Manitowoc County
Community Health Survey Report
2022

Commissioned By:
Aurora Health Care
Holy Family Memorial --
Froedtert & the Medical College of Wisconsin
Lakeshore Community Action Program (CAP)
Lakeshore Community Health Care
Manitowoc County Public Health Department
United Way of Manitowoc County

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Purpose

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

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

This report was commissioned by Aurora Health Care, Holy Family Memorial in association with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department and the United Way of Manitowoc 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 Manitowoc County Public Health Division at (920) 683-4155.

Methodology

Data Collection
Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between January 26 and April 2, 2022.

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 at the individual-age by gender of the 2010 census and age group by sex of the 2019 characteristics of the American Community Survey.

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 who were asked about a random child in the household).

What do the Percentages Mean?

In 2020, the Census Bureau estimated 61,644 adult residents lived in Manitowoc County. Thus, in this report, one percentage point equals approximately 620 adults. So, when 25% of respondents reported their health was fair or poor, this roughly equals 15,500 residents ±3,100 individuals. Therefore, from 12,400 to 18,600 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 2020, the Census Bureau estimated 34,435 occupied housing units in Manitowoc County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2020 household estimate, each percentage point for household-level data represents approximately 340 households.

Definitions

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

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

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of $10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. From 2010 to 2016, the bottom 40% income bracket included survey categories less than $40,001, the middle 20% income bracket was $40,001 to $60,000 and the top 40% income bracket was at least $60,001. In 2019 and 2022, the bottom 40% income bracket included survey categories less than $50,001, the middle 20% income bracket was $50,001 to $75,000 and the top 40% income bracket was at least $75,001.

Overweight status: Calculated using the CDC's Body Mass Index (BMI) of 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: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

COVID-19 Vaccination Status: Status was determined by a combination of two questions and defined in three categories: fully COVID-19 vaccinated with the booster, fully vaccinated without the booster and not COVID-19 vaccinated.

Heavy drinking: According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

Binge drinking: The definition for binge drinking varies. Currently, the CDC defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. Since 2013, the Community 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 2010, the definition was five or more drinks, regardless of gender.

Demographic Profile

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

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2022 (Q20, Q21, Q59, Q60 & Q68)[1],[2]

	Survey Results
TOTAL	100%
Gender	
Male	49%
Female	50
All Others*	1
Age	
18 to 34	22%
35 to 44	15
45 to 54	17
55 to 64	21
65 and Older	26
Education	
High School Graduate or Less	30%
Some Post High School	35
College Graduate	35
Household Income	
Bottom 40 Percent Bracket	39%
Middle 20 Percent Bracket	17
Top 40 Percent Bracket	28
Not Sure/No Answer	16
Married	57%

[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. [2]Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q57 & Q58).
*All Others include the categories of transgender male, transgender female, nonbinary, prefer not to answer, not sure and other gender identity you most identify with. Gender crosstabulations do not include this group as it is too small for statistical reliability.

How to Read the Report

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults in 2010 reporting high blood pressure (26%) and the percentage of adults reporting this in 2022 (32%) 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 2030 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup
1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2030 goals, wherever possible. Also included is a summary of the key findings for each topic.
2) Key Findings—The Key Findings are broken down by:
   a. Main Topics—overarching topics such as Rating Their Own Health, Health Care Coverage and Health Care Needed. Each main topic starts on a new page and is in **bold** in the report.
   b. Key Findings—The first paragraph summarizes 2022 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2022 percentages statistically changed over time.
   c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, "Personally Not Covered Currently" and "Someone in Household Not Covered in Past Year" are the sub-topics within Health Care Coverage.
       i. Recommendations and/or Healthy People 2030 goals—*italicized* statements immediately after the sub-topic title, where possible.
      ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
     iii. 2022 Findings
          1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
          2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2022. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income and marital status. Overweight status and smoking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.
      iv. 2010 (First Year) to 2022 Year Comparisons
          1. First bullet—This bullet statistically compares the 2010 percent (or first year of data collection) to the 2022 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
          2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2010 and/or 2022. Secondly, the bullet includes if there were any changes within the demographic categories from 2010 to 2022. A bullet is omitted if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
       v. 2019 to 2022 Year Comparisons—same format as the 2010 to 2022 Year Comparisons, but compares 2019 to 2022 percentages instead.
      vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for "2022 Findings," "2010 to 2022 Year Comparisons" and "2019 to 2022 Year Comparisons." Statistically significant demographic differences within years are indicated by [1], [2], [3], [4] and/or [5] depending upon the number of years data is available. Statistically significant differences between years are indicated by [a] and/or [b] depending on the number of years of data. The table includes the survey question number in the title.
     vii. Trend Figure—after all survey questions within the main topic are analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

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

Executive Summary

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

	Manitowoc					*WI*	*US*
Overall Health	2010	2013	2016	2019	2022	*2020*	*2020*
Excellent/Very Good	57%	52%	51%	45%	34%	*57%*	*57%*
Good	30%	32%	31%	36%	41%	*30%*	*30%*
Fair or Poor	14%	16%	17%	19%	25%	*13%*	*13%*
Health Care Coverage			Manitowoc			*WI*	*US*
Not Covered	2010	2013	2016	2019	2022	*2020*	*2020*
Personally (Currently, 18 Years Old and Older)	15%	6%	2%	3%	2%	*8%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	19%	7%	3%	4%	3%	*9%*	*13%*
Household Member (Past Year)	23%	13%	6%	8%	6%	*NA*	*NA*
Did Not Receive Care Needed in Past Year			Manitowoc			*WI*	*US*
Unmet Need/Care in Household	2010	2013	2016	2019	2022	*2020*	*2017*
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	--	10%	12%	9%	7%	*NA*	*3%*
Medical Care [HP2030 Goal: 3%]*	--	11%	10%	7%	10%	*NA*	*4%*
Dental Care [HP2030 Goal: 4%]*	--	11%	11%	16%	17%	*NA*	*5%*
Mental Health Care Services or Alcohol/Substance Abuse Treatment	--	--	--	--	9%	*NA*	*NA*
			Manitowoc			*WI*	*US*
Economic Hardships	2010	2013	2016	2019	2022	*2020*	*2020*
Household Went Hungry (Past Year)	--	1%	2%	4%	5%	*NA*	*NA*
Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)	--	--	--	--	8%	*NA*	*NA*
Issue with Current Housing Situation	--	--	--	--	3%	*NA*	*NA*
Health Information			Manitowoc			*WI*	*US*
Primary Source of Health Information	2010	2013	2016	2019	2022	*2020*	*2020*
Doctor or Other Health Professional	--	--	62%	65%	73%	*NA*	*NA*
Internet	--	--	18%	20%	10%	*NA*	*NA*
Family/Friends	--	--	1%	6%	5%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	--	8%	4%	5%	*NA*	*NA*
			Manitowoc			*WI*	*US*
Health Services	2010	2013	2016	2019	2022	*2020*	*2020*
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	88%	90%	88%	*83%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	77%	78%	63%	65%	63%	*NA*	*NA*
Urgent Care Center	3%	9%	20%	18%	19%	*NA*	*NA*
Quickcare Clinic/Fastcare Clinic	--	--	--	--	7%	*NA*	*NA*
Public Health Clinic/Community Health Center	8%	6%	4%	5%	2%	*NA*	*NA*
Hospital Emergency Room	2%	1%	4%	2%	3%	*NA*	*NA*
Hospital Outpatient Department	3%	1%	<1%	3%	<1%	*NA*	*NA*
No Usual Place	5%	4%	8%	7%	4%	*NA*	*NA*
Advance Care Plan	33%	38%	47%	43%	43%	*NA*	*NA*

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

*Since 2019, the question was asked about any household member. In previous years, the question was asked of the respondent only.

Vaccinations			Manitowoc				*WI*	*US*
COVID-19 Vaccine	2010	2013	2016	2019	2022		*2020*	*2020*
Fully Vaccinated and Boostered	--	--	--	--	52%		*NA*	*NA*
Fully Vaccinated and No Booster	--	--	--	--	19%		*NA*	*NA*
Not Vaccinated	--	--	--	--	29%		*NA*	*NA*
Household Not Up-to-Date with Vaccines, Excluding COVID-19	--	--	--	--	7%		*NA*	*NA*

			Manitowoc				*WI*	*US*
Fallen/Injury Limited Activities in Past 3 Months (55 and Older)	2010	2013	2016	2019	2022		*2020*	*2020*
Fallen	--	--	--	--	17%		*NA*	*NA*
Respondents Who Fell								
Fall Caused Injury that Limited Activities/Saw Doctor	--	--	--	--	21%		*NA*	*NA*

			Manitowoc				*WI*	*US*
Health Conditions in Past 3 Years	2010	2013	2016	2019	2022		*2020*	*2020*
High Blood Pressure	26%	30%	31%	31%	32%		*NA*	*NA*
High Blood Cholesterol	29%	26%	16%	24%	29%		*NA*	*NA*
Mental Health Condition	12%	16%	15%	19%	25%		*NA*	*NA*
Diabetes	6%	11%	9%	13%	15%		*NA*	*NA*
Heart Disease/Condition	9%	11%	10%	8%	11%		*NA*	*NA*
Asthma (Current)	7%	8%	13%	14%	13%		*10%*	*10%*

			Manitowoc				*WI*	*US*
Regularly Seeing Doctor/Nurse/Other Health Care Provider	2010	2013	2016	2019	2022		*2020*	*2020*
High Blood Pressure	--	--	--	--	94%		*NA*	*NA*
High Blood Cholesterol	--	--	--	--	88%		*NA*	*NA*
Mental Health Condition	--	--	--	--	82%		*NA*	*NA*
Diabetes	--	--	--	--	98%		*NA*	*NA*
Heart Disease/Condition	--	--	--	--	91%		*NA*	*NA*
Asthma (Current)	--	--	--	--	89%		*NA*	*NA*

Body Weight			Manitowoc				*WI*	*US*
Overweight Status	2010	2013	2016	2019	2022		*2020*	*2020*
Overweight (BMI 25.0+)	66%	73%	71%	76%	79%		*68%*	*67%*
Obese (BMI 30.0+) [HP2030 Goal: 36%]	28%	34%	42%	43%	41%		*32%*	*32%*

			Manitowoc				*WI*	*US*
Women's Health	2010	2013	2016	2019	2022		*2020*	*2020*
Pap Smear (18 – 65; Within Past 3 Years)	81%	83%	81%	89%	77%		*78%*	*78%*

			Manitowoc				*WI*	*US*
Tobacco Product Use in Past Month	2010	2013	2016	2019	2022		*2020*	*2020*
Current Smokers [HP2030 Goal: 5%]	25%	19%	21%	16%	15%		*16%*	*16%*
Current Vapers	--	--	4%	3%	8%		*4%[1]*	*4%*
Smokeless Tobacco Use	--	--	3%	5%	5%		*4%*	*4%*
Cigars, Cigarillos or Little Cigars Use	--	--	2%	3%	2%		*NA*	*NA*

Exposure to Smoke			Manitowoc				*WI[2]*	*US*
Smoking Policy at Home	2010	2013	2016	2019	2022		*14-15*	*14-15*
Not Allowed Anywhere [HP2030 Goal: 93%]	70%	78%	85%	83%	81%		*84%*	*87%*
Allowed in Some Places/At Some Times	7%	9%	5%	10%	6%		*NA*	*NA*
Allowed Anywhere	4%	2%	3%	1%	2%		*NA*	*NA*
No Rules Inside Home	19%	11%	8%	7%	11%		*NA*	*NA*

--Not asked. NA-WI and/or US data not available.
[1]Wisconsin current vapers is 2017 data. [2]Midwest data.

Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Delta-8	--	--	--	--	2%	*NA*	*NA*

Alcohol Use in Past Month	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Heavy Drinker*	9%	5%	--	--	9%	*10%*	*7%*
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	23%	20%	40%	30%	22%	*23%*	*16%*

Mental Health Status	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	6%	5%	5%	8%	*NA*	*NA*
Considered Suicide (Past Year)	4%	3%	2%	7%	5%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	4%	6%	6%	*NA*	*NA*

Children in Household	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Personal Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	96%	88%	96%	*NA*	*NA*
Visited Personal Doctor/Nurse for Preventive Care (Past Year)	--	--	84%	94%	94%	*NA*	*NA*
COVID-19 Vaccine Status (Children 5 to 17 Years Old)	--	--	--	--	47%	*NA*	*NA*
Mental Health Condition	--	--	--	--	26%	*NA*	*NA*
Overweight or Obese	--	--	--	--	15%	*NA*	*NA*
Current Asthma	--	--	4%	4%	13%	*NA*	*NA*
Diabetes	--	--	--	--	0%	*NA*	*NA*
Safety in Community (Children 5 to 17 Years Old)	--	--	0%	4%	0%	*NA*	*NA*

Top County Social or Economic Issues	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Economic Stability and Employment	--	--	--	--	34%	*NA*	*NA*
Education Access and Quality	--	--	--	--	9%	*NA*	*NA*
Safe and Affordable Housing	--	--	--	--	8%	*NA*	*NA*
Accessible and Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Racism and Discrimination	--	--	--	--	8%	*NA*	*NA*
Community Violence and Crime	--	--	--	--	7%	*NA*	*NA*
Food Insecurity	--	--	--	--	6%	*NA*	*NA*
Social Connectedness and Belonging	--	--	--	--	6%	*NA*	*NA*
Family Support	--	--	--	--	5%	*NA*	*NA*
Politics/Government	--	--	--	--	4%	*NA*	*NA*
Accessible and Affordable Transportation	--	--	--	--	4%	*NA*	*NA*

Top County Health or Behavioral Issues	2010	2013	Manitowoc 2016	2019	2022	*WI* *2020*	*US* *2020*
Alcohol and Substance Use	--	--	--	--	40%	*NA*	*NA*
Mental Health, Mental Conditions and Suicide	--	--	--	--	26%	*NA*	*NA*
Nutrition, Physical Activity and Obesity	--	--	--	--	17%	*NA*	*NA*
Communicable Diseases or COVID-19	--	--	--	--	12%	*NA*	*NA*
Chronic Diseases	--	--	--	--	7%	*NA*	*NA*
Tobacco and Vaping Products	--	--	--	--	5%	*NA*	*NA*
Access to Affordable Health Care	--	--	--	--	4%	*NA*	*NA*

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

*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

**Since 2013, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2010, "5 or more drinks on an occasion" was used for both males and females.

General Health
In 2022, 34% of respondents reported their health as excellent or very good; 25% reported fair or poor. Respondents in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor health. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage
In 2022, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.*

In 2022, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking; respondents 18 to 34 years old or with a college education were more likely to report this. *From 2013 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only.*

Economic Hardships
In 2022, 5% of respondents reported their household went hungry because they didn't have enough food in the past year; respondents who were in the bottom 60 percent household income bracket, unmarried or without children were more likely to report this. Eight percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents in the bottom 40 percent household income bracket were more likely to disagree overall their household was able to meet its needs. Three percent of respondents reported they had an issue with their current housing situation. *From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year while from 2019 to 2022, there was no statistical change.*

Health Information
In 2022, 73% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported the Internet. Five percent each reported family/friends as the most trusted source or they were/family member was in the health care field and their source for health information. Respondents 45 to 54 years were more likely to report the Internet. Respondents with a high school education or less were more likely to report family/friends. Respondents with some post high school education were more likely to report themselves or a family member in the health care field and their most trusted source for health information. *From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the*

overall percent of respondents who reported they trust family/friends the most as their source of health information while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information, as well as from 2019 to 2022.

Health Services
In 2022, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 19% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic while 2% reported a public health clinic/community health center. Respondents who were female, 55 and older, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with a college education were more likely to report an urgent care center as their primary health care. Forty-three 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 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2019 to 2022, there was no statistical change.*

Vaccinations
In 2022, 29% of respondents reported they were not vaccinated against COVID-19; respondents 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Personal choice was the most often listed reason for not being vaccinated. Excluding the COVID-19 vaccine, 7% of respondents reported someone in their household was not up-to-date with vaccines.

Fallen/Injury Limited Activities
In 2022, 17% of respondents 55 and older reported in the past three months they have fallen at least once; male respondents were more likely to report this. Of the respondents who had fallen in the past three months, 21% reported at least one of the falls caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

Health Conditions
In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (32%), high blood cholesterol (29%) or a mental health condition (25%). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents 65 and older were more likely to report high blood cholesterol. 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 a mental health condition. Fifteen percent of respondents reported diabetes; respondents who were 55 and older, in the bottom 40 percent household income bracket, overweight or smokers were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents who were female, with some post high school education, in the bottom 40 percent household income bracket or married respondents were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or heart*

disease condition, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition, diabetes or current asthma while from 2019 to 2022, there was no statistical change.

Physical Health

In 2022, 79% of respondents were classified as at least overweight while 41% were obese. Respondents who were male or in the top 60 percent household income bracket were more likely to be at least overweight. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.*

Women's Health

In 2022, 77% of female respondents 18 to 65 years old reported a pap smear within the past three years; married respondents were more likely to report this. *From 2010 to 2022, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2019 to 2022, there was a statistical decrease.*

Tobacco Use

In 2022, 15% of respondents were current tobacco cigarette smokers; respondents who were male, 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to be a smoker. Eight percent of respondents used electronic vapor products in the past month; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Five percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 34 years old, in the top 60 percent household income bracket or unmarried were more likely to report smokeless tobacco use. *From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022.*

In 2022, 81% of respondents reported smoking is not allowed anywhere inside the home. Respondents with children in the household were more likely to report smoking is not allowed anywhere inside the home. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use

In 2022, 2% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month.

