Sheboygan County
Community Health Survey Report
2017

Commissioned by:
Aurora Health Care
Children's Hospital of Wisconsin
HSHS St. Nicholas Hospital
Lakeshore Community Health Center
Sheboygan County Health and Human Services—
Division of Public Health
United Way of Sheboygan County
UW-Extension Sheboygan County

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Purpose

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

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

This report was commissioned by Aurora Health Care, Children's Hospital of Wisconsin, HSHS St. Nicholas Hospital, Lakeshore Community Health Clinic, Sheboygan County Health and Human Services-Division of Public Health, United Way of Sheboygan County, and the University of Wisconsin Extension-Sheboygan County.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Sheboygan County Public Health Division at (920) 459-4382.

Methodology

Data Collection
Respondents were scientifically selected so the survey would be representative of all adults 18 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 January 11 and February 1, 2017.

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

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

In 2015, the Census Bureau estimated 89,485 adult residents in the county. Thus, in this report, one percentage point equals approximately 890 adults. So, when 17% of respondents reported their health was fair or poor, this roughly equals 15,130 residents ±4,450 individuals. Therefore, from 10,680 to 19,580 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2015, the Census Bureau estimated 47,438 occupied housing units in Sheboygan County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2015 household estimate, each percentage point for household-level data represents approximately 470 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 2005 (83%) and the percentage of adults reporting this in 2017 (87%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

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

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

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

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

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of $10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. In 2005, the bottom 40% income bracket included survey categories less than $30,001, the middle 20% income bracket was $30,001 to $50,000 and the top 40% income bracket was at least $50,001. In 2008, 2011, 2014 and 2017, the bottom 40% income bracket included survey categories less than $40,001, the middle 20% income bracket was $40,001 to $60,000 and the top 40% income bracket was at least $60,001.

The 2008 recommended amount of physical activity by the Centers for Disease Control is moderate activity for at least 30 minutes on five or more days of the week or vigorous activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a typical week.

Overweight status was calculated using the Center for Disease Control's Body Mass Index (BMI). Body Mass Index is calculated by using kilograms/meter^2. A BMI of 25.0 to 29.9 is considered overweight and 30.0 or more as obese. In this report "overweight" includes both overweight and obese respondents.

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

The definition for binge drinking varies. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2014 and 2017, the Sheboygan County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. In 2005, 2008 and 2011, the definition was five or more drinks, regardless of gender.

Demographic Profile

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

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2017[ⓘ]

	Survey Results
TOTAL	100%
Gender	
Male	50%
Female	50
Age	
18 to 34	26%
35 to 44	17
45 to 54	21
55 to 64	17
65 and Older	19
Education	
High School Graduate or Less	40%
Some Post High School	34
College Graduate	26
Household Income	
Bottom 40 Percent Bracket	38%
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	36
Not Sure/No Answer	11
Married	50%

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

Summary

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

Overall Health

Sheboygan County	2005	2008	2011	2014	2017
Excellent	17%	24%	17%	15%	15%
Very Good	38%	34%	34%	38%	35%
Fair or Poor	15%	15%	18%	18%	17%

Other Research: (2015)	*WI*	*U.S.*
Fair or Poor	*15%*	*16%*

Health Care Coverage

Sheboygan County	2005	2008	2011	2014	2017
Not Covered					
Personally (currently)	7%	8%	6%	6%	4%
Personally (past 12 months)		15%	10%	14%	8%
Household Member (past 12 months)	17%	17%	11%	16%	9%

Other Research: (2015)	*WI*	*U.S.*
Personally Not Covered (currently)	*8%*	*11%*

Did Not Receive Care Needed in Past 12 Months

Sheboygan County	2008	2011	2014	2017
Delayed/Did Not Seek Care Due to Cost				16%
Prescript. Meds Not Taken Due to				
Cost (Household)		12%	14%	9%
Unmet Care in Past 12 Months				
Medical Care	9%	8%	15%	12%
Dental Care	7%	--	16%	17%
Mental Health Care				4%

Health Information and Services

Sheboygan County	2005	2008	2011	2014	2017
Primary Source of Health Information					
Doctor					51%
Internet					22%
Have a Primary Care Physician					87%
Primary Health Services					
Doctor/nurse practitioner's office	84%	78%	72%	70%	58%
Urgent care center	2%	6%	7%	9%	5%
Public health clinic/com. health center	7%	8%	8%	10%	6%
Hospital emergency room	2%	2%	2%	3%	3%
Quickcare clinic/Fastcare clinic	--	--	--	--	11%
Worksite clinic	--	--	--	--	6%
No usual place	3%	3%	9%	6%	8%
Advance Care Plan	40%	41%	38%	42%	42%
Caregiver to Family Member or Friend					
Past Month					29%
Next Two Years					37%

Vaccinations (65 and Older)

Sheboygan County	2005	2008	2011	2014	2017
Flu Vaccination (past year)	45%	58%	57%	68%	76%
Pneumonia (ever)	73%	73%	69%	74%	75%

Other Research: (2015)	*WI*	*U.S.*
Flu Vaccination (past year)	*53%*	*61%*
Pneumonia (ever)	*77%*	*73%*

Health Conditions in Past 3 Years

Sheboygan County	2005	2008	2011	2014	2017
High Blood Pressure	25%	23%	24%	28%	29%
High Blood Cholesterol	19%	22%	25%	27%	26%
Mental Health Condition		15%	14%	20%	19%
Diabetes	7%	8%	8%	12%	13%
Heart Disease/Condition	9%	7%	8%	12%	11%
Asthma (Current)	6%	7%	7%	9%	13%

Condition Controlled Through Meds, Therapy or Lifestyle Changes

Sheboygan County	2005	2008	2011	2014	2017
High Blood Pressure				94%	91%
High Blood Cholesterol				83%	84%
Mental Health Condition				84%	93%
Diabetes				100%	98%
Heart Disease/Condition				90%	93%
Asthma (Current)				97%	76%

Routine Procedures

Sheboygan County	2005	2008	2011	2014	2017
Routine Checkup (2 yrs. ago or less)	83%	78%	77%	80%	87%
Cholesterol Test (4 years ago or less)	75%	74%	71%	76%	83%
Dental Checkup (past year)	68%	70%	62%	66%	68%
Eye Exam (past year)	42%	42%	42%	53%	45%

Other Research:	*WI*	*U.S.*
Routine Checkup (≤2 years; 2015)	*84%*	*83%*
Cholesterol Test (≤5 years; 2014)	*77%*	*76%*
Dental Checkup (past year; 2014)	*70%*	*65%*

Physical Health and Nutrition

Sheboygan County	2005	2008	2011	2014	2017
Physical Activity/Week					
Moderate Activity (5 times/30 min)	33%	32%	42%	43%	40%
Vigorous Activity (3 times/20 min)		24%	21%	29%	38%
Recommended Moderate or Vigorous		44%	51%	53%	50%
Overweight Status					
Overweight (BMI 25.0+)	65%	70%	61%	67%	62%
Obese (BMI 30.0+)	21%	36%	28%	35%	32%
Fruit Intake (2+ servings/day)	66%	64%	61%	59%	55%
Vegetable Intake (3+ servings/day)	21%	23%	23%	24%	24%
At Least 5 Fruit/Vegetables/Day	37%	32%	30%	33%	35%
Household Went Hungry in Past Year					6%

Other Research (2015):	*WI*	*U.S.*
Overweight (BMI 25.0+)	*66%*	*66%*
Obese (BMI 30.0+)	*31%*	*30%*

Colorectal Cancer Screenings (50 and Older)

Sheboygan County	2005	2008	2011	2014	2017
Blood Stool Test (within past year)	21%	--	--	10%	13%
Sigmoidoscopy (within past 5 years)		9%	5%	8%	5%
Colonoscopy (within past 10 years)		59%	64%	69%	76%
Screening in Recommended Time Frame		60%	65%	72%	80%

Women's Health					
Sheboygan County	2005	2008	2011	2014	2017
Mammogram (50+; within past 2 years)	71%	81%	84%	74%	72%
Bone Density Scan (65 and older)	53%	66%	66%	84%	77%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 years)	87%	91%	78%	82%	82%
HPV Test (18 – 65; within past 5 years)				44%	58%
Screening in Recommended Time Frame					
(18-29: Pap every 3 years; 30 to 65: Pap and HPV					
every 5 years or Pap only every 3 years)				84%	86%
Other Research (2015)				*WI*	*U.S.*
Mammogram (50 - 74; within past 2 years)				*80%*	*78%*
Pap Smear (21- 65; within past 3 years)				*87%*	*83%*
Tobacco Cigarette Use					
Sheboygan County	2005	2008	2011	2014	2017
Current Smokers (past 30 days)	22%	28%	27%	23%	21%
Of Current Smokers…					
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	37%	56%	51%	46%	63%
Saw a Health Care Professional in Past					
Year and Advised to Quit Smoking	75%	82%	69%	90%	77%
Other Research:				*WI*	*U.S.*
Current Smokers (2015)				*17%*	*18%*
Tried to Quit (2005)				*49%*	*56%*
Exposure to Smoke					
Sheboygan County		2008	2011	2014	2017
Smoking Policy at Home					
Not allowed anywhere		73%	76%	79%	87%
Allowed in some places/at some times		10%	8%	7%	5%
Allowed anywhere		5%	2%	3%	2%
No rules inside home		13%	15%	11%	7%
Nonsmokers Exposed to Second-Hand					
Smoke In Past Seven Days		25%	16%	13%	11%
Other Research: (WI: 2005; US: 2006-08)				*WI*	*U.S.*
Smoking Prohibited at Home				*75%*	*79%*
Other Tobacco Products in Past Month					
Sheboygan County				2014	2017
Smokeless Tobacco				5%	9%
Electronic Cigarettes				7%	2%
Cigars, Cigarillos or Little Cigars				4%	1%
Top County Health Issues					
Sheboygan County					2017
Illegal Drug Use					48%
Alcohol Use or Abuse					28%
Overweight or Obesity					23%
Access to Health Care					20%
Chronic Diseases					18%
Cancer					13%
Mental Health or Depression					12%
Prescription or OTC Drug Abuse					12%
Affordable Health Care					7%
Access to Affordable Healthy Food					5%
Tobacco Use					4%

Alcohol Use in Past Month					
Sheboygan County	2005	2008	2011	2014	2017
Binge Drinker	24%	24%	21%	25%	28%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	3%	3%	3%	4%
Other Research: (2015)				*WI*	*U.S.*
Binge Drinker				*23%*	*16%*
Household Problems Associated With…					
Sheboygan County	2005	2008	2011	2014	2017
Alcohol	4%	2%	3%	2%	4%
Cocaine, Heroin or Other Street Drugs					2%
Misuse of Prescription or OTC Drugs					1%
Gambling					1%
Marijuana					<1%
Times of Distress in Past Three Years					
Sheboygan County					2017
Time of Distress and Someone in HH Looked					
for Community Support					26%
Of Respondents Who Looked for Support					
Felt Somewhat/Slightly or Not At All Supported					49%
Mental Health Status					
Sheboygan County	2005	2008	2011	2014	2017
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	5%	5%	7%	9%	8%
Find Meaning & Purpose in Daily Life					
Seldom/Never	4%	3%	7%	7%	3%
Considered Suicide (past year)	3%	4%	7%	10%	5%
Children in Household					
Sheboygan County					2017
Personal Health Doctor/Nurse Who					
Knows Child Well and Familiar with History					91%
Visited Personal Doctor/Nurse for					
Preventive Care (past 12 months)					94%
Did Not Receive Care Needed (past 12 months)					
Medical Care					7%
Dental Care					8%
Specialist					<1%
Current Asthma					7%
Safe in Community/Neighborhood (seldom/never)					<1%
Children 5 to 17 Years Old					
Fruit Intake (2+ servings/day)					81%
Vegetable Intake (3+ servings/day)					17%
5+ Fruit/Vegetables per Day					48%
Physical Activity (60 min./5 or more days/week)					68%
Children 8 to 17 Years Old					
Unhappy, Sad or Depressed in Past 6 Months					
Always/Nearly Always					3%
Experienced Some Form of Bullying (past 12 months)					23%
Verbally Bullied					23%
Physically Bullied					1%
Cyber Bullied					1%
Personal Safety in Past Year					
Sheboygan County	2005	2008	2011	2014	2017
Afraid for Their Safety	3%	5%	3%	9%	2%
Pushed, Kicked, Slapped, or Hit	4%	3%	4%	4%	1%
At Least One of the Safety Issues	6%	8%	6%	10%	3%

Overall Health and Health Care Key Findings

In 2017, 50% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents who were in the bottom 40 percent household income bracket, unmarried, inactive or smokers were more likely to report fair or poor health. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2017.*

In 2017, 4% of respondents reported they were not currently covered by health care insurance; 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 report this. Eight 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 18 to 34 years old, 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Nine percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2005 to 2017, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2014 to 2017, there was no statistical change. From 2008 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2017. From 2005 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2017.*

In 2017, 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 who were female, 35 to 44 years old or with some post high school education were more likely to report this. Nine 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 60 percent household income bracket were more likely to report this. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Seventeen percent of respondents reported in the past 12 months they did not receive the dental care needed. Respondents 35 to 44 years old, with some post high school education, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report they did not receive the dental care needed. Four percent of respondents reported in the past 12 months they did not receive the mental health care needed; respondents who were female or unmarried were more likely to report this. *From 2011 to 2017, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs while from 2014 to 2017, the overall percent statistically decreased. From 2008 to 2017, the overall percent statistically remained the same for respondents who reported unmet medical care, as well as from 2014 to 2017. From 2008 to 2017, the overall percent statistically increased for respondents who reported unmet dental care while from 2014 to 2017, the overall percent statistically remained the same.*

In 2017, 29% of respondents reported during the past 30 days they provided regular care or assistance to a friend or family member who has a health problem or disability in which they are not paid as a caregiver. Thirty-seven percent of respondents reported in the next two years they expect to be a caregiver. Respondents 35 to 44 years old or with some post high school education were more likely to report both scenarios.

In 2017, 51% of respondents reported they contact a doctor when they need health information or clarification while 22% reported they go to the Internet. Nine percent reported they talk to other health professionals followed by 6% who reported themselves or a family member was in the health care field. Four percent reported family/friends. Respondents 65 and older or with a college education were more likely to report they contact a doctor. Respondents 18 to 34 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents who were male, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report other health professional. Respondents 35 to 44 years old were more likely to report themselves or a family member was in the health care field and their source for health information/clarification. Respondents 35 to 44 years old or with a high school education or less were more likely to report family/friends. Eighty-seven percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 35 and older,

with at least some post high school education or married were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married were more likely to report this. Forty-two percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2017.*

In 2017, 87% of respondents reported a routine medical checkup two years ago or less while 83% reported a cholesterol test four years ago or less. Sixty-eight percent of respondents reported a visit to the dentist in the past year while 45% reported an eye exam. Respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents 45 and older, with a college education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report a dental checkup 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 an eye exam in the past year. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2017, there was a statistical increase. From 2005 to 2017, there was a statistical increase in the overall percent of respondents reporting a cholesterol test, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting an eye exam while from 2014 to 2017, there was a statistical decrease.*

In 2017, 47% of respondents had a flu vaccination 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 were more likely to report a flu vaccination. Seventy-five percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2017.*

Health Risk Factors Key Findings

In 2017, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (29%). Respondents 65 and older, with a college education, who were overweight or inactive were more likely to report high blood pressure. Twenty-six percent of respondents reported high blood cholesterol; respondents 65 and older, with a college education or overweight respondents were more likely to report this. Nineteen percent reported a mental health condition. Respondents who were female, 35 to 44 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition in the past three years. Thirteen percent of respondents reported diabetes; respondents who were 65 and older, overweight or inactive were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease in the past three years. Respondents who were 65 and older or overweight were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents with some post high school education, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, diabetes or current asthma while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2014 to 2017.*

In 2017, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were female, 35 to 54 years old, with some post high school education or in the bottom 40 percent

household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who considered suicide or they seldom/never find meaning and purpose in daily life while from 2014 to 2017, there was a statistical decrease.*

Behavioral Risk Factors Key Findings

In 2017, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 50% met the recommended amount of physical activity; respondents who were male, 18 to 34 years old or not overweight were more likely to report this. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2017.*

In 2017, 62% of respondents were classified as at least overweight while 32% were obese. Respondents who were 35 and older, in the middle 20 percent household income bracket, married or who did not meet the recommended amount of physical activity were more likely to be classified as at least overweight. Respondents who were 35 to 44 years old or inactive were more likely to be classified as obese. *From 2005 to 2017, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2017, there was no statistical change.*

In 2017, 55% of respondents reported two or more servings of fruit while 24% reported three or more servings of vegetables on an average day. Respondents who were female, with some post high school education, in the top 60 percent household income bracket or who were overweight were more likely to report at least two servings of fruit. Respondents who were female, 18 to 44 years old, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education or in the middle 20 percent household income bracket were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket, unmarried or in households with children were more likely to report this. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2017.*

In 2017, 72% of female respondents 50 and older reported a mammogram within the past two years. Seventy-seven percent of female respondents 65 and older had a bone density scan. Eighty-two percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-eight percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or in the top 40 percent household income bracket were more likely to meet the cervical cancer recommendation. *From 2005 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2017. From 2014 to 2017, there was a statistical increase in the overall percent of respondents 18 to 65 years old*

who reported an HPV test within the past five years. From 2014 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who met the cervical cancer screening recommendation.

In 2017, 13% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 76% reported a colonoscopy within the past ten years. This results in 80% of respondents meeting the current colorectal cancer screening recommendations. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2014 to 2017, there was no statistical change.*

In 2017, 21% of respondents were current tobacco cigarette smokers; respondents 45 to 54 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 63% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-seven percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of current smokers who reported a health professional advised them to quit smoking while from 2014 to 2017, there was a statistical decrease.*

In 2017, 87% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Eleven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 35 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2017, 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 2014 to 2017. From 2008 to 2017, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2017, there was no statistical change.*

In 2017, 9% of respondents used smokeless tobacco in the past month; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Two percent of respondents used electronic cigarettes in the past month while 1% of respondents used cigars, cigarillos or little cigars. *From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported in the past month they used smokeless tobacco. From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.*

In 2017, 28% 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 report this. Four percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month; respondents with some post high school education were more likely to report this. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2014 to 2017.*

In 2017, 4% 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; respondents in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported

a household problem in connection with the misuse of prescription drugs/over-the-counter drugs or gambling. Less than one percent of respondents reported someone in their household experienced a problem with marijuana. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2014 to 2017.*

In 2017, 26% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Forty-nine percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2017, 2% 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 3% reported at least one of these two situations. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety while from 2014 to 2017, there was a statistical decrease. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2017.*

Children in Household Key Findings

In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-one percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 94% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Eight percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 7% reported their child did not receive the medical care needed. Less than one percent reported their child was not able to visit a specialist they needed to see. Seven percent of respondents reported their child currently had asthma. Less than one percent of respondents reported their child was seldom or never safe in their community. Eighty-one percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 17% reported three or more servings of vegetables. This results in 48% of respondents reporting their 5 to 17 year old child ate at least five servings of fruits or vegetables. Sixty-eight percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Three 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-three percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 23% reported verbal bullying, 1% each reported physical bullying or cyber bullying.

County Health Issues Key Findings

In 2017, respondents were asked to provide the top three health issues in the county. The most often cited was illegal drug use (48%). Respondents 18 to 34 years old were more likely to report illegal drug use as a top issue. Twenty-eight percent of respondents reported alcohol use or abuse as a top county health issue; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Twenty-three percent reported overweight or obesity as a top county health issue. Respondents 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report overweight or obesity as a top issue. Twenty percent of respondents reported access to health care (medical, dental or mental); respondents who were female, 35 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported chronic diseases as a top health issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported cancer. Respondents 35 to 44 years old were more likely to report cancer as a top issue. Twelve percent of respondents reported mental health or depression as a top health issue; respondents with some post high school education or married respondents were more likely to report this. Twelve percent of respondents reported prescription or over-the-counter drug abuse as a top county health issue; respondents 45 to 54 years old or with some post high school education were more likely to report this. Seven percent of respondents reported affordable health care; respondents 35 to 44 years old or with a college education were more likely to report this. Five percent of respondents reported access to affordable healthy food as a top health issue; respondents 45 to 54 years old, with a high school education or less or with a college education were more likely to report this. Four percent of respondents reported tobacco use as a top issue; respondents who were male, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this.

Key Findings

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

KEY FINDINGS: In 2017, 50% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents who were in the bottom 40 percent household income bracket, unmarried, inactive or smokers were more likely to report fair or poor health.

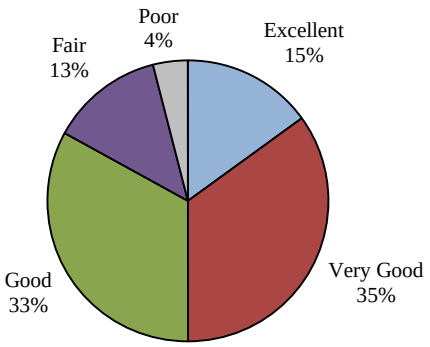
From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2017.

In 2015, 54% of Wisconsin respondents reported their health as excellent or very good while 15% reported fair or poor. Fifty-two percent of U.S. respondents reported their health as excellent or very good while 16% reported fair or poor (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Fifty percent of respondents said their own health, generally speaking, was either excellent (15%) or very good (35%). A total of 17% reported their health was fair or poor.

Figure 1. Rate Own Health for 2017



- Twenty-five percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 10% of respondents in the top 60 percent household income bracket.

- Unmarried respondents were more likely to report their health was fair or poor compared to married respondents (24% and 10%, respectively).

- Inactive respondents were more likely to report their health was fair or poor (36%) compared to those who did an insufficient amount of physical activity (19%) or respondents who met the recommended amount of physical activity (11%).

- Smokers were more likely to report their health was fair or poor (30%) compared to nonsmokers (14%).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2005, respondents 65 and older were more likely to report fair or poor health. In 2017, age was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting fair or poor health.

- In 2005, respondents with a high school education or less were more likely to report fair or poor health. In 2017, education was not a significant variable.

- In 2005 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.

- In 2005, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report fair or poor health.

- In 2005, smoking status was not a significant variable. In 2017, smokers were more likely to report fair or poor health, with a noted increase since 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2014, respondents 45 to 54 years old were more likely to report fair or poor health. In 2017, age was not a significant variable.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.

- In 2014, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report fair or poor health.

- In 2014 and 2017, inactive respondents were more likely to report fair or poor health.

- In 2014 and 2017, smokers were more likely to report fair or poor health.

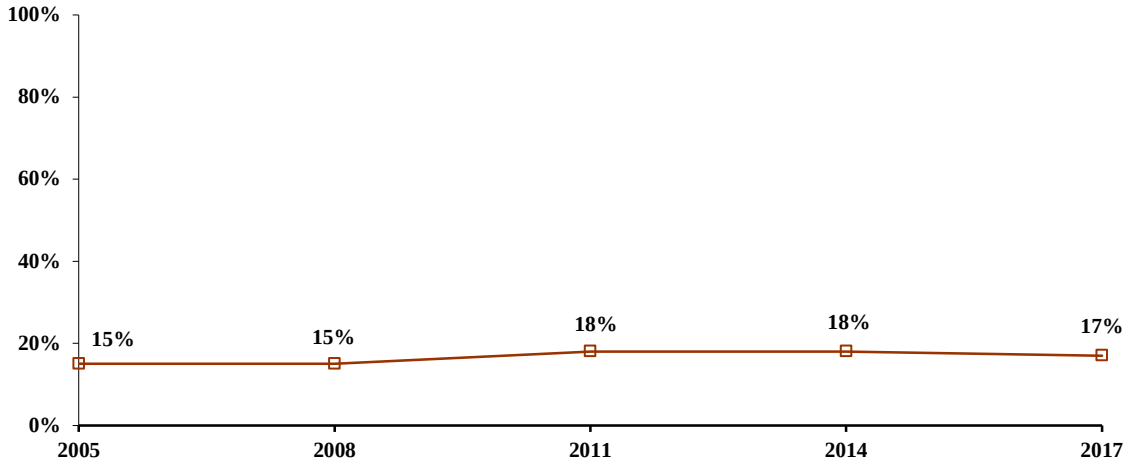
Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	15%	15%	18%	18%	17%
Gender					
Male	13	15	17	18	14
Female	16	15	18	19	21
Age[1,3,4]					
18 to 34[a]	3	8	12	8	15
35 to 44	14	13	25	21	16
45 to 54	13	16	8	28	23
55 to 64	20	22	25	15	17
65 and Older	26	20	22	21	16
Education[1,3]					
High School or Less	21	19	25	19	17
Some Post High School	15	12	16	16	20
College Graduate	6	11	9	19	14
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	21	21	26	33	25
Middle 20 Percent Bracket	18	8	16	11	10
Top 40 Percent Bracket	6	13	6	7	10
Marital Status[2,3,5]					
Married	14	11	11	16	10
Not Married	18	19	24	21	24
Overweight Status[3]					
Not Overweight	12	9	10	18	15
Overweight	16	17	23	19	20
Physical Activity[2,3,4,5]					
Inactive	--	25	47	50	36
Insufficient	--	12	13	14	19
Recommended	--	13	14	14	11
Smoking Status[2,3,4,5]					
Nonsmoker	15	10	15	14	14
Smoker[a]	16	27	25	31	30

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2017.

Figure 2. Fair or Poor Health



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

KEY FINDINGS: In 2017, 4% of respondents reported they were not currently covered by health care insurance; 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 report this. Eight 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 18 to 34 years old, 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Nine percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2005 to 2017, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2014 to 2017, there was no statistical change. From 2008 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2017. From 2005 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2017.

Personally Not Covered Currently

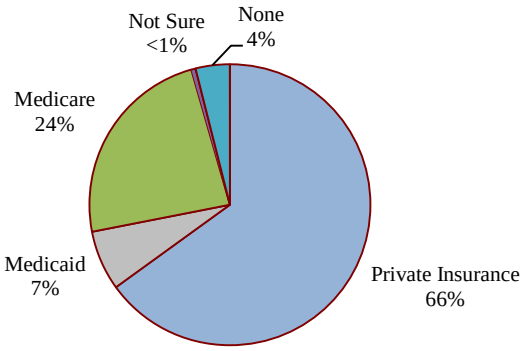
The Healthy People 2020 goal for all persons having medical insurance is 100%. (Objective AHS-1.1)

In 2015, 8% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Eleven percent of U.S. respondents reported this. Nine percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 13% of U.S. respondents 18 to 64 years old reported this (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Four percent of respondents reported they were not currently covered by any health care insurance. Sixty-six percent reported private insurance. Seven percent reported Medicaid, including medical assistance, Title 19 or Badger Care while 24% reported Medicare.

Figure 3. Type of Health Care Coverage for 2017



- Male respondents were more likely to report they were not currently covered by health insurance (6%) compared to female respondents (1%).

- Eight percent of respondents with a high school education or less reported they were not currently covered by health insurance compared to 1% of those with some post high school education or 0% of respondents with a college education.

- Ten percent of respondents in the bottom 40 percent household income bracket reported they were not currently covered by health insurance compared to 0% of respondents in the top 60 percent household income bracket.

- Unmarried respondents were more likely to report they were not currently covered by health insurance compared to married respondents (7% and 0%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2005 and 2017, male respondents were more likely to report no current personal health care insurance. From 2005 to 2017, there was a noted decrease in the percent of female respondents reporting no current personal health care insurance.

- In 2005, respondents 18 to 34 years old or 55 to 64 years old were more likely to report no current personal health care insurance. In 2017, age was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents 55 to 64 years old reporting no current personal health care insurance.

- In 2005, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report no personal health care coverage. From 2005 to 2017, there was a noted decrease in the percent of respondents with a college education reporting no current personal health care insurance.

- In 2005 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report no health insurance.

- In 2005 and 2017, unmarried respondents were more likely to report no health insurance. From 2005 to 2017, there was a noted decrease in the percent of married respondents reporting no current personal health care insurance.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2014, gender was not a significant variable. In 2017, male respondents were more likely to report no current personal health care coverage. From 2014 to 2017, there was a noted decrease in the percent of female respondents reporting no current personal health care insurance.

- In 2014, respondents 18 to 34 years old were more likely to report no coverage. In 2017, age was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old reporting no current personal health care insurance.

- In 2014, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to report no personal health care coverage. From 2014 to 2017, there was a noted decrease in the percent of respondents with at least some post high school education reporting no current personal health care insurance.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report no coverage.

- In 2014 and 2017, unmarried respondents were more likely to report no personal health care coverage.

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

	2005	2008	2011	2014	2017
TOTAL					
All Respondents[a]	7%	8%	6%	6%	4%
Respondents 18 to 64 Years Old[a]	9	9	8	7	4
Gender[1,2,5]					
Male	10	12	8	7	6
Female[a,b]	5	4	5	5	1
Age[1,2,3,4]					
18 to 34[b]	12	8	7	16	6
35 to 44	7	10	14	6	1
45 to 54	5	7	5	2	6
55 to 64[a]	13	16	6	1	3
65 and Older	1	0	0	0	1
Education[5]					
High School or Less	9	11	8	6	8
Some Post High School[b]	5	5	6	7	1
College Graduate[a,b]	6	5	4	4	0
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	15	12	11	12	10
Middle 20 Percent Bracket	1	5	4	4	0
Top 40 Percent Bracket	1	0	0	0	0
Marital Status[1,2,3,4,5]					
Married[a]	3	4	1	1	0
Not Married	14	12	11	12	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Personally Not Covered in the Past 12 Months

2017 Findings

- Eight percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months.
- Fifteen percent of respondents 45 to 54 years old and 14% of those 18 to 34 years old reported they were not covered at least part of the year compared to 1% of respondents 65 and older.
- Twenty-one percent of respondents in the bottom 40 percent household income bracket reported they were not covered at least part of the year compared to 1% of those in the top 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.
- Sixteen percent of unmarried respondents reported they were not covered at least part of the year compared to less than one percent of married respondents.

2008 to 2017 Year Comparisons

- From 2008 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months.

- In 2008, male respondents were more likely to report no coverage at least part of the time in the past 12 months. In 2017, gender was not a significant variable. From 2008 to 2017, there was a noted decrease in the percent of male respondents reporting no coverage.

