4]					
Married[b]	4	5	<1	1	4
Not Married	6	5	9	9	4

[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.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Pushed, Kicked, Slapped or Hit

2017 Findings

- Five percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- Eleven percent of respondents 45 to 54 years old reported they were pushed, kicked, slapped or hit in the past year compared to 0% of respondents 18 to 34 years old or 65 and older.
- Seven percent of respondents with a college education reported they were pushed, kicked, slapped or hit in the past year compared to 3% of those with some post high school education or 0% of respondents with a high school education or less.
    - Of the 19 respondents who reported they were pushed, kicked, slapped or hit, a brother or sister was the person most often cited as the person responsible (4 respondents).

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.

- No demographic comparisons across years were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in 2006.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.

- No demographic comparisons across years were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in 2015.

Table 59. Someone Pushed, Kicked, Slapped or Hit Respondent in Past Year by Demographic Variables for Each Survey Year①

	2006②	2009	2012②	2015②	2017
TOTAL[a]	2%	4%	1%	3%	5%
Gender					
Male	--	6	--	--	4
Female	--	3	--	--	5
Age[2,5]					
18 to 34	--	11	--	--	0
35 to 44	--	5	--	--	9
45 to 54	--	0	--	--	11
55 to 64	--	2	--	--	3
65 and Older	--	0	--	--	0
Education[5]					
High School or Less	--	4	--	--	0
Some Post High School	--	6	--	--	3
College Graduate	--	4	--	--	7
Household Income					
Bottom 40 Percent Bracket	--	6	--	--	6
Middle 20 Percent Bracket	--	0	--	--	0
Top 40 Percent Bracket	--	4	--	--	6
Marital Status					
Married	--	4	--	--	5
Not Married	--	5	--	--	4

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Combined Personal Safety Issues

2017 Findings

- A total of 7% of all respondents reported at least one of the two personal safety issues.

- Twelve percent of respondents 45 to 54 years old and 10% of those 35 to 44 years old reported at least one of the two personal safety issues compared to 1% of respondents 65 and older.

- Nine percent of respondents with a college education reported at least one of the two personal safety issues compared to 5% of those with some post high school education or 1% of respondents with a high school education or less.

2006 to 2017 Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues.

- In 2006, respondents 18 to 34 years old were more likely to report at least one of the personal safety issues. In 2017, respondents 35 to 54 years old were more likely to report at least one of the personal safety issues. From 2006 to 2017, 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 44 years old reporting at least one of the personal safety issues.

- In 2006, education was not a significant variable. In 2017, respondents with a college education were more likely to report at least one of the personal safety issues.

- In 2006, respondents in the bottom 60 percent household income bracket were more likely to report at least one of the personal safety issues. In 2017, household income was not a significant variable. From 2006 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting at least one of the personal safety issues.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues.

- In 2015, respondents 18 to 34 years old were more likely to report at least one of the personal safety issues. In 2017, respondents 35 to 54 years old were more likely to report at least one of the personal safety issues. From 2015 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting at least one of the personal safety issues.

- In 2015, respondents with some post high school education were more likely to report at least one of the personal safety issues. In 2017, respondents with a college education were more likely to report at least one of the personal safety issues, with a noted increase since 2015.

- In 2015, unmarried respondents were more likely to report at least one of the personal safety issues. In 2017, marital status was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of married respondents reporting at least one of the personal safety issues.

Table 60. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year[①]

	2006	2009	2012	2015	2017
TOTAL	6%	8%	4%	5%	7%
Gender					
Male	4	6	4	7	6
Female	8	10	4	3	7
Age[1,2,4,5]					
18 to 34[a,b]	19	16	8	16	2
35 to 44[a]	3	9	4	4	10
45 to 54[b]	6	4	3	1	12
55 to 64	0	4	4	1	6
65 and Older	3	2	1	3	1
Education[4,5]					
High School or Less	6	10	5	1	1
Some Post High School	6	7	5	10	5
College Graduate[b]	6	7	3	4	9
Household Income[1,3]					
Bottom 40 Percent Bracket	9	9	6	7	7
Middle 20 Percent Bracket	10	5	8	0	2
Top 40 Percent Bracket[a]	2	8	1	6	8
Marital Status[3,4]					
Married[b]	4	7	<1	1	6
Not Married	8	9	9	11	6

[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.

[1]demographic difference at p≤0.05 in 2006; [2]demographic difference at p≤0.05 in 2009; [3]demographic difference at p≤0.05 in 2012; [4]demographic difference at p≤0.05 in 2015; [5]demographic difference at p≤0.05 in 2017

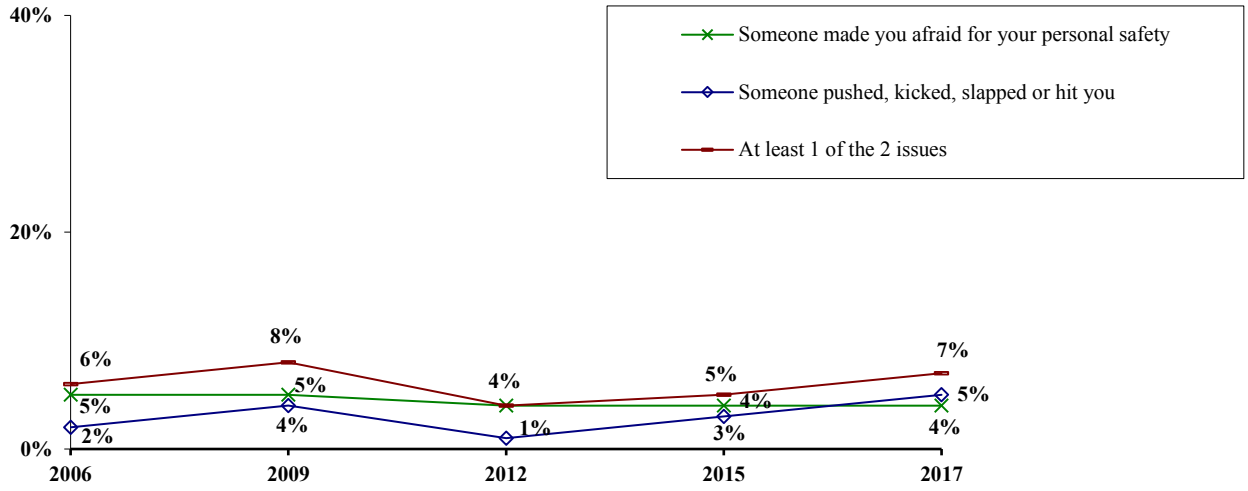
[a]year difference at p≤0.05 from 2006 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Personal Safety Issues Overall

Year Comparisons

- From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2015 to 2017.

Figure 27. Personal Safety Issues in Past Year



Children in Household (Figures 28 & 29; Tables 61 – 67)

KEY FINDINGS: In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-seven percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 89% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Two percent of respondents each reported there was a time in the past 12 months their child did not receive the medical care needed or dental care needed while less than one percent reported their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. Less than one percent of respondents reported their child was seldom or never safe in their community. Sixty-seven percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Forty-seven percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. One 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. Fourteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% physical bullying and 1% reported cyber bullying.

From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their

child visited their personal doctor/nurse for preventive care, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, an unmet dental need or was unable to see a specialist when needed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community, as well as from 2015 to 2017. From 2012 to 2017, 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 while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables or ate at least five servings of fruits/vegetables, as well as from 2015 to 2017. From 2012 to 2017, 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, as well as from 2015 to 2017. From 2012 to 2017, 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/depressed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied or in the type of bullying, as well as from 2015 to 2017.