Alcohol Use

In 2022, 67% of respondents had an alcoholic drink in the past month. Nine percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 22% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents 18 to 34 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heavy drinking in the past month. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

Mental Health Status

In 2022, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 34 years old or unmarried were more likely to report this. Six percent of respondents

reported they seldom or never find meaning and purpose in daily life; respondents who were male, 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.*

Children in Household
In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse, with 94% reporting the child visited their primary doctor or nurse for preventive care during the past year. Forty-seven percent of respondents reported the 5 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine. Twenty-six percent of respondents reported the child had a diagnosed mental health condition. Fifteen percent of respondents reported the child is overweight or obese. Thirteen percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the child was seldom/never safe in their community. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal doctor or nurse while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2019 to 2022.*

Top County Social or Economic Issues
In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (34%) or education access and quality (9%). Respondents with a college education were more likely to report economic stability and employment as a top social or economic issue. Respondents who were 35 to 44 years old or married were more likely to report education access and quality. Eight percent of respondents reported safe and affordable housing. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were female, 18 to 34 years old or married were more likely to report this. Eight percent of respondents reported racism and discrimination. Seven percent of respondents reported community violence and crime. Six percent of respondents reported food insecurity as a top issue; respondents 55 to 64 years old were more likely to report this. Six percent of respondents reported social connectedness and belonging; respondents with a high school education or less were more likely to report this. Five percent of respondents reported family support; respondents with a college education were more likely to report this. Four percent of respondents reported politics/government; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported accessible and affordable transportation as a top issue; respondents 55 and older were more likely to report this.

Top County Health Conditions or Behaviors
In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were alcohol and substance use (40%) or mental health, mental conditions and suicide (26%). Respondents 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report alcohol and substance use as a top health or behavioral issue. Respondents 55 to 64 years old or with a college education were more likely to report mental health, mental conditions and suicide. Seventeen percent of respondents reported nutrition, physical activity and obesity; respondents who were male, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Twelve percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents with a high school education or less were more likely to report this. Seven percent of respondents reported chronic diseases. Five percent of respondents reported tobacco and vaping products. Four percent of respondents reported access to affordable health care as a top issue; married respondents were more likely to report this.

Key Findings

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

KEY FINDINGS: In 2022, 34% of respondents reported their health as excellent or very good; 25% reported fair or poor. Respondents in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor health.

From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.

Rating Their Own Health

In 2020, 57% of Wisconsin respondents reported their health as excellent or very good, 30% reported good while 13% reported fair or poor. Fifty-seven percent of U.S. respondents reported their health as excellent or very good while 30% reported good and 13% reported fair or poor (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 2)

- Thirty-four percent of respondents said their own health, generally speaking, was either excellent or very good. A total of 25% reported their health was fair (22%) or poor (3%).

Figure 1. Rate Own Health for 2022 (Q1)
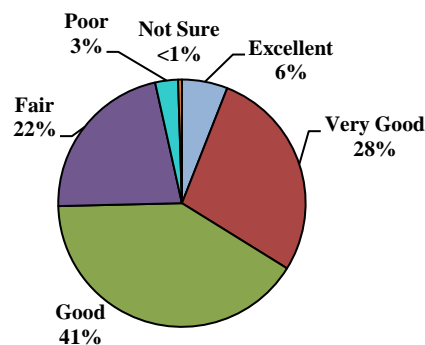
- Thirty-six percent of respondents in the bottom 40 percent household income bracket reported their health was fair or poor compared to 21% of those in the middle 20 percent income bracket or 9% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report their health was fair or poor compared to married respondents (32% and 20%, respectively).

- Smokers were more likely to report their health was fair or poor (39%) compared to nonsmokers (22%).

2010 to 2022 Year Comparisons (Table 2)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported fair or poor health.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase across gender reporting fair or poor health.

- In 2010, respondents 55 and older were more likely to report fair or poor health. In 2022, age was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old reporting fair or poor health.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with some post high school education or less reporting fair or poor health.

- In 2010 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. From 2010 to 2022, there was a noted increase across household income reporting fair or poor health.

- In 2010 and 2022, unmarried respondents were more likely to report fair or poor health. From 2010 to 2022, there was a noted increase across marital status reporting fair or poor health.

- In 2010, overweight respondents were more likely to report fair or poor health. In 2022, overweight status was not a significant variable. From 2010 to 2022, there was a noted across increase overweight status reporting fair or poor health.

- In 2010, smoking status was not a significant variable. In 2022, smokers were more likely to report fair or poor health. From 2010 to 2022, there was a noted increase across smoking status reporting fair or poor health.

2019 to 2022 Year Comparisons (Table 2)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported fair or poor health.

- In 2019 and 2022, age was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents 65 and older reporting fair or poor health.

- In 2019, respondents with a high school education or less were more likely to report fair or poor health. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting fair or poor health.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health.

- In 2019, married respondents were more likely to report fair or poor health. In 2022, unmarried respondents were more likely to report fair or poor health, with a noted increase since 2019.

- In 2019, overweight respondents were more likely to report fair or poor health. In 2022, overweight status was not a significant variable.

- In 2019 and 2022, smokers were more likely to report fair or poor health. From 2019 to 2022, there was a noted increase in the percent of nonsmokers reporting fair or poor health.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q1)[①]

	2010	2013	2016	2019	2022
TOTAL[a,b]	14%	16%	17%	19%	25%
Gender					
Male[a]	12	17	19	18	26
Female[a]	15	15	15	19	25
Age[1,3]					
18 to 34[a]	8	12	9	18	18
35 to 44[a]	2	25	19	13	16
45 to 54	19	13	14	26	28
55 to 64	22	16	27	21	27
65 and Older[b]	24	18	19	14	33
Education[2,3,4]					
High School or Less[a]	17	19	21	29	27
Some Post High School[a,b]	11	22	20	14	30
College Graduate	9	6	8	13	18
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a]	21	24	20	28	36
Middle 20 Percent Bracket[a]	6	7	30	12	21
Top 40 Percent Bracket[a]	2	9	5	13	9
Marital Status[1,2,4,5]					
Married[a]	9	13	17	22	20
Not Married[a,b]	18	21	17	12	32
Overweight Status[1,4]					
Not Overweight[a]	7	18	12	9	15
Overweight[a]	17	15	18	22	26
Smoking Status[2,3,4,5]					
Nonsmoker[a,b]	13	13	14	16	22
Smoker[a]	17	28	29	30	39

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Rating Their Own Health Overall

<u>Year Comparisons</u>

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.

Figure 2. Fair or Poor Health (Q1)
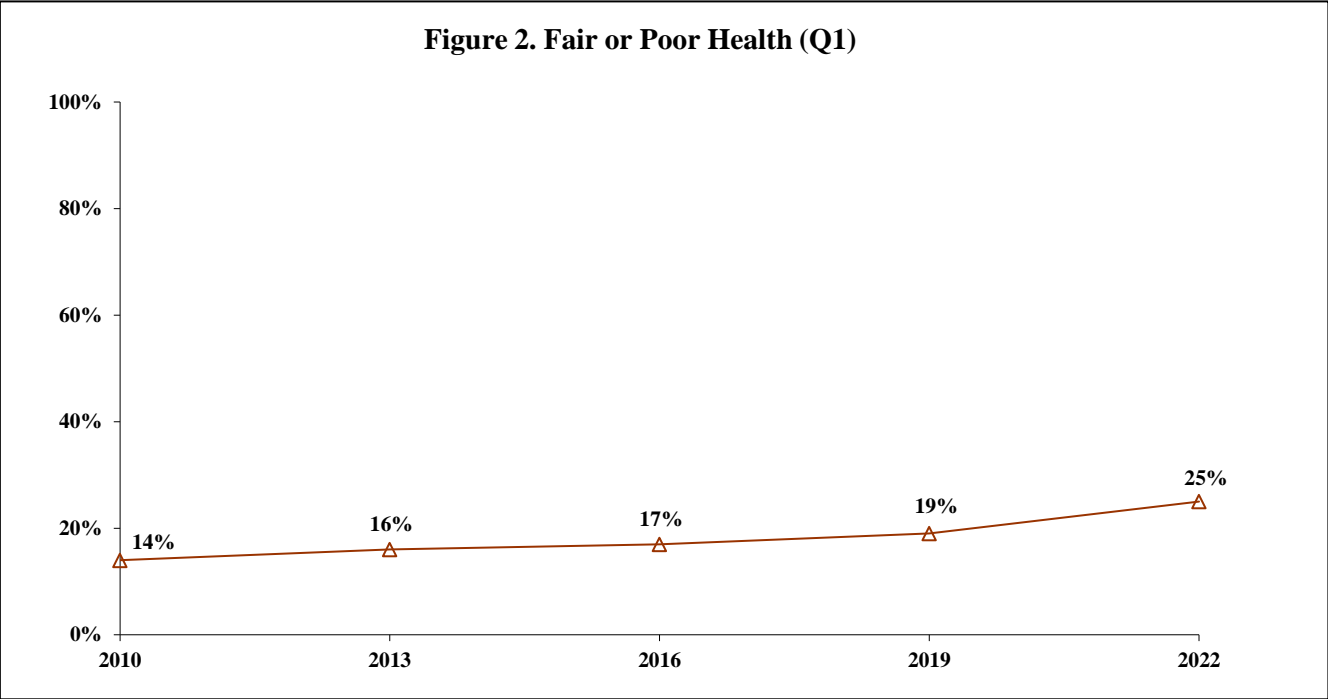
Health Care Coverage (Figures 3 & 4; Tables 3 & 4)

KEY FINDINGS: In 2022, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.

Personally Not Covered Currently

The Healthy People 2030 goal for persons under 65 years not having medical insurance is 8%. (Objective AHS-01)

In 2020, 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 (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 3)

- Two percent of respondents reported they were not currently covered by any health care insurance. Fifty-two percent reported through an employer, either their own, or partner/spouse or parent. Twenty-eight percent reported Medicare while 11% reported private insurance they pay for themselves. Nine percent reported Medicaid, including medical assistance, Title 19 or Badger Care. Eight percent reported insurance through the Health Insurance Marketplace/Obama Care or Affordable Care Act, also known as the ACA while 5% reported the Veteran's Administration.
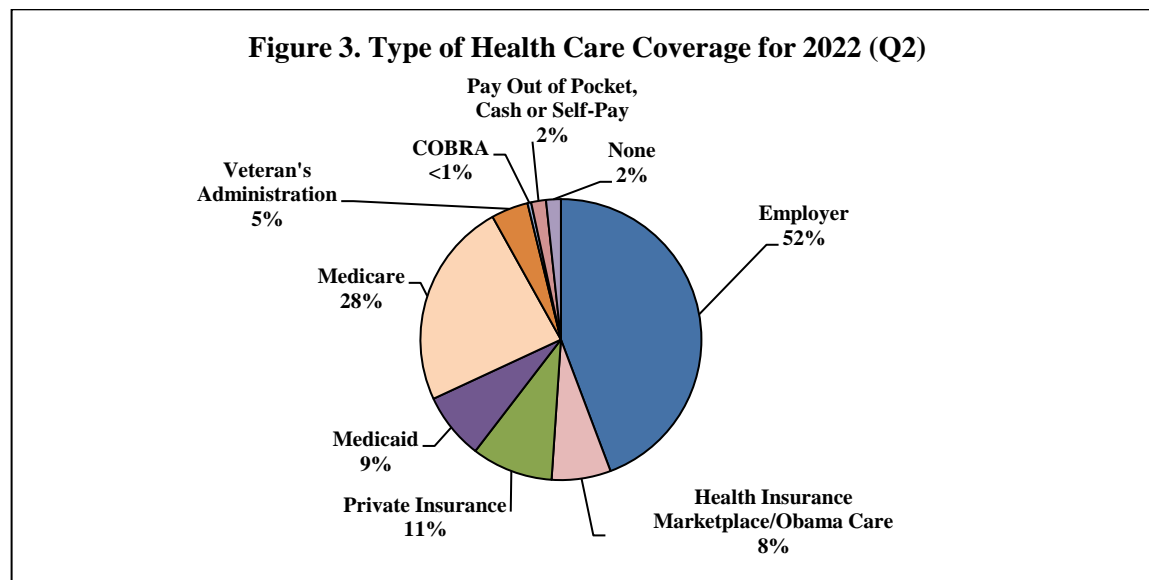
Figure 3. Type of Health Care Coverage for 2022 (Q2)

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

2010 to 2022 Year Comparisons (Table 3)

- From 2010 to 2022, there was a statistical <u>decrease</u> 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 2010, respondents who were male, 45 to 54 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they were not covered currently by health insurance.

2019 to 2022 Year Comparisons (Table 3)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

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

Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year (Q2)[①]

	2010	2013	2016[②]	2019[②]	2022[②]
TOTAL					
All Respondents[a]	15%	6%	2%	3%	2%
Respondents 18 to 64 Years Old[a]	19	7	3	4	3
Gender[1]					
Male	20	7	--	--	--
Female	10	4	--	--	--
Age[1,2]					
18 to 34	20	12	--	--	--
35 to 44	17	3	--	--	--
45 to 54	23	6	--	--	--
55 to 64	12	7	--	--	--
65 and Older	0	1	--	--	--
Education[1,2]					
High School or Less	17	9	--	--	--
Some Post High School	18	5	--	--	--
College Graduate	3	2	--	--	--
Household Income[1,2]					
Bottom 40 Percent Bracket	25	11	--	--	--
Middle 20 Percent Bracket	10	3	--	--	--
Top 40 Percent Bracket	0	0	--	--	--
Marital Status[1,2]					
Married	4	3	--	--	--
Not Married	26	9	--	--	--

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at $p \leq 0.05$ in 2010; [2]demographic difference at $p \leq 0.05$ in 2013; [3]demographic difference at $p \leq 0.05$ in 2016; [4]demographic difference at $p \leq 0.05$ in 2019; [5]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2010 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Someone in Household Not Covered in the Past Year

2022 Findings (Table 4)

- Six percent of respondents reported someone in their household was not covered by insurance at least part of the time in the past year.

- Nine percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered in the past year compared to 6% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report someone in their household was not covered in the past year compared to married respondents (10% and 3%, respectively).

2010 to 2022 Year Comparisons (Table 4)

- From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2010 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2010 and 2022, unmarried respondents were more likely to report someone in their household was not covered in the past year. From 2010 to 2022, there was a noted <u>decrease</u> across marital status reporting someone in their household was not covered in the past year.

- In 2010 and 2022, the presence of children was not a significant variable. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents with or without children in the household reporting someone in their household was not covered in the past year.

2019 to 2022 Year Comparisons (Table 4)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report someone in their household was not covered in the past year. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of married respondents reporting someone in their household was not covered in the past year.

- In 2019, respondents with children in the household were more likely to report someone in their household was not covered in the past year. In 2022, the presence of children was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with children in the household reporting someone in their household was not covered in the past year.

Table 4. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q3)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	23%	13%	6%	8%	6%
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a,b]	36	23	10	17	9
Middle 20 Percent Bracket	15	6	0	5	6
Top 40 Percent Bracket[a]	7	4	0	<1	2
Marital Status[1,2,5]					
Married[a,b]	10	8	5	9	3
Not Married[a]	37	22	7	7	10
Children in Household[3,4]					
Yes[a,b]	21	14	11	19	6
No[a]	24	12	4	4	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Care Coverage Overall

Year Comparisons

- From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2010 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.

Figure 4. Health Care Coverage (Q2 & Q3)
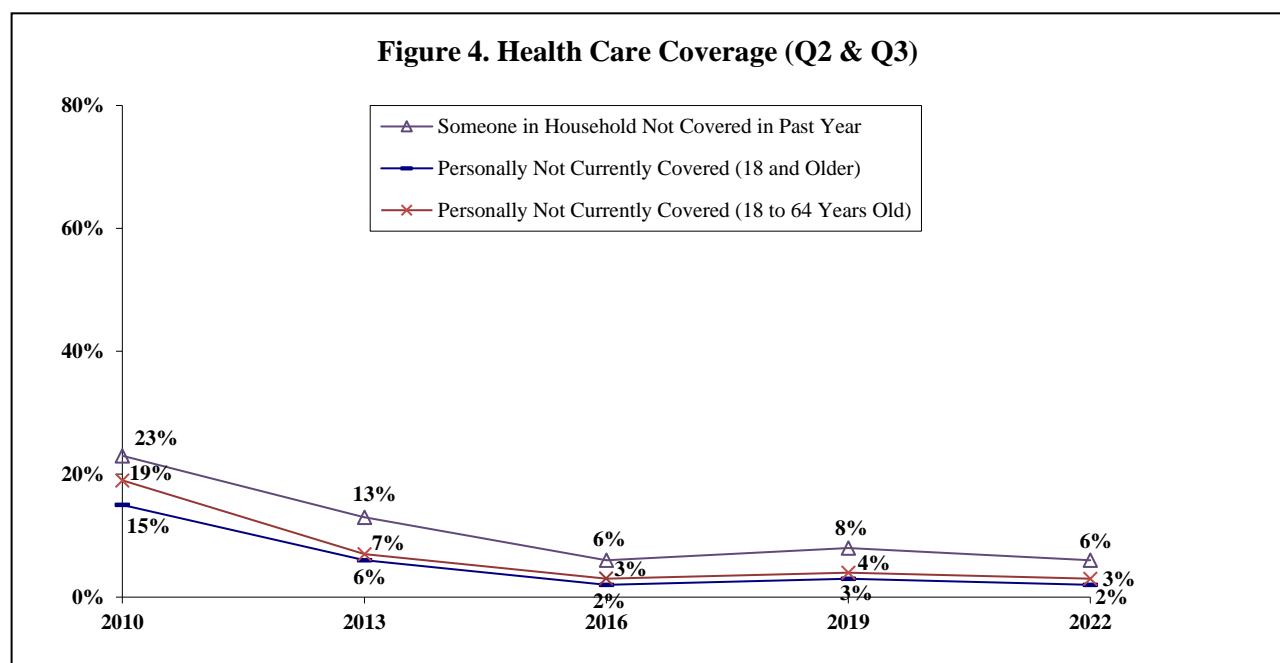
Health Care Needed (Figure 5; Tables 5 - 8)

KEY FINDINGS: In 2022, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking; respondents 18 to 34 years old or with a college education were more likely to report this.