- In 2008, respondents 18 to 34 years old were more likely to report no coverage. In 2017, respondents 18 to 34 years old or 45 to 54 years old were more likely to report no coverage. From 2008 to 2017, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting no coverage.

- In 2008, respondents with a high school education or less were more likely to report no coverage in the past 12 months. In 2017, education was not a significant variable. From 2008 to 2017, 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 2008 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report no coverage.

- In 2008 and 2017, unmarried respondents were more likely to report no health insurance at least part of the time in the past 12 months. From 2008 to 2017, there was a noted decrease in the percent of respondents across marital status reporting no coverage.

2014 to 2017 Year Comparisons

- From 2014 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months.

- In 2014, respondents 18 to 34 years old were more likely to report no coverage at least part of the time. In 2017, respondents 18 to 34 years old or 45 to 54 years old were more likely to report no coverage. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting no coverage.

- In 2014 and 2017, education was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents with a college education reporting no coverage at least part of the time in the past year.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report no coverage at least part of the time in the past 12 months. From 2014 to 2017, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting no coverage.

- In 2014 and 2017, unmarried respondents were more likely to report no health insurance at least part of the time in the past year. From 2014 to 2017, there was a noted decrease in the percent of married respondents reporting no coverage.

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

	2008	2011	2014	2017
TOTAL[a,b]	15%	10%	14%	8%
Gender[1]				
Male[a]	19	10	15	9
Female	11	11	12	8
Age[1,2,3,4]				
18 to 34[a]	26	13	23	14
35 to 44[a,b]	16	23	16	4
45 to 54	7	6	16	15
55 to 64[a]	20	8	6	3
65 and Older	1	1	1	1
Education[1]				
High School or Less[a]	21	11	13	9
Some Post High School	9	10	14	10
College Graduate[a,b]	13	9	13	4
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket	24	17	24	21
Middle 20 Percent Bracket[b]	5	6	9	0
Top 40 Percent Bracket[b]	6	<1	8	1
Marital Status[1,2,3,4]				
Married[a,b]	6	4	6	<1
Not Married[a]	25	17	23	16

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Someone in Household Not Covered in the Past 12 Months

2017 Findings

- Nine percent of all respondents indicated someone in their household was not covered by insurance at least part of the time in the past 12 months.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered by insurance compared to 3% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.
- Eighteen percent of unmarried respondents reported someone in their household was not covered in the past 12 months compared to less than one percent of married respondents.

2005 to 2017 Year Comparisons

- From 2005 to 2017, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.

- In 2005 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered by insurance in the past 12 months. From 2005 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting someone in their household was not covered.

- In 2005 and 2017, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. From 2005 to 2017, there was a noted decrease in the percent of respondents across marital status reporting someone in their household was not covered.

2014 to 2017 Year Comparisons

- From 2014 to 2017, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered by insurance at least part of the time in the past 12 months. From 2014 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting someone in their household was not covered.

- In 2014 and 2017, unmarried respondents were more likely to report someone in their household was not covered in the past 12 months. From 2014 to 2017, there was a noted decrease in the percent of respondents across marital status reporting someone in their household was not covered.

Table 5. Someone in Household Not Covered by Health Insurance in Past 12 Months by Demographic Variables for Each Survey Year①

	2005	2008	2011	2014	2017
TOTAL[a,b]	17%	17%	11%	16%	9%
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	25	28	18	31	22
Middle 20 Percent Bracket	6	8	4	9	3
Top 40 Percent Bracket[a,b]	13	4	<1	8	2
Marital Status[1,2,3,4,5]					
Married[a,b]	9	11	5	6	<1
Not Married[a,b]	29	25	16	29	18

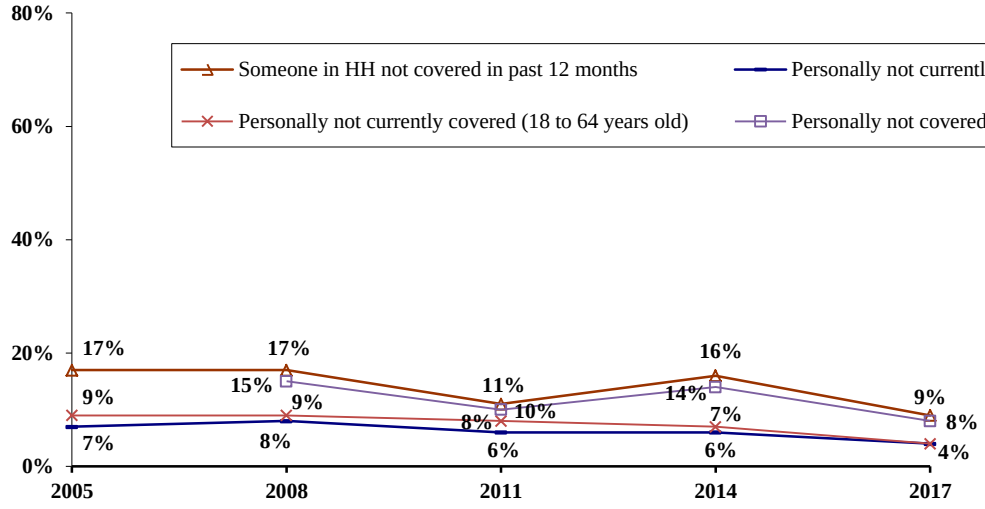
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Health Care Coverage Overall

Year Comparisons

- From 2005 to 2017, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2014 to 2017, there was no statistical change. From 2008 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2017. From 2005 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2017.

Figure 4. Health Care Coverage



Health Care Needed (Figure 5; Tables 6 - 10)

KEY FINDINGS: In 2017, 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 who were female, 35 to 44 years old or with some post high school education were more likely to report this. Nine 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 60 percent household income bracket were more likely to report this. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Seventeen percent of respondents reported in the past 12 months they did not receive the dental care needed. Respondents 35 to 44 years old, with some post high school education, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report they did not receive the dental care needed. Four percent of respondents reported in the past 12 months they did not receive the mental health care needed; respondents who were female or unmarried were more likely to report this.

From 2011 to 2017, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs while from 2014 to 2017, the overall percent statistically decreased. From

2008 to 2017, the overall percent statistically remained the same for respondents who reported unmet medical care, as well as from 2014 to 2017. From 2008 to 2017, the overall percent statistically increased for respondents who reported unmet dental care while from 2014 to 2017, the overall percent statistically remained the same.

Financial Burden of Medical Care

2017 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.

- Female respondents were more likely to report 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 (20%) compared to male respondents (12%).

- Twenty-three percent of respondents 35 to 44 years old reported they delayed or did not seek medical care compared to 15% of those 18 to 34 years old or 4% of respondents 65 and older.

- Twenty-four percent of respondents with some post high school education reported they delayed or did not seek medical care compared to 12% of respondents with a high school education or less or with a college education.

Table 6. Delayed or Did Not Seek Medical Care Due to Cost or No Coverage in Past 12 Months by Demographic Variables for 2017ⓘ

	2017
TOTAL	16%
Gender[1]	
Male	12
Female	20
Age[1]	
18 to 34	15
35 to 44	23
45 to 54	19
55 to 64	20
65 and Older	4
Education[1]	
High School or Less	12
Some Post High School	24
College Graduate	12
Household Income	
Bottom 40 Percent Bracket	21
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	12
Marital Status	
Married	14
Not Married	18

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

Financial Burden of Prescription Medications

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

2017 Findings

- Nine percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.

- Thirteen percent of respondents in the bottom 40 percent household income bracket and 11% of those in the middle 20 percent income bracket reported in the past 12 months someone in their household had not taken their medication due to prescription costs compared to 4% of respondents in the top 40 percent household income bracket.

2011 to 2017 Year Comparisons

- From 2011 to 2017, the overall percent statistically remained the same for respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report in the past 12 months someone in their household had not taken their medication due to prescription costs. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household had not taken their medication due to prescription costs.

- In 2011, unmarried respondents were more likely to report in the past 12 months someone in their household had not taken their medication due to prescription costs. In 2017, marital status was not a significant variable.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported in the past 12 months someone in their household had not taken their medication due to prescription costs.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report in the past 12 months someone in their household had not taken their medication due to prescription costs. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report someone in their household had not taken their medication due to prescription costs. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household had not taken their medication.

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

	2011	2014	2017
TOTAL[b]	12%	14%	9%
Household Income[1,2,3]			
Bottom 40 Percent Bracket[b]	21	25	13
Middle 20 Percent Bracket	4	13	11
Top 40 Percent Bracket	4	2	4
Marital Status[1]			
Married	8	12	9
Not Married	15	15	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2011 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Unmet Medical Care

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

2017 Findings

- Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed.
- Female respondents were more likely to report in the past 12 months they did not receive the medical care needed (16%) compared to male respondents (8%).
- Eighteen percent of respondents 18 to 34 years old reported they did not receive the medical care needed compared to 9% of those 35 to 44 years old or 3% of respondents 65 and older.
- Respondents with some post high school education were more likely to report they did not receive the medical care needed (23%) compared to those with a high school education or less (8%) or respondents with a college education (4%).
- Eighteen percent of respondents in the bottom 40 percent household income bracket reported they did not receive the medical care needed compared to 10% of those in the middle 20 percent income bracket or 5% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report they did not receive the medical care needed compared to married respondents (15% and 8%, respectively).
    - Of the 46 respondents who reported an unmet medical care need, 28% reported the reason for the unmet need was that insurance did not cover it while 22% reported it was poor medical care. Sixteen percent each reported they were uninsured or cannot afford to pay and 14% reported physical barriers. Thirteen percent reported co-payments were too high.

2008 to 2017 Year Comparisons

- From 2008 to 2017, the overall percent statistically remained the same for respondents who reported there was a time in the past 12 months they did not receive the medical care needed.

- In 2008, gender was not a significant variable. In 2017, female respondents were more likely to report there was a time in the past 12 months they did not receive the medical care needed.

- In 2008, respondents 45 to 54 years old were more likely to report they did not receive the medical care needed. In 2017, respondents 18 to 34 years old were more likely to report they did not receive the medical care needed, with a noted increase since 2008.

- In 2008, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report they did not receive the medical care needed, with a noted increase since 2008.

- In 2008 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the medical care needed.

- In 2008 and 2017, unmarried respondents were more likely to report they did not receive the medical care needed.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the medical care needed.

- In 2014, gender was not a significant variable. In 2017, female respondents were more likely to report there was a time in the past 12 months they did not receive the medical care needed. From 2014 to 2017, there was a noted decrease in the percent of male respondents reporting they did not receive the medical care needed.

- In 2014, respondents 18 to 44 years old were more likely to report they did not receive the medical care needed. In 2017, respondents 18 to 34 years old were more likely to report they did not receive the medical care needed. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting they did not receive the medical care needed.

- In 2014, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report they did not receive the medical care needed. From 2014 to 2017, there was a noted decrease in the percent of respondents with a college education reporting they did not receive the medical care needed.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the medical care needed. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting they did not receive the medical care needed.

- In 2014, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report they did not receive the medical care needed.

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

	2008	2011	2014	2017
TOTAL	9%	8%	15%	12%
Gender[4]				
Male[b]	8	6	16	8
Female	10	9	15	16
Age[1,3,4]				
18 to 34[a]	9	2	25	18
35 to 44[b]	4	13	24	9
45 to 54	16	9	13	14
55 to 64	11	10	11	11
65 and Older	4	8	1	3
Education[4]				
High School or Less	11	10	13	8
Some Post High School[a]	8	7	20	23
College Graduate[b]	7	4	12	4
Household Income[1,3,4]				
Bottom 40 Percent Bracket[b]	15	11	28	18
Middle 20 Percent Bracket	7	4	6	10
Top 40 Percent Bracket	1	5	9	5
Marital Status[1,2,4]				
Married	5	4	13	8
Not Married	14	11	18	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Unmet Dental Care

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

2017 Findings

- Seventeen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- Twenty-eight percent of respondents 35 to 44 years old reported in the past 12 months they did not receive the dental care needed compared to 12% of those 55 to 64 years old or 8% of respondents 65 and older.
- Respondents with some post high school education were more likely to report they did not receive the dental care needed (24%) compared to those with a high school education or less (20%) or respondents with a college education (4%).
- Twenty-three percent of respondents in the bottom 60 percent household income bracket reported they did not receive the dental care needed compared to 12% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they did not receive the dental care needed compared to married respondents (22% and 13%, respectively).

    - Of the 69 respondents who reported not receiving dental care needed, 26% reported they cannot afford to pay while 21% reported they were uninsured. Twenty percent each reported insurance did not cover it or they were unable to find a dentist to take Medicaid or other insurance.

2008 to 2017 Year Comparisons

- From 2008 to 2017, the overall percent statistically increased for respondents who reported there was a time in the past 12 months they did not receive the dental care needed.

- In 2008 and 2017, gender was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents across gender reporting they did not receive the dental care needed.

- In 2008 and 2017, 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 dental care needed. From 2008 to 2017, there was a noted increase in the percent of respondents 18 to 54 years old reporting they did not receive the dental care needed.

- In 2008, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report they did not receive the dental care needed. From 2008 to 2017, there was a noted increase in the percent of respondents with some post high school education or less reporting they did not receive the dental care needed.

- In 2008, household income was not a significant variable. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report they did not receive the dental care needed, with a noted increase since 2008.

- In 2008 and 2017, unmarried respondents were more likely to report they did not receive the dental care needed. From 2008 to 2017, there was a noted increase in the percent of respondents across marital status reporting they did not receive the dental care needed.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported there was a time in the past 12 months they did not receive the dental care needed.

- In 2014, respondents 18 to 34 years old were more likely to report in the past 12 months they did not receive the dental care needed. In 2017, respondents 35 to 44 years old were more likely to report they did not receive the dental care needed, with a noted increase since 2014.

- In 2014 and 2017, respondents with some post high school education were more likely to report they did not receive the dental care needed. From 2014 to 2017, there was a noted increase in the percent of respondents with a high school education or less and a noted decrease in the percent of respondents with a college education reporting they did not receive the dental care needed.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report they did not receive the dental care needed. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting they did not receive the dental care needed.

- In 2014 and 2017, unmarried respondents were more likely to report they did not receive the dental care needed.

Table 9. Unmet Dental Care in Past 12 Months by Demographic Variables for Each Survey Year①

	2008	2014	2017
TOTAL[a]	7%	16%	17%
Gender			
Male[a]	5	13	15
Female[a]	9	20	20
Age[1,2,3]			
18 to 34[a]	4	31	21
35 to 44[a,b]	13	12	28
45 to 54[a]	7	16	18
55 to 64	11	11	12
65 and Older	1	5	8
Education[2,3]			
High School or Less[a,b]	9	12	20
Some Post High School[a]	7	22	24
College Graduate[b]	4	15	4
Household Income[2,3]			
Bottom 40 Percent Bracket[a,b]	11	35	23
Middle 20 Percent Bracket[a,b]	5	5	23
Top 40 Percent Bracket	6	6	12
Marital Status[1,2,3]			
Married[a]	5	8	13
Not Married[a]	10	26	22

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Unmet Mental Health Care

2017 Findings

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

- Female respondents were more likely to report in the past 12 months they did not receive the mental health care needed (8%) compared to male respondents (0%).

- Unmarried respondents were more likely to report they did not receive the mental health care needed compared to married respondents (6% and 2%, respectively).

    - Of the 15 respondents who reported not receiving mental health care needed, six respondents reported not enough time as the reason for not receiving the care needed.

Table 10. Unmet Mental Health Care in Past 12 Months by Demographic Variables for 2017[①]

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

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

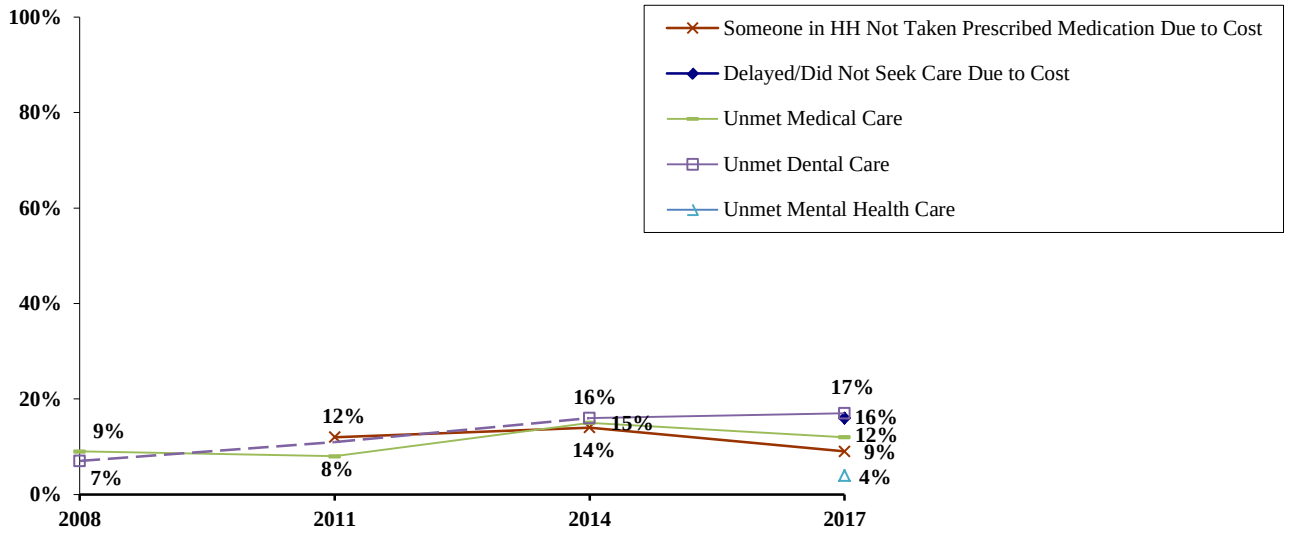
[1]demographic difference at $p \leq 0.05$ in 2017

Health Care Needed Overall

Year Comparisons

- From 2011 to 2017, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs while from 2014 to 2017, the overall percent statistically decreased. From 2008 to 2017, the overall percent statistically remained the same for respondents who reported unmet medical care, as well as from 2014 to 2017. From 2008 to 2017, the overall percent statistically increased for respondents who reported unmet dental care while from 2014 to 2017, the overall percent statistically remained the same.

Figure 5. Unmet Health Care in Past 12 Months



Caregiver to Family/Friend with Health Problem or Disability (Table 11)

KEY FINDINGS: In 2017, 29% of respondents reported during the past 30 days they provided regular care or assistance to a friend or family member who has a health problem or disability in which they are not paid as a caregiver. Thirty-seven percent of respondents reported in the next two years they expect to be a caregiver. Respondents 35 to 44 years old or with some post high school education were more likely to report both scenarios.

Caregiver in Past 30 Days

2017 Findings

- Twenty-nine percent of respondents reported during the past 30 days they provided regular care or assistance to a friend or family member who has a health problem or disability without being paid as a caregiver.

- Forty-three percent of respondents 35 to 44 years old reported during the past 30 days they provided regular care or assistance to a friend or family member who has a health problem or disability compared to 20% of respondents 18 to 34 years old or 65 and older.

- Thirty-seven percent of respondents with some post high school education reported they were a caregiver compared to 32% of those with a college education or 19% of respondents with a high school education or less.

    - Of respondents who reported they were a caregiver, 11% reported help in getting access to services as one of the most needed support services. Five percent each reported classes about giving care or getting respite care. Seventy-one percent reported they did not need support services.

Caregiver in Next Two Years

2017 Findings

- Thirty-seven percent of respondents reported in the next two years they will provide regular care or assistance to a friend or family member who has a health problem or disability without getting paid as a caregiver.

- Fifty-four percent of respondents 35 to 44 years old reported in the next two years they expect to provide care compared to 27% of those 18 to 34 years old or 26% of respondents 65 and older.

- Fifty percent of respondents with some post high school education reported they will be a caregiver in the next two years compared to 36% of those with a college education or 27% of respondents with a high school education or less.

Table 11. Caregiver to Family/Friend with Health Problem or Disability by Demographic Variables for 2017[①]

	Past 30 Days	Next 2 Years
TOTAL	29%	37%
Gender		
Male	30	37
Female	28	37
Age		
18 to 34	20[1]	27[1]
35 to 44	43[1]	54[1]
45 to 54	35[1]	43[1]
55 to 64	28[1]	39[1]
65 and Older	20[1]	26[1]
Education		
High School or Less	19[1]	27[1]
Some Post High School	37[1]	50[1]
College Graduate	32[1]	36[1]
Household Income		
Bottom 40 Percent Bracket	34	41
Middle 20 Percent Bracket	25	36
Top 40 Percent Bracket	27	37
Marital Status		
Married	30	38
Not Married	27	37

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

[1]demographic difference at $p \leq 0.05$ in 2017

Health Information and Services (Figure 6; Tables 12 - 15)

KEY FINDINGS: In 2017, 51% of respondents reported they contact a doctor when they need health information or clarification while 22% reported they go to the Internet. Nine percent reported they talk to other health professionals followed by 6% who reported themselves or a family member was in the health care field. Four percent reported family/friends. Respondents 65 and older or with a college education were more likely to report they contact a doctor. Respondents 18 to 34 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Respondents who were male, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report other health professional. Respondents 35 to 44 years old were more likely to report themselves or a family member was in the health care field and their source for health information/clarification. Respondents 35 to 44 years old or with a high school education or less were more likely to report family/friends. Eighty-seven percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 35 and older, with at least some post high school education or married were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married were more likely to report this. Forty-two percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan.

From 2005 to 2017, there was a statistical <u>decrease</u> in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2017.

Source for Health Information or Clarification

<u>2017 Findings</u>

- Fifty-one percent of respondents reported they contact a doctor when looking for health information or clarification while 22% reported they go to the Internet. Nine percent reported they talk to other health professionals followed by 6% who reported themselves or a family member was in the health care field. Four percent reported they talk to family/friends.

- Male respondents were more likely to report they talk to other health professionals for health information/clarification (14%) compared to female respondents (5%).

- Respondents 65 and older were more likely to report they contact a doctor for health information/clarification. Respondents 18 to 34 years old were more likely to report the Internet or other health professional. Respondents 35 to 44 years old were more likely to report myself/family member in health care field or family/friends compared to their counterparts.

- Respondents with a college education were more likely to report they contact a doctor for health information/clarification. Respondents with some post high school education were more likely to report the Internet for health information/clarification. Respondents with a high school education or less were more likely to report family/friends compared to their counterparts.

- Respondents in the middle 20 percent household income bracket were more likely to report the Internet as a source of health information/clarification. Respondents in the bottom 40 percent household income bracket were more likely to report other health professional for health information/clarification.

Table 12. Source for Health Information or Clarification by Demographic Variables for 2017[①]

	Doctor	Internet	Other Health Professional	Myself/Family Member in Health Care Field	Family/Friends
TOTAL	51%	22%	9%	6%	4%
Gender					
Male	50	19	14[1]	6	3
Female	54	26	5[1]	6	4
Age					
18 to 34	31[1]	33[1]	17[1]	<1[1]	5[1]
35 to 44	45[1]	22[1]	4[1]	17[1]	10[1]
45 to 54	62[1]	21[1]	11[1]	2[1]	0[1]
55 to 64	48[1]	22[1]	7[1]	9[1]	1[1]
65 and Older	74[1]	9[1]	4[1]	1[1]	3[1]
Education					
High School or Less	55[1]	15[1]	11	3	7[1]
Some Post High School	42[1]	32[1]	11	5	2[1]
College Graduate	58[1]	20[1]	4	10	0[1]
Household Income					
Bottom 40 Percent Bracket	50	12[1]	15[1]	7	5
Middle 20 Percent Bracket	44	47[1]	2[1]	2	3
Top 40 Percent Bracket	55	23[1]	8[1]	4	3
Marital Status					
Married	52	23	10	4	4
Not Married	51	21	8	7	3

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

[1]demographic difference at $p \leq 0.05$ in 2017

Primary Care Physician

2017 Findings

- Eighty-seven 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 (90%) compared to male respondents (83%).
- Ninety-seven percent of respondents 65 and older, 96% of those 35 to 44 years old or 55 to 64 years old and 95% of respondents 45 to 54 years old reported a primary care physician compared to 59% of respondents 18 to 34 years old.
- Ninety percent of respondents with at least some post high school education reported a primary care physician compared to 81% of respondents with a high school education or less.

- Married respondents were more likely to report a primary care physician compared to unmarried respondents (90% and 83%, respectively).

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

	2017
TOTAL	87%
Gender[1]	
Male	83
Female	90
Age[1]	
18 to 34	59
35 to 44	96
45 to 54	95
55 to 64	96
65 and Older	97
Education[1]	
High School or Less	81
Some Post High School	90
College Graduate	90
Household Income	
Bottom 40 Percent Bracket	85
Middle 20 Percent Bracket	87
Top 40 Percent Bracket	86
Marital Status[1]	
Married	90
Not Married	83

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

Primary Health Care Services

2017 Findings

- Fifty-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Eleven percent reported quickcare clinic/fastcare clinic. Six percent of respondents each reported public health clinic/community health center or worksite clinic. Five percent reported urgent care center. Eight percent reported no usual place.

- Female respondents were more likely to report a doctor's or nurse practitioner's office (67%) compared to male respondents (50%).

- Eighty-six percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 43% of those 35 to 44 years old or 29% of respondents 18 to 34 years old.

- Sixty-nine percent of respondents with a college education reported a doctor's or nurse practitioner's office compared to 64% of those with some post high school education or 47% of respondents with a high school education or less.

- Seventy-five percent of respondents in the middle 20 percent household income bracket reported a doctor's or nurse practitioner's office compared to 53% of respondents in the bottom 40 percent income bracket or in the top 40 percent household income bracket.

- Married respondents were more likely to report a doctor's or nurse practitioner's office compared to unmarried respondents (65% and 52%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, the overall percent statistically decreased for respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2005 and 2017, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2017, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2005, age was not a significant variable. In 2017, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2017, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting a doctor's or nurse practitioner's office.

- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2017, there was a noted decrease in the percent of respondents across education reporting a doctor's or nurse practitioner's office.

- In 2005, household income was not a significant variable. In 2017, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2017, 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 a doctor's or nurse practitioner's office.

- In 2005 and 2017, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2005 to 2017, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2014 to 2017 Year Comparisons

- From 2014 to 2017, the overall percent statistically decreased for respondents reporting their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2014 and 2017, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2017, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2014, respondents 35 to 44 years old or 65 and older were more likely to report a doctor's or nurse practitioner's office. In 2017, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2017, there was a noted decrease in the percent of respondents 18 to 44 years old reporting a doctor's or nurse practitioner's office.

- In 2014 and 2017, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2017, there was a noted decrease in the percent of respondents with a high school education or less reporting a doctor's or nurse practitioner's office.

- In 2014, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2017, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting their primary place was a doctor's or nurse practitioner's office.

- In 2014 and 2017, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2014 to 2017, there was a noted decrease in the percent of married respondents reporting their primary place was doctor's or nurse practitioner's office.

Table 14. Doctor's or Nurse Practitioner's Office for Primary Health Care Service by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL[a,b]	84%	78%	72%	70%	58%
Gender[1,2,3,4,5]					
Male[a,b]	76	68	63	61	50
Female[a,b]	90	87	81	78	67
Age[2,3,4,5]					
18 to 34[a,b]	85	68	52	43	29
35 to 44[a,b]	78	75	68	88	43
45 to 54	81	76	74	76	68
55 to 64[a]	92	93	82	68	73
65 and Older	87	88	91	88	86
Education[3,4,5]					
High School or Less[a,b]	83	72	63	62	47
Some Post High School[a]	87	80	74	72	64
College Graduate[a]	81	83	82	80	69
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket[a]	82	68	63	59	53
Middle 20 Percent Bracket	82	90	75	71	75
Top 40 Percent Bracket[a,b]	88	87	80	77	53
Marital Status[1,2,3,4,5]					
Married[a,b]	89	87	83	78	65
Not Married[a]	76	66	60	58	52

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Advance Care Plan

2017 Findings

- Forty-two percent of respondents reported they had an advance care plan, living will or health care power of attorney stating their end of life health care wishes.

- Seventy-eight percent of respondents 65 and older reported they had an advance care plan compared to 33% of those 35 to 44 years old or 16% 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 34%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, the overall percent statistically remained the same for respondents having an advance care plan.

- In 2005 and 2017, respondents 65 and older were more likely to report having an advance care plan.

- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting an advance care plan.

- In 2005, marital status was not a significant variable. In 2017, married respondents were more likely to report they had an advance care plan, with a noted increase since 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, the overall percent statistically remained the same for respondents having an advance care plan.

- In 2014 and 2017, respondents 65 and older were more likely to report having an advance care plan.

- In 2014, respondents with a college education were more likely to report having an advance care plan. In 2017, education was not a significant variable.

- In 2014, respondents in the top 40 percent household income bracket were more likely to report having an advance care plan. In 2017, household income was not a significant variable.

- In 2014 and 2017, married respondents were more likely to report having an advance care plan.

