

**Manitowoc County
Community Health Survey Report
2016**

Commissioned by:
**Aurora Health Care
Holy Family Memorial
Lakeshore CAP
Lakeshore Community Health Care
Manitowoc County Health Department
United Way Manitowoc County**

Prepared by:
JKV Research, LLC

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Purpose

The purpose of this project is to provide Manitowoc 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, Holy Family Memorial, Lakeshore CAP, Lakeshore Community Health Care, United Way Manitowoc County and Manitowoc County Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehy@jkrresearch.com. For further information about the survey, contact the Manitowoc County Health Department at (920) 863-4155.

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 February 1 and February 18, 2016.

Weighting of Data

For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent, if an adult, was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county.

Margin of Error

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ± 5 percent, since fewer respondents are in that category (e.g., adults 65 years old or older who were asked if they ever received a pneumonia vaccination).

In 2014, the Census Bureau estimated 63,200 adult residents in the county. Thus, in this report, one percentage point equals approximately 630 adults. So, when 17% of respondents reported their health was fair or poor, this roughly equals 10,710 residents $\pm 3,150$ individuals. Therefore, from 7,560 to 13,860 residents likely have fair or poor health. Because the margin of error is $\pm 5\%$, events or health risks that are small will include zero.

In 2014, the Census Bureau estimated 33,272 occupied housing units in Manitowoc County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2013 household estimate, each percentage point for household-level data represents approximately 330 households.

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults reporting a routine checkup two years ago or less in 2003 (82%) and the percentage of adults reporting this in 2016 (86%) 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 2003, 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 2007, 2010, 2013 and 2016, the bottom 40% income bracket included survey categories less than \$40,001, the middle 20% income bracket was \$40,001 to \$60,000 and the top 40% income bracket was at least \$60,001.

The 2009 recommended amount of physical activity by the Centers for Disease Control is moderate activity for at least 30 minutes on five or more days of the week or vigorous activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a typical week.

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

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

The definition for binge drinking varies. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2003, 2013 and 2016, the Manitowoc 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 2007 and 2010, the definition was five or more drinks, regardless of gender.

Demographic Profile

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

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2016^⓪

	Survey Results
TOTAL	100%
Gender	
Male	50%
Female	50
Age	
18 to 34	24%
35 to 44	16
45 to 54	21
55 to 64	18
65 and Older	22
Education	
High School Graduate or Less	41%
Some Post High School	31
College Graduate	29
Household Income	
Bottom 40 Percent Bracket	39%
Middle 20 Percent Bracket	21
Top 40 Percent Bracket	32
Not Sure/No Answer	8
Married	55%

^⓪Percentages 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 Manitowoc County residents. The following data are highlights of the comprehensive study.

Overall Health						Health Conditions in Past 3 Years					
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Excellent	23%	16%	16%	16%	17%	High Blood Pressure	19%	28%	26%	30%	31%
Very Good	37%	35%	40%	36%	35%	High Blood Cholesterol	16%	28%	29%	26%	16%
Fair or Poor	10%	18%	14%	16%	17%	Mental Health Condition		9%	12%	16%	15%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Asthma (Current)	5%	12%	7%	8%	13%
<i>Fair or Poor</i>				15%	16%	Heart Disease/Condition	6%	11%	9%	11%	10%
						Diabetes	6%	9%	6%	11%	9%
Health Care Coverage						Condition Controlled Through Meds, Therapy or Lifestyle Changes					
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	High Blood Pressure				94%	94%
Not Covered						High Blood Cholesterol				88%	91%
Personally (currently)	7%	7%	15%	6%	2%	Mental Health Condition				94%	98%
Personally (past 12 months)			22%	9%	6%	Asthma (Current)				100%	91%
Household Member (past 12 months)	20%	19%	23%	13%	6%	Heart Disease/Condition				91%	82%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Diabetes				98%	97%
<i>Personally Not Covered (currently)</i>				9%	13%						
Did Not Receive Care Needed in Past 12 Months						Routine Procedures					
Manitowoc County				<u>2013</u>	<u>2016</u>	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Delayed/Did Not Seek Care Due to Cost					16%	Routine Checkup (2 yrs. ago or less)	82%	80%	77%	79%	86%
Prescript. Meds Not Taken Due to						Cholesterol Test (4 years ago or less)	73%	78%	73%	75%	79%
Cost (Household)				10%	12%	Dental Checkup (past year)	73%	71%	65%	70%	69%
Unmet Care in Past 12 Months						Eye Exam (past year)	49%	48%	45%	46%	47%
Medical Care				11%	10%	<i>Other Research:</i>				<i>WI</i>	<i>U.S.</i>
Dental Care				11%	11%	<i>Routine Checkup (≤2 years; 2013)</i>				82%	81%
Mental Health Care				2%	3%	<i>Cholesterol Test (≤5 years; 2013)</i>				77%	76%
						<i>Dental Checkup (past year; 2012)</i>				72%	67%
Health Information and Services						Physical Health and Nutrition					
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Primary Source of Health Information						Physical Activity/Week					
Doctor					56%	Moderate Activity (5 times/30 min)	31%	38%	42%	32%	36%
Internet					18%	Vigorous Activity (3 times/20 min)		24%	23%	20%	36%
Myself/Family Member in Health Field					8%	Recommended Moderate or Vigorous		48%	49%	42%	51%
Other Health Professional					7%	Overweight Status					
Have a Primary Care Physician					88%	Overweight (BMI 25.0+)	66%	63%	66%	73%	71%
Primary Health Services						Obese (BMI 30.0+)	26%	21%	28%	34%	42%
Doctor/nurse practitioner's office		72%	77%	78%	63%	Fruit Intake (2+ servings/day)	68%	63%	65%	60%	62%
Urgent care center		10%	3%	9%	20%	Vegetable Intake (3+ servings/day)	28%	24%	23%	23%	26%
Public health clinic/com. health center		11%	8%	6%	4%	At Least 5 Fruit/Vegetables/Day	39%	35%	40%	30%	40%
Hospital emergency room		1%	2%	1%	4%	Often Read Label of New Food Product					52%
Hospital outpatient		2%	3%	1%	<1%	Household Went Hungry in Past Year					2%
No usual place		3%	5%	4%	8%	<i>Other Research (2014):</i>				<i>WI</i>	<i>U.S.</i>
Advance Care Plan	34%	37%	33%	38%	47%	<i>Overweight (BMI 25.0+)</i>				67%	65%
						<i>Obese (BMI 30.0+)</i>				31%	30%
Vaccinations (65 and Older)						Colorectal Cancer Screenings (50 and Older)					
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Flu Vaccination (past year)	60%	67%	58%	73%	78%	Blood Stool Test (within past year)	40%	23%	--	12%	10%
Pneumonia (ever)	50%	65%	65%	71%	70%	Sigmoidoscopy (within past 5 years)			7%	7%	7%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Colonoscopy (within past 10 years)			70%	70%	74%
<i>Flu Vaccination (past year)</i>				54%	61%	Screening in Recommended Time Frame			71%	75%	77%
<i>Pneumonia (ever)</i>				72%	70%						

Women's Health						Alcohol Use in Past Month						
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	
Mammogram (50+; within past 2 years)	83%	80%	80%	81%	80%	Binge Drinker	19%	28%	23%	31%	40%	
Bone Density Scan (65 and older)	59%	78%	84%	84%		Driver/Passenger When Driver						
Cervical Cancer Screening						Perhaps Had Too Much to Drink	4%	4%	2%	3%	<1%	
Pap Smear (18 – 65; within past 3 years)	92%	80%	81%	83%	81%							
HPV Test (18 – 65; within past 5 years)					49%	<i>Other Research: (2014)</i>				<u>WI</u>	<u>U.S.</u>	
Screening in Recommended Time Frame						<i>Binge Drinker</i>				22%	16%	
(18-29: Pap every 3 years; 30 to 65: Pap and HPV every 5 years or Pap only every 3 years)					85%							
						Household Problems Associated With...						
<i>Other Research (2014)</i>					<u>WI</u>	<u>U.S.</u>	Manitowoc County	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	
Mammogram (50+; within past 2 years)					77%	76%	Alcohol	3%	3%	2%	3%	
Pap Smear (18+; within past 3 years)					77%	75%	Marijuana			2%	<1%	
							Gambling			2%	<1%	
							Misuse of Prescription or OTC Drugs			<1%	<1%	
							Cocaine, Heroin or Other Street Drugs			0%	0%	
Tobacco Cigarette Use							Times of Distress in Past Three Years					
Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>	Manitowoc County					<u>2016</u>	
Current Smokers (past 30 days)	28%	20%	25%	19%	21%	Time of Distress and Someone in HH Looked for Community Support					15%	
Of Current Smokers...						Of Respondents Who Looked for Support						
Quit Smoking 1 Day or More in Past Year Because Trying to Quit	40%	32%	37%	44%	64%	Felt Somewhat/Slightly or Not At All Supported					47%	
Saw a Health Care Professional in Past Year and Advised to Quit Smoking	67%	80%	90%	75%								
<i>Other Research:</i>					<u>WI</u>	<u>U.S.</u>	Mental Health Status					
Current Smokers (2014)					17%	18%	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Tried to Quit (2005)					49%	56%	Felt Sad, Blue or Depressed	6%	4%	4%	6%	5%
							Always/Nearly Always (past 30 days)					
Exposure to Smoke							Find Meaning & Purpose in Daily Life					
Manitowoc County		<u>2010</u>	<u>2013</u>	<u>2016</u>			Seldom/Never	5%	3%	5%	5%	4%
Smoking Policy at Home							Considered Suicide (past year)	4%	3%	4%	3%	2%
Not allowed anywhere		70%	78%	85%								
Allowed in some places/at some times		7%	9%	5%			Children in Household					<u>2016</u>
Allowed anywhere		4%	2%	3%			Manitowoc County					
No rules inside home		19%	11%	8%			Personal Health Doctor/Nurse Who					
Nonsmokers Exposed to Second-Hand Smoke In Past Seven Days		12%	17%	10%			Knows Child Well and Familiar with History					96%
							Visited Personal Doctor/Nurse for Preventive Care (past 12 months)					84%
<i>Other Research: (WI: 2003; US: 2006-07)</i>					<u>WI</u>	<u>U.S.</u>	Did Not Receive Care Needed (past 12 months)					
Smoking Prohibited at Home					75%	79%	Medical Care					9%
							Dental Care					5%
Other Tobacco Products in Past Month							Specialist					5%
Manitowoc County					<u>2016</u>		Current Asthma					4%
Electronic Cigarettes					4%		Safe in Community/Neighborhood (seldom/never)					0%
Smokeless Tobacco					3%		Children 5 to 17 Years Old					
Cigars, Cigarillos or Little Cigars					2%		Fruit Intake (2+ servings/day)					75%
							Vegetable Intake (3+ servings/day)					25%
							5+ Fruit/Vegetables per Day					30%
Top County Health Issues							Physical Activity (60 min./5 or more days/week)					69%
Manitowoc County					<u>2013</u>	<u>2016</u>	Children 8 to 17 Years Old					
Illegal Drug Use					14%	45%	Unhappy, Sad or Depressed Always/Nearly (past 6 mo.)					0%
Alcohol Use or Abuse					30%	24%	Experienced Some Form of Bullying (past 12 months)					27%
Overweight or Obesity					28%	24%	Verbally Bullied					27%
Cancer					23%	20%	Physically Bullied					2%
Chronic Diseases					22%	17%	Cyber Bullied					0%
Prescription or OTC Drug Abuse					5%	15%						
Access to Health Care					21%	11%						
Mental Health or Depression					6%	9%	Personal Safety in Past Year					
Tobacco Use					11%	6%	Manitowoc County	<u>2003</u>	<u>2007</u>	<u>2010</u>	<u>2013</u>	<u>2016</u>
Affordable Health Care (Volunteered)						5%	Afraid for Their Safety	5%	5%	3%	4%	3%
Lack of Physical Activity					3%	3%	Pushed, Kicked, Slapped, or Hit	4%	2%	2%	5%	1%
Infectious Diseases					7%	2%	At Least One of the Safety Issues	7%	5%	4%	7%	4%

Overall Health and Health Care Key Findings

In 2016, 52% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket, who were inactive or smokers were more likely to report fair or poor health. *From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2013 to 2016, there was no statistical change.*

In 2016, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 34 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2003 to 2016, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2013 to 2016. From 2003 to 2016, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage, as well as from 2013 to 2016. From 2010 to 2016, 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 while from 2013 to 2016, the overall percent statistically remained the same. From 2003 to 2016, 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, as well as from 2013 to 2016.*

In 2016, 16% 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 or in the bottom 60 percent household income bracket were more likely to report this. Twelve percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten 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 in the bottom 60 percent household income bracket were more likely to report this. Eleven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they did not receive the dental care needed. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. *From 2013 to 2016, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2013 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care, unmet dental care or unmet mental health care in the past 12 months.*

In 2016, 56% of respondents reported they contact a doctor when they need health information or clarification while 18% reported they go to the Internet. Eight percent reported themselves or a family member is in the healthcare field and their source of information while 7% reported another health professional. Respondents who were female or married were more likely to report they contact a doctor. Respondents 35 to 54 years old or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents with some post high school education were more likely to report themselves or a family member in the health field. Respondents 45 to 54 years old, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report another health professional. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, with at least some post high school education or married were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female or 65 and older were more likely to report this. Forty-seven percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan. *From 2007 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents having an advance care plan, as well as from 2013 to 2016.*

In 2016, 86% of respondents reported a routine medical checkup two years ago or less while 79% reported a cholesterol test four years ago or less. Sixty-nine percent of respondents reported a visit to the dentist in the past year while 47% reported an eye exam in the past year. Respondents who were female, 65 and older, with a college education or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were 55 and older or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report an eye exam in the past year. *From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less while from 2013 to 2016, there was a statistical increase. From 2003 to 2016, there was a statistical increase in the overall percent of respondents reporting a cholesterol test four years ago or less while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a dental checkup or an eye exam in the past year, as well as from 2013 to 2016.*

In 2016, 57% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or with a college education were more likely to report a flu vaccination. Seventy percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2016, 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 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination while from 2013 to 2016, there was no statistical change.*

Health Risk Factors Key Findings

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%). Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, overweight, inactive or smokers were more likely to report high blood pressure. Sixteen percent of respondents reported high blood cholesterol; respondents who were 65 and older, overweight or nonsmokers were more likely to report this. Fifteen percent reported a mental health condition; respondents who were female, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported they were treated for, or told they had heart disease in the past three years. Respondents 65 and older were more likely to report heart disease/condition. Nine percent reported diabetes; respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report diabetes. Thirteen percent reported current asthma; respondents who were female, 35 to 44 years old or with some post high school education were more likely to report this. *From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported high blood pressure or heart disease/condition while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol while from 2013 to 2016, there was a statistical decrease. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported current asthma, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2013 to 2016, there was no statistical change.*

In 2016, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents 45 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Two percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents 45 to 54 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, they considered suicide or they seldom/never find meaning and purpose in daily life, as well as from 2013 to 2016.*

Behavioral Risk Factors Key Findings

In 2016, 36% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-six percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 51% met the recommended amount of physical activity; respondents 18 to 34 years old, 45 to 54 years old, in the top 60 percent household income bracket or who were not overweight were more likely to report this. *From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2013 to 2016. From 2007 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2013 to 2016, there was a statistical increase.*

In 2016, 71% of respondents were classified as at least overweight while 42% were obese. Respondents who were male, 35 to 44 years old, with some post high school education or inactive were more likely to be classified as at least overweight. Respondents who were male, 35 to 44 years old or with a high school education or less were more likely to be obese. *From 2003 to 2016, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents being obese, as well as from 2013 to 2016.*

In 2016, 62% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents who were 18 to 34 years old, with a college education, in the top 40 percent household income bracket, married, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 18 to 34 years old, with a college education, in the top 40 percent household income bracket, married, not overweight or who met the recommended amount of physical activity were more likely to report this. Fifty-two percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket, married or who met the recommended amount of physical activity were more likely to report this. Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months. *From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2013 to 2016, there was a statistical increase.*

In 2016, 80% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Eighty-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-nine percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-five 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 in the top 40 percent household income bracket were more likely to meet the cervical cancer recommendation. *From 2003 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2013 to 2016, there was no statistical change.*

In 2016, 10% 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 74% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations. *From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test*

within the past year while from 2013 to 2016, there was no statistical change. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2013 to 2016.

In 2016, 21% of respondents were current tobacco cigarette smokers; respondents 35 to 44 years old, with a high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 64% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-five percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2013 to 2016, there was no statistical change. From 2003 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking while from 2013 to 2016, there was a statistical decrease.*

In 2016, 85% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents with a high school education or less, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2010 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2013 to 2016, there was a statistical decrease.*

In 2016, 4% of respondents used electronic cigarettes in the past 30 days; respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to use e-cigarettes. Three percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars.

In 2016, 40% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Less than one percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. *From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2013 to 2016.*

2016, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana, gambling or with the misuse of prescription drugs/over-the-counter drugs. Zero percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs. *From 2007 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year, as well as from 2013 to 2016. From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.*

In 2016, 15% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or in households with children more likely to report this. Forty-seven percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2016, 3% of respondents reported someone made them afraid for their personal safety in the past year. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this. *From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues while from 2013 to 2016, there was a statistical decrease.*

Children in Household Key Findings

In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-six percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 84% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Nine percent of respondents reported there was a time in the past 12 months their child did not receive the medical care needed while 5% each reported their child did not receive the dental care needed or their child was not able to visit a specialist they needed to see. Four percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 25% reported three or more servings of vegetables. Thirty percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-nine percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Zero 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. Twenty-seven percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 27% reported verbal bullying, 2% reported physical bullying and 0% cyber bullying.

County Health Issues Key Findings

In 2016, respondents were asked to pick the top three health issues in the county out of a list of seventeen. The most often cited were illegal drug use (45%), alcohol use/abuse (24%) or overweight/obesity (24%). Respondents with a college education or in the middle 20 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents with a college education were more likely to report alcohol use or abuse. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report overweight or obesity. Twenty percent of respondents reported cancer as a top issue; respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report this. Seventeen percent of respondents reported chronic diseases as a top issue; respondents 45 and older were more likely to report this. Fifteen percent reported prescription or over-the-counter drug abuse; respondents 18 to 34 years old were more likely to report this. Eleven percent reported access to health care; respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report access to health care as a top issue. Nine percent of respondents reported mental health/depression; respondents with a college education were more likely to report this. Six percent reported tobacco use as a top issue. Five percent of respondents volunteered a new issue of affordable health care. Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report affordable health care. Three percent reported lack of physical activity and 2% each reported infectious diseases, violence/crime or environmental issues. Less than one percent reported access to affordable healthy food as a top issue. Zero percent reported teen pregnancy, infant mortality or lead poisoning as a top county health issue. *From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported illegal drug use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported alcohol use/abuse, tobacco use, access to health care, infectious diseases or access to affordable healthy food as one of the top health issues in the county. From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported overweight/obesity, cancer, chronic diseases, mental health/depression, lack of physical activity, environmental issues, violence/crime, teen pregnancy, infant mortality or lead poisoning.*

Key Findings

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

KEY FINDINGS: In 2016, 52% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket, who were inactive or smokers were more likely to report fair or poor health.

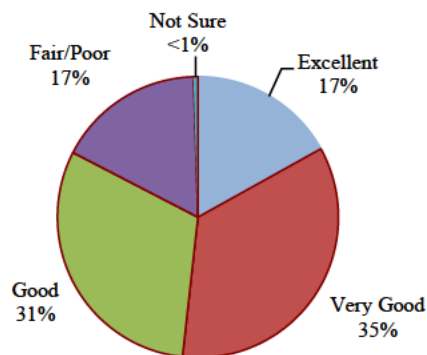
From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2013 to 2016, there was no statistical change.

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

2016 Findings

- Fifty-two percent of respondents said their own health, generally speaking, was either excellent (17%) or very good (35%). A total of 17% reported their health was fair or poor.

Figure 1. Rate Own Health for 2016



- Twenty-seven percent of respondents 55 to 64 years old reported their health was fair or poor compared to 14% of those 45 to 54 years old or 9% of respondents 18 to 34 years old.
- Twenty-one percent of respondents with a high school education or less and 20% of those with some post high school education reported their health was fair or poor compared to 8% of respondents with a college education.
- Thirty percent of respondents in the middle 20 percent household income bracket reported their health was fair or poor compared to 20% of those in the bottom 40 percent income bracket or 5% of respondents in the top 40 percent household income bracket.
- Inactive respondents were more likely to report their health was fair or poor (31%) compared to those who did an insufficient amount of physical activity (17%) or respondents who met the recommended amount of physical activity (15%).

- Smokers were more likely to report their health was fair or poor compared to nonsmokers (29% and 14%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported fair or poor health.
- In 2003 and 2016, gender was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across gender reporting fair or poor health.
- In 2003, age was not a significant variable. In 2016, respondents 55 to 64 years old were more likely to report fair or poor health. From 2003 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old reporting fair or poor health.
- In 2003, respondents with a high school education or less were more likely to report fair or poor health. In 2016, respondents with some post high school education or less were more likely to report fair or poor health. From 2003 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting fair or poor health.
- In 2003, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2016, respondents in the middle 20 percent household income bracket were more likely to report fair or poor health, with a noted increase since 2003.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of married respondents reporting fair or poor health.
- In 2003, overweight respondents were more likely to report fair or poor health. In 2016, overweight status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents who were not overweight reporting fair or poor health.
- In 2003 and 2016, smokers were more likely to report fair or poor health. From 2003 to 2016, there was a noted increase in the percent of respondents across smoking status reporting fair or poor health.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported fair or poor health.
- In 2013, age was not a significant variable. In 2016, respondents 55 to 64 years old were more likely to report fair or poor health.
- In 2013 and 2016, respondents with some post high school education or less were more likely to report fair or poor health.
- In 2013, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2016, respondents in the middle 20 percent household income bracket were more likely to report fair or poor health, with a noted increase since 2013.
- In 2013, unmarried respondents were more likely to report fair or poor health. In 2016, marital status was not a significant variable.

- In 2013, physical activity was not a significant variable. In 2016, inactive respondents were more likely to report fair or poor health.
- In 2013 and 2016, smokers were more likely to report fair or poor health.

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

	2003	2007	2010	2013	2016
TOTAL ^a	10%	18%	14%	16%	17%
Gender					
Male ^a	11	18	12	17	19
Female ^a	9	18	15	15	15
Age ^{2,3,5}					
18 to 34	10	8	8	12	9
35 to 44 ^a	8	15	2	25	19
45 to 54	12	17	19	13	14
55 to 64	13	22	22	16	27
65 and Older	9	31	24	18	19
Education ^{1,2,4,5}					
High School or Less	15	24	17	19	21
Some Post High School ^a	6	18	11	22	20
College Graduate	4	6	9	6	8
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	17	27	21	24	20
Middle 20 Percent Bracket ^{a,b}	7	14	6	7	30
Top 40 Percent Bracket	7	3	2	9	5
Marital Status ^{2,3,4}					
Married ^a	8	14	9	13	17
Not Married	13	24	18	21	17
Overweight Status ^{1,3}					
Not Overweight ^a	3	17	7	18	12
Overweight	13	18	17	15	18
Physical Activity ^{2,3,5}					
Inactive	--	43	43	22	31
Insufficient	--	15	13	12	17
Recommended	--	14	8	16	15
Smoking Status ^{1,2,4,5}					
Nonsmoker ^a	8	15	13	13	14
Smoker ^a	16	29	17	28	29

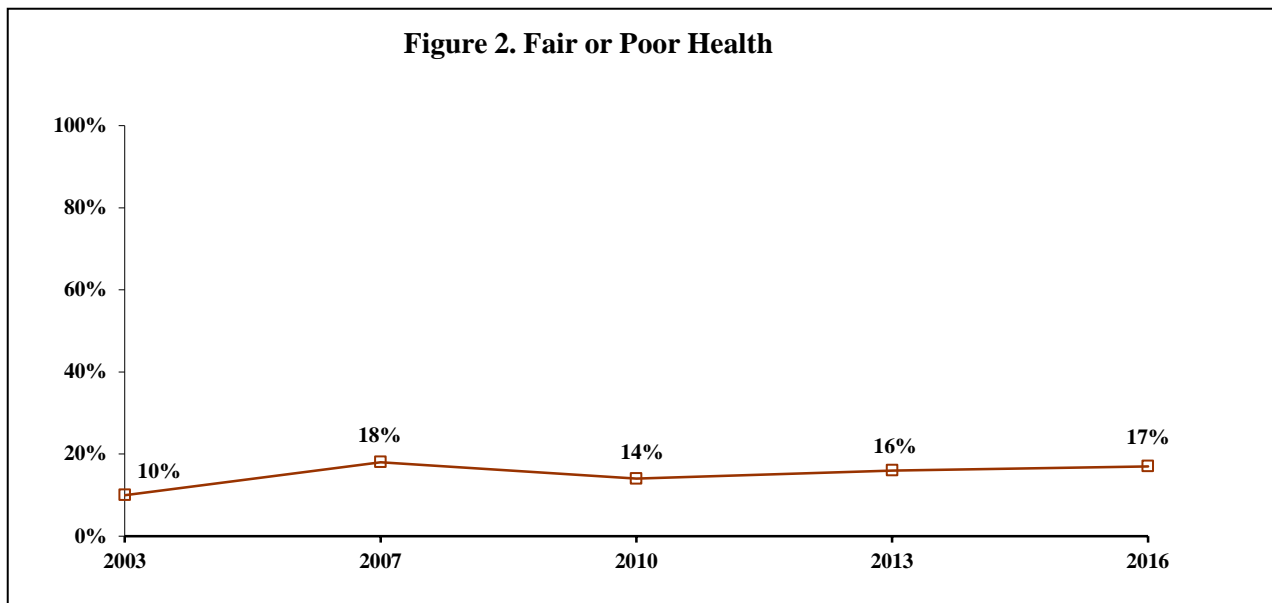
^①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2013 to 2016, there was no statistical change.



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

KEY FINDINGS: In 2016, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 18 to 34 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this.

From 2003 to 2016, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2013 to 2016. From 2003 to 2016, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage, as well as from 2013 to 2016. From 2010 to 2016, 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 while from 2013 to 2016, the overall percent statistically remained the same. From 2003 to 2016, 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, as well as from 2013 to 2016.

Personally Not Covered Currently

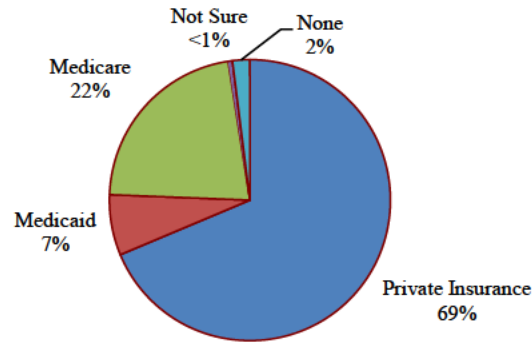
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

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

2016 Findings

- Two percent of respondents reported they were not currently covered by any health care insurance. Sixty-nine percent reported private insurance. Seven percent reported Medicaid, including medical assistance, Title 19 or Badger Care, while 22% reported Medicare.

Figure 3. Type of Health Care Coverage for 2016



- No demographic comparisons were conducted as a result of the low percent of respondents who reported no current personal health care coverage.
 - Of the 273 respondents who reported they had private insurance, 84% reported they received private health insurance through an employer, 5% reported directly from an insurance company while another 7% reported an exchange.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance.
- In 2003, respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report no health insurance. In 2016, no demographic comparisons were conducted as a result of the small number of respondents reporting no personal health care insurance.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance.
- In 2013, respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or who were unmarried were more likely to report no health insurance. In 2016, no demographic comparisons were conducted as a result of the small number of respondents reporting no personal health care insurance.

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

	2003	2007	2010	2013	2016 ^②
TOTAL					
All Respondents ^{a,b}	7%	7%	15%	6%	2%
Respondents 18 to 64 Years Old ^{a,b}	8	9	19	7	3
Gender ³					
Male	8	5	20	7	--
Female	6	8	10	4	--
Age ^{1,2,3,4}					
18 to 34	14	12	20	12	--
35 to 44	8	6	17	3	--
45 to 54	5	8	23	6	--
55 to 64	0	6	12	7	--
65 and Older	0	0	0	1	--
Education ^{3,4}					
High School or Less	9	6	17	9	--
Some Post High School	6	10	18	5	--
College Graduate	3	5	3	2	--
Household Income ^{1,2,3,4}					
Bottom 40 Percent Bracket	15	11	25	11	--
Middle 20 Percent Bracket	4	3	10	3	--
Top 40 Percent Bracket	3	3	0	0	--
Marital Status ^{1,2,3,4}					
Married	3	2	4	3	--
Not Married	12	13	26	9	--

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

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Personally Not Covered in the Past 12 Months

2016 Findings

- Six percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months.
- Male respondents were more likely to report they were not covered at least part of the year (8%) compared to female respondents (3%).
- Fifteen percent of respondents 18 to 34 years old reported they were not covered at least part of the year compared to 0% of respondents 55 to 64 years old.
- Nine percent of respondents with some post high school education and 7% of those with a high school education or less reported they were not covered at least part of the year compared to 0% of respondents with a college education.

- Ten percent of respondents in the bottom 40 percent household income bracket reported they were not covered at least part of the year compared to 0% of respondents in the top 60 percent household income bracket.

2010 to 2016 Year Comparisons

- From 2010 to 2016, 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.
- In 2010 and 2016, male respondents were more likely to report no coverage in the past 12 months. From 2010 to 2016, there was a noted decrease in the percent of respondents across gender reporting no coverage.
- In 2010 and 2016, respondents 18 to 34 years old were more likely to report no coverage. From 2010 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 64 years old reporting no coverage.
- In 2010 and 2016, respondents with some post high school education or less were more likely to report no coverage in the past 12 months. From 2010 to 2016, there was a noted decrease in the percent of respondents with some post high school education or less reporting no coverage.
- In 2010 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report no coverage. From 2010 to 2016, there was a noted decrease in the percent of respondents across household income reporting no coverage.
- In 2010, unmarried respondents were more likely to report no health insurance. In 2016, marital status was not a significant variable. From 2010 to 2016, there was a noted decrease in the percent of unmarried respondents reporting no coverage.

2013 to 2016 Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported no personal health care coverage at least part of the time in the past 12 months.
- In 2013, gender was not a significant variable. In 2016, male respondents were more likely to report no coverage in the past 12 months. From 2013 to 2016, there was a noted decrease in the percent of female respondents reporting no coverage.
- In 2013 and 2016, respondents 18 to 34 years old were more likely to report no coverage. From 2013 to 2016, there was a noted decrease in the percent of respondents 45 to 64 years old reporting no coverage.
- In 2013, respondents with a high school education or less were more likely to report no coverage in the past 12 months. In 2016, respondents with some post high school education or less were more likely to report no coverage. From 2013 to 2016, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting no coverage.
- In 2013 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report no coverage.
- In 2013, unmarried respondents were more likely to report no health insurance. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting no coverage.

Table 4. Personally Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year^⓪

	2010	2013	2016
TOTAL ^a	22%	9%	6%
Gender ^{1,3}			
Male ^a	30	10	8
Female ^{a,b}	15	9	3
Age ^{1,2,3}			
18 to 34 ^a	45	22	15
35 to 44	17	5	11
45 to 54 ^{a,b}	26	8	1
55 to 64 ^{a,b}	16	9	0
65 and Older	0	1	1
Education ^{1,2,3}			
High School or Less ^{a,b}	28	15	7
Some Post High School ^a	25	8	9
College Graduate ^b	3	4	0
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket ^a	34	16	10
Middle 20 Percent Bracket ^a	15	4	0
Top 40 Percent Bracket ^a	7	0	0
Marital Status ^{1,2}			
Married	8	5	5
Not Married ^{a,b}	37	17	7

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

¹demographic difference at p≤0.05 in 2010; ²demographic difference at p≤0.05 in 2013

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2010 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Someone in Household Not Covered in the Past 12 Months

2016 Findings

- Six 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.
- Ten 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 0% of respondents in the top 60 percent household income bracket.