Children in Household

2017 Findings

- Forty-three percent of respondents reported they have a child under the age of 18 living in their household. Ninety 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.

- Seventy-two percent of the children selected were 12 or younger. Sixty-seven percent were boys. Of these households, 20% were in the bottom 60 percent household income bracket and 87% were married.

Child's Personal Doctor

2017 Findings

Of the 155 respondents who make health care decisions for their child…

- Ninety-seven 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 reporting they have one or more persons they think of as their child's personal doctor or nurse.

2012 to 2017 Comparisons

- From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor or nurse.

- In 2012 and 2017, child's gender was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents across child's gender reporting their child had a personal doctor or nurse.

- In 2012 and 2017, child's age was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents across child's age reporting their child had a personal doctor or nurse.

- In 2012 and 2017, household income was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child had a personal doctor or nurse.

2015 to 2017 Comparisons

- From 2015 to 2017, there was a statistical increase in the overall percent of respondents reporting their child had a personal doctor or nurse.

- In 2015 and 2017, child's gender was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents reporting their daughter had a personal doctor or nurse.

- In 2015 and 2017, household income was not a significant variable. From 2015 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting their child had a personal doctor or nurse.

Table 61. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year①

	2012	2015	2017
TOTAL[a,b]	86%	89%	97%
Gender			
Boy[a]	86	93	96
Girl[a,b]	85	86	98
Age			
12 Years Old or Younger[a]	89	91	97
13 to 17 Years Old[a]	81	84	95
Household Income			
Bottom 60 Percent Bracket	76	79	92
Top 40 Percent Bracket[a,b]	88	90	97

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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Preventive Care with Child's Personal Doctor

2017 Findings

Of the 150 respondents with a child who had a personal doctor…

- Of children who had a personal doctor, 89% reported their child visited their personal doctor/nurse for preventive care during the past 12 months.

- There were no statistically significant differences between demographic variables and responses of reporting their child visited their personal doctor/nurse for preventive care in the past 12 months.

2012 to 2017 Comparisons

- From 2012 to 2017, 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.

- From 2012 to 2017, there were no statistically significant differences between and within demographic variables and responses of reporting their child visited their personal doctor/nurse for preventive care in the past 12 months.

2015 to 2017 Comparisons

- From 2015 to 2017, 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 2015 and 2017, child's gender was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents reporting their daughter saw their personal doctor for preventive care.

- In 2015 and 2017, child's age was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents reporting their child who was 12 or younger saw their personal doctor for preventive care.

Table 62. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year[①]

	2012	2015	2017
TOTAL	93%	95%	89%
Gender			
Boy	88	92	91
Girl[b]	96	97	86
Age			
12 Years Old or Younger[b]	94	98	90
13 to 17 Years Old	90	92	88
Household Income			
Bottom 60 Percent Bracket	89	95	91
Top 40 Percent Bracket	92	95	94

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Unmet Care

2017 Findings

Of the 155 respondents with a child…

- Two percent of respondents each reported there was a time in the past 12 months their child did not receive the medical care needed or dental care needed while less than one percent reported their child was not able to visit a specialist they needed to see.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported their child had an unmet need.

2012 to 2017 Comparisons

- From 2012 to 2017, 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 they were unable to see a specialist when needed.

- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had an unmet need in both study years.

2015 to 2017 Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents reporting their child in the past 12 months had an unmet medical need, unmet dental need or was unable to see a specialist when needed.

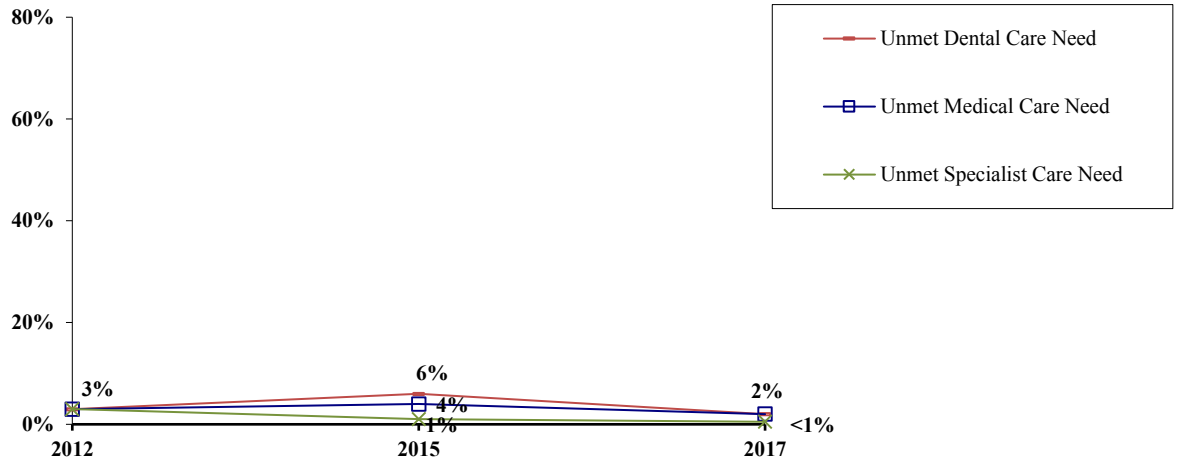
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had an unmet need in both study years.

Child's Unmet Care Overall

Year Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, an unmet dental need or was unable to see a specialist when needed, as well as from 2015 to 2017.

Figure 28. Child's Unmet Care in Past 12 Months



Child's Asthma

2017 Findings

Of the 155 respondents with a child…

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

2012 to 2017 Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (3% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had asthma in both study years.

2015 to 2017 Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported their child currently had asthma (7% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child had asthma in both study years.

Child's Safety in Community

2017 Findings

Of the 155 respondents with a child…

- Less than 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 low percent of respondents who reported their child was seldom/never safe in their community.

2012 to 2017 Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (1% and less than one percent, respectively).
- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

2015 to 2017 Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe (0% and less than one percent, respectively).

- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child was seldom/never safe in their community in both study years.

Child's Sleeping Arrangement

2017 Findings

Of the 7 respondents with a child two years old or younger…

- One hundred percent of respondents reported when their child was a baby, their child usually slept in a crib or bassinette while 0% reported in bed with them or another person.

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

2012 to 2017 Comparisons

- From 2012 to 2017, 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 (15% and 0%, respectively).

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

2015 to 2017 Comparisons

- From 2015 to 2017, 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 (14% and 0%, respectively).

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

Child's Fruit Intake

2017 Findings

Of the 127 respondents with a child 5 to 17 years old…

- Sixty-seven percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day.

- Seventy-six percent of respondents in the top 40 percent household income bracket reported their child ate at least two servings of fruit on an average day compared to 32% of respondents in the bottom 60 percent household income bracket.

2012 to 2017 Comparisons

- From 2012 to 2017, 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 2012, respondents were more likely to report their daughter ate at least two servings of fruit on an average day. In 2017, child's gender was not a significant variable. From 2012 to 2017, there was a noted decrease in the percent of respondents reporting their daughter ate at least two servings of fruit on an average day.

- In 2012 and 2017, child's age was not a significant variable. From 2012 to 2017, there was a noted decrease in the percent of respondents reporting their 13 to 17 year old child ate at least two servings of fruit on an average day.

- In 2012, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report least two servings of fruit on an average day. From 2012 to 2017, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting at least two servings of fruit on an average day.