Table 15. Advance Care Plan by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL	40%	41%	38%	42%	42%
Gender[2]					
Male	39	36	36	41	46
Female	40	46	41	43	39
Age[1,2,3,4,5]					
18 to 34	17	19	13	14	16
35 to 44	34	29	13	41	33
45 to 54	24	35	44	39	37
55 to 64	53	62	49	47	57
65 and Older	74	81	80	79	78
Education[4]					
High School or Less	42	40	39	41	40
Some Post High School	34	39	34	32	43
College Graduate	41	45	43	57	44
Household Income[4]					
Bottom 40 Percent Bracket	45	35	39	37	38
Middle 20 Percent Bracket	33	41	40	34	43
Top 40 Percent Bracket[a]	30	46	33	51	44
Marital Status[2,4,5]					
Married[a]	39	49	40	51	51
Not Married	40	32	37	31	34

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

[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017

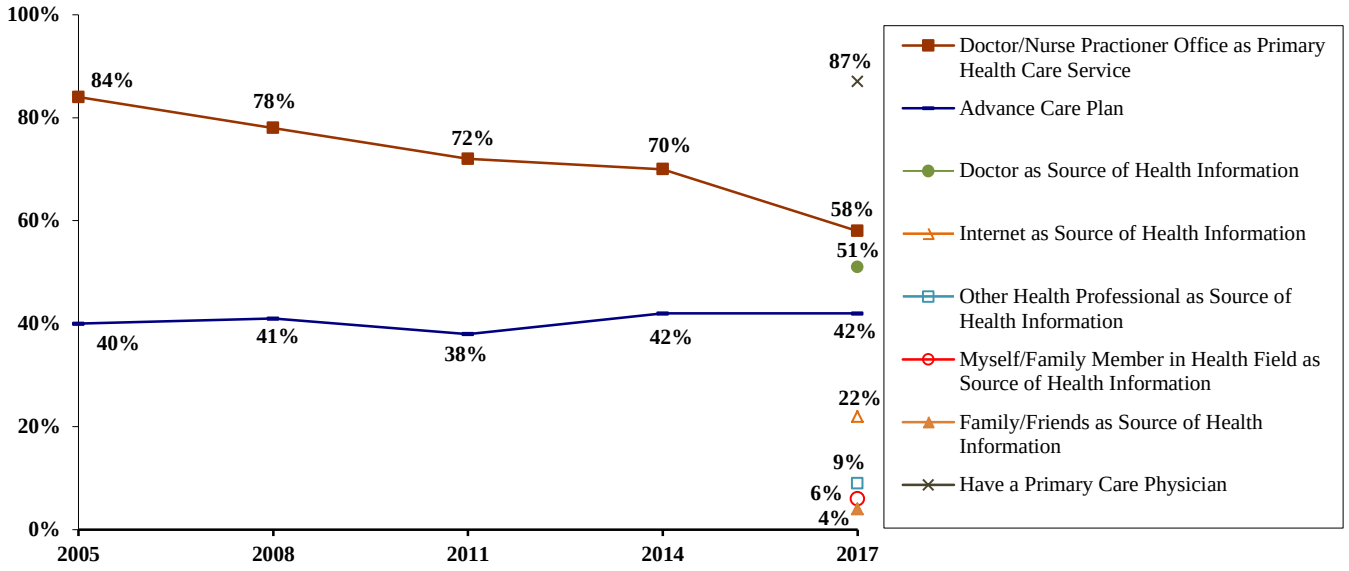
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Health Information and Services Overall

Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2017.

Figure 6. Health Information and Services



Routine Procedures (Figure 7; Tables 16 - 19)

KEY FINDINGS: In 2017, 87% of respondents reported a routine medical checkup two years ago or less while 83% reported a cholesterol test four years ago or less. Sixty-eight percent of respondents reported a visit to the dentist in the past year while 45% reported an eye exam. Respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents 45 and older, with a college education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married were more likely to report a dental checkup 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 an eye exam in the past year.

From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2017, there was a statistical increase. From 2005 to 2017, there was a statistical increase in the overall percent of respondents reporting a cholesterol test, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting an eye exam while from 2014 to 2017, there was a statistical decrease.

Routine Checkup

In 2015, 69% of Wisconsin respondents reported in the past year they had a routine checkup, 15% reported past two years, 9% past five years and 7% five or more years ago. Nationally, 70% reported past year, 13% past two years, 8% past five years and 8% five or more years ago (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-seven percent of respondents reported they had a routine checkup in the past two years.
- Female respondents were more likely to report a routine checkup in the past two years (95%) compared to male respondents (79%).
- Ninety-seven percent of respondents 55 to 64 years old and 95% of those 65 and older reported a routine checkup in the past two years compared to 71% of respondents 18 to 34 years old.
- Ninety-eight percent of respondents with a college education reported a routine checkup in the past two years compared to 83% of respondents with some post high school education or less.
- Ninety-three 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 bottom 40 percent income bracket or 79% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report a routine checkup in the past two years compared to unmarried respondents (92% and 82%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less.
- In 2005 and 2017, female respondents were more likely to report a routine checkup two years ago or less. From 2005 to 2017, there was a noted increase in the percent of female respondents reporting a routine checkup two years ago or less.
- In 2005, respondents 65 and older were more likely to report a routine checkup two years ago or less. In 2017, respondents 55 and older were more likely to report a routine checkup two years ago or less. From 2005 to 2017, there was a noted increase in the percent of respondents 55 to 64 years old reporting a routine checkup two years ago or less.
- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report a routine checkup two years ago or less, with a noted increase since 2005.
- In 2005, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. In 2017, 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 2005.
- In 2005, marital status was not a significant variable. In 2017, married respondents were more likely to report a routine checkup two years ago or less, with a noted increase since 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.

- In 2014 and 2017, female respondents were more likely to report a routine checkup two years ago or less. From 2014 to 2017, there was a noted increase in the percent of female respondents reporting a routine checkup two years ago or less.

- In 2014, respondents 65 and older were more likely to report a routine checkup two years ago or less. In 2017, respondents 55 and older were more likely to report a routine checkup two years ago or less. From 2014 to 2017, there was a noted increase in the percent of respondents 55 to 64 years old reporting a routine checkup two years ago or less.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report a routine checkup, with a noted increase since 2014.

- In 2014 and 2017, respondents in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. From 2014 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting a routine checkup two years ago or less.

- In 2014 and 2017, married respondents were more likely to report a routine checkup two years ago or less. From 2014 to 2017, there was a noted increase in the percent of respondents across marital status reporting a routine checkup two years ago or less.

Table 16. Routine Checkup Two Years Ago or Less by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL[b]	83%	78%	77%	80%	87%
Gender[1,2,3,4,5]					
Male	78	65	67	71	79
Female[a,b]	87	90	88	89	95
Age[1,2,3,4,5]					
18 to 34	76	70	64	61	71
35 to 44	80	71	75	82	87
45 to 54	81	78	79	84	92
55 to 64[a,b]	85	83	82	83	97
65 and Older	94	95	91	96	95
Education[3,5]					
High School or Less	82	75	72	79	83
Some Post High School	80	80	76	80	83
College Graduate[a,b]	87	78	87	81	98
Household Income[1,4,5]					
Bottom 40 Percent Bracket[b]	87	78	79	72	83
Middle 20 Percent Bracket	73	75	82	80	79
Top 40 Percent Bracket[a]	85	74	72	88	93
Marital Status[3,4,5]					
Married[a,b]	85	80	83	86	92
Not Married[b]	79	74	72	72	82

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Cholesterol Test

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

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

2017 Findings

- Eighty-three percent of respondents reported having their cholesterol tested four years ago or less. Six percent reported five or more years ago while 7% reported never having their cholesterol tested.

- Ninety-five percent of respondents 45 to 54 years old and 92% of those 55 and older reported a cholesterol test four years ago or less compared to 64% of respondents 18 to 34 years old.

- Ninety-two percent of respondents with a college education reported a cholesterol test four years ago or less compared to 84% of those with some post high school education or 76% of respondents with a high school education or less.

- Married respondents were more likely to report a cholesterol test four years ago or less compared to unmarried respondents (88% and 77%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2005 and 2017, gender was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of female respondents reporting a cholesterol test four years ago or less.

- In 2005, respondents 65 and older were more likely to report a cholesterol test four years ago or less. In 2017, respondents 45 and older were more likely to report a cholesterol test four years ago or less. From 2005 to 2017, there was a noted increase in the percent of respondents 45 to 54 years old reporting a cholesterol test four years ago or less.

- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report a cholesterol test four years ago or less, with a noted increase since 2005.

- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting a cholesterol test four years ago or less.

- In 2005 and 2017, married respondents were more likely to report a cholesterol test four years ago or less. From 2005 to 2017, there was a noted increase in the percent of married respondents reporting a cholesterol test four years ago or less.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less.

- In 2014, respondents 65 and older were more likely to report a cholesterol test four years ago or less. In 2017, respondents 45 and older were more likely to report a cholesterol test four years ago or less. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting a cholesterol test four years ago or less.

- In 2014 and 2017, respondents with a college education were more likely to report a cholesterol test four years ago or less. From 2014 to 2017, 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 2014, respondents in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. In 2017, household income was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a cholesterol test four years ago or less.

- In 2014 and 2017, married respondents were more likely to report a cholesterol test four years ago or less. From 2014 to 2017, there was a noted increase in the percent of unmarried respondents reporting a cholesterol test four years ago or less.

Table 17. Cholesterol Test Four Years Ago or Less by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL[a,b]	75%	74%	71%	76%	83%
Gender[2,3]					
Male	75	66	64	75	82
Female[a]	75	81	77	76	84
Age[1,2,3,4,5]					
18 to 34[b]	55	50	38	39	64
35 to 44	71	72	68	84	75
45 to 54[a,b]	81	89	81	85	95
55 to 64	83	83	87	89	92
65 and Older	89	95	92	96	92
Education[2,3,4,5]					
High School or Less	71	67	61	82	76
Some Post High School[b]	78	76	72	59	84
College Graduate[a]	77	81	84	86	92
Household Income[2,3,4]					
Bottom 40 Percent Bracket[b]	80	65	63	66	79
Middle 20 Percent Bracket[a,b]	76	70	79	79	92
Top 40 Percent Bracket	74	90	75	84	82
Marital Status[1,2,3,4,5]					
Married[a]	78	82	83	85	88
Not Married[b]	69	63	58	63	77

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Dental Checkup

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

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

In 2014, 70% of Wisconsin respondents and 65% of U.S. respondents reported they visited the dentist or dental clinic within the past year for any reason (2014 Behavioral Risk Factor Surveillance).

2017 Findings

- Sixty-eight percent of respondents reported a dental visit in the past year. An additional 21% had a visit in the past one to two years.

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

- Female respondents were more likely to report a dental visit in the past year (74%) compared to male respondents (63%).

- Eighty-two percent of respondents 45 to 54 years old reported a dental checkup in the past year compared to 62% of those 35 to 44 years old or 51% of respondents 18 to 34 years old.

- Eighty-eight percent of respondents with a college education reported a dental checkup in the past year compared to 66% of those with some post high school education or 57% of respondents with a high school education or less.

- Eighty-eight percent of respondents in the top 40 percent household income bracket reported a dental checkup in the past year compared to 57% 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 a dental visit in the past year compared to unmarried respondents (85% and 52%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.

- In 2005, gender was not a significant variable. In 2017, female respondents were more likely to report a dental checkup in the past year.

- In 2005, respondents 35 to 44 years old were more likely to report a dental checkup in the past year. In 2017, respondents 45 to 54 years old were more likely to report a dental checkup in the past year. From 2005 to 2017, there was a noted decrease in the percent of respondents 18 to 44 years old and a noted increase in the percent of respondents 45 to 54 years old or 65 and older reporting a dental checkup in the past year.

- In 2005 and 2017, respondents with a college education were more likely to report a dental checkup in the past year.

- In 2005, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. In 2017, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a dental checkup in the past year.

- In 2005 and 2017, married respondents were more likely to report a dental checkup in the past year. From 2005 to 2017, there was a noted increase in the percent of married respondents reporting a dental checkup in the past year.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported having a dental checkup in the past year.

- In 2014, gender was not a significant variable. In 2017, female respondents were more likely to report a dental checkup in the past year, with a noted increase since 2014.

- In 2014, respondents 35 to 44 years old were more likely to report a dental checkup in the past year. In 2017, respondents 45 to 54 years old were more likely to report a dental checkup in the past year, with a noted increase since 2014. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a dental checkup in the past year.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report a dental checkup in the past year, with a noted increase since 2014.

- In 2014, respondents in the top 60 percent household income bracket were more likely to report a dental checkup in the past year. In 2017, respondents in the top 40 percent household income bracket were more likely to report a dental checkup in the past year, with a noted increase since 2014. From 2014 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting a dental checkup in the past year.

- In 2014 and 2017, married respondents were more likely to report a dental checkup in the past year.

Table 18. Dental Checkup Less than One Year Ago by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL	68%	70%	62%	66%	68%
Gender[2,5]					
Male	72	62	58	69	63
Female[b]	66	77	67	63	74
Age[1,2,4,5]					
18 to 34[a]	74	55	55	54	51
35 to 44[a,b]	77	76	59	78	62
45 to 54[a,b]	68	73	68	61	82
55 to 64	65	80	67	70	77
65 and Older[a]	54	73	64	73	72
Education[1,2,3,5]					
High School or Less	63	55	53	60	57
Some Post High School	64	73	60	72	66
College Graduate[b]	83	90	81	68	88
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	61	54	51	46	54
Middle 20 Percent Bracket[a,b]	76	80	70	80	57
Top 40 Percent Bracket[a,b]	78	90	77	77	88
Marital Status[1,2,3,4,5]					
Married[a]	75	83	73	79	85
Not Married	57	54	52	49	52

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Eye Exam

2017 Findings

- Forty-five percent of respondents had an eye exam in the past year while 37% reported one to two years ago. Ten percent reported five or more years ago.

- Female respondents were more likely to report an eye exam in the past year (53%) compared to male respondents (37%).

- Sixty-four percent of respondents 65 and older reported an eye exam in the past year compared to 36% of those 35 to 44 years old or 35% of respondents 18 to 34 years old.

- Sixty-two percent of respondents with a college education reported an eye exam in the past year compared to 42% of those with some post high school education or 37% of respondents with a high school education or less.

- Forty-nine percent of respondents in the top 40 percent household income bracket reported an eye exam in the past year compared to 39% of those in the bottom 40 percent income bracket or 28% of respondents in the middle 20 percent household income bracket.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2005 and 2017, female respondents were more likely to report an eye exam less than a year ago.

- In 2005 and 2017, respondents 65 and older were more likely to report an eye exam less than a year ago.

- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report an eye exam less than a year ago, with a noted increase since 2005.

- In 2005, respondents in the middle 20 percent household income bracket were more likely to report an eye exam less than a year ago. In 2017, respondents in the top 40 percent household income bracket were more likely to report an eye exam less than a year ago, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting an eye exam less than a year ago.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported an eye exam less than a year ago.

- In 2014, male respondents were more likely to report an eye exam less than a year ago. In 2017, female respondents were more likely to report an eye exam less than a year ago. From 2014 to 2017, there was a noted decrease in the percent of male respondents reporting an eye exam less than a year ago.

- In 2014, respondents 35 to 44 years old were more likely to report an eye exam less than a year ago. In 2017, respondents 65 and older were more likely to report an eye exam less than a year ago. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting an eye exam less than a year ago.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report an eye exam less than a year ago. From 2014 to 2017, 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 2014, respondents in the top 60 percent household income bracket were more likely to report an eye exam less than a year ago. In 2017, respondents in the top 40 percent household income bracket were more likely to report an eye exam less than a year ago. From 2014 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting an eye exam.

- In 2014 and 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of married respondents reporting an eye exam less than a year ago.

Table 19. Eye Exam Less than One Year Ago by Demographic Variables for Each Survey Year①

	2005	2008	2011	2014	2017
TOTAL[b]	42%	42%	42%	53%	45%
Gender[1,2,3,4,5]					
Male[b]	32	37	35	59	37
Female	50	47	50	47	53
Age[1,2,3,4,5]					
18 to 34	41	32	30	40	35
35 to 44[b]	39	40	46	71	36
45 to 54	32	49	33	43	45
55 to 64	33	39	45	57	45
65 and Older	59	55	65	61	64
Education[5]					
High School or Less[b]	43	41	49	53	37
Some Post High School	44	43	40	50	42
College Graduate[a]	37	42	35	56	62
Household Income[1,2,4,5]					
Bottom 40 Percent Bracket	42	37	45	42	39
Middle 20 Percent Bracket[a,b]	47	42	43	58	28
Top 40 Percent Bracket[a]	28	57	37	57	49
Marital Status					
Married[b]	39	45	44	57	43
Not Married	46	37	41	47	47

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

[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017

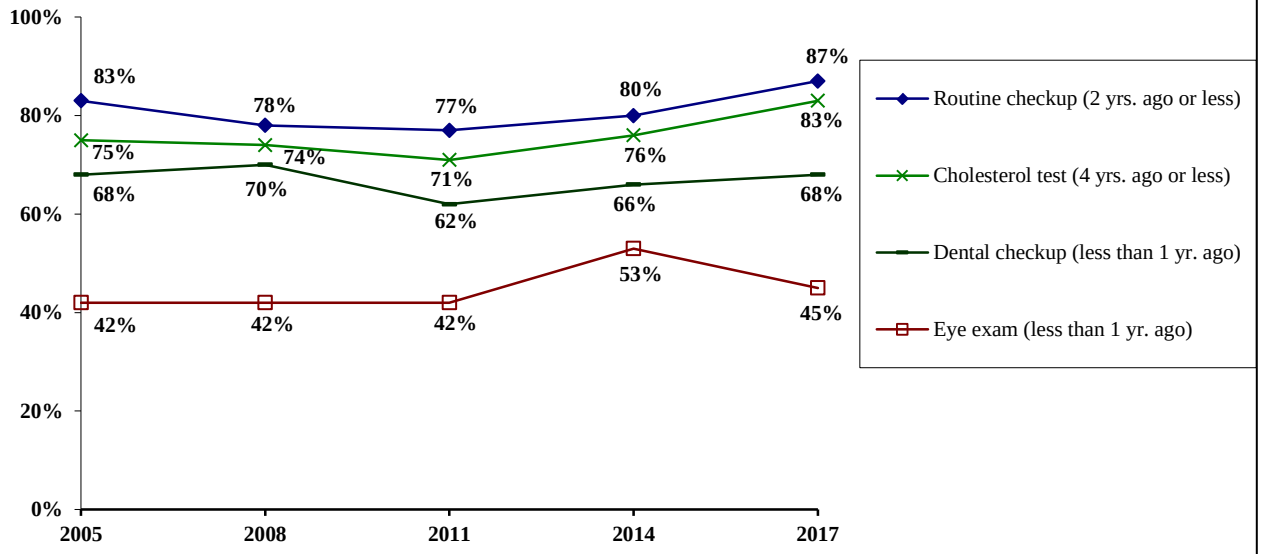
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Routine Procedures Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup while from 2014 to 2017, there was a statistical increase. From 2005 to 2017, there was a statistical increase in the overall percent of respondents reporting a cholesterol test, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting an eye exam while from 2014 to 2017, there was a statistical decrease.

Figure 7. Routine Procedures



Vaccinations (Figure 8; Table 20)

KEY FINDINGS: In 2017, 47% of respondents had a flu vaccination 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 were more likely to report a flu vaccination. Seventy-five percent of respondents 65 and older had a pneumonia vaccination in their lifetime.

Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2017.

Flu Vaccination

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

In 2015, 53% of Wisconsin respondents and 61% of U.S. respondents 65 and older reported they received a flu vaccination in the past year (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Forty-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 (55%) compared to male respondents (39%).
- Seventy-six percent of respondents 65 and older reported receiving a flu vaccination compared to 39% of those 35 to 44 years old or 35% of respondents 18 to 34 years old.
- Sixty-nine percent of respondents with a college education reported receiving a flu vaccination compared to 41% of those with some post high school education or 38% of respondents with a high school education or less.
- Fifty-five percent of respondents in the top 40 percent household income bracket reported receiving a flu vaccination compared to 42% of those in the bottom 40 percent income bracket or 39% of respondents in the middle 20 percent household income bracket.
- Married respondents were more likely to report receiving a flu vaccination compared to unmarried respondents (55% and 39%, respectively).

2005 to 2017 Year Comparisons

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

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.
- In 2005 and 2017, female respondents were more likely to report a flu vaccination. From 2005 to 2017, there was a noted increase in the percent of respondents across gender reporting a flu vaccination.
- In 2005 and 2017, respondents 65 and older were more likely to report a flu vaccination. From 2005 to 2017, there was a noted increase in the percent of respondents across age reporting a flu vaccination.
- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report a flu vaccination. From 2005 to 2017, there was a noted increase in the percent of respondents across education reporting a flu vaccination.
- In 2005, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report a flu vaccination. From 2005 to 2017, there was a noted increase in the percent of respondents across household income reporting a flu vaccination.
- In 2005, marital status was not a significant variable. In 2017, married respondents were more likely to report a flu vaccination. From 2005 to 2017, there was a noted increase in the percent of respondents across marital status reporting a flu vaccination.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents 18 and older as well as respondents 65 and older who reported a flu vaccination in the past 12 months.

- In 2014, gender was not a significant variable. In 2017, female respondents were more likely to report a flu vaccination, with a noted increase since 2014.

- In 2014 and 2017, respondents 65 and older were more likely to report a flu vaccination. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting a flu vaccination.

- In 2014 and 2017, respondents with a college education were more likely to report a flu vaccination. From 2014 to 2017, there was a noted increase in the percent of respondents with a college education reporting a flu vaccination.

- In 2014, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report a flu vaccination.

- In 2014 and 2017, married respondents were more likely to report a flu vaccination.

Table 20. Flu Vaccination by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL[a]	20%	29%	32%	42%	47%
Gender[1,2,5]					
Male[a]	14	17	30	38	39
Female[a,b]	24	41	34	45	55
Age[1,2,3,4,5]					
18 to 34[a,b]	7	12	20	17	35
35 to 44[a]	11	18	16	44	39
45 to 54[a]	15	32	31	41	42
55 to 64[a]	20	40	39	48	44
65 and Older[a]	45	58	57	68	76
Education[4,5]					
High School or Less[a]	20	24	34	38	38
Some Post High School[a]	19	30	31	36	41
College Graduate[a,b]	19	35	29	56	69
Household Income[5]					
Bottom 40 Percent Bracket[a]	22	29	35	42	42
Middle 20 Percent Bracket[a]	20	35	28	31	39
Top 40 Percent Bracket[a]	14	22	31	47	55
Marital Status[4,5]					
Married[a]	18	31	31	48	55
Not Married[a]	22	27	32	33	39

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Pneumonia Vaccination

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

In 2015, 77% of Wisconsin respondents and 73% of U.S. respondents 65 and older reported they received a pneumonia shot (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Seventy-five percent of respondents 65 and older reported they received a pneumonia vaccination in their lifetime.

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

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.

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

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime.

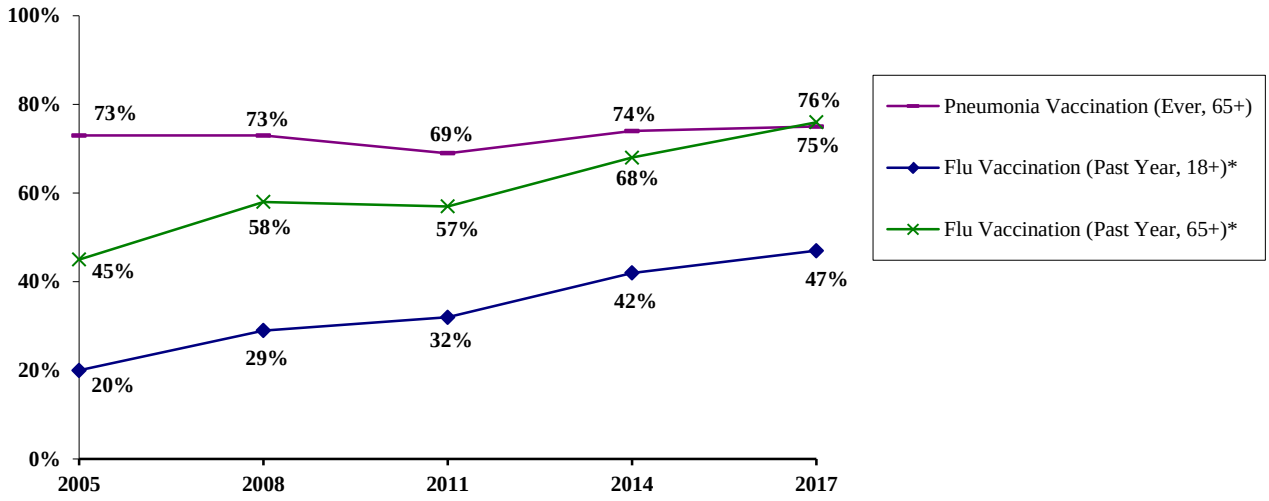
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

Vaccinations Overall

Year Comparisons

- Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2014 to 2017.

Figure 8. Vaccinations



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

Prevalence of Select Health Conditions (Figures 9 & 10; Tables 21 - 26)

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

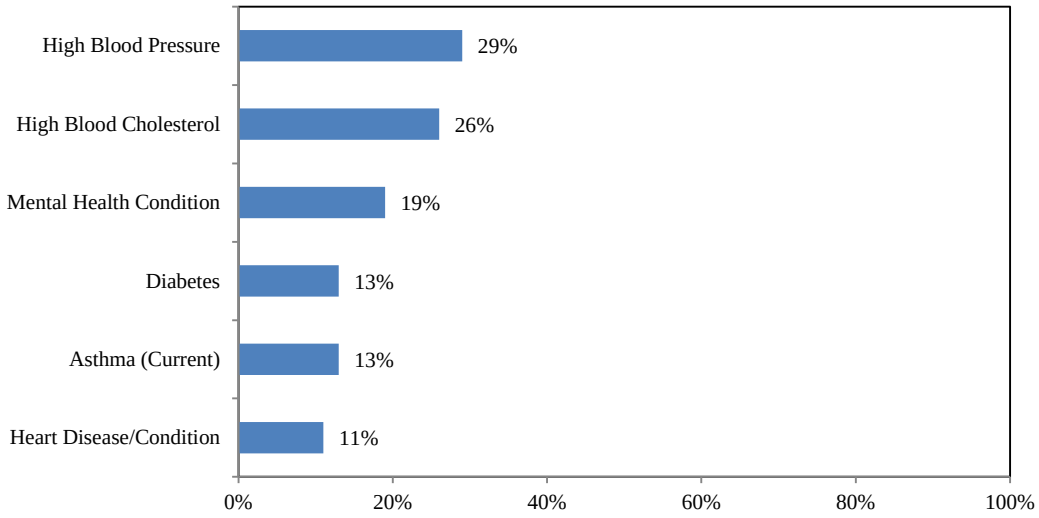
KEY FINDINGS: In 2017, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (29%). Respondents 65 and older, with a college education, who were overweight or inactive were more likely to report high blood pressure. Twenty-six percent of respondents reported high blood cholesterol; respondents 65 and older, with a college education or overweight respondents were more likely to report this. Nineteen percent reported a mental health condition. Respondents who were female, 35 to 44 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition in the past three years. Thirteen percent of respondents reported diabetes; respondents who were 65 and older, overweight or inactive were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease in the past three years. Respondents who were 65 and older or overweight were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents with some post high school education, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this.

From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, diabetes or current asthma while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2014 to 2017.

2017 Findings

- Respondents were more likely to report high blood pressure (29%) in the past three years out of six health conditions listed.

Figure 9. Health Conditions in Past Three Years for 2017



High Blood Pressure

2017 Findings

- Twenty-nine 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 (57%) compared to those 18 to 34 years old (19%) or respondents 35 to 44 years old (17%).
- Respondents with a college education were more likely to report high blood pressure (38%) compared to those with a high school education or less (33%) or respondents with some post high school education (18%).
- Thirty-eight percent of overweight respondents reported high blood pressure compared to 15% of respondents who were not overweight.
- Inactive respondents were more likely to report high blood pressure (43%) compared to those who did an insufficient amount of physical activity (35%) or respondents who met the recommended amount of physical activity (21%).
    - Of the 116 respondents who reported high blood pressure, 91% had it under control through medication, exercise or lifestyle changes.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure.

- In 2005 and 2017, respondents 65 and older were more likely to report high blood pressure. From 2005 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting high blood pressure.

- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report high blood pressure, with a noted increase since 2005.

- In 2005, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. In 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.

- In 2005, unmarried respondents were more likely to report high blood pressure. In 2017, marital status was not a significant variable.

- In 2005 and 2017, overweight respondents were more likely to report high blood pressure. From 2005 to 2017, there was a noted increase in the percent of overweight respondents reporting high blood pressure.

- In 2005, nonsmokers were more likely to report high blood pressure. In 2017, smoking status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of smokers reporting high blood pressure.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2014 to 2017, there was no statistical change in the overall percent of respondents with high blood pressure reporting it was under control through medication, exercise or lifestyle changes (94% and 91%, respectively).

- In 2014 and 2017, respondents 65 and older were more likely to report high blood pressure. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting high blood pressure.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report high blood pressure.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. In 2017, household income was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.

- In 2014 and 2017, overweight respondents were more likely to report high blood pressure.

- In 2014, respondents who did not meet the recommended amount of physical activity were more likely to report high blood pressure. In 2017, inactive respondents were more likely to report high blood pressure.

Table 21. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	25%	23%	24%	28%	29%
Gender					
Male	25	21	26	27	32
Female	24	25	23	29	26
Age[1,2,3,4,5]					
18 to 34[a,b]	7	9	<1	6	19
35 to 44	17	3	17	10	17
45 to 54[b]	20	30	19	36	21
55 to 64	37	35	31	33	33
65 and Older	52	55	62	62	57
Education[5]					
High School or Less	30	25	30	29	33
Some Post High School	22	19	20	28	18
College Graduate[a]	21	23	21	27	38
Household Income[1,3,4]					
Bottom 40 Percent Bracket[b]	34	27	29	37	26
Middle 20 Percent Bracket	27	27	25	20	27
Top 40 Percent Bracket[a,b]	9	19	13	18	29
Marital Status[1]					
Married	18	21	24	24	25
Not Married	36	25	25	33	33
Overweight Status[1,2,3,4,5]					
Not Overweight	17	14	12	16	15
Overweight[a]	29	27	32	34	38
Physical Activity[3,4,5]					
Inactive	--	24	39	37	43
Insufficient	--	24	20	40	35
Recommended	--	20	24	16	21
Smoking Status[1,3]					
Nonsmoker	29	24	27	30	28
Smoker[a]	9	21	17	21	33

[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]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

High Blood Cholesterol

2017 Findings

- Twenty-six percent of respondents reported high blood cholesterol in the past three years.
- Respondents 65 and older were more likely to report high blood cholesterol in the past three years (49%) compared to those 35 to 54 years old (25%) or respondents 18 to 34 years old (11%).
- College respondents were more likely to report high blood cholesterol (35%) compared to those with a high school education or less (25%) or respondents with some post high school education (20%).
- Thirty-seven percent of overweight respondents reported high blood cholesterol compared to 10% of respondents who were not overweight.
    - Of the 104 respondents who reported high blood cholesterol, 84% had it under control through medication, exercise or lifestyle changes.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol.
- In 2005, respondents 55 and older were more likely to report high blood cholesterol. In 2017, respondents 65 and older were more likely to report high blood cholesterol, with a noted increase since 2005.
- In 2005, education was not a significant variable. In 2017, respondents with a college education were more likely to report high blood cholesterol, with a noted increase since 2005.
- In 2005, respondents in the middle 20 percent household income bracket were more likely to report high blood cholesterol. In 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting high blood cholesterol.
- In 2005 and 2017, marital status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of married respondents reporting high blood cholesterol.
- In 2005, overweight status was not a significant variable. In 2017, overweight respondents were more likely to report high blood cholesterol, with a noted increase since 2005.
- In 2005 and 2017, smoking status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of nonsmokers reporting high blood cholesterol.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported high blood cholesterol. From 2014 to 2017, there was no statistical change in the overall percent of respondents with high blood cholesterol reporting it was under control through medication, exercise or lifestyle changes (83% and 84%, respectively).
- In 2014 and 2017, respondents 65 and older were more likely to report high blood cholesterol. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting high blood cholesterol.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report high blood cholesterol.