2003 to 2016 Year Comparisons

- From 2003 to 2016, 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 2003 and 2016, 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 2003 to 2016, there was a noted decrease in the percent of respondents across household income reporting someone in their household was not covered in the past 12 months.
- In 2003, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. In 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of respondents across marital status reporting someone in their household was not covered in the past 12 months.

2013 to 2016 Year Comparisons

- From 2013 to 2016, 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 2013 and 2016, 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 2013 to 2016, there was a noted decrease in the percent of respondents across household income reporting someone in their household was not covered in the past 12 months.
- In 2013, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past 12 months.

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

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	20%	19%	23%	13%	6%
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket ^{a,b}	30	24	36	23	10
Middle 20 Percent Bracket ^{a,b}	17	6	15	6	0
Top 40 Percent Bracket ^{a,b}	17	16	7	4	0
Marital Status ^{1,2,3,4}					
Married ^a	12	15	10	8	5
Not Married ^{a,b}	33	24	37	22	7

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

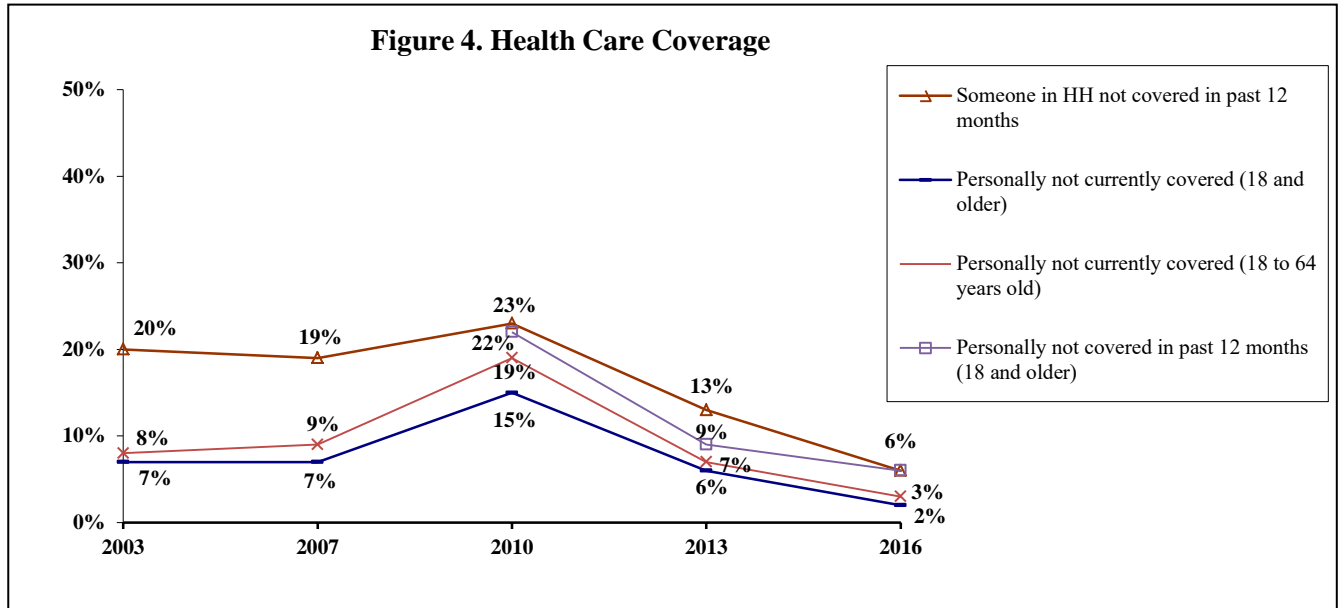
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Health Care Coverage Overall

Year Comparisons

- From 2003 to 2016, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2013 to 2016. From 2003 to 2016, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage, as well as from 2013 to 2016. From 2010 to 2016, 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 while from 2013 to 2016, the overall percent statistically remained the same. From 2003 to 2016, 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, as well as from 2013 to 2016.



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

KEY FINDINGS: In 2016, 16% 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 or in the bottom 60 percent household income bracket were more likely to report this. Twelve percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten 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 in the bottom 60 percent household income bracket were more likely to report this. Eleven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they did not receive the dental care needed. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.

From 2013 to 2016, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2013 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care, unmet dental care or unmet mental health care in the past 12 months.

Financial Burden of Medical Care

2016 Findings

- Sixteen percent of respondents reported in the past 12 months they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care.
- Thirty 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 11% of those 45 to 54 years old or 2% of respondents 65 and older.
- Twenty-one percent of respondents in the middle 20 percent household income bracket and 19% of those in the bottom 40 percent income bracket reported they delayed or did not seek medical care compared to 7% of respondents in the top 40 percent household income bracket.

Table 6. Delayed or Did Not Seek Medical Care Due to Cost in Past 12 Months by Demographic Variables for 2016^⓪

	2016
TOTAL	16%
Gender	
Male	16
Female	16
Age ¹	
18 to 34	22
35 to 44	30
45 to 54	11
55 to 64	19
65 and Older	2
Education	
High School or Less	14
Some Post High School	19
College Graduate	16
Household Income ¹	
Bottom 40 Percent Bracket	19
Middle 20 Percent Bracket	21
Top 40 Percent Bracket	7
Marital Status	
Married	15
Not Married	17

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

¹demographic difference at p<0.05 in 2016

Financial Burden of Prescription Medications

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

2016 Findings

- Twelve percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.
- Twenty-one percent of respondents in the bottom 40 percent household income bracket reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months compared to 9% of those in the top 40 percent income bracket or 6% of respondents in the middle 20 percent household income bracket.

2013 to 2016 Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.
- In 2013, respondents in the top 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months, with a noted increase since 2013.

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

	2013	2016
TOTAL	10%	12%
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	10	21
Middle 20 Percent Bracket	3	6
Top 40 Percent Bracket	15	9
Marital Status		
Married	11	11
Not Married	7	13

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Unmet Medical Care

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

2016 Findings

- Ten 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 were more likely to report there was a time in the past 12 months they did not receive the medical care needed (16%) compared to those 45 to 54 years old (7%) or respondents 65 and older (2%).
- Fifteen percent of respondents in the bottom 60 percent household income bracket reported there was a time in the past 12 months they did not receive the medical care needed compared to 0% of respondents in the top 60 percent household income bracket.
 - Of the 39 respondents who reported an unmet medical care need, 36% reported the inability to pay was the reason while 32% reported poor medical care. Sixteen percent reported co-payments too high.

2013 to 2016 Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the medical care needed.
- In 2013, respondents 35 to 54 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. In 2016, respondents 35 to 44 years old were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting in the past 12 months they did not receive the medical care needed.
- In 2013, household income was not a significant variable in the percent of respondents reporting there was a time in the past 12 months they did not receive the medical care needed. In 2016, respondents in the bottom 60 percent household income bracket were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2013 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting in the past 12 months they did not receive the medical care needed.
- In 2013, unmarried respondents were more likely to report in the past 12 months they did not receive the medical care needed. In 2016, marital status was not a significant variable.

Table 8. Unmet Medical Care in Past 12 Months by Demographic Variables for Each Survey Year[Ⓞ]

	2013	2016
TOTAL	11%	10%
Gender		
Male	12	9
Female	9	10
Age ^{1,2}		
18 to 34 ^a	4	13
35 to 44	21	16
45 to 54 ^a	20	7
55 to 64	10	13
65 and Older	3	2
Education		
High School or Less	8	10
Some Post High School	14	13
College Graduate	11	6
Household Income ²		
Bottom 40 Percent Bracket	10	15
Middle 20 Percent Bracket	14	15
Top 40 Percent Bracket ^a	10	0
Marital Status ¹		
Married	8	10
Not Married	15	9

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Unmet Dental Care

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

2016 Findings

- Eleven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- Respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed (19%) compared to those in the middle 20 percent income bracket (12%) or respondents in the top 40 percent household income bracket (2%).
- Unmarried respondents were more likely to report they did not receive the dental care needed compared to married respondents (15% and 7%, respectively).
 - Of the 43 respondents who reported not receiving dental care needed, 36% reported the inability to pay as the reason while 32% reported insurance did not cover it. Seventeen percent reported uninsured while 14% reported not enough time.

2013 to 2016 Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the dental care needed.
- In 2013, female respondents were more likely to report in the past 12 months they did not receive the dental care needed. In 2016, gender was not a significant variable.
- In 2013, respondents 35 to 44 years old were more likely to report in the past 12 months they did not receive the dental care needed. In 2016, age was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old and a noted increase in the percent of respondents 55 to 64 years old reporting in the past 12 months they did not receive the dental care needed.
- In 2013, respondents with some post high school education or less were more likely to report in the past 12 months they did not receive the dental care needed. In 2016, education was not a significant variable.
- In 2013 and 2016, 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.
- In 2013, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report 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^⓪

	2013	2016
TOTAL	11%	11%
Gender ¹		
Male	7	10
Female	15	12
Age ¹		
18 to 34	15	12
35 to 44 ^a	19	6
45 to 54	12	12
55 to 64 ^a	4	20
65 and Older	5	6
Education ¹		
High School or Less	14	13
Some Post High School	13	9
College Graduate	4	10
Household Income ^{1,2}		
Bottom 40 Percent Bracket	18	19
Middle 20 Percent Bracket	6	12
Top 40 Percent Bracket	5	2
Marital Status ²		
Married	12	7
Not Married	9	15

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Unmet Mental Health Care

2016 Findings

- Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.
- No demographic comparisons were conducted as a result of the small number of respondents reporting an unmet mental health care need.
 - Of the 13 respondents who reported not receiving mental health care needed, 5 reported they cannot afford to pay as the reason why. Four respondents each reported poor mental health care or unable to get appointment.

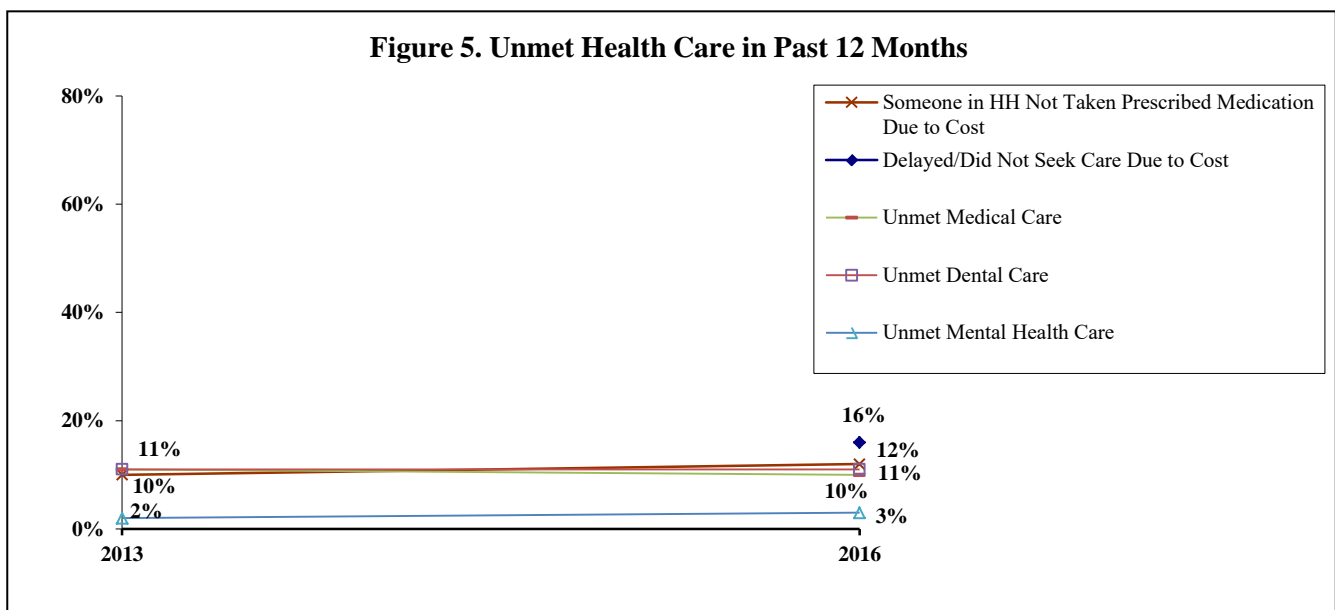
2013 to 2016 Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the mental health care needed (2% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting an unmet mental health care need in both study years.

Health Care Needed Overall

Year Comparisons

- From 2013 to 2016, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2013 to 2016, the overall percent statistically remained the same for respondents who reported unmet medical care, unmet dental care or unmet mental health care in the past 12 months.



Health Information and Services (Figure 6; Tables 10 - 13)

KEY FINDINGS: In 2016, 56% of respondents reported they contact a doctor when they need health information or clarification while 18% reported they go to the Internet. Eight percent reported themselves or a family member is in the healthcare field and their source of information while 7% reported another health professional. Respondents who were female or married were more likely to report they contact a doctor. Respondents 35 to 54 years old or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents with some post high school education were more likely to report themselves or a family member in the health field. Respondents 45 to 54 years old, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report another health professional. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, with at least some post high school education or married were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female or 65 and older were more likely to report this. Forty-seven percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan.

From 2007 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents having an advance care plan, as well as from 2013 to 2016.

Source for Health Information

2016 Findings

- Fifty-six percent of respondents reported they contact a doctor when looking for health information or clarification while 18% reported they look on the Internet. Eight percent reported they were, or a family member was, in the healthcare field. Seven percent reported other health professional.

Doctor as Source for Health Information

2016 Findings

- Fifty-six percent of respondents reported they contact their doctor when looking for health information or clarification.
- Female respondents were more likely to report doctor as their source of health information/clarification (60%) compared to male respondents (50%).
- Married respondents were more likely to report doctor as their source of health information/clarification compared to unmarried respondents (60% and 50%, respectively).

Internet as Source for Health Information

2016 Findings

- Eighteen percent of respondents reported they go to the Internet when looking for health information or clarification.
- Twenty-five percent of respondents 35 to 44 years old and 24% of those 45 to 54 years old reported the Internet as their source for health information compared to 8% of respondents 65 and older.
- Twenty-nine percent of respondents in the middle 20 percent household income bracket reported the Internet as their source for health information compared to 15% of those in the top 40 percent income bracket or 14% of respondents in the bottom 40 percent household income bracket.

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

2016 Findings

- Eight percent of respondents reported they were, or a family member was, in the healthcare field and was their source to go to when looking for health information or clarification.
- Sixteen percent of respondents with some post high school education reported they were, or a family member was, in the healthcare field and their source for health information compared to 9% of those with a college education or 1% of respondents with a high school education or less.

Other Health Professional as Source for Health Information

2016 Findings

- Seven percent of respondents reported they see another health professional when looking for health information or clarification.
- Fourteen percent of respondents 45 to 54 years old reported other health professional as their source for health information compared to 3% of respondents 35 to 44 years old or 65 and older.
- Ten percent of respondents in the top 40 percent household income bracket and 8% of those in the bottom 40 percent income bracket reported another health professional as their source for health information compared to 0% of respondents in the middle 20 percent household income bracket.

Table 10. Source for Health Information by Demographic Variables for 2016^⓪

	Doctor	Internet	Myself/Family Member in Health Field	Other Health Professional
TOTAL	56%	18%	8%	7%
Gender				
Male	50 ¹	21	8	7
Female	60 ¹	15	8	7
Age				
18 to 34	49	18 ¹	13	6 ¹
35 to 44	52	25 ¹	10	3 ¹
45 to 54	51	24 ¹	2	14 ¹
55 to 64	66	15 ¹	7	6 ¹
65 and older	62	8 ¹	8	3 ¹
Education				
High School or Less	58	17	1 ¹	8
Some Post High School	57	16	16 ¹	4
College Graduate	49	22	9 ¹	9
Household Income				
Bottom 40 Percent Bracket	59	14 ¹	6	8 ¹
Middle 20 Percent Bracket	52	29 ¹	11	0 ¹
Top 40 Percent Bracket	55	15 ¹	9	10 ¹
Marital Status				
Married	60 ¹	15	9	7
Not Married	50 ¹	21	7	6

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

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

Primary Care Physician

2016 Findings

- Eighty-eight percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (95%) compared to male respondents (80%).
- Respondents 65 and older were more likely to report a primary care physician (98%) compared to those 45 to 54 years old (87%) or respondents 18 to 34 years old (77%).
- Ninety-four percent of respondents with a college education and 92% of those with some post high school education reported a primary care physician compared to 80% of respondents with a high school education or less.
- Married respondents were more likely to report a primary care physician compared to unmarried respondents (94% and 81%, respectively).

Table 11. Have a Primary Care Physician by Demographic Variables for 2016^⓪

	2016
TOTAL	88%
Gender ¹	
Male	80
Female	95
Age ¹	
18 to 34	77
35 to 44	89
45 to 54	87
55 to 64	90
65 and Older	98
Education ¹	
High School or Less	80
Some Post High School	92
College Graduate	94
Household Income	
Bottom 40 Percent Bracket	86
Middle 20 Percent Bracket	89
Top 40 Percent Bracket	92
Marital Status ¹	
Married	94
Not Married	81

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

¹demographic difference at p≤0.05 in 2016

Primary Health Care Services

2016 Findings

- Sixty-three percent of respondents reported they go to a doctor’s or nurse practitioner’s office when they are sick. Twenty percent reported urgent care center while 4% each reported public health clinic/community center or hospital emergency room. Eight percent reported no usual place.
- Female respondents were more likely to report a doctor’s or nurse practitioner’s office (77%) compared to male respondents (49%).
- Eighty-six percent of respondents 65 and older reported a doctor’s or nurse practitioner’s office compared to 51% of those 35 to 44 years old or 37% of respondents 18 to 34 years old.

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place when they are sick was a doctor’s or nurse practitioner’s office.

- In 2007 and 2016, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2007 to 2016, there was a noted decrease in the percent of male respondents reporting a doctor's or nurse practitioner's office.
- In 2007, respondents 55 and older were more likely to report a doctor's or nurse practitioner's office. In 2016, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2007 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting a doctor's or nurse practitioner's office.
- In 2007, respondents with a high school education or less or with a college education were more likely to report a doctor's or nurse practitioner's office. In 2016, education was not a significant variable. From 2007 to 2016, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting a doctor's or nurse practitioner's office.
- In 2007 and 2016, household income was not a significant variable. From 2007 to 2016, 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 2007 and 2016, marital status was not a significant variable. From 2007 to 2016, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.
- In 2013, gender was not a significant variable. In 2016, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2013 to 2016, there was a noted decrease in the percent of male respondents reporting a doctor's or nurse practitioner's office.
- In 2013, respondents 55 and older were more likely to report a doctor's or nurse practitioner's office. In 2016, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2013 to 2016, 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 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents across education reporting a doctor's or nurse practitioner's office.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, 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 2013, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

Table 12. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year^①

	2007	2010	2013	2016
TOTAL ^{a,b}	72%	77%	78%	63%
Gender ^{1,2,4}				
Male ^{a,b}	66	68	75	49
Female	78	86	81	77
Age ^{1,2,3,4}				
18 to 34 ^b	48	64	57	37
35 to 44 ^{a,b}	67	82	82	51
45 to 54	82	71	76	74
55 to 64 ^{a,b}	88	86	89	70
65 and Older	90	89	90	86
Education ^{1,2}				
High School or Less ^{a,b}	76	70	75	61
Some Post High School ^b	63	78	81	64
College Graduate ^{a,b}	77	91	77	65
Household Income ²				
Bottom 40 Percent Bracket	67	70	76	67
Middle 20 Percent Bracket ^{a,b}	70	83	78	54
Top 40 Percent Bracket ^{a,b}	79	84	79	66
Marital Status ^{2,3}				
Married ^{a,b}	75	86	85	67
Not Married	68	68	66	59

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

¹demographic difference at p<0.05 in 2007; ²demographic difference at p<0.05 in 2010

³demographic difference at p<0.05 in 2013; ⁴demographic difference at p<0.05 in 2016

^ayear difference at p<0.05 from 2007 to 2016; ^byear difference at p<0.05 from 2013 to 2016

Advance Care Plan

2016 Findings

- Forty-seven 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.
- Female respondents were more likely to report they had an advance care plan (51%) compared to male respondents (41%).
- Seventy-four percent of respondents 65 and older reported they had an advance care plan compared to 37% of those 35 to 44 years old or 29% of respondents 18 to 34 years old.
- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (51% and 41%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents having an advance care plan.
- In 2003, gender was not a significant variable. In 2016, female respondents were more likely to report having an advance care plan, with a noted increase since 2003.
- In 2003 and 2016, respondents 65 and older were more likely to report having an advance care plan.
- In 2003 and 2016, education was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents with at least some post high school education reporting an advance care plan.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents in the top 60 percent household income bracket reporting an advance care plan.
- In 2003, marital status was not a significant variable. In 2016, married respondents were more likely to report having an advance care plan. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status reporting an advance care plan.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents having an advance care plan.
- In 2013, gender was not a significant variable. In 2016, female respondents were more likely to report having an advance care plan, with a noted increase since 2013.
- In 2013 and 2016, respondents 65 and older were more likely to report having an advance care plan. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting an advance care plan.
- In 2013, respondents with a college education were more likely to report having an advance care plan. In 2016, education was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting an advance care plan.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting an advance care plan.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report having an advance care plan, with a noted increase since 2013.

Table 13. Advance Care Plan by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	34%	37%	33%	38%	47%
Gender ^{2,5}					
Male	36	32	30	34	41
Female ^{a,b}	34	42	35	41	51
Age ^{1,2,3,4,5}					
18 to 34 ^b	18	15	4	3	29
35 to 44	26	22	18	31	37
45 to 54	37	33	25	31	45
55 to 64	34	55	52	43	47
65 and Older	60	72	80	81	74
Education ⁴					
High School or Less	35	38	33	40	42
Some Post High School ^{a,b}	30	36	30	29	47
College Graduate ^a	38	36	36	46	53
Household Income ²					
Bottom 40 Percent Bracket	35	44	30	38	41
Middle 20 Percent Bracket ^{a,b}	35	31	25	28	51
Top 40 Percent Bracket ^a	35	30	29	38	48
Marital Status ⁵					
Married ^{a,b}	38	35	34	41	51
Not Married ^a	29	39	31	32	41

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

^②In 2007, “living will or health care power of attorney” was added.

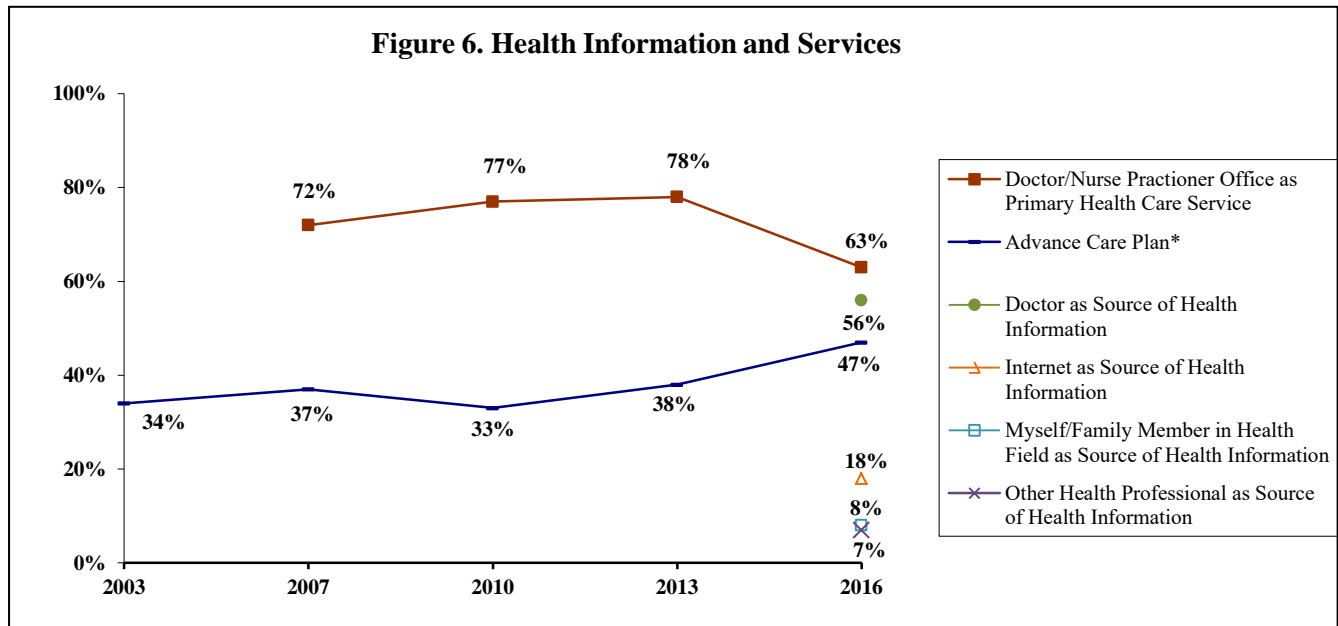
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Health Information and Services Overall

Year Comparisons

- From 2007 to 2016, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor’s or nurse practitioner’s office, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents having an advance care plan, as well as from 2013 to 2016.



*In 2007, “living will or health care power of attorney” was added.

Routine Procedures (Figure 7; Tables 14 - 17)

KEY FINDINGS: In 2016, 86% of respondents reported a routine medical checkup two years ago or less while 79% reported a cholesterol test four years ago or less. Sixty-nine percent of respondents reported a visit to the dentist in the past year while 47% reported an eye exam in the past year. Respondents who were female, 65 and older, with a college education or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were 55 and older or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report an eye exam in the past year.

From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less while from 2013 to 2016, there was a statistical increase. From 2003 to 2016, there was a statistical increase in the overall percent of respondents reporting a cholesterol test four years ago or less while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a dental checkup or an eye exam in the past year, as well as from 2013 to 2016.

Routine Checkup

In 2013, 68% of Wisconsin respondents reported in the past year they had a routine checkup, 14% reported past two years, 9% past five years and 8% five or more years ago. Nationally, 68% reported past year, 13% past two years, 8% past five years and 8% five or more years ago (2013 Behavioral Risk Factor Surveillance).

2016 Findings

- Eighty-six percent of respondents reported they had a routine checkup in the past two years.
- Female respondents were more likely to report a routine checkup in the past two years (91%) compared to male respondents (82%).
- Respondents 65 and older were more likely to report a routine checkup in the past two years (98%) compared to those 18 to 34 years old (83%) or respondents 35 to 44 years old (76%).
- Ninety-three percent of respondents with a college education reported a routine checkup in the past two years compared to 84% of those with some post high school education or 83% of respondents with a high school education or less.
- Ninety-two percent of respondents in the top 40 percent household income bracket reported a routine checkup in the past two years compared to 83% of those in the middle 20 percent income bracket or 82% of respondents in the bottom 40 percent household income bracket.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2003 and 2016, female respondents were more likely to report a routine checkup two years ago or less. From 2003 to 2016, there was a noted increase in the percent of male respondents reporting a routine checkup two years ago or less.
- In 2003, respondents 55 and older were more likely to report a routine checkup two years ago or less. In 2016, respondents 65 and older were more likely to report a routine checkup two years ago or less.
- In 2003, education was not a significant variable. In 2016, respondents with a college education were more likely to report a routine checkup two years ago or less, with a noted increase since 2003.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less, with a noted increase since 2003.

2003 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2013 and 2016, female respondents were more likely to report a routine checkup two years ago or less. From 2013 to 2016, there was a noted increase in the percent of respondents across gender reporting a routine checkup two years ago or less.

- In 2013 and 2016, respondents 65 and older were more likely to report a routine checkup two years ago or less. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting a routine checkup two years ago or less.
- In 2013 and 2016, respondents with a college education were more likely to report a routine checkup two years ago or less. From 2013 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting a routine checkup two years ago or less.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less, with a noted increase since 2013.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of married respondents reporting a routine checkup two years ago or less.

Table 14. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year^①

	2003	2007	2010	2013	2016
TOTAL ^b	82%	80%	77%	79%	86%
Gender ^{1,4,5}					
Male ^{a,b}	73	78	73	73	82
Female ^b	88	81	81	83	91
Age ^{1,2,3,4,5}					
18 to 34 ^b	77	80	64	56	83
35 to 44	71	74	76	77	76
45 to 54	82	65	71	82	85
55 to 64	93	90	88	86	89
65 and Older	95	93	93	94	98
Education ^{3,4,5}					
High School or Less	79	79	73	78	83
Some Post High School ^b	84	77	74	72	84
College Graduate ^a	81	85	91	87	93
Household Income ⁵					
Bottom 40 Percent Bracket	83	78	76	75	82
Middle 20 Percent Bracket	82	75	73	85	83
Top 40 Percent Bracket ^{a,b}	80	85	81	80	92
Marital Status ³					
Married ^b	84	79	81	79	87
Not Married	77	82	72	77	85

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Cholesterol Test

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

In 2013, 77% of Wisconsin respondents and 76% of U.S. respondents reported they had their cholesterol checked within the past five years (2013 Behavioral Risk Factor Surveillance).

2016 Findings

- Seventy-nine percent of respondents reported having their cholesterol tested four years ago or less. Five percent reported five or more years ago while 11% reported never having their cholesterol tested.
- Ninety-five percent of respondents 65 and older and 93% of those 55 to 64 years old reported a cholesterol test four years ago or less compared to 50% of respondents 18 to 34 years old.
- Married respondents were more likely to report a cholesterol test four years ago or less compared to unmarried respondents (86% and 69%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2003 and 2016, gender was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of male respondents reporting a cholesterol test four years ago or less.
- In 2003 and 2016, respondents 55 and older were more likely to report a cholesterol test four years ago or less.
- In 2003 and 2016, education was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents with some post high school education reporting a cholesterol test four years ago or less.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a cholesterol test four years ago or less.
- In 2003 and 2016, married respondents were more likely to report a cholesterol test four years ago or less.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported a cholesterol test four years ago or less.
- In 2013 and 2016, respondents 55 and older were more likely to report a cholesterol test four years ago or less. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old reporting a cholesterol test four years ago or less.
- In 2013, respondents with a college education were more likely to report a cholesterol test four years ago or less. In 2016, education was not a significant variable.

- In 2013, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a cholesterol test four years ago or less.
- In 2013 and 2016, married respondents were more likely to report a cholesterol test four years ago or less.

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

	2003	2007	2010	2013	2016
TOTAL ^a	73%	78%	73%	75%	79%
Gender ³					
Male ^a	68	79	68	75	80
Female	76	77	77	74	78
Age ^{1,2,3,4,5}					
18 to 34 ^b	41	68	38	32	50
35 to 44	70	80	80	76	77
45 to 54	81	68	83	89	85
55 to 64	91	94	86	91	93
65 and Older	92	89	92	92	95
Education ^{3,4}					
High School or Less	70	76	62	68	73
Some Post High School ^a	73	83	80	77	85
College Graduate	75	77	86	82	80
Household Income ^{3,4}					
Bottom 40 Percent Bracket ^b	75	74	66	66	76
Middle 20 Percent Bracket	70	84	79	76	77
Top 40 Percent Bracket ^a	74	84	80	86	85
Marital Status ^{1,2,3,4,5}					
Married	80	84	82	80	86
Not Married	59	69	63	66	69

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Dental Checkup

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

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

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.