From 2013 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only.

Financial Burden of Prescription Medications

The Healthy People 2030 goal for people unable to obtain or having to delay needed prescription medicines in the past 12 months is 3%. (Objective AHS-06)

In 2017, 3% of U.S. respondents reported they were unable to obtain or had to delay prescription medicines in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 5)

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

- Twelve percent of respondents in the bottom 40 percent household income bracket reported someone had not taken their prescribed medication due to prescription costs in the past year compared to 6% of those in the middle 20 percent income bracket or 2% of respondents in the top 40 percent household income bracket.

2013 to 2022 Year Comparisons (Table 5)

- From 2013 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.

- In 2013, respondents in the top 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. From 2013 to 2022, there was a statistical <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting someone had not taken their prescribed medication due to prescription costs in the past year

2019 to 2022 Year Comparisons (Table 5)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their medication due to prescription costs.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year.

- In 2019, respondents with children in the household were more likely to report someone had not taken their prescribed medication. In 2022, the presence of children in the household was not a significant variable.

Table 5. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q4)[①]

	2013	2016	2019	2022
TOTAL	10%	12%	9%	7%
Household Income[1,2,4]				
Bottom 40 Percent Bracket	10	21	12	12
Middle 20 Percent Bracket	3	6	12	6
Top 40 Percent Bracket[a]	15	9	6	2
Marital Status				
Married	11	11	9	7
Not Married	7	13	10	6
Children in Household[2,3]				
Yes	11	19	15	8
No	9	9	7	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 2013; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019; [4]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2013 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Unmet Medical Care

The Healthy People 2030 goal for people unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 3%. (Objective AHS-04)

In 2017, 4% of U.S. respondents reported they were unable to obtain or had to delay medical care in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 6)

- Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed.

- Sixteen percent of respondents in the middle 20 percent household income bracket and 13% of those in the bottom 40 percent income bracket reported someone in their household did not receive the medical care needed in the past year compared to 5% of respondents in the top 40 percent household income bracket

- Unmarried respondents were more likely to report someone in their household did not receive the medical care needed in the past year compared to married respondents (16% and 6%, respectively).

Of the 10% of respondents who reported an unmet medical care need in the household (n=40)…

  o Of the 40 respondents who reported an unmet medical care need, 30% reported the inability to pay as the reason for the unmet need while 28% reported they were uninsured. Thirteen percent each reported poor medical care or services not available due to COVID.

2013 to 2022 Year Comparisons (Table 6)

In 2013, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2013 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone did not receive the medical care needed.

- In 2013, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed.

- In 2013 and 2022, unmarried respondents were more likely to report in the past year someone in the household did not receive the medical care needed.

2019 to 2022 Year Comparisons (Table 6)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone did not receive the medical care needed.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report in the past year someone did not receive the medical care needed.

Table 6. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q5)[1],[2]

	2013	2016	2019	2022
TOTAL	11%	10%	7%	10%
Household Income[2,4]				
Bottom 40 Percent Bracket	10	15	8	13
Middle 20 Percent Bracket	14	15	9	16
Top 40 Percent Bracket	10	0	5	5
Marital Status[1,4]				
Married	8	10	5	6
Not Married	15	9	10	16
Children in Household				
Yes	12	14	6	7
No	10	8	8	11

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Since 2019, the question was asked about any household member. In prior years, it was asked of respondents only.
[1]demographic difference at p≤0.05 in 2013; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019; [4]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2013 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Unmet Dental Care

The Healthy People 2030 goal for people unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 4%. (Objective AHS-05)

In 2017, 5% of U.S. respondents reported they were unable to obtain or had to delay dental care in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 7)

- Seventeen percent of respondents reported in the past year someone in the household did not receive the dental care needed.

- Twenty-five percent of respondents in the bottom 40 percent household income bracket reported someone in their household did not receive the dental care needed in the past year compared to 14% of those in the middle 20 percent income bracket or 6% of respondents in the top 40 percent household income bracket.

Of the 17% of respondents who reported an unmet dental care need in the household (n=67)…

   o Of the 67 respondents who reported not receiving dental care needed, 48% reported the inability to pay as the reason for the unmet need while 27% reported they were uninsured.

2013 to 2022 Year Comparisons (Table 7)

In 2013, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2013 to 2022, the overall percent statistically increased for respondents who reported in the past year someone in the household did not receive the dental care needed.

- In 2013 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed.

- In 2013 and 2022, marital status was not a significant variable. From 2013 to 2022, there was a noted increase in the percent of unmarried respondents reporting in the past year someone did not receive the dental care needed.

- In 2013, respondents with children in the household were more likely to report in the past year someone did not receive the dental care needed. In 2022, presence of children was not a significant variable. From 2013 to 2022, there was a noted increase in the percent of respondents without children in the household reporting in the past year someone did not receive the dental care needed.

2019 to 2022 Year Comparisons (Table 7)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in the household did not receive the dental care needed.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed.

- In 2019, unmarried respondents were more likely to report in the past year someone did not receive the dental care needed. In 2022, marital status was not a significant variable.

Table 7. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q7)[1],[2]

	2013	2016	2019	2022
TOTAL[a]	11%	11%	16%	17%
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket	18	19	26	25
Middle 20 Percent Bracket	6	12	16	14
Top 40 Percent Bracket	5	2	4	6
Marital Status[2,3]				
Married	12	7	12	14
Not Married[a]	9	15	24	20
Children in Household[1]				
Yes	15	13	11	13
No[a]	8	10	18	19

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Since 2019, the question was asked about any household member. In prior years, it was asked of respondents only.
[1]demographic difference at $p \leq 0.05$ in 2013; [2]demographic difference at $p \leq 0.05$ in 2016
[3]demographic difference at $p \leq 0.05$ in 2019; [4]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2013 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Unmet Mental Health Care Services or Alcohol /Substance Abuse Treatment

2022 Findings (Table 8)

- Nine percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking.

- Twenty-seven percent of respondents 18 to 34 years old reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking compared to 3% of those 35 to 44 years old or less than one percent of respondents 65 and older.

- Fourteen percent of respondents with a college education reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking compared to 9% of those with some post high school education or 4% of respondents with a high school education or less.

Of the 9% of respondents who reported an unmet mental health care service or alcohol/substance abuse treatment (n=36)…

  o Of the 36 respondents who reported not receiving mental health care service or alcohol/substance abuse treatment needed, 50% reported the inability to pay as the reason for the unmet need while 28% reported they were uninsured. Eighteen percent reported not enough time.

Table 8. Unmet Mental Health Care Services or Alcohol/Substance Abuse Treatment in Past Year by Demographic Variables for 2022 (Q9)[①]

	2022
TOTAL	9%
Gender	
Male	10
Female	9
Age[1]	
18 to 34	27
35 to 44	3
45 to 54	9
55 to 64	5
65 and Older	<1
Education[1]	
High School or Less	4
Some Post High School	9
College Graduate	14
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	11
Marital Status	
Married	7
Not Married	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Health Care Needed Overall

<u>Year Comparisons</u>

- From 2013 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only.

Figure 5. Unmet Health Care in Past Year (Q4, Q5, Q7 & Q9)

*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.

Economic Hardships (Figure 6; Tables 9 & 10)

KEY FINDINGS: In 2022, 5% of respondents reported their household went hungry because they didn't have enough food in the past year; respondents who were in the bottom 60 percent household income bracket, unmarried or without children were more likely to report this. Eight percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents in the bottom 40 percent household income bracket were more likely to disagree overall their household was able to meet its needs. Three percent of respondents reported they had an issue with their current housing situation.

From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year while from 2019 to 2022, there was no statistical change.

Food Insecurity

2022 Findings (Table 9)

- Five percent of respondents reported their household went hungry because they didn't have enough food in the past year.

- Six percent of respondents in the middle 20 percent household income bracket and 5% of those in the bottom 40 percent household income bracket reported their household went hungry because they didn't have enough food in the past year compared to 0% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report their household went hungry because they didn't have enough food in the past year compared to married respondents (8% and 2%, respectively).

- Six percent of respondents without children in the household reported their household went hungry because they didn't have enough food in the past year compared to less than one percent of respondents with children.

2013 to 2022 Year Comparisons (Table 9)

- From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported they didn't have enough food in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they couldn't afford enough food in 2013.

2019 to 2022 Year Comparisons (Table 9)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they didn't have enough food in the past year.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they didn't have enough food. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report they didn't have enough food.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they didn't have enough food.

- In 2019, the presence of children was not a significant variable. In 2022, respondents without children in the household were more likely to report they didn't have enough food. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with children in the household reporting they didn't have enough food.

Table 9. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year (Q69)[①]

	2013[②]	2016[②]	2019	2022
TOTAL[a]	1%	2%	4%	5%
Household Income[3,4]				
Bottom 40 Percent Bracket	--	--	8	5
Middle 20 Percent Bracket	--	--	1	6
Top 40 Percent Bracket	--	--	0	0
Marital Status[4]				
Married	--	--	4	2
Not Married	--	--	4	8
Children in Household[4]				
Yes[b]	--	--	6	<1
No	--	--	3	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]<u>demographic</u> difference at p≤0.05 in 2013; [2]<u>demographic</u> difference at p≤0.05 in 2016
[3]<u>demographic</u> difference at p≤0.05 in 2019; [4]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2013 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Household Able to Meet Needs with Money and Resources

<u>2022 Findings (Table 10)</u>

- Eight percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Fifty-eight percent of respondents strongly agreed and 34% agreed.

- Fourteen percent of respondents in the bottom 40 percent household bracket disagreed overall that their household was able to meet its needs with the money and resources they have compared to 7% of those in the middle 20 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

Table 10. Strongly Disagree/Disagree Household Able to Meet Needs with Money and Resources in Past Month by Demographic Variables for 2022 (Q70)[①]

	2022
TOTAL	8%
Household Income[1]	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	<1
Marital Status	
Married	7
Not Married	9
Children in Household	
Yes	6
No	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]<u>demographic</u> difference at p≤0.05 in 2022

Issue with Current Housing Situation

<u>2022 Findings</u>

- Three percent of respondents reported they had an issue with their current housing situation.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they had an issue with their current housing situation.

Of the 3% of respondents who reported they had an issue with their current housing situation in the household (n=11)…

  o Of the 11 respondents who reported they had an issue with their current housing situation, five reported it was too run down/unhealthy environment as the reason.

Economic Hardships Overall

<u>Year Comparisons</u>

- From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year while from 2019 to 2022, there was no statistical change.

Figure 6. Economic Hardships (Q69 - Q71)
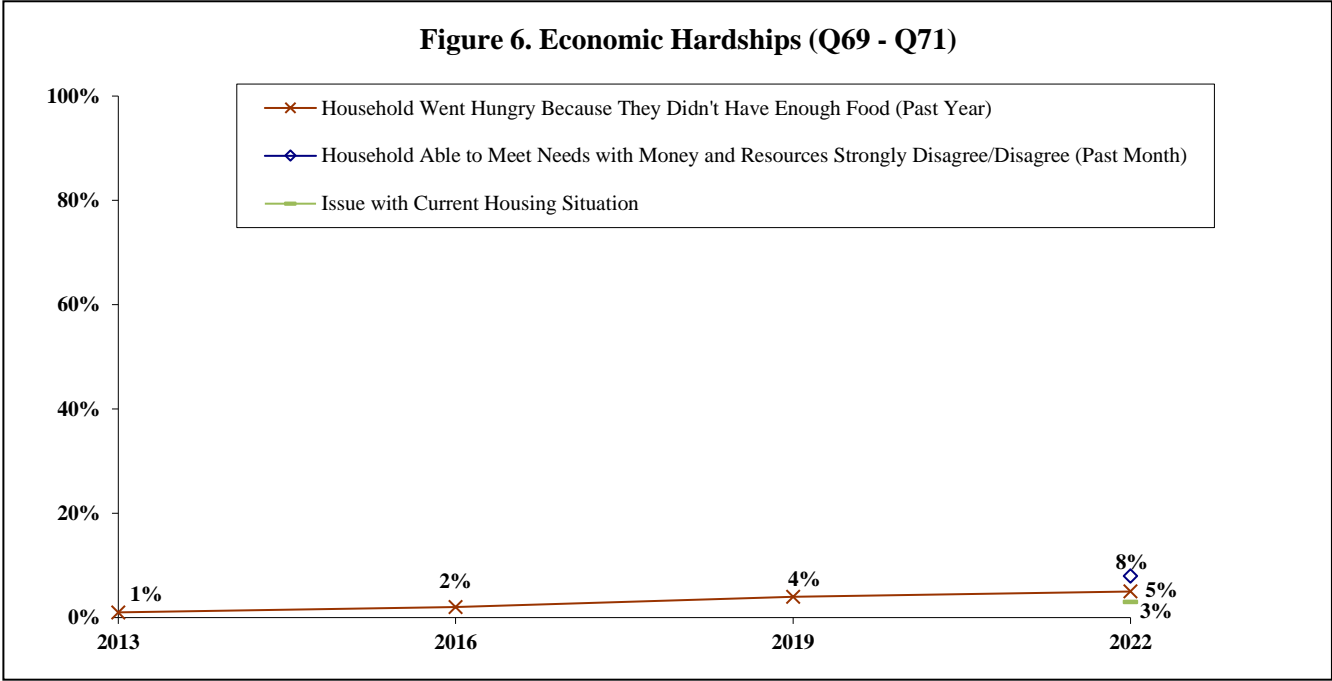
Health Information (Figure 7; Tables 11 - 14)

KEY FINDINGS: In 2022, 73% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported the Internet. Five percent each reported family/friends as the most trusted source or they were/family member was in the health care field and their source for health information. Respondents 45 to 54 years were more likely to report the Internet. Respondents with a high school education or less were more likely to report family/friends. Respondents with some post high school education were more likely to report themselves or a family member in the health care field and their most trusted source for health information.

From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most as their source of health information while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information, as well as from 2019 to 2022.

Source for Health Information

<u>2022 Findings</u>

- Seventy-three percent of respondents reported they trust a doctor or health professional, nurse, nurse practitioner or pharmacist the most for health information while 10% reported the Internet. Five percent each reported family/friends as their most trusted source or they were/family member was in the health care field.

Doctor or Other Health Professional as Source for Health Information

<u>2022 Findings (Table 11)</u>

- Seventy-three percent of respondents reported they trust their doctor/other health professional the most for health information.

- There were no statistically significant differences between demographic variables and responses of trusting their doctor or other health professional the most for health information.

<u>2016 to 2022 Year Comparisons (Table 11)</u>

- From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.

- In 2016, female respondents were more likely to report doctor or other health professional as their source for health information. In 2022, gender was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of male respondents reporting doctor or other health professional as their source for health information.

- In 2016 and 2022, age was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old or 65 and older reporting doctor or other health professional as their source for health information.

- In 2016 and 2022, education was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of respondents with a college education reporting doctor or other health professional as their source for health information.

- In 2016 and 2022, household income was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting doctor or other health professional as their source for health information.

- In 2016, married respondents were more likely to report doctor or other health professional as their source for health information. In 2022, marital status was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of unmarried respondents reporting doctor or other health professional as their source for health information.

2019 to 2022 Year Comparisons (Table 11)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.

- In 2019, male respondents were more likely to report doctor or other health professional as their source for health information. In 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of female respondents reporting doctor or other health professional as their source for health information.

- In 2019, respondents 18 to 34 years old were more likely to report doctor or other health professional as their source for health information. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents 55 and older reporting doctor or other health professional as their source for health information.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a college education reporting doctor or other health professional as their source for health information.

- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting doctor or other health professional as their source for health information.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting doctor or other health professional as their source for health information.

Table 11. Doctor or Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year (Q12)[①]

	2016	2019	2022
TOTAL[a,b]	62%	65%	73%
Gender[1,2]			
Male[a]	57	74	71
Female[b]	68	58	75
Age[2]			
18 to 34[a]	55	78	75
35 to 44	55	52	69
45 to 54	65	65	62
55 to 64[b]	70	60	75
65 and Older[a,b]	66	66	79
Education			
High School or Less	66	69	66
Some Post High School	61	68	72
College Graduate[a,b]	58	60	79
Household Income			
Bottom 40 Percent Bracket	67	68	76
Middle 20 Percent Bracket[a]	52	65	70
Top 40 Percent Bracket[b]	66	61	74
Marital Status[1]			
Married[b]	67	65	75
Not Married[a]	56	66	70

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Internet as Source for Health Information

2016 to 2022 Year Comparisons (Table 12)

2022 Findings (Table 12)

- Ten percent of respondents reported they trust the Internet the most for health information.