- In 2014 and 2017, overweight respondents were more likely to report high blood cholesterol.

Table 22. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL[a]	19%	22%	25%	27%	26%
Gender					
Male	19	20	24	25	27
Female	18	25	26	29	26
Age[1,2,3,4,5]					
18 to 34[b]	5	14	3	0	11
35 to 44	20	7	23	31	25
45 to 54	17	34	31	30	25
55 to 64	29	35	25	37	27
65 and Older[a]	26	34	49	47	49
Education[2,5]					
High School or Less	19	28	30	25	25
Some Post High School	16	23	23	25	20
College Graduate[a]	20	12	20	31	35
Household Income[1]					
Bottom 40 Percent Bracket[a]	13	25	26	31	26
Middle 20 Percent Bracket	32	27	18	28	30
Top 40 Percent Bracket[a]	13	20	21	20	24
Marital Status					
Married[a]	16	23	24	29	25
Not Married	23	20	25	23	27
Overweight Status[3,4,5]					
Not Overweight	16	19	12	16	10
Overweight[a]	20	24	32	33	37
Physical Activity					
Inactive	--	24	27	31	35
Insufficient	--	18	20	32	30
Recommended	--	24	29	23	21
Smoking Status[2]					
Nonsmoker[a]	20	19	26	26	28
Smoker	14	30	21	30	18

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Mental Health Condition

2017 Findings

- Nineteen 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 (27%) compared to male respondents (11%).

- Twenty-eight percent of respondents 35 to 44 years old reported a mental health condition compared to 12% of those 65 and older or 8% of respondents 55 to 64 years old.

- Twenty-three percent of respondents with some post high school education or less reported a mental health condition compared to 9% of respondents with a college education.

- Thirty percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 15% of those in the middle 20 percent income bracket or 10% 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 (24% and 13%, respectively).

    - Of the 75 respondents who reported a mental health condition, 93% had it under control through medication, therapy or lifestyle changes.

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was no statistical change in the overall percent of respondents reporting a mental health condition.

- In 2008 and 2017, female respondents were more likely to report a mental health condition.

- In 2008, respondents 18 to 34 years old were more likely to report a mental health condition. In 2017, respondents 35 to 44 years old were more likely to report a mental health condition. From 2008 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting a mental health condition.

- In 2008, education was not a significant variable. In 2017, respondents with some post high school education or less were more likely to report a mental health condition.

- In 2008, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition, with a noted increase since 2008.

- In 2008, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report a mental health condition.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents reporting a mental health condition. From 2014 to 2017, there was no statistical change in the overall percent of respondents with a mental health condition reporting it was under control through medication, therapy or lifestyle changes (84% and 93%, respectively).

- In 2014 and 2017, female respondents were more likely to report a mental health condition.

- In 2014, respondents 45 to 54 years old were more likely to report a mental health condition. In 2017, respondents 35 to 44 years old were more likely to report a mental health condition.

- In 2014, education was not a significant variable. In 2017, respondents with some post high school education or less were more likely to report a mental health condition.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.

- In 2014 and 2017, unmarried respondents were more likely to report a mental health condition.

Table 23. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year[①]

	2008	2011	2014	2017
TOTAL	15%	14%	20%	19%
Gender[1,2,3,4]				
Male	10	10	14	11
Female	21	18	26	27
Age[1,2,3,4]				
18 to 34	25	21	21	24
35 to 44[a]	11	20	19	28
45 to 54[a]	10	13	31	21
55 to 64	11	6	12	8
65 and Older	14	8	13	12
Education[4]				
High School or Less	17	18	21	23
Some Post High School	17	13	20	23
College Graduate	12	9	16	9
Household Income[2,3,4]				
Bottom 40 Percent Bracket[a]	20	29	30	30
Middle 20 Percent Bracket	15	4	14	15
Top 40 Percent Bracket	10	2	10	10
Marital Status[2,3,4]				
Married	12	3	16	13
Not Married	19	25	24	24

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Diabetes

2017 Findings

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

- Twenty-one percent of respondents 65 and older reported diabetes in the past three years compared to 7% of those 55 to 64 years old or 5% of respondents 18 to 34 years old.

- Overweight respondents were more likely to report diabetes (20%) compared to respondents who were not overweight (1%).

- Twenty-four percent of inactive respondents reported diabetes compared to 18% of those who did an insufficient amount of physical activity or 6% of respondents who met the recommended amount of physical activity.

    - Of the 52 respondents who reported diabetes, 98% had it under control through medication, exercise or lifestyle changes.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported diabetes.

- In 2005, female respondents were more likely to report diabetes. In 2017, gender was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of male respondents reporting diabetes.

- In 2005, respondents 55 and older were more likely to report diabetes. In 2017, respondents 65 and older were more likely to report diabetes. From 2005 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting diabetes.

- In 2005 and 2017, education was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents with a college education reporting diabetes.

- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting diabetes.

- In 2005 and 2017, overweight respondents were more likely to report diabetes. From 2005 to 2017, there was a noted increase in the percent of overweight respondents reporting diabetes.

- In 2005, nonsmokers were more likely to report diabetes. In 2017, smoking status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of smokers reporting diabetes.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported diabetes. From 2014 to 2017, there was no statistical change in the overall percent of respondents with diabetes reporting it was under control through medication, exercise or lifestyle changes (100% and 98%, respectively).

- In 2014 and 2017, respondents 65 and older were more likely to report diabetes. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old and a noted decrease in the percent of respondents 55 to 64 years old reporting diabetes.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2017, household income was not a significant variable.

- In 2014 and 2017, overweight respondents were more likely to report diabetes.

- In 2014 and 2017, inactive respondents were more likely to report diabetes.

Table 24. Diabetes in Past Three Years by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL[a]	7%	8%	8%	12%	13%
Gender[1]					
Male[a]	3	7	9	12	13
Female	10	8	8	12	13
Age[1,2,3,4,5]					
18 to 34[b]	1	3	0	0	5
35 to 44[a]	4	7	7	12	17
45 to 54[a,b]	4	9	2	6	18
55 to 64[b]	17	11	8	19	7
65 and Older	14	15	25	26	21
Education					
High School or Less	9	10	10	13	13
Some Post High School	8	8	9	8	11
College Graduate[a]	3	4	4	13	15
Household Income[4]					
Bottom 40 Percent Bracket[a]	7	11	9	20	16
Middle 20 Percent Bracket	8	3	7	5	11
Top 40 Percent Bracket	3	6	4	5	10
Marital Status					
Married	6	6	7	10	11
Not Married	9	11	9	14	15
Overweight Status[1,2,3,4,5]					
Not Overweight	3	<1	1	4	1
Overweight[a]	8	10	12	16	20
Physical Activity[4,5]					
Inactive	--	6	14	24	24
Insufficient	--	9	8	13	18
Recommended	--	8	8	8	6
Smoking Status[1]					
Nonsmoker	9	7	9	12	13
Smoker[a]	1	11	6	11	13

[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]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Heart Disease/Condition

2017 Findings

- Eleven percent of respondents reported heart disease or condition in the past three years.
- Respondents 65 and older were more likely to report heart disease/condition in the past three years (28%) compared to respondents 45 to 54 years old (2%).
- Fourteen percent of overweight respondents reported heart disease/condition compared to 6% of respondents who were not overweight.
    - Of the 42 respondents who reported heart disease/condition, 93% had it under control through medication, exercise or lifestyle changes.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported heart disease/condition.
- In 2005, respondents 55 and older were more likely to report heart disease/condition. In 2017, respondents 65 and older were more likely to report heart disease/condition. From 2005 to 2017, there was a noted increase in the percent of respondents 18 to 44 years old and a noted decrease in the percent of respondents 55 to 64 years old reporting heart disease/condition.
- In 2005, overweight status was not a significant variable. In 2017, overweight respondents were more likely to report heart disease/condition, with a noted increase since 2005.
- In 2005, nonsmokers were more likely to report heart disease/condition. In 2017, smoking status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of smokers reporting heart disease/condition.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported heart disease/condition. From 2014 to 2017, there was no statistical change in the overall percent of respondents with a heart disease/condition reporting it was under control through medication, exercise or lifestyle changes (90% and 93%, respectively).
- In 2014 and 2017, respondents 65 and older were more likely to report heart disease/condition. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 55 to 64 years old reporting heart disease/condition.
- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. In 2017, household income was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting heart disease/condition.
- In 2014 and 2017, overweight respondents were more likely to report heart disease/condition.
- In 2014, nonsmokers were more likely to report heart disease/condition. In 2017, smoking status was not a significant variable.

Table 25. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	9%	7%	8%	12%	11%
Gender					
Male	10	6	8	13	12
Female	8	7	7	11	10
Age[1,2,3,4,5]					
18 to 34[a,b]	0	<1	2	0	8
35 to 44[a]	1	2	6	7	9
45 to 54	7	1	4	8	2
55 to 64[a,b]	22	11	7	19	8
65 and Older	21	23	21	30	28
Education					
High School or Less	11	8	8	11	12
Some Post High School	8	6	8	13	9
College Graduate	7	6	6	12	10
Household Income[4]					
Bottom 40 Percent Bracket[b]	11	7	9	17	8
Middle 20 Percent Bracket	6	3	4	13	8
Top 40 Percent Bracket	6	2	5	6	9
Marital Status					
Married	8	6	6	11	8
Not Married	10	8	9	13	13
Overweight Status[3,4,5]					
Not Overweight	8	5	2	6	6
Overweight[a]	8	8	11	15	14
Physical Activity[2,3]					
Inactive	--	14	16	21	16
Insufficient	--	5	4	8	8
Recommended	--	5	8	12	11
Smoking Status[1,4]					
Nonsmoker	11	8	7	15	11
Smoker[a]	2	3	9	3	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Current Asthma

In 2015, 10% of Wisconsin respondents and 9% of U.S. respondents reported they were told they currently have asthma (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Thirteen percent of respondents reported they currently have asthma.
- Respondents with some post high school education were more likely to report current asthma (19%) compared to those with a high school education or less (11%) and respondents with a college education (6%).
- Sixteen percent of respondents in the bottom 60 percent household income bracket reported current asthma compared to 5% of respondents in the top 40 percent household income bracket.
- Unmarried respondents were more likely to report current asthma compared to married respondents (17% and 8%, respectively).
    - Of the 49 respondents who reported current asthma, 76% had it under control through medication, therapy or lifestyle changes.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported current asthma.
- In 2005 and 2017, gender was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of female respondents reporting current asthma.
- In 2005 and 2017, age was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old reporting current asthma.
- In 2005, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2005.
- In 2005, household income was not a significant variable. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report current asthma, with a noted increase since 2005.
- In 2005, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report current asthma, with a noted increase since 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported current asthma. From 2014 to 2017, there was a statistical decrease in the overall percent of respondents with current asthma reporting it was under control through medication, therapy or lifestyle changes (97% and 76%, respectively).
- In 2014, female respondents were more likely to report current asthma. In 2017, gender was not a significant variable.
- In 2014, respondents 45 and older were more likely to report current asthma. In 2017, age was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting current asthma.

- In 2014, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2014.

- In 2014, household income was not a significant variable. In 2017, respondents in the bottom 60 percent household income bracket were more likely to report current asthma.

- In 2014, marital status was not a significant variable. In 2017, unmarried respondents were more likely to report current asthma, with a noted increase since 2014.

Table 26. Current Asthma by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL[a]	6%	7%	7%	9%	13%
Gender[4]					
Male	6	9	6	5	10
Female[a]	7	6	8	13	15
Age[4]					
18 to 34[b]	9	12	8	3	17
35 to 44[a]	4	8	3	4	13
45 to 54[a]	3	3	7	14	12
55 to 64	8	2	11	13	11
65 and Older	8	7	6	12	7
Education[5]					
High School or Less	7	9	5	9	11
Some Post High School[a,b]	6	8	10	10	19
College Graduate	6	3	6	7	6
Household Income[5]					
Bottom 40 Percent Bracket[a]	7	9	7	10	16
Middle 20 Percent Bracket[a]	4	2	12	10	16
Top 40 Percent Bracket	7	6	3	6	5
Marital Status[5]					
Married	6	7	6	11	8
Not Married[a,b]	6	7	8	7	17

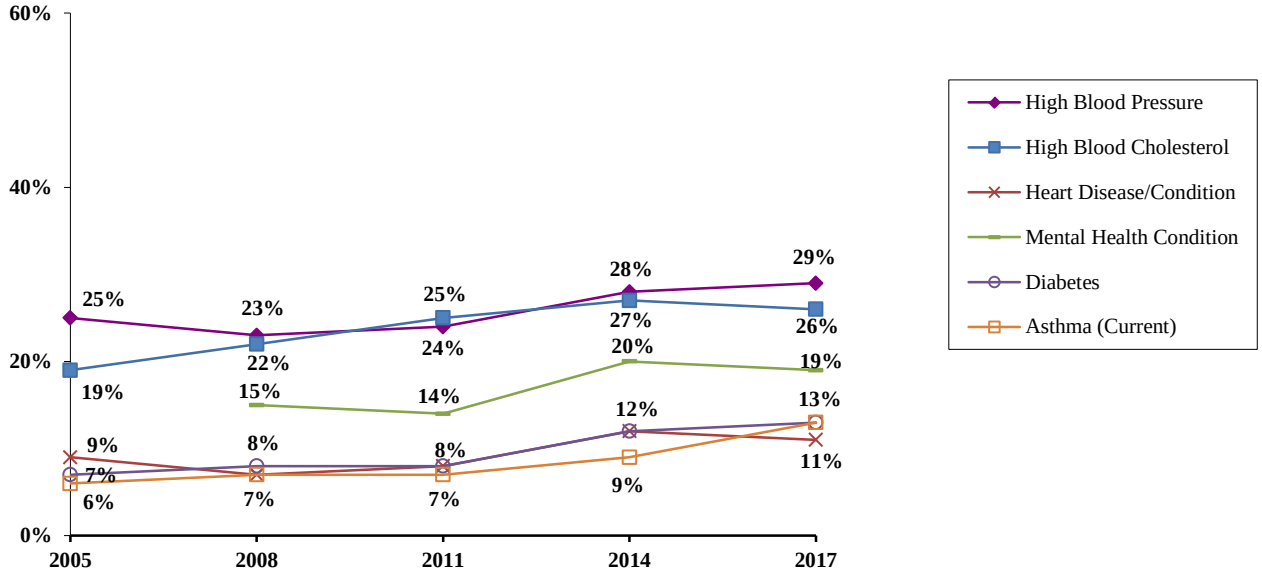
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Health Conditions Overall

Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, diabetes or current asthma while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a mental health condition, as well as from 2014 to 2017.

Figure 10. Health Conditions in Past Three Years



Physical Activity (Figures 11 & 12; Tables 27 - 29)

KEY FINDINGS: In 2017, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 50% met the recommended amount of physical activity; respondents who were male, 18 to 34 years old or not overweight were more likely to report this.

From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2017.

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).

2017 Findings

- Forty percent of all respondents did moderate physical activity at least five times a week for 30 minutes or more. Forty-six percent did some moderate activity while 14% did not do any moderate physical activity.

- Male respondents were more likely to meet the recommended amount of moderate physical activity (47%) compared to female respondents (33%).

- Seventy percent of respondents 18 to 34 years old met the recommended amount of moderate physical activity compared to 30% of those 55 to 64 years old or 23% of respondents 35 to 44 years old.

- Forty-eight percent of respondents with a high school education or less met the recommended amount of moderate physical activity compared to 35% of those with some post high school education or 33% of respondents with a college education.

- Unmarried respondents were more likely to meet the recommended amount of moderate physical activity compared to married respondents (48% and 31%, respectively).

- Respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity (59%) compared to overweight respondents (28%).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2005, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2005.

- In 2005, respondents 35 to 44 years old were more likely to meet the recommended amount of moderate physical activity. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old meeting the recommended amount of moderate physical activity.

- In 2005, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2005.

- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of moderate physical activity.

- In 2005, marital status was not a significant variable. In 2017, unmarried respondents were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2005.

- In 2005, overweight status was not a significant variable. In 2017, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity, with a noted increase since 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of moderate physical activity in a week.

- In 2014, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of moderate physical activity.

- In 2014 and 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of moderate physical activity. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old meeting the recommended amount of moderate physical activity.

- In 2014, education was not a significant variable. In 2017, respondents with a high school education or less were more likely to meet the recommended amount of moderate physical activity.

- In 2014, marital status was not a significant variable. In 2017, unmarried respondents were more likely to meet the recommended amount of moderate physical activity. From 2014 to 2017, there was a noted decrease in the percent of married respondents meeting the recommended amount of moderate physical activity.

- In 2014 and 2017, respondents who were not overweight were more likely to meet the recommended amount of moderate physical activity. From 2014 to 2017, there was a noted decrease in the percent of overweight respondents meeting the recommended amount of moderate physical activity.

Table 27. Recommended Moderate Physical Activity by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	33%	32%	42%	43%	40%
Gender[3,5]					
Male[a]	35	33	34	45	47
Female	32	30	50	42	33
Age[1,4,5]					
18 to 34[a]	22	35	41	61	70
35 to 44[a,b]	46	20	43	46	23
45 to 54	42	33	43	28	32
55 to 64	38	28	42	33	30
65 and Older	23	40	39	42	33
Education[5]					
High School or Less[a]	29	35	44	44	48
Some Post High School	34	27	35	41	35
College Graduate	39	30	48	44	33
Household Income					
Bottom 40 Percent Bracket[a]	31	31	46	36	42
Middle 20 Percent Bracket	40	28	34	52	38
Top 40 Percent Bracket	34	34	42	42	37
Marital Status[5]					
Married[b]	36	33	38	44	31
Not Married[a]	29	30	45	41	48
Overweight Status[3,4,5]					
Not Overweight[a]	36	35	51	56	59
Overweight[b]	31	30	35	36	28

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Recommended moderate physical activity is 5 times/30+ minutes in a week.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Vigorous Physical Activity in Usual Week

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

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

2017 Findings

- Thirty-eight percent of respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more. Twenty-six percent did some vigorous physical activity while 37% did not do any vigorous physical activity.

- Male respondents were more likely to meet the recommended amount of vigorous physical activity (51%) compared to female respondents (25%).

- Sixty-five percent of respondents 18 to 34 years old met the recommended amount of vigorous physical activity compared to 18% of those 65 and older or 16% of respondents 55 to 64 years old.

- Respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity (48%) compared to overweight respondents (31%).

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2008 and 2017, male respondents were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2017, there was a noted increase in the percent of male respondents meeting the recommended amount of vigorous physical activity.

- In 2008, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2017, 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 2008, respondents with a college education were more likely to meet the recommended amount of vigorous physical activity. In 2017, education was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents with a high school education or less meeting the recommended amount of vigorous physical activity.

- In 2008, respondents in the top 40 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2017, household income was not a significant variable. From 2008 to 2017, 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 2008, married respondents were more likely to meet the recommended amount of vigorous physical activity. In 2017, marital status was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of vigorous physical activity.

- In 2008, overweight status was not a significant variable. In 2017, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2008 to 2017, there was a noted increase in the percent of respondents across overweight status meeting the recommended amount of vigorous physical activity.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of vigorous physical activity in a week.

- In 2014, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of vigorous physical activity, with a noted increase since 2014.

- In 2014 and 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of vigorous physical activity. From 2014 to 2017, 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 2014 and 2017, education was not a significant variable. From 2014 to 2017, there was as noted increase in the percent of respondents with a college education meeting the recommended amount of vigorous physical activity.

- In 2014, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of vigorous physical activity. In 2017, household income was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket meeting the recommended amount of vigorous physical activity.

- In 2014 and 2017, marital status was not a significant variable. From 2014 to 2017, there was as noted increase in the percent of unmarried respondents meeting the recommended amount of vigorous physical activity.

- In 2014 and 2017, respondents who were not overweight were more likely to meet the recommended amount of vigorous physical activity. From 2014 to 2017, there was a noted increase in the percent of overweight respondents meeting the recommended amount of vigorous physical activity.

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

	2008	2011	2014	2017
TOTAL[a,b]	24%	21%	29%	38%
Gender[1,4]				
Male[a,b]	29	24	33	51
Female	19	19	26	25
Age[3,4]				
18 to 34[a,b]	26	31	48	65
35 to 44	31	20	37	33
45 to 54[a,b]	21	17	21	43
55 to 64	22	22	18	16
65 and Older	15	14	16	18
Education[1,2]				
High School or Less[a]	18	18	31	40
Some Post High School	25	17	33	35
College Graduate[b]	32	33	20	38
Household Income[1,3]				
Bottom 40 Percent Bracket[a,b]	17	22	17	34
Middle 20 Percent Bracket[a]	22	21	45	48
Top 40 Percent Bracket	35	19	32	41
Marital Status[1]				
Married	29	19	30	37
Not Married[a,b]	18	24	28	38
Overweight Status[2,3,4]				
Not Overweight[a]	31	31	40	48
Overweight[a,b]	22	16	23	31

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Recommended vigorous physical activity is 3 times/20+ minutes in a week.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Combined Recommended Amount of Physical Activity in Typical Week

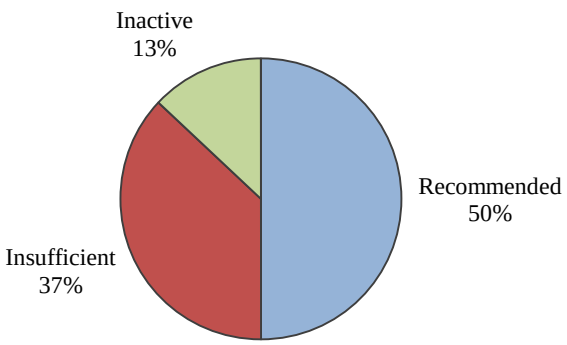
The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly,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

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

2017 Findings

- Fifty percent of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times/week for 30 minutes or vigorous activity 3 times/week for 20 minutes). Thirty-seven percent did an insufficient amount of physical activity while 13% did no physical activity in a typical week.

Figure 11. Physical Activity/Week for 2017*



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

- Male respondents were more likely to meet the recommended amount of physical activity in a week (59%) compared to female respondents (42%).

- Seventy-five percent of respondents 18 to 34 years old met the recommended amount of physical activity compared to 37% of those 65 and older or 36% of respondents 55 to 64 years old.

- Respondents who were not overweight were more likely to meet the recommended amount of physical activity (65%) compared to overweight respondents (41%).

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2008, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of physical activity, with a noted increase since 2008.

- In 2008, age was not a significant variable. In 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity in a week, with a noted increase since 2008.

- In 2008 and 2017, education was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents with a high school education or less meeting the recommended amount of physical activity in a week.

- In 2008, married respondents were more likely to meet the recommended amount of physical activity. In 2017, marital status was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of unmarried respondents meeting the recommended amount of physical activity.

- In 2008 and 2017, respondents who were not overweight were more likely to meet the recommended amount of physical activity.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a week.

- In 2014, gender was not a significant variable. In 2017, male respondents were more likely to meet the recommended amount of physical activity.

- In 2014 and 2017, respondents 18 to 34 years old were more likely to meet the recommended amount of physical activity. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old meeting the recommended amount of physical activity.

- In 2014, respondents in the middle 20 percent household income bracket were more likely to meet the recommended amount of physical activity. In 2017, household income was not a significant variable.

- In 2014 and 2017, respondents who were not overweight were more likely to meet the recommended amount of physical activity.

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

	2008	2011	2014	2017
TOTAL	44%	51%	53%	50%
Gender[2,4]				
Male[a]	47	45	57	59
Female	41	56	48	42
Age[3,4]				
18 to 34[a]	38	56	65	75
35 to 44[b]	44	54	62	42
45 to 54	49	47	37	50
55 to 64	42	51	45	36
65 and Older	47	45	51	37
Education[2]				
High School or Less[a]	42	53	55	53
Some Post High School	43	42	51	49
College Graduate	47	58	50	48
Household Income[3]				
Bottom 40 Percent Bracket	39	55	42	49
Middle 20 Percent Bracket	41	41	65	51
Top 40 Percent Bracket	49	51	53	52
Marital Status[1,2]				
Married	49	44	55	49
Not Married[a]	38	57	50	51
Overweight Status[1,2,3,4]				
Not Overweight	53	60	66	65
Overweight	40	43	46	41

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

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

[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011; [3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017

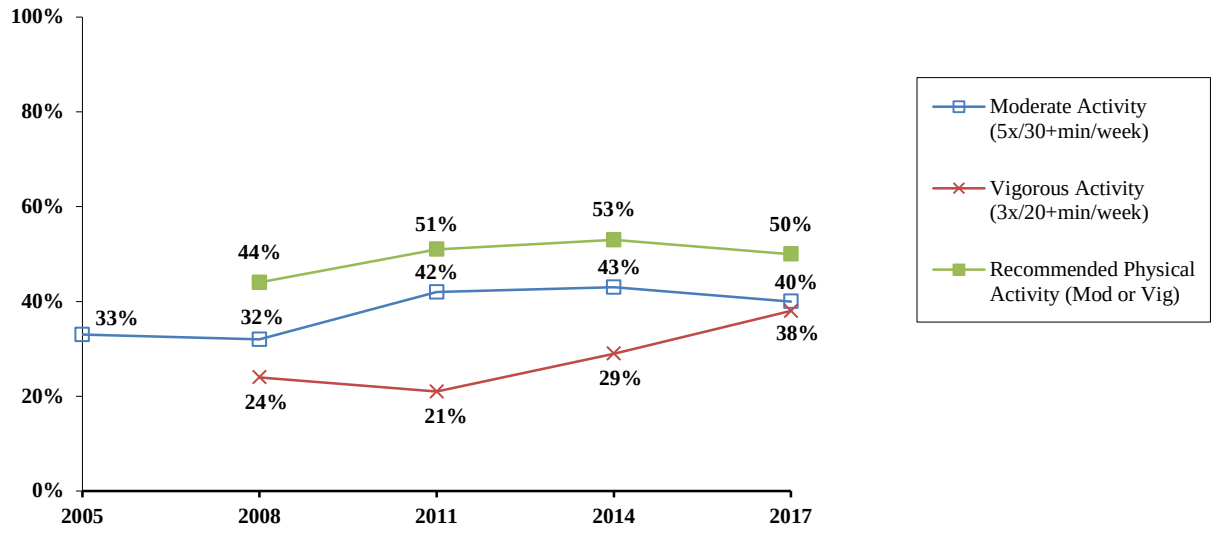
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Physical Activity Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2014 to 2017. From 2008 to 2017, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2014 to 2017.

Figure 12. Physical Activity



Body Weight (Figures 13 & 14; Tables 30 & 31)

KEY FINDINGS: In 2017, 62% of respondents were classified as at least overweight while 32% were obese. Respondents who were 35 and older, in the middle 20 percent household income bracket, married or who did not meet the recommended amount of physical activity were more likely to be classified as at least overweight. Respondents who were 35 to 44 years old or inactive were more likely to be classified as obese.

From 2005 to 2017, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2017, there was no statistical change.

At Least Overweight

Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter^2.

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

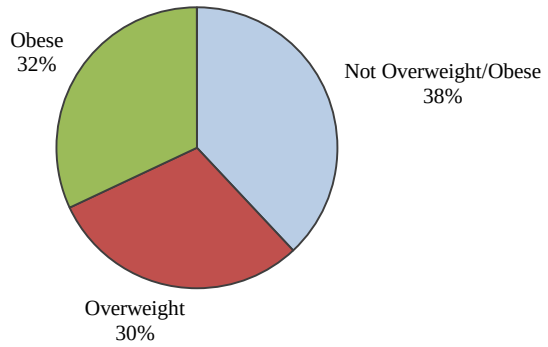
The Healthy People 2020 goal for obesity is 31%. (Objective NWS-9)

In 2015, 66% of Wisconsin respondents were classified as at least overweight (35% overweight, 31% obese). In the U.S., 66% were classified as at least overweight (36% overweight and 30% obese) (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- According to the definition, 62% of respondents were at least overweight (overweight 30% and obese 32%).

Figure 13. Overweight Status for 2017



- Respondents 35 and older were more likely to be at least overweight (67% to 71%) compared to respondents 18 to 34 years old (43%).

- Seventy-five percent of respondents in the middle 20 percent household income bracket were at least overweight compared to 65% of those in the top 40 percent income bracket or 55% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to be overweight compared to unmarried respondents (74% and 52%, respectively).

- Seventy percent of respondents who did an insufficient amount of physical activity and 71% of inactive respondents were overweight compared to 51% of respondents who met the recommended amount of physical activity.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents being overweight.

- In 2005, male respondents were more likely to be classified as overweight. In 2017, gender was not a significant variable.

- In 2005, age was not a significant variable. In 2017, respondents 35 and older were more likely to be overweight. From 2005 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old being overweight.

- In 2005, respondents with some post high school education were more likely to be overweight. In 2017, education was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents with some post high education and a noted increase in the percent of respondents with a college education being overweight.

- In 2005, household income was not a significant variable. In 2017, respondents in the middle 20 percent household income bracket were more likely to be overweight, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket being overweight.

- In 2005, marital status was not a significant variable. In 2017, married respondents were more likely to be overweight.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents being overweight.

- In 2014, respondents 55 to 64 years old were more likely to report being overweight. In 2017, respondents 35 and older were more likely to report being overweight. From 2014 to 2017, there was a noted decrease in the percent of respondents 55 to 64 years old being overweight.

- In 2014, respondents in the top 40 percent household income bracket were more likely to be overweight. In 2017, respondents in the middle 20 percent household income bracket were more likely to report being overweight, with a noted increase since 2014. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket being overweight.