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

2016 Findings

- Sixty-nine percent of respondents reported a dental visit in the past year. An additional 16% had a visit in the past one to two years.
- Female respondents were more likely to report a dental visit in the past year (75%) compared to male respondents (63%).
- Respondents with a college education were more likely to report a dental checkup in the past year (78%) compared to those with a high school education or less (66%) or respondents with some post high school education (64%).
- Eighty-nine percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 70% of those in the middle 20 percent income bracket or 55% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report a dental visit in the past year compared to unmarried respondents (79% and 56%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2003, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year. From 2003 to 2016, there was a noted decrease in the percent of male respondents reporting a dental checkup in the past year.
- In 2003, respondents 35 to 64 years old were more likely to report a dental checkup in the past year. In 2016, age was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting a dental checkup in the past year.
- In 2003 and 2016, respondents with a college education were more likely to report a dental checkup in the past year. From 2003 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting a dental checkup within the past year.
- In 2003, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. In 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2003 and 2016, married respondents were more likely to report a dental checkup in the past year.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.
- In 2013, gender was not a significant variable. In 2016, female respondents were more likely to report a dental checkup in the past year.

- In 2013, respondents 55 to 64 years old were more likely to report a dental checkup in the past year. In 2016, age was not a significant variable.
- In 2013 and 2016, respondents with a college education were more likely to report a dental checkup in the past year, with a noted decrease in 2016.
- In 2013 and 2016, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report a dental checkup in the past year.

Table 16. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year[ⓐ]

	2003	2007	2010	2013	2016
TOTAL	73%	71%	65%	70%	69%
Gender ^{3,5}					
Male ^a	73	72	59	67	63
Female	73	70	69	72	75
Age ^{1,2,4}					
18 to 34 ^a	52	69	60	60	67
35 to 44 ^a	87	66	64	68	61
45 to 54	86	84	67	75	78
55 to 64 ^a	87	82	71	81	69
65 and Older	62	60	65	65	67
Education ^{1,2,3,4,5}					
High School or Less	66	64	57	60	66
Some Post High School ^a	77	69	67	66	64
College Graduate ^b	82	87	79	89	78
Household Income ^{1,2,3,4,5}					
Bottom 40 Percent Bracket	51	58	47	56	55
Middle 20 Percent Bracket	81	74	89	75	70
Top 40 Percent Bracket	83	88	76	85	89
Marital Status ^{1,2,3,5}					
Married	80	77	73	71	79
Not Married	62	61	56	66	56

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Eye Exam

2016 Findings

- Forty-seven percent of respondents had an eye exam in the past year while 26% reported one to two years ago.
- Female respondents were more likely to report an eye exam in the past year (57%) compared to male respondents (37%).
- Fifty-nine percent of respondents 65 and older reported an eye exam in the past year compared to 45% of those 45 to 64 years old or 36% of respondents 18 to 34 years old.
- Fifty-five percent of respondents with a college education reported an eye exam in the past year compared to 52% of those with some post high school education or 37% of respondents with a high school education or less.
- Sixty-five percent of respondents in the top 40 percent household income bracket reported an eye exam in the past year compared to 44% of those in the middle 20 percent income bracket or 37% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report an eye exam in the past year compared to unmarried respondents (57% and 35%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2003, gender was not a significant variable. In 2016, female respondents were more likely to report an eye exam less than a year ago. From 2003 to 2016, there was a noted decrease in the percent of male respondents reporting an eye exam less than a year ago.
- In 2003 and 2016, respondents 65 and older were more likely to report an eye exam less than a year ago.
- In 2003, education was not a significant variable. In 2016, respondents with a college education were more likely to report an eye exam less than a year ago. From 2003 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting an eye exam less than a year ago.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report an eye exam less than a year ago.
- In 2003 and 2016, married respondents were more likely to report an eye exam less than a year ago.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.
- In 2013, gender was not a significant variable. In 2016, female respondents were more likely to report an eye exam less than a year ago.
- In 2013, respondents 45 to 54 years old were more likely to report an eye exam less than a year ago. In 2016, respondents 65 and older were more likely to report an eye exam less than a year ago.

- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report an eye exam less than a year ago. From 2013 to 2016, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with some post high school education reporting an eye exam less than a year ago.
- In 2013 and 2016, respondents in the top 40 percent household income bracket were more likely to report an eye exam less than a year ago.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report an eye exam less than a year ago, with a noted increase since 2013.

Table 17. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year^①

	2003	2007	2010	2013	2016
TOTAL	49%	48%	45%	46%	47%
Gender ^{3,5}					
Male ^a	47	45	38	43	37
Female	51	51	52	49	57
Age ^{1,3,4,5}					
18 to 34	45	52	46	29	36
35 to 44	37	42	29	42	51
45 to 54	53	45	41	59	45
55 to 64	48	51	49	50	45
65 and Older	66	49	62	52	59
Education ⁵					
High School or Less ^{a,b}	52	48	46	49	37
Some Post High School ^b	47	47	44	38	52
College Graduate	46	47	45	51	55
Household Income ^{4,5}					
Bottom 40 Percent Bracket	49	49	46	40	37
Middle 20 Percent Bracket	46	47	42	35	44
Top 40 Percent Bracket	55	42	44	55	65
Marital Status ^{1,5}					
Married ^b	55	45	43	47	57
Not Married	39	53	47	45	35

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

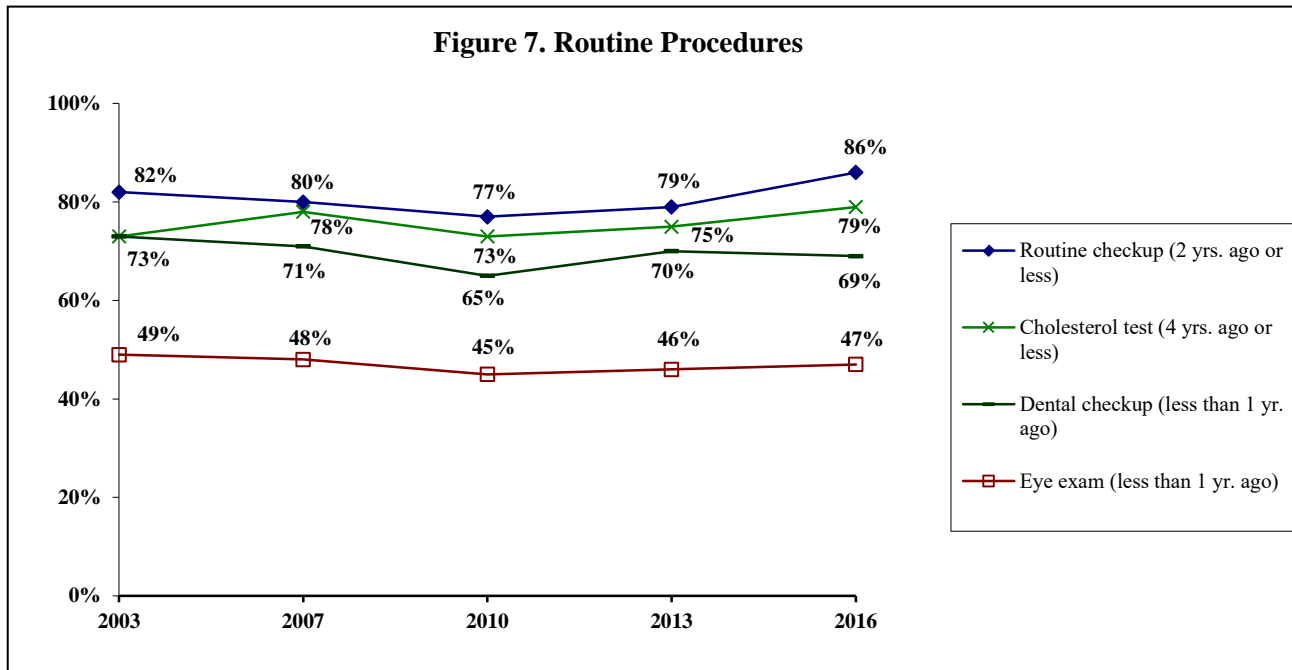
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Routine Procedures Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less while from 2013 to 2016, there was a statistical increase. From 2003 to 2016, there was a statistical increase in the overall percent of respondents reporting a cholesterol test four years ago or less while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting a dental checkup or an eye exam in the past year, as well as from 2013 to 2016.



Vaccinations (Figure 8; Table 18)

KEY FINDINGS: In 2016, 57% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or with a college education were more likely to report a flu vaccination. Seventy percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

From 2003 to 2016, 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 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination while from 2013 to 2016, there was no statistical change.

Flu Vaccination

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

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

2016 Findings

- Fifty-seven percent of respondents had a flu shot or flu vaccine that was sprayed in their nose in the past 12 months.
- Female respondents were more likely to report receiving a flu vaccination (68%) compared to male respondents (46%).
- Seventy-eight percent of respondents 65 and older reported receiving a flu vaccination compared to 47% of those 45 to 54 years old or 37% of respondents 35 to 44 years old.
- Respondents with a college education were more likely to report receiving a flu vaccination (74%) compared to those with a high school education or less (52%) or respondents with some post high school education (48%).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2003, gender was not a significant variable. In 2016, female respondents were more likely to report a flu vaccination. From 2003 to 2016, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2003 and 2016, respondents 65 and older were more likely to report a flu vaccination. From 2003 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 65 and older reporting a flu vaccination.
- In 2003, education was not a significant variable. In 2016, respondents with a college education were more likely to report a flu vaccination. From 2003 to 2016, there was a noted increase in the percent of respondents with a high school education or less or with a college education reporting a flu vaccination.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

2013 to 2016 Year Comparisons

- From 2013 to 2016, 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 2013 to 2016, 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 2013 and 2016, female respondents were more likely to report a flu vaccination. From 2013 to 2016, there was a noted increase in the percent of female respondents reporting a flu vaccination in the past 12 months.

- In 2013 and 2016, respondents 65 and older were more likely to report a flu vaccination. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 44 years old reporting a flu vaccination.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report a flu vaccination, with a noted increase since 2013.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a flu vaccination.
- In 2013, married respondents were more likely to report a flu vaccination. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of unmarried respondents reporting a flu vaccination.

Table 18. Flu Vaccination by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	35%	44%	42%	48%	57%
Gender ^{3,4,5}					
Male ^a	31	43	36	43	46
Female ^{a,b}	38	44	48	53	68
Age ^{1,2,3,4,5}					
18 to 34 ^{a,b}	19	47	31	41	58
35 to 44 ^b	26	16	43	13	37
45 to 54	33	40	31	47	47
55 to 64	48	51	51	60	63
65 and Older ^a	60	67	58	73	78
Education ^{2,5}					
High School or Less ^a	35	43	41	47	52
Some Post High School	37	36	41	52	48
College Graduate ^{a,b}	33	54	45	46	74
Household Income ²					
Bottom 40 Percent Bracket ^{a,b}	39	47	44	43	57
Middle 20 Percent Bracket ^a	35	26	38	58	64
Top 40 Percent Bracket ^a	30	49	43	42	53
Marital Status ⁴					
Married ^a	34	43	41	53	60
Not Married ^{a,b}	37	44	42	42	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.

② In 2007, “nasal spray” was added.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Pneumonia Vaccination

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

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

2010 Findings

- Seventy 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.

2003 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question each year.

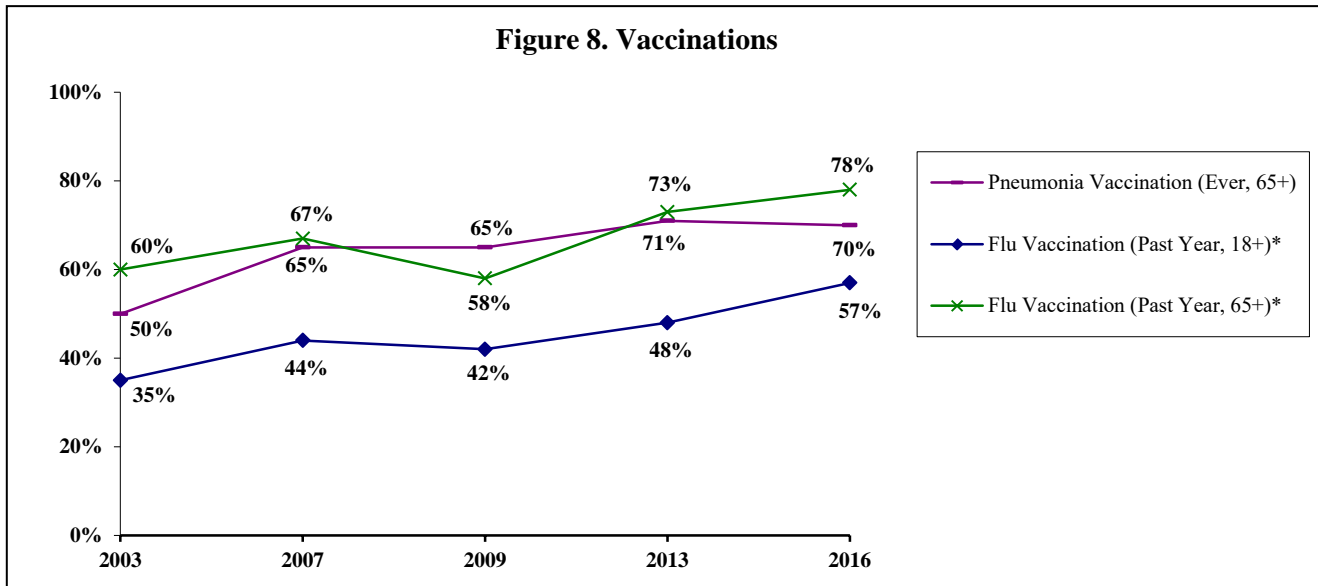
2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question each year.

Vaccinations Overall

Year Comparisons

- From 2003 to 2016, 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 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination while from 2013 to 2016, there was no statistical change.



*In 2007, “nasal spray” was added.

Prevalence of Select Health Conditions (Figures 9 & 10; Tables 19 - 24)

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

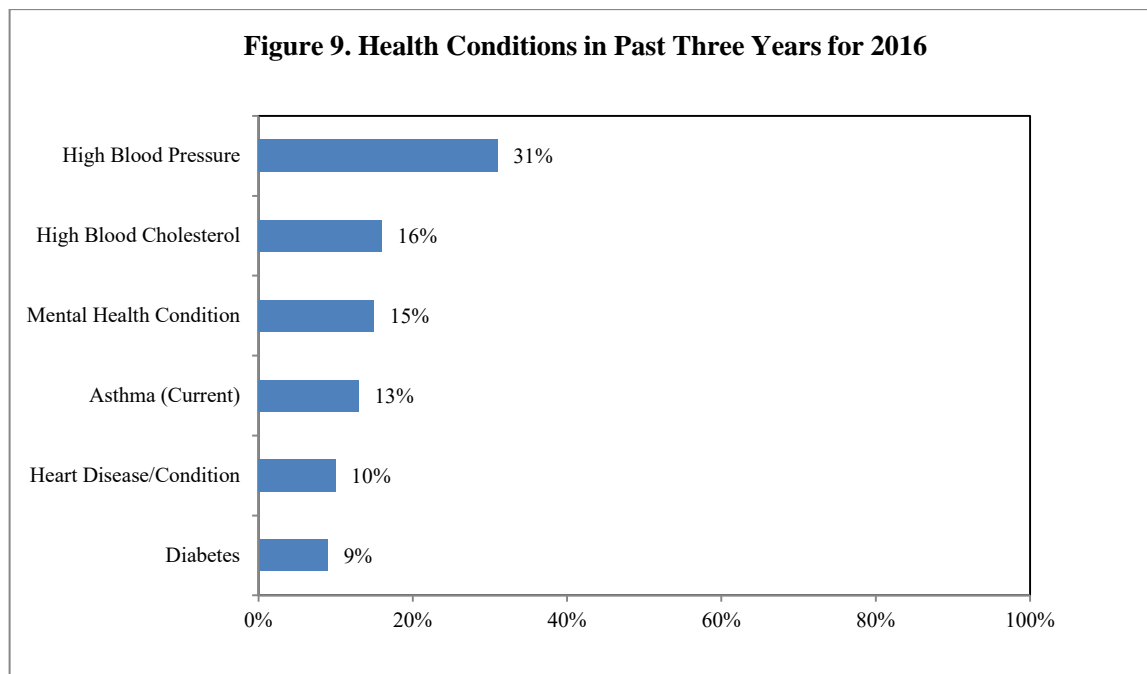
KEY FINDINGS: In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%). Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, overweight, inactive or smokers were more likely to report high blood pressure. Sixteen percent of respondents reported high blood cholesterol; respondents who were 65 and older, overweight or nonsmokers were more likely to report this. Fifteen percent reported a mental health condition; respondents who were female, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported they were treated for, or told they had heart disease in the past three years. Respondents 65 and older were more likely to report heart disease/condition. Nine percent reported diabetes; respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report diabetes. Thirteen percent reported current asthma; respondents who were female, 35 to 44 years old or with some post high school education were more likely to report this.

From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported high blood pressure or heart disease/condition while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of

respondents who reported high blood cholesterol while from 2013 to 2016, there was a statistical *decrease*. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported current asthma, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2013 to 2016, there was no statistical change.

2016 Findings

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



High Blood Pressure

2016 Findings

- Thirty-one percent of respondents reported high blood pressure in the past three years.
- Respondents 65 and older were more likely to report high blood pressure in the past three years (69%) compared to those 35 to 44 years old (21%) or respondents 18 to 34 years old (4%).
- Forty-three percent of respondents with a high school education or less reported high blood pressure compared to 24% of those with some post high school education or 22% of respondents with a college education.
- Forty-one percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 30% of those in the middle 20 percent income bracket or 20% 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 (23%).

- Inactive respondents were more likely to report high blood pressure (58%) compared to those who met the recommended amount of physical activity (30%) or respondents who did an insufficient amount (26%).
- Smokers were more likely to report high blood pressure compared to nonsmokers (41% and 29%, respectively).
 - Of the 125 respondents who reported high blood pressure, 94% had it under control through medication, exercise or lifestyle changes.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported high blood pressure.
- In 2003 and 2016, gender was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across gender reporting high blood pressure.
- In 2003, respondents 55 and older were more likely to report high blood pressure. In 2016, respondents 65 and older were more likely to report high blood pressure, with a noted increase since 2003.
- In 2003, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to report high blood pressure, with a noted increase since 2003.
- In 2003 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. From 2003 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting high blood pressure.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status reporting high blood pressure.
- In 2003 and 2016, overweight respondents were more likely to report high blood pressure. From 2003 to 2016, there was a noted increase in the percent of respondents across overweight status reporting high blood pressure.
- In 2003, smoking status was not a significant variable. In 2016, smokers were more likely to report high blood pressure. From 2003 to 2016, there was a noted increase in the percent of respondents across smoking status reporting high blood pressure.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2013 to 2016, there was no statistical change in the overall percent of respondents with high blood pressure reporting it was under control through medication, exercise or lifestyle changes (94% and 94%, respectively).
- In 2013 and 2016, respondents 65 and older were more likely to report high blood pressure.
- In 2013 and 2016, respondents with a high school education or less were more likely to report high blood pressure.
- In 2013, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure.
- In 2013 and 2016, overweight respondents were more likely to report high blood pressure.

- In 2013, physical activity was not a significant variable. In 2016, inactive respondents were more likely to report high blood pressure, with a noted increase since 2013.
- In 2013, smoking status was not a significant variable. In 2016, smokers were more likely to report high blood pressure.

Table 19. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^a	19%	28%	26%	30%	31%
Gender					
Male ^a	20	30	26	33	34
Female ^a	18	25	27	26	29
Age ^{1,2,3,4,5}					
18 to 34	4	9	2	11	4
35 to 44	10	22	15	16	21
45 to 54	23	28	20	15	26
55 to 64	36	33	39	51	37
65 and Older ^a	35	52	67	57	69
Education ^{2,4,5}					
High School or Less ^a	20	36	29	37	43
Some Post High School	19	24	24	26	24
College Graduate	16	15	23	22	22
Household Income ^{1,2,3,5}					
Bottom 40 Percent Bracket ^a	28	32	31	35	41
Middle 20 Percent Bracket ^a	18	35	21	24	30
Top 40 Percent Bracket	13	15	10	24	20
Marital Status ²					
Married ^a	20	24	26	30	28
Not Married ^a	17	33	26	30	35
Overweight Status ^{1,2,3,4,5}					
Not Overweight ^a	9	16	13	20	23
Overweight ^a	23	34	32	33	35
Physical Activity ^{2,5}					
Inactive ^b	--	41	29	33	58
Insufficient	--	33	27	30	26
Recommended	--	20	24	27	30
Smoking Status ^{3,5}					
Nonsmoker ^a	17	27	30	29	29
Smoker ^a	25	28	16	29	41

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

High Blood Cholesterol

2016 Findings

- Sixteen 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 (36%) compared to those 45 to 54 years old (15%) or respondents 18 to 44 years old (0%).
- Twenty percent of overweight respondents reported high blood cholesterol compared to 9% of respondents who were not overweight.
- Nonsmokers were more likely to report high blood cholesterol compared to smokers (18% and 8%, respectively).
 - Of the 65 respondents who reported high blood cholesterol, 91% had it under control through medication, exercise or lifestyle changes.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol.
- In 2003 and 2016, respondents 65 and older were more likely to report high blood cholesterol. From 2003 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old reporting high blood cholesterol.
- In 2003 and 2016, overweight respondents were more likely to report high blood cholesterol.
- In 2003, smoking status was not a significant variable. In 2016, nonsmokers were more likely to report high blood cholesterol.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported high blood cholesterol. From 2013 to 2016, there was no statistical change in the overall percent of respondents with high blood cholesterol reporting it was under control through medication, exercise or lifestyle changes (88% and 91%, respectively).
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents across gender reporting high blood cholesterol.
- In 2013, respondents 55 and older were more likely to report high blood cholesterol. In 2016, respondents 65 and older were more likely to report high blood cholesterol. From 2013 to 2016, there was a noted decrease in the percent of respondents 35 to 44 years old or 55 and older reporting high blood cholesterol.
- In 2013, respondents with a high school education or less were more likely to report high blood cholesterol. In 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting high blood cholesterol.
- In 2013, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting high blood cholesterol.

- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents across marital status reporting high blood cholesterol.
- In 2013, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report high blood cholesterol. From 2013 to 2016, there was a noted decrease in the percent of respondents across overweight status reporting high blood cholesterol.
- In 2013 and 2016, physical activity was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents who met the recommended amount of physical activity reporting high blood cholesterol.
- In 2013, smoking status was not a significant variable. In 2016, nonsmokers were more likely to report high blood cholesterol. From 2013 to 2016, there was a noted decrease in the percent of respondents across marital status reporting high blood cholesterol.

Table 20. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^b	16%	28%	29%	26%	16%
Gender					
Male ^b	17	32	33	26	18
Female ^b	16	24	25	25	14
Age ^{1,2,3,4,5}					
18 to 34 ^a	6	11	4	2	0
35 to 44 ^{a,b}	13	25	31	10	0
45 to 54	19	25	28	16	15
55 to 64 ^b	17	45	43	49	29
65 and Older ^b	28	44	47	51	36
Education ⁴					
High School or Less ^b	18	30	29	33	17
Some Post High School	11	25	23	26	17
College Graduate	19	27	38	14	15
Household Income ⁴					
Bottom 40 Percent Bracket ^b	22	34	28	31	17
Middle 20 Percent Bracket	17	30	24	17	20
Top 40 Percent Bracket ^b	11	22	31	21	11
Marital Status ^{2,3}					
Married ^b	14	24	34	27	18
Not Married ^b	20	34	23	23	14
Overweight Status ^{1,3,5}					
Not Overweight ^b	8	27	19	19	9
Overweight ^b	20	30	32	28	20
Physical Activity					
Inactive	--	41	21	32	22
Insufficient	--	29	28	24	17
Recommended ^b	--	26	31	24	14
Smoking Status ⁵					
Nonsmoker ^b	16	28	31	25	18
Smoker ^b	16	27	22	27	8

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

②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Heart Disease/Condition

2016 Findings

- Ten percent of respondents reported heart disease or condition in the past three years.
- Twenty-seven percent of respondents 65 and older reported heart disease/condition in the past three years compared to 2% of those 45 to 54 years old or 0% of respondents 18 to 34 years old.
 - Of the 39 respondents who reported heart disease/condition, 82% had it under control through medication, exercise or lifestyle changes.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported heart disease/condition.
- In 2003 and 2016, respondents 65 and older were more likely to report heart disease/condition. From 2003 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old reporting heart disease/condition.
- In 2003 and 2016, education was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting heart disease/condition.
- In 2003, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.
- In 2003 and 2016, overweight status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of overweight respondents reporting heart disease/condition.
- In 2003, nonsmokers were more likely to report heart disease/condition. In 2016, smoking status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of smokers reporting heart disease/condition.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported heart disease/condition. From 2013 to 2016, there was no statistical change in the overall percent of respondents with a heart disease/condition reporting it was under control through medication, exercise or lifestyle changes (91% and 82%, respectively).
- In 2013 and 2016, respondents 65 and older were more likely to report heart disease/condition.
- In 2013, respondents with a high school education or less were more likely to report heart disease/condition. In 2016, education was not a significant variable.
- In 2013, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2016, household income was not a significant variable.

Table 21. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^a	6%	11%	9%	11%	10%
Gender ²					
Male	6	6	11	11	12
Female	5	16	7	11	8
Age ^{1,2,3,4,5}					
18 to 34	1	<1	<1	0	0
35 to 44 ^a	2	11	3	14	11
45 to 54	1	5	5	1	2
55 to 64	9	10	13	14	10
65 and Older	18	27	24	27	27
Education ⁴					
High School or Less ^a	5	11	11	16	12
Some Post High School	9	9	7	10	8
College Graduate	3	12	6	4	9
Household Income ^{1,2,4}					
Bottom 40 Percent Bracket	12	17	10	18	12
Middle 20 Percent Bracket	4	8	3	3	6
Top 40 Percent Bracket ^a	1	5	4	6	10
Marital Status ²					
Married	6	8	10	10	10
Not Married	5	15	7	13	9
Overweight Status					
Not Overweight	6	15	8	12	7
Overweight ^a	5	9	9	10	11
Physical Activity ²					
Inactive	--	26	7	13	18
Insufficient	--	6	10	10	8
Recommended	--	11	8	11	10
Smoking Status ¹					
Nonsmoker	8	10	9	10	10
Smoker ^a	<1	13	8	16	7

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Mental Health Condition

2016 Findings

- Fifteen percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Female respondents were more likely to report a mental health condition (22%) compared to male respondents (8%).
- Twenty-three percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 14% 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 a mental health condition compared to married respondents (20% and 11%, respectively).
 - Of the 61 respondents who reported a mental health condition, 98% had it under control through medication, therapy or lifestyle changes.

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was a statistical increase in the overall percent of respondents reporting a mental health condition.
- In 2007 and 2016, female respondents were more likely to report a mental health condition. From 2007 to 2016, there was a noted increase in the percent of female respondents reporting a mental health condition.
- In 2007 and 2016, education was not a significant variable. From 2007 to 2016, there was a noted increase in the percent of respondents with a high school education or less reporting a mental health condition.
- In 2007, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition, with a noted increase since 2007.
- In 2007, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report a mental health condition, with a noted increase since 2007.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a mental health condition. From 2013 to 2016, there was no statistical change in the overall percent of respondents with a mental health condition reporting it was under control through medication, therapy or lifestyle changes (94% and 98%, respectively).
- In 2013, gender was not a significant variable. In 2016, female respondents were more likely to report a mental health condition. From 2013 to 2016, there was a noted decrease in the percent of male respondents reporting a mental health condition.
- In 2013, respondents 18 to 34 years old were more likely to report a mental health condition. In 2016, age was not a significant variable.
- In 2013 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.

- In 2013, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report a mental health condition.

Table 22. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year^①

	2007	2010	2013	2016
TOTAL ^a	9%	12%	16%	15%
Gender ^{1,4}				
Male ^b	5	13	14	8
Female ^a	12	11	19	22
Age ^{2,3}				
18 to 34	9	15	27	17
35 to 44	9	6	21	16
45 to 54	9	16	12	16
55 to 64	12	18	19	17
65 and Older	6	6	5	9
Education				
High School or Less ^a	7	13	18	19
Some Post High School	8	8	19	13
College Graduate	11	13	9	13
Household Income ^{2,3,4}				
Bottom 40 Percent Bracket ^a	11	16	25	23
Middle 20 Percent Bracket	5	8	8	14
Top 40 Percent Bracket	8	6	10	6
Marital Status ⁴				
Married	9	10	15	11
Not Married ^a	7	13	18	20

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

¹demographic difference at p≤0.05 in 2007; ²demographic difference at p≤0.05 in 2010

³demographic difference at p≤0.05 in 2013; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2007 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Diabetes

2016 Findings

- Nine percent of respondents reported diabetes in the past three years.
- Seventeen percent of respondents 65 and older reported diabetes in the past three years compared to 4% of those 18 to 34 years old or 0% of respondents 35 to 44 years old.
- Fifteen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 6% of those in the top 40 percent income bracket or 5% of respondents in the middle 20 percent household income bracket.

- Overweight respondents were more likely to report diabetes (11%) compared to respondents who were not overweight (3%).
 - Of the 37 respondents who reported diabetes, 97% had it under control through medication, exercise or lifestyle changes.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes.
- In 2003, respondents 55 and older were more likely to report diabetes. In 2016, respondents 65 and older were more likely to report diabetes.
- In 2003 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2003 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting diabetes.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of married respondents reporting diabetes.
- In 2003, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report diabetes.
- In 2003 and 2016, smoking status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of nonsmokers reporting diabetes.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes. From 2013 to 2016, there was no statistical change in the overall percent of respondents with diabetes reporting it was under control through medication, exercise or lifestyle changes (98% and 97%, respectively).
- In 2013 and 2016, respondents 65 and older were more likely to report diabetes.
- In 2013 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.
- In 2013, overweight status was not a significant variable. In 2016, overweight respondents were more likely to report diabetes.

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

	2003	2007	2010	2013	2016
TOTAL	6%	9%	6%	11%	9%
Gender					
Male	7	10	8	13	10
Female	6	7	4	9	9
Age ^{1,2,3,4,5}					
18 to 34	1	2	0	2	4
35 to 44	5	3	0	0	0
45 to 54	3	8	8	12	9
55 to 64	13	20	19	17	14
65 and Older	15	15	12	21	17
Education ²					
High School or Less	8	11	8	13	12
Some Post High School	7	10	5	11	10
College Graduate	2	1	3	8	5
Household Income ^{1,4,5}					
Bottom 40 Percent Bracket	15	11	9	16	15
Middle 20 Percent Bracket	5	9	3	0	5
Top 40 Percent Bracket ^a	1	5	3	8	6
Marital Status ³					
Married ^a	6	7	9	10	11
Not Married	7	11	4	12	8
Overweight Status ^{2,3,5}					
Not Overweight	4	4	2	6	3
Overweight	8	11	9	12	11
Physical Activity					
Inactive	--	15	12	12	18
Insufficient	--	10	5	13	11
Recommended	--	5	6	8	7
Smoking Status					
Nonsmoker ^a	6	9	7	11	11
Smoker	7	5	5	13	5

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Current Asthma

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

2016 Findings

- Thirteen percent of respondents reported they currently have asthma.
- Female respondents were more likely to report current asthma (17%) compared to male respondents (10%).
- Respondents 35 to 44 years old were more likely to report current asthma (24%) compared to those 18 to 34 years old (10%) or respondents 65 and older (7%).
- Twenty-three percent of respondents with some post high school education reported current asthma compared to 12% of those with a college education or 7% of respondents with a high school education or less.
 - Of the 54 respondents who reported current asthma, 91% had it under control through medication, therapy or lifestyle changes.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported current asthma.
- In 2003, gender was not a significant variable. In 2016, female respondents were more likely to report current asthma. From 2003 to 2016, there was a noted increase in the percent of respondents across gender reporting current asthma.
- In 2003, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to report current asthma. From 2003 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting current asthma.
- In 2003, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2003.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting current asthma.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status reporting current asthma.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported current asthma. From 2013 to 2016, there was no statistical change in the overall percent of respondents with current asthma reporting it was under control through medication, therapy or lifestyle changes (100% and 91%, respectively).
- In 2013 and 2016, female respondents were more likely to report current asthma. From 2013 to 2016, there was a noted increase in the percent of male respondents reporting current asthma.