2015 to 2017 Comparisons

- From 2015 to 2017, there was a statistical decrease 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 2015 and 2017, child's gender was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents reporting their son ate at least two servings of fruit.

- In 2015, respondents were more likely to report their 5 to 12 year old child ate at least two servings of fruit. In 2017, child's age was not a significant variable. From 2015 to 2017, there was a noted decrease in the percent of respondents across child's age reporting their child ate at least two servings of fruit on an average day.

- In 2015, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least two servings of fruit. From 2015 to 2017, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting at least two servings of fruit.

Table 63. Child's Fruit Intake (Two or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)[①]

	2012	2015	2017
TOTAL[b]	75%	86%	67%
Gender[1]			
Boy[b]	55	94	62
Girl[a]	93	83	76
Age[2]			
5 to 12 Years Old[b]	74	91	72
13 to 17 Years Old[a,b]	77	77	56
Household Income[3]			
Bottom 60 Percent Bracket[a,b]	64	91	32
Top 40 Percent Bracket	79	82	76

[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.

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

[3]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Child's Vegetable Intake

2017 Findings

Of the 127 respondents with a child 5 to 17 years old…

- Twenty-seven percent of respondents reported their 5 to 17 year old child ate at least three servings of vegetables on an average day.

- Thirty-four percent of respondents reported their 5 to 12 year old child ate three or more servings of vegetables a day compared to 16% of respondents speaking on behalf of their 13 to 17 year old child.

- Thirty-eight percent of respondents in the top 40 percent household income bracket reported their child ate at least three servings of vegetables on an average day compared to 5% of respondents in the bottom 60 percent household income bracket.

2012 to 2017 Comparisons

- From 2012 to 2017, 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 2012 and 2017, respondents were more likely to report their 5 to 12 year old child ate three or more servings of vegetables a day.

- In 2012, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report their child ate at least three servings of vegetables on an average day. From 2012 to 2017, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting at least three servings of vegetables.

2015 to 2017 Comparisons

- From 2015 to 2017, 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 2015 and 2017, respondents were more likely to report their 5 to 12 year old child ate three or more servings of vegetables on an average day.

- In 2015 and 2017, respondents in the top 40 percent household income bracket were more likely to report their child ate at least three servings of vegetables on an average day.

Table 64. Child's Vegetable Intake (Three or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)[①]

	2012	2015	2017
TOTAL	30%	26%	27%
Gender			
Boy	27	23	21
Girl	31	26	37
Age[1,2,3]			
5 to 12 Years Old	39	39	34
13 to 17 Years Old	19	7	16
Household Income[2,3]			
Bottom 60 Percent Bracket[a]	39	4	5
Top 40 Percent Bracket	28	26	38

[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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Child's Fruit and Vegetable Intake

2017 Findings

Of the 127 respondents with a child 5 to 17 years old…

- Forty-seven percent of respondents reported their 5 to 17 year old child ate at least five servings of fruits or vegetables on an average day.
- Fifty-nine percent of respondents reported their 5 to 12 year old child ate at least five servings of fruit or vegetables on an average day compared to 25% of respondents speaking on behalf of their 13 to 17 year old child.
- Fifty-two percent of respondents in the top 40 percent household income bracket reported their child ate at least five servings of fruit or vegetables on an average day compared to 14% of respondents in the bottom 60 percent household income bracket.

2012 to 2017 Comparisons

- From 2012 to 2017, 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 2012, respondents were more likely to report their daughter ate at least five servings of fruit or vegetables. In 2017, child's gender was not a significant variable. From 2012 to 2017, there was a noted increase in the percent of respondents reporting their son ate at least five servings of fruit or vegetables on an average day.
- In 2012, child's age was not a significant variable. In 2017, respondents were more likely to report their 5 to 12 year old child ate at least five servings of fruit or vegetables.

- In 2012, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit or vegetables on an average day, with a noted increase since 2012.

2015 to 2017 Comparisons

- From 2015 to 2017, 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 2015, child's age was not a significant variable. In 2017, respondents were more likely to report their 5 to 12 year old child ate at least five servings of fruit or vegetables.

- In 2015 and 2017, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit or vegetables on an average day.

Table 65. Child's Fruit or Vegetable Intake (Five or More Servings) by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old)①

	2012	2015	2017
TOTAL	36%	48%	47%
Gender[1]			
Boy[a]	23	48	46
Girl	47	47	48
Age[3]			
5 to 12 Years Old	43	53	59
13 to 17 Years Old	29	40	25
Household Income[2,3]			
Bottom 60 Percent Bracket	39	26	14
Top 40 Percent Bracket[a]	37	51	52

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.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Child's Physical Activity

2017 Findings

Of the 127 respondents with a child 5 to 17 years old…

- Sixty percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.

- Seventy-one percent of respondents reported their 5 to 12 year old child was physically active at least five times a week for at least 60 minutes compared to 39% of respondents speaking on behalf of their 13 to 17 year old child.

    - Of the 46 respondents who reported their child was not physically active five times a week/60 minutes, 27% reported school/homework/other activities prevented their child from exercising while 18% reported the weather.

2012 to 2017 Comparisons

- From 2012 to 2017, 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 2012, child's age was not a significant variable. In 2017, respondents were more likely to report their 5 to 12 year old child was physically active five times a week. From 2012 to 2017, 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 2012, respondents in the bottom 60 percent household income bracket were more likely to report their child was physically active five times a week. In 2017, household income was not a significant variable. From 2012 to 2017, 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.

2015 to 2017 Comparisons

- From 2015 to 2017, 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 2015, child's age was not a significant variable. In 2017, respondents were more likely to report their 5 to 12 year old child was physically active five times a week, with a noted increase since 2015. From 2015 to 2017, 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.

Table 66. 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

	2012	2015	2017
TOTAL	70%	57%	60%
Gender			
Boy	72	68	62
Girl	70	53	57
Age[3]			
5 to 12 Years Old[b]	74	52	71
13 to 17 Years Old[a,b]	67	65	39
Household Income[1]			
Bottom 60 Percent Bracket[a]	91	48	64
Top 40 Percent Bracket	69	58	61

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.

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

[3]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Child's Emotional Well-Being

2017 Findings

Of the 89 respondents with a child 8 to 17 years old…

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

2012 to 2017 Year Comparisons

- From 2012 to 2017, 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 (4% and 1%, respectively).

- No demographic comparisons were conducted between years as a result of the low percent of respondents who reported their child always or nearly always felt unhappy, sad or depressed in both study years.

2015 to 2017 Year Comparisons

- From 2015 to 2017, 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 (0% and 1%, respectively).

- No demographic comparisons were conducted between years as a result of the low percent 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

2017 Findings

Of the 90 respondents with a child 8 to 17 years old…

- Fourteen percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past year. More specifically, 14% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Four percent reported their child was physically bullied, for example, being hit or kicked. One 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.

- There were no statistically significant differences between demographic variables and responses of reporting their child was bullied in some way in the past year.

2012 to 2017 Year Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied.

- From 2012 to 2017, there were no statistically significant differences between and within demographic variables and responses of reporting their child was bullied in some way in the past year.

2015 to 2017 Year Comparisons

- From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied.

- From 2015 to 2017, there were no statistically significant differences between and within demographic variables and responses of reporting their child was bullied in some way in the past year.