- Twenty-one percent of respondents 45 to 54 years old reported the Internet as their source of health information compared to 7% of those 65 and older or 6% of respondents 55 to 64 years old.

2016 to 2022 Year Comparisons (Table 12)

- From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.

- In 2016 and 2022, gender was not a significant variable. From 2016 to 2022, there was a noted decrease in the percent of male respondents reporting the Internet as their source for health information.

- In 2016, respondents 35 to 54 years old were more likely to report the Internet as their source for health information. In 2022, respondents 45 to 54 years old were more likely to report the Internet as their source for health information.

- In 2016 and 2022, education was not a significant variable. From 2016 to 2022, there was a noted decrease in the percent of respondents with a college education reporting the Internet as their source for health information.

- In 2016, respondents in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. In 2022, household income was not a significant variable. From 2016 to 2022, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting the Internet as their source for health information.

- In 2016 and 2022, marital status was not a significant variable. From 2016 to 2022, there was a noted decrease in the percent of unmarried respondents reporting the Internet as their source for health information.

2019 to 2022 Year Comparisons (Table 12)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.

- In 2019, female respondents were more likely to report the Internet as their source for health information. In 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of female respondents reporting the Internet as their source for health information.

- In 2019, age was not a significant variable. In 2022, respondents 45 to 54 years old were more likely to report the Internet as their source for health information. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting the Internet as their source for health information.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with at least some post high school education reporting the Internet as their source for health information.

- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, 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 the Internet as their source for health information.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status reporting the Internet as their source for health information.

Table 12. Internet as Source for Health Information by Demographic Variables for Each Survey Year (Q12)[①]

	2016	2019	2022
TOTAL[a,b]	18%	20%	10%
Gender[2]			
Male[a]	21	15	10
Female[b]	15	24	10
Age[1,3]			
18 to 34[b]	18	20	9
35 to 44[b]	25	27	12
45 to 54	24	19	21
55 to 64[b]	15	19	6
65 and Older	8	15	7
Education			
High School or Less	17	16	11
Some Post High School[b]	16	17	8
College Graduate[a,b]	22	25	12
Household Income[1]			
Bottom 40 Percent Bracket[a,b]	14	15	5
Middle 20 Percent Bracket[a]	29	22	14
Top 40 Percent Bracket[b]	15	25	8
Marital Status			
Married[b]	15	19	10
Not Married[a,b]	21	20	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2016; [2]demographic difference at $p \leq 0.05$ in 2019
[3]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2016 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Family/Friends as Source for Health Information

2022 Findings (Table 13)

- Five percent of respondents reported they trust family/friends the most as their source for health information.

- Eleven percent of respondents with a high school education or less reported family/friends as their source for health information compared to 4% of those with some post high school education or 1% of respondents with a college education.

2016 to 2022 Year Comparisons (Table 13)

- From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most for health information.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they trust family/friends the most for health information in 2016.

<u>2019 to 2022 Year Comparisons (Table 13)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the trust family/friends the most for health information.

- In 2019, respondents 45 to 54 years old were more likely to report family/friends as their source for health information. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted <u>decrease</u> in the percent of respondents 45 to 54 years old reporting family/friends as their source for health information.

- In 2019, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to report family/friends as their source for health information. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting family/friends as their source for health information.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report family/friends as their source for health information. In 2022, household income was not a significant variable.

Table 13. Family/Friends as Source for Health Information by Demographic Variables for Each Survey Year (Q12)[①]

	2016[②]	2019	2022
TOTAL[a]	1%	6%	5%
Gender			
Male	--	5	6
Female	--	7	5
Age[2]			
18 to 34[b]	--	0	7
35 to 44	--	5	12
45 to 54[b]	--	12	3
55 to 64	--	9	2
65 and Older	--	5	3
Education[3]			
High School or Less	--	6	11
Some Post High School	--	5	4
College Graduate[b]	--	8	1
Household Income[2]			
Bottom 40 Percent Bracket	--	10	8
Middle 20 Percent Bracket	--	0	1
Top 40 Percent Bracket	--	5	5
Marital Status			
Married	--	7	4
Not Married	--	4	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]<u>demographic</u> difference at p≤0.05 in 2016; [2]<u>demographic</u> difference at p≤0.05 in 2019
[3]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2016 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

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

<u>2022 Findings (Table 14)</u>

- Five percent of respondents reported they were, or a family member was, in the health care field and was their source for health information.

- Nine percent of respondents with some post high school education reported they were, or a family member was, in the health care field and their source for health information compared to 3% of respondents with a college education or 2% of respondents with a high school education or less.

<u>2016 to 2022 Year Comparisons (Table 14)</u>

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.

- In 2016 and 2022, age was not a significant variable. From 2016 to 2022, there was a noted <u>decrease</u> in the percent of respondents 18 to 44 years old reporting they were, or a family member was, in the health care field and was their source for health information.

- In 2016 and 2022, respondents with some post high school education were more likely to report they were, or a family member was, in the health care field and was their source for health information. From 2016 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting they were, or a family member was, in the health care field and was their source for health information.

<u>2019 to 2022 Year Comparisons (Table 14)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.

- In 2019, respondents 35 to 44 years old or 55 to 64 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents 35 to 44 years old reporting they were, or a family member was, in the health care field and was their source for health information.

- In 2019, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2019.

Table 14. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year (Q12)[①]

	2016	2019	2022
TOTAL	8%	4%	5%
Gender			
Male	8	3	6
Female	8	4	5
Age[2]			
18 to 34[a]	13	0	1
35 to 44[a,b]	10	8	0
45 to 54	2	2	9
55 to 64	7	7	7
65 and Older	8	2	6
Education[1,3]			
High School or Less	1	4	2
Some Post High School[b]	16	2	9
College Graduate[a]	9	5	3
Household Income			
Bottom 40 Percent Bracket	6	1	4
Middle 20 Percent Bracket	11	6	7
Top 40 Percent Bracket	9	5	4
Marital Status			
Married	9	4	5
Not Married	7	3	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Information Overall

<u>Year Comparisons</u>

- From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most as their source of health information while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information, as well as from 2019 to 2022.

Figure 7. Health Information Source (Q12)

Legend:
- Doctor or Other Health Professional
- Internet
- Family/Friends
- Myself/Family Member in Health Care Field

Doctor or Other Health Professional: 2016: 62%, 2019: 65%, 2022: 73%
Internet: 2016: 18%, 2019: 20%, 2022: 10%
Myself/Family Member in Health Care Field: 2016: 8%, 2019: 4%, 2022: 5%
Family/Friends: 2016: 1%, 2019: 6%, 2022: 5%

Health Services (Figure 8; Tables 15 - 20)

KEY FINDINGS: In 2022, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 19% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic while 2% reported a public health clinic/community health center. Respondents who were female, 55 and older, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with a college education were more likely to report an urgent care center as their primary health care. Forty-three 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 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2019 to 2022, there was no statistical change.

Primary Care Physician

The Healthy People 2030 goal for persons with a usual primary care provider is 84% (Objective AHS-07).

In 2020, 83% of Wisconsin respondents and 77% of U.S. respondents reported they have at least one person they think of as their personal doctor or health care provider (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 15)

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

- Female respondents were more likely to report a primary care physician (95%) compared to male respondents (81%).

- Ninety-seven percent of respondents 65 and older and 95% of those 55 to 64 years old reported a primary care physician compared to 74% of respondents 35 to 44 years old.

- Ninety-five percent of respondents with a college education reported a primary care physician compared to 86% of those with some post high school education or 82% of respondents with a high school education or less.

- Ninety-four percent of respondents in the top 40 percent household income bracket reported a primary care physician compared to 89% of those in the bottom 40 percent income bracket or 78% of respondents in the middle 20 percent household income bracket.

- Married respondents were more likely to report a primary care physician compared to unmarried respondents (91% and 84%, respectively).

2016 to 2022 Year Comparisons (Table 15)

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2016 and 2022, female respondents were more likely to report a primary care physician.

- In 2016, respondents 65 and older were more likely to report a primary care physician. In 2022, respondents 55 and older were more likely to report a primary care physician. From 2016 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old reporting a primary care physician.

- In 2016, respondents with at least some post high school education were more likely to report a primary care physician. In 2022, respondents with a college education were more likely to report a primary care physician.

- In 2016, household income was not a significant variable. In 2022, respondents in the top 40 percent household income bracket were more likely to report a primary care physician.

- In 2016 and 2022, married respondents were more likely to report a primary care physician.

2019 to 2022 Year Comparisons (Table 15)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report a primary care physician. From 2019 to 2022, there was a noted decrease in the percent of male respondents reporting a primary care physician.

- In 2019, respondents 65 and older were more likely to report a primary care physician. In 2022, respondents 55 and older were more likely to report a primary care physician.

- In 2019, education was not a significant variable. In 2022, respondents with a college education were more likely to report a primary care physician.

- In 2019, household income was not a significant variable. In 2022, respondents in the top 40 percent household income bracket were more likely to report a primary care physician.

- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report a primary care physician. From 2019 to 2022, there was a noted decrease in the percent of unmarried respondents reporting a primary care physician

Table 15. Have a Primary Care Physician by Demographic Variables for Each Survey Year (Q11)[①]

	2016	2019	2022
TOTAL	88%	90%	88%
Gender[1,3]			
Male[b]	80	89	81
Female	95	91	95
Age[1,2,3]			
18 to 34	77	89	81
35 to 44[a]	89	84	74
45 to 54	87	92	87
55 to 64	90	87	95
65 and Older	98	98	97
Education[1,3]			
High School or Less	80	88	82
Some Post High School	92	91	86
College Graduate	94	92	95
Household Income[3]			
Bottom 40 Percent Bracket	86	91	89
Middle 20 Percent Bracket	89	88	78
Top 40 Percent Bracket	92	90	94
Marital Status[1,3]			
Married	94	90	91
Not Married[b]	81	92	84

[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 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Primary Health Care Services

2022 Findings

- Sixty-three percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Nineteen percent reported urgent care center while 7% reported Quickcare clinic/Fastcare clinic. Three percent of respondents reported hospital emergency room followed by 2% who reported public health clinic/community center.

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

2022 Findings (Table 16)

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

- Female respondents were more likely to report a doctor's or nurse practitioner's office (70%) compared to male respondents (55%).

- Seventy-eight percent of respondents 65 and older and 76% of those 55 to 64 years old reported a doctor's or nurse practitioner's office compared to 47% of respondents 35 to 44 years old.

- Sixty-eight percent of respondents in the bottom 40 percent household income bracket and 66% of those in the top 40 percent income bracket reported a doctor's or nurse practitioner's office compared to 50% of respondents in the middle 20 percent household income bracket.

2010 to 2022 Year Comparisons (Table 16)

- From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2010 and 2022, female respondents were more likely to report a doctor's or nurse practitioner's office. From 2010 to 2022, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2010, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. In 2022, respondents 55 and older were more likely to report a doctor's or nurse practitioner's office. From 2010 to 2022, there was a noted decrease in the percent of respondents 35 to 54 years old or 65 and older reporting a doctor's or nurse practitioner's office.

- In 2010, respondents with a college education were more likely to report a doctor's or nurse practitioner's office. In 2022, education was not a significant variable. From 2010 to 2022, there was a noted decrease in the percent of respondents with at least some post high school education reporting a doctor's or nurse practitioner's office.

- In 2010, respondents in the top 60 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2022, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2010 to 2022, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting a doctor's or nurse practitioner's office.

- In 2010, married respondents were more likely to report a doctor's or nurse practitioner's office. In 2022, marital status was not a significant variable. From 2010 to 2022, there was a noted decrease in the percent of married respondents reporting a doctor's or nurse practitioner's office.

2019 to 2022 Year Comparisons (Table 16)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2019 and 2022, female respondents were more likely to report a doctor's or nurse practitioner's office.

- In 2019 and 2022, respondents 55 and older were more likely to report a doctor's or nurse practitioner's office. From 2019 to 2022, there was a noted decrease in the percent of respondents 45 to 54 years old reporting a doctor's or nurse practitioner's office.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office.

Table 16. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year (Q14)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	77%	78%	63%	65%	63%
Gender[1,3,4,5]					
Male[a]	68	75	49	60	55
Female[a]	86	81	77	70	70
Age[1,2,3,4,5]					
18 to 34	64	57	37	47	53
35 to 44[a]	82	82	51	57	47
45 to 54[a,b]	71	76	74	67	50
55 to 64	86	89	70	79	76
65 and Older[a]	89	90	86	78	78
Education[1]					
High School or Less	70	75	61	64	68
Some Post High School[a]	78	81	64	62	62
College Graduate[a]	91	77	65	70	60
Household Income[1,5]					
Bottom 40 Percent Bracket	70	76	67	65	68
Middle 20 Percent Bracket[a]	83	78	54	64	50
Top 40 Percent Bracket[a]	84	79	66	67	66
Marital Status[1,2]					
Married[a]	86	85	67	68	65
Not Married	68	66	59	61	61

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
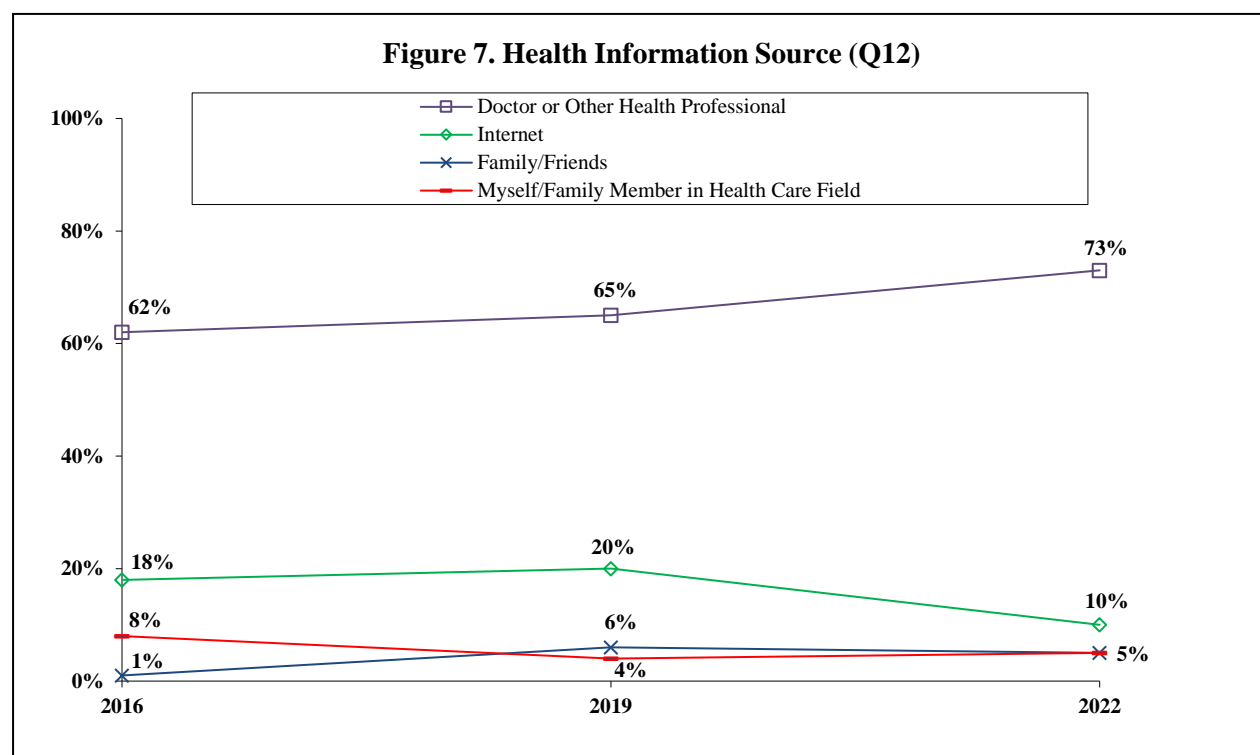[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Urgent Care Center as Primary Health Care Service

2022 Findings (Table 17)

- Nineteen percent of respondents reported they go to an urgent care center when they are sick.

- Thirty-six percent of respondents 18 to 34 years old reported an urgent care center compared to 13% of those 55 to 64 years old or 9% of respondents 65 and older.

- Twenty-four percent of respondents with a college education reported an urgent care center compared to 19% of those with some post high school education or 11% of respondents with a high school education or less.

2010 to 2022 Year Comparisons (Table 17)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was an urgent care center in 2010.

2019 to 2022 Year Comparisons (Table 17)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.

- In 2019, respondents 35 to 44 years old were more likely to report an urgent care center. In 2022, respondents 18 to 34 years old were more likely to report an urgent care center, with a noted increase since 2019.

- In 2019, education was not a significant variable. In 2022, respondents with a college education were more likely to report an urgent care center.

- In 2019, respondents in the middle 20 percent household income bracket were more likely to report an urgent care center. In 2022, household income was not a significant variable.

- In 2019, married respondents were more likely to report an urgent care center. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of unmarried respondents reporting an urgent care center.