- In 2013, respondents 18 to 34 years old were more likely to report current asthma. In 2016, respondents 35 to 44 years old were more likely to report current asthma. From 2013 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old or 55 to 64 years old reporting current asthma.
- In 2013, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report current asthma. From 2013 to 2016, there was a noted increase in the percent of respondents with at least some post high school education reporting current asthma.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting current asthma.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of unmarried respondents reporting current asthma.

Table 24. Current Asthma by Demographic Variables for Each Survey Year[Ⓞ]

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	5%	12%	7%	8%	13%
Gender ^{2,3,4,5}					
Male ^{a,b}	3	8	4	4	10
Female ^a	6	16	10	12	17
Age ^{2,4,5}					
18 to 34	10	22	13	15	10
35 to 44 ^{a,b}	2	8	5	6	24
45 to 54	4	9	4	7	11
55 to 64 ^{a,b}	4	8	8	1	20
65 and Older	3	8	5	7	7
Education ⁵					
High School or Less	5	15	7	10	7
Some Post High School ^{a,b}	3	8	7	9	23
College Graduate ^b	5	10	6	5	12
Household Income					
Bottom 40 Percent Bracket ^a	6	13	8	11	14
Middle 20 Percent Bracket ^{a,b}	2	14	6	7	22
Top 40 Percent Bracket	5	12	5	5	10
Marital Status ²					
Married ^a	4	15	6	9	12
Not Married ^{a,b}	5	7	8	6	15

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

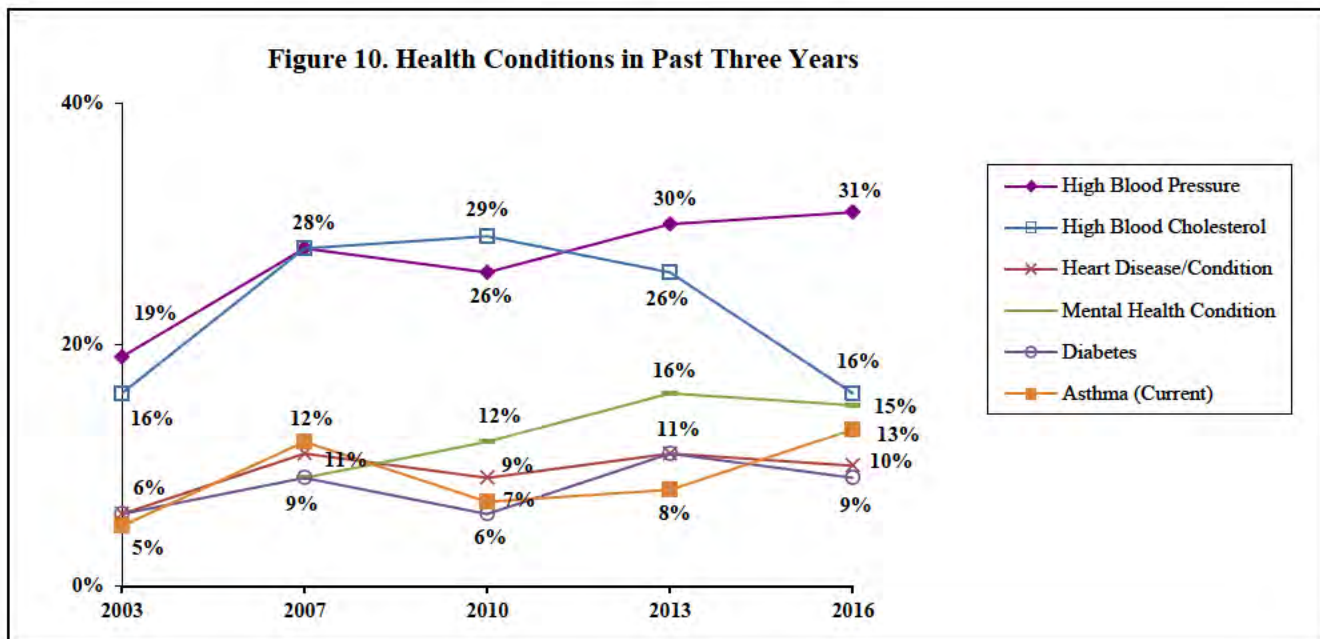
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Health Conditions Overall

Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported high blood pressure or heart disease/condition while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported high blood cholesterol while from 2013 to 2016, there was a statistical decrease. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported current asthma, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2013 to 2016, there was no statistical change.



Physical Activity (Figures 11 & 12; Tables 25 - 27)

KEY FINDINGS: In 2016, 36% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-six percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 51% met the recommended amount of physical activity; respondents 18 to 34 years old, 45 to 54 years old, in the top 60 percent household income bracket or who were not overweight were more likely to report this.

From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2013 to 2016. From 2007 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2013 to 2016, there was a statistical increase.

Moderate Physical Activity in Usual Week

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

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

2016 Findings

- Thirty-six percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Fifty-one percent did some moderate activity, while 12% did not do any moderate physical activity.
- Forty-three percent of respondents in the middle 20 percent household income bracket and 41% of those in the top 40 percent income bracket met the recommended amount of moderate physical activity in a week compared to 27% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity (49%) compared to overweight respondents (31%).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2003, respondents with at least some post high school education were more likely to meet the recommended amount of moderate physical activity. In 2016, education was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents with a high school education or less meeting the recommended amount of moderate physical activity.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. From 2003 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2003, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of moderate physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket meeting the recommended amount of moderate physical activity.
- In 2013, unmarried respondents were more likely to meet the recommended amount of moderate physical activity. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of married respondents meeting the recommended amount of moderate physical activity.
- In 2013 and 2016, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity.

Table 25. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL	31%	38%	42%	32%	36%
Gender ²					
Male	34	32	47	30	39
Female	29	43	38	33	33
Age ²					
18 to 34	30	51	40	31	44
35 to 44	31	27	38	40	34
45 to 54	32	36	44	27	40
55 to 64	35	33	48	30	27
65 and Older	26	37	45	30	31
Education ¹					
High School or Less ^a	22	35	39	33	36
Some Post High School	39	44	40	32	39
College Graduate	38	37	55	30	32
Household Income ^{2,5}					
Bottom 40 Percent Bracket	21	32	42	31	27
Middle 20 Percent Bracket ^{a,b}	29	47	43	24	43
Top 40 Percent Bracket	33	42	44	33	41
Marital Status ⁴					
Married ^b	31	34	39	28	38
Not Married	31	43	46	37	34
Overweight Status ^{2,4,5}					
Not Overweight	37	45	45	45	49
Overweight	28	35	39	27	31

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

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Vigorous Physical Activity in Usual Week

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

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

2016 Findings

- Thirty-six percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Thirty percent did some vigorous physical activity while 34% did not do any vigorous physical activity.

- Fifty-two percent of respondents 18 to 34 years old met the recommended amount of vigorous physical activity compared to 23% of those 55 to 64 years old or 15% of respondents 65 and older.
- Forty-seven percent of respondents with a college education met the recommended amount of vigorous physical activity compared to 34% of those with some post high school education or 29% of respondents with a high school education or less.
- Forty-nine percent of respondents in the middle 20 percent household income bracket met the recommended amount of vigorous physical activity compared to 43% of those in the top 40 percent income bracket or 23% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to meet the recommended amount of vigorous physical activity compared to unmarried respondents (40% and 31%, respectively).
- Respondents who not overweight were more likely to meet the recommended amount of vigorous physical activity (51%) compared to overweight respondents (31%).

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.
- In 2007 and 2016, gender was not a significant variable. From 2007 to 2016, there was a noted increase in the percent of male respondents meeting the recommended amount of vigorous physical activity.
- In 2007 and 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2007 to 2016, there was a noted increase in the percent of respondents 35 to 54 years old meeting the recommended amount of vigorous physical activity.
- In 2007, education was not a significant variable. In 2016, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. From 2007 to 2016, there was a noted increase in the percent of respondents with a high school education or less or with a college education meeting the recommended amount of vigorous physical activity.
- In 2007, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2016, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. From 2007 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket meeting the recommended amount of vigorous physical activity.
- In 2007, marital status was not a significant variable. In 2016, married respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2007.
- In 2007, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2007 to 2016, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of vigorous physical activity.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across gender meeting the recommended amount of vigorous physical activity.
- In 2013, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old meeting the recommended amount of vigorous physical activity.
- In 2013 and 2016, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents across education meeting the recommended amount of vigorous physical activity.
- In 2013, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2016, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents across household income meeting the recommended amount of vigorous physical activity.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to meet the recommended amount of vigorous physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents across marital status meeting the recommended amount of vigorous physical activity.
- In 2013 and 2016, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of vigorous physical activity.

Table 26. Recommended Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2007	2010	2013	2016
TOTAL ^{a,b}	24%	23%	20%	36%
Gender ²				
Male ^{a,b}	21	27	24	38
Female ^b	27	18	17	34
Age ^{1,2,4}				
18 to 34 ^b	43	19	28	52
35 to 44 ^a	19	34	23	35
45 to 54 ^{a,b}	22	24	17	48
55 to 64	20	19	21	23
65 and Older	11	16	13	15
Education ^{3,4}				
High School or Less ^{a,b}	19	21	14	29
Some Post High School ^b	28	23	20	34
College Graduate ^{a,b}	30	27	31	47
Household Income ^{1,3,4}				
Bottom 40 Percent Bracket ^{a,b}	14	18	13	23
Middle 20 Percent Bracket ^{a,b}	26	32	30	49
Top 40 Percent Bracket ^b	36	21	27	43
Marital Status ⁴				
Married ^{a,b}	24	22	20	40
Not Married ^b	24	23	21	31
Overweight Status ^{2,3,4}				
Not Overweight ^{a,b}	30	31	32	51
Overweight ^{a,b}	23	19	17	31

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

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

¹demographic difference at p≤0.05 in 2007; ²demographic difference at p≤0.05 in 2010; ³demographic difference at p≤0.05 in 2013; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2007 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

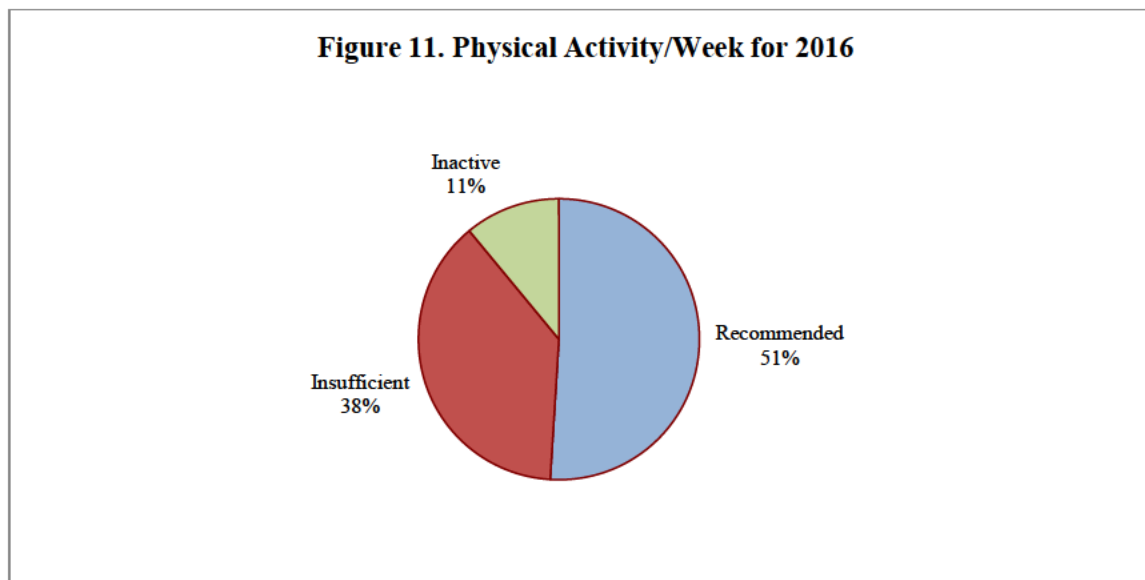
Combined Recommended Amount of Physical Activity in Typical Week

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

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

2016 Findings

- Fifty-one 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-eight percent did an insufficient amount of physical activity while 11% did no physical activity in a typical week.



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

- Sixty-four percent of respondents 18 to 34 years old and 62% of those 45 to 54 years old met the recommended amount of physical activity compared to 36% of respondents 65 and older.
- Fifty-nine percent of respondents in the middle 20 percent household income bracket and 58% of those in the top 40 percent income bracket met the recommended amount of physical activity compared to 40% of respondents in the bottom 40 percent household income bracket.
- Respondents who were not overweight were more likely to meet the recommended amount of physical activity (64%) compared to overweight respondents (46%).

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2007, female respondents were more likely to meet the recommended amount of physical activity. In 2016, gender was not a significant variable. From 2007 to 2016, there was a noted increase in the percent of male respondents meeting the recommended amount of physical activity.
- In 2007, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. In 2016, respondents 18 to 34 years old or 45 to 54 years old were more likely to meet the recommended amount of physical activity.
- In 2007 and 2016, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of physical activity.

- In 2007, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to meet the recommended amount of physical activity.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity in a week.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of male respondents meeting the recommended amount of physical activity.
- In 2013, age was not a significant variable. In 2016, respondents 18 to 34 years old or 45 to 54 years old were more likely to meet the recommended amount of physical activity, with a noted increase since 2013.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 60 percent household income bracket were more likely to meet the recommended amount of physical activity. From 2013 to 2016, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket meeting the recommended amount of physical activity.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of married respondents meeting the recommended amount of physical activity.
- In 2013 and 2016, respondents who were not overweight were more likely to meet the recommended amount of physical activity. From 2013 to 2016, there was a noted increase in the percent of overweight respondents meeting the recommended amount of physical activity.

Table 27. Recommended Moderate or Vigorous Physical Activity by Demographic Variables for Each Survey Year^{①,②}

	2007	2010	2013	2016
TOTAL ^b	48%	49%	42%	51%
Gender ¹				
Male ^{a,b}	42	54	43	54
Female	54	45	42	47
Age ^{1,4}				
18 to 34 ^b	61	49	43	64
35 to 44	33	47	53	47
45 to 54 ^b	54	47	36	62
55 to 64	44	50	43	38
65 and Older	45	55	39	36
Education ²				
High School or Less	47	47	40	47
Some Post High School	48	44	42	48
College Graduate	50	64	47	58
Household Income ^{1,4}				
Bottom 40 Percent Bracket	38	48	38	40
Middle 20 Percent Bracket ^b	56	54	41	59
Top 40 Percent Bracket	57	50	48	58
Marital Status				
Married ^b	46	46	40	52
Not Married	51	53	47	49
Overweight Status ^{2,3,4}				
Not Overweight	55	57	57	64
Overweight ^b	46	44	38	46

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

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

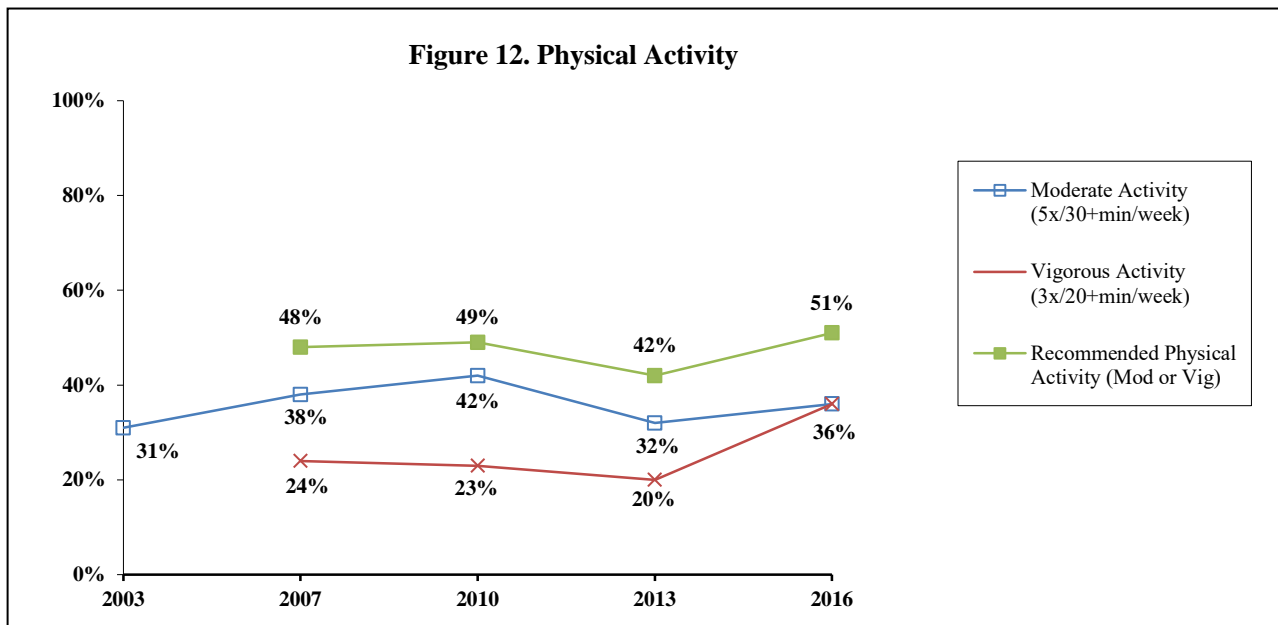
¹demographic difference at p≤0.05 in 2007; ²demographic difference at p≤0.05 in 2010; ³demographic difference at p≤0.05 in 2013; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2007 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Physical Activity Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2013 to 2016. From 2007 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2013 to 2016, there was a statistical increase.



Body Weight (Figures 13 & 14; Tables 28 & 29)

KEY FINDINGS: In 2016, 71% of respondents were classified as at least overweight while 42% were obese. Respondents who were male, 35 to 44 years old, with some post high school education or inactive were more likely to be classified as at least overweight. Respondents who were male, 35 to 44 years old or with a high school education or less were more likely to be obese.

From 2003 to 2016, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents being obese, as well as from 2013 to 2016.

At Least Overweight

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

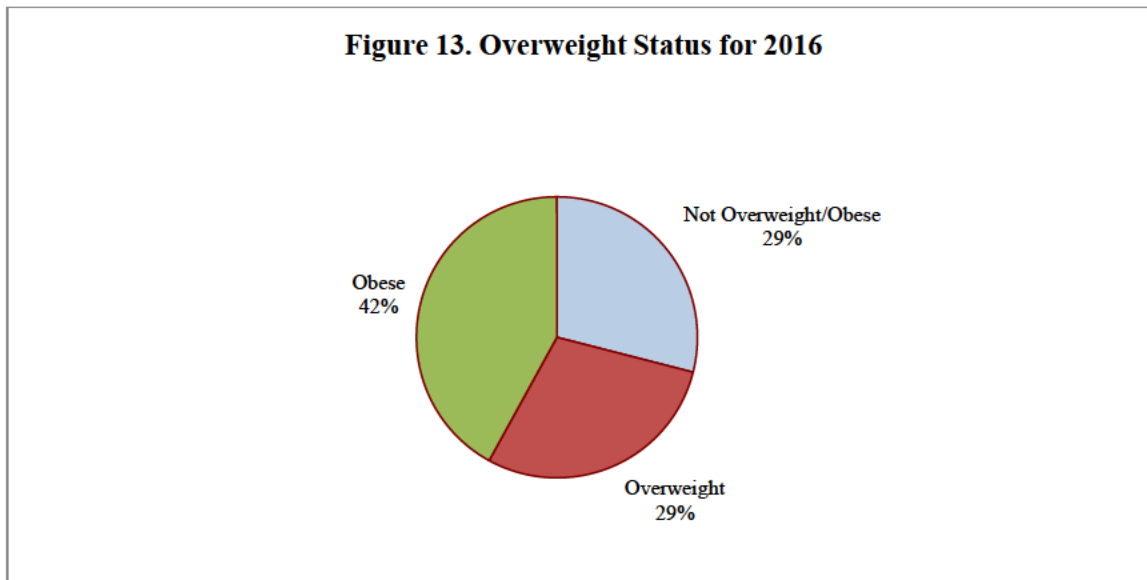
The Healthy People 2020 goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66%. (Objective NWS-8)

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

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

2016 Findings

- According to the definition, 71% of respondents were at least overweight (overweight 29% and obese 42%).



- Male respondents were more likely to be at least overweight (77%) compared to female respondents (65%).
- Eighty-four percent of respondents 35 to 44 years old were at least overweight compared to 71% of those 65 and older or 51% of respondents 18 to 34 years old.
- Respondents with some post high school education were more likely to be overweight (81%) compared to those with a high school education or less (73%) or respondents with a college education (59%).
- Eighty-three percent of inactive respondents were overweight compared to 77% of those who did an insufficient amount of physical activity or 64% of respondents who met the recommended amount of physical activity.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents being overweight.
- In 2003 and 2016, male respondents were more likely to be classified as overweight. From 2003 to 2016, there was a noted increase in the percent of female respondents being overweight.
- In 2003, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to be overweight, with a noted increase since 2003.

- In 2003, respondents with a high school education or less were more likely to be overweight. In 2016, respondents with some post high school education were more likely to be overweight, with a noted increase since 2003.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents being overweight.
- In 2013 and 2016, male respondents were more likely to be classified as overweight.
- In 2013, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to be overweight. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old being overweight.
- In 2013, education was not a significant variable. In 2016, respondents with some post high school education were more likely to be overweight.
- In 2013, respondents in the bottom 60 percent household income bracket were more likely to be overweight. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket being overweight.
- In 2013 and 2016, inactive respondents were more likely to be overweight.

Table 28. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL	66%	63%	66%	73%	71%
Gender ^{1,2,3,4,5}					
Male	78	75	75	79	77
Female ^a	55	51	57	67	65
Age ^{3,5}					
18 to 34 ^b	62	55	44	73	51
35 to 44 ^a	67	59	74	69	84
45 to 54	77	70	76	75	79
55 to 64	60	71	74	75	76
65 and Older	64	64	74	73	71
Education ^{1,2,5}					
High School or Less	76	72	64	77	73
Some Post High School ^a	52	55	71	74	81
College Graduate	64	54	60	65	59
Household Income ^{2,4}					
Bottom 40 Percent Bracket	65	55	67	77	68
Middle 20 Percent Bracket	67	77	61	78	70
Top 40 Percent Bracket ^b	66	66	65	64	76
Marital Status ²					
Married	68	67	70	75	74
Not Married	63	55	61	70	68
Physical Activity ^{3,4,5}					
Inactive	--	61	90	83	83
Insufficient	--	68	67	78	77
Recommended	--	58	59	64	64

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

②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Obesity

2016 Findings

- Forty-two percent of respondents were classified as obese (BMI 30.0 or higher).
- Male respondents were more likely to be obese (54%) compared to female respondents (29%).
- Sixty-three percent of respondents 35 to 44 years old were obese compared to 33% of those 65 and older or 29% of respondents 18 to 34 years old.
- Fifty percent of respondents with a high school education or less were obese compared to 45% of those with some post high school education or 27% of respondents with a college education.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents being obese.
- In 2003, gender was not a significant variable. In 2016, male respondents were more likely to be classified as obese, with a noted increase since 2003.
- In 2003, respondents 35 to 44 years old or 55 to 64 years old were more likely to be obese. In 2016, respondents 35 to 44 years old were more likely to be obese. From 2003 to 2016, there was a noted increase in the percent of respondents 18 to 44 years old being obese.
- In 2003 and 2016, respondents with a high school education or less were more likely to be overweight. From 2003 to 2016, there was a noted increase in the percent of respondents with some post high school education or less being obese.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket being obese.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status being obese.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents being obese.
- In 2013, gender was not a significant variable. In 2016, male respondents were more likely to be classified as obese, with a noted increase since 2013.
- In 2013, age was not a significant variable. In 2016, respondents 35 to 44 years old were more likely to be obese, with a noted increase since 2013.
- In 2013, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to be overweight.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket being obese.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of married respondents being obese.
- In 2013, respondents who did not meet the recommended amount of physical activity were more likely to be overweight. In 2016, physical activity was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents who met the recommended amount of physical activity being obese.

Table 29. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	26%	21%	28%	34%	42%
Gender ⁵					
Male ^{a,b}	27	20	29	35	54
Female	25	23	27	34	29
Age ^{1,2,3,5}					
18 to 34 ^a	15	8	17	37	29
35 to 44 ^{a,b}	34	25	37	26	63
45 to 54	30	30	35	37	45
55 to 64	33	35	38	41	47
65 and Older	20	20	23	30	33
Education ^{1,5}					
High School or Less ^a	33	24	24	40	50
Some Post High School ^a	18	24	31	33	45
College Graduate	21	12	36	27	27
Household Income ²					
Bottom 40 Percent Bracket ^a	26	27	28	39	38
Middle 20 Percent Bracket	32	23	21	37	42
Top 40 Percent Bracket ^{a,b}	20	14	30	27	44
Marital Status					
Married ^{a,b}	29	20	29	34	46
Not Married ^a	21	23	27	35	37
Physical Activity ^{2,4}					
Inactive	--	32	33	40	51
Insufficient	--	29	34	40	45
Recommended ^b	--	14	23	27	38

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

②Physical activity was defined differently in 2003.

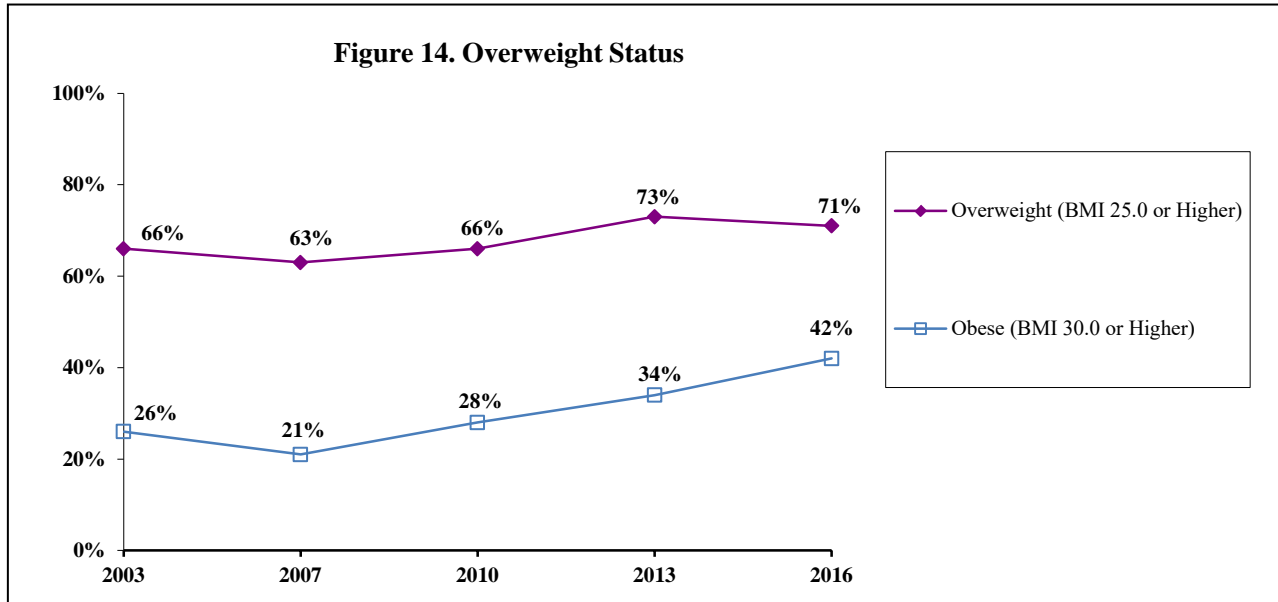
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Body Weight Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical increase in the overall percent of respondents being obese, as well as from 2013 to 2016.



Nutrition and Food Insecurity (Figure 15; Tables 30 - 33)

KEY FINDINGS: In 2016, 62% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents who were 18 to 34 years old, with a college education, in the top 40 percent household income bracket, married, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 18 to 34 years old, with a college education, in the top 40 percent household income bracket, married, not overweight or who met the recommended amount of physical activity were more likely to report this. Fifty-two percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket, married or who met the recommended amount of physical activity were more likely to report this. Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months.

From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2013 to 2016, 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.

2016 Findings

- Sixty-two percent of respondents reported at least two servings of fruit on an average day.
- Respondents 18 to 34 years old were more likely to report at least two servings of fruit a day (75%) compared to those 55 to 64 years old (55%) or respondents 45 to 54 years old (50%).
- Seventy-three percent of respondents with a college education reported at least two servings of fruit a day compared to 59% of those with some post high school education or 56% of respondents with a high school education or less.
- Seventy-two percent of respondents in the top 40 percent household income bracket reported at least two servings of fruit a day compared to 61% of those in the middle 20 percent income bracket or 54% 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 (67% and 55%, respectively).
- Respondents who were not overweight were more likely to report at least two servings of fruit a day (79%) compared to overweight respondents (55%).
- Seventy percent of respondents who met the recommended amount of physical activity reported at least two servings of fruit a day compared to 57% of those who did an insufficient amount of physical activity or 41% of inactive respondents.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2003, female respondents were more likely to report at least two servings of fruit per day. In 2016, gender was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of female respondents reporting two or more servings of fruit per day.
- In 2003, respondents 65 and older were more likely to report at least two servings of fruit per day. In 2016, respondents 18 to 34 years old were more likely to report two or more servings of fruit. From 2003 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old or 65 and older reporting two or more servings of fruit per day.
- In 2003 and 2016, respondents with a college education were more likely to report two or more servings of fruit.
- In 2003 household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit. From 2003 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting two or more servings of fruit per day.
- In 2003, marital status was not a significant variable. In 2016, married respondents were more likely to report two or more servings of fruit.

- In 2003, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least two servings of fruit. From 2003 to 2016, there was a noted decrease in the percent of overweight respondents reporting at least two servings of fruit since 2003.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2013, female respondents were more likely to report at least two servings of fruit per day. In 2016, gender was not a significant variable.
- In 2013, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report two or more servings of fruit.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report two or more servings of fruit.
- In 2013 and 2016, respondents in the top 40 percent household income bracket were more likely to report two or more servings of fruit.
- In 2013, unmarried respondents were more likely to report two or more servings of fruit. In 2016, married respondents were more likely to report two or more servings of fruit, with a noted increase since 2013. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting two or more servings of fruit per day.
- In 2013, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least two servings of fruit, with a noted increase since 2013.
- In 2013 and 2016, respondents who met the recommended amount of physical activity were more likely to report two or more servings of fruit. From 2013 to 2016, there was a noted decrease in the percent of inactive respondents reporting two or more servings of fruit per day.