Table 67. Child Experienced Bullying in Past 12 Months by Demographic Variables for Each Survey Year (Children 8 to 17 Years Old)[①]

	2012	2015	2017
TOTAL	18%	14%	14%
Gender			
Boy	18	23	11
Girl	18	10	21
Age			
8 to 12 Years Old	26	17	18
13 to 17 Years Old	12	12	11
Household Income			
Bottom 60 Percent Bracket	0	10	10
Top 40 Percent Bracket	16	14	18

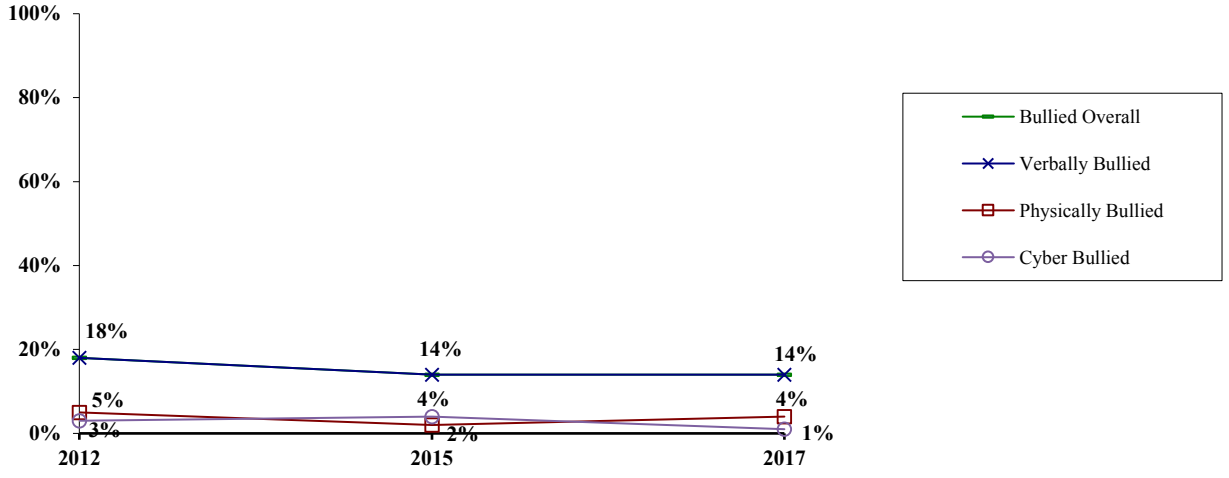
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2012; [2]demographic difference at p≤0.05 in 2015
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2012 to 2017; [b]year difference at p≤0.05 from 2015 to 2017

Child Experienced Bullying Overall

Year Comparisons

- From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was bullied overall or in the type of bullying, as well as from 2015 to 2017.

Figure 29. Child Experienced Bullying in Past Year



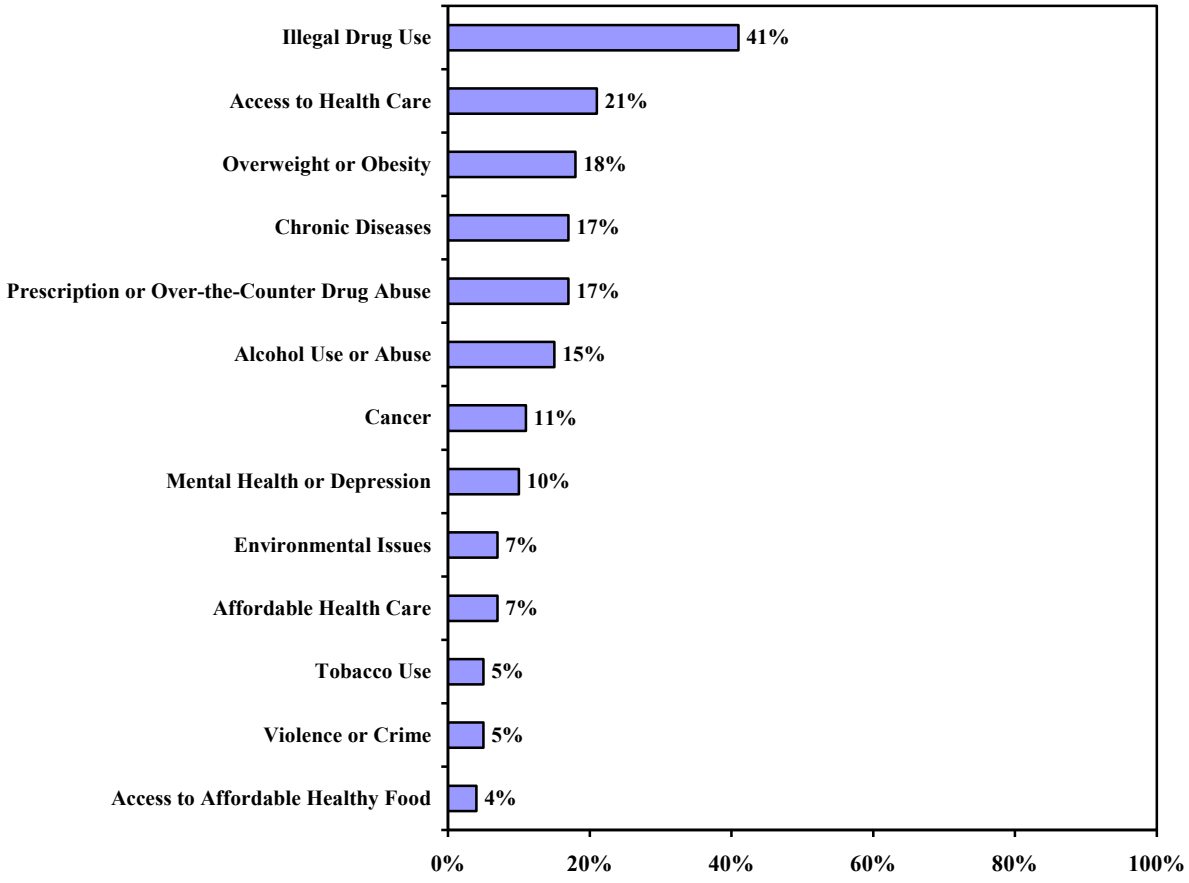
County Health Issues (Figure 30; Tables 68 - 80)

KEY FINDINGS: In 2017, respondents were asked to list the top three health issues in the county. The most often cited was illegal drug use (41%). Respondents in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Twenty-one percent reported access to health care; respondents who were female, 35 to 44 years old, 55 to 64 years old or with a college education were more likely to report this. Eighteen percent reported overweight or obesity as a top county health issue. Respondents who were female or 18 to 34 years old were more likely to report overweight or obesity. Seventeen percent reported chronic diseases; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported prescription or over-the-counter drug abuse; respondents who were female, 18 to 34 years old or with some post high school education were more likely to report this. Fifteen percent of respondents reported alcohol use or abuse as a top health issue; respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported cancer; 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. Ten percent of respondents reported mental health or depression; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seven percent of respondents reported environmental issues as a top county health issue. Respondents who were in the top 40 percent household income bracket or married were more likely to report environmental issues. Seven percent of respondents reported affordable health care; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Five percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Five percent of respondents reported violence or crime; respondents 65 and older were more likely to report this. Four percent of respondents reported access to affordable healthy food as a top county health issue.

2017 Findings

- Respondents were asked to list the three largest health issues in Waukesha County. Respondents were more likely to select illegal drug use (41%) followed by access to health care (21%) or overweight/obesity (18%). Seventeen percent of respondents each reported chronic diseases or prescription/over-the/counter drug abuse.