Table 17. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q14)[①]

	2010[②]	2013	2016	2019	2022
TOTAL[a]	3%	9%	20%	18%	19%
Gender[2,3]					
Male	--	13	25	18	21
Female	--	4	14	17	17
Age[2,3,4,5]					
18 to 34[b]	--	24	32	20	36
35 to 44	--	3	32	29	15
45 to 54	--	12	16	26	21
55 to 64	--	1	15	6	13
65 and Older	--	2	6	7	9
Education[5]					
High School or Less	--	9	17	19	11
Some Post High School	--	8	20	16	19
College Graduate	--	11	23	18	24
Household Income[3,4]					
Bottom 40 Percent Bracket	--	11	14	13	16
Middle 20 Percent Bracket	--	8	31	26	27
Top 40 Percent Bracket	--	10	19	20	16
Marital Status[4]					
Married	--	7	21	22	17
Not Married[b]	--	12	19	11	21

[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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Quickcare Clinic/Fastcare Clinic as Primary Health Care Service

2022 Findings (Table 18)

- Seven percent of respondents reported they go to a Quickcare clinic/Fastcare clinic when they are sick.

- There were no statistically significant differences between demographic variables and responses of going to a Quickcare clinic/Fastcare clinic when they are sick.

Table 18. Quickcare Clinic/Fastcare Clinic as Primary Health Care Service by Demographic Variables for 2022 (Q14)①

	2022
TOTAL	7%
Gender	
Male	9
Female	5
Age	
18 to 34	5
35 to 44	14
45 to 54	10
55 to 64	5
65 and Older	3
Education	
High School or Less	5
Some Post High School	9
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	6
Marital Status	
Married	7
Not Married	7

①Percentages 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 2022

Public Health Clinic/Community Health Center as Primary Health Care Service

2022 Findings (Table 19)

- Two percent of respondents reported they go to a public health clinic/community health center when they are sick.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported a public health clinic/community health center.

2010 to 2022 Year Comparisons (Table 19)

- From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a public health clinic/community health center.

- In 2010, respondents 18 to 34 years old were more likely to report a public health clinic/community health center.

2019 to 2022 Year Comparisons (Table 19)

- From 2019 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place when they are sick was a public health clinic/community health center.

- In 2019, respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a public health clinic/community health center.

Table 19. Public Health Clinic/Community Health Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q14)[①]

	2010	2013	2016	2019	2022[②]
TOTAL[a,b]	8%	6%	4%	5%	2%
Gender[3,4]					
Male	10	6	8	9	--
Female	6	6	<1	1	--
Age[1,4]					
18 to 34	16	11	9	16	--
35 to 44	3	5	6	2	--
45 to 54	8	4	2	1	--
55 to 64	4	1	3	3	--
65 and Older	6	6	1	2	--
Education[4]					
High School or Less	11	6	6	<1	--
Some Post High School	8	6	<1	12	--
College Graduate	3	5	6	2	--
Household Income[4]					
Bottom 40 Percent Bracket	12	6	6	7	--
Middle 20 Percent Bracket	3	6	2	0	--
Top 40 Percent Bracket	7	5	5	2	--
Marital Status[2,3,4]					
Married	7	3	<1	2	--
Not Married	9	9	8	12	--

[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]<u>demographic</u> difference at p≤0.05 in 2010; [2]<u>demographic</u> difference at p≤0.05 in 2013; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2010 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Advance Care Plan

2022 Findings (Table 20)

- Forty-three 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-three percent of respondents 65 and older reported they had an advance care plan compared to 26% of those 35 to 44 years old or 11% of respondents 18 to 34 years old.

- Married respondents were more likely to report they had an advance care plan compared to unmarried respondents (53% and 31%, respectively).

2010 to 2022 Year Comparisons (Table 20)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents having an advance care plan.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of male respondents reporting an advance care plan.

- In 2010 and 2022, respondents 65 and older were more likely to report having an advance care plan. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 54 years old reporting an advance care plan.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with a high school education or less reporting an advance care plan.

- In 2010 and 2022, household income was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting an advance care plan.

- In 2010, marital status was not a significant variable. In 2022, married respondents were more likely to report having an advance care plan, with a noted increase since 2010.

2019 to 2022 Year Comparisons (Table 20)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents having an advance care plan.

- In 2019, male respondents were more likely to report having an advance care plan. In 2022, gender was not a significant variable.

- In 2019 and 2022, respondents 65 and older were more likely to report having an advance care plan.

- In 2019 and 2022, married respondents were more likely to report having an advance care plan.

Table 20. Advance Care Plan by Demographic Variables for Each Survey Year (Q13)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	33%	38%	47%	43%	43%
Gender[3,4]					
Male[a]	30	34	41	49	41
Female	35	41	51	37	44
Age[1,2,3,4,5]					
18 to 34[a]	4	3	29	21	11
35 to 44	18	31	37	24	26
45 to 54[a]	25	31	45	45	50
55 to 64	52	43	47	44	49
65 and Older	80	81	74	76	73
Education[2]					
High School or Less[a]	33	40	42	43	47
Some Post High School	30	29	47	38	38
College Graduate	36	46	53	48	46
Household Income					
Bottom 40 Percent Bracket[a]	30	38	41	47	45
Middle 20 Percent Bracket	25	28	51	32	36
Top 40 Percent Bracket	29	38	48	43	41
Marital Status[3,4,5]					
Married[a]	34	41	51	47	53
Not Married	31	32	41	35	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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Services Overall

<u>Year Comparisons</u>

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2019 to 2022, there was no statistical change.

Figure 8. Health Services (Q11, Q13 & Q14)
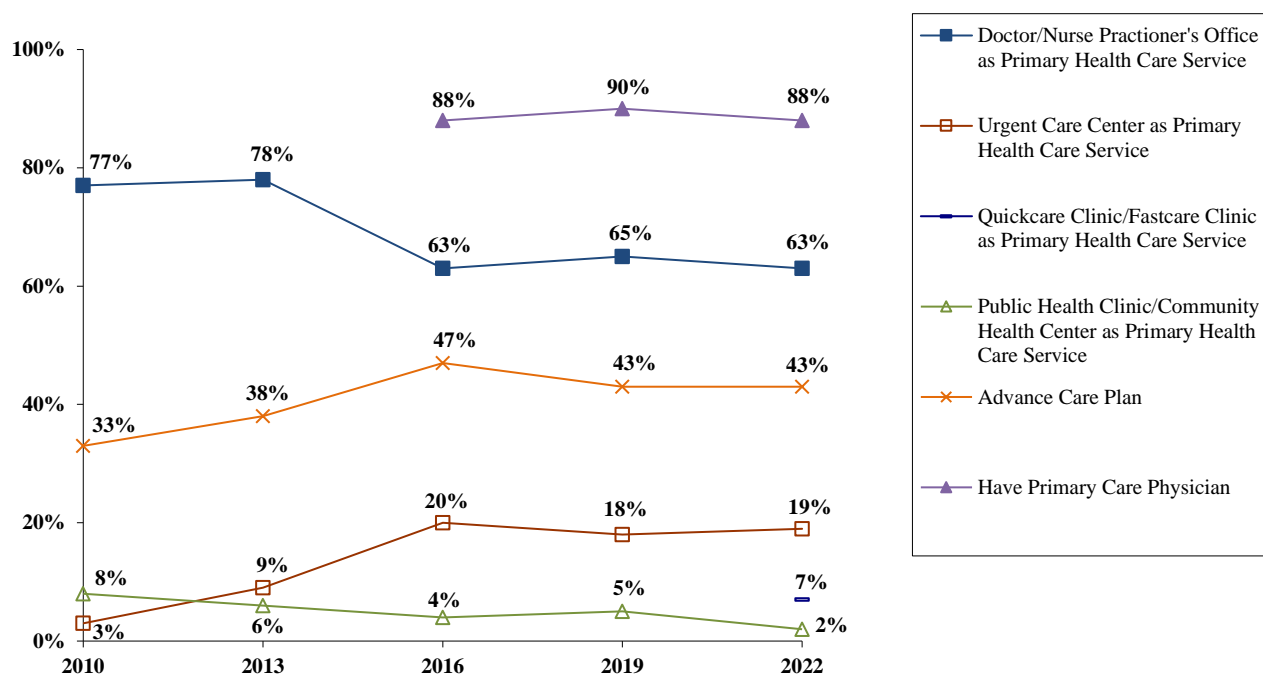
Vaccinations (Tables 21 & 22)

KEY FINDINGS: In 2022, 29% of respondents reported they were not vaccinated against COVID-19; respondents 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Personal choice was the most often listed reason for not being vaccinated. Excluding the COVID-19 vaccine, 7% of respondents reported someone in their household was not up-to-date with vaccines.

COVID-19 Vaccine Status

2022 Findings (Table 21)

- Fifty-two percent of respondents reported they were fully COVID-19 vaccinated and had the booster while 19% were fully vaccinated and not boostered. Twenty-nine percent of respondents were not COVID-19 vaccinated.

- Forty-six percent of respondents 18 to 34 years old were not vaccinated against COVID-19 compared to 26% of those 55 to 64 years old or 10% of respondents 65 and older.

- Thirty-eight percent of respondents with a high school education or less were not vaccinated against COVID-19 compared to 28% of those with some post high school education or 20% of respondents with a college education.

- Forty-six percent of respondents in the middle 20 percent household income bracket were not vaccinated against COVID-19 compared to 25% of those in the bottom 40 percent income bracket or 24% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they were not vaccinated against COVID-19 compared to married respondents (37% and 22%, respectively).

Of the 29% of respondents who reported they were not vaccinated against COVID-19 (n=111)…

   o Of the 111 respondents who reported they were not vaccinated against COVID-19, 32% reported personal choice as the reason for not being vaccinated while 22% reported fear of side effects followed by 20% reporting don't need/low risk/disbelief they work. Ten percent did not trust it.

Of the 19% of respondents who reported they received the main dose(s) for COVID-19 but did not schedule the booster (n=74)…

   o Of the 74 respondents who reported they received the main dose(s) for COVID-19 but did not schedule the booster, 35% reported personal choice as the reason for not having the booster scheduled while 15% each reported they had COVID recently/antibody infusion or they were lazy. Fourteen percent reported no time/hours didn't work with their schedule.

Table 21. COVID-19 Vaccine Status by Demographic Variables for 2022 (Q15 &Q16)[①]

	Fully Vaccinated & Boostered	Fully Vaccinated & No Booster	Not Vaccinated
TOTAL	52%	19%	29%
Gender			
Male	48	20	32
Female	56	19	25
Age[1]			
18 to 34	22	31	46
35 to 44	55	14	30
45 to 54	41	24	35
55 to 64	61	13	26
65 and Older	76	14	10
Education[1]			
High School or Less	47	14	38
Some Post High School	53	19	28
College Graduate	56	23	20
Household Income[1]			
Bottom 40 Percent Bracket	56	19	25
Middle 20 Percent Bracket	32	22	46
Top 40 Percent Bracket	56	19	24
Marital Status[1]			
Married	59	19	22
Not Married	43	19	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≤0.05 in 2022

Household Not Up-to-Date with Vaccines, Excluding COVID-19

2022 Findings (Table 22)

- Seven percent of respondents reported someone in their household is not up-to-date with vaccines, not including COVID-19.

- There were no statistically significant differences between demographic variables and responses of reporting someone in their household is not up-to-date with vaccines.

Of the 7% of respondents who reported someone in their household is not up-to-date with vaccines (n=27)…

  o Of the 27 respondents who reported someone in their household is not up-to-date with vaccines, 59% reported personal choice as the reason for not having up-to-date vaccinations while 15% reported fear of side effects.

Table 22. Household Not Up-to-Date with Vaccines, Excluding COVID-19 by Demographic Variables for 2022 (Q18)[①]

	2022
TOTAL	7%
Household Income	
Bottom 40 Percent Bracket	9
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	5
Marital Status	
Married	8
Not Married	5
Children in Household	
Yes	5
No	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 2022

Fallen/Injury Limited Activities (Table 23)

KEY FINDINGS: In 2022, 17% of respondents 55 and older reported in the past three months they have fallen at least once; male respondents were more likely to report this. Of the respondents who had fallen in the past three months, 21% reported at least one of the falls caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

2022 Findings (Table 23)

Of the 192 respondents 55 and older…

- o Seventeen percent of respondents reported in the past three months they have fallen at least once.

- o Male respondents were more likely to report they have fallen at least once in the past three months (22%) compared to female respondents (11%).

Of the 17% of respondents who were 55 and older who fell in the past year (n=33)…

- o Of the 33 respondents who reported they have fallen at least once in the past year, 21% reported at least one of the falls caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

Table 23. Fallen in Past Three Months by Demographic Variables for 2022 (Respondents 55 and Older) (Q22)[①]

	2022
TOTAL	17%
Gender[1]	
Male	22
Female	11
Age	
55 to 64	14
65 and Older	19
Education	
High School or Less	18
Some Post High School	15
College Graduate	16
Household Income	
Bottom 40 Percent Bracket	16
Top 60 Percent Bracket	19
Marital Status	
Married	17
Not Married	17

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Prevalence of Select Health Conditions (Figures 9 & 10; Tables 24 - 29)

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

KEY FINDINGS: In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (32%), high blood cholesterol (29%) or a mental health condition (25%). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents 65 and older were more likely to report high blood cholesterol. 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 a mental health condition. Fifteen percent of respondents reported diabetes; respondents who were 55 and older, in the bottom 40 percent household income bracket, overweight or smokers were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents who were female, with some post high school education, in the bottom 40 percent household income bracket or married respondents were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition.

From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or heart disease condition, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition, diabetes or current asthma while from 2019 to 2022, there was no statistical change.

2022 Findings

- Respondents were more likely to report high blood pressure (32%), high blood cholesterol (29%) or a mental health condition (25%) in the past three years out of six health conditions listed.

Figure 9. Health Conditions in Past Three Years for 2022
(Q24, Q27, Q30, Q33, Q36 & Q39)

Condition	Percent
High Blood Pressure	32%
High Blood Cholesterol	29%
Mental Health Condition	25%
Diabetes	15%
Heart Disease/Condition	11%
Asthma (Current)	13%
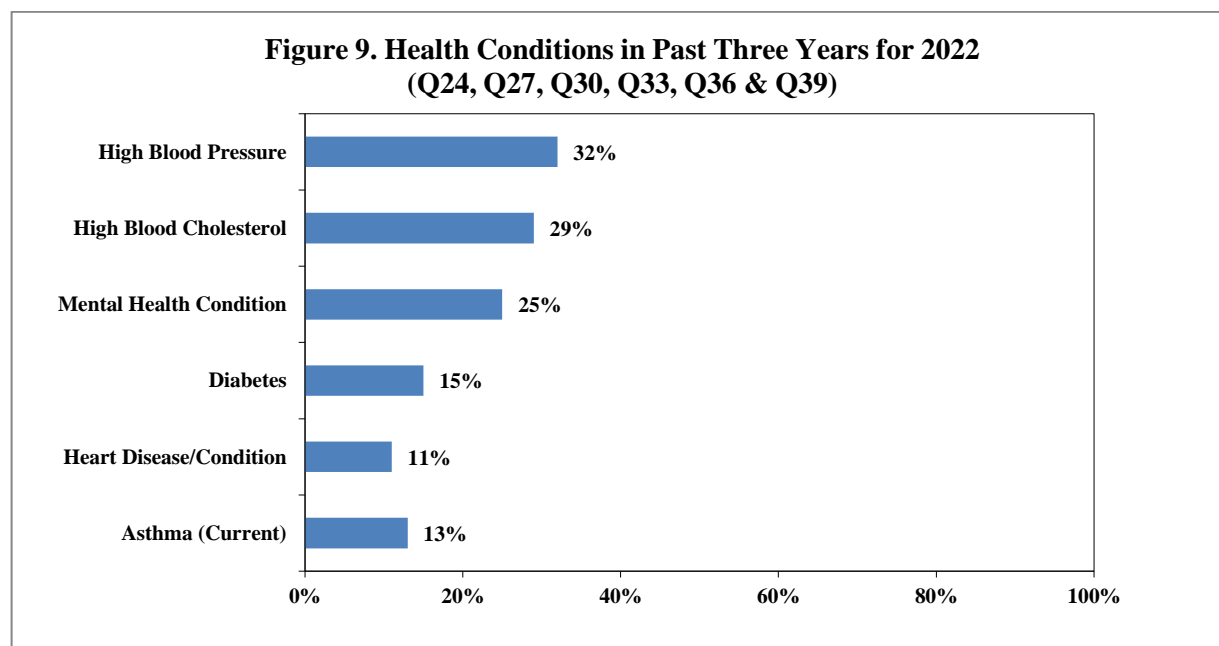
High Blood Pressure

<u>2022 Findings (Table 24)</u>

- Thirty-two 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 (62%) compared to those 35 to 44 years old (12%) or respondents 18 to 34 years old (7%).

- Overweight respondents were more likely to report high blood pressure (35%) compared to respondents who were not overweight (23%).

  o Of the 128 respondents who reported high blood pressure, 94% were regularly seeing a doctor, nurse or other health care provider for their high blood pressure.

  Of the 6% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood pressure (n=8)…

  o Of the 8 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood pressure, 4 respondents reported not bad enough to see the doctor as the reason while 3 respondents reported under control with medication/lifestyle changes.