- In 2014, marital status was not a significant variable. In 2017, married respondents were more likely to report being overweight. From 2014 to 2017, there was a noted decrease in the percent of unmarried respondents being overweight.

- In 2014, respondents who did an insufficient amount of physical activity were more likely to be overweight. In 2017, respondents who did not meet the recommended amount of physical activity were more likely to be overweight.

Table 30. Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	65%	70%	61%	67%	62%
Gender[1,2,3]					
Male	73	79	66	67	66
Female	57	61	56	67	58
Age[3,4,5]					
18 to 34[a]	60	66	38	46	43
35 to 44	70	70	75	81	68
45 to 54	57	81	62	59	67
55 to 64[b]	77	67	65	88	71
65 and Older	66	70	73	75	69
Education[1]					
High School or Less	64	71	61	66	59
Some Post High School[a]	76	69	66	62	61
College Graduate[a]	52	70	53	76	68
Household Income[4,5]					
Bottom 40 Percent Bracket[a,b]	73	69	60	67	55
Middle 20 Percent Bracket[a,b]	59	75	63	58	75
Top 40 Percent Bracket	65	81	60	75	65
Marital Status[5]					
Married	67	74	64	67	74
Not Married[b]	62	66	58	68	52
Physical Activity[2,3,4,5]					
Inactive	--	86	76	65	71
Insufficient	--	70	67	80	74
Recommended	--	64	54	58	51

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Obesity

2017 Findings

- Thirty-two percent of respondents were classified as obese (BMI 30.0 or higher).
- Forty-eight percent of respondents 35 to 44 years old were obese compared to 29% of those 55 to 64 years old or 20% of respondents 18 to 34 years old.
- Fifty-one percent of inactive respondents were obese compared to 39% of those who did an insufficient amount of physical activity or 22% of respondents who met the recommended amount of physical activity.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents being obese.
- In 2005 and 2017, gender was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of female respondents being obese.
- In 2005, age was not a significant variable. In 2017, respondents 35 to 44 years old were more likely to be obese. From 2005 to 2017, there was a noted increase in the percent of respondents 35 to 54 years old or 65 and older being obese.
- In 2005 and 2017, education was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents with a high school education or less or with a college education being obese.
- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket being obese.
- In 2005 and 2017, marital status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of respondents across marital status being obese.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents being obese.
- In 2014, female respondents were more likely to be obese. In 2017, gender was not a significant variable.
- In 2014, respondents 55 to 64 years old were more likely to be obese. In 2017, respondents 35 to 44 years old were more likely to be obese. From 2014 to 2017, there was a noted decrease in the percent of respondents 55 to 64 years old being obese.
- In 2014 and 2017, household income was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket being obese.
- In 2014 and 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of unmarried respondents being obese.
- In 2014, respondents who did not meet the recommended amount of physical activity were more likely to be obese. In 2017, inactive respondents were more likely to be obese. From 2014 to 2017, there was a noted decrease in the percent of respondents who did an insufficient amount of physical activity being obese.

Table 31. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL[a]	21%	36%	28%	35%	32%
Gender[2,4]					
Male	25	43	29	30	31
Female[a]	18	28	28	41	34
Age[2,4,5]					
18 to 34	21	45	19	26	20
35 to 44[a]	21	25	29	41	48
45 to 54[a]	21	43	30	39	36
55 to 64[b]	30	27	33	47	29
65 and Older[a]	18	35	36	29	34
Education					
High School or Less[a]	21	42	29	35	33
Some Post High School	25	32	32	34	32
College Graduate[a]	17	30	21	39	33
Household Income					
Bottom 40 Percent Bracket[b]	26	36	33	39	28
Middle 20 Percent Bracket[a]	21	47	28	34	38
Top 40 Percent Bracket	24	32	20	36	37
Marital Status					
Married[a]	24	40	28	33	37
Not Married[a,b]	17	31	28	38	28
Physical Activity[2,4,5]					
Inactive	--	50	38	48	51
Insufficient[b]	--	34	31	51	39
Recommended	--	31	24	21	22

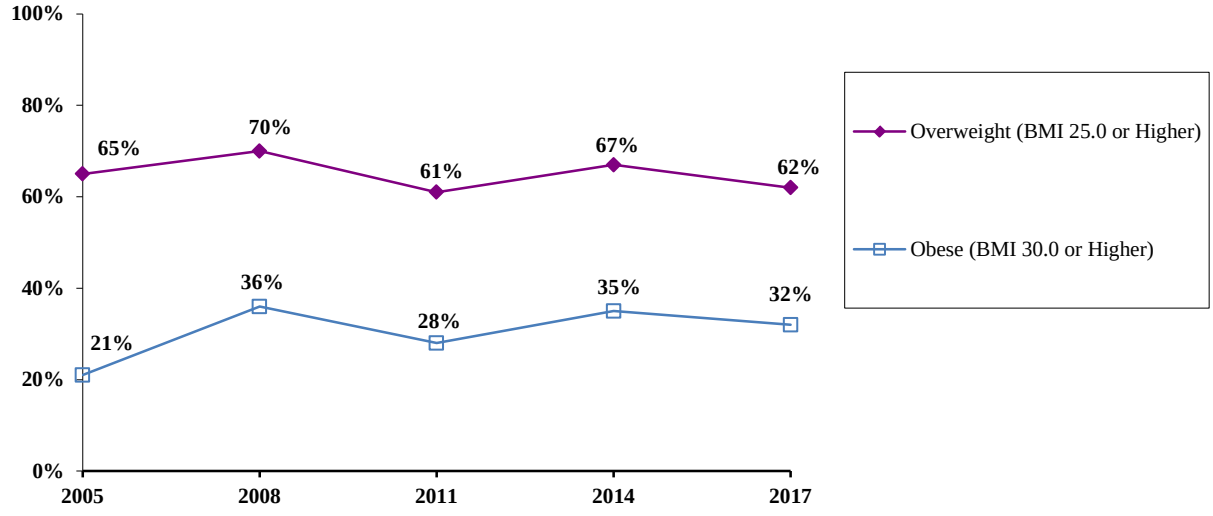
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Body Weight Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents being at least overweight, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2017, there was no statistical change.

Figure 14. Overweight Status



Nutrition and Food Insecurity (Figure 15; Tables 32 - 35)

KEY FINDINGS: In 2017, 55% of respondents reported two or more servings of fruit while 24% reported three or more servings of vegetables on an average day. Respondents who were female, with some post high school education, in the top 60 percent household income bracket or who were overweight were more likely to report at least two servings of fruit. Respondents who were female, 18 to 44 years old, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education or in the middle 20 percent household income bracket were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket, unmarried or in households with children were more likely to report this.

From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2017.

Fruit Consumption

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

2017 Findings

- Fifty-five percent of respondents reported at least two servings of fruit on an average day.
- Female respondents were more likely to report at least two servings of fruit a day (64%) compared to male respondents (45%).
- Sixty-six percent of respondents with some post high school education reported at least two servings of fruit a day compared to 58% of those with a college education or 45% of respondents with a high school education or less.
- Sixty-four percent of respondents in the middle 20 percent household income bracket and 62% of those in the top 40 percent income bracket reported at least two servings of fruit a day compared to 42% of respondents in the bottom 40 percent household income bracket.
- Respondents who were overweight were more likely to report at least two servings of fruit a day (61%) compared to respondents who were not overweight (49%).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported two or more servings of fruit on an average day.
- In 2005 and 2017, female respondents were more likely to report two or more servings of fruit per day. From 2005 to 2017, there was as noted decrease in the percent of respondents across gender reporting two or more servings of fruit per day.
- In 2005 and 2017, age was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting two or more servings of fruit per day.
- In 2005, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report two or more servings of fruit. From 2005 to 2017, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting at least two servings of fruit per day.
- In 2005, household income was not a significant variable. In 2017, respondents in the top 60 percent household income bracket were more likely to report two or more servings of fruit. From 2005 to 2017, 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 2005 and 2017, marital status was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents across marital status reporting two or more servings of fruit per day.
- In 2005, overweight status was not a significant variable. In 2017, overweight respondents were more likely to report at least two servings of fruit. From 2005 to 2017, there was a noted decrease in the percent of respondents who were not overweight reporting at least two servings of fruit.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported two or more servings of fruit on an average day.

- In 2014 and 2017, female respondents were more likely to report at least two servings of fruit per day.

- In 2014 and 2017, age was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents 35 to 44 years old reporting at least two servings of fruit per day.

- In 2014, education was not a significant variable. In 2017, respondents with some post high school education were more likely to report two or more servings of fruit.

- In 2014, respondents in the middle 20 percent household income bracket were more likely to report at least two servings of fruit per day. In 2017, respondents in the top 60 percent household income bracket were more likely to report two or more servings of fruit.

- In 2014, married respondents were more likely to report two or more servings of fruit. In 2017, marital status was not a significant variable.

- In 2014, respondents who were not overweight were more likely to report two or more servings of fruit. In 2017, overweight respondents were more likely to report at least two servings of fruit. From 2014 to 2017, there was a noted decrease in the percent of respondents who were not overweight reporting at least two servings of fruit per day.

Table 32. Two or More Servings of Fruit on Average Day by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL[a]	66%	64%	61%	59%	55%
Gender[1,3,4,5]					
Male[a]	57	62	48	53	45
Female[a]	74	66	74	66	64
Age					
18 to 34	61	71	61	66	59
35 to 44[a,b]	70	62	68	63	41
45 to 54	64	58	52	58	51
55 to 64	68	60	64	50	64
65 and Older	67	68	63	57	58
Education[2,3,5]					
High School or Less[a]	60	62	57	54	45
Some Post High School	68	54	56	65	66
College Graduate[a]	73	81	74	63	58
Household Income[4,5]					
Bottom 40 Percent Bracket[a]	61	58	59	45	42
Middle 20 Percent Bracket	59	58	64	74	64
Top 40 Percent Bracket	73	72	62	61	62
Marital Status[2,4]					
Married[a]	67	72	63	67	58
Not Married[a]	65	55	59	49	52
Overweight Status[4,5]					
Not Overweight[a,b]	68	62	67	67	49
Overweight	64	66	57	55	61
Physical Activity[2,3]					
Inactive	--	42	31	65	49
Insufficient	--	67	61	60	50
Recommended	--	71	70	60	61

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Vegetable Consumption

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

2017 Findings

- Twenty-four percent of respondents reported three or more servings of vegetables on an average day.
- Female respondents were more likely to report at least three servings of vegetables a day (29%) compared to male respondents (19%).

- Thirty-eight percent of respondents 35 to 44 years old and 35% of those 18 to 34 years old reported at least three servings of vegetables a day compared to 11% of respondents 55 to 64 years old.

- Thirty-one percent of respondents with a college education reported at least three servings of vegetables a day compared to 27% of those with some post high school education or 18% of respondents with a high school education or less.

- Thirty-five percent of respondents in the middle 20 percent household income bracket and 32% of those in the top 40 percent income bracket reported at least three servings of vegetables a day compared to 16% of respondents in the bottom 40 percent household income bracket.

- Thirty-three percent of respondents who met the recommended amount of physical activity reported at least three servings of vegetables a day compared to 16% of those who did an insufficient amount of physical activity or 14% of inactive respondents.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.

- In 2005 and 2017, female respondents were more likely to report at least three vegetable servings per day.

- In 2005, age was not a significant variable. In 2017, respondents 18 to 44 years old were more likely to report at least three vegetable servings per day. From 2005 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 55 to 64 years old reporting at least three servings of vegetables.

- In 2005 and 2017, respondents with a college education were more likely to report at least three servings of vegetables.

- In 2005 and 2017, respondents in the top 60 percent household income bracket were more likely to report at least three servings of vegetables.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported three or more servings of vegetables on an average day.

- In 2014 and 2017, female respondents were more likely to report at least three vegetable servings per day.

- In 2014, age was not a significant variable. In 2017, respondents 18 to 44 years old were more likely to report at least three vegetable servings per day. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting at least three servings of vegetables.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report at least three servings of vegetables.

- In 2014, household income was not a significant variable. In 2017, respondents in the top 60 percent household income bracket were more likely to report at least three servings of vegetables.

- In 2014, married respondents were more likely to report at least three servings of vegetables. In 2017, marital status was not a significant variable.

- In 2014 and 2017, respondents who met the recommended amount of physical activity were more likely to report at least three servings of vegetables.

Table 33. Three or More Servings of Vegetables on Average Day by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	21%	23%	23%	24%	24%
Gender[1,2,3,4,5]					
Male	16	18	12	18	19
Female	26	28	33	31	29
Age[5]					
18 to 34[a,b]	17	25	24	18	35
35 to 44	28	19	26	37	38
45 to 54	12	18	16	25	18
55 to 64[a]	27	33	32	20	11
65 and Older	25	25	17	23	19
Education[1,2,3,5]					
High School or Less	17	17	14	21	18
Some Post High School	19	23	27	23	27
College Graduate	33	34	31	31	31
Household Income[1,5]					
Bottom 40 Percent Bracket	15	24	22	21	16
Middle 20 Percent Bracket	28	17	21	34	35
Top 40 Percent Bracket	27	25	25	22	32
Marital Status[4]					
Married	24	23	24	28	25
Not Married	17	23	22	19	23
Overweight Status					
Not Overweight	26	26	21	22	29
Overweight	18	22	22	25	23
Physical Activity[2,3,4,5]					
Inactive	--	13	6	17	14
Insufficient	--	19	21	18	16
Recommended	--	31	28	30	33

[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]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Five or More Fruit or Vegetables per Day

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

2017 Findings

- Thirty-five percent of respondents reported five or more servings of fruit/vegetables on an average day.

- Female respondents were more likely to report at least five servings of fruit/vegetables a day (45%) compared to male respondents (25%).

- Forty-three percent of respondents with a college education reported at least five servings of fruit/vegetables a day compared to 39% of those with some post high school education or 27% of respondents with a high school education or less.

- Fifty-two percent of respondents in the middle 20 percent household income bracket reported at least five servings of fruit/vegetables a day compared to 46% of those in the top 40 percent income bracket or 15% of respondents in the bottom 40 percent household income bracket.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.

- In 2005, gender was not a significant variable. In 2017, female respondents were more likely to report at least five fruit/vegetable servings per day.

- In 2005, respondents 35 to 44 years old or 55 to 64 years old were more likely to report at least five fruit/vegetable servings per day. In 2017, age was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents 65 and older reporting at least five fruit/vegetable servings per day.

- In 2005 and 2017, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.

- In 2005, household income was not a significant variable. In 2017, respondents in the middle 20 percent household income bracket were more likely to report at least five servings of fruit/vegetables, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting at least five fruit/vegetable servings per day.

- In 2005, married respondents were more likely to report at least five servings of fruit/vegetables per day. In 2017, marital status was not a significant variable.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported five or more servings of fruit/vegetables on an average day.

- In 2014 and 2017, female respondents were more likely to report at least five fruit/vegetable servings per day.

- In 2014, respondents 35 to 44 years old were more likely to report at least five fruit/vegetable servings per day. In 2017, age was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old reporting at least five fruit/vegetable servings a day.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report at least five fruit/vegetable servings per day.

- In 2014 and 2017, respondents in the middle 20 percent household income bracket were more likely to report at least five servings of fruit/vegetables per day. From 2014 to 2017, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting at least five fruit/vegetable servings.

- In 2014, married respondents were more likely to report at least five servings of fruit/vegetables per day. In 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of unmarried respondents reporting at least five fruit/vegetable servings a day.

Table 34. Five or More Servings of Fruit or Vegetables on Average Day by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	37%	32%	30%	33%	35%
Gender[2,3,4,5]					
Male	32	26	17	26	25
Female	42	37	44	40	45
Age[1,4]					
18 to 34[b]	31	33	32	28	44
35 to 44	46	31	31	47	39
45 to 54	26	24	20	31	32
55 to 64	45	31	42	24	34
65 and Older[a]	40	38	30	35	25
Education[1,2,3,5]					
High School or Less	30	27	23	30	27
Some Post High School	38	26	30	35	39
College Graduate	49	46	43	35	43
Household Income[4,5]					
Bottom 40 Percent Bracket[a,b]	34	30	30	26	15
Middle 20 Percent Bracket[a]	34	17	27	50	52
Top 40 Percent Bracket[b]	44	33	29	30	46
Marital Status[1,2,4]					
Married	42	36	32	42	38
Not Married[b]	30	27	29	22	33
Overweight Status					
Not Overweight	43	38	28	36	33
Overweight	34	29	31	32	38
Physical Activity[2,3]					
Inactive	--	13	14	29	29
Insufficient	--	25	34	28	30
Recommended	--	45	33	38	41

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Physical activity was defined differently in 2005.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Food Insecurity

2017 Findings

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

- Fourteen percent of respondents in the bottom 40 percent household income bracket reported they couldn't afford enough food so they went hungry in the past 12 months 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 couldn't afford enough food compared to married respondents (10% and 1%, respectively).

- Respondents in households with children were more likely to report they couldn't afford enough food in the past 12 months (10%) compared to respondents in households without children (3%).

Table 35. Household Food Insecurity in Past Year by Demographic Variables for 2017[①]

	2017
TOTAL	6%
Household Income[1]	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	2
Top 40 Percent Bracket	0
Marital Status[1]	
Married	1
Not Married	10
Children in Household[1]	
Yes	10
No	3

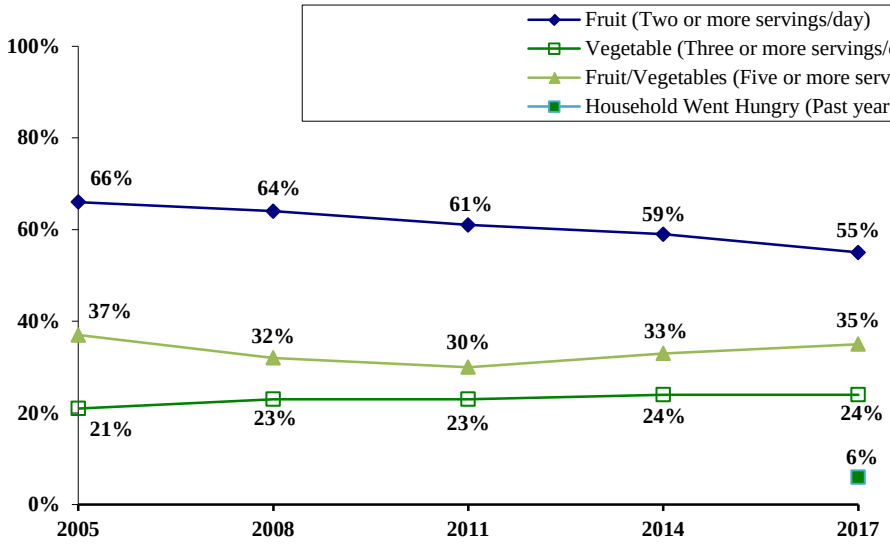
[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2017

Nutrition and Food Insecurity Overall

Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2017.

Figure 15. Nutrition and Food Insecurity



Women's Health (Figure 16; Tables 36 - 38)

KEY FINDINGS: In 2017, 72% of female respondents 50 and older reported a mammogram within the past two years. Seventy-seven percent of female respondents 65 and older had a bone density scan. Eighty-two percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-eight percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or in the top 40 percent household income bracket were more likely to meet the cervical cancer recommendation.

From 2005 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2017. From 2014 to 2017, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years. From 2014 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who met the cervical cancer screening recommendation.

Mammogram

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

In 2015, 80% of Wisconsin women and 78% of U.S. women 50 to 74 years old reported a mammogram within the past two years (2015 Behavioral Risk Factor Surveillance).

2017 Findings

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

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported having a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported having a mammogram within the past two years.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

Bone Density Scan

2017 Findings

- Seventy-seven percent of the 44 female respondents 65 and older had a bone density scan to determine if they are at risk for fractures or are in the early stages of osteoporosis.
- No demographic comparisons were conducted as a result of the number of women who were asked this question.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported having a bone density scan.
- No demographic comparisons were conducted between years as a result of the number of women who were asked this question in both study years.

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

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported having a bone density scan.

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

Pap Smear

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

In 2015, 87% of Wisconsin women and 83% of U.S. women 21 to 65 years old reported a pap smear within the past three years (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Eighty-two 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 76% of respondents with some post high school education or less.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.

- In 2005 and 2017, respondents with a college education were more likely to report a pap smear within the past three years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.

- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report a pap smear within the past three years, with a noted increase since 2014.

- In 2014, married respondents were more likely to report a pap smear within the past three years. In 2017, marital status was not a significant variable.

Table 36. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)[①]

	2005	2008	2011	2014	2017
TOTAL	87%	91%	78%	82%	82%
Education[1,2,3,5]					
Some Post High School or Less	82	86	74	82	76
College Graduate[b]	98	100	89	83	98
Household Income					
Bottom 60 Percent Bracket	84	93	75	86	86
Top 40 Percent Bracket	89	97	88	88	89
Marital Status[2,3,4]					
Married	87	96	91	93	84
Not Married	84	84	66	64	79

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

HPV Test

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

2017 Findings

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

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents reporting they had an HPV test within the past five years.
- In 2014 and 2017, education was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents with some post high school education or less reporting an HPV test within the past five years.
- In 2014 and 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of married respondents reporting an HPV test within the past five years.

Table 37. HPV Test Within Past 5 Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)[①]

	2014	2017
TOTAL[a]	44%	58%
Education		
Some Post High School or Less[a]	42	63
College Graduate	48	45
Household Income		
Bottom 60 Percent Bracket	50	56
Top 40 Percent Bracket	44	58
Marital Status		
Married[a]	39	56
Not Married	50	59

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2014 to 2017

Cervical Cancer Screening in Recommended Time Frame

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

2017 Findings

- Eighty-six percent of respondents 18 to 65 years old reported a cervical cancer screen within the recommended time frame (pap smear every three years for ages 18 to 29 years old; pap smear and HPV test every five years or pap smear only every three years for ages 30 to 65 years old).
- Ninety-eight percent of respondents with a college education met the recommendation compared to 81% of respondents with some post high school education or less.
- Ninety-eight percent of respondents in the top 40 percent household income bracket met the recommendation compared to 87% of respondents in the bottom 60 percent household income bracket.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents reporting they had a cervical cancer screen within the recommended time frame.
- In 2014, education was not a significant variable. In 2017, respondents with a college education were more likely to report they met the recommendation, with a noted increase since 2014.
- In 2014, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report they met the recommendation, with a noted increase since 2014.

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

- In 2014, married respondents were more likely to report they met the recommendation. In 2017, marital status was not a significant variable.

Table 38. Cervical Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix)[①]

	2014	2017
TOTAL	84%	86%
Education[2]		
Some Post High School or Less	84	81
College Graduate[a]	86	98
Household Income[2]		
Bottom 60 Percent Bracket	89	87
Top 40 Percent Bracket[a]	90	98
Marital Status[1]		
Married	95	91
Not Married	67	79

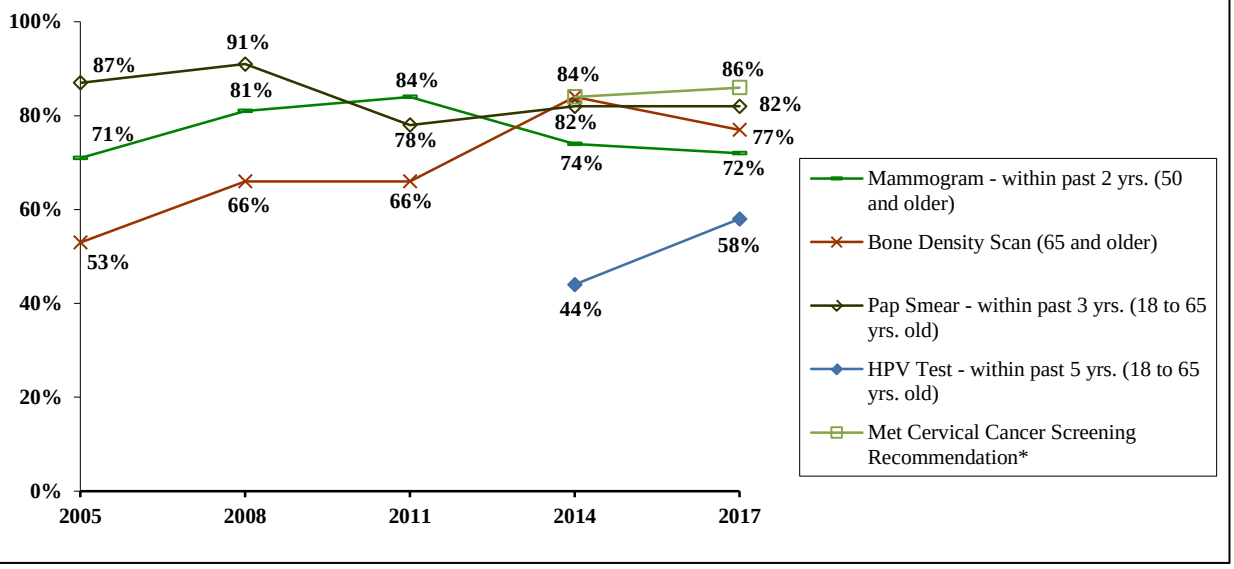
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2014 to 2017

Women's Health Tests Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2014 to 2017. From 2014 to 2017, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years. From 2014 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old who met the cervical cancer screening recommendation.

Figure 16. Women's Health Tests



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

Colorectal Cancer Screening (Figure 17; Tables 39 - 42)

KEY FINDINGS: In 2017, 13% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 76% reported a colonoscopy within the past ten years. This results in 80% of respondents meeting the current colorectal cancer screening recommendations.

From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2014 to 2017, there was no statistical change.

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).

2017 Findings

- Thirteen percent of respondents 50 and older had a blood stool test within the past year. Fifty-four percent reported never while 4% were not sure.

- There were no statistically significant differences between demographic variables and responses of a blood stool test within the past year.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.

- In 2005, respondents with a college education were more likely to report a blood stool test within the past year. In 2017, education was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents with a college education reporting a blood stool test within the past year.

- In 2005 and 2017, household income was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting a blood stool test within the past year.

- In 2005 and 2017, marital status was not a significant variable. From 2005 to 2017, there was a noted decrease in the percent of married respondents reporting a blood stool test within the past year.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year.

- From 2014 to 2017, there were no statistically significant differences between and within demographic variables and responses of reporting a blood stool test within the past year.

Table 39. Blood Stool Test Within Past Year by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①]

	2005	2014	2017
TOTAL[a]	21%	10%	13%
Gender			
Male	25	11	17
Female	18	9	9
Education[1]			
Some Post High School or Less	15	9	12
College Graduate[a]	42	11	13
Household Income			
Bottom 60 Percent Bracket[a]	26	10	12
Top 40 Percent Bracket	15	9	14
Marital Status			
Married[a]	24	12	13
Not Married	16	7	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2014
[3]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Sigmoidoscopy

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

2017 Findings

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

- No demographic comparisons were conducted as a result of the low number of respondents reporting a sigmoidoscopy within the past five years.

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

- In 2008, there were no statistically significant differences between demographic variables and responses of a sigmoidoscopy within the past five years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported a sigmoidoscopy within the past five years.

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

- In 2014, there were no statistically significant differences between demographic variables and responses of a sigmoidoscopy within the past five years.

Table 40. Sigmoidoscopy Within Past Five Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①]

	2008	2011[②]	2014	2017[②]
TOTAL	9%	5%	8%	5%
Gender				
Male	8	--	11	--
Female	10	--	4	--
Education				
Some Post High School or Less	9	--	6	--
College Graduate	8	--	14	--
Household Income				
Bottom 60 Percent Bracket	10	--	6	--
Top 40 Percent Bracket	4	--	8	--
Marital Status				
Married	8	--	7	--
Not Married	11	--	8	--

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Colonoscopy

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

2017 Findings

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

- Eighty-six percent of respondents in the top 40 percent household income bracket reported a colonoscopy within the past ten years compared to 69% of respondents in the bottom 60 percent household income bracket.

- Married respondents were more likely to report a colonoscopy within the past ten years compared to unmarried respondents (83% and 68%, respectively).

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

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

- In 2008, female respondents were more likely to report a colonoscopy within the past ten years. In 2017, gender was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of male respondents reporting a colonoscopy within the past ten years.

- In 2008 and 2017, education was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents with some post high school education or less reporting a colonoscopy within the past ten years.

- In 2008, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years. From 2008 to 2017, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a colonoscopy within the past ten years.

- In 2008, marital status was not a significant variable. In 2017, married respondents were more likely to report a colonoscopy within the past ten years. From 2008 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colonoscopy within the past ten years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported a colonoscopy within the past ten years.

- In 2014, respondents with a college education were more likely to report a colonoscopy within the past ten years. In 2017, education was not a significant variable.

- In 2014, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to report a colonoscopy within the past ten years, with a noted increase since 2014.

- In 2014, marital status was not a significant variable. In 2017, married respondents were more likely to report a colonoscopy within the past ten years.

Table 41. Colonoscopy Within Past Ten Years by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①]

	2008	2011	2014	2017
TOTAL[a]	59%	64%	69%	76%
Gender[1]				
Male[a]	50	60	70	79
Female	67	68	70	73
Education[2,3]				
Some Post High School or Less[a]	56	59	66	72
College Graduate	69	76	84	85
Household Income[4]				
Bottom 60 Percent Bracket[a]	55	65	69	69
Top 40 Percent Bracket[b]	70	73	68	86
Marital Status[4]				
Married[a]	65	65	75	83
Not Married[a]	51	62	62	68

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Colorectal Cancer Screening Recommendation Met

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

2017 Findings

- Eighty percent of respondents 50 and older had one of the three tests in the time frame recommended (blood stool test within the past year, sigmoidoscopy within the past five years, or colonoscopy within the past 10 years).

- There were no statistically significant differences between demographic variables and responses of a colorectal cancer screen in the recommended time frame.

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was a statistical increase in the overall percent of respondents 50 and older who reported a colorectal cancer screen in the recommended time frame.

- In 2008, female respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2017, gender was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of male respondents reporting a colorectal cancer screen in the recommended time frame.

- In 2008 and 2017, education was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents across education reporting a colorectal cancer screen in the recommended time frame.

- In 2008 and 2017, household income was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting a colorectal cancer screen in the recommended time frame.

- In 2008 and 2017, marital status was not a significant variable. From 2008 to 2017, there was a noted increase in the percent of respondents across marital status reporting a colorectal cancer screen in the recommended time frame.