Figure 30. Top County Health Issues for 2017



Illegal Drug Use as a Top County Health Issue

2017 Findings

- Forty-one percent of respondents reported illegal drug use as one of their top three county health issues.
- Forty-six percent of respondents in the top 40 percent household income bracket reported illegal drug use as one of the top health issues compared to 43% of those in the middle 20 percent income bracket or 25% of respondents in the bottom 40 percent household income bracket.

Table 68. Illegal Drug Use as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	41%
Gender	
Male	38
Female	44
Age	
18 to 34	42
35 to 44	34
45 to 54	43
55 to 64	54
65 and Older	35
Education	
High School or Less	36
Some Post High School	41
College Graduate	43
Household Income[1]	
Bottom 40 Percent Bracket	25
Middle 20 Percent Bracket	43
Top 40 Percent Bracket	46
Marital Status	
Married	42
Not Married	39

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Access to Health Care as a Top County Health Issue

2017 Findings

- Twenty-one 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 (25%) compared to male respondents (16%).
- Thirty percent of respondents 35 to 44 years old and 29% of those 55 to 64 years old reported access to health care compared to 9% of respondents 18 to 34 years old.
- Twenty-six percent of respondents with a college education reported access to health care as a top issue compared to 16% of those with some post high school education or 11% of respondents with a high school education or less.

Table 69. Access to Health Care as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	21%
Gender[1]	
Male	16
Female	25
Age[1]	
18 to 34	9
35 to 44	30
45 to 54	21
55 to 64	29
65 and Older	20
Education[1]	
High School or Less	11
Some Post High School	16
College Graduate	26
Household Income	
Bottom 40 Percent Bracket	16
Middle 20 Percent Bracket	29
Top 40 Percent Bracket	23
Marital Status	
Married	23
Not Married	18

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Overweight or Obesity as a Top County Health Issue

2017 Findings

- Eighteen percent of respondents reported overweight or obesity as one of the top three county health issues.
- Female respondents were more likely to report overweight or obesity as one of the top health issues (22%) compared to male respondents (13%).
- Thirty percent of respondents 18 to 34 years old reported overweight or obesity compared to 13% of those 55 to 64 years old or 11% of respondents 65 and older.

Table 70. Overweight or Obesity as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	18%
Gender[1]	
Male	13
Female	22
Age[1]	
18 to 34	30
35 to 44	20
45 to 54	14
55 to 64	13
65 and Older	11
Education	
High School or Less	23
Some Post High School	16
College Graduate	17
Household Income	
Bottom 40 Percent Bracket	25
Middle 20 Percent Bracket	11
Top 40 Percent Bracket	21
Marital Status	
Married	16
Not Married	21

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2017

Chronic Diseases as a Top County Health Issue

2017 Findings

- Seventeen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.
- Male respondents were more likely to report chronic diseases as one of the top health issues (21%) compared to female respondents (12%).
- Twenty-eight percent of respondents in the bottom 40 percent household income bracket reported chronic diseases as a top issue compared to 18% of those in the middle 20 percent income bracket or 14% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report chronic diseases compared to married respondents (26% and 11%, respectively).

Table 71. Chronic Diseases as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	17%
Gender[1]	
Male	21
Female	12
Age	
18 to 34	22
35 to 44	20
45 to 54	11
55 to 64	19
65 and Older	12
Education	
High School or Less	22
Some Post High School	13
College Graduate	17
Household Income[1]	
Bottom 40 Percent Bracket	28
Middle 20 Percent Bracket	18
Top 40 Percent Bracket	14
Marital Status[1]	
Married	11
Not Married	26

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

2017 Findings

- Seventeen percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.
- Female respondents were more likely to report prescription or over-the-counter drug abuse as one of the top health issues (22%) compared to male respondents (11%).
- Respondents 18 to 34 years old were more likely to report prescription or over-the-counter drug abuse (35%) compared to those 35 to 44 years old (13%) or respondents 45 to 54 years old (7%).
- Thirty-four percent of respondents with some post high school education reported prescription or over-the-counter drug abuse as a top issue compared to 11% of those with a college education or 5% of respondents with a high school education or less.

Table 72. Prescription or Over-the Counter Drug Abuse as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	17%
Gender[1]	
Male	11
Female	22
Age[1]	
18 to 34	35
35 to 44	13
45 to 54	7
55 to 64	14
65 and Older	14
Education[1]	
High School or Less	5
Some Post High School	34
College Graduate	11
Household Income	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	21
Marital Status	
Married	16
Not Married	18

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Alcohol Use or Abuse as a Top County Health Issue

2017 Findings

- Fifteen percent of respondents reported alcohol use or abuse as one of their top three county health issues.
- Respondents 18 to 34 years old were more likely to report alcohol use or abuse as one of the top health issues (24%) compared to those 65 and older (12%) or respondents 45 to 54 years old (8%).
- Twenty percent of respondents with some post high school education reported alcohol use or abuse compared to 15% of those with a college education or 5% of respondents with a high school education or less.
- Nineteen percent of respondents in the top 40 percent household income bracket reported alcohol use or abuse as a top issue compared to 16% of those in the middle 20 percent income bracket or 3% of respondents in the bottom 40 percent household income bracket.

Table 73. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	15%
Gender	
Male	12
Female	17
Age[1]	
18 to 34	24
35 to 44	13
45 to 54	8
55 to 64	19
65 and Older	12
Education[1]	
High School or Less	5
Some Post High School	20
College Graduate	15
Household Income[1]	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	16
Top 40 Percent Bracket	19
Marital Status	
Married	14
Not Married	17

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Cancer as a Top County Health Issue

2017 Findings

- Eleven percent of respondents reported cancer as one of their top three county health issues.
- Twenty-one percent of respondents with a high school education or less reported cancer as one of the top health issues compared to 10% of those with a college education or 7% of respondents with some post high school education.
- Thirty-one percent of respondents in the bottom 40 percent household income bracket reported cancer compared to 7% of those in the middle 20 percent income bracket or 6% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report cancer (18%) compared to married respondents (6%).

Table 74. Cancer as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	11%
Gender	
Male	11
Female	11
Age	
18 to 34	12
35 to 44	10
45 to 54	11
55 to 64	13
65 and Older	9
Education[1]	
High School or Less	21
Some Post High School	7
College Graduate	10
Household Income[1]	
Bottom 40 Percent Bracket	31
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	6
Marital Status[1]	
Married	6
Not Married	18

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Mental Health or Depression as a Top County Health Issue

2017 Findings

- Ten percent of respondents reported mental health or depression as one of their top three county health issues.
- Fourteen percent of respondents with a college education reported mental health or depression as one of the top health issues compared to 9% of those with some post high school education or 3% of respondents with a high school education or less.
- Twenty percent of respondents in the middle 20 percent household income bracket reported mental health or depression compared to 12% of those in the top 40 percent income bracket or 4% of respondents in the bottom 40 percent household income bracket.

Table 75. Mental Health or Depression as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	10%
Gender	
Male	12
Female	9
Age	
18 to 34	11
35 to 44	13
45 to 54	11
55 to 64	11
65 and Older	5
Education[1]	
High School or Less	3
Some Post High School	9
College Graduate	14
Household Income[1]	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	12
Marital Status	
Married	9
Not Married	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Environmental Issues as a Top County Health Issue

2017 Findings

- Seven percent of respondents reported environmental issues (air, water, wind turbine, animal waste) as one of their top three county health issues.