<u>2010 to 2022 Year Comparisons (Table 24)</u>

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of male respondents reporting high blood pressure.

- In 2010 and 2022, respondents 65 and older were more likely to report high blood pressure.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting high blood pressure.

- In 2010, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. In 2022, household income was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting high blood pressure.

- In 2010 and 2022, overweight respondents were more likely to report high blood pressure.

- In 2010, nonsmokers were more likely to report high blood pressure. In 2022, smoking status was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of smokers reporting high blood pressure.

<u>2019 to 2022 Year Comparisons (Table 24)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure in the past three years.

- In 2019 and 2022, respondents 65 and older were more likely to report high blood pressure.

- In 2019, respondents with a high school education or less were more likely to report high blood pressure. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less reporting high blood pressure.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. In 2022, household income was not a significant variable.

- In 2019 and 2022, overweight respondents were more likely to report high blood pressure.

Table 24. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q24)[①]

	2010	2013	2016	2019	2022
TOTAL	26%	30%	31%	31%	32%
Gender					
Male[a]	26	33	34	32	36
Female	27	26	29	31	28
Age[1,2,3,4,5]					
18 to 34	2	11	4	8	7
35 to 44	15	16	21	6	12
45 to 54	20	15	26	39	29
55 to 64	39	51	37	39	40
65 and Older	67	57	69	60	62
Education[2,3,4]					
High School or Less[b]	29	37	43	47	34
Some Post High School[a]	24	26	24	28	36
College Graduate	23	22	22	20	26
Household Income[1,3,4]					
Bottom 40 Percent Bracket	31	35	41	45	36
Middle 20 Percent Bracket	21	24	30	13	23
Top 40 Percent Bracket[a]	10	24	20	25	29
Marital Status					
Married	26	30	28	33	32
Not Married	26	30	35	29	32
Overweight Status[1,2,3,4,5]					
Not Overweight	13	20	23	13	23
Overweight	32	33	35	37	35
Smoking Status[1,3]					
Nonsmoker	30	29	29	32	31
Smoker[a]	16	29	41	29	38

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at $p \leq 0.05$ in 2010; [2]<u>demographic</u> difference at $p \leq 0.05$ in 2013; [3]<u>demographic</u> difference at $p \leq 0.05$ in 2016; [4]<u>demographic</u> difference at $p \leq 0.05$ in 2019; [5]<u>demographic</u> difference at $p \leq 0.05$ in 2022
[a]<u>year</u> difference at $p \leq 0.05$ from 2010 to 2022; [b]<u>year</u> difference at $p \leq 0.05$ from 2019 to 2022

High Blood Cholesterol

<u>2022 Findings (Table 25)</u>

- Twenty-nine percent of respondents reported high blood cholesterol in the past three years.

- Forty-five percent of respondents 65 and older reported high blood cholesterol in the past three years compared to 16% of those 18 to 34 years old or 12% of respondents 35 to 44 years old.

   o Of the 118 respondents who reported high blood cholesterol, 88% were regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol.

   Of the 12% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol (n=14)…

   o Of the 14 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol, 9 respondents reported not bad enough to see the doctor as the reason.

<u>2010 to 2022 Year Comparisons (Table 25)</u>

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.

- In 2010 and 2022, respondents 65 and older were more likely to report high blood cholesterol. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted <u>decrease</u> in the percent of respondents 35 to 44 years old reporting high blood cholesterol.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting high blood cholesterol.

- In 2010, married respondents were more likely to report high blood cholesterol. In 2022, marital status was not a significant variable.

- In 2010, overweight respondents were more likely to report high blood cholesterol. In 2022, overweight status was not a significant variable.

<u>2019 to 2022 Year Comparisons (Table 25)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.

- In 2019 and 2022, respondents 65 and older were more likely to report high blood cholesterol. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old reporting high blood cholesterol.

- In 2019, respondents with a high school education or less were more likely to report high blood cholesterol. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting high blood cholesterol.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report high blood cholesterol. In 2022, household income was not a significant variable.

- In 2019, overweight respondents were more likely to report high blood cholesterol. In 2022, overweight status was not a significant variable.

Table 25. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q27)[①]

	2010	2013	2016	2019	2022
TOTAL	29%	26%	16%	24%	29%
Gender					
Male	33	26	18	23	32
Female	25	25	14	26	27
Age[1,2,3,4,5]					
18 to 34[a,b]	4	2	0	5	16
35 to 44[a]	31	10	0	11	12
45 to 54	28	16	15	33	26
55 to 64	43	49	29	32	41
65 and Older	47	51	36	39	45
Education[2,4]					
High School or Less	29	33	17	38	33
Some Post High School[b]	23	26	17	15	33
College Graduate[a]	38	14	15	21	23
Household Income[2,4]					
Bottom 40 Percent Bracket	28	31	17	30	32
Middle 20 Percent Bracket	24	17	20	14	26
Top 40 Percent Bracket	31	21	11	24	29
Marital Status[1]					
Married	34	27	18	26	32
Not Married	23	23	14	22	27
Overweight Status[1,3,4]					
Not Overweight	19	19	9	15	24
Overweight	32	28	20	27	32
Smoking Status[3]					
Nonsmoker	31	25	18	25	29
Smoker	22	27	8	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.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Mental Health Condition

2022 Findings (Table 26)

- Twenty-five percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.

- Female respondents were more likely to report a mental health condition in the past three years (37%) compared to male respondents (14%).

- Forty-five percent of respondents 18 to 34 years old reported a mental health condition compared to 18% of those 45 to 54 years old or 11% of respondents 65 and older.

- Respondents with some post high school education were more likely to report a mental health condition (33%) compared to those with a high school education or less (22%) or respondents with a college education (19%).

- Twenty-nine percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 21% of those in the top 40 percent income bracket or 13% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to report a mental health condition compared to married respondents (32% and 20%, respectively).

    o Of the 99 respondents who reported a mental health condition, 82% were regularly seeing a doctor, nurse or other health care provider for their mental health condition.

  Of the 18% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their mental health condition (n=18)…

    o Of the 18 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their mental health condition, 37% reported not bad enough to see the doctor as the reason while 29% each reported uninsured or cannot afford to pay.

<u>2010 to 2022 Year Comparisons (Table 26)</u>

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition in the past three years.

- In 2010, gender was not a significant variable. In 2022, female respondents were more likely to report a mental health condition, with a noted increase since 2010.

- In 2010, respondents 18 to 34 years old or 45 to 64 years old were more likely to report a mental health condition. In 2022, respondents 18 to 34 years old were more likely to report a mental health condition. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old reporting a mental health condition.

- In 2010, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report a mental health condition. From 2010 to 2022, there was a noted increase in the percent of respondents with some post high school education or less reporting a mental health condition.

- In 2010 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. From 2010 to 2022, 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 a mental health condition.

- In 2010, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report a mental health condition. From 2010 to 2022, there was a noted increase in the percent of respondents across marital status reporting a mental health condition.

<u>2019 to 2022 Year Comparisons (Table 26)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years.

- In 2019 and 2022, female respondents were more likely to report a mental health condition. From 2019 to 2022, there was a noted increase in the percent of female respondents reporting a mental health condition.

- In 2019, respondents 35 to 44 years old were more likely to report a mental health condition. In 2022, respondents 18 to 34 years old were more likely to report a mental health condition, with a noted increase since 2019.

- In 2019, respondents with a high school education or less were more likely to report a mental health condition. In 2022, respondents with some post high school education were more likely to report a mental health condition, with a noted increase since 2019.

- In 2019, respondents in the middle 20 percent household income bracket were more likely to report a mental health condition. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. From 2019 to 2022, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket and a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a mental health condition.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report a mental health condition.

Table 26. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q33)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	12%	16%	15%	19%	25%
Gender[3,4,5]					
Male	13	14	8	13	14
Female[a,b]	11	19	22	26	37
Age[1,2,4,5]					
18 to 34[a,b]	15	27	17	25	45
35 to 44[a]	6	21	16	30	33
45 to 54	16	12	16	17	18
55 to 64	18	19	17	17	20
65 and Older	6	5	9	9	11
Education[4,5]					
High School or Less[a]	13	18	19	29	22
Some Post High School[a,b]	8	19	13	16	33
College Graduate	13	9	13	14	19
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a]	16	25	23	23	29
Middle 20 Percent Bracket[b]	8	8	14	27	13
Top 40 Percent Bracket[a,b]	6	10	6	10	21
Marital Status[3,5]					
Married[a]	10	15	11	17	20
Not Married[a]	13	18	20	23	32

[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 $p \leq 0.05$ in 2010; [2]demographic difference at $p \leq 0.05$ in 2013; [3]demographic difference at $p \leq 0.05$ in 2016; [4]demographic difference at $p \leq 0.05$ in 2019; [5]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2010 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Diabetes

<u>2022 Findings (Table 27)</u>

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

- Twenty-four percent of respondents 65 and older and 22% of those 55 to 64 years old reported diabetes in the past three years compared to 1% of respondents 18 to 34 years old.

- Nineteen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 11% of those in the middle 20 percent income bracket or 9% of respondents in the top 40 percent household income bracket.

- Overweight respondents were more likely to report diabetes (19%) compared to respondents who were not overweight (4%).

- Smokers were more likely to report diabetes (25%) compared to nonsmokers (13%).

  - Of the 60 respondents who reported diabetes, 98% were regularly seeing a doctor, nurse or other health care provider for their diabetes.

  Of the 2% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their diabetes (n=1)…

  - Of the 1 respondent who reported not regularly seeing a doctor, nurse or other health care provider for their diabetes, they reported under control with medication/lifestyle changes as the reason.

<u>2010 to 2022 Year Comparisons (Table 27)</u>

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported diabetes in the past three years.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents across gender reporting diabetes.

- In 2010, respondents 55 to 64 years old were more likely to report diabetes. In 2022, respondents 55 and older were more likely to report diabetes. From 2010 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old or 65 and older reporting diabetes.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents across education reporting diabetes.

- In 2010, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. From 2010 to 2022, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting diabetes.

- In 2010, married respondents were more likely to report diabetes. In 2022, marital status was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of unmarried respondents reporting diabetes.

- In 2010 and 2022, overweight respondents were more likely to report diabetes. From 2010 to 2022, there was a noted increase in the percent of overweight respondents reporting diabetes.

- In 2010, smoking status was not a significant variable. In 2022, smokers were more likely to report diabetes. From 2010 to 2022, there was a noted increase in the percent of respondents across smoking status reporting diabetes.

<u>2019 to 2022 Year Comparisons (Table 27)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.

- In 2019, respondents 45 and older were more likely to report diabetes. In 2022, respondents 55 and older were more likely to report diabetes. From 2019 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old reporting diabetes.

- In 2019, respondents with a high school education or less were more likely to report diabetes. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a college education reporting diabetes.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report diabetes.

- In 2019 and 2022, overweight respondents were more likely to report diabetes.

- In 2019 and 2022, smokers were more likely to report diabetes.

Table 27. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q36)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	6%	11%	9%	13%	15%
Gender					
Male[a]	8	13	10	13	18
Female[a]	4	9	9	12	12
Age[1,2,3,4,5]					
18 to 34	0	2	4	5	1
35 to 44[a,b]	0	0	0	2	12
45 to 54	8	12	9	17	15
55 to 64	19	17	14	19	22
65 and Older[a]	12	21	17	19	24
Education[4]					
High School or Less[a]	8	13	12	23	18
Some Post High School[a]	5	11	10	11	16
College Graduate[a,b]	3	8	5	4	11
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket[a]	9	16	15	22	19
Middle 20 Percent Bracket[a]	3	0	5	9	11
Top 40 Percent Bracket	3	8	6	4	9
Marital Status[1]					
Married	9	10	11	14	15
Not Married[a]	4	12	8	10	15
Overweight Status[1,3,4,5]					
Not Overweight	2	6	3	4	4
Overweight[a]	9	12	11	15	19
Smoking Status[4,5]					
Nonsmoker[a]	7	11	11	11	13
Smoker[a]	5	13	5	22	25

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Heart Disease/Condition

2022 Findings (Table 28)

- Eleven percent of respondents reported heart disease or condition in the past three years.

- Male respondents were more likely to report heart disease/condition in the past three years (16%) compared to female respondents (7%).

- Twenty-four percent of respondents 65 and older reported heart disease/condition compared to 2% of those 35 to 44 years old or 1% of respondents 18 to 34 years old.

- Fourteen percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition compared to 7% 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 heart disease/condition compared to married respondents (16% and 8%, respectively).

    o Of the 45 respondents who reported heart disease/condition, 91% were regularly seeing a doctor, nurse or other health care provider for their heart disease/condition.

Of the 9% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their heart disease/condition (n=4)…

    o Of the 4 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their heart disease/condition, 2 respondents reported not bad enough to see the doctor as the reason.

2010 to 2022 Year Comparisons (Table 28)

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.

- In 2010, gender was not a significant variable. In 2022, male respondents were more likely to report heart disease/condition.

- In 2010 and 2022, respondents 65 and older were more likely to report heart disease/condition.

- In 2010, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition.

- In 2010, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report heart disease/condition, with a noted increase since 2010.

2019 to 2022 Year Comparisons (Table 28)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report heart disease/condition, with a noted increase since 2019.

- In 2019 and 2022, respondents 65 and older were more likely to report heart disease/condition.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report heart disease/condition, with a noted increase since 2019.

Table 28. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year (Q30)[①]

	2010	2013	2016	2019	2022
TOTAL	9%	11%	10%	8%	11%
Gender[5]					
Male[b]	11	11	12	9	16
Female	7	11	8	7	7
Age[1,2,3,4,5]					
18 to 34	<1	0	0	2	1
35 to 44	3	14	11	3	2
45 to 54	5	1	2	6	5
55 to 64	13	14	10	12	18
65 and Older	24	27	27	18	24
Education[2]					
High School or Less	11	16	12	11	10
Some Post High School	7	10	8	7	11
College Graduate	6	4	9	7	12
Household Income[2,5]					
Bottom 40 Percent Bracket	10	18	12	11	14
Middle 20 Percent Bracket	3	3	6	8	7
Top 40 Percent Bracket	4	6	10	4	5
Marital Status[5]					
Married	10	10	10	10	8
Not Married[a,b]	7	13	9	5	16
Overweight Status					
Not Overweight	8	12	7	6	8
Overweight	9	10	11	9	13
Smoking Status					
Nonsmoker	9	10	10	8	10
Smoker	8	16	7	6	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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Current Asthma

In 2020, 10% of Wisconsin respondents and 10% of U.S. respondents reported they were told they currently have asthma (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 29)

- Thirteen percent of respondents reported they currently have asthma.

- Female respondents were more likely to report current asthma (20%) compared to male respondents (6%).

- Respondents with some post high school education (22%) were more likely to report current asthma compared to those with a high school education or less (9%) or respondents with a college education (8%).

- Twenty percent of respondents in the bottom 40 percent household income bracket reported asthma compared to 10% of those in the middle 20 percent income bracket or 7% of respondents in the bottom 40 percent household income bracket.

- Sixteen percent of married respondents reported current asthma compared to 9% of unmarried respondents.

  o Of the 53 respondents who reported current asthma, 89% were regularly seeing a doctor, nurse or other health care provider for their current asthma.

  Of the 11% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their current asthma (n=6)…

  o Of the 6 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their current asthma, 4 respondents reported specialty physician not in area as the reason.

2010 to 2022 Year Comparisons (Table 29)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported current asthma.

- In 2010 and 2022, female respondents were more likely to report current asthma. From 2010 to 2022, there was a noted increase in the percent of female respondents reporting current asthma.

- In 2010 and 2022, age was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old or 65 and older reporting current asthma.

- In 2010, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2010.

- In 2010, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report current asthma, with a noted increase since 2010.

- In 2010, marital status was not a significant variable. In 2022, married respondents were more likely to report current asthma, with a noted increase since 2010.

2019 to 2022 Year Comparisons (Table 29)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported current asthma.

- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report current asthma. From 2019 to 2022, there was a noted decrease in the percent of male respondents reporting current asthma.

- In 2019, respondents with a high school education or less or with a college education were more likely to report current asthma. In 2022, respondents with some post high school education were more likely to report current asthma, with a noted increase since 2019. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting current asthma.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report current asthma.

- In 2019 and 2022, married respondents were more likely to report current asthma.

Table 29. Current Asthma by Demographic Variables for Each Survey Year (Q39)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	7%	8%	13%	14%	13%
Gender[1,2,3,5]					
Male[b]	4	4	10	12	6
Female[a]	10	12	17	15	20
Age[2,3]					
18 to 34	13	15	10	19	13
35 to 44	5	6	24	10	8
45 to 54[a]	4	7	11	19	18
55 to 64	8	1	20	10	7
65 and Older[a]	5	7	7	8	18
Education[3,4,5]					
High School or Less[b]	7	10	7	18	9
Some Post High School[a,b]	7	9	23	7	22
College Graduate[b]	6	5	12	17	8
Household Income[5]					
Bottom 40 Percent Bracket[a]	8	11	14	18	20
Middle 20 Percent Bracket	6	7	22	12	10
Top 40 Percent Bracket	5	5	10	9	7
Marital Status[4,5]					
Married[a]	6	9	12	16	16
Not Married	8	6	15	9	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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Conditions Overall

<u>Year Comparisons</u>

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or heart disease condition, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition, diabetes or current asthma while from 2019 to 2022, there was no statistical change.