Table 30. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL	68%	63%	65%	60%	62%
Gender ^{1,2,3,4}					
Male	60	52	60	49	58
Female ^a	76	73	70	71	66
Age ^{1,2,5}					
18 to 34	68	71	60	62	75
35 to 44	57	51	70	64	62
45 to 54 ^a	72	73	64	61	50
55 to 64	64	49	57	56	55
65 and Older ^a	82	63	70	59	64
Education ^{1,3,5}					
High School or Less	65	60	54	57	56
Some Post High School	63	64	67	64	59
College Graduate	79	67	86	62	73
Household Income ^{4,5}					
Bottom 40 Percent Bracket ^a	69	59	62	52	54
Middle 20 Percent Bracket	70	57	63	59	61
Top 40 Percent Bracket	67	68	73	67	72
Marital Status ^{4,5}					
Married ^b	70	63	64	56	67
Not Married ^b	65	63	65	67	55
Overweight Status ⁵					
Not Overweight ^b	70	62	64	65	79
Overweight ^a	68	63	64	58	55
Physical Activity ^{2,3,4,5}					
Inactive ^b	--	43	60	63	41
Insufficient	--	52	52	53	57
Recommended	--	76	76	68	70

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Vegetable Consumption

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

2016 Findings

- Twenty-six 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 (34%) compared to male respondents (17%).
- Thirty-nine percent of respondents reported at least three servings of vegetables a day compared to 19% of those 55 to 64 years old or 16% of respondents 65 and older.
- Thirty-six percent of respondents with a college education reported at least three servings of vegetables a day compared to 26% of those with some post high school education or 17% of respondents with a high school education or less.
- Forty-five percent of respondents in the top 40 percent household income bracket reported at least three servings of vegetables a day compared to 22% of those in the middle 20 percent income bracket or 12% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least three servings of vegetables a day compared to unmarried respondents (35% and 13%, respectively).
- Thirty-three percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 22% of those who did an insufficient amount of physical activity or 5% of inactive respondents.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2003 and 2016, female respondents were more likely to report at least three vegetable servings per day.
- In 2003, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report at least three vegetable servings per day, with a noted increase since 2003. From 2003 to 2016, there was a noted decrease in the percent of respondents 65 and older reporting at least three vegetable servings per day.
- In 2003, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least three servings of vegetables.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables. From 2003 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting at least three servings of vegetables per day.
- In 2003, marital status was not a significant variable. In 2016, married respondents were more likely to report at least three servings of vegetables. From 2003 to 2016, there was a noted decrease in the percent of unmarried respondents reporting at least three servings of vegetables per day.

- In 2003, respondents who were not overweight were more likely to report at least three servings of vegetables. In 2016, overweight status was not a significant variable.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.
- In 2013 and 2016, female respondents were more likely to report at least three vegetable servings per day.
- In 2013, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report at least three vegetable servings per day.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least three servings of vegetables, with a noted increase since 2013.
- In 2013, respondents in the middle 20 percent household income bracket were more likely to report at least three servings of vegetables. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least three servings of vegetables, with a noted increase since 2013.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report at least three servings of vegetables, with a noted increase since 2013.
- In 2013, physical activity was not a significant variable. In 2016, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables. From 2013 to 2016, there was a noted decrease in the percent of inactive respondents reporting at least three servings of vegetables per day.

Table 31. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL	28%	24%	23%	23%	26%
Gender ^{1,2,3,4,5}					
Male	18	17	19	13	17
Female	37	31	28	32	34
Age ⁵					
18 to 34	33	27	28	26	20
35 to 44	26	22	26	24	33
45 to 54 ^a	22	25	17	31	39
55 to 64	24	22	16	23	19
65 and Older ^a	34	21	24	13	16
Education ^{2,5}					
High School or Less	23	20	19	23	17
Some Post High School	30	33	28	23	26
College Graduate ^b	36	20	26	23	36
Household Income ^{3,4,5}					
Bottom 40 Percent Bracket ^a	28	21	21	15	12
Middle 20 Percent Bracket	22	18	36	34	22
Top 40 Percent Bracket ^b	35	27	18	24	45
Marital Status ^{2,5}					
Married ^b	29	19	23	24	35
Not Married ^a	28	32	24	21	13
Overweight Status ^{1,2,3}					
Not Overweight	35	34	33	24	28
Overweight	24	20	18	22	23
Physical Activity ^{2,3,5}					
Inactive ^b	--	15	21	20	5
Insufficient	--	20	11	22	22
Recommended	--	31	34	25	33

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Five or More Fruit or Vegetables per Day

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

2016 Findings

- Forty 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 (48%) compared to male respondents (30%).
- Respondents 18 to 34 years old were more likely to report at least five servings of fruit/vegetables a day (55%) compared to those 55 to 64 years old (29%) or respondents 65 and older (26%).
- Fifty-six percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 38% of those with some post high school education or 28% of respondents with a high school education or less.
- Fifty-seven percent of respondents in the top 40 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 42% of those in the middle 20 percent income bracket or 26% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report at least five servings of fruit/vegetables a day compared to unmarried respondents (46% and 31%, respectively).
- Respondents who were not overweight were more likely to report at least five servings of fruit/vegetables a day (55%) compared to overweight respondents (32%).
- Forty-eight percent of respondents who met the recommended amount of physical activity reported at least five servings of fruit/vegetables a day compared to 38% of those who did an insufficient amount of physical activity or 9% of inactive respondents.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2003 and 2016, female respondents were more likely to report at least five fruit/vegetable servings per day.
- In 2003, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2003. From 2003 to 2016, there was a noted decrease in the percent of respondents 65 and older reporting at least five fruit/vegetable servings per day.
- In 2003 and 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables. From 2003 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting at least five servings of fruit/vegetables per day.

- In 2003, marital status was not a significant variable. In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day.
- In 2003, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.
- In 2013 and 2016, female respondents were more likely to report at least five fruit/vegetable servings per day. From 2013 to 2016, there was a noted increase in the percent of male respondents reporting at least five fruit/vegetable servings per day.
- In 2013, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2013.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report at least five fruit/vegetable servings per day, with a noted increase since 2013.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2013.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2013.
- In 2013, overweight status was not a significant variable. In 2016, respondents who were not overweight were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2013.
- In 2013, physical activity was not a significant variable. In 2016, respondents who met the recommended amount of physical activity were more likely to report at least five servings of fruit/vegetables per day, with a noted increase since 2013. From 2013 to 2016, there was a noted decrease in the percent of inactive respondents reporting at least five servings of fruit/vegetables per day.

Table 32. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^b	39%	35%	40%	30%	40%
Gender ^{1,2,4,5}					
Male ^b	25	23	36	15	30
Female	50	46	43	44	48
Age ⁵					
18 to 34 ^{a,b}	40	39	48	32	55
35 to 44	34	28	38	35	40
45 to 54	34	37	39	30	42
55 to 64	32	31	37	30	29
65 and Older ^a	49	36	33	23	26
Education ^{1,3,5}					
High School or Less	32	30	30	28	28
Some Post High School	39	40	47	27	38
College Graduate ^b	51	37	49	36	56
Household Income ⁵					
Bottom 40 Percent Bracket ^a	38	32	41	23	26
Middle 20 Percent Bracket	32	30	41	38	42
Top 40 Percent Bracket ^b	46	36	37	29	57
Marital Status ^{2,3,5}					
Married ^b	40	29	33	30	46
Not Married	36	44	46	29	31
Overweight Status ^{3,5}					
Not Overweight ^b	45	40	50	32	55
Overweight	35	31	35	28	32
Physical Activity ^{2,3,5}					
Inactive ^b	--	20	34	28	9
Insufficient	--	25	28	29	38
Recommended ^b	--	47	51	31	48

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

^②Physical activity was defined differently in 2003.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Reading Food Label Information

2016 Findings

- Fifty-two percent of respondents reported when they buy a product for the first time, they often read the food label information. Twenty-six percent reported sometimes while the remaining 22% reported rarely or never.
- Female respondents were more likely to report they read a new product's label often (61%) compared to male respondents (43%).
- Seventy-two percent of respondents 45 to 54 years old reported they read a new product's label often compared to 43% of those 35 to 44 years old or 37% of respondents 18 to 34 years old.
- Sixty-eight percent of respondents with a college education reported they read a new product's label often compared to 60% of those with some post high school education or 35% of respondents with a high school education or less.
- Sixty-five percent of respondents in the top 40 percent household income bracket reported they read a new product's label often compared to 48% of those in the bottom 40 percent income bracket or 45% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report they read a new product's label often compared to unmarried respondents (58% and 46%, respectively).
- Sixty percent of respondents who met the recommended amount of physical activity reported they read a new product's label often compared to 46% of those who did an insufficient amount of physical activity or 36% of inactive respondents.

Table 33. Often Read Food Labels When Purchasing a Product for the First Time by Demographic Variables for 2016^⓪

	2016
TOTAL	52%
Gender ¹	
Male	43
Female	61
Age ¹	
18 to 34	37
35 to 44	43
45 to 54	72
55 to 64	48
65 and Older	60
Education ¹	
High School or Less	35
Some Post High School	60
College Graduate	68
Household Income ¹	
Bottom 40 Percent Bracket	48
Middle 20 Percent Bracket	45
Top 40 Percent Bracket	65
Marital Status ¹	
Married	58
Not Married	46
Overweight Status	
Not Overweight	59
Overweight	51
Physical Activity ¹	
Inactive	36
Insufficient	46
Recommended	60

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

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

Food Insecurity

2016 Findings

- Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they couldn't afford enough food.

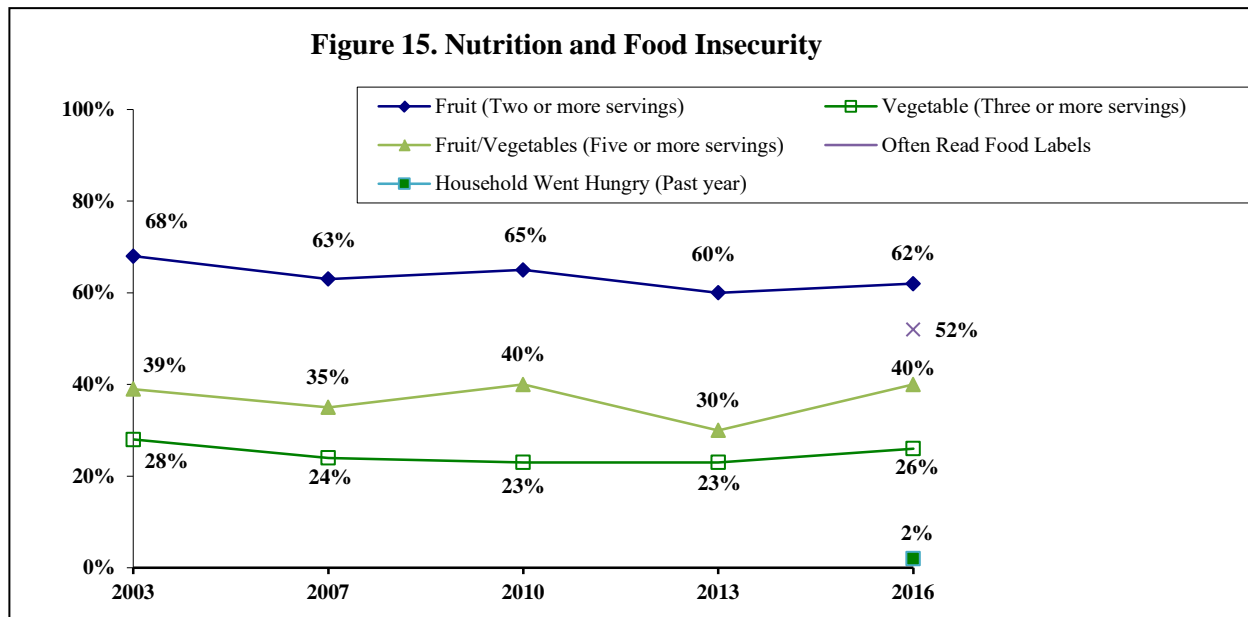
2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported they couldn't afford enough food in the past 12 months (1% and 2%, respectively).
- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they couldn't afford enough food.

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day while from 2013 to 2016, there was a statistical increase.



Women's Health (Figure 16; Tables 34 - 36)

KEY FINDINGS: In 2016, 80% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Eighty-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-nine percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-five 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 in the top 40 percent household income bracket were more likely to meet the cervical cancer recommendation.

From 2003 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2013 to 2016, there was no statistical change.

Mammogram

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

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

2016 Findings

- Eighty 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.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported having a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported having a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Bone Density Scan

2016 Findings

- Eighty-four percent of the 50 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.

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.

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was a statistical increase in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question.

Pap Smear

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

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

2016 Findings

- Eighty-one percent of respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.
- Ninety-eight 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.
- Ninety-four percent of respondents in the top 40 percent household income bracket reported a pap smear within the past three years compared to 74% of respondents in the bottom 60 percent household income bracket.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported a pap smear within the past three years.
- In 2003, education was not a significant variable. In 2016, respondents with a college education were more likely to report a pap smear within the past three years. From 2003 to 2016, 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 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years. From 2003 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a pap smear within the past three years.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of married respondents reporting a pap smear within the past three years.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report a pap smear within the past three years.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years.

Table 34. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)^①

	2003	2007	2010	2013	2016
TOTAL ^a	92%	80%	81%	83%	81%
Education ^{3,5}					
Some Post High School or Less ^a	90	76	77	81	69
College Graduate	98	88	97	89	98
Household Income ^{2,5}					
Bottom 60 Percent Bracket ^a	92	71	80	83	74
Top 40 Percent Bracket	94	94	86	88	94
Marital Status ³					
Married ^a	94	82	88	82	84
Not Married	89	78	68	86	78

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

HPV Test

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

2016 Findings

- Forty-nine percent of respondents 18 to 65 years old reported they had an HPV test within the past five years.
- Seventy-one percent of respondents with a college education reported they had an HPV test within the past five years compared to 32% of respondents some post high school education or less.

Table 35. HPV Test Within Past 5 Years by Demographic Variables for 2016 (Respondents 18 to 65 Years Old and With a Cervix)^①

	2016
TOTAL	49%
Education ¹	
Some Post High School or Less	32
College Graduate	71
Household Income	
Bottom 60 Percent Bracket	44
Top 40 Percent Bracket	56
Marital Status	
Married	46
Not Married	52

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

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

Cervical Cancer Screening in Recommended Time Frame

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

2016 Findings

- Eighty-five percent of respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every 3 years for ages 18 to 29 years old; pap smear and HPV test every 5 years or pap smear only every 3 years for ages 30 to 65 years old).
- Ninety-eight percent of respondents with a college education met the recommendation compared to 75% of respondents with some post high school education or less.
- Ninety-four percent of respondents in the top 40 percent household income bracket met the recommendation compared to 80% of respondents in the bottom 60 percent household income bracket.

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

Table 36. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for 2016
(Respondents 18 to 65 Years Old and With a Cervix)^⓪

	2016
TOTAL	85%
Education ¹	
Some Post High School or Less	75
College Graduate	98
Household Income ¹	
Bottom 60 Percent Bracket	80
Top 40 Percent Bracket	94
Marital Status	
Married	89
Not Married	81

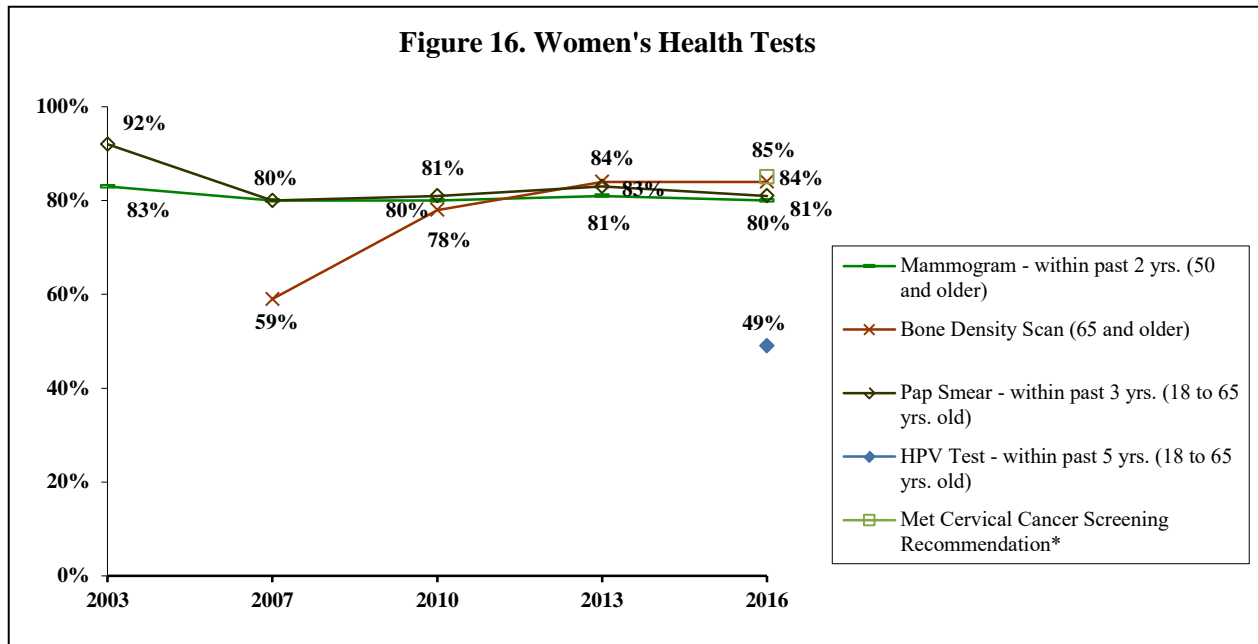
^⓪Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

¹demographic difference at p≤0.05 in 2016

Women’s Health Tests Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2013 to 2016. From 2007 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2013 to 2016, there was no statistical change. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2013 to 2016, there was no statistical change.



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

Colorectal Cancer Screening (Figure 17; Tables 37 - 40)

KEY FINDINGS: In 2016, 10% 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 74% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations.

From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2013 to 2016, there was no statistical change. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2013 to 2016.

Blood Stool Test

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

2016 Findings

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

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.
- In 2003 and 2016, gender, education, household income or marital status were not significant variables. From 2003 to 2016, there was a noted decrease in the percent of respondents across each demographic variable reporting a blood stool test within the past year.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.
- From 2013 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a blood stool test within the past year.

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

	2003	2007	2013	2016
TOTAL ^a	40%	23%	12%	10%
Gender				
Male ^a	32	23	13	13
Female ^a	45	24	11	8
Education				
Some Post High School or Less ^a	38	23	11	10
College Graduate ^a	45	24	14	11
Household Income				
Bottom 60 Percent Bracket ^a	39	25	11	9
Top 40 Percent Bracket ^a	40	25	7	16
Marital Status				
Married ^a	41	21	13	13
Not Married ^a	38	26	10	8

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007

³demographic difference at p≤0.05 in 2013; ⁴demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Sigmoidoscopy

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

2016 Findings

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

2010 to 2016 Year Comparisons

In 2003 and 2007, sigmoidoscopy and colonoscopy were combined as one question and cannot be compared to more recent data.

- From 2010 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- From 2010 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy within the past five years.

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

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.
- From 2013 to 2016, there were no statistically significant differences between and within demographic variables and responses of reporting a sigmoidoscopy within the past five years.

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

	2010	2013	2016
TOTAL	7%	7%	7%
Gender			
Male	6	8	9
Female	8	6	6
Education			
Some Post High School or Less	5	9	7
College Graduate	13	2	7
Household Income			
Bottom 60 Percent Bracket	7	8	8
Top 40 Percent Bracket	7	7	6
Marital Status			
Married	8	5	5
Not Married	5	10	9

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

¹demographic difference at $p \leq 0.05$ in 2010; ²demographic difference at $p \leq 0.05$ in 2013

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

^ayear difference at $p \leq 0.05$ from 2010 to 2016; ^byear difference at $p \leq 0.05$ from 2013 to 2016

Colonoscopy

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

2016 Findings

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

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

2010 to 2016 Year Comparisons

In 2003 and 2007, sigmoidoscopy and colonoscopy were combined as one question and cannot be compared to more recent data.

- From 2010 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2010, married respondents were more likely to report a colonoscopy within the past ten years. In 2016, education was not a significant variable.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.
- In 2013, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a colonoscopy within the past ten years.
- In 2013, married respondents were more likely to report a colonoscopy within the past ten years. In 2016, marital status was not a significant variable.

Table 39. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)^①

	2010	2013	2016
TOTAL	70%	70%	74%
Gender			
Male	72	70	73
Female	69	70	75
Education			
Some Post High School or Less	70	68	76
College Graduate	73	75	67
Household Income ²			
Bottom 60 Percent Bracket	71	66	75
Top 40 Percent Bracket ^b	74	88	67
Marital Status ^{1,2}			
Married	79	77	79
Not Married	61	58	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.

¹demographic difference at p≤0.05 in 2010; ²demographic difference at p≤0.05 in 2013

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2010 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Colorectal Cancer Screening Recommendation Met

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

2016 Findings

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

2010 to 2016 Year Comparisons

- From 2010 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.
- In 2010, married respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2016, marital status was not a significant variable.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.
- In 2013, respondents in the top 40 percent household income bracket were more likely to report a colorectal cancer screen in the recommended time frame. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting a colorectal cancer screen in the recommended time frame.
- In 2013, married respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2016, marital status was not a significant variable.

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

	2010	2013	2016
TOTAL	71%	75%	77%
Gender			
Male	72	75	77
Female	69	74	77
Education			
Some Post High School or Less	70	74	78
College Graduate	73	76	74
Household Income ²			
Bottom 60 Percent Bracket	71	71	78
Top 40 Percent Bracket ^b	74	90	74
Marital Status ^{1,2}			
Married	79	80	82
Not Married	61	65	71

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

^②In 2010, blood stool test was not asked.

¹demographic difference at $p \leq 0.05$ in 2010; ²demographic difference at $p \leq 0.05$ in 2013

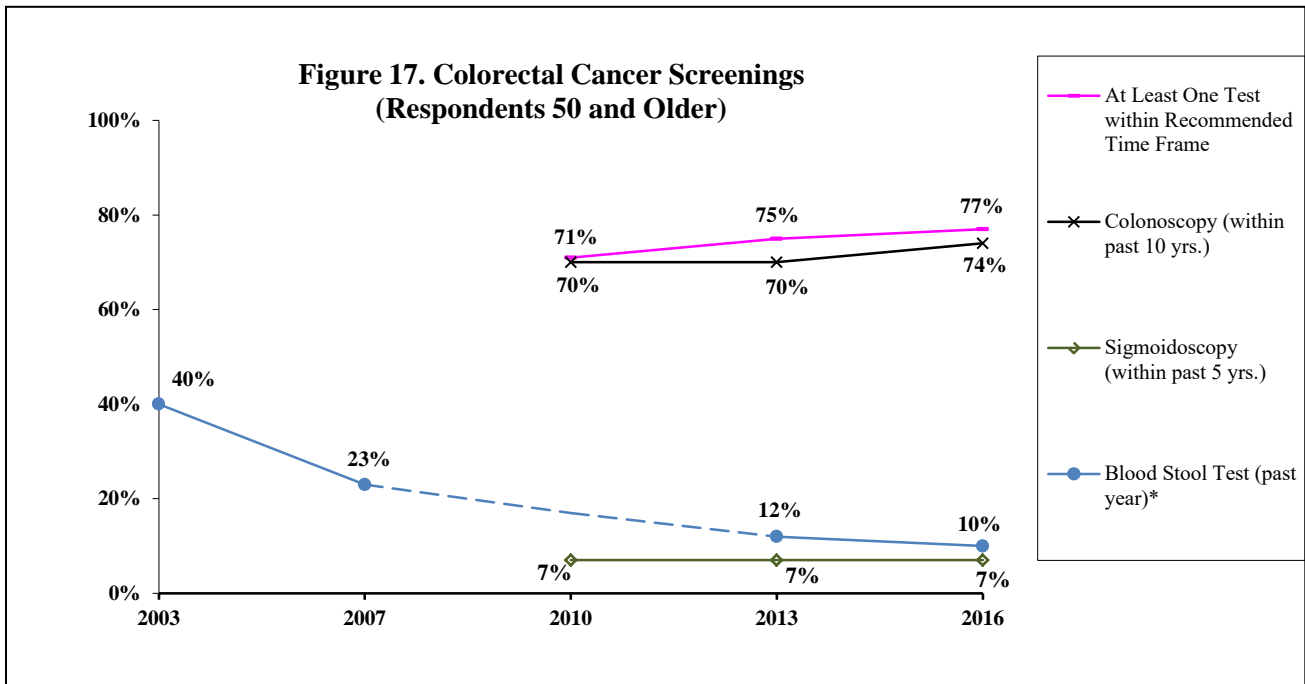
³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2010 to 2016; ^byear difference at $p \leq 0.05$ from 2013 to 2016

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2013 to 2016, there was no statistical change. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2013 to 2016.



*In 2010, blood stool test was not asked.

Tobacco Cigarette Use (Figures 18 & 19; Table 41)

KEY FINDINGS: In 2016, 21% of respondents were current tobacco cigarette smokers; respondents 35 to 44 years old, with a high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 64% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-five percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2013 to 2016, there was no statistical change. From 2003 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking while from 2013 to 2016, there was a statistical decrease.

Current Tobacco Cigarette Smokers

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

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

2016 Findings

- Twenty-one percent of respondents were current tobacco cigarette smokers; 5% smoked some days and 16% smoked every day in the past month.
- Respondents 35 to 44 years old were more likely to be a current smoker (39%) compared to those 55 to 64 years old (18%) or respondents 65 and older (3%).
- Thirty percent of respondents with a high school education or less reported they were a current smoker compared to 16% of those with some post high school education or 14% of respondents with a college education.
- Thirty percent of respondents in the bottom 60 percent household income bracket reported they were a current smoker compared to 7% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to be a current smoker compared to married respondents (35% and 10%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2003, respondents 18 to 34 years old were more likely to report they were a current smoker. In 2016, respondents 35 to 44 years old were more likely to report they were a current smoker. From 2003 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old who were current smokers.
- In 2003 and 2016, respondents with a high school education or less were more likely to be a current smoker. From 2003 to 2016, there was a noted decrease in the percent of respondents with some post high school education who were current smokers.
- In 2003, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker. From 2003 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket who were current smokers.
- In 2003 and 2016, unmarried respondents were more likely to report they were a current smoker. From 2003 to 2016, there was a noted decrease in the percent of married respondents who were current smokers.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.
- In 2003, respondents 35 to 54 years old were more likely to report they were a current smoker. In 2016, respondents 35 to 44 years old were more likely to report they were a current smoker.

- In 2013, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to be a current smoker.
- In 2013, household income was not a significant variable. In 2016, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker.
- In 2013 and 2016, unmarried respondents were more likely to report they were a current smoker.

Table 41. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year^①

	2003	2007	2010	2013	2016
TOTAL ^a	28%	20%	25%	19%	21%
Gender ³					
Male	31	20	31	21	24
Female	24	19	19	17	18
Age ^{1,2,3,4,5}					
18 to 34 ^a	43	24	28	14	20
35 to 44	28	20	33	26	39
45 to 54	28	29	28	29	30
55 to 64	26	18	27	19	18
65 and Older	10	6	10	10	3
Education ^{1,3,5}					
High School or Less	37	20	36	23	30
Some Post High School ^a	27	24	20	18	16
College Graduate	11	13	8	16	14
Household Income ^{2,3,5}					
Bottom 40 Percent Bracket	30	26	35	23	30
Middle 20 Percent Bracket	28	26	19	20	30
Top 40 Percent Bracket ^a	25	11	18	15	7
Marital Status ^{1,2,3,4,5}					
Married ^a	20	14	20	13	10
Not Married	39	28	30	29	35

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

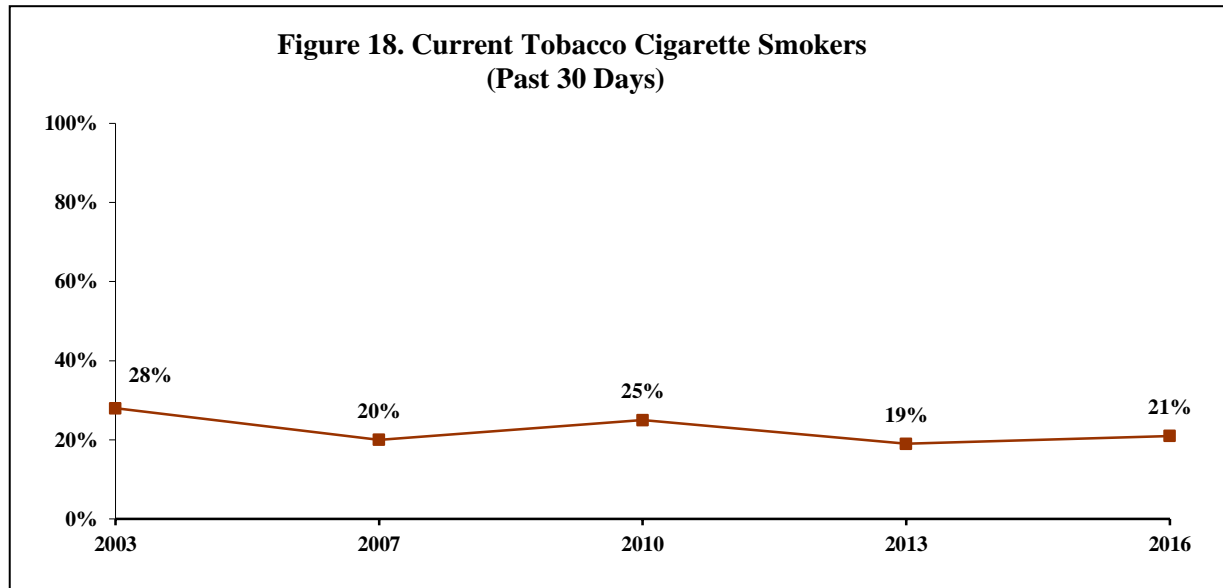
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Tobacco Cigarette Use Overall

Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2013 to 2016, there was no statistical change.



Quit Smoking for at Least One Day in Past 12 Months as a Result of Trying to Quit

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

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

2016 Findings

Of current tobacco cigarette smokers...

- Sixty-four percent of the 85 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.

2003 to 2016 Year Comparisons

- From 2003 to 2016, 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.

2013 to 2016 Year Comparisons

- From 2013 to 2016, 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.

Doctor, Nurse or Other Health Professional Advised Respondent to Quit

2016 Findings

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

- Seventy-five percent of the 56 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.

2007 to 2016 Year Comparisons

- From 2007 to 2016, there was no statistical change in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

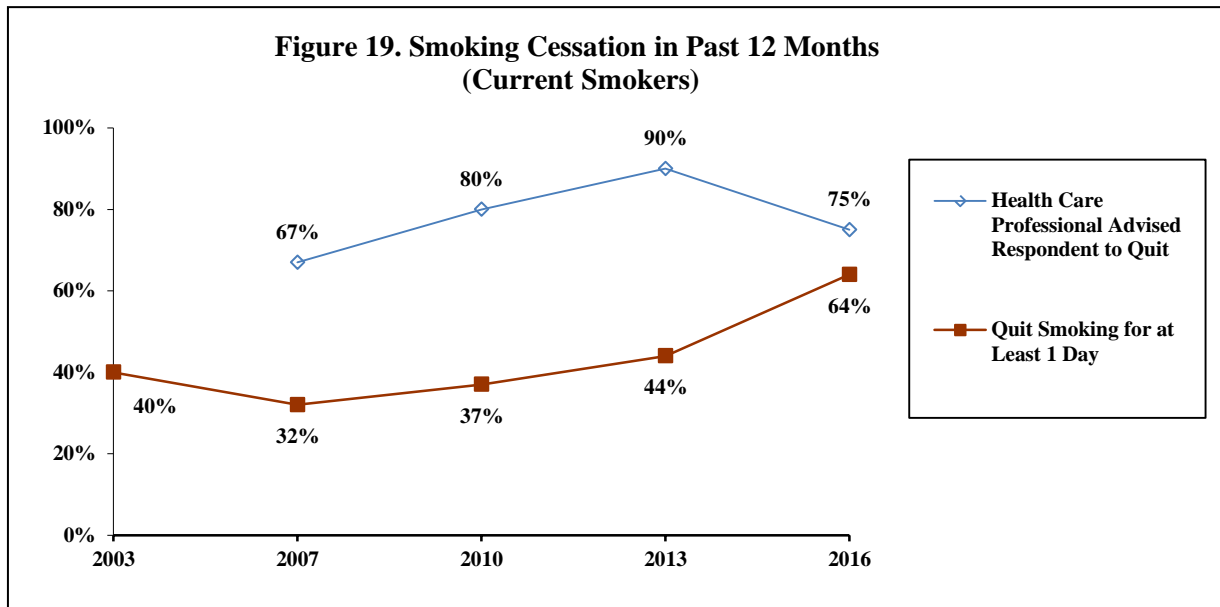
2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported their health professional advised them to quit smoking.
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question.