- Ten percent of respondents in the top 40 percent household income bracket reported environmental issues as one of the top health issues compared to 5% of those in the middle 20 percent income bracket or 1% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report environmental issues compared to unmarried respondents (11% and 2%, respectively).

Table 76. Environmental Issues as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	7%
Gender	
Male	9
Female	5
Age	
18 to 34	8
35 to 44	10
45 to 54	9
55 to 64	4
65 and Older	4
Education	
High School or Less	7
Some Post High School	8
College Graduate	6
Household Income[1]	
Bottom 40 Percent Bracket	1
Middle 20 Percent Bracket	5
Top 40 Percent Bracket	10
Marital Status[1]	
Married	11
Not Married	2

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Affordable Health Care as a Top County Health Issue

2017 Findings

- Seven percent of respondents reported affordable health care as one of the top three county health issues.
- Twenty-five percent of respondents in the middle 20 percent household income bracket reported affordable health care as one of the top health issues compared to 4% of respondents in the bottom 40 percent income bracket or in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report affordable health care compared to married respondents (11% and 4%, respectively).

Table 77. Affordable Health Care as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	7%
Gender	
Male	7
Female	6
Age	
18 to 34	9
35 to 44	4
45 to 54	5
55 to 64	10
65 and older	5
Education	
High School or Less	5
Some Post High School	9
College Graduate	6
Household Income[1]	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	25
Top 40 Percent Bracket	4
Marital Status[1]	
Married	4
Not Married	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Tobacco Use as a Top County Health Issue

2017 Findings

- Five percent of respondents reported tobacco use as one of the top three county health issues.
- Male respondents were more likely to report tobacco use as one of the top health issues (7%) compared to female respondents (2%).
- Thirteen percent of respondents 18 to 34 years old reported tobacco use compared to 1% of those 45 to 54 years old or 0% of respondents 65 and older.
- Twelve percent of respondents with a high school education or less reported tobacco use as a top issue compared to 3% of those with some post high school education or 2% of respondents with a college education.
- Unmarried respondents were more likely to report tobacco use as one of the top health issues compared to married respondents (8% and 2%, respectively).

Table 78. Tobacco Use as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	5%
Gender[1]	
Male	7
Female	2
Age[1]	
18 to 34	13
35 to 44	4
45 to 54	1
55 to 64	3
65 and Older	0
Education[1]	
High School or Less	12
Some Post High School	3
College Graduate	2
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	5
Marital Status[1]	
Married	2
Not Married	8

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Violence or Crime as a Top County Health Issue

2017 Findings

- Five percent of respondents reported violence or crime as one of the top three county health issues.
- Eleven percent of respondents 65 and older reported violence or crime as one of the top health issues compared to 1% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

Table 79. Violence or Crime as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	5%
Gender	
Male	4
Female	6
Age[1]	
18 to 34	0
35 to 44	1
45 to 54	7
55 to 64	6
65 and older	11
Education	
High School or Less	7
Some Post High School	4
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	4
Marital Status	
Married	5
Not Married	5

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2017

Access to Affordable Healthy Food as a Top County Health Issue

2017 Findings

- Four percent of respondents reported access to affordable healthy food as one of the top three county health issues.

- There were no statistically significant differences between demographic variables and responses of reporting access to affordable healthy food as one of the top three health issues.

Table 80. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	4%
Gender	
Male	3
Female	5
Age	
18 to 34	0
35 to 44	7
45 to 54	3
55 to 64	3
65 and older	5
Education	
High School or Less	5
Some Post High School	3
College Graduate	3
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	3
Marital Status	
Married	4
Not Married	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2017

APPENDIX A: QUESTIONNAIRE FREQUENCIES

WAUKESHA COUNTY
June 5 through July 9, 2017
[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	3%
Fair	13
Good	24
Very good	36
Excellent	24
Not sure	0

2. Currently, what is your primary type of health care coverage? Is it through…

Private insurance through employer	68%
Private insurance directly from an insurance company	5
Private insurance through the exchange/ACA/Affordable Care Act	1
Medicaid including medical assistance, Title 19 or Badger Care	5
Medicare	19
Or do you not have health care coverage	2
Not sure	0

3. Did you have health insurance during all, part or none of the past 12 months?

All	98%
Part	3
None	0
Not sure	0

4. Did everyone in your household have health insurance during all, part or none of the past 12 months?

All	91%
Part	3
None	4
Not sure	2

5. 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	17%
No	84
Not sure	0

6. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes	11%
No	89
Not sure	0

7. Was there a time during the last 12 months that you felt you did not get the medical care you needed?

Yes	12%	→CONTINUE WITH Q8
No	88	→GO TO Q9
Not sure	0	→GO TO Q9

8. Why did you not receive the medical care you thought you needed?
[48 Respondents; More than 1 response accepted]

Poor medical care	38%
Insurance did not cover it	18
Co-payments too high	15
Cannot afford to pay	14
Uninsured	13
Unable to get appointment	6
Not enough time	6
Inconvenient hours	5
Other (2% or less)	2

9. Was there a time during the last 12 months that you felt you did not get the dental care you needed?

Yes	7%	→CONTINUE WITH Q10
No	93	→GO TO Q11
Not sure	<1	→GO TO Q11

10. Why did you not receive the dental care you thought you needed?
[28 Respondents; More than 1 response accepted]

Insurance did not cover it	34%
Cannot afford to pay	29
Uninsured	20
Specialty physician not in area	8
Not enough time	7
Poor dental care	5
Unable to find a dentist to take Medicaid or other insurance	5
Co-payments too high	4
Other (2% or less)	9

11. 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 Q12
No	98	→ GO TO Q13
Not sure	0	→ GO TO Q13

12. Why did you not receive the mental health care you thought you needed?
[10 Respondents: Multiple responses accepted]

Uninsured	3 respondents
Cannot afford to pay	3 respondents
All others	5 respondents

13. Times of distress can happen to anyone and may include economic hardship, family issues, medical or mental health 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 Waukesha County?

Yes	18%	→CONTINUE WITH Q14
No	82	→GO TO Q17
Should have/could have looked, but did not	0	→GO TO Q16
Not sure	<1	→GO TO Q17

14. Was the distressing time related to… [70 Respondents: Multiple responses accepted]

Mental health issues	40%
Economic hardship	30
Personal medical issues	26
Providing regular care or assistance to a friend or family member who has a health problem or disability	16
Substance use or drug addiction	4
Other family issues	5

15. How supported did you feel by community resources offered to you? Would you say…[70 Respondents]

Not at all supported	4%	→CONTINUE WITH Q16
Slightly supported	19	→CONTINUE WITH Q16
Somewhat supported	19	→CONTINUE WITH Q16
Very supported	35	→GO TO Q17
Extremely supported	22	→GO TO Q17
Not sure	0	→GO TO Q17

16. What is the reason or reasons you answered the way you did? [29 Respondents: Multiple responses accepted]

Lack of knowledge of where to go	33%
Finances	30
Poor quality of care	21
Inconvenient hours	5
Stigma related to needing help/disapproval	3
Other (2% or less)	11
Not sure	<1

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	86%
No	14
Not sure	0

18. From which source do you get most of your health information?

Doctor	49%
Internet	30
Myself/family member in health care field	13
Other (2% or less)	7
Not sure	1

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%
No	53
Not sure	2

20. When you are sick, to which one of the following places do you usually go? Would you say…

Doctor's or nurse practitioner's office	68%
Public health clinic or community health center	<1
Hospital outpatient department	0
Hospital emergency room	<1
Urgent care center	21
Quickcare clinic (fastcare clinic)	3
Worksite clinic	4
Virtual health/tele-medicine/electronic visits	<1
No usual place	3
Not sure	<1