Figure 10. Health Conditions in Past Three Years (Q24, Q27, Q30, Q33, Q36 & Q39)
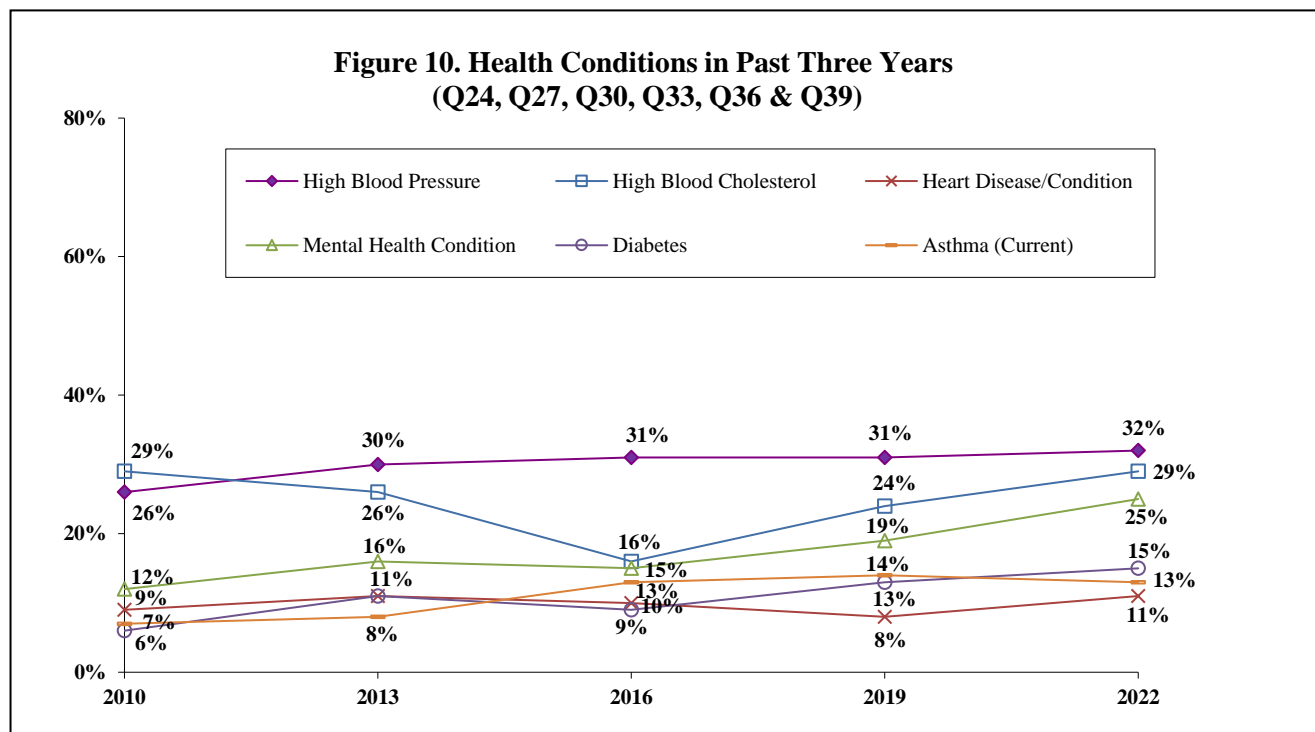
Body Weight (Figures 11 & 12; Tables 30 & 31)

KEY FINDINGS: In 2022, 79% of respondents were classified as at least overweight while 41% were obese. Respondents who were male or in the top 60 percent household income bracket were more likely to be at least overweight.

From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, 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.

In 2020, 68% of Wisconsin respondents were classified as at least overweight (36% overweight, 32% obese). In the U.S., 67% were classified as at least overweight (35% overweight and 32% obese) (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 30)

- According to the definition, 79% of respondents were at least overweight (41% obese and 38% overweight).

Figure 11. Overweight Status for 2022 (Q55 & Q56)
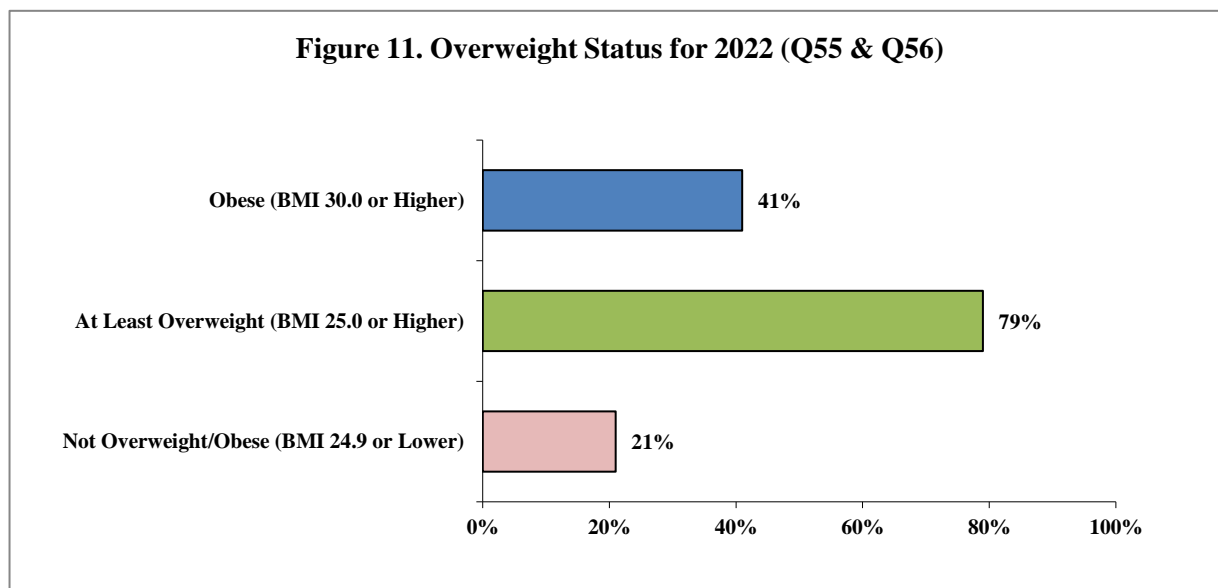
- Male respondents were more likely to be at least overweight (89%) compared to female respondents (69%).

- Eighty-seven percent of respondents in the top 40 percent household income bracket and 85% of those in the middle 20 percent income bracket were at least overweight compared to 74% of respondents in the bottom 40 percent household income bracket.

2010 to 2022 Year Comparisons (Table 30)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight.

- In 2010 and 2022, male respondents were more likely to be classified as at least overweight. From 2010 to 2022, there was a noted increase in the percent of respondents across gender who were at least overweight.

- In 2010, respondents 35 and older were more likely to be classified as at least overweight. In 2022, age was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old who were at least overweight.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with a high school education or less or with a college education who were at least overweight.

- In 2010, household income was not a significant variable. In 2022, respondents in the top 60 percent household income bracket were more likely to be at least overweight, with a noted increase since 2010.

- In 2010 and 2022, marital status was not a significant variable. From 2010 to 2022, there was a statistical increase in the percent of unmarried respondents who were at least overweight.

2019 to 2022 Year Comparisons (Table 30)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to be at least overweight, with a noted increase since 2019.

- In 2019, respondents 35 to 44 years old were more likely to be at least overweight. In 2022, age was not a significant variable.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a college education who were at least overweight.

- In 2019, household income was not a significant variable. In 2022, respondents in the top 60 percent household income bracket were more likely to be at least overweight. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket who were at least overweight.

Table 30. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q55 & Q56)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	66%	73%	71%	76%	79%
Gender[1,2,3,5]					
Male[a,b]	75	79	77	79	89
Female[a]	57	67	65	74	69
Age[1,3,4]					
18 to 34[a]	44	73	51	66	79
35 to 44	74	69	84	89	80
45 to 54	76	75	79	79	81
55 to 64	74	75	76	73	80
65 and Older	74	73	71	76	75
Education[3]					
High School or Less[a]	64	77	73	82	78
Some Post High School	71	74	81	77	75
College Graduate[a,b]	60	65	59	70	84
Household Income[2,5]					
Bottom 40 Percent Bracket	67	77	68	80	74
Middle 20 Percent Bracket[a]	61	78	70	77	85
Top 40 Percent Bracket[a,b]	65	64	76	76	87
Marital Status					
Married	70	75	74	78	78
Not Married[a]	61	70	68	73	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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Obese

The Healthy People 2030 goal for obesity is 36%. (Objective NWS-03)

In 2020, 32% of Wisconsin and 32% of U.S. respondents were classified as obese (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 31)

- Forty-one percent of respondents were classified as obese (BMI 30.0 or higher).

- There were no statistically significant differences between demographic variables and responses of reporting they were classified as obese.

2010 to 2022 Year Comparisons (Table 31)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were obese.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a statistical increase in the percent of respondents across gender who were obese.

- In 2010, respondents 35 to 64 years old were more likely to be obese. In 2022, age was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old who were obese.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with a high school education or less who were obese.

- In 2010 and 2022, household income was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents in the top 60 percent household income bracket who were obese.

- In 2010 and 2022, marital status was not a significant variable. From 2010 to 2022, there was a statistical increase in the percent of respondents across marital status who were obese.

2019 to 2022 Year Comparisons (Table 31)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were obese.

- In 2019, respondents 35 to 54 years old were more likely to be obese. In 2022, age was not a significant variable.

- In 2019, married respondents were more likely to be obese. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of married respondents and a noted increase in the percent of unmarried respondents who were obese.

Table 31. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q55 & Q56)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	28%	34%	42%	43%	41%
Gender[3]					
Male[a]	29	35	54	40	45
Female[a]	27	34	29	46	38
Age[1,3,4]					
18 to 34[a]	17	37	29	30	41
35 to 44	37	26	63	56	47
45 to 54	35	37	45	56	46
55 to 64	38	41	47	37	43
65 and Older	23	30	33	38	34
Education[3]					
High School or Less[a]	24	40	50	44	44
Some Post High School	31	33	45	40	43
College Graduate	36	27	27	45	37
Household Income					
Bottom 40 Percent Bracket	28	39	38	41	35
Middle 20 Percent Bracket[a]	21	37	42	43	41
Top 40 Percent Bracket[a]	30	27	44	46	49
Marital Status[4]					
Married[a,b]	29	34	46	50	39
Not Married[a,b]	27	35	37	31	45

[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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Body Weight Overall

<u>Year Comparisons</u>

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.

Figure 12. Overweight Status (Q55 & Q56)
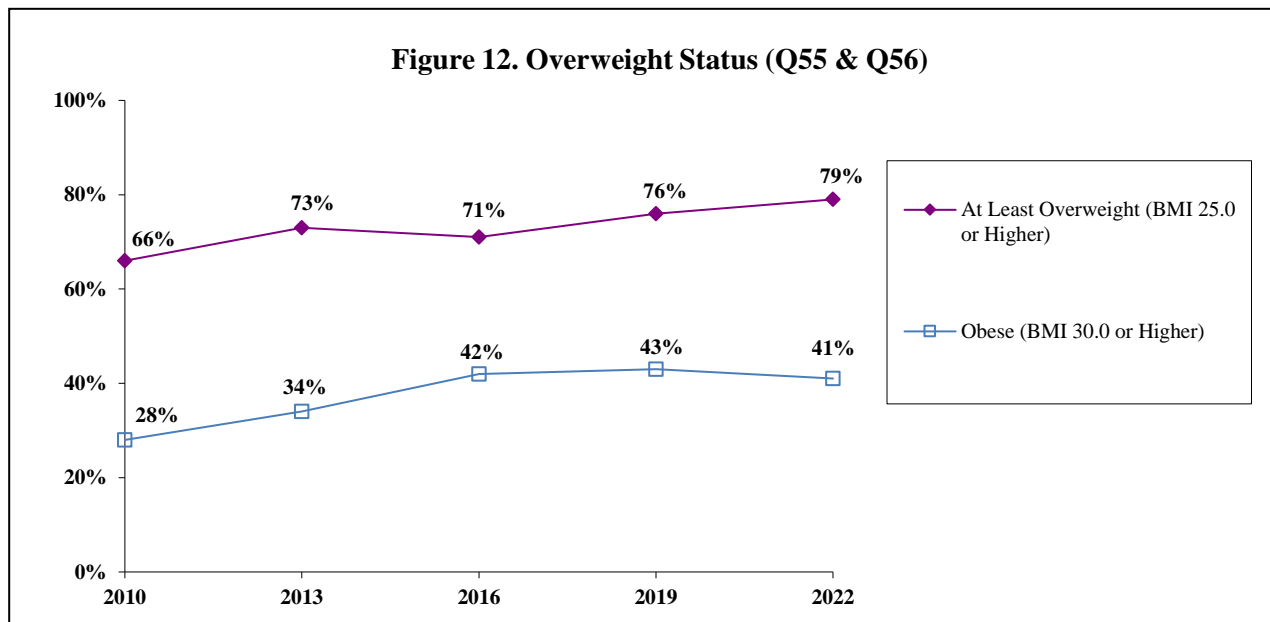
Women's Health (Figure 13; Table 32)

KEY FINDINGS: In 2022, 77% of female respondents 18 to 65 years old reported a pap smear within the past three years; married respondents were more likely to report this.

From 2010 to 2022, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2019 to 2022, there was a statistical <u>decrease</u>.

Pap Smear

In 2020, 78% of Wisconsin women and 78% of U.S. women 21 to 65 years old reported a pap smear within the past three years (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 32)

o   Seventy-seven percent of the 127 respondents 18 to 65 years old with a cervix reported they had a pap smear within the past three years.

o   Married respondents were more likely to report a pap smear within the past three years compared to unmarried respondents (86% and 60%, respectively).

2010 to 2022 Year Comparisons (Table 32)

o   From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported a pap smear within the past three years.

o   In 2010, respondents with a college education were more likely to report a pap smear within the past three years. In 2022, education was not a significant variable. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting a pap smear within the past three years.

o   In 2010 and 2022, married respondents were more likely to report a pap smear within the past three years.

2019 to 2022 Year Comparisons (Table 32)

o   From 2019 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported a pap smear within the past three years.

o   In 2019, respondents with a college education were more likely to report a pap smear within the past three years. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education reporting a pap smear within the past three years.

o   In 2019, respondents in the top 40 percent household income bracket were more likely to report a pap smear within the past three years. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket reporting a pap smear within the past three years.

o   In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report a pap smear within the past three years. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting a pap smear within the past three years

Table 32. Pap Smear Within Past Three Years by Demographic Variables for Each Survey Year (Respondents 18 to 65 Years Old and With a Cervix) (Q42)[①]

	2010	2013	2016	2019	2022
TOTAL[b]	81%	83%	81%	89%	77%
Education[1,3,4]					
Some Post High School or Less	77	81	69	83	78
College Graduate[a,b]	97	89	98	98	75
Household Income[3,4]					
Bottom 60 Percent Bracket	80	83	74	84	72
Top 40 Percent Bracket[b]	86	88	94	98	85
Marital Status[1,5]					
Married	88	82	84	88	86
Not Married[b]	68	86	78	90	60

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Women's Health Overall

Year Comparisons

- o From 2010 to 2022, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2019 to 2022, there was a statistical decrease.

Figure 13. Pap Smear Within Past Three Years (Respondents 18 to 65 Years Old and With a Cervix) (Q42)
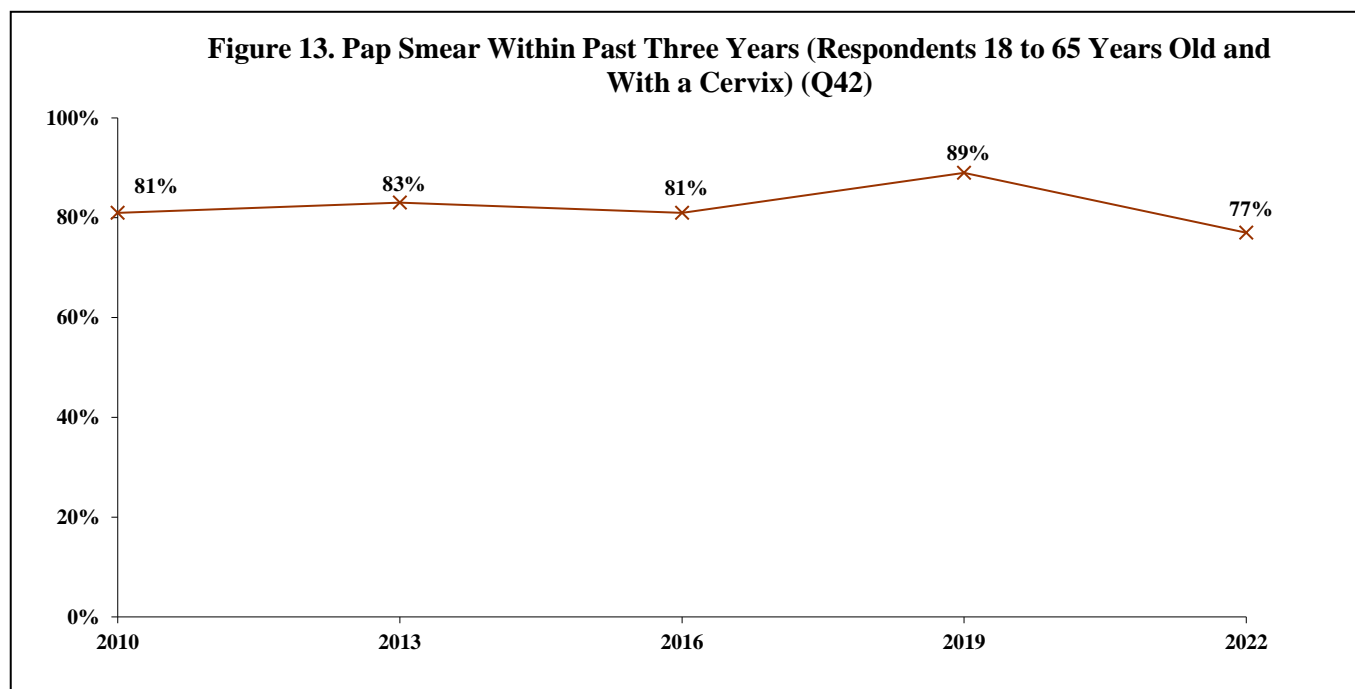
Tobacco Use (Figure 14; Tables 33 - 35)

KEY FINDINGS: In 2022, 15% of respondents were current tobacco cigarette smokers; respondents who were male, 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to be a smoker. Eight percent of respondents used electronic vapor products in the past month; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Five percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 34 years old, in the top 60 percent household income bracket or unmarried were more likely to report smokeless tobacco use.