Smoking Cessation Overall

Year Comparisons

- From 2003 to 2016, 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, as well as from 2013 to 2016. From 2007 to 2016, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking while from 2013 to 2016, there was a statistical decrease.



Exposure to Cigarette Smoke (Figures 20 & 21; Tables 42 & 43)

KEY FINDINGS: In 2016, 85% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents with a high school education or less, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or unmarried respondents were more likely to report this.

From 2010 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2013 to 2016, there was a statistical decrease.

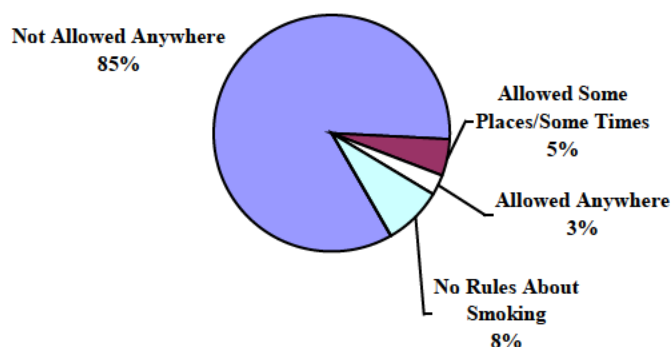
Smoking Policy Inside Home

In 2003, 75% of Wisconsin respondents reported smoking is prohibited in their home (2003 Tobacco Use Supplement to the Current Population Survey). In 2006-2007, 79% of U.S. respondents reported smoking is prohibited in their home (2006-2007 Tobacco Use Supplement to the Current Population Survey).

2016 Findings

- Eighty-five percent of respondents reported smoking is not allowed anywhere inside the home while 5% reported smoking is allowed in some places or at some times. Three percent reported smoking is allowed anywhere inside the home. Eight percent of respondents reported there are no rules about smoking inside the home.

Figure 20. Smoking Policy Inside Home for 2016



- Ninety-seven percent of respondents in the top 40 percent household income bracket and 94% of those in the middle 20 percent income bracket reported smoking is not allowed in the home compared to 72% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report smoking is not allowed in the home compared to unmarried respondents (93% and 76%, respectively).
- Ninety-one percent of nonsmokers reported smoking is not allowed in the home compared to 63% of smokers.
- Respondents in households with children were more likely to report smoking is not allowed in the home (93%) compared to respondents in households without children (82%).

2010 to 2016 Year Comparisons

- From 2010 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2010, respondents in the middle 20 percent household income bracket were more likely to report smoking is not allowed in the home. In 2016, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home, with a noted increase since 2010.
- In 2010 and 2016, married respondents were more likely to report smoking is not allowed in the home. From 2010 to 2016, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.
- In 2010 and 2016, nonsmokers were more likely to report smoking is not allowed in the home. From 2010 to 2016, there was a noted increase in the percent of respondents across smoking status reporting smoking is not allowed in the home.

- In 2010 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home. From 2010 to 2016, there was a noted increase in the percent of respondents in households with or without children reporting smoking is not allowed in the home.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.
- In 2013 and 2016, respondents in the top 60 percent household income bracket were more likely to report smoking is not allowed in the home. From 2013 to 2016, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting smoking is not allowed in the home.
- In 2013 and 2016, married respondents were more likely to report smoking is not allowed in the home. From 2013 to 2016, there was a noted increase in the percent of married respondents reporting smoking is not allowed.
- In 2013 and 2016, nonsmokers were more likely to report smoking is not allowed in the home. From 2013 to 2016, there was a noted increase in the percent of smokers reporting smoking is not allowed in the home.
- In 2013 and 2016, respondents in households with children were more likely to report smoking is not allowed in the home. From 2013 to 2016, there was a noted increase in the percent of respondents in households without children reporting smoking is not allowed in the home.

Table 42. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year[Ⓞ]

	2010	2013	2016
TOTAL ^{a,b}	70%	78%	85%
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket	63	69	72
Middle 20 Percent Bracket ^a	80	89	94
Top 40 Percent Bracket ^{a,b}	74	89	97
Marital Status ^{1,2,3}			
Married ^{a,b}	77	84	93
Not Married ^a	63	69	76
Smoking Status ^{1,2,3}			
Nonsmoker ^a	79	88	91
Smoker ^{a,b}	44	36	63
Children in Household ^{1,2,3}			
Yes ^a	81	91	93
No ^{a,b}	64	70	82

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

¹demographic difference at p≤0.05 in 2010; ²demographic difference at p≤0.05 in 2013

³demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2010 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

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

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

2016 Findings

Of 314 nonsmoking respondents...

- Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke on at least one day in the past seven days while they rode in a car or were in the same room with a person who was smoking.
- Fifteen percent of respondents with a high school education or less reported second-hand smoke exposure compared to 10% of those with some post high school education or 3% of respondents with a college education.
- Fourteen percent of respondents in the bottom 40 percent household income bracket and 11% of those in the top 40 percent income bracket reported second-hand smoke exposure compared to 0% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report second-hand smoke exposure compared to married respondents (14% and 7%, respectively).

2010 to 2016 Year Comparisons

- From 2010 to 2016, there was no statistical change in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2010, respondents 55 to 64 years old were more likely to report second-hand smoke exposure. In 2016, age was not a significant variable. From 2010 to 2016, there was a noted increase in the percent of respondents 35 to 44 years old and a noted decrease in the percent of respondents 65 and older reporting exposure.
- In 2010, education was not a significant variable. In 2016, respondents with a high school education or less were more likely to report exposure to second-hand smoke.
- In 2010, respondents in the bottom 60 percent household income bracket were more likely to report exposure to second-hand smoke. In 2016, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2010 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting second-hand smoke exposure.
- In 2010, marital status was not a significant variable. In 2016, unmarried respondents were more like to report exposure to second-hand smoke. From 2010 to 2016, there was a noted decrease in the percent of married respondents reporting second-hand smoke exposure.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.
- In 2013, respondents 18 to 34 years old were more likely to report second-hand smoke exposure. In 2016, age was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting exposure.

- In 2013 and 2016, respondents with a high school education or less were more likely to report exposure to second-hand smoke.
- In 2013, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. In 2016, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting second-hand smoke exposure.
- In 2013 and 2016, unmarried respondents were more like to report exposure to second-hand smoke. From 2013 to 2016, there was a noted decrease in the percent of married respondents reporting second-hand smoke exposure.

Table 43. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year^①

	2010	2013	2016
TOTAL ^b	12%	17%	10%
Gender			
Male	10	19	12
Female	13	14	7
Age ^{1,2}			
18 to 34 ^b	13	36	12
35 to 44 ^a	2	9	16
45 to 54	15	5	7
55 to 64	23	19	14
65 and Older ^a	13	9	4
Education ^{2,3}			
High School or Less	16	24	15
Some Post High School	12	16	10
College Graduate	6	8	3
Household Income ^{1,2,3}			
Bottom 40 Percent Bracket ^b	17	26	14
Middle 20 Percent Bracket ^{a,b}	16	18	0
Top 40 Percent Bracket ^a	1	8	11
Marital Status ^{2,3}			
Married ^{a,b}	13	13	7
Not Married	12	23	14

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

¹demographic difference at $p \leq 0.05$ in 2010; ²demographic difference at $p \leq 0.05$ in 2013

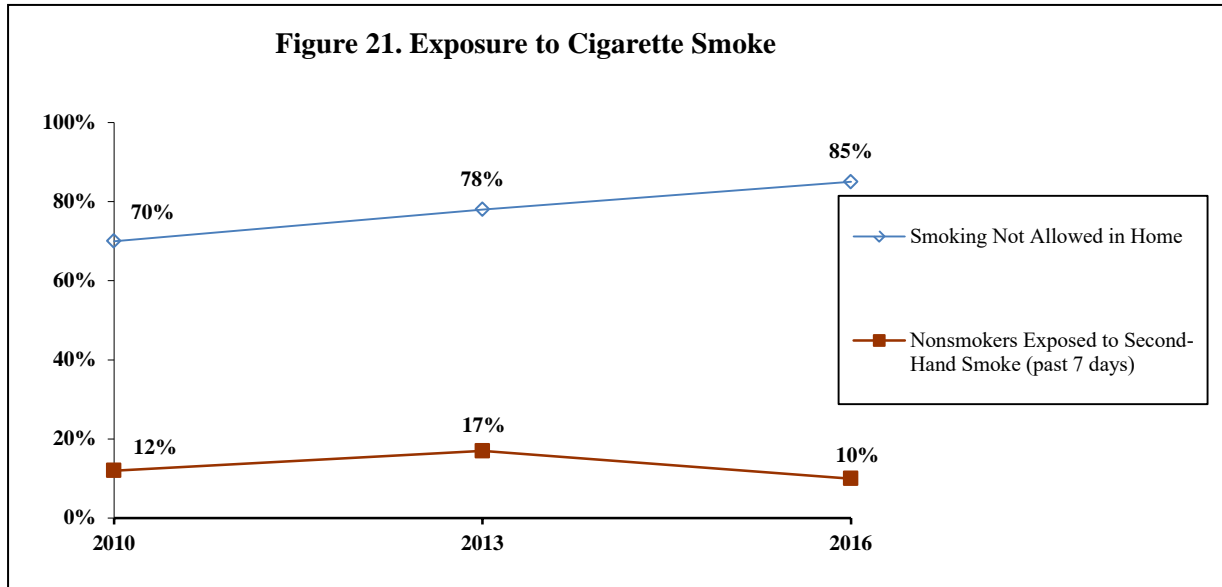
³demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2010 to 2016; ^byear difference at $p \leq 0.05$ from 2013 to 2016

Exposure to Cigarette Smoke Overall

Year Comparisons

- From 2010 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2013 to 2016. From 2010 to 2016, there was no statistical change in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2013 to 2016, there was a statistical decrease.



Other Tobacco Products (Table 44)

KEY FINDINGS: In 2016, 4% of respondents used electronic cigarettes in the past 30 days; respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to use e-cigarettes. Three percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars.

Electronic Cigarettes

2016 Findings

- Four percent of respondents used electronic cigarettes in the past 30 days.
- Male respondents were more likely to use electronic cigarettes (7%) compared to female respondents (2%).
- Eight percent of respondents with a high school education or less used electronic cigarettes compared to 2% of respondents with at least some post high school education.
- Eight percent of respondents in the bottom 40 percent household income bracket used electronic cigarettes compared to 4% of those in the middle 20 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

- Nine percent of unmarried respondents reported they used electronic cigarettes compared to less than one percent of married respondents.

Smokeless Tobacco

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

2016 Findings

- Three percent of respondents used smokeless tobacco in the past 30 days.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used smokeless tobacco.

Cigars, Cigarillos or Little Cigars

2016 Findings

- Two percent of respondents used cigars, cigarillos or little cigars in the past 30 days.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used cigars, cigarillos or little cigars in the past 30 days.

Table 44. Other Tobacco Products in Past Month by Demographic Variables for 2016^①

	Electronic Cigarettes	Smokeless Tobacco ^②	Cigars, Cigarillos or Little Cigars ^②
TOTAL	4%	3%	2%
Gender			
Male	7 ¹	--	--
Female	2 ¹	--	--
Age			
18 to 34	5	--	--
35 to 44	2	--	--
45 to 54	9	--	--
55 to 64	4	--	--
65 and Older	2	--	--
Education			
High School or Less	8 ¹	--	--
Some Post High School	2 ¹	--	--
College Graduate	2 ¹	--	--
Household Income			
Bottom 40 Percent Bracket	8 ¹	--	--
Middle 20 Percent Bracket	4 ¹	--	--
Top 40 Percent Bracket	<1 ¹	--	--
Marital Status			
Married	<1 ¹	--	--
Not Married	9 ¹	--	--

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

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

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

Alcohol Use (Figure 22; Tables 45 & 46)

KEY FINDINGS: In 2016, 40% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Less than one percent reported they had been a driver or a passenger when the driver perhaps had too much to drink.

From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2013 to 2016.

Binge Drinking in Past Month

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2016, Manitowoc County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2020 goal for adult binge drinking (5 or more drinks) is 24%. (Objective SA-14.3)

In 2014, 22% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Sixteen percent of U.S. respondents reported binge drinking in the past month (2014 Behavioral Risk Factor Surveillance).

2016 Findings

- Forty percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).
- Male respondents were more likely to have binged in the past month (45%) compared to female respondents (35%).
- Respondents 18 to 34 years old were more likely to have binged in the past month (63%) compared to those 55 to 64 years old (27%) or respondents 65 and older (11%).
- Fifty-two percent of respondents in the top 40 percent household income bracket binged in the past month compared to 37% of those in the middle 20 percent income bracket or 33% of respondents in the bottom 40 percent household income bracket.

2003 to 2016 Year Comparisons

In 2003, 2013 and 2016, the Manitowoc 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 2007 and 2010, the definition was five or more drinks, regardless of gender.

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who binged.
- In 2003 and 2016, male respondents were more likely to have binged. From 2003 to 2016, there was a noted increase in the percent of respondents across gender reporting binge drinking.
- In 2003, respondents 18 to 44 years old were more likely to have binged. In 2016, respondents 18 to 34 years old were more likely to have binged. From 2003 to 2016, there was a noted increase in the percent of respondents 18 to 54 years old or 65 and older reporting binge drinking.
- In 2003 and 2016, education was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across education reporting binge drinking.
- In 2003, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to have binged. From 2003 to 2016, there was a noted increase in the percent of respondents across household income reporting binge drinking.
- In 2003 and 2016, marital status was not a significant variable. From 2003 to 2016, there was a noted increase in the percent of respondents across marital status reporting binge drinking.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who binge.
- In 2013, gender was not a significant variable. In 2016, male respondents were more likely to have binged, with a noted increase since 2013.
- In 2013 and 2016, respondents 18 to 34 years old were more likely to have binged.
- In 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents with a college education reporting binge drinking.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to have binged.

Table 45. Binge Drinking in Past Month by Demographic Variables for Each Survey Year^{①,②}

	2003	2007	2010	2013	2016
TOTAL ^{a,b}	19%	28%	23%	31%	40%
Gender ^{1,2,3,5}					
Male ^{a,b}	25	42	27	27	45
Female ^a	13	16	18	35	35
Age ^{1,2,3,4,5}					
18 to 34 ^a	30	49	38	47	63
35 to 44 ^a	29	24	22	41	56
45 to 54 ^a	10	40	15	40	41
55 to 64	19	16	27	16	27
65 and Older ^a	3	6	10	12	11
Education					
High School or Less ^a	15	24	27	35	39
Some Post High School ^a	25	32	20	35	40
College Graduate ^{a,b}	21	31	16	23	41
Household Income ^{2,5}					
Bottom 40 Percent Bracket ^a	18	17	25	27	33
Middle 20 Percent Bracket ^a	16	38	17	32	37
Top 40 Percent Bracket ^a	25	45	27	42	52
Marital Status					
Married ^a	16	28	20	28	36
Not Married ^a	23	29	25	38	44

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

^②In 2003, 2013 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in all other study years, “5 or more drinks on an occasion” was used for both males and females.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

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

2016 Findings

- Less than one 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.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.
- In 2003, respondents with some post high school education were more likely to report they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.
- 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 all study years.

Table 46. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year[ⓐ]

	2003	2007	2010 [ⓑ]	2013 [ⓑ]	2016 [ⓑ]
TOTAL ^{a,b}	4%	4%	2%	3%	<1%
Gender ²					
Male	5	6	--	--	--
Female	3	2	--	--	--
Age					
18 to 34	7	5	--	--	--
35 to 44	6	2	--	--	--
45 to 54	1	8	--	--	--
55 to 64	4	2	--	--	--
65 and Older	0	1	--	--	--
Education ¹					
High School or Less	2	5	--	--	--
Some Post High School	8	2	--	--	--
College Graduate	3	5	--	--	--
Household Income					
Bottom 40 Percent Bracket	2	4	--	--	--
Middle 20 Percent Bracket	5	1	--	--	--
Top 40 Percent Bracket	4	8	--	--	--
Marital Status					
Married	3	4	--	--	--
Not Married	6	5	--	--	--

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

[ⓑ]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

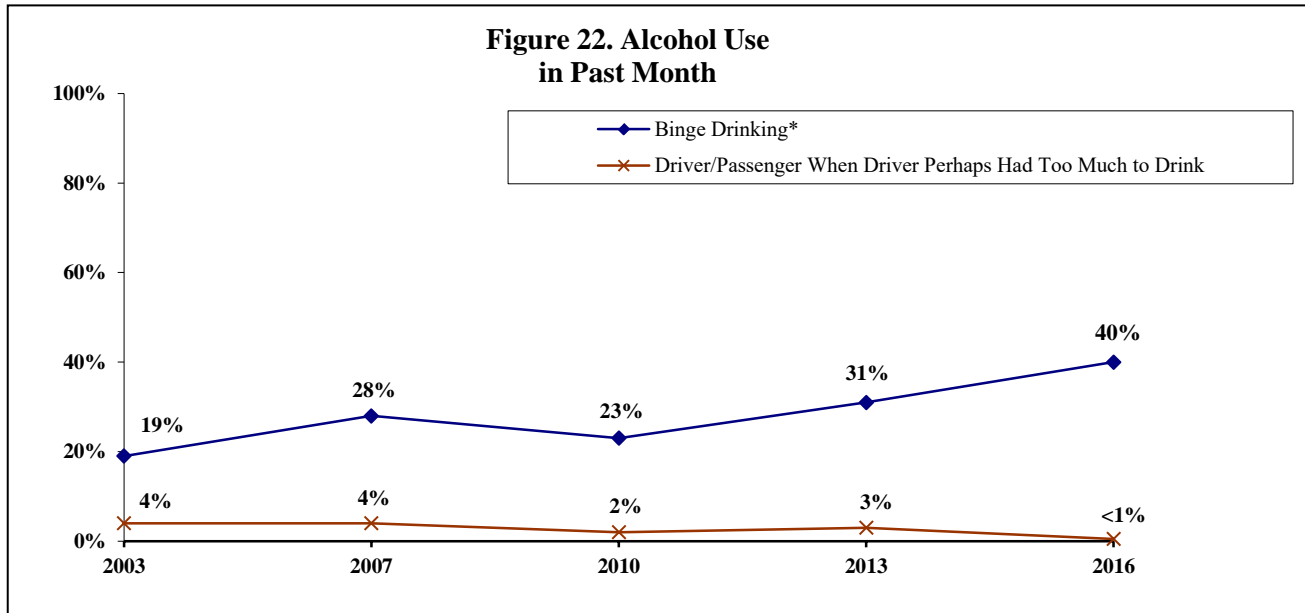
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Alcohol Use Overall

Year Comparisons

- From 2003 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2013 to 2016.



*In 2003, 2013 and 2016, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used; in 2007 and 2010, “5 or more drinks on an occasion” was used for both males and females.

Household Problems (Figure 23)

KEY FINDINGS: In 2016, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana, gambling or with the misuse of prescription drugs/over-the-counter drugs. Zero percent of respondents reported a household problem in connection with cocaine, heroin or other street drugs.

From 2007 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year, as well as from 2013 to 2016. From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.

Household Problem Associated with Alcohol in Past Year

2016 Findings

- Three 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.

2007 to 2016 Year Comparisons

- From 2007 to 2016, 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 were conducted between years as a result of the small number of respondents reporting a household problem with drinking alcohol.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting a household problem with drinking alcohol.

Other Household Problems in Past Year

2016 Findings

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

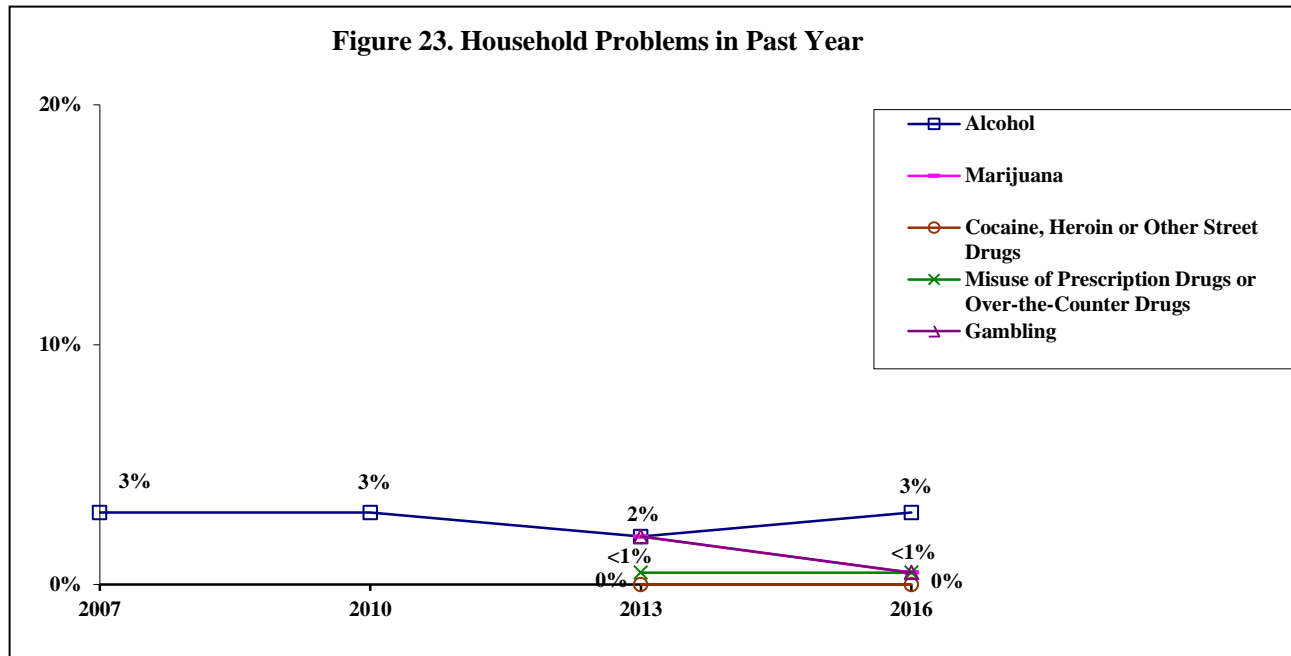
2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.
- No demographic comparisons were conducted between years as a result of the small number of respondents reporting each household problem in both study years.

Household Problems Overall

Year Comparisons

- From 2007 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year, as well as from 2013 to 2016. From 2013 to 2016, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.



Times of Distress in Past Three Years (Table 47)

KEY FINDINGS: In 2016, 15% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or in households with children more likely to report this. Forty-seven percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

Times of Distress

2016 Findings

- Fifteen percent of respondents reported in the past three years someone in their household experienced times of distress, including economic hardship, family issues, medical issues or some other distress in life and looked for community resource support in Manitowoc County.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported someone in their household experienced times of distress in the past three years and looked for support compared to 13% of those in the middle 20 percent income bracket or 7% of respondents in the top 40 percent household income bracket.

- Respondents in households with children were more likely to report someone in their household experienced times of distress in the past three years and looked for support (23%) compared to respondents in households without children (11%).

Table 47. Times of Distress in Past Three Years by Demographic Variables for 2016[Ⓞ]

	2016
TOTAL	15%
Household Income ¹	
Bottom 40 Percent Bracket	22
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	7
Marital Status	
Married	14
Not Married	16
Children in Household ¹	
Yes	23
No	11

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

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

Community Resource Support

- Forty-seven percent of the 58 respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Fifty-three percent reported extremely supported or very supported.
 - Of the 30 respondents who reported they felt somewhat, slightly or not at all supported by the community resources, 32% reported finances as the reason they selected these lower levels of support. Twenty-six percent reported the stigma related to needing help/disapproval was the reason while 15% each reported the lack of knowledge of where to go or the poor quality of care as their reason for the lower level of support.

Mental Health Status (Figures 24 & 25; Tables 48 - 50)

KEY FINDINGS: In 2016, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents 45 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Two percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents 45 to 54 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

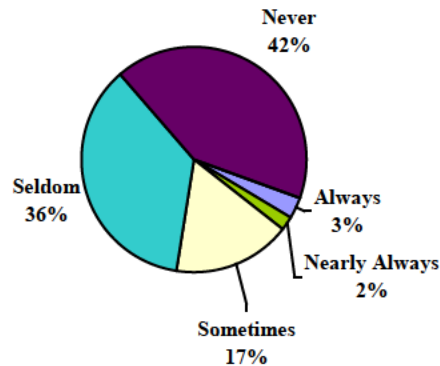
From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, they considered suicide or they seldom/never find meaning and purpose in daily life, as well as from 2013 to 2016.

Felt Sad, Blue or Depressed

2016 Findings

- Five percent of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. This represents up to 6,300 residents. Seventeen percent reported sometimes and the remaining 78% reported seldom or never.

Figure 24. Felt Sad, Blue or Depressed in Past 30 Days for 2016



- Thirteen percent of respondents 45 to 54 years old reported they always or nearly always felt sad, blue or depressed in the past 30 days compared to 2% of those 65 and older or 0% of respondents 18 to 44 years old.
- Respondents with some post high school education were more likely to report they always or nearly always felt sad, blue or depressed (8%) compared to those with a high school education or less (6%) or respondents with a college education (less than one percent).
- Twelve percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed compared to 2% of those in the middle 20 percent income bracket or 0% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed compared to married respondents (9% and 2%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2003, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed. From 2003 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they always or nearly always felt sad, blue or depressed.
- In 2003, education was not a significant variable. In 2016, respondents with some post high school education were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2003 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.

- In 2003 and 2016, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.
- In 2013, female respondents were more likely to report always or nearly always. In 2016, gender was not a significant variable.
- In 2013, age was not a significant variable. In 2016, respondents 45 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old reporting always or nearly always.
- In 2013, respondents with some post high school education or less were more likely to report they always or nearly always felt sad, blue or depressed. In 2016, respondents with some post high school education were more likely to report always or nearly always.
- In 2013 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.
- In 2013, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 48. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year^①

	2003	2007	2010	2013	2016
TOTAL	6%	4%	4%	6%	5%
Gender ⁴					
Male	4	4	3	2	6
Female	7	4	5	9	5
Age ^{3,5}					
18 to 34 ^{a,b}	5	5	<1	7	0
35 to 44 ^b	3	3	1	10	0
45 to 54	8	4	8	6	13
55 to 64	2	6	8	4	9
65 and Older	9	2	4	1	2
Education ^{4,5}					
High School or Less	7	4	4	7	6
Some Post High School	6	7	3	8	8
College Graduate	2	1	4	<1	<1
Household Income ^{1,2,4,5}					
Bottom 40 Percent Bracket	10	7	5	10	12
Middle 20 Percent Bracket	6	4	3	1	2
Top 40 Percent Bracket	2	<1	1	2	0
Marital Status ^{1,2,5}					
Married	2	2	3	4	2
Not Married	11	7	5	8	9

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Considered Suicide

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

2016 Findings

- Two percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 4,410 residents who may have considered suicide in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year they considered suicide.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2003, unmarried respondents were more likely to report they felt so overwhelmed in the past year they considered suicide.

2013 to 2016 Year Comparisons

- From 2013 to 2016, 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 both study years.

Table 49. Considered Suicide in the Past Year by Demographic Variables for Each Survey Year^①

	2003	2007 ^②	2010	2013 ^②	2016 ^②
TOTAL	4%	3%	4%	3%	2%
Gender ³					
Male	6	--	6	--	--
Female	2	--	<1	--	--
Age ³					
18 to 34	6	--	3	--	--
35 to 44	4	--	0	--	--
45 to 54	5	--	12	--	--
55 to 64	2	--	2	--	--
65 and Older	0	--	0	--	--
Education					
High School or Less	5	--	4	--	--
Some Post High School	3	--	3	--	--
College Graduate	2	--	3	--	--
Household Income ³					
Bottom 40 Percent Bracket	5	--	7	--	--
Middle 20 Percent Bracket	2	--	0	--	--
Top 40 Percent Bracket	4	--	0	--	--
Marital Status ^{1,3}					
Married	2	--	<1	--	--
Not Married	7	--	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.

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Find Meaning and Purpose in Daily Life

2016 Findings

- A total of 4% of respondents reported they seldom or never find meaning and purpose in daily life. Forty-four percent of respondents reported they always find meaning and purpose while an additional 41% reported nearly always.
- Ten percent of respondents 45 to 54 years old reported they seldom or never find meaning and purpose in daily life compared to 4% of those 55 to 64 years old or 0% of respondents 18 to 44 years old.
- Six percent of respondents with a high school education or less and 5% of those with some post high school education reported they seldom or never find meaning and purpose in daily life compared to 0% of respondents with a college education.
- Eight percent of respondents in the bottom 40 percent household income bracket reported they seldom or never find meaning and purpose in daily life compared to 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 seldom or never find meaning and purpose in daily life compared to married respondents (7% and 2%, respectively).

2003 to 2016 Year Comparisons

- From 2003 to 2016, 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 2003 and 2016, gender was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of male respondents reporting they seldom or never find meaning and purpose in daily life.
- In 2003, respondents 18 to 34 years old were more likely to report they seldom or never find meaning and purpose in daily life. In 2016, respondents 45 to 54 years old were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2003. From 2003 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting seldom or never.
- In 2003, education was not a significant variable. In 2016, respondents with some post high school education or less were more likely to report they seldom or never find meaning and purpose in daily life. From 2003 to 2016, there was a noted decrease in the percent of respondents with a college education reporting they seldom or never find meaning and purpose in daily life.
- In 2003, household income was not a significant variable. In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2003. From 2003 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they seldom or never find meaning and purpose in daily life.
- In 2003, marital status was not a significant variable. In 2016, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

2013 to 2016 Year Comparisons

- From 2013 to 2016, 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 2013, respondents 18 to 34 years old or 65 and older were more likely to report they seldom or never find meaning and purpose in daily life. In 2016, respondents 45 to 54 years old were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2013. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting they seldom or never find meaning and purpose in daily life.
- In 2013 and 2016, respondents with some post high school education or less were more likely to report they seldom or never find meaning and purpose in daily life.
- In 2013 and 2016, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life.
- In 2013 and 2016, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

Table 50. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year^①

	2003	2007 ^②	2010	2013	2016
TOTAL	5%	3%	5%	5%	4%
Gender ³					
Male ^a	8	--	8	7	3
Female	4	--	1	3	5
Age ^{1,4,5}					
18 to 34 ^{a,b}	14	--	7	9	0
35 to 44	3	--	0	0	0
45 to 54 ^{a,b}	0	--	4	2	10
55 to 64	0	--	6	1	4
65 and Older	5	--	5	8	6
Education ^{3,4,5}					
High School or Less	7	--	8	6	6
Some Post High School	2	--	<1	7	5
College Graduate ^a	7	--	1	0	0
Household Income ^{3,4,5}					
Bottom 40 Percent Bracket ^a	2	--	7	9	8
Middle 20 Percent Bracket	6	--	3	4	2
Top 40 Percent Bracket ^a	8	--	1	0	<1
Marital Status ^{4,5}					
Married	5	--	4	2	2
Not Married	7	--	5	10	7

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

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

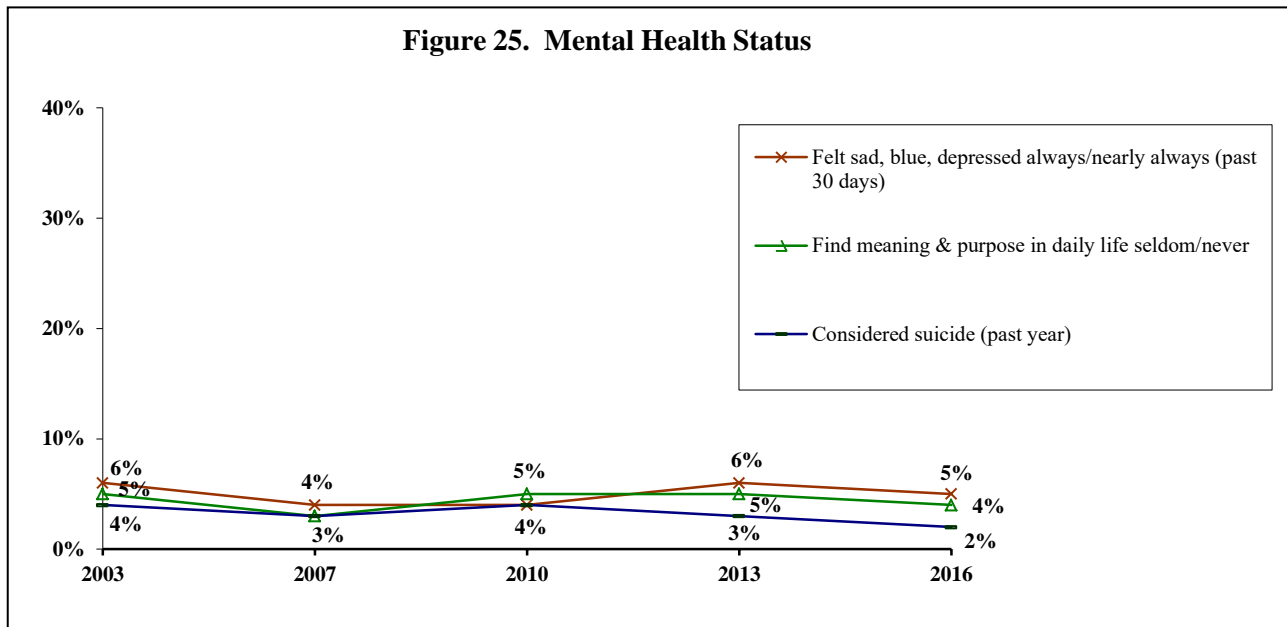
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Mental Health Status Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported each mental health question, as well as from 2013 to 2016.