2014 to 2017 Year Comparisons

- From 2014 to 2017, 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 2014, married respondents were more likely to report a colorectal cancer screen in the recommended time frame. In 2017, marital status was not a significant variable.

Table 42. Colorectal Cancer Screening in Recommended Time Frame by Demographic Variables for Each Survey Year (Respondents 50 and Older)[①,②]

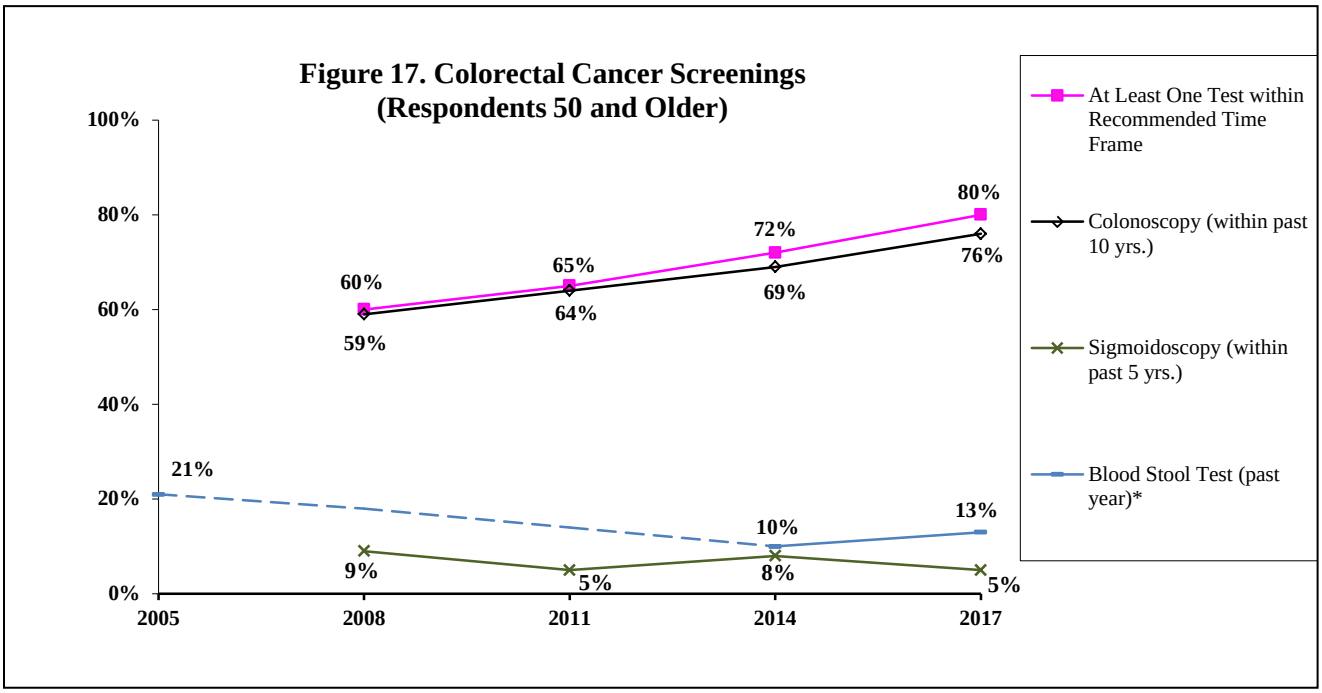
	2008	2011	2014	2017
TOTAL[a]	60%	65%	72%	80%
Gender[1]				
Male[a]	51	60	72	82
Female	68	69	73	77
Education[2]				
Some Post High School or Less[a]	57	60	70	77
College Graduate[a]	69	76	84	87
Household Income				
Bottom 60 Percent Bracket[a]	56	66	70	75
Top 40 Percent Bracket	70	74	74	86
Marital Status[3]				
Married[a]	65	66	78	84
Not Married[a]	53	64	63	75

[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 2008 and 2011, blood stool test was not asked.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Colorectal Cancer Screenings Overall

Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years, as well as from 2014 to 2017. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2014 to 2017, there was no statistical change. From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2014 to 2017, there was no statistical change.



*In 2008 and 2011, blood stool test was not asked.

Tobacco Cigarette Use (Figures 18 & 19; Table 43)

KEY FINDINGS: In 2017, 21% of respondents were current tobacco cigarette smokers; respondents 45 to 54 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 63% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-seven percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

From 2005 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of current smokers who reported a health professional advised them to quit smoking while from 2014 to 2017, there was a statistical decrease.

Current Tobacco Cigarette Smokers

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

In 2015, 17% of Wisconsin respondents and 18% of U.S. respondents were current smokers (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Twenty-one percent of respondents were current tobacco cigarette smokers; 4% smoked some days and 17% smoked every day in the past month.

- Twenty-nine percent of respondents 45 to 54 years old were current smokers compared to 18% of those 55 to 64 years old or 8% of respondents 65 and older.

- Twenty-nine percent of respondents with a high school education or less were current smokers compared to 22% of those with some post high school education or 7% of respondents with a college education.

- Thirty-one percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 16% of those in the top 40 percent income bracket or 8% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to be current smokers compared to married respondents (31% and 11%, respectively).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2005, male respondents were more likely to be a current smoker. In 2017, gender was not a significant variable.

- In 2005, respondents 18 to 34 years old were more likely to be a current smoker. In 2017, respondents 45 to 54 years old were more likely to be a current smoker, with a noted increase since 2005. From 2005 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old who were current smokers.

- In 2005 and 2017, respondents with a high school education or less were more likely to be a current smoker.

- In 2005, household income was not a significant variable. In 2017, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2005 to 2017, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket who were current smokers.

- In 2005 and 2017, unmarried respondents were more likely to be a current smoker.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2014, male respondents were more likely to report they were a current smoker. In 2017, gender was not a significant variable.

- In 2014, respondents 18 to 44 years old were more likely to be a current smoker. In 2017, respondents 45 to 54 years old were more likely to be a current smoker.
- In 2014 and 2017, respondents with a high school education or less were more likely to be a current smoker.
- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker.
- In 2014 and 2017, unmarried respondents were more likely to be a current smoker.

Table 43. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL	22%	28%	27%	23%	21%
Gender[1,2,3,4]					
Male	26	36	33	28	25
Female	18	19	21	18	17
Age[1,2,3,4,5]					
18 to 34[a]	43	37	38	33	22
35 to 44	21	34	36	31	26
45 to 54[a]	16	26	32	25	29
55 to 64	16	28	15	18	18
65 and Older	9	8	7	5	8
Education[1,2,3,4,5]					
High School or Less	27	37	35	30	29
Some Post High School	21	26	33	20	22
College Graduate	12	14	5	14	7
Household Income[2,4,5]					
Bottom 40 Percent Bracket	23	35	29	34	31
Middle 20 Percent Bracket[a]	26	41	16	20	8
Top 40 Percent Bracket	14	17	30	18	16
Marital Status[1,2,3,4,5]					
Married	17	21	22	15	11
Not Married	30	35	32	34	31

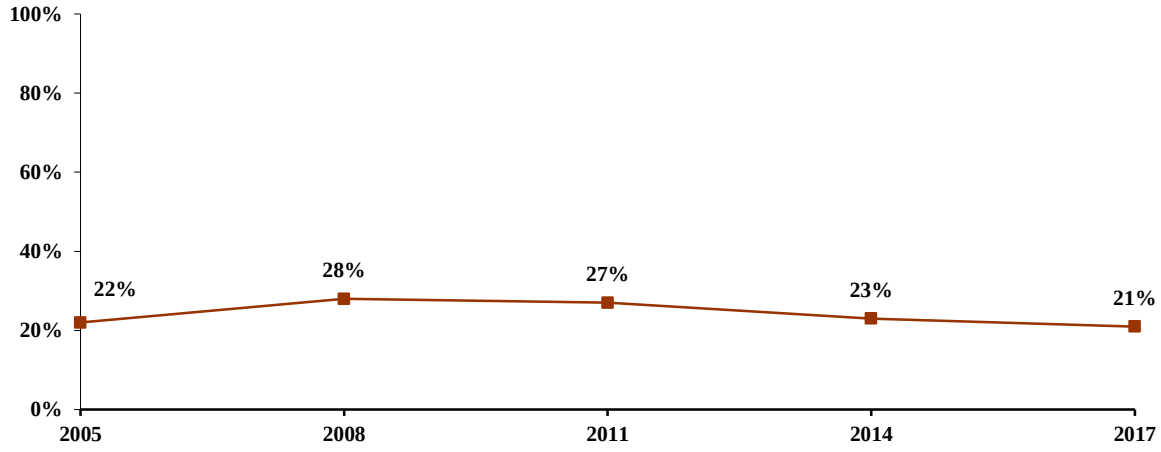
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Tobacco Cigarette Use Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2017.

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



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

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

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

2017 Findings

Of current tobacco cigarette smokers…

- Sixty-three percent of the 83 current smokers reported they quit smoking for one day or longer in the past year because they were trying to quit.
- No demographic comparisons were conducted as a result of the low percent of respondents who were asked this question.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported they quit smoking for one day or longer because they were trying to quit.
- No demographic comparisons between years were conducted as a result of the low percent of respondents who were asked this question in both study years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported they quit smoking for one day or longer because they were trying to quit.

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

Doctor, Nurse or Other Health Professional Advised Respondent to Quit

2017 Findings

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

- Seventy-seven percent of the 64 current smokers who have seen a health professional in the past 12 months reported their health professional advised them to quit smoking.

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

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported their health professional advised them to quit smoking.

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

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported their health professional advised them to quit smoking.

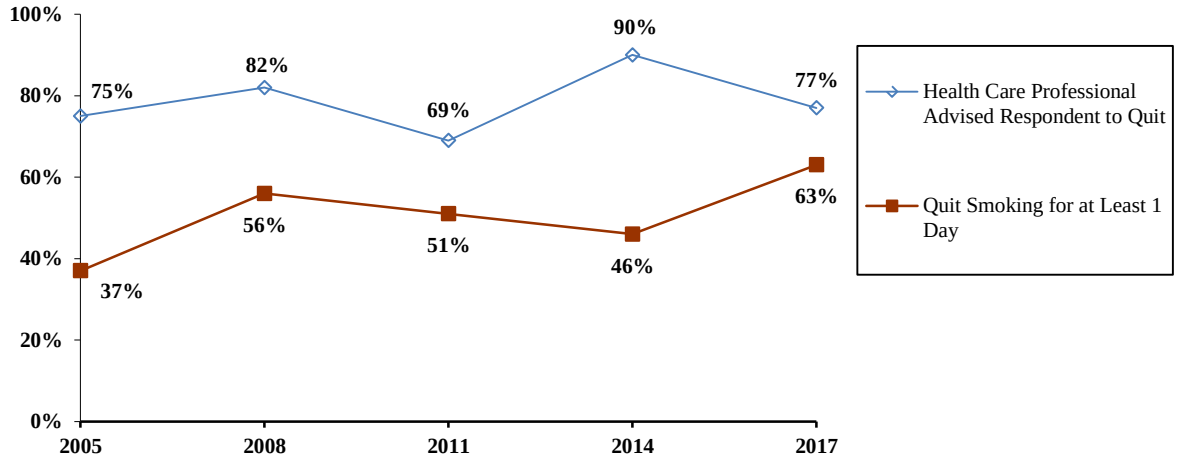
- No demographic comparisons were conducted between years as a result of the low percent of respondents who were asked this question in both study years.

Smoking Cessation Overall

Year Comparisons

- From 2005 to 2017, there was a statistical increase in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of current smokers who reported a health professional advised them to quit smoking while from 2014 to 2017, there was a statistical decrease.

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



Exposure to Cigarette Smoke (Figures 20 & 21; Tables 44 & 45)

KEY FINDINGS: In 2017, 87% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Eleven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents 35 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this.

From 2008 to 2017, 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 2014 to 2017. From 2008 to 2017, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2017, there was no statistical change.

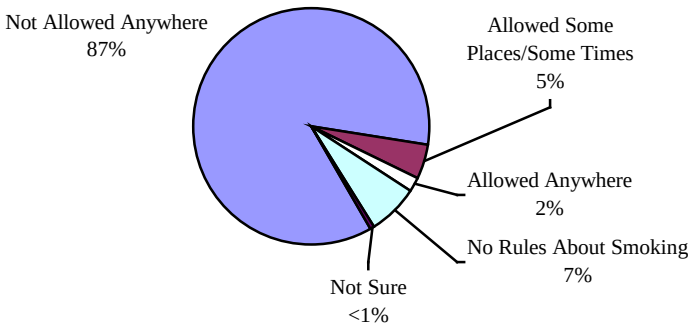
Smoking Policy Inside Home

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

2017 Findings

- Eighty-seven 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. Two percent reported smoking is allowed anywhere inside the home. Seven percent of respondents reported there are no rules about smoking inside the home.

Figure 20. Smoking Policy Inside Home for 2017



- Ninety-five percent of respondents in the top 40 percent household income bracket reported smoking is not allowed in the home compared to 85% of those in the middle 20 percent income bracket or 75% 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 (94% and 79%, respectively).

- Ninety-one percent of nonsmokers reported smoking is not allowed in the home compared to 70% 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 (83%).

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2008 and 2017, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. From 2008 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting smoking is not allowed in the home.

- In 2008 and 2017, married respondents were more likely to report smoking is not allowed in the home. From 2008 to 2017, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.

- In 2008 and 2017, nonsmokers were more likely to report smoking is not allowed in the home. From 2008 to 2017, there was a noted increase in the percent of respondents across smoking status reporting smoking is not allowed in the home.

- In 2008 and 2017, respondents in households with children were more likely to report smoking is not allowed in the home. From 2008 to 2017, there was a noted increase in the percent of respondents with or without children reporting smoking is not allowed in the home.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2014 and 2017, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. From 2014 to 2017, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting smoking is not allowed in the home.

- In 2014 and 2017, married respondents were more likely to report smoking is not allowed in the home. From 2014 to 2017, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.

- In 2014 and 2017, nonsmokers were more likely to report smoking is not allowed in the home. From 2014 to 2017, there was a noted increase in the percent of smokers reporting smoking is not allowed in the home.

- In 2014 and 2017, respondents in households with children were more likely to report smoking is not allowed in the home. From 2014 to 2017, there was a noted increase in the percent of respondents in households without children reporting smoking is not allowed in the home.

Table 44. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year[①]

	2008	2011	2014	2017
TOTAL[a,b]	73%	76%	79%	87%
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket[a,b]	56	70	61	75
Middle 20 Percent Bracket	75	84	85	85
Top 40 Percent Bracket	96	81	93	95
Marital Status[1,2,3,4]				
Married[a,b]	84	86	87	94
Not Married[a,b]	59	65	67	79
Smoking Status[1,2,3,4]				
Nonsmoker[a]	84	83	88	91
Smoker[a,b]	42	54	47	70
Children in Household[1,3,4]				
Yes[a]	85	75	87	93
No[a,b]	64	75	74	83

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

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

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

2017 Findings

Of 316 nonsmoking respondents…

- Eleven 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.

- Twenty percent of respondents 35 to 44 years old and 19% of those 45 to 54 years old reported second-hand smoke exposure compared to 3% of respondents 65 and older.

- Eighteen percent of respondents in the bottom 40 percent household income bracket reported second-hand smoke exposure compared to 9% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

2008 to 2017 Year Comparisons

- From 2008 to 2017, there was a statistical decrease in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.

- In 2008, male respondents were more likely to report second-hand smoke exposure. In 2017, gender was not a significant variable. From 2008 to 2017, there was a noted decrease in the percent of respondents across gender reporting second-hand smoke exposure.

- In 2008, respondents 18 to 34 years old were more likely to report second-hand smoke exposure. In 2017, respondents 35 to 54 years old were more likely to report second-hand smoke exposure. From 2008 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old or 65 and older reporting second-hand smoke exposure.

- In 2008, respondents with a high school education or less were more likely to report exposure to second-hand smoke. In 2017, education was not a significant variable. From 2008 to 2017, there was a noted decrease in the percent of respondents with a high school education or less reporting second-hand smoke exposure.

- In 2008, 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. In 2017, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke. From 2008 to 2017, 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 second-hand smoke exposure.

- In 2008 and 2017, marital status was not a significant variable. From 2008 to 2017, there was a noted decrease in the percent of respondents across marital status reporting second-hand smoke exposure.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of nonsmoking respondents who reported exposure to second-hand smoke in the past seven days.

- In 2014, respondents 45 to 54 years old were more likely to report second-hand smoke exposure. In 2017, respondents 35 to 54 years old were more likely to report second-hand smoke exposure. From 2014 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 44 years old reporting second-hand smoke exposure.

- In 2014, respondents with a high school education or less were more likely to report exposure to second-hand smoke. In 2017, education was not a significant variable.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report exposure to second-hand smoke.

- In 2014, unmarried respondents were more like to report exposure to second-hand smoke. In 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of unmarried respondents reporting exposure to second-hand smoke.

Table 45. Nonsmokers Exposed to Second-Hand Smoke in the Past Seven Days by Demographic Variables for Each Survey Year[①]

	2008	2011	2014	2017
TOTAL[a]	25%	16%	13%	11%
Gender[1]				
Male[a]	30	20	15	12
Female[a]	20	13	11	10
Age[1,2,3,4]				
18 to 34[a,b]	43	33	16	5
35 to 44[b]	12	32	6	20
45 to 54	29	5	24	19
55 to 64	24	16	9	13
65 and Older[a]	15	1	7	3
Education[1,2,3]				
High School or Less[a]	34	21	20	11
Some Post High School	21	20	10	11
College Graduate	18	7	6	9
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket[a]	35	18	23	18
Middle 20 Percent Bracket	6	28	13	9
Top 40 Percent Bracket[a]	35	4	7	4
Marital Status[2,3]				
Married[a]	22	12	7	12
Not Married[a,b]	29	21	23	9

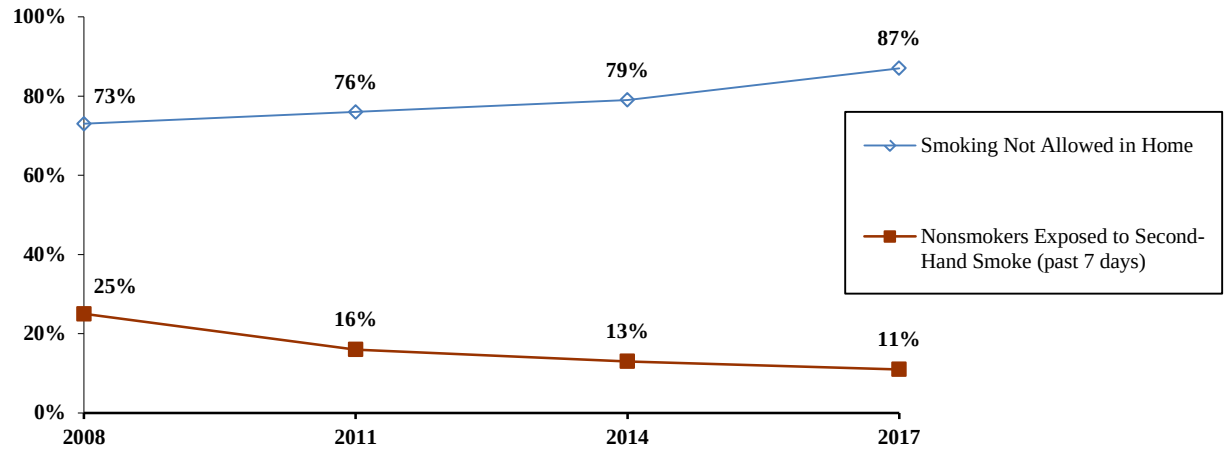
[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2008; [2]demographic difference at p≤0.05 in 2011
[3]demographic difference at p≤0.05 in 2014; [4]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2008 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Exposure to Cigarette Smoke Overall

Year Comparisons

- From 2008 to 2017, 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 2014 to 2017. From 2008 to 2017, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2017, there was no statistical change.

Figure 21. Exposure to Cigarette Smoke



Other Tobacco Products (Figure 22; Tables 46 – 48)

KEY FINDINGS: In 2017, 9% of respondents used smokeless tobacco in the past month; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Two percent of respondents used electronic cigarettes in the past month while 1% of respondents used cigars, cigarillos or little cigars.

From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported in the past month they used smokeless tobacco. From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.

Smokeless Tobacco

In 2015, 2% of Wisconsin respondents and 2% of U.S. respondents used chewing tobacco, snuff or snus (2015 Behavioral Risk Factor Surveillance).

2017 Findings

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

- Male respondents were more likely to report they used smokeless tobacco in the past month (16%) compared to female respondents (3%).

- Twenty-two percent of respondents 18 to 34 years old reported smokeless tobacco use compared to 1% of those 65 and older or 0% of respondents 55 to 64 years old.

- Unmarried respondents were more likely to report smokeless tobacco use in the past month compared to married respondents (15% and 4%, respectively).

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who used smokeless tobacco in the past month.

- In 2014 and 2017, male respondents were more likely to report smokeless tobacco use in the past month. From 2014 to 2017, there was a noted increase in the percent of male respondents reporting tobacco use.

- In 2014, respondents 35 to 44 years old were more likely to report smokeless tobacco use. In 2017, respondents 18 to 34 years old were more likely to report smokeless tobacco use. From 2014 to 2017, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting smokeless tobacco use.

- In 2014, respondents with a high school education or less were more likely to report smokeless tobacco use. In 2017, education was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting smokeless tobacco use.

- In 2014 and 2017, household income was not a significant variable. From 2014 to 2017, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting smokeless tobacco use.

- In 2014 and 2017, unmarried respondents were more likely to report smokeless tobacco use. From 2014 to 2017, there was a noted increase in the percent of unmarried respondents reporting smokeless tobacco use.

Table 46. Smokeless Tobacco in Past Month by Demographic Variables for Each Survey Year[①]

	2014	2017
TOTAL[a]	5%	9%
Gender[1,2]		
Male[a]	9	16
Female	<1	3
Age[1,2]		
18 to 34[a]	9	22
35 to 44	12	6
45 to 54[a]	0	11
55 to 64	3	0
65 and Older	0	1
Education[1]		
High School or Less	9	11
Some Post High School[a]	2	9
College Graduate[a]	0	8
Household Income		
Bottom 40 Percent Bracket[a]	6	14
Middle 20 Percent Bracket[a]	0	5
Top 40 Percent Bracket	7	10
Marital Status[1,2]		
Married	3	4
Not Married[a]	7	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2014 to 2017

Electronic Cigarettes

2017 Findings

- Two percent of respondents used electronic cigarettes in the past 30 days.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used electronic cigarettes in the past 30 days.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who used electronic cigarettes in the past month.
- In 2014, respondents with a high school education or less were more likely to report electronic cigarette use in the past month.

Table 47. Electronic Cigarettes in Past Month by Demographic Variables for Each Survey Year①

	2014	2017②
TOTAL[a]	7%	2%
Gender		
Male	7	--
Female	8	--
Age		
18 to 34	12	--
35 to 44	9	--
45 to 54	8	--
55 to 64	4	--
65 and Older	1	--
Education[1]		
High School or Less	10	--
Some Post High School	3	--
College Graduate	6	--
Household Income		
Bottom 40 Percent Bracket	10	--
Middle 20 Percent Bracket	10	--
Top 40 Percent Bracket	5	--
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.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2014 to 2017

Cigars, Cigarillos or Little Cigars

2017 Findings

- One 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.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.
- In 2014, respondents with a high school education or less or unmarried respondents were more likely to have used cigars, cigarillos or little cigars in the past month.

Table 48. Cigars, Cigarillos or Little Cigars in Past Month by Demographic Variables for Each Survey Year①

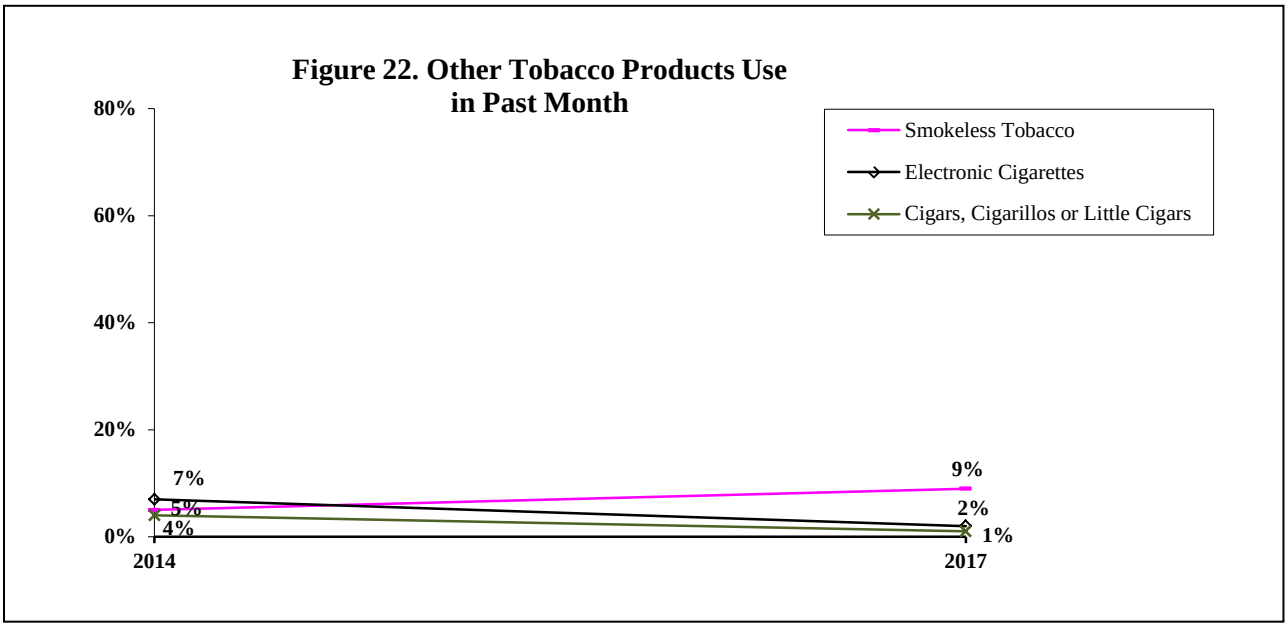
	2014	2017②
TOTAL[a]	4%	1%
Gender		
Male	5	--
Female	2	--
Age		
18 to 34	3	--
35 to 44	6	--
45 to 54	2	--
55 to 64	3	--
65 and Older	4	--
Education[1]		
High School or Less	8	--
Some Post High School	2	--
College Graduate	0	--
Household Income		
Bottom 40 Percent Bracket	5	--
Middle 20 Percent Bracket	3	--
Top 40 Percent Bracket	3	--
Marital Status[1]		
Married	<1	--
Not Married	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.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2014 to 2017

Other Tobacco Products Overall

Year Comparisons

- From 2014 to 2017, there was a statistical increase in the overall percent of respondents who reported in the past month they used smokeless tobacco. From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported in the past month they used electronic cigarettes or cigars/cigarillos/little cigars.



Alcohol Use (Figure 23; Tables 49 & 50)

KEY FINDINGS: In 2017, 28% 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 report this. Four percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month; respondents with some post high school education were more likely to report this.

From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2014 to 2017.

Binge Drinking in Past Month

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2017, Sheboygan 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 2015, 23% 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 (2015 Behavioral Risk Factor Surveillance).

2017 Findings

- Twenty-eight 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 (33%) compared to female respondents (23%).
- Respondents 18 to 34 years old were more likely to have binged in the past month (41%) compared to those 55 to 64 years old (19%) or respondents 65 and older (9%).
- Thirty-seven percent of respondents in the top 40 percent household income bracket binged in the past month compared to 30% of those in the middle 20 percent income bracket or 21% of respondents in the bottom 40 percent household income bracket.

2005 to 2017 Year Comparisons

In 2014 and 2017, the Sheboygan County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males. In 2005, 2008 and 2011, the definition was five or more drinks, regardless of gender.

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who binged.
- In 2005 and 2017, male respondents were more likely to have binged. From 2005 to 2017, there was a noted increase in the percent of female respondents reporting binge drinking.
- In 2005 and 2017, respondents 18 to 34 years old were more likely to have binged.
- In 2005 and 2017, respondents in the top 40 percent household income bracket were more likely to have binged.
- In 2005 and 2017, marital status was not a significant variable. From 2005 to 2017, there was a noted increase in the percent of unmarried respondents reporting binge drinking.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who binged.
- In 2014, gender was not a significant variable. In 2017, male respondents were more likely to have binged.
- In 2014 and 2017, respondents 18 to 34 years old were more likely to have binged.
- In 2014, household income was not a significant variable. In 2017, respondents in the top 40 percent household income bracket were more likely to have binged.

Table 49. Binge Drinking in Past Month by Demographic Variables for Each Survey Year[①,②]

	2005	2008	2011	2014	2017
TOTAL	24%	24%	21%	25%	28%
Gender[1,2,3,5]					
Male	37	36	27	26	33
Female[a]	14	11	16	24	23
Age[1,2,3,4,5]					
18 to 34	36	36	33	38	41
35 to 44	30	33	22	28	26
45 to 54	31	16	25	30	35
55 to 64	19	18	19	21	19
65 and Older	3	4	3	7	9
Education					
High School or Less	25	27	23	28	28
Some Post High School	22	21	24	28	27
College Graduate	26	21	15	17	28
Household Income[1,3,5]					
Bottom 40 Percent Bracket	16	21	18	20	21
Middle 20 Percent Bracket	32	30	22	33	30
Top 40 Percent Bracket	37	21	33	28	37
Marital Status					
Married	28	22	18	22	25
Not Married[a]	19	25	24	30	30

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]In 2014 and 2017, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in all other study years, "5 or more drinks on an occasion" was used for both males and females.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

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

2017 Findings

- Four 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.

- 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 alcohol to drink (8%) compared to those with a high school education or less (2%) or respondents with a college education (0%).

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink in 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink.

- No demographic comparisons were conducted as a result of the low percent of respondents reporting they were a driver or passenger in a vehicle when the driver perhaps had too much alcohol to drink in 2014.