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	69%	16%	8%	7%	0%	<1%
22.	A cholesterol test	69	13	2	8	6	3
23.	A visit to a dentist or dental clinic	82	10	3	6	0	0
24.	An eye exam	53	27	7	10	4	<1

25. During the past 12 months, have you had a flu shot?

Yes	60%
No	40
Not sure	0

26. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old	23%
35 to 44 years old	18
45 to 54 years old	23
55 to 64 years old	18
65 and older	19

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? [74 Respondents 65 and Older]

Yes	80%
No	14
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?	31%	70%	0%
29.	…(if yes) [123 Respondents]: Is it under control through medication, exercise or lifestyle changes?	98	<1	<1
30.	Your blood cholesterol is high?	26	73	1
31.	…(if yes) [105 Respondents]: Is it under control through medication, exercise or lifestyle changes?	77	19	4
32.	You have heart disease or a heart condition?	12	88	0
33.	…(if yes) [46 Respondents]: Is it under control through medication, exercise or lifestyle changes?	91	9	0
34.	You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?	18	83	0
35.	…(if yes) [70 Respondents]: Is it under control through medication, therapy or lifestyle changes?	97	3	0
36.	You have diabetes (men) You have diabetes not associated with a pregnancy (women)	12	88	0
37.	…(if yes) [48 Respondents]: Is it under control through medication, exercise or lifestyle changes?	96	2	2
38.	Do you currently have asthma?	11	89	<1
39.	…(if yes) [45 Respondents]: Is it under control through medication, therapy or lifestyle changes?	98	2	0

40. On an <u>average day</u>, 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	33%
Two servings	29
Three or more servings	38
Not sure	0

41. On an <u>average day</u>, 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	21
Three or more servings	39
Not sure	0

42. 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	4%
No	96
Not sure	0

43. 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	46
5 to 7 days	44
Not sure	<1

44. 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	30%
1 to 2 days	33
3 to 7 days	37
Not sure	<1

FEMALES ONLY

Now I have some questions about women's health.

45. 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? [104 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	56%
Within the past 2 years (1 year, but less than 2 years ago)	17
Within the past 3 years (2 years, but less than 3 years ago)	3
Within the past 5 years (3 years, but less than 5 years ago)	7
5 or more years ago	13
Never	3
Not sure	<1

46. 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? [42 Respondents 65 and Older]

Yes	86%
No	14
Not sure	2

47. 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? [153 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)	53%
Within the past 2 years (1 year, but less than 2 years ago)	18
Within the past 3 years (2 years, but less than 3 years ago)	9
Within the past 5 years (3 years, but less than 5 years ago)	4
5 or more years ago	7
Never	9
Not sure	<1

48. 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? [152 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)	26%
Within the past 2 years (1 year, but less than 2 years ago)	10
Within the past 3 years (2 years, but less than 3 years ago)	4
Within the past 5 years (3 years, but less than 5 years ago)	7
5 or more years ago	4
Never	21
Not sure	28

MALE & FEMALE RESPONDENTS 50 AND OLDER

49. 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? [193 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	9%
Within the past 2 years (1 year, but less than 2 years ago)	5
Within the past 5 years (2 years, but less than 5 years ago)	12
5 years ago or more	12
Never	58
Not sure	4

50. 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? [193 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)	<1
Within the past 5 years (2 years, but less than 5 years ago)	5
Within the past 10 years (5 years but less than 10 years ago)	2
10 years ago or more	8
Never	77
Not sure	6

51. 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? [194 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	15%
Within the past 2 years (1 year, but less than 2 years ago)	17
Within the past 5 years (2 years, but less than 5 years ago)	34
Within the past 10 years (5 years but less than 10 years ago)	14
10 years ago or more	5
Never	13
Not sure	2

ALL RESPONDENTS

52. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

Never	41%
Seldom	32
Sometimes	23
Nearly always	3
Always	<1
Not sure	<1

53. How often would you say you find meaning and purpose in your daily life?

Never	1%
Seldom	2
Sometimes	10
Nearly always	39
Always	46
Not sure	2

54. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes	4%
No	96
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.

55. 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 times	74%
1 time	9
2 or more times	17
Not sure	<1

56. 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	0

57. How long has it been since you last used any prescription pain relievers like Demerol, Oxycontin, Vicodin, Percocet or Methadone, that was not prescribed for you or that you took for non-medical reasons?

Within the past 30 days	0%
More than 30 days ago, but within the past 12 months	<1
More than 12 months ago	<1
Never	99
Not sure	<1

58. How long has it been since you last used heroin?

Within the past 30 days	0%
More than 30 days ago, but within the past 12 months	0
More than 12 months ago	2
Never	99
Not sure	0

59. How long has it been since you last used cocaine or other street drugs?

Within the past 30 days	<1%
More than 30 days ago, but within the past 12 months	0
More than 12 months ago	6
Never	94
Not sure	0

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
60.	Drinking alcohol	1%	99%	0%
61.	Marijuana	1	99	0
62.	Cocaine, heroin or other street drugs	2	98	0
63.	Misuse of prescription drugs or over-the-counter drugs	1	99	0

In the past 30 days, did you use…

		Yes	No	Not Sure
64.	Smokeless tobacco including chewing tobacco, snuff, plug, or spit	4%	96%	0%
65.	Cigars, cigarillos, or little cigars	4	96	0
66.	Electronic cigarettes, also known as vaping or e-cigarettes	4	97	0

Now I'd like to talk to you about regular tobacco cigarettes….

67. Do you now smoke tobacco cigarettes every day, some days or not at all?

Every day	10%	CONTINUE WITH Q68
Some days	5	CONTINUE WITH Q68
Not at all	86	→GO TO Q71
Not sure	0	→GO TO Q71

68. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? [55 Current Smokers]

Yes	67%
No	25
Not sure	9

69. In the past 12 months, have you seen a doctor, nurse or other health professional? [56 Current Smokers]

Yes	89%	→CONTINUE WITH Q70
No	11	→GO TO Q71
Not sure	0	→GO TO Q71

70. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? [50 Current Smokers]

Yes	76%
No	24
Not sure	0

71. Which statement best describes the rules about smoking inside your home…

Smoking is not allowed anywhere inside your home	88%
Smoking is allowed in some places or at some times	3
Smoking is allowed anywhere inside your home or	<1
There are no rules about smoking inside your home	9
Not sure	0

72. 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? [337 Nonsmokers]

0 days	93%
1 to 3 days	6
4 to 6 days	<1
All 7 days	<1
Not sure	0

Now, I have a few questions to ask about you and your household.