Personal Safety Issues (Figure 26; Tables 51 - 53)

KEY FINDINGS: In 2016, 3% of respondents reported someone made them afraid for their personal safety in the past year. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this.

From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues while from 2013 to 2016, there was a statistical decrease.

Afraid for Personal Safety

2016 Findings

- Three percent of respondents reported someone made them afraid for their personal safety in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported someone made them afraid for their personal safety in the past year.
 - Of the 11 respondents, an acquaintance or a stranger was most often reported as the person who made them afraid (6 respondents each).

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2003, respondents 18 to 34 years old or with at least some post high school education were more likely to report being afraid for their personal safety. In 2016, no demographic comparisons were conducted as a result of the low percent of respondents reporting they were afraid for their personal safety.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.
- In 2013, respondents 35 to 44 years old or unmarried were more likely to report being afraid for their personal safety. In 2016, no demographic comparisons were conducted as a result of the low percent of respondents reporting they were afraid for their personal safety.

Table 51. Afraid for Personal Safety by Demographic Variables for Each Survey Year^①

	2003	2007	2010 ^②	2013	2016 ^②
TOTAL	5%	5%	3%	4%	3%
Gender ²					
Male	5	0	--	3	--
Female	6	9	--	5	--
Age ^{1,4}					
18 to 34	12	5	--	3	--
35 to 44	3	6	--	15	--
45 to 54	6	5	--	1	--
55 to 64	4	6	--	0	--
65 and Older	0	1	--	1	--
Education ^{1,2}					
High School or Less	2	2	--	4	--
Some Post High School	8	8	--	4	--
College Graduate	8	4	--	4	--
Household Income					
Bottom 40 Percent Bracket	3	6	--	6	--
Middle 20 Percent Bracket	4	3	--	0	--
Top 40 Percent Bracket	8	3	--	5	--
Marital Status ⁴					
Married	5	5	--	1	--
Not Married	5	4	--	8	--

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

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Pushed, Kicked, Slapped or Hit

2016 Findings

- One percent of respondents reported they were pushed, kicked, slapped or hit in the past year.
- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit in the past year.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- In 2003, respondents who were 18 to 34 years old or unmarried were more likely to report they were pushed, kicked, slapped or hit. In 2016, no demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or hit.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.
- In 2013, respondents who were male, 35 to 44 years old or with some post high school education were more likely to report they were pushed, kicked, slapped or hit. In 2016, no demographic comparisons were conducted as a result of the low percent of respondents reporting they were pushed, kicked, slapped or

Table 52. Someone Pushed, Kicked, Slapped or Hit Respondent by Demographic Variables for Each Survey Year^①

	2003	2007 ^②	2010	2013	2016 ^③
TOTAL ^{a,b}	4%	2%	2%	5%	1%
Gender ⁴					
Male	4	--	--	8	--
Female	3	--	--	<1	--
Age ^{1,4}					
18 to 34	14	--	--	9	--
35 to 44	0	--	--	16	--
45 to 54	1	--	--	1	--
55 to 64	0	--	--	0	--
65 and Older	0	--	--	0	--
Education ⁴					
High School or Less	2	--	--	4	--
Some Post High School	6	--	--	9	--
College Graduate	4	--	--	<1	--
Household Income					
Bottom 40 Percent Bracket	5	--	--	4	--
Middle 20 Percent Bracket	3	--	--	4	--
Top 40 Percent Bracket	4	--	--	7	--
Marital Status ¹					
Married	2	--	--	3	--
Not Married	6	--	--	7	--

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

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

¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Combined Personal Safety Issues

2016 Findings

- A total of 4% of all respondents reported at least one of the two personal safety issues.
- Eight percent of respondents 35 to 44 years old and 7% of those 55 to 64 years old reported at least one of the two personal safety issues compared to 0% of respondents 18 to 34 years old.

2003 to 2016 Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents who reported at least one of the personal safety issues.
- In 2003 and 2016, gender was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of male respondents reporting at least one of the personal safety issues.

- In 2003, respondents 18 to 34 years old were more likely to report at least one of the personal safety issues. In 2016, respondents 35 to 44 years old or 55 to 64 years old were more likely to report at least one of the personal safety issues. From 2003 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting at least one of the personal safety issues.
- In 2003, respondents with at least some post high school education were more likely to report at least one of the personal safety issues. In 2016, education was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting at least one of the personal safety issues.
- In 2003 and 2016, household income was not a significant variable. From 2003 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least one of the personal safety issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported at least one of the personal safety issues.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of male respondents reporting at least one of the personal safety issues.
- In 2013, respondents 35 to 44 years old were more likely to report at least one of the personal safety issues. In 2016, respondents 35 to 44 years old or 55 to 64 years old were more likely to report at least one of the personal safety issues. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old and a noted increase in the percent of respondents 55 to 64 years old reporting at least one of the personal safety issues.
- In 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents with some post high school education reporting at least one of the personal safety issues.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting at least one of the personal safety issues.
- In 2013, unmarried respondents were more likely to report at least one of the personal safety issues. In 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting at least one of the personal safety issues.

Table 53. At Least One of the Personal Safety Issues by Demographic Variables for Each Survey Year^⓪

	2003	2007	2010	2013	2016
TOTAL ^b	7%	5%	4%	7%	4%
Gender ²					
Male ^{a,b}	6	<1	5	9	2
Female	7	9	3	6	4
Age ^{1,4,5}					
18 to 34 ^{a,b}	17	6	9	12	0
35 to 44 ^b	3	7	3	24	8
45 to 54	8	5	0	2	3
55 to 64 ^b	4	6	6	0	7
65 and Older	0	1	4	1	1
Education ^{1,2}					
High School or Less	3	3	4	8	3
Some Post High School ^{a,b}	10	9	3	9	2
College Graduate	9	4	6	5	5
Household Income					
Bottom 40 Percent Bracket	6	7	6	9	5
Middle 20 Percent Bracket	4	3	0	4	2
Top 40 Percent Bracket ^{a,b}	9	3	5	8	2
Marital Status ⁴					
Married	6	5	5	5	3
Not Married ^b	7	5	4	12	4

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

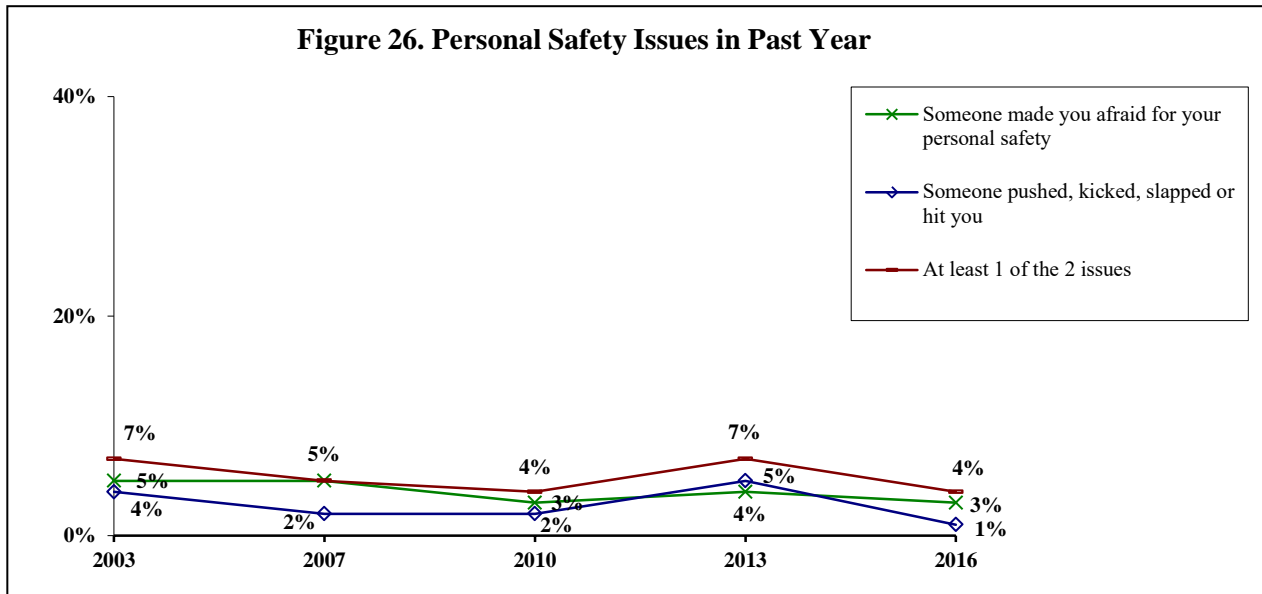
¹demographic difference at p≤0.05 in 2003; ²demographic difference at p≤0.05 in 2007; ³demographic difference at p≤0.05 in 2010; ⁴demographic difference at p≤0.05 in 2013; ⁵demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2003 to 2016; ^byear difference at p≤0.05 from 2013 to 2016

Personal Safety Issues Overall

Year Comparisons

- From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2013 to 2016. From 2003 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2013 to 2016. From 2003 to 2016, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues while from 2013 to 2016, there was a statistical decrease.



Children in Household (Tables 54 – 56)

KEY FINDINGS: In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-six percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 84% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Nine percent of respondents reported there was a time in the past 12 months their child did not receive the medical care needed while 5% each reported their child did not receive the dental care needed or their child was not able to visit a specialist they needed to see. Four percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 25% reported three or more servings of vegetables. Thirty percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-nine percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Zero 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. Twenty-seven percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 27% reported verbal bullying, 2% reported physical bullying and 0% cyber bullying.

Children in Household

2016 Findings

- Thirty-one percent of respondents reported they have a child under the age of 18 living in their household. Eighty 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.
- Sixty-one percent of the children selected were 12 or younger. Sixty percent were boys. Of these households, 54% were in the bottom 60 percent household income bracket and 80% were married.

Child's Personal Doctor

2016 Findings

Of the 98 respondents who make health care decisions for their child...

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

Preventive Care with Child's Personal Doctor

2016 Findings

Of the 94 respondents with a child who has a personal doctor...

- Of children who have a personal doctor, 84% 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 having their child visit their personal doctor for preventive care within the past 12 months.

Table 54. Child’s Personal Doctor/Nurse by Demographic Variables for 2016^⓪

	Have a Personal Doctor/Nurse	Preventive Care in Past Year (Of Children With Personal Dr./Nurse)
TOTAL	96%	84%
Gender		
Boy	95	87
Girl	97	82
Age		
5 to 12 Years Old	93	86
13 to 17 Years Old	100	84
Household Income		
Bottom 60 Percent Bracket	94	88
Top 40 Percent Bracket	98	82

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

¹demographic difference at p≤0.05 in 2016

Unmet Care

2016 Findings

Of the 98 respondents with a child...

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

Child’s Asthma

2016 Findings

Of the 98 respondents with a child...

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

Child's Safety in Community

2016 Findings

Of the 98 respondents with a child...

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

Child's Sleeping Arrangement

2016 Findings

Of the 9 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.
- No demographic comparisons were conducted as a result of the number of respondents who were asked this question.

Child's Nutrition and Exercise

2016 Findings

Of the 79 respondents with a child 5 to 17 years old...

- Seventy-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 25% reported their child ate three or more servings of vegetables. Thirty percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-nine percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.
- Respondents were more likely to report their daughter ate at least two servings of fruit a day while respondents were more likely to report their son was physically active five times a week for at least 60 minutes each.
- Respondents were more likely to report their 5 to 12 year old child ate at least two servings of fruit a day.
- Respondents in the top 40 percent household income bracket were more likely to report their child ate at least three servings of vegetables a day.
 - Of the 24 respondents who reported their child was not physically active five times a week for at least 60 minutes, 5 respondents each reported their child likes to play video games or the weather was the reason for the lack of activity.

Table 55. Child’s Nutrition and Exercise by Demographic Variables for 2016 (Children 5 to 17 Years Old)^⓪

	Fruit (2+ Servings)	Vegetables (3+ Servings)	Fruit/Vegetables (5+ Servings)	Physically Active (5x/Week/60 Min)
TOTAL	75%	25%	30%	69%
Gender				
Boy	64 ¹	27	31	82 ¹
Girl	89 ¹	23	29	53 ¹
Age				
5 to 12 Years Old	90 ¹	24	33	66
13 to 17 Years Old	59 ¹	26	26	74
Household Income				
Bottom 60 Percent Bracket	81	14 ¹	24	74
Top 40 Percent Bracket	70	39 ¹	39	67

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

¹demographic difference at p≤0.05 in 2016

Child’s Emotional Well-Being

2016 Findings

Of the 62 respondents with a child 8 to 17 years old...

- Zero percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.
- No demographic comparisons were conducted as a result of the number of respondents who reported their child always or nearly always felt unhappy, sad or depressed in the past six months.

Child Experienced Bullying in Past Year

2016 Findings

Of the 64 respondents with a child 8 to 17 years old...

- Twenty-seven percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past year. More specifically, 27% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. Two percent reported their child was physically bullied, for example, being hit or kicked. Zero 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 the past year.

Table 56. Child Experienced Bullying in Past 12 Months by Demographic Variables for 2016
(Children 8 to 17 Years Old)^⓪

	2016
TOTAL	27%
Gender	
Boy	31
Girl	20
Age	
8 to 12 Years Old	23
13 to 17 Years Old	28
Household Income	
Bottom 60 Percent Bracket	29
Top 40 Percent Bracket	19

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

¹demographic difference at p≤0.05 in 2016

County Health Issues (Figures 27 & 28; Tables 57 - 68)

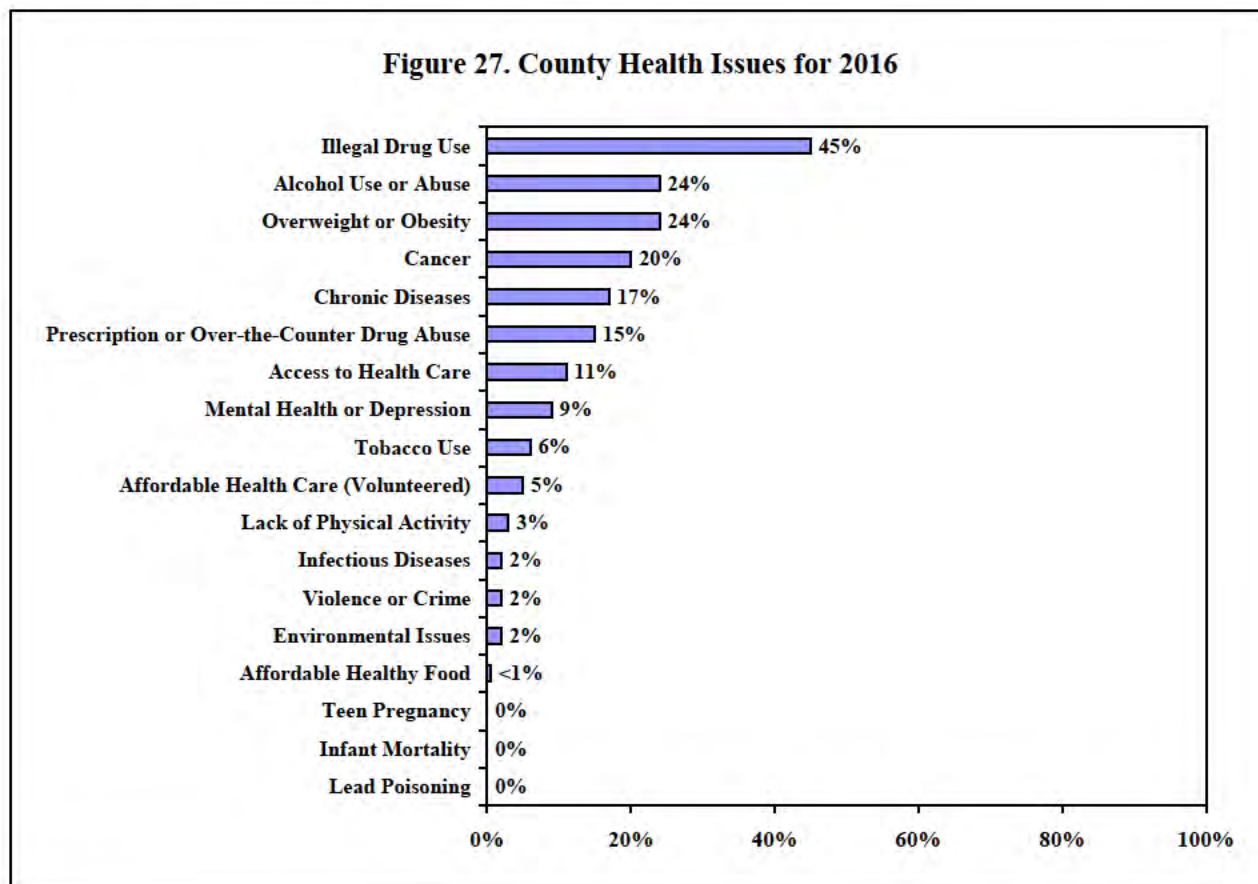
KEY FINDINGS: In 2016, respondents were asked to pick the top three health issues in the county out of a list of seventeen. The most often cited were illegal drug use (45%), alcohol use/abuse (24%) or overweight/obesity (24%). Respondents with a college education or in the middle 20 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents with a college education were more likely to report alcohol use or abuse. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report overweight or obesity. Twenty percent of respondents reported cancer as a top issue; respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report this. Seventeen percent of respondents reported chronic diseases as a top issue; respondents 45 and older were more likely to report this. Fifteen percent reported prescription or over-the-counter drug abuse; respondents 18 to 34 years old were more likely to report this. Eleven percent reported access to health care; respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report access to health care as a top issue. Nine percent of respondents reported mental health/depression; respondents with a college education were more likely to report this. Six percent reported tobacco use as a top issue. Five percent of respondents volunteered a new issue of affordable health care. Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report affordable health care. Three percent reported lack of physical activity and 2% each reported infectious diseases, violence/crime or environmental issues. Less than one percent reported access to affordable healthy food as a top issue. Zero percent reported teen pregnancy, infant mortality or lead poisoning as a top county health issue.

From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported illegal drug use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported alcohol use/abuse, tobacco use, access to health care, infectious diseases or access to affordable healthy food as one of the top health issues in the county. From 2013 to 2016, there was no statistical change in the overall percent of respondents who

reported overweight/obesity, cancer, chronic diseases, mental health/depression, lack of physical activity, environmental issues, violence/crime, teen pregnancy, infant mortality or lead poisoning.

2016 Findings

- Respondents were given a broad list of seventeen health issues that some communities face and were asked to select the three largest in Manitowoc County. Respondents were more likely to select illegal drug use (45%), alcohol use/abuse (24%) or overweight/obesity (24%).



Illegal Drug Use as a Top County Health Issue

2016 Findings

- Forty-five percent of respondents reported illegal drug use as one of their top three county issues.
- Respondents with a college education were more likely to report illegal drug use as one of the top health issues (54%) compared to those with a high school education or less (43%) or respondents with some post high school education (38%).
- Fifty-eight percent of respondents in the middle 20 percent household income bracket reported illegal drug use compared to 45% of those in the bottom 40 percent income bracket or 38% of respondents in the top 40 percent household income bracket.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported illegal drug use as one of the top health issues in the county.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across gender reporting illegal drug use.
- In 2013 and 2016, age was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across age reporting illegal drug use.
- In 2013, education was not a significant variable. In 2016, respondents with a college education were more likely to report illegal drug use. From 2013 to 2016, there was a noted increase in the percent of respondents across education reporting illegal drug use.
- In 2013, household income was not a significant variable. In 2016, respondents in the middle 20 percent household income bracket were more likely to report illegal drug use. From 2013 to 2016, there was a noted increase in the percent of respondents across household income reporting illegal drug use.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across marital status reporting illegal drug use.

Table 57. Illegal Drug Use as a Top County Health Issue by Demographic Variables for Each Survey Year^⓪

	2013	2016
TOTAL ^a	14%	45%
Gender		
Male ^a	15	42
Female ^a	12	47
Age		
18 to 34 ^a	12	52
35 to 44 ^a	15	54
45 to 54 ^a	8	36
55 to 64 ^a	20	37
65 and Older ^a	15	44
Education ²		
High School or Less ^a	14	43
Some Post High School ^a	12	38
College Graduate ^a	15	54
Household Income ²		
Bottom 40 Percent Bracket ^a	11	45
Middle 20 Percent Bracket ^a	13	58
Top 40 Percent Bracket ^a	17	38
Marital Status		
Married ^a	14	48
Not Married ^a	12	42

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Alcohol Use or Abuse as a Top County Health Issue

2016 Findings

- Twenty-four percent of respondents reported alcohol use or abuse as one of their top three county issues.
- Thirty-three percent of respondents with a college education reported alcohol use or abuse as one of the top health issues compared to 25% of those with some post high school education or 16% of respondents with a high school education or less.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported alcohol use or abuse as one of the top health issues in the county.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of male respondents reporting alcohol use or abuse.
- In 2013 and 2016, age was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents 45 to 54 years old reporting alcohol use or abuse.
- In 2013 and 2016, respondents with a college education were more likely to report alcohol use or abuse as a top county health issue. From 2013 to 2016, there was a noted decrease in the percent of respondents with a college education reporting alcohol use or abuse.
- In 2013, respondents in the middle 20 percent household income bracket were more likely to report alcohol use or abuse as a top issue. In 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting alcohol use or abuse.

Table 58. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year^o

	2013	2016
TOTAL ^a	30%	24%
Gender		
Male ^a	33	22
Female	27	25
Age		
18 to 34	34	29
35 to 44	31	24
45 to 54 ^a	38	16
55 to 64	26	21
65 and Older	21	27
Education ^{1,2}		
High School or Less	19	16
Some Post High School	30	25
College Graduate ^a	48	33
Household Income ¹		
Bottom 40 Percent Bracket	21	22
Middle 20 Percent Bracket ^a	42	19
Top 40 Percent Bracket	39	31
Marital Status		
Married	32	25
Not Married	28	22

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Overweight or Obesity as a Top County Health Issue

2016 Findings

- Twenty-four percent of respondents reported overweight or obesity as one of the top three county issues.
- Forty-four percent of respondents 35 to 44 years old reported overweight or obesity as one of the top health issues compared to 19% of those 55 to 64 years old or 10% of respondents 65 and older.
- Thirty-nine percent of respondents with a college education reported overweight or obesity compared to 25% of those with some post high school education or 11% of respondents with a high school education or less.
- Forty-two percent of respondents in the top 40 percent household income bracket reported overweight or obesity compared to 25% of those in the middle 20 percent income bracket or 8% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report overweight or obesity compared to unmarried respondents (28% and 18%, respectively).

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported overweight or obesity as one of the top health issues in the county.
- In 2013, female respondents were more likely to report overweight or obesity. In 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of female respondents reporting overweight or obesity.
- In 2013, respondents 18 to 34 years old or 45 to 54 years old were more likely to report overweight or obesity. In 2016, respondents 35 to 44 years old were more likely to report overweight or obesity. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting overweight or obesity.
- In 2013 and 2016, respondents with a college education were more likely to report overweight or obesity.
- In 2013, respondents in the middle 20 percent household income bracket were more likely to report overweight or obesity. In 2016, respondents in the top 40 percent household income bracket were more likely to report overweight or obesity. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting overweight or obesity.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report overweight or obesity. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting overweight or obesity.

Table 59. Overweight or Obesity as a Top County Health Issue by Demographic Variables for Each Survey Year⁰

	2013	2016
TOTAL	28%	24%
Gender ¹		
Male	22	22
Female ^a	34	25
Age ^{1,2}		
18 to 34 ^a	37	20
35 to 44	31	44
45 to 54	39	28
55 to 64	20	19
65 and Older	13	10
Education ^{1,2}		
High School or Less	18	11
Some Post High School	24	25
College Graduate	49	39
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	20	8
Middle 20 Percent Bracket ^a	45	25
Top 40 Percent Bracket	31	42
Marital Status ²		
Married	27	28
Not Married ^a	30	18

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Cancer as a Top County Health Issue

2016 Findings

- Twenty percent of respondents reported cancer as one of the top three county issues.
- Twenty-seven percent of respondents 45 to 54 years old reported cancer as one of the top health issues compared to 19% of those 35 to 44 years old or 4% of respondents 18 to 34 years old.
- Thirty percent of respondents in the top 40 percent household income bracket reported cancer compared to 15% of those in the bottom 40 percent income bracket or 14% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report cancer compared to unmarried respondents (24% and 15%, respectively).

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported cancer as one of the top health issues in the county.

- In 2013, respondents 65 and older were more likely to report cancer. In 2016, respondents 45 to 54 years old were more likely to report cancer. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting cancer.
- In 2013, respondents with a high school education or less were more likely to report cancer. In 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents with a high school education or less reporting cancer.
- In 2013, household income was not a significant variable. In 2016, respondents in the top 40 percent household income bracket were more likely to report cancer. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting cancer.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report cancer as a top county health issue.

Table 60. Cancer as a Top County Health Issue by Demographic Variables for Each Survey Year[Ⓞ]

	2013	2016
TOTAL	23%	20%
Gender		
Male	20	18
Female	27	21
Age ^{1,2}		
18 to 34 ^a	14	4
35 to 44	19	19
45 to 54	28	27
55 to 64	26	24
65 and Older	31	24
Education ¹		
High School or Less ^a	28	16
Some Post High School	24	25
College Graduate	15	19
Household Income ²		
Bottom 40 Percent Bracket ^a	28	15
Middle 20 Percent Bracket	17	14
Top 40 Percent Bracket	21	30
Marital Status ²		
Married	24	24
Not Married	22	15

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Chronic Diseases as a Top County Health Issue

2016 Findings

- Seventeen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county issues.
- Twenty-four percent of respondents 65 and older, 23% of those 55 to 64 years old and 21% of respondents 45 to 54 years old reported chronic diseases compared to 6% of respondents 18 to 34 years old.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported chronic diseases as one of the top health issues in the county.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of female respondents reporting chronic diseases.
- In 2013, age was not a significant variable. In 2016, respondents 45 and older were more likely to report chronic diseases. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 34 years old reporting chronic diseases.

Table 61. Chronic Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year^⓪

	2013	2016
TOTAL	22%	17%
Gender		
Male	19	18
Female ^a	25	15
Age ²		
18 to 34 ^a	18	6
35 to 44	19	10
45 to 54	28	21
55 to 64	16	23
65 and Older	26	24
Education		
High School or Less	20	16
Some Post High School	25	16
College Graduate	21	18
Household Income		
Bottom 40 Percent Bracket	26	19
Middle 20 Percent Bracket	17	11
Top 40 Percent Bracket	19	20
Marital Status		
Married	22	16
Not Married	22	17

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue

2016 Findings

- Fifteen percent of respondents reported prescription or over-the-counter drug abuse as one of their top three county issues.
- Respondents 18 to 34 years old were more likely to report prescription or over-the-counter drug abuse as one of the top health issues (32%) compared to those 55 to 64 years old (9%) or respondents 45 to 54 years old (6%).

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported prescription or over-the-counter drug abuse as one of the top health issues in the county.
- In 2013, male respondents were more likely to report prescription or over-the-counter drug abuse. In 2016, gender was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of female respondents reporting prescription or over-the-counter drug abuse.
- In 2013, age was not a significant variable. In 2016, respondents 18 to 34 years old were more likely to report prescription or over-the-counter drug abuse. From 2013 to 2016, there was a noted increase in the percent of respondents 18 to 34 years old or 65 and older reporting prescription or over-the-counter drug abuse.
- In 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across education reporting prescription or over-the-counter drug abuse.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting prescription or over-the-counter drug abuse.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted increase in the percent of respondents across marital status reporting prescription or over-the-counter drug abuse.

Table 62. Prescription or Over-the-Counter Drug Abuse as a Top County Health Issue by Demographic Variables for Each Survey Year^①

	2013	2016
TOTAL ^a	5%	15%
Gender ¹		
Male	7	12
Female ^a	2	18
Age ²		
18 to 34 ^a	2	32
35 to 44	10	13
45 to 54	5	6
55 to 64	4	9
65 and Older ^a	3	13
Education		
High School or Less ^a	2	14
Some Post High School ^a	5	13
College Graduate ^a	7	20
Household Income		
Bottom 40 Percent Bracket ^a	4	17
Middle 20 Percent Bracket ^a	7	23
Top 40 Percent Bracket	5	11
Marital Status		
Married ^a	4	14
Not Married ^a	6	17

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Access to Health Care as a Top County Health Issue

2016 Findings

- Eleven percent of respondents reported access to health care (physical, mental or dental care), as one of the top three county issues.
- Seventeen percent of respondents 45 to 54 years old reported access to health care as one of the top health issues compared to 5% of those 65 and older or 4% of respondents 18 to 34 years old.
- Sixteen percent of respondents in the top 40 percent household income bracket reported access to health care compared to 12% of those in the middle 20 percent income bracket or 7% of respondents in the bottom 40 percent household income bracket.
- Married respondents were more likely to report access to health care compared to unmarried respondents (14% and 7%, respectively).

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported access to health care as one of the top health issues in the county.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents across gender reporting access to health care.
- In 2013, respondents 35 to 44 years old or 55 to 64 years old were more likely to report access to health care as a top issue. In 2016, respondents 45 to 54 years old were more likely to report access to health care. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 and older reporting access to health care as a top health issue.
- In 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting access to health care.
- In 2013, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report access to health care. In 2016, respondents in the top 40 percent household income bracket were more likely to report access to health care. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting access to health care as a top issue.
- In 2013, marital status was not a significant variable. In 2016, married respondents were more likely to report access to health care as a top issue. From 2013 to 2016, there was a noted decrease in the percent of respondents across marital status reporting access to health care as a top issue.