Table 50. Driver or Passenger in Vehicle When Driver Perhaps Had Too Much to Drink in Past Month by Demographic Variables for Each Survey Year①

	2005②	2008②	2011②	2014②	2017
TOTAL	3%	3%	3%	3%	4%
Gender					
Male	--	--	--	--	4
Female	--	--	--	--	3
Age					
18 to 34	--	--	--	--	<1
35 to 44	--	--	--	--	9
45 to 54	--	--	--	--	4
55 to 64	--	--	--	--	5
65 and Older	--	--	--	--	1
Education[5]					
High School or Less	--	--	--	--	2
Some Post High School	--	--	--	--	8
College Graduate	--	--	--	--	0
Household Income					
Bottom 40 Percent Bracket	--	--	--	--	5
Middle 20 Percent Bracket	--	--	--	--	0
Top 40 Percent Bracket	--	--	--	--	5
Marital Status					
Married	--	--	--	--	3
Not Married	--	--	--	--	4

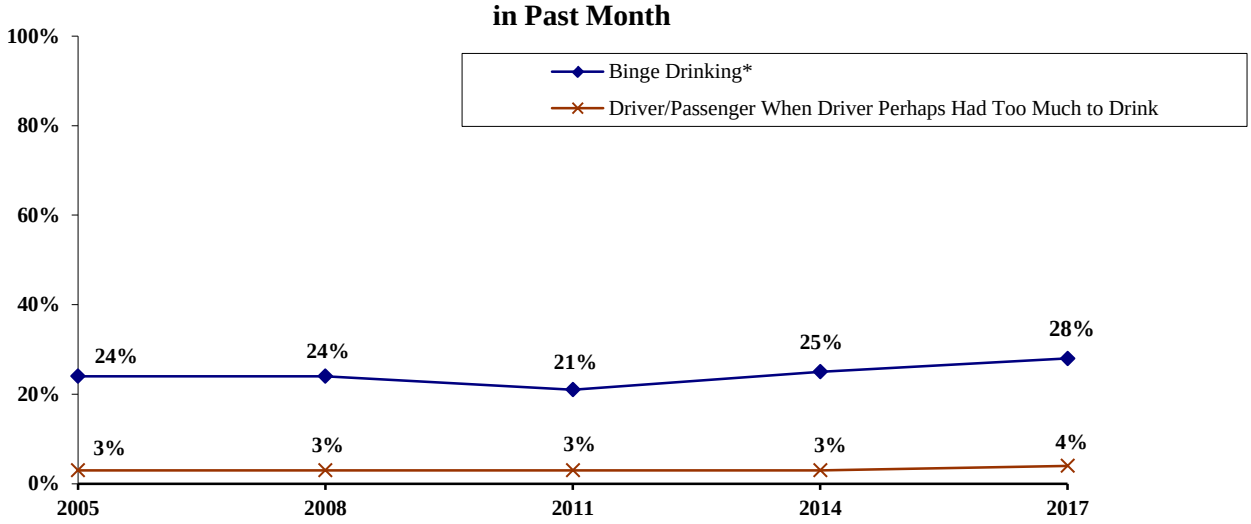
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Alcohol Use Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2014 to 2017.

Figure 23. Alcohol Use in Past Month



*In 2014 and 2017, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2005, 2008 and 2011, "5 or more drinks on an occasion" was used for both males and females.

Household Problems (Figure 24; Table 51)

KEY FINDINGS: In 2017, 4% 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; respondents in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported a household problem in connection with the misuse of prescription drugs/over-the-counter drugs or gambling. Less than one percent of respondents reported someone in their household experienced a problem with marijuana.

From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2014 to 2017.

Household Problem Associated with Alcohol in Past Year

2017 Findings

- Four 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.

- Fifteen percent of respondents in the middle 20 percent household income bracket reported a household problem in connection with drinking alcohol in the past year compared to 2% of those in the bottom 40 percent household income bracket or 1% of respondents in the top 40 percent household income bracket.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol.

- In 2005 and 2017, respondents in the middle 20 percent household income bracket were more likely to report a household problem with drinking alcohol.

- In 2005, respondents in households with children were more likely to report a household problem with drinking alcohol. In 2017, the presence of children was not a significant variable.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol.

- No demographic comparisons were conducted as a result of the low percent of respondents reporting a household problem with alcohol in 2014.

Table 51. Household Problem Associated with Alcohol in Past Year by Demographic Variables for Each Survey Year①

	2005	2008②	2011②	2014②	2017
TOTAL	4%	2%	3%	2%	4%
Household Income[1,5]					
Bottom 40 Percent Bracket	1	--	--	--	2
Middle 20 Percent Bracket	9	--	--	--	15
Top 40 Percent Bracket	1	--	--	--	1
Marital Status					
Married	4	--	--	--	3
Not Married	5	--	--	--	3
Children in Household[1]					
Yes	8	--	--	--	3
No	2	--	--	--	4

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

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

[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017

[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Other Household Problems in Past Year

2017 Findings

- Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported a household problem in connection with the misuse of prescription drugs/over-the-counter drugs or gambling. Less than one percent of respondents reported someone in their household experienced a problem with marijuana.

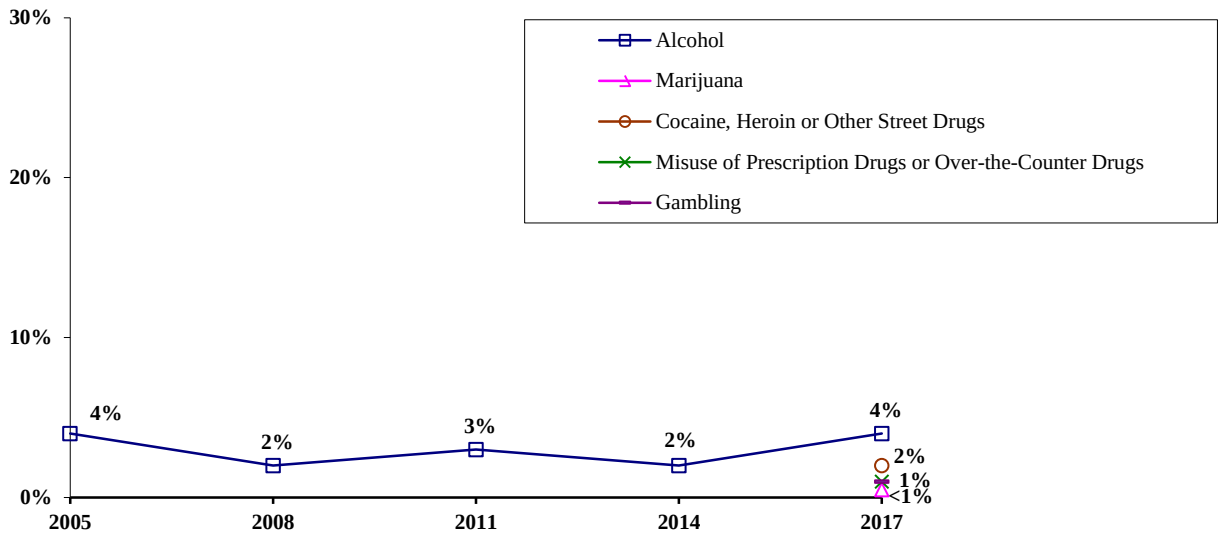
- No demographic comparisons were conducted as a result of the low percent of respondents who reported a problem associated with each of the other household problems in the past year.

Household Problems Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol, as well as from 2014 to 2017.

Figure 24. Household Problems in Past Year



Times of Distress in Past Three Years (Table 52)

KEY FINDINGS: In 2017, 26% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Forty-nine percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

Times of Distress

2017 Findings

- Twenty-six 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 Sheboygan County.

- Forty-three 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 16% of those in the middle 20 percent income bracket or 14% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report someone in their household experienced times of distress in the past three years compared to married respondents (33% and 19%, respectively).

Table 52. Times of Distress in Past Three Years by Demographic Variables for 2017ⓘ

	2017
TOTAL	26%
Household Income[1]	
Bottom 40 Percent Bracket	43
Middle 20 Percent Bracket	16
Top 40 Percent Bracket	14
Marital Status[1]	
Married	19
Not Married	33
Children in Household	
Yes	31
No	24

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

Community Resource Support

- Forty-nine percent of the 105 respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Fifty-one percent reported extremely supported or very supported.

    - Of the 51 respondents who reported they felt somewhat, slightly or not at all supported by the community resources, 31% reported the lack of knowledge of where to go was the reason for the low level of support. Twenty-seven percent reported stigma related to needing help/disapproval.

Mental Health Status (Figures 25 & 26; Tables 53 - 55)

KEY FINDINGS: In 2017, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were female, 35 to 54 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life.

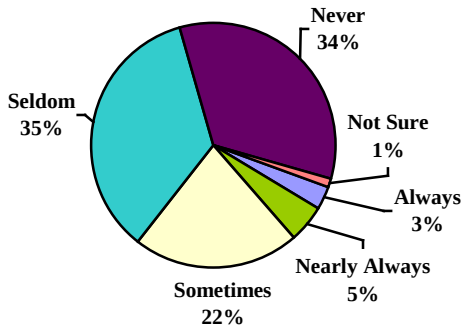
From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who considered suicide or they seldom/never find meaning and purpose in daily life while from 2014 to 2017, there was a statistical <u>decrease</u>.

Felt Sad, Blue or Depressed

<u>2017 Findings</u>

- Eight percent of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. This represents up to 11,570 residents.

Figure 25. Felt Sad, Blue or Depressed in Past 30 Days for 2017



- Female respondents were more likely to report they always or nearly always felt sad, blue or depressed (13%) compared to male respondents (3%).

- Fourteen percent of respondents 35 to 54 years old reported they always or nearly always felt sad, blue or depressed compared to 4% of those 65 and older or 0% of respondents 18 to 34 years old.

- Fifteen percent of respondents with some post high school education reported they always or nearly always felt sad, blue or depressed compared to 6% of those with a college education or 3% of respondents with a high school education or less.

- Thirteen percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed compared to 5% of those in the middle 20 percent income bracket or 4% of respondents in the top 40 percent household income bracket.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.

- In 2005, gender was not a significant variable. In 2017, female respondents were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2005.

- In 2005, age was not a significant variable. In 2017, respondents 35 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed. From 2005 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 64 years old reporting they always or nearly always felt sad, blue or depressed.

- In 2005, 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 2017, respondents with some post high school education were more likely to report they always or nearly always felt sad, blue or depressed. From 2005 to 2017, there was a noted increase in the percent of respondents with at least some post high school education reporting always or nearly always.

- In 2005 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed.

- In 2014, gender was not a significant variable. In 2017, female respondents were more likely to report they always or nearly always felt sad, blue or depressed.

- In 2014, respondents 45 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2017, respondents 35 to 54 years old were more likely to report always or nearly always. From 2014 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 35 to 44 years old reporting they always or nearly always felt sad, blue or depressed.

- In 2014, 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 2017, respondents with some post high school education were more likely to report always or nearly always. From 2014 to 2017, there was a noted decrease in the percent of respondents with a high school education or less reporting they always or nearly always felt sad, blue or depressed.

- In 2014 and 2017, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.

Table 53. Always/Nearly Always Felt Sad, Blue or Depressed in Past 30 Days by Demographic Variables for Each Survey Year[①]

	2005	2008	2011	2014	2017
TOTAL	5%	5%	7%	9%	8%
Gender[5]					
Male	5	5	6	7	3
Female[a]	4	6	8	12	13
Age[3,4,5]					
18 to 34[a,b]	7	4	4	11	0
35 to 44[b]	8	5	19	3	14
45 to 54[a]	4	4	4	20	14
55 to 64[a]	0	7	5	4	9
65 and Older	2	7	5	4	4
Education[1,4,5]					
High School or Less[b]	6	7	8	11	3
Some Post High School[a]	5	2	7	12	15
College Graduate[a]	0	6	4	1	6
Household Income[1,3,4,5]					
Bottom 40 Percent Bracket	9	5	12	17	13
Middle 20 Percent Bracket	1	5	7	6	5
Top 40 Percent Bracket	0	4	<1	4	4
Marital Status[3]					
Married	4	4	4	8	7
Not Married	5	7	10	11	8

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Considered Suicide

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

2017 Findings

- Five percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 8,900 residents who may have considered suicide in the past year.

- Eleven percent of respondents in the middle 20 percent household income bracket reported they felt so overwhelmed in the past year that they considered suicide compared to 7% of those in the bottom 40 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- No demographic comparisons were conducted as a result of the low percent of respondents reporting they considered suicide in 2005.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported they considered suicide in the past year.

- In 2014 and 2017, gender was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of male respondents reporting they felt so overwhelmed they considered suicide.

- In 2014, respondents 18 to 34 years old or 45 to 54 years old were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2017, age was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting they considered suicide.

- In 2014, respondents with some post high school education or less were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2017, education was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of respondents with a high school education or less reporting they considered suicide.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2017, respondents in the middle 20 percent household income bracket were more likely to report they felt so overwhelmed in the past year they considered suicide. From 2014 to 2017, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting they considered suicide.

- In 2014, unmarried respondents were more likely to report they felt so overwhelmed in the past year they considered suicide. In 2017, marital status was not a significant variable. From 2014 to 2017, there was a noted decrease in the percent of unmarried respondents reporting they considered suicide.

Table 54. Considered Suicide in Past Year by Demographic Variables for Each Survey Year[①]

	2005[②]	2008	2011	2014	2017
TOTAL[b]	3%	4%	7%	10%	5%
Gender					
Male[b]	--	4	6	9	3
Female	--	4	7	11	7
Age[3,4]					
18 to 34[b]	--	3	7	16	<1
35 to 44	--	7	14	7	6
45 to 54[b]	--	5	5	15	4
55 to 64	--	4	4	3	6
65 and Older	--	1	3	3	8
Education[4]					
High School or Less[b]	--	6	8	12	5
Some Post High School	--	4	7	12	5
College Graduate	--	<1	3	3	4
Household Income[3,4,5]					
Bottom 40 Percent Bracket	--	5	11	14	7
Middle 20 Percent Bracket	--	3	7	8	11
Top 40 Percent Bracket[b]	--	4	1	5	<1
Marital Status[3,4]					
Married	--	3	1	7	3
Not Married[b]	--	5	12	13	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Find Meaning and Purpose in Daily Life

2017 Findings

- Three percent of respondents reported they seldom or never find meaning and purpose in daily life. Thirty-nine percent of respondents reported they always find meaning and purpose while an additional 42% reported nearly always.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they seldom or never find meaning and purpose in daily life.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2005, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2014, respondents 18 to 34 years old, 45 to 54 years old or with some post high school education or less were more likely to report they seldom or never find meaning and purpose in daily life.

Table 55. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year①

	2005	2008②	2011	2014	2017②
TOTAL[b]	4%	3%	7%	7%	3%
Gender					
Male	3	--	8	7	--
Female	5	--	6	7	--
Age[4]					
18 to 34	5	--	8	10	--
35 to 44	3	--	13	0	--
45 to 54	1	--	2	11	--
55 to 64	2	--	8	3	--
65 and Older	6	--	3	7	--
Education[1,3,4]					
High School or Less	7	--	13	9	--
Some Post High School	2	--	4	9	--
College Graduate	1	--	<1	0	--
Household Income[3]					
Bottom 40 Percent Bracket	4	--	11	10	--
Middle 20 Percent Bracket	5	--	3	4	--
Top 40 Percent Bracket	1	--	<1	5	--
Marital Status[3]					
Married	3	--	2	7	--
Not Married	5	--	11	6	--

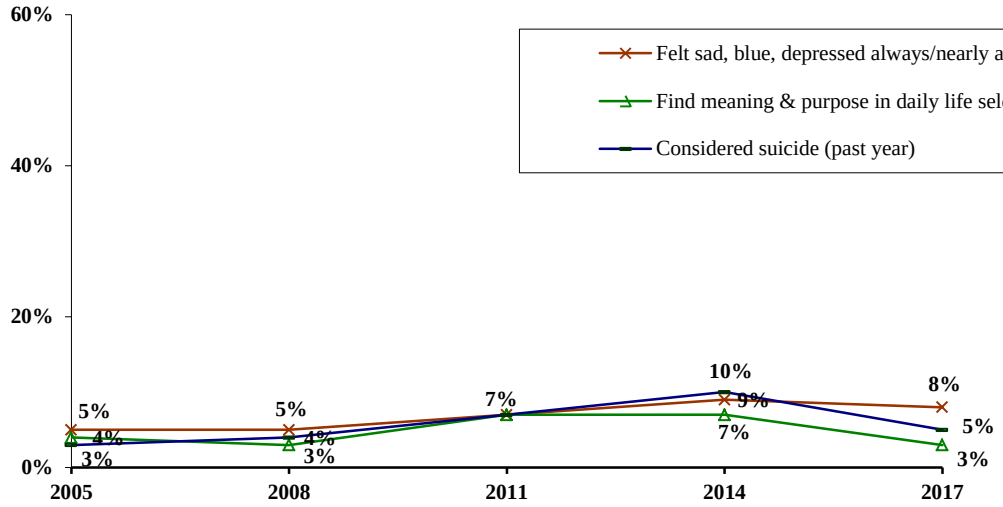
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Mental Health Status Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, as well as from 2014 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents who considered suicide or they seldom/never find meaning and purpose in daily life while from 2014 to 2017, there was a statistical decrease.

Figure 26. Mental Health Status



Personal Safety Issues (Figure 27; Tables 56 – 58)

KEY FINDINGS: In 2017, 2% 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 3% reported at least one of these two situations.

From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety while from 2014 to 2017, there was a statistical decrease. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2017.

Afraid for Personal Safety

2017 Findings

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

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

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they were afraid for their personal safety in both study years.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were afraid for their personal safety.

- In 2014, respondents who were female or in the bottom 40 percent household income bracket were more likely to report they were afraid for their personal safety.

Table 56. Afraid for Personal Safety in Past Year by Demographic Variables for Each Survey Year①

	2005②	2008	2011②	2014	2017②
TOTAL[b]	3%	5%	3%	9%	2%
Gender[2,4]					
Male	--	2	--	6	--
Female	--	8	--	12	--
Age					
18 to 34	--	8	--	13	--
35 to 44	--	3	--	12	--
45 to 54	--	8	--	6	--
55 to 64	--	2	--	8	--
65 and Older	--	0	--	4	--
Education					
High School or Less	--	5	--	7	--
Some Post High School	--	8	--	11	--
College Graduate	--	2	--	9	--
Household Income[4]					
Bottom 40 Percent Bracket	--	7	--	17	--
Middle 20 Percent Bracket	--	7	--	8	--
Top 40 Percent Bracket	--	2	--	<1	--
Marital Status					
Married	--	4	--	8	--
Not Married	--	6	--	9	--

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Pushed, Kicked, Slapped or Hit

2017 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 who reported they were pushed, kicked, slapped or hit in the past year.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.

- In 2005, respondents 18 to 34 years old were more likely to report they were pushed, kicked, slapped or hit in the past year.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were pushed, kicked, slapped or hit.

- In 2014, respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report they were pushed, kicked, slapped or hit in the past year.

Table 57. Pushed, Kicked, Slapped or Hit in Past Year by Demographic Variables for Each Survey Year①

	2005	2008②	2011	2014	2017②
TOTAL[a,b]	4%	3%	4%	4%	1%
Gender[3]					
Male	5	--	1	3	--
Female	2	--	7	5	--
Age[1,3,4]					
18 to 34	11	--	3	9	--
35 to 44	1	--	12	3	--
45 to 54	3	--	2	5	--
55 to 64	0	--	2	0	--
65 and Older	0	--	0	0	--
Education[3]					
High School or Less	3	--	7	5	--
Some Post High School	4	--	<1	5	--
College Graduate	3	--	2	0	--
Household Income[3,4]					
Bottom 40 Percent Bracket	2	--	7	9	--
Middle 20 Percent Bracket	1	--	0	0	--
Top 40 Percent Bracket	5	--	2	<1	--
Marital Status[3,4]					
Married	3	--	0	0	--
Not Married	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.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Combined Personal Safety Issues

2017 Findings

- Three percent of all respondents reported at least one of the two personal safety issues.
- No demographic comparisons were conducted as a result of the low percent of respondents who reported at least one of the two personal safety issues.

2005 to 2017 Year Comparisons

- From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues.
- In 2005, respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report at least one of the two personal safety issues.

2014 to 2017 Year Comparisons

- From 2014 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report at least one of the personal safety issues.

Table 58. At Least One of the Personal Safety Issues in Past Year by Demographic Variables for Each Survey Year①

	2005	2008	2011	2014	2017②
TOTAL[a,b]	6%	8%	6%	10%	3%
Gender[3]					
Male	6	5	3	9	--
Female	6	10	8	12	--
Age[1,2,3]					
18 to 34	16	14	6	15	--
35 to 44	4	4	17	12	--
45 to 54	7	11	2	11	--
55 to 64	4	2	2	8	--
65 and Older	0	1	0	4	--
Education					
High School or Less	5	7	8	9	--
Some Post High School	5	11	5	13	--
College Graduate	8	4	3	9	--
Household Income[1,4]					
Bottom 40 Percent Bracket	4	11	8	21	--
Middle 20 Percent Bracket	3	8	3	8	--
Top 40 Percent Bracket	12	4	2	2	--
Marital Status[3]					
Married	6	7	2	8	--
Not Married	6	9	9	13	--

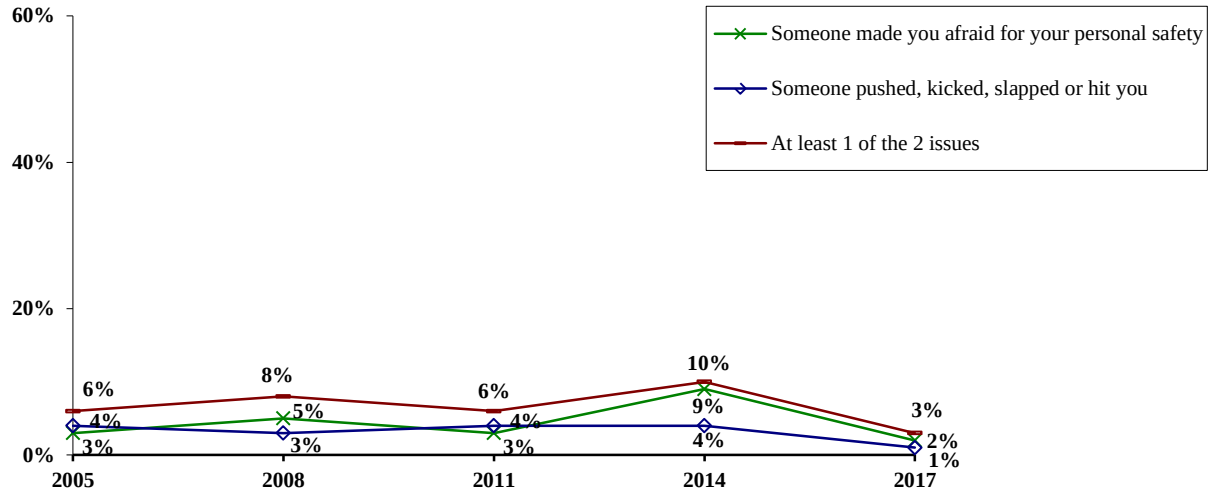
①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
②Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2005; [2]demographic difference at p≤0.05 in 2008; [3]demographic difference at p≤0.05 in 2011; [4]demographic difference at p≤0.05 in 2014; [5]demographic difference at p≤0.05 in 2017
[a]year difference at p≤0.05 from 2005 to 2017; [b]year difference at p≤0.05 from 2014 to 2017

Personal Safety Issues Overall

Year Comparisons

- From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety while from 2014 to 2017, there was a statistical decrease. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2014 to 2017. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2014 to 2017.

Figure 27. Personal Safety Issues in Past Year



Children in Household (Tables 59 – 60)

KEY FINDINGS: In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-one percent of respondents reported they had one or more persons they think of as their child's personal doctor or nurse, with 94% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Eight percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 7% reported their child did not receive the medical care needed. Less than one percent reported their child was not able to visit a specialist they needed to see. Seven percent of respondents reported their child currently had asthma. Less than one percent of respondents reported their child was seldom or never safe in their community. Eighty-one percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 17% reported three or more servings of vegetables. This results in 48% of respondents reporting their 5 to 17 year old child ate at least five servings of fruits or vegetables. Sixty-eight percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Three 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-three percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 23% reported verbal bullying, 1% each reported physical bullying or cyber bullying.

Children in Household

2017 Findings

- Thirty-four percent of respondents reported they have a child under the age of 18 living in their household. Eighty-five 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-six percent of the children selected were 12 or younger. Fifty-one percent were boys. Of these households, 41% were in the bottom 60 percent household income bracket and 73% were married.

Child's Personal Doctor

2017 Findings

Of the 114 respondents who make health care decisions for their child…

- Ninety-one percent of respondents reported they had 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.

- Respondents speaking on behalf of their 13 to 17 year old child were more likely to report their child has one or more persons they think of as their child's personal doctor or nurse (100%) compared to respondents speaking on behalf of their child who was 12 or younger (87%).

Preventive Care with Child's Personal Doctor

2017 Findings

Of the 104 respondents with a child who has a personal doctor…

- Of children who had a personal doctor, 94% reported their child visited their personal doctor/nurse for preventive care during the past 12 months.

- Respondents were more likely to report their child who was 12 or younger visited their personal doctor/nurse for preventive care in the past 12 months (98%) compared to respondents speaking on behalf of their 13 to 17 year old child (89%).

Table 59. Child's Personal Doctor/Nurse by Demographic Variables for 2017[①]

	Have a Personal Doctor/Nurse	Preventive Care in Past Year (Of Children With Personal Dr./Nurse)
TOTAL	91%	94%
Gender		
Boy	93	94
Girl	89	94
Age		
12 Years Old or Younger	87[1]	98[1]
13 to 17 Years Old	100[1]	89[1]
Household Income		
Bottom 60 Percent Bracket	91	95
Top 40 Percent Bracket	90	93
Marital Status		
Married	93	95
Not Married	87	93

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

Unmet Care

2017 Findings

Of the 114 respondents with a child…

- Eight percent of respondents reported there was a time in the past 12 months their child did not get the dental care needed. Seven percent reported their child did not receive the medical care needed while less than one percent reported 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 percent of respondents who reported their child had an unmet need.

Child's Asthma

2017 Findings

Of the 114 respondents with a child…

- Seven percent of respondents reported their child currently had asthma.

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

Child's Safety in Community

2017 Findings

Of the 113 respondents with a child…

- Less than one percent of respondents reported their child was seldom/never safe in their community or neighborhood.

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

Child's Sleeping Arrangement

2017 Findings

Of the 28 respondents with a child two years old or younger…

- Seventy-five percent of respondents reported when their child was a baby, their child usually slept in a crib or bassinette while 18% reported Pack n' Play and 7% of respondents reported in bed with them or another person.

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

Child's Nutrition and Exercise

2017 Findings

Of the 82 respondents with a child 5 to 17 years old…

- Eighty-one percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 17% reported their child ate three or more servings of vegetables. Forty-eight percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-eight percent of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each.

- One hundred percent of respondents reported their daughter ate at least two servings of fruit on an average day compared to 71% of respondents speaking on behalf of their son.

- Respondents were more likely to report their child who was 5 to 12 years old ate at least two servings of fruit on an average day (98%) compared to respondents speaking on behalf of their 13 to 17 year old child (63%).

    - Of the 25 respondents who reported their child was not physically active five times a week for at least 60 minutes, 25% reported the weather prevented them from being physically active. Twenty-one percent reported school/homework/other activities while 18% reported their child does not like to be physically active.

Table 60. Child's Nutrition and Exercise by Demographic Variables for 2017 (Children 5 to 17 Years Old)[①]

	Fruit (2+ Servings)	Vegetables (3+ Servings)	Fruit/Vegetables (5 +Servings)	Physically Active (5x/Week/60 Min)
TOTAL	81%	17%	48%	68%
Gender				
Boy	71[1]	14	45	75
Girl	100[1]	23	52	58
Age				
5 to 12 Years Old	98[1]	16	56	61
13 to 17 Years Old	63[1]	18	38	77
Household Income				
Bottom 60 Percent Bracket	86	11	46	61
Top 40 Percent Bracket	82	20	49	75

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

Child's Emotional Well-Being

2017 Findings

Of the 73 respondents with a child 8 to 17 years old…

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

Child Experienced Bullying in Past Year

2017 Findings

Of the 73 respondents with a child 8 to 17 years old…

- Twenty-three percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past year. More specifically, 23% reported their child was verbally bullied, for example, mean rumors said or kept out of a group. One percent reported their child was physically bullied, for example, being hit or kicked. One percent of respondents reported their child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.
- No demographic comparisons were conducted as a result of the low number of respondents who were asked this question.