73. Gender [DERIVED, NOT ASKED]

Male	48%
Female	52

74. About how much do you weigh, without shoes?
75. About how tall are you, without shoes?
[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese	31%
Overweight	39
Obese	30

76. Are you Hispanic or Latino?

Yes	8%
No	93
Not sure	0

77. Which of the following would you say is your race?

White	93%
Black, African American	<1
Asian	2
Native Hawaiian or Other Pacific Islander	0
American Indian or Alaska Native	2
Another race	3
Multiple races	0
Not sure	0

78. What is your current marital status?

Single and never married	19%
A member of an unmarried couple	0
Married	61
Separated	<1
Divorced	11
Widowed	9
Not sure	0

79. 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	17
Some college	26
Technical school graduate	5
College graduate	27
Advanced or professional degree	24
Not sure	0

80. What county do you live in? [FILTER]

Waukesha	100%

81. What city, town or village do you legally reside in? [FILTER]

Waukesha city	21%
Menomonee Falls village	10
New Berlin city	10
Brookfield city	9
Muskego city	7
Lisbon town	6
Pewaukee village	5
Hartland village	4
Sussex village	4
All others (3% or less)	26

82. What is the zip code of your primary residence?

53051	10%
53186	10
53188	10
53072	9
53089	7
53150	7
53151	7
53005	5
53029	5
53066	5
53149	5
53045	4
53189	4
All others (3% or less)	13

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

83. 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.
84. How many of these telephone numbers are residential numbers?
85. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

86. What is your annual household income before taxes?

Less than $10,000	4%
$10,000 to $20,000	3
$20,001 to $30,000	6
$30,001 to $40,000	5
$40,001 to $50,000	7
$50,001 to $60,000	7
$60,001 to $75,000	7
$75,001 to $90,000	9
$90,001 to $105,000	7
$105,001 to $120,000	6
$120,001 to $135,000	6
Over $135,000	20
Not sure	7
No answer	9

87. How many children under the age of 18 are living in the household?

None	57%	→GO TO Q110
One	17	→CONTINUE WITH Q88
Two or more	26	→CONTINUE WITH Q88

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

88. Do you make health care decisions for [HIM/HER]? [173 Respondents]

Yes	90%	→ CONTINUE WITH Q89
No	10	→GO TO Q110

89. What is the age of the child? [155 Respondents]

12 or younger	72%
13 to 17 years old	28

90. Is this child a boy or girl? [155 Respondents]

Boy	67%
Girl	33

91. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [155 Respondents]

Yes	2%	→ CONTINUE WITH Q92
No	97	→ GO TO Q93
Not sure	<1	→ GO TO Q93

92. Why did your child not receive the medical care needed? [3 Respondents; Multiple Responses Accepted]

Poor medical care	2 respondents
Cannot afford to pay	1 respondent

93. 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? [155 Respondents]

Yes	97%	→ CONTINUE WITH Q94
No	3	→ GO TO Q95
Not sure	0	→ GO TO Q95

94. 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? [150 Respondents]

Yes	89%
No	11
Not sure	0

95. 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? [155 Respondents]

Yes	<1%	→ CONTINUE WITH Q96
No	99	→ GO TO Q97

96. Why did your child not see a specialist needed? [1 Respondent; Multiple Responses Accepted]

Cannot afford to pay	1 respondent
Insurance did not cover it	1 respondent

97. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [155 Respondents]

Yes	2%	→ CONTINUE WITH Q98
No	98	→ GO TO Q99

98. Why did your child not receive the dental health care needed? [3 Respondents; Multiple Responses Accepted]

Cannot afford to pay	2 respondents
No dental insurance	1 respondent

99. Does your child have asthma? [155 Respondents]

Yes	3%	→CONTINUE WITH Q100
No	97	→GO TO Q101

100. 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? [4 Respondents]

Yes	3 respondents
No	1 respondent

101. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [7 Respondents of Children 2 years old or younger]

Crib or bassinette	100%
In bed with you or another person	0
Pack n' Play	0
Couch or chair	0
Swing	0
Car	0
Car seat	0
Floor	0

102. How often do you feel your child is safe in your community or neighborhood? [155 Respondents]

Always	73%
Nearly always	22
Sometimes	4
Seldom	0
Never	<1
Not sure	<1

103. During the past 6 months, how often was your child unhappy, sad or depressed? [89 Respondents of Children 8 to 17 years old]

Always	0%
Nearly always	1
Sometimes	19
Seldom	28
Never	52
Not sure	0

104. During the past 12 months, has your child experienced any bullying? [90 Respondents of Children 8 to 17 years old]

Yes	14%
No	79
Not sure	7

105. What type of bullying did your child experience? [90 Respondents of Children 8 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group	14%
Physically bullied for example, being hit or kicked	4
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	1

106. 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. [127 Respondents of Children 5 to 17 years old]

One or fewer servings	31%
Two servings	20
Three or more servings	47
Not sure	2

107. 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. [127 Respondents of Children 5 to 17 years old]

One or fewer servings	41%
Two servings	32
Three or more servings	27
Not sure	<1

108. 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? [127 Respondents of Children 5 to 17 years old]

Zero or one day	5%	→ CONTINUE WITH Q109
Two through four days	32	→ CONTINUE WITH Q109
Five or more days	60	→ GO TO Q110
Not sure	4	→ GO TO Q110

109. Why was your child not physically active for at least 60 minutes on more days? [46 Respondents: Multiple responses accepted]

School/homework/other activities	27%
Weather	18
Likes to play video games or on computer	15
Child does not like to be physically active	14
Sick/ill	11
No afterschool activities	11
Prefers to watch TV	3
Other	2

The next series of questions deal with personal safety issues.

110. During the past year has anyone made you afraid for your personal safety?

Yes	4%	→CONTINUE WITH Q111
No	96	→GO TO Q112
Not sure	0	→GO TO Q112

111. 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 stranger, a child, or someone else? Again, I want to assure you that all your responses are strictly confidential. [17 Respondents; More than 1 response accepted]

Stranger	8 respondents
Brother or sister	4 respondents
Acquaintance	3 respondents
Ex-spouse	2 respondents

112. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes	5%	→CONTINUE WITH Q113
No	95	→GO TO Q114
Not sure	0	→GO TO Q114

113. 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 stranger, a child, or someone else? [19 Respondents; More than 1 response accepted]

Brother or sister	4 respondents
Boyfriend or girlfriend	3 respondents
Stranger	3 respondents
Child	3 respondents
Ex-spouse	2 respondents
Friend	1 respondent
Someone else	2 respondents

114. Finally, what are the three largest health concerns in Waukesha County?

Illegal drug use	41%
Access to health care (physical, dental or mental health care)	21
Overweight or obesity	18
Chronic diseases like diabetes or heart disease	17
Prescription or over-the-counter drug abuse	17
Alcohol use or abuse	15
Cancer	11
Mental health or depression	10
Environmental issues (air, water, wind turbines, animal waste)	7
Affordable health care	7
Tobacco use	5
Violence or crime	5
Access to affordable healthy food	4
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	3
Lack of physical activity	1
Aging/aging population	1
Driving problems/aggressive driving/drunk driving	<1
Teen pregnancy	<1
Infant mortality	<1

APPENDIX B: SURVEY METHODOLOGY

2017 Community Health Survey

The 2017 Waukesha County Community Health Survey was conducted from June 5 through July 9, 2017. 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 ±5%. The margin of error for smaller subgroups is larger.

2015 Community Health Survey

The 2015 Waukesha County Community Health Survey was conducted from February 2 through February 23, 2015. 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 ±5%. The margin of error for smaller subgroups is larger.

2012 Community Health Survey

The 2012 Waukesha County Community Health Survey was conducted from February 21 through April 3, 2012. 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 ±5%. The margin of error for smaller subgroups is larger.

2009 Community Health Survey

The 2009 Waukesha County Community Health Survey was conducted from May 20 through June 17, 2009. Respondents were scientifically selected so that the survey would be representative of all adults 18 years old or 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. 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. 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 ±5%. The margin of error for smaller subgroups is larger.

2006 Community Health Survey

The 2006 Waukesha County Community Health Survey was conducted from February 20 through March 10, 2006. 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 ±5%. The margin of error for smaller subgroups is larger.