Table 63. Access to Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year^①

	2013	2016
TOTAL ^a	21%	11%
Gender		
Male ^a	22	9
Female ^a	20	12
Age ^{1,2}		
18 to 34 ^a	19	4
35 to 44 ^a	32	14
45 to 54	11	17
55 to 64 ^a	33	14
65 and Older ^a	16	5
Education		
High School or Less ^a	19	8
Some Post High School	22	13
College Graduate ^a	23	11
Household Income ^{1,2}		
Bottom 40 Percent Bracket ^a	24	7
Middle 20 Percent Bracket	8	12
Top 40 Percent Bracket ^a	28	16
Marital Status ²		
Married ^a	24	14
Not Married ^a	16	7

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

¹demographic difference at p<0.05 in 2013; ²demographic difference at p<0.05 in 2016

^ayear difference at p<0.05 from 2013 to 2016

Mental Health or Depression as a Top County Health Issue

2016 Findings

- Nine percent of respondents reported mental health or depression as one of their top three issues.
- Sixteen percent of respondents with a college education reported mental health/depression as one of the top health issues compared to 7% of respondents with some post high school education or less.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported mental health/depression as one of the top health issues in the county.
- In 2013, respondents with some post high school education were more likely to report mental health/depression. In 2016, respondents with a college education were more likely to report mental health/depression, with a noted increase since 2013.
- In 2013, married respondents were more likely to report mental health/depression. In 2016, marital status was not a significant variable.

Table 64. Mental Health or Depression as a Top County Health Issue by Demographic Variables for Each Survey Year[ⓐ]

	2013	2016
TOTAL	6%	9%
Gender		
Male	6	7
Female	6	11
Age		
18 to 34	9	7
35 to 44	5	13
45 to 54	4	7
55 to 64	9	14
65 and Older	5	5
Education ^{1,2}		
High School or Less	2	7
Some Post High School	11	7
College Graduate ^a	6	16
Household Income		
Bottom 40 Percent Bracket	5	8
Middle 20 Percent Bracket	10	4
Top 40 Percent Bracket	7	12
Marital Status ¹		
Married	9	11
Not Married	3	6

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Tobacco Use as a Top County Health Issue

2016 Findings

- Six percent of respondents reported tobacco use as one of their top three county issues.
- There were no statistically significant differences between demographic variables and responses of reporting tobacco use as one of their top three county issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported tobacco use as one of the top health issues in the county.
- In 2013 and 2016, gender was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of male respondents reporting tobacco use.

- In 2013, respondents 18 to 34 years old were more likely to report tobacco use. In 2016, age was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents 18 to 44 years old reporting tobacco use as a top issue.
- In 2013 and 2016, education was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents with a college education reporting tobacco use.
- In 2013 and 2016, household income was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting tobacco use as a top health issue.
- In 2013 and 2016, marital status was not a significant variable. From 2013 to 2016, there was a noted decrease in the percent of unmarried respondents reporting tobacco use as a top health issue.

Table 65. Tobacco Use as a Top County Health Issue by Demographic Variables for Each Survey Year^⓪

	2013	2016
TOTAL ^a	11%	6%
Gender		
Male ^a	11	4
Female	10	8
Age ¹		
18 to 34 ^a	24	9
35 to 44 ^a	16	2
45 to 54	6	8
55 to 64	3	6
65 and Older	3	5
Education		
High School or Less	8	6
Some Post High School	10	6
College Graduate ^a	16	6
Household Income		
Bottom 40 Percent Bracket ^a	10	4
Middle 20 Percent Bracket	8	5
Top 40 Percent Bracket	15	10
Marital Status		
Married	9	6
Not Married ^a	13	7

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

¹demographic difference at p≤0.05 in 2013; ²demographic difference at p≤0.05 in 2016

^ayear difference at p≤0.05 from 2013 to 2016

Affordable Health Care as a Top County Health Issue

2016 Findings

- Five percent of respondents reported a new health issue, affordable health care as one of the top three issues.
- Eleven percent of respondents 35 to 44 years old reported affordable health care compared to 2% of those 65 and older or 0% of respondents 18 to 34 years old.
- Nine percent of respondents in the top 40 percent household income bracket reported affordable health care compared to 3% of those in the bottom 40 percent income bracket or 1% of respondents in the middle 20 percent household income bracket.

Table 66. Affordable Health Care as a Top County Health Issue by Demographic Variables for Each Survey Year^⓪

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

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

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

Lack of Physical Activity as a Top County Health Issue

2016 Findings

- Three percent of respondents reported lack of physical activity as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported lack of physical activity as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported lack of physical activity as one of the top health issues in the county (3% and 3%, respectively).
- No demographic comparisons were conducted between years as a result of the low number of respondents who reported lack of physical activity as one of the top three issues in both study years.

Infectious Diseases as a Top County Health Issue

2016 Findings

- Two percent of respondents reported infectious diseases, such as whooping cough, tuberculosis, or sexually transmitted diseases, as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who selected infectious diseases as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported infectious diseases as one of the top health issues in the county.
- There were no statistically significant differences between and within demographic variables and responses of reporting infectious diseases.

Table 67. Infectious Diseases as a Top County Health Issue by Demographic Variables for Each Survey Year^①

	2013	2016 ^②
TOTAL ^a	7%	2%
Gender		
Male	9	--
Female	5	--
Age		
18 to 34	5	--
35 to 44	10	--
45 to 54	9	--
55 to 64	9	--
65 and Older	3	--
Education		
High School or Less	10	--
Some Post High School	6	--
College Graduate	3	--
Household Income		
Bottom 40 Percent Bracket	6	--
Middle 20 Percent Bracket	10	--
Top 40 Percent Bracket	4	--
Marital Status		
Married	8	--
Not Married	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.

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Environmental Issues as a Top County Health Issue

2016 Findings

- Two percent of respondents reported environmental issues (air, water, wind turbines and animal waste) as one of the three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported environmental issues as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported environmental issues as one of the top health issues in the county.
- In 2013, unmarried respondents were more likely to report environmental issues as a top issue.

Table 68. Environmental Issues as a Top County Health Issue by Demographic Variables for Each Survey Year^①

	2013	2016 ^②
TOTAL	4%	2%
Gender		
Male	6	--
Female	3	--
Age		
18 to 34	10	--
35 to 44	3	--
45 to 54	1	--
55 to 64	3	--
65 and Older	5	--
Education		
High School or Less	7	--
Some Post High School	2	--
College Graduate	3	--
Household Income		
Bottom 40 Percent Bracket	7	--
Middle 20 Percent Bracket	3	--
Top 40 Percent Bracket	3	--
Marital Status ¹		
Married	2	--
Not Married	8	--

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

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

¹demographic difference at $p \leq 0.05$ in 2013; ²demographic difference at $p \leq 0.05$ in 2016

^ayear difference at $p \leq 0.05$ from 2013 to 2016

Violence or Crime as a Top County Health Issue

2016 Findings

- Two percent of respondents reported violence or crime as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who selected violence or crime as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported violence as one of the top health issues in the county (3% and 2%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who reported violence or crime as one of the top three issues in both study years.

Access to Affordable Healthy Food as a Top County Health Issue

2016 Findings

- Less than one percent of respondents reported access to affordable healthy food as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported access to affordable healthy food as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported access to affordable healthy food as one of the top health issues in the county (3% and <1%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who reported access to affordable healthy food as one of the top three issues in both study years.

Teen Pregnancy as a Top County Health Issue

2016 Findings

- Zero percent of respondents reported teen pregnancy as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported teen pregnancy as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported teen pregnancy as one of the top health issues in the county (1% and 0%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who reported teen pregnancy as one of the top three issues in both study years.

Infant Mortality as a Top County Health Issue

2016 Findings

- Zero percent of respondents reported infant mortality as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported infant mortality as one of the top three issues.

2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported infant mortality as one of the top health issues in the county (<1% and 0%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who reported infant mortality as one of the top three issues in both study years.

Lead Poisoning as a Top County Health Issue

2016 Findings

- Zero percent of respondents reported lead poisoning as one of the top three county issues.
- No demographic comparisons were conducted as a result of the low number of respondents who reported lead poisoning as one of the top three issues.

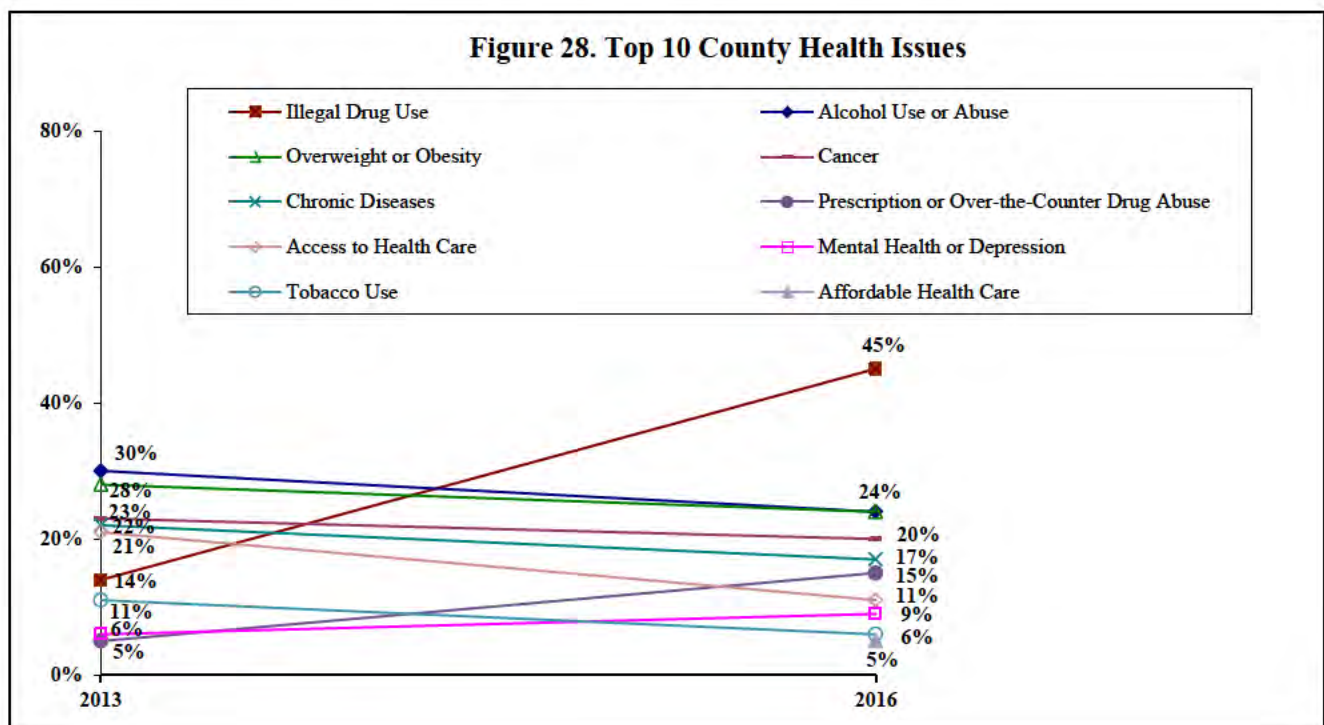
2013 to 2016 Year Comparisons

- From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported lead poisoning as one of the top health issues in the county (0% and 0%, respectively).
- No year comparisons were conducted as a result of the low number of respondents who reported lead poisoning as one of the top three issues in both study years.

County Health Issues Overall

Year Comparisons

- From 2013 to 2016, there was a statistical increase in the overall percent of respondents who reported illegal drug use or prescription/over-the-counter drug abuse as one of the top health issues in the county. From 2013 to 2016, there was a statistical decrease in the overall percent of respondents who reported alcohol use or abuse, access to health care or tobacco use as one of the top health issues in the county. From 2013 to 2016, there was no statistical change in the overall percent of respondents who reported overweight/obesity, chronic diseases, cancer or mental health/depression.



APPENDIX A: QUESTIONNAIRE FREQUENCIES

MANITOWOC COUNTY

February 1 through February 18, 2016

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. Generally speaking, would you say that your own health is...?

Poor	6%
Fair	12
Good	31
Very good	35
Excellent	17
Not sure	<1

2. Currently, what is your primary type of health care coverage? Is it through...

["Obamacare, the exchange, Affordable Care Act (ACA)", code as private insurance]

Private insurance	69%	→ CONTINUE WITH Q3
Medicaid including medical assistance, Title 19 or Badger Care	7	→ GO TO Q4
Medicare	22	→ GO TO Q4
Or do you not have health care coverage	2	→ GO TO Q4
Not sure	<1	→ GO TO Q4

3. Did you get the private health insurance through an employer, directly from an insurance company or an exchange? ["Obamacare, ACA, Affordable Care Act" is an exchange] [273 Respondents]

Employer	84%
Directly from insurance company	5
An exchange	7
Not sure	3

4. Did you have health care coverage during all, part or none of the past 12 months?

All	93%
Part	6
None	<1
Not sure	2

5. Did everyone in your household have health care coverage during all, part or none of the past 12 months?

All	93%
Part	6
None	<1
Not sure	2

6. In the past 12 months, did you delay or not seek medical care because of a high deductible, high co-pay or because you did not have coverage for the medical care?

Yes..... 16%
 No..... 83
 Not sure 1

7. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

Yes..... 12%
 No..... 88
 Not sure 0

8. Was there a time during the last 12 months that you felt you did not get the medical care you needed?

Yes..... 10% →CONTINUE WITH Q9
 No..... 90 →GO TO Q10
 Not sure <1 →GO TO Q10

9. Why did you not receive the medical care you thought you needed? [39 Respondents; More than 1 response accepted]

Cannot afford to pay..... 36%
 Poor medical care 32
 Co-payments too high 16
 Specialty physician not in area..... 7
 Unable to get appointment 6
 Don't know where to go..... 5
 Uninsured 3
 Physical barriers 3
 Other (2% or less) 2

10. Was there a time during the last 12 months that you felt you did not get the dental care you needed?

Yes..... 11% →CONTINUE WITH Q11
 No..... 89 →GO TO Q12
 Not sure 0 →GO TO Q12

11. Why did you not receive the dental care you thought you needed? [43 Respondents; More than 1 response accepted]

Cannot afford to pay..... 36%
 Insurance did not cover it 32
 Uninsured 17
 Not enough time 14
 Unable to find a dentist to take Medicaid or other insurance 5
 Don't know where to go..... 3
 Other (2% or less) 2

12. Was there a time during the last 12 months that you felt you did not get the mental health care you needed?

Yes.....	3%	→ CONTINUE WITH Q13
No.....	96	→ GO TO Q14
Not sure	1	→ GO TO Q14

13. Why did you not receive the mental health care you thought you needed? [13 Respondents: Multiple responses accepted]

Cannot afford to pay.....	5 respondents
Poor mental health care.....	4 respondents
Unable to get appointment	4 respondents
Uninsured	1 respondent

14. Times of distress can happen to anyone and may include economic hardship, family issues, medical issues or some other distress in life. When this happens, people may look for support from community resources. In the past three years, did you have a time of distress where you or someone in your household looked for community resource support in Manitowoc County?

Yes.....	15%	→CONTINUE WITH Q15
No.....	84	→GO TO Q17
Should have/could have looked, but did not	<1	→GO TO Q16
Not sure	1	→GO TO Q17

15. How supported did you feel by community resources offered to you? Would you say...[58 Respondents]

Not at all supported	17%	→CONTINUE WITH Q16
Slightly supported	14	→CONTINUE WITH Q16
Somewhat supported	16	→CONTINUE WITH Q16
Very supported or.....	36	→GO TO Q17
Extremely supported.....	17	→GO TO Q17
Not sure	0	→GO TO Q17

16. What is the reason or reasons you answered the way you did? [30 Respondents: Multiple responses accepted]

Finances.....	32%
Stigma related to needing help/disapproval	26
Lack of knowledge of where to go.....	15
Poor quality of care	15
Inconvenient hours	5
Other (2% or less)	5
Not sure	8

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.....	88%
No.....	12
Not sure	<1

18. From which source do you get most of your health information?

Doctor.....56%
 Internet18
 Myself/family member in health care field 8
 Other health professional..... 7
 Other (2% or less) 9
 Not sure 3

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.....47%
 No.....52
 Not sure 2

20. When you are sick, to which one of the following places do you usually go?

Doctor’s or nurse practitioner’s office63%
 Public health clinic or community health center 4
 Hospital outpatient department<1
 Hospital emergency room 4
 Urgent care center20
 Some other kind of place..... 0
 No usual place 8
 Not sure 0

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%	17%	5%	8%	<1%	<1%
22. Cholesterol test.....	63	12	4	5	11	5
23. A visit to a dentist or dental clinic	69	16	7	9	0	<1
24. An eye exam.....	47	26	11	14	2	<1

25. During the past 12 months, have you had a flu shot or a flu vaccine that was sprayed in your nose?

Yes.....57%
 No.....43
 Not sure 0

26. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old24%
 35 to 44 years old 16
 45 to 54 years old21
 55 to 64 years old 18
 65 and older.....22

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? [87 Respondents 65 and Older]

Yes..... 69%
 No..... 24
 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%	68%	<1%
29. ...(if yes) [125 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	94	6	<1
30. Your blood cholesterol is high?	16	82	2
31. ...(if yes) [65 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	91	6	3
32. You have heart disease or a heart condition?.....	10	90	<1
33. ...(if yes) [39 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	82	15	3
34. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?.....	15	85	0
35. ...(if yes) [61 Respondents]: Is it under control through medication, therapy or lifestyle changes?.....	98	2	0
36. You have diabetes (men) You have diabetes not associated with a pregnancy (women)	9	91	0
37. ...(if yes) [37 Respondents]: Is it under control through medication, exercise or lifestyle changes?.....	97	3	0
38. Do you currently have asthma?.....	13	87	0
39. ...(if yes) [54 Respondents]: Is it under control through medication, therapy or lifestyle changes?.....	91	7	2

40. On an average day, how many servings of fruit do you eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice.

One or fewer servings..... 38%
 Two servings 30
 Three or more servings..... 32
 Not sure 0

41. On an average day, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice.

One or fewer servings..... 44%
 Two servings 31
 Three or more servings..... 26
 Not sure 0

42. I'd like you to think about the labels on many food products that list ingredients and provide nutrition and other information. When you buy a product for the first time, how often do you read this information? Would you say...

Often.....	52%
Sometimes	26
Rarely	12
Never	10
Not sure	<1

43. Was there a time during the last 12 months that your household was hungry, but didn't eat because you couldn't afford enough food?

Yes.....	2%
No	98
Not sure	0

44. Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate. In a usual week, not including at work, on how many days do you do moderate activities for at least 30 minutes at a time?

Zero days	12%
1 to 4 days	51
5 to 7 days	36
Not sure	1

45. Vigorous activities include running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Not including at work, in a usual week, how often do you do vigorous physical activities for at least 20 minutes at a time?

Zero days	34%
1 to 2 days	30
3 to 7 days	36
Not sure	<1

FEMALES ONLY

Now I have some questions about women's health.

46. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [106 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago).....	58%
Within the past 2 years (1 year, but less than 2 years ago)	22
Within the past 3 years (2 years, but less than 3 years ago)	6
Within the past 5 years (3 years, but less than 5 years ago).....	5
5 or more years ago	8
Never	<1
Not sure	<1

47. A bone density scan helps determine if you are at risk for fractures or are in the early stages of osteoporosis. Have you ever had a bone density scan? [50 Respondents 65 and Older]

Yes..... 84%
 No..... 13
 Not sure 3

48. A pap smear is a test for cancer of the cervix. If you have not had a hysterectomy, how long has it been since you had your last pap smear? [129 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)..... 48%
 Within the past 2 years (1 year, but less than 2 years ago) 24
 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)..... 5
 5 or more years ago 5
 Never 8
 Not sure <1

49. An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear. When was the last time you had an HPV test? [129 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)..... 27%
 Within the past 2 years (1 year, but less than 2 years ago) 12
 Within the past 3 years (2 years, but less than 3 years ago) 5
 Within the past 5 years (3 years, but less than 5 years ago)..... 5
 5 or more years ago <1
 Never 19
 Not sure 31

MALE & FEMALE RESPONDENTS 50 AND OLDER

50. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had a blood stool test? [200 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)..... 10%
 Within the past 2 years (1 year, but less than 2 years ago) 9
 Within the past 5 years (2 years, but less than 5 years ago)..... 10
 5 years ago or more 19
 Never 47
 Not sure 5

51. A sigmoidoscopy is where a flexible tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy? [202 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)..... 3%
 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)..... 3
 Within the past 10 years (5 years but less than 10 years ago)... 3
 10 years ago or more 7
 Never 77
 Not sure 4

52. A colonoscopy is similar to a sigmoidoscopy, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. How long has it been since you had your last colonoscopy? [200 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago).....	17%
Within the past 2 years (1 year, but less than 2 years ago)	10
Within the past 5 years (2 years, but less than 5 years ago).....	32
Within the past 10 years (5 years but less than 10 years ago)...	16
10 years ago or more	3
Never	23
Not sure	<1

ALL RESPONDENTS

53. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

Never	42%
Seldom.....	36
Sometimes	17
Nearly always.....	2
Always.....	3
Not sure	0

54. How often would you say you find meaning and purpose in your daily life?

Never	<1%
Seldom.....	4
Sometimes	10
Nearly always.....	41
Always.....	44
Not sure	1

55. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes.....	2%
No	98
Not sure	0

Now I'd like to ask you about alcohol. An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

56. Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

0 days.....	60%
1 day	12
2 or more days.....	28
Not sure	0

57. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

Yes..... <1%
 No..... 100
 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
58. Drinking alcohol.....	3%	97%	0%
59. Marijuana	<1	100	0
60. Cocaine, heroin or other street drugs	0	100	0
61. Misuse of prescription drugs or over-the-counter drugs.....	<1	100	0
62. Gambling.....	<1	100	0

In the past 30 days, did you use...

	Yes	No	Not Sure
63. Smokeless tobacco including chewing tobacco, snuff, plug, or spit.....	3%	97%	0%
64. Cigars, cigarillos, or little cigars.....	2	98	0
65. Electronic cigarettes, also known as e-cigarettes ...	4	96	0

Now I'd like to talk to you about regular tobacco cigarettes....

66. Do you now smoke cigarettes every day, some days or not at all?

Every day.....16%
 Some days 5
 Not at all.....79 →GO TO Q70
 Not sure 0 →GO TO Q70

67. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?
 [85 Current Smokers]

Yes.....64%
 No.....36
 Not sure 0

68. In the past 12 months, have you seen a doctor, nurse or other health professional? [85 Current Smokers]

Yes.....66% →CONTINUE WITH Q69
 No.....34 →GO TO Q70
 Not sure 0 →GO TO Q70

69. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?
 [56 Current Smokers]

Yes.....75%
 No.....25
 Not sure 0

70. Which statement best describes the rules about smoking inside your home...

Smoking is not allowed anywhere inside your home	85%
Smoking is allowed in some places or at some times	5
Smoking is allowed anywhere inside your home or.....	3
There are no rules about smoking inside your home.....	8
Not sure	0

71. In the past seven days, how many days were you in the same room or did you ride in a car with someone who was smoking cigarettes? [314 Nonsmokers]

0 days.....	90%
1 to 3 days	6
4 to 6 days	2
All 7 days	2
Not sure	0

Now, I have a few questions to ask about you and your household.

72. Gender [DERIVED, NOT ASKED]

Male.....	50%
Female	50

73. About how much do you weigh, without shoes?

74. About how tall are you, without shoes?

[CALCULATE BODY MASS INDEX (BMI)]

Not overweight.....	29%
Overweight	29
Obese.....	42

75. Are you Hispanic or Latino?

Yes.....	4%
No	96
Not sure	0

76. Which of the following would you say is your race?

White	99%
Black, African American.....	<1
Asian.....	0
Native Hawaiian or Other Pacific Islander.....	0
American Indian or Alaska Native	<1
Another race	<1
Multiple races.....	0
Not sure	0

77. What is your current marital status?

Single and never married.....	25%
A member of an unmarried couple.....	3
Married.....	52
Separated.....	0
Divorced.....	11
Widowed.....	9
Not sure.....	<1

78. What is the highest grade level of education you have completed?

8th grade or less.....	<1%
Some high school.....	5
High school graduate or GED.....	35
Some college.....	16
Technical school graduate.....	15
College graduate.....	21
Advanced or professional degree.....	8
Not sure.....	0

79. What county do you live in? [FILTER]

Manitowoc.....	100%
----------------	------

80. What city, town or village do you legally reside in? [FILTER]

Manitowoc city.....	35%
Two Rivers city.....	15
Kiel city.....	7
Manitowoc town.....	5
Newton town.....	4
Schleswig town.....	4
All others (3% or less).....	32

81. What is the zip code of your primary residence?

54220.....	47%
54241.....	20
53042.....	12
54245.....	6
54230.....	4
All others (3% or less).....	13

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

82. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

83. How many of these telephone numbers are residential numbers?

84. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

85. What is your annual household income before taxes?

Less than \$10,000.....	4%
\$10,000 to \$20,000.....	11
\$20,001 to \$30,000.....	14
\$30,001 to \$40,000.....	11
\$40,001 to \$50,000.....	15
\$50,001 to \$60,000.....	6
\$60,001 to \$75,000.....	9
\$75,001 to \$90,000.....	6
\$90,001 to \$105,000.....	9
\$105,001 to \$120,000.....	5
\$120,001 to \$135,000.....	<1
Over \$135,000.....	4
Not sure.....	5
No answer.....	4

86. How many children under the age of 18 are living in the household?

None.....	70%	→GO TO Q108
One.....	13	→CONTINUE WITH Q87
Two or more.....	18	→CONTINUE WITH Q87

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

87. Do you make health care decisions for [HIM/HER]? [123 Respondents]

Yes.....	80%	→ CONTINUE WITH Q90
No.....	20	→GO TO Q109

What is the age of the child? [98 Respondents]

12 or younger.....	61%
13 to 17 years old.....	39

88. Is this child a boy or girl? [98 Respondents]

Boy.....	60%
Girl.....	40

89. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [98 Respondents]

Yes.....	9%	→ CONTINUE WITH Q91
No.....	91	→ GO TO Q92
Not sure.....	0	→ GO TO Q92

90. Why did your child not receive the medical care needed? [9 Respondents; Multiple Responses Accepted]

Uninsured.....	4 respondents
Cannot afford to pay.....	4 respondents
Specialty physician not in area.....	1 respondent

91. 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? [98 Respondents]

Yes.....96% → CONTINUE WITH Q93
No..... 4 → GO TO Q94
Not sure 0 → GO TO Q94

92. 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? [94 Respondents]

Yes.....84%
No.....16
Not sure 0

93. 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? [98 Respondents]

Yes..... 5% → CONTINUE WITH Q95
No.....95 → GO TO Q96

94. Why did your child not see a specialist needed? [5 Respondents; Multiple Responses Accepted]

Cannot afford to pay..... 4 respondents
Poor medical care 1 respondent

95. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [98 Respondents]

Yes..... 5% → CONTINUE WITH Q97
No.....95 → GO TO Q98

96. Why did your child not receive the dental health care needed? [5 Respondents; Multiple Responses Accepted]

Cannot afford to pay..... 4 respondents
Can't find dentist who accepts child's insurance 1 respondent

97. Does your child have asthma? [98 Respondents]

Yes..... 4% →CONTINUE WITH Q99
No.....96 →GO TO Q100

98. 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? [5 Respondents]

Yes.....1 respondents
No.....4 respondents

99. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [9 Respondents of Children 2 years old or younger]

Crib or bassinette.....	9 respondents
In bed with you or another person.....	0 respondents
Pack n' Play.....	0 respondents
Couch or chair.....	0 respondents
Swing.....	0 respondents
Car.....	0 respondents
Car seat.....	0 respondents
Floor.....	0 respondents

100. How often do you feel your child is safe in your community or neighborhood? [98 Respondents]

Always.....	65%
Nearly always.....	33
Sometimes.....	2
Seldom.....	0
Never.....	0
Not sure.....	0

101. During the past 6 months, how often was your child unhappy, sad or depressed? [62 Respondents of Children 8 to 17 years old]

Always.....	0%
Nearly always.....	0
Sometimes.....	31
Seldom.....	44
Never.....	24
Not sure.....	2

102. During the past 12 months, has your child experienced any bullying? [64 Respondents of Children 8 to 17 years old]

Yes.....	27%
No.....	67
Not sure.....	6

103. What type of bullying did your child experience? [64 Respondents of Children 8 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group....	27%
Physically bullied for example, being hit or kicked.....	2
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.....	0

104. 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. [79 Respondents of Children 5 to 17 years old]

One or fewer servings.....	23%
Two servings.....	44
Three or more servings.....	32
Not sure.....	1

105. 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. [78 Respondents of Children 5 to 17 years old]

One or fewer servings.....	46%
Two servings	27
Three or more servings.....	26
Not sure	1

106. 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? [80 Respondents of Children 5 to 17 years old]

Zero or one day	4%	→ CONTINUE WITH Q108
Two through four days	26	→ CONTINUE WITH Q108
Five or more days	69	→ GO TO Q109
Not sure	1	→ GO TO Q109

107. Why was your child not physically active for at least 60 minutes on more days? [24 Respondents: Multiple responses accepted]

Likes to play video games or on computer.....	5 respondents
Weather	5 respondents
School/homework/other activities.....	4 respondents
Sick/ill	4 respondents
Prefers to watch TV.....	3 respondents
Child does not like to be physically active.....	1 respondent
Work.....	1 respondent

The next series of questions deal with personal safety issues.

108. During the past year has anyone made you afraid for your personal safety?

Yes.....	3%	→CONTINUE WITH Q110
No.....	97	→GO TO Q111
Not sure	0	→GO TO Q111

109. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a child, a stranger, or someone else? Again, I want to assure you that all your responses are strictly confidential. [11 Respondents; More than 1 response accepted]

Acquaintance.....	6 respondents
Stranger	6 respondents
Spouse	1 respondent
Child.....	1 respondent

110. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes	1%	→CONTINUE WITH Q112
No	99	→GO TO Q113
Not sure	0	→GO TO Q113

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 child, a stranger, or someone else? [4 Respondents; More than 1 response accepted]

Acquaintance 2 respondents
 Spouse 1 respondent
 Child 1 respondent
 Someone else 1 respondent

112. Finally, I will read you a list of health issues that some communities may face. Please tell me the 3 largest health concerns in Manitowoc County. [LIST ROTATED]

Illegal drug use 45%
 Overweight or obesity 24
 Alcohol use or abuse 24
 Cancer 20
 Chronic diseases like diabetes or heart disease 17
 Prescription or over-the-counter drug abuse 15
 Access to health care (physical, mental or dental care) 11
 Mental health or depression 9
 Tobacco use 6
 Affordable healthcare (volunteered) 5
 Lack of physical activity 3
 Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases 2
 Violence or crime 2
 Environmental issues (air, water, wind turbines, animal waste) ... 2
 Access for affordable healthy food <1
 Teen pregnancy 0
 Infant mortality 0
 Lead poisoning 0

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2016 Community Health Survey

The 2016 Manitowoc County Community Health Survey was conducted from February 1 through February 18, 2016. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2013 Community Health Survey

The 2013 Manitowoc County Community Health Survey was conducted from February 22 through March 11, 2013. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2010 Community Health Survey

The 2010 Manitowoc County Community Health Survey was conducted from July 15 through July 28, 2010. 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=320). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=80). 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 $\pm 5\%$. The margin of error for smaller subgroups is larger.

2007 Community Health Survey

The 2007 Manitowoc County Community Health Survey was conducted from March 8 through March 27, 2007. A total of 400 random adults 18 and older within the community were interviewed by telephone. The sample of random telephone numbers included both listed and unlisted numbers. Respondents within each household were randomly selected by computer based on the number of adults in the household. At least 8 attempts were made to contact a respondent. Survey respondents were weighted based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. Post-stratification was also done by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

2003 Community Health Survey

The 2003 Manitowoc County Community Health Survey was conducted from February 24 through July 15, 2003. A total of 400 random adults 18 and older within the community were interviewed by telephone. The sample of random telephone numbers included both listed and unlisted numbers. At least 8 attempts were made to contact a respondent. Post-stratification was done by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.