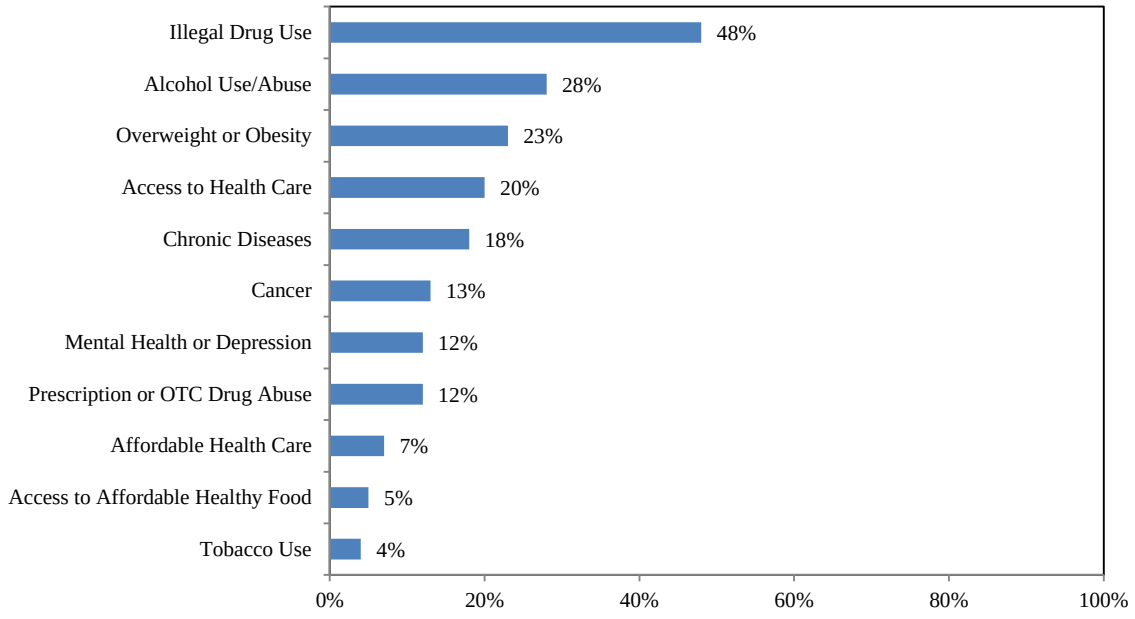
County Health Issues (Figure 28; Tables 61 - 71)

KEY FINDINGS: In 2017, respondents were asked to provide the top three health issues in the county. The most often cited was illegal drug use (48%). Respondents 18 to 34 years old were more likely to report illegal drug use as a top issue. Twenty-eight percent of respondents reported alcohol use or abuse as a top county health issue; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Twenty-three percent reported overweight or obesity as a top county health issue. Respondents 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report overweight or obesity as a top issue. Twenty percent of respondents reported access to health care (medical, dental or mental); respondents who were female, 35 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported chronic diseases as a top health issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported cancer. Respondents 35 to 44 years old were more likely to report cancer as a top issue. Twelve percent of respondents reported mental health or depression as a top health issue; respondents with some post high school education or married respondents were more likely to report this. Twelve percent of respondents reported prescription or over-the-counter drug abuse as a top county health issue; respondents 45 to 54 years old or with some post high school education were more likely to report this. Seven percent of respondents reported affordable health care; respondents 35 to 44 years old or with a college education were more likely to report this. Five percent of respondents reported access to affordable healthy food as a top health issue; respondents 45 to 54 years old, with a high school education or less or with a college education were more likely to report this. Four percent of respondents reported tobacco use as a top issue; respondents who were male, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this.

2017 Findings

- Respondents were asked to report the three largest community health issues in Sheboygan County. Respondents were more likely to report illegal drug use (48%) followed by alcohol use/abuse (28%), overweight/obesity (23%) or access to health care (20%).

Figure 28. Top County Health Issues for 2017



Illegal Drug Use as a Top County Health Issue

2017 Findings

- Forty-eight percent of respondents reported illegal drug use as one of their top three county health issues.
- Respondents 18 to 34 years old were more likely to report illegal drug use as one of the top health issues (69%) compared to those 45 to 54 years old (42%) or respondents 35 to 44 years old (17%).

Table 61. Illegal Drug Use as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	48%
Gender	
Male	47
Female	50
Age[1]	
18 to 34	69
35 to 44	17
45 to 54	42
55 to 64	56
65 and Older	47
Education	
High School or Less	43
Some Post High School	50
College Graduate	53
Household Income	
Bottom 40 Percent Bracket	48
Middle 20 Percent Bracket	40
Top 40 Percent Bracket	48
Marital Status	
Married	48
Not Married	49

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

Alcohol Use or Abuse as a Top County Health Issue

2017 Findings

- Twenty-eight percent of respondents reported alcohol use or abuse as one of their top three county health issues.
- Male respondents were more likely to report alcohol use or abuse as one of the top health issues (33%) compared to female respondents (23%).
- Forty-one percent of respondents 18 to 34 years old reported alcohol use or abuse as a top issue compared to 14% of those 35 to 44 years old or 13% of respondents 45 to 54 years old.

- Unmarried respondents were more likely to report alcohol use or abuse as one of the top health issues compared to married respondents (32% and 23%, respectively).

Table 62. Alcohol Use or Abuse as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	28%
Gender[1]	
Male	33
Female	23
Age[1]	
18 to 34	41
35 to 44	14
45 to 54	13
55 to 64	37
65 and Older	30
Education	
High School or Less	25
Some Post High School	26
College Graduate	34
Household Income	
Bottom 40 Percent Bracket	26
Middle 20 Percent Bracket	23
Top 40 Percent Bracket	29
Marital Status[1]	
Married	23
Not Married	32

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

Overweight or Obesity as a Top County Health Issue

2017 Findings

- Twenty-three percent of respondents reported overweight or obesity as one of the top three county health issues.

- Thirty-five percent of respondents 18 to 34 years old reported overweight or obesity as a top issue compared to 19% of those 35 to 44 years old or 12% of respondents 65 and older.

- Twenty-nine percent of respondents with some post high school education and 27% of those with a college education reported overweight or obesity as a top issue compared to 16% of respondents with a high school education or less.

- Thirty-three percent of respondents in the top 40 percent household income bracket reported overweight or obesity as a top county health issue compared to 25% of those in the middle 20 percent income bracket or 11% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report overweight or obesity as a top issue compared to unmarried respondents (29% and 17%, respectively).

Table 63. Overweight or Obesity as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	23%
Gender	
Male	25
Female	22
Age[1]	
18 to 34	35
35 to 44	19
45 to 54	21
55 to 64	24
65 and Older	12
Education[1]	
High School or Less	16
Some Post High School	29
College Graduate	27
Household Income[1]	
Bottom 40 Percent Bracket	11
Middle 20 Percent Bracket	25
Top 40 Percent Bracket	33
Marital Status[1]	
Married	29
Not Married	17

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

Access to Health Care as a Top County Health Issue

2017 Findings

- Twenty percent of respondents reported access to health care (physical, dental or mental) as one of the top three county health issues.

- Female respondents were more likely to report access to health care as one of the top health issues (27%) compared to male respondents (13%).

- Thirty percent of respondents 45 to 54 years old and 29% of those 35 to 44 years old reported access to health care as a top issue compared to 7% of respondents 18 to 34 years old.

- Twenty-eight percent of respondents with a college education reported access to health care as a top issue compared to 18% of those with some post high school education or 16% of respondents with a high school education or less.

- Thirty percent of respondents in the top 40 percent household income bracket reported access to health care as a top issue compared to 15% of those in the bottom 40 percent income bracket or 13% of respondents in the middle 20 percent household income bracket.

Table 64. Access to Health Care as a Top County Health Issue by Demographic Variables for 2017[ⓘ]

	2017
TOTAL	20%
Gender[1]	
Male	13
Female	27
Age[1]	
18 to 34	7
35 to 44	29
45 to 54	30
55 to 64	21
65 and Older	16
Education[1]	
High School or Less	16
Some Post High School	18
College Graduate	28
Household Income[1]	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	30
Marital Status	
Married	21
Not Married	18

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

Chronic Diseases as a Top County Health Issue

2017 Findings

- Eighteen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.

- Twenty-six percent of respondents with a college education reported chronic diseases as one of the top health issues compared to 15% of those with some post high school education or 14% of respondents with a high school education or less.

- Twenty-six percent of respondents in the top 40 percent household income bracket reported chronic diseases as a top issue compared to 22% of those in the middle 20 percent income bracket or 10% of respondents in the bottom 40 percent household income bracket.

Table 65. Chronic Diseases as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	18%
Gender	
Male	19
Female	16
Age	
18 to 34	22
35 to 44	22
45 to 54	10
55 to 64	17
65 and Older	18
Education[1]	
High School or Less	14
Some Post High School	15
College Graduate	26
Household Income[1]	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	22
Top 40 Percent Bracket	26
Marital Status	
Married	20
Not Married	15

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

Cancer as a Top County Health Issue

2017 Findings

- Thirteen percent of respondents reported cancer as one of their top three county health issues.
- Twenty-two percent of respondents 35 to 44 years old reported cancer as one of the top health issues compared to 15% of those 55 to 64 years old or less than one percent of respondents 18 to 34 years old.

Table 66. Cancer as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	13%
Gender	
Male	14
Female	13
Age[1]	
18 to 34	<1
35 to 44	22
45 to 54	16
55 to 64	15
65 and Older	16
Education	
High School or Less	14
Some Post High School	9
College Graduate	17
Household Income	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	15
Top 40 Percent Bracket	13
Marital Status	
Married	16
Not Married	10

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

Mental Health or Depression as a Top County Health Issue

2017 Findings

- Twelve percent of respondents reported mental health or depression as one of their top three county health issues.

- Eighteen percent of respondents with some post high school education reported mental health or depression as one of their top three county health issues compared to 12% of those with a college education or 7% of respondents with a high school education or less.

- Married respondents were more likely to report mental health or depression as a top issue compared to unmarried respondents (15% and 8%, respectively).

Table 67. Mental Health or Depression as a Top County Health Issue by Demographic Variables for 2017[①]

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

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

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

2017 Findings

- Twelve percent of respondents reported prescription or over-the-counter drug abuse as one of the top three county health issues.

- Twenty-seven percent of respondents 45 to 54 years old reported prescription or over-the-counter drug abuse as one of the top health issues compared to 6% of respondents 35 to 44 years old or 55 to 64 years old.

- Respondents with some post high school education were more likely to report prescription or over-the-counter drug abuse as a top issue (22%) compared to those with a high school education or less (9%) or respondents with a college education (4%).

Table 68. Prescription or Over-the Counter Drug Abuse as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	12%
Gender	
Male	13
Female	12
Age[1]	
18 to 34	13
35 to 44	6
45 to 54	27
55 to 64	6
65 and Older	8
Education[1]	
High School or Less	9
Some Post High School	22
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	12
Marital Status	
Married	13
Not Married	11

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

Affordable Health Care as a Top County Health Issue

2017 Findings

- Seven percent of respondents reported affordable health care as one of the top three county health issues.
- Twenty percent of respondents 35 to 44 years old reported affordable health care as one of the top health issues compared to 1% of those 65 and older or 0% of respondents 18 to 34 years old.
- Respondents with a college education were more likely to report affordable health care as a top issue (14%) compared to those with a high school education or less (6%) or respondents with some post high school education (3%).

Table 69. Affordable Health Care as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	7%
Gender	
Male	7
Female	7
Age[1]	
18 to 34	0
35 to 44	20
45 to 54	9
55 to 64	6
65 and older	1
Education[1]	
High School or Less	6
Some Post High School	3
College Graduate	14
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	7
Marital Status	
Married	6
Not Married	7

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

Access to Affordable Healthy Food as a Top County Health Issue

2017 Findings

- Five percent of respondents reported access to affordable healthy food as one of the top three county health issues.
- Ten percent of respondents 45 to 54 years old reported access to affordable healthy food as one of the top health issues compared to 1% of those 35 to 44 years old or 0% of respondents 55 to 64 years old.
- Seven percent of respondents with a high school education or less or with a college education reported access to affordable healthy food as a top issue compared to 0% of respondents with some post high school education.

Table 70. Access to Affordable Healthy Food as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	5%
Gender	
Male	6
Female	3
Age[1]	
18 to 34	5
35 to 44	1
45 to 54	10
55 to 64	0
65 and Older	5
Education[1]	
High School or Less	7
Some Post High School	0
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	5
Marital Status	
Married	4
Not Married	6

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

Tobacco Use as a Top County Health Issue

2017 Findings

- Four percent of respondents reported tobacco use as one of the top three county health issues.
- Male respondents were more likely to report tobacco use as one of the top health issues (6%) compared to female respondents (2%).
- Respondents with some post high school education were more likely to report tobacco use as a top issue (7%) compared to those with a high school education or less (4%) or respondents with a college education (0%).
- Seven percent of respondents in the bottom 40 percent household income bracket reported tobacco use as a top county health issue compared to 3% of those in the middle 20 percent income bracket or 0% of respondents in the top 40 percent household income bracket.

Table 71. Tobacco Use as a Top County Health Issue by Demographic Variables for 2017[①]

	2017
TOTAL	4%
Gender[1]	
Male	6
Female	2
Age	
18 to 34	3
35 to 44	9
45 to 54	2
55 to 64	1
65 and Older	7
Education[1]	
High School or Less	4
Some Post High School	7
College Graduate	0
Household Income[1]	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	0
Marital Status	
Married	3
Not Married	5

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

APPENDIX A: QUESTIONNAIRE FREQUENCIES

SHEBOYGAN COUNTY
January 11 through February 1, 2017

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

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

Poor	4%
Fair	13
Good	33
Very good	35
Excellent	15
Not sure	0

2. Currently, what is your primary type of health care coverage? Is it through…
["Obamacare, the exchange, Affordable Care Act (ACA)", code as private insurance]

Private insurance	66%
Medicaid including medical assistance, Title 19 or Badger Care	7
Medicare	24
Or do you not have health care coverage	4
Not sure	<1

3. Did you have health insurance during all, part or none of the past 12 months?

All	92%
Part	7
None	2
Not sure	0

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

All	90%
Part	8
None	2
Not sure	<1

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

Yes	16%
No	84
Not sure	<1

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

Yes	9%
No	91
Not sure	0

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

Yes	12%	→CONTINUE WITH Q8
No	89	→GO TO Q9
Not sure	0	→GO TO Q9

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

Insurance did not cover it	28%
Poor medical care	22
Uninsured	16
Cannot afford to pay	16
Physical barriers	14
Co-payments too high	13
Specialty physician not in area	8
Unable to get appointment	7
Don't know where to go	5
Other (2% or less)	0

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

Yes	17%	→CONTINUE WITH Q10
No	83	→GO TO Q11
Not sure	<1	→GO TO Q11

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

Cannot afford to pay	26%
Uninsured	21
Insurance did not cover it	20
Unable to find a dentist to take Medicaid or other insurance	20
Poor dental care	9
Co-payments too high	9
Physical barriers	9
Specialty physician not in area	5
Unable to get appointment	4
Other (2% or less)	1

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

Yes	4%	→ CONTINUE WITH Q12
No	96	→ GO TO Q13
Not sure	<1	→ GO TO Q13

12. Why did you not receive the mental health care you thought you needed? [15 Respondents: Multiple responses accepted]

Not enough time	6 respondents
Poor mental health care	2 respondents
Insurance did not cover it	2 respondents
Co-payments too high	2 respondents
All others	4 respondents

13. 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 Sheboygan County?

Yes	26%	→CONTINUE WITH Q14
No	72	→GO TO Q16
Should have/could have looked, but did not	<1	→GO TO Q15
Not sure	1	→GO TO Q16

14. How supported did you feel by community resources offered to you? Would you say…[105 Respondents]

Not at all supported	9%	→CONTINUE WITH Q15
Slightly supported	11	→CONTINUE WITH Q15
Somewhat supported	29	→CONTINUE WITH Q15
Very supported or	44	→GO TO Q16
Extremely supported	7	→GO TO Q16
Not sure	<1	→GO TO Q16

15. What is the reason or reasons you answered the way you did? [51 Respondents: Multiple responses accepted]

Lack of knowledge of where to go	31%
Stigma related to needing help/disapproval	27
Poor quality of care	19
Other (2% or less)	17
Not sure	15

16. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

Yes	29%	→CONTINUE WITH Q17
No	71	→GO TO Q18
Not sure	0	→GO TO Q18

17. Of the <u>following</u> support services, which one do you MOST need, that you are not currently getting? [115 Respondents]

Help in getting access to services	11%
Classes about giving care, such as giving medications	5
Respite care (short-term or long-term breaks for people who provide care)	5
Individual counseling to help cope with giving care	2
Support groups	<1
Other (2% or less)	5
I don't need any of these support services	71
Not sure	0

18. In the next two years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

Yes	37%
No	60
Not sure	3

19. 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	87%
No	14
Not sure	0

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

Doctor	51%
Internet	22
Other health professional	9
Myself/family member in health care field	6
Family/friends	4
Work	3
Other (2% or less)	5
Not sure	<1

21. 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	42%
No	58
Not sure	<1

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

Doctor's or nurse practitioner's office	58%
Public health clinic or community health center	6
Hospital outpatient department	1
Hospital emergency room	3
Urgent care center	5
Quickcare clinic (fastcare clinic)	11
Worksite clinic	6
Some other kind of place	2
No usual place	8

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
23.	A routine checkup	66%	20%	4%	9%	0%	0%
24.	Cholesterol test	58	19	6	6	7	4
25.	A visit to a dentist or dental clinic	68	21	5	6	0	0
26.	An eye exam	45	37	7	10	1	0

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

Yes	47%
No	52
Not sure	2

28. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old	26%
35 to 44 years old	17
45 to 54 years old	21
55 to 64 years old	17
65 and older	19

29. 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? [77 Respondents 65 and Older]

Yes	75%
No	19
Not sure	5

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
30.	You have high blood pressure?	29%	71%	0%
31.	…(if yes) [116 Respondents]: Is it under control through medication, exercise or lifestyle changes?	91	9	0
32.	Your blood cholesterol is high?	26	73	<1
33.	…(if yes) [104 Respondents]: Is it under control through medication, exercise or lifestyle changes?	84	12	5
34.	You have heart disease or a heart condition?	11	90	0
35.	…(if yes) [42 Respondents]: Is it under control through medication, exercise or lifestyle changes?	93	3	3
36.	You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression?	19	80	<1
37.	…(if yes) [75 Respondents]: Is it under control through medication, therapy or lifestyle changes?	93	7	0
38.	You have diabetes (men) You have diabetes not associated with a pregnancy (women)	13	87	<1
39.	…(if yes) [52 Respondents]: Is it under control through medication, exercise or lifestyle changes?	98	2	0
40.	Do you currently have asthma?	13	88	0
41.	…(if yes) [49 Respondents]: Is it under control through medication, therapy or lifestyle changes?	76	22	2

42. 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	45%
Two servings	22
Three or more servings	33
Not sure	0

43. 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	41%
Two servings	34
Three or more servings	24
Not sure	0

44. 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	6%
No	94
Not sure	0

45. 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	14%
1 to 4 days	46
5 to 7 days	40
Not sure	<1

46. 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	37%
1 to 2 days	26
3 to 7 days	38
Not sure	0

FEMALES ONLY

Now I have some questions about women's health.

47. 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? [92 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	51%
Within the past 2 years (1 year, but less than 2 years ago)	21
Within the past 3 years (2 years, but less than 3 years ago)	10
Within the past 5 years (3 years, but less than 5 years ago)	7
5 or more years ago	9
Never	2
Not sure	1

48. 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? [44 Respondents 65 and Older]

Yes	77%
No	20
Not sure	2

49. 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? [139 Respondents 18 to 65 years old]

Within the past year (anytime less than 12 months ago)	42%
Within the past 2 years (1 year, but less than 2 years ago)	33
Within the past 3 years (2 years, but less than 3 years ago)	8
Within the past 5 years (3 years, but less than 5 years ago)	8
5 or more years ago	4
Never	4
Not sure	1

50. 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? [139 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)	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)	3
5 or more years ago	5
Never	13
Not sure	25

MALE & FEMALE RESPONDENTS 50 AND OLDER

51. 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? [184 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	13%
Within the past 2 years (1 year, but less than 2 years ago)	4
Within the past 5 years (2 years, but less than 5 years ago)	7
5 years ago or more	18
Never	54
Not sure	4

52. 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? [184 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	<1%
Within the past 2 years (1 year, but less than 2 years ago)	2
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)	4
10 years ago or more	8
Never	78
Not sure	5

53. 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? [184 Respondents 50 and Older]

Within the past year (anytime less than 12 months ago)	15%
Within the past 2 years (1 year, but less than 2 years ago)	13
Within the past 5 years (2 years, but less than 5 years ago)	33
Within the past 10 years (5 years but less than 10 years ago)	15
10 years ago or more	5
Never	18
Not sure	2

ALL RESPONDENTS

54. During the **past 30 days**, about how often would you say you felt sad, blue, or depressed?

Never	34%
Seldom	35
Sometimes	22
Nearly always	5
Always	3
Not sure	1

55. How often would you say you find meaning and purpose in your daily life?

Never	2%
Seldom	1
Sometimes	16
Nearly always	42
Always	39
Not sure	<1

56. In the past year have you ever felt so overwhelmed that you considered suicide?

Yes	5%
No	95
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.

57. 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	72%
1 day	7
2 or more days	20
Not sure	0

58. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink?

Yes	4%
No	97
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
59.	Drinking alcohol	4%	97%	0%
60.	Marijuana	<1	99	<1
61.	Cocaine, heroin or other street drugs	2	98	0
62.	Misuse of prescription drugs or over-the-counter drugs	1	99	0
63.	Gambling	1	99	0

In the past 30 days, did you use…

		Yes	No	Not Sure
64.	Smokeless tobacco including chewing tobacco, snuff, plug, or spit	9%	91%	0%
65.	Cigars, cigarillos, or little cigars	1	99	0
66.	Electronic cigarettes, also known as vaping or e-cigarettes	2	98	0

Now I'd like to talk to you about regular tobacco cigarettes….

67. Do you now smoke tobacco cigarettes every day, some days or not at all?

Every day	17%	→CONTINUE WITH Q68
Some days	4	→CONTINUE WITH Q68
Not at all	79	→GO TO Q71
Not sure	0	→GO TO Q71

68. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? [83 Current Smokers]

Yes	63%
No	37
Not sure	0

69. In the past 12 months, have you seen a doctor, nurse or other health professional? [82 Current Smokers]

Yes	77%	→CONTINUE WITH Q70
No	23	→GO TO Q71
Not sure	0	→GO TO Q71

70. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? [64 Current Smokers]

Yes	77%
No	23
Not sure	0

71. Which statement best describes the rules about smoking inside your home…

Smoking is not allowed anywhere inside your home	87%
Smoking is allowed in some places or at some times	5
Smoking is allowed anywhere inside your home or	2
There are no rules about smoking inside your home	7
Not sure	<1

72. In the past seven days, how many days were you in the same room or did you ride in a car with someone who was smoking cigarettes? [316 Nonsmokers]

0 days	89%
1 to 3 days	9
4 to 6 days	0
All 7 days	2
Not sure	0

Now, I have a few questions to ask about you and your household.

73. Gender [DERIVED, NOT ASKED]

Male	50%
Female	50

74. About how much do you weigh, without shoes?
75. About how tall are you, without shoes?
[CALCULATE BODY MASS INDEX (BMI)]

Not overweight/obese	38%
Overweight	30
Obese	32

76. Are you Hispanic or Latino?

Yes	7%
No	94
Not sure	0

77. Which of the following would you say is your race?

White	91%
Black, African American	5
Asian	2
Native Hawaiian or Other Pacific Islander	<1
American Indian or Alaska Native	<1
Another race	2
Multiple races	0
Not sure	0

78. What is your current marital status?

Single and never married	29%
A member of an unmarried couple	3
Married	47
Separated	2
Divorced	11
Widowed	9
Not sure	0

79. What is the highest grade level of education you have completed?

8th grade or less	<1%
Some high school	5
High school graduate or GED	35
Some college	22
Technical school graduate	12
College graduate	15
Advanced or professional degree	11
Not sure	0

80. What county do you live in? [FILTER]

Sheboygan	100%

81. What city, town or village do you legally reside in? [FILTER]

Sheboygan city	45%
Plymouth city	8
Sheboygan Falls city	7
Sheboygan town	5
Plymouth town	4
All others (3% or less)	31

82. What is the zip code of your primary residence?

53081	34%
53083	24
53073	14
53085	11
53070	4
All others (3% or less)	12

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

83. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
84. How many of these telephone numbers are residential numbers?
85. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

86. What is your annual household income before taxes?

Less than $10,000	5%
$10,000 to $20,000	9
$20,001 to $30,000	9
$30,001 to $40,000	14
$40,001 to $50,000	9
$50,001 to $60,000	6
$60,001 to $75,000	10
$75,001 to $90,000	7
$90,001 to $105,000	10
$105,001 to $120,000	4
$120,001 to $135,000	<1
Over $135,000	5
Not sure	4
No answer	7

87. How many children under the age of 18 are living in the household?

None	67%	→GO TO Q110
One	16	→CONTINUE WITH Q88
Two or more	18	→CONTINUE WITH Q88

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

88. Do you make health care decisions for [HIM/HER]? [134 Respondents]

Yes	85%	→ CONTINUE WITH Q89
No	15	→GO TO Q110

89. What is the age of the child? [114 Respondents]

12 or younger	66%
13 to 17 years old	34

90. Is this child a boy or girl? [114 Respondents]

Boy	51%
Girl	49

91. Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed? [114 Respondents]

Yes	7%	→ CONTINUE WITH Q92
No	93	→ GO TO Q93
Not sure	0	→ GO TO Q93

92. Why did your child not receive the medical care needed? [8 Respondents; Multiple Responses Accepted]

Poor medical care	8 respondents
Specialty physician not in area	1 respondent

93. A personal doctor or nurse is a health professional who knows your child well, and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as your child's personal doctor or nurse? [114 Respondents]

Yes	91%	→ CONTINUE WITH Q94
No	9	→ GO TO Q95
Not sure	0	→ GO TO Q95

94. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did [HE/SHE] visit their personal doctor or nurse for preventive care? [10 Respondents]

Yes	94%
No	6
Not sure	0

95. Specialists are doctors like surgeons, heart doctors, allergists, psychiatrists, skin doctors and others who specialize in one area of health care. Was there a time during the past 12 months your child needed to see a specialist but did not? [113 Respondents]

Yes	<1%	→ CONTINUE WITH Q96
No	99	→ GO TO Q97

96. Why did your child not see a specialist needed? [None Listed]

97. Was there a time during the last 12 months that you felt your child did not get the dental care [HE/SHE] needed? [113 Respondents]

Yes	8%	→ CONTINUE WITH Q98
No	92	→ GO TO Q99

98. Why did your child not receive the dental health care needed? [9 Respondents; Multiple Responses Accepted]

Can't find dentist who accepts child's insurance	5 respondents
No dental insurance	4 respondents

99. Does your child have asthma? [114 Respondents]

Yes	7%	→CONTINUE WITH Q100
No	93	→GO TO Q101

100. Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the child limit his or her activity more than usual, or make you seek medical care. During the past 12 months, has your child had an episode of asthma or an asthma attack? [8 Respondents]

Yes	7 respondents
No	1 respondent

101. When your child was an infant of less than one year old, where did [HE/SHE] usually sleep? [28 Respondents of Children 2 years old or younger]

Crib or bassinette	75%
Pack n' Play	18
In bed with you or another person	7
Couch or chair	0
Swing	0
Car	0
Car seat	0
Floor	0

102. How often do you feel your child is safe in your community or neighborhood? [113 Respondents]

Always	59%
Nearly always	35
Sometimes	4
Seldom	<1
Never	0
Not sure	0

103. During the past 6 months, how often was your child unhappy, sad or depressed? [73 Respondents of Children 8 to 17 years old]

Always	3%
Nearly always	0
Sometimes	27
Seldom	44
Never	26
Not sure	0

104. During the past 12 months, has your child experienced any bullying? [73 Respondents of Children 8 to 17 years old]

Yes	23%	→ CONTINUE WITH Q105
No	75	→ GO TO Q106
Not sure	1	→ GO TO Q106

105. What type of bullying did your child experience? [73 Respondents of Children 8 to 17 years old]

Verbally abused for example spreading mean rumors or kept out of a group	23%
Physically bullied for example, being hit or kicked	1
Cyber or electronically bullied for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods	1

106. On an average day, how many servings of fruit does your child eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice. [82 Respondents of Children 5 to 17 years old]

One or fewer servings	18%
Two servings	33
Three or more servings	49
Not sure	0

107. On an <u>average day</u>, how many servings of vegetables does your child eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of juice. [82 Respondents of Children 5 to 17 years old]

One or fewer servings	35%
Two servings	48
Three or more servings	17
Not sure	0

108. During the past seven days, on how many days was your child physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time? [81 Respondents of Children 5 to 17 years old]

Zero or one day	9%	→ CONTINUE WITH Q109
Two through four days	22	→ CONTINUE WITH Q109
Five or more days	69	→ GO TO Q110
Not sure	0	→ GO TO Q110

109. Why was your child not physically active for at least 60 minutes on more days? [25 Respondents: Multiple responses accepted]

Weather	25%
School/homework/other activities	21
Child does not like to be physically active	18
No afterschool activities	11
Likes to play video games or on computer	8
Prefers to watch TV	6
Sick/ill	6
Other	5

The next series of questions deal with personal safety issues.

110. During the past year has anyone made you afraid for your personal safety?

Yes	2%	→CONTINUE WITH Q111
No	98	→GO TO Q112
Not sure	0	→GO TO Q112

111. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? Again, I want to assure you that all your responses are strictly confidential. [8 Respondents; More than 1 response accepted]

Stranger	5 respondents
Acquaintance	3 respondents
All others	1 respondent

112. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?

Yes	1%	→CONTINUE WITH Q113
No	99	→GO TO Q114
Not sure	0	→GO TO Q114

113. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, boyfriend or girlfriend, parent, brother or sister, friend, acquaintance, a stranger, a child, or someone else? [5 Respondents; More than 1 response accepted]

Spouse	2 respondents
All others	4 respondents

114. Finally, what are the 3 largest health concerns in Sheboygan County?

Illegal drug use	48%
Alcohol use or abuse	28
Overweight or obesity	23
Access to health care (physical, mental or dental care)	20
Chronic diseases like diabetes or heart disease	18
Cancer	13
Mental health or depression	12
Prescription or over-the-counter drug abuse	12
Affordable health care	7
Access to affordable healthy food	5
Tobacco use	4
Violence or crime	3
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	3
Lack of physical activity	2
Aging/aging population	2
Driving problems/aggressive driving/drunk driving	2
Environmental issues (air, water, wind turbines, animal waste)	1
Teen pregnancy	<1

APPENDIX B: SURVEY METHODOLOGY

2017 Community Health Survey

The 2017 Sheboygan County Community Health Survey was conducted from January 11 through February 1, 2017. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2014 Community Health Survey

The 2014 Sheboygan County Community Health Survey was conducted from May 13 through June 4, 2014. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2011 Community Health Survey

The 2011 Sheboygan County Community Health Survey was conducted from September 26 through October 4, 2011. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2008 Community Health Survey

The 2008 Sheboygan County Community Health Survey was conducted from October 25 through November 15, 2008. Respondents were scientifically selected so that the survey would be representative of all adults 18 years old or older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included both listed and unlisted numbers where the respondent within each household was randomly selected by computer based on the number of adults in the household (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 ±5%. The margin of error for smaller subgroups is larger.

2005 Community Health Survey

The 2005 Sheboygan County Community Health Survey was conducted from May 26 through August 15, 2005. 400 random adults 18 years old or older within the county were interviewed by telephone. The sample of random telephone numbers included both listed and unlisted numbers. Respondents within each household were randomly selected by computer based on the number of adults in the household. At least 8 attempts were made to contact a respondent. Survey respondents were weighted based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. Post-stratification was also done by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.