From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who were current tobacco cigarette smokers while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022.

Current Cigarette Smokers

The Healthy People 2030 goal for adult smoking is 5%. (Objective TU-02)

In 2020, 16% of Wisconsin respondents and 16% of U.S. respondents were current smokers (2020 Behavioral Risk Factor Surveillance System).

<u>2022 Findings (Table 33)</u>

- Fifteen percent of respondents were current tobacco cigarette smokers; 2% smoked some days and 13% smoked every day.

- Male respondents were more likely to be current smokers (19%) compared to female respondents (11%).

- Twenty-eight percent of respondents 55 to 64 years old were current smokers compared to 13% of those 18 to 34 years old or 6% of respondents 65 and older.

- Twenty-four percent of respondents with a high school education or less and 20% of those with some post high school education were current smokers compared to 3% of respondents with a college education.

- Twenty-three percent of respondents in the middle 20 percent household income bracket were current smokers compared to 12% of those in the top 40 percent income bracket or 11% of respondents in the bottom 40 percent household income bracket.

- Unmarried respondents were more likely to be current smokers compared to married respondents (21% and 11%, respectively).

<u>2010 to 2022 Year Comparisons (Table 33)</u>

- From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2010 and 2022, male respondents were more likely to be a current smoker. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents across gender who were current smokers.

- In 2010, respondents 35 to 44 years old were more likely to be a current smoker. In 2022, respondents 55 to 64 years old were more likely to be a current smoker. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents 18 to 44 years old who were current smokers.

- In 2010, respondents with a high school education or less were more likely to be a current smoker. In 2022, respondents with some post high school education or less were more likely to be a current smoker. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less who were current smokers.

- In 2010, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. In 2022, respondents in the middle 20 percent household income bracket were more likely to be a current smoker. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket who were current smokers.

- In 2010 and 2022, unmarried respondents were more likely to be a current smoker. From 2010 to 2022, there was a noted <u>decrease</u> in the percent of respondents across marital status who were current smokers.

<u>2019 to 2022 Year Comparisons (Table 33)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to be a current smoker.

- In 2019, age was not a significant variable. In 2022, respondents 55 to 64 years old were more likely to be a current smoker.

- In 2019 and 2022, respondents with some post high school education or less were more likely to be a current smoker. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education who were current smokers.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. In 2022, respondents in the middle 20 percent household income bracket were more likely to be a current smoker. From 2019 to 2022, there was a noted <u>decrease</u> 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 who were current smokers.

- In 2019 and 2022, unmarried respondents were more likely to be a current smoker.

Table 33. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year (Q53)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	25%	19%	21%	16%	15%
Gender[1,5]					
Male[a]	31	21	24	17	19
Female[a]	19	17	18	14	11
Age[1,2,3,5]					
18 to 34[a]	28	14	20	20	13
35 to 44[a]	33	26	39	21	14
45 to 54	28	29	30	13	16
55 to 64	27	19	18	19	28
65 and Older	10	10	3	9	6
Education[1,3,4,5]					
High School or Less[a]	36	23	30	18	24
Some Post High School	20	18	16	20	20
College Graduate[b]	8	16	14	9	3
Household Income[1,3,4,5]					
Bottom 40 Percent Bracket[a,b]	35	23	30	25	11
Middle 20 Percent Bracket	19	20	30	17	23
Top 40 Percent Bracket[b]	18	15	7	5	12
Marital Status[1,2,3,4,5]					
Married[a]	20	13	10	12	11
Not Married[a]	30	29	35	22	21

[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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Electronic Vapers

In 2017, 4% of Wisconsin respondents currently used electronic cigarettes. In 2020, 4% of U.S. respondents currently used electronic cigarettes (2017 & 2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 34)

- Eight percent of respondents used electronic vapor products in the past month.

- Twenty percent of respondents 18 to 34 years old reported they used electronic vapor products in the past month compared to 1% of those 45 to 54 years old or 0% of respondents 65 and older.

- Thirteen percent of respondents in the bottom 40 percent household income bracket and 11% of those in the middle 20 percent income bracket reported they used electronic vapor products in the past month compared to 2% respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they used electronic vapor products in the past month compared to married respondents (12% and 4%, respectively).

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who used electronic vapor products in the past month.

- In 2016, male respondents were more likely to report they used electronic vapor products. In 2022, gender was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of female respondents reporting they used electronic vapor products.

- In 2016, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report they used electronic vapor products. From 2016 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting they used electronic vapor products.

- In 2016, respondents with a high school education or less were more likely to report they used electronic vapor products. In 2022, education was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting they used electronic vapor products.

- In 2016, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report they used electronic vapor products.

- In 2016 and 2022, unmarried respondents were more likely to report they used electronic vapor products. From 2016 to 2022, there was a noted increase in the percent of married respondents reporting they used electronic vapor products.

2019 to 2022 Year Comparisons (Table 34)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who used electronic vapor products in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they used electronic vapor products in 2019.

Table 34. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year (Q51)[①]

	2016	2019[②]	2022
TOTAL[b]	4%	3%	8%
Gender[1]			
Male	7	--	9
Female[a]	2	--	6
Age[3]			
18 to 34[a]	5	--	20
35 to 44[a]	2	--	12
45 to 54[a]	9	--	1
55 to 64	4	--	5
65 and Older	2	--	0
Education[1]			
High School or Less	8	--	8
Some Post High School[a]	2	--	9
College Graduate	2	--	6
Household Income[1,3]			
Bottom 40 Percent Bracket	8	--	13
Middle 20 Percent Bracket	4	--	11
Top 40 Percent Bracket	<1	--	2
Marital Status[1,3]			
Married[a]	<1	--	4
Not Married	9	--	12

[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 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Smokeless Tobacco

In 2020, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 35)

- Five percent of respondents used smokeless tobacco in the past month.

- Nine percent of male respondents reported smokeless tobacco use in the past month compared to less than one percent of female respondents.

- Fifteen percent of respondents 18 to 34 years old reported smokeless tobacco use in the past month compared to less than one percent of those 65 and older or 0% of respondents 55 to 64 years older.

- Ten percent of respondents in the middle 20 percent household income bracket and 9% of those in the top 40 percent income bracket reported smokeless tobacco use in the past month compared to less than one percent of respondents in the bottom 40 percent household income bracket.

- Unmarried respondents were more likely to report smokeless tobacco use in the past month compared to married respondents (9% and 1%, respectively).

2016 to 2022 Year Comparisons (Table 35)

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they used smokeless tobacco in 2016.

2019 to 2022 Year Comparisons (Table 35)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month.

- In 2019 and 2022, male respondents were more likely to report smokeless tobacco use.

- In 2019, respondents 18 to 34 years old or 45 to 54 years old were more likely to report smokeless tobacco use. In 2022, respondents 18 to 34 years old were more likely to report smokeless tobacco use.

- In 2019, respondents with some post high school education were more likely to report smokeless tobacco use. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a high school education or less and a noted <u>decrease</u> in the percent of respondents with a college education reporting smokeless tobacco use.

- In 2019, respondents in the middle 20 percent household income bracket were more likely to report smokeless tobacco use. In 2022, respondents in the top 60 percent household income bracket were more likely to report smokeless tobacco use.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report smokeless tobacco use. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of married respondents reporting smokeless tobacco use.

Table 35. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year (Q49)[1]

	2016[2]	2019	2022
TOTAL	3%	5%	5%
Gender[2,3]			
Male	--	10	9
Female	--	<1	<1
Age[2,3]			
18 to 34	--	8	15
35 to 44	--	5	2
45 to 54	--	9	7
55 to 64	--	3	0
65 and Older	--	0	<1
Education[2]			
High School or Less[b]	--	<1	8
Some Post High School	--	9	6
College Graduate[b]	--	6	1
Household Income[2,3]			
Bottom 40 Percent Bracket	--	2	<1
Middle 20 Percent Bracket	--	13	10
Top 40 Percent Bracket	--	5	9
Marital Status[3]			
Married[b]	--	4	1
Not Married	--	6	9

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Cigars, Cigarillos or Little Cigars

2022 Findings

- Two percent of respondents used cigars, cigarillos or little cigars in the past month.

- 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 month.

2016 to 2022 Year Comparisons

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

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

- From 2019 to 2022 there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

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

Tobacco Use Overall

Year Comparisons

- From 2010 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who were current tobacco cigarette smokers while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022.

Figure 14. Tobacco Use in Past Month (Q49 - Q51 & Q53)
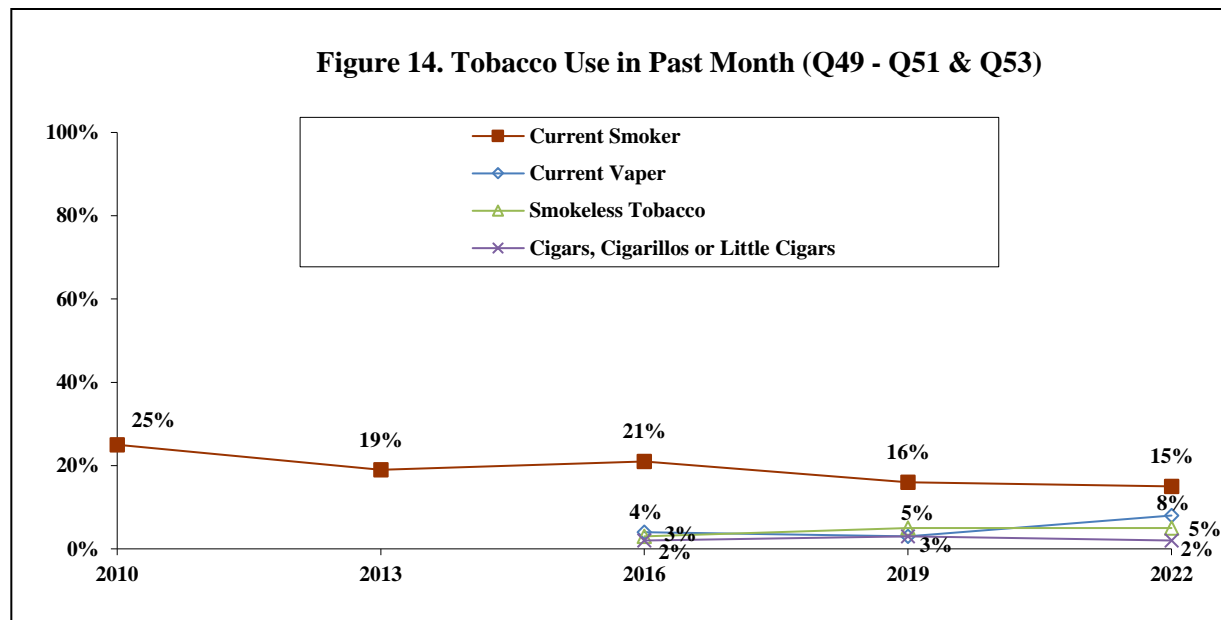
Exposure to Smoke (Figures 15 & 16; Table 36)

KEY FINDINGS: In 2022, 81% of respondents reported smoking is not allowed anywhere inside the home. Respondents with children in the household were more likely to report smoking is not allowed anywhere inside the home.

From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.

Smoking Policy Inside Home

The Healthy People 2030 goal for respondents who reported that smoking is not allowed in their home is 93% (Objective TU-18).

In 2014-2015, 84% of Midwest respondents reported smoking is prohibited in their home. In 2014-2015, 87% of U.S. respondents reported smoking is prohibited in their home (2014-2015 Tobacco Use Supplement to the Current Population Survey).

2022 Findings (Table 36)

- Eighty-one percent of respondents reported smoking is not allowed anywhere inside the home while 6% reported smoking is allowed in some places or at some times. Two percent reported smoking is allowed anywhere inside the home. Eleven percent of respondents reported there are no rules about smoking inside the home.
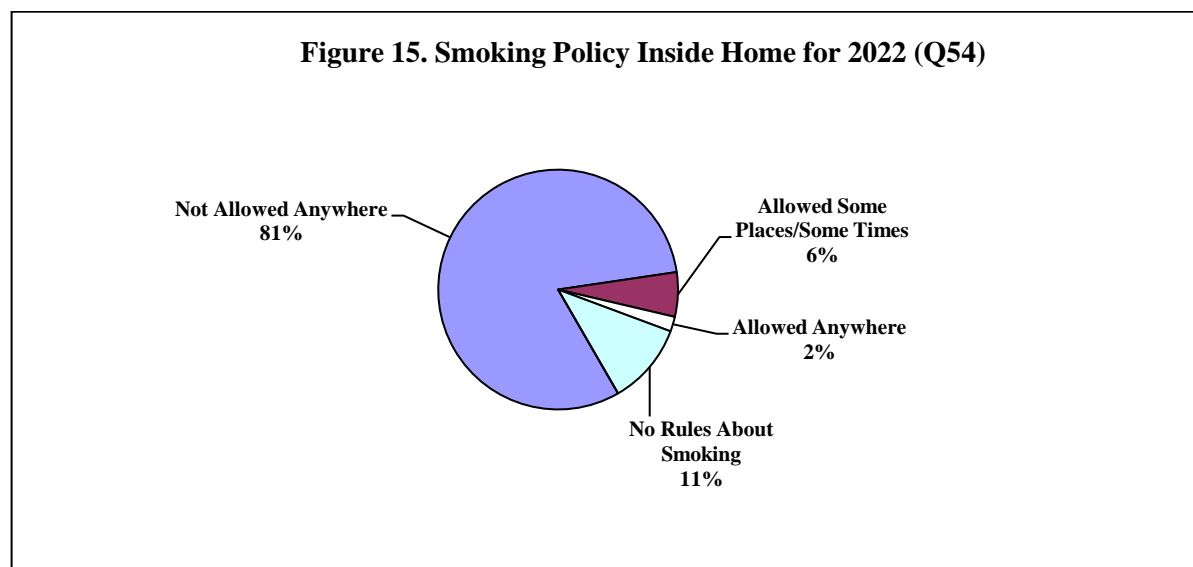
Figure 15. Smoking Policy Inside Home for 2022 (Q54)

Not Allowed Anywhere 81%

Allowed Some Places/Some Times 6%

Allowed Anywhere 2%

No Rules About Smoking 11%

- Respondents in households with children were more likely to report smoking is not allowed in the home (92%) compared to respondents in households without children (76%).

2010 to 2022 Year Comparisons (Table 36)

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2010, respondents in the middle 20 percent household income bracket were more likely to report smoking is not allowed in the home. In 2022, household income was not a significant variable. From 2010 to 2022, 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 smoking is not allowed in the home.

- In 2010, married respondents were more likely to report smoking is not allowed in the home. In 2022, marital status was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents across marital status reporting smoking is not allowed in the home.

- In 2010 and 2022, respondents in households with children were more likely to report smoking is not allowed in the home. From 2010 to 2022, there was a noted increase in the percent of respondents with or without children in the household reporting smoking is not allowed in the home.

2019 to 2022 Year Comparisons (Table 36)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2019, respondents in the top 40 percent household income bracket were more likely to report smoking is not allowed in the home. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket and a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting smoking is not allowed in the home.

- In 2019, married respondents were more likely to report smoking is not allowed in the home. In 2022, marital status was not a significant variable.

- In 2019 and 2022, respondents in households with children were more likely to report smoking is not allowed in the home.

Table 36. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year (Q54)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	70%	78%	85%	83%	81%
Household Income[1,2,3,4]					
Bottom 40 Percent Bracket[a,b]	63	69	72	69	83
Middle 20 Percent Bracket	80	89	94	83	79
Top 40 Percent Bracket[a,b]	74	89	97	97	86
Marital Status[1,2,3,4]					
Married[a]	77	84	93	88	85
Not Married[a]	63	69	76	73	77
Children in Household[1,2,3,4,5]					
Yes[a]	81	91	93	91	92
No[a]	64	70	82	78	76

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Exposure to Smoke Overall

<u>Year Comparisons</u>

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.

Figure 16. Smoking Not Allowed in Home (Q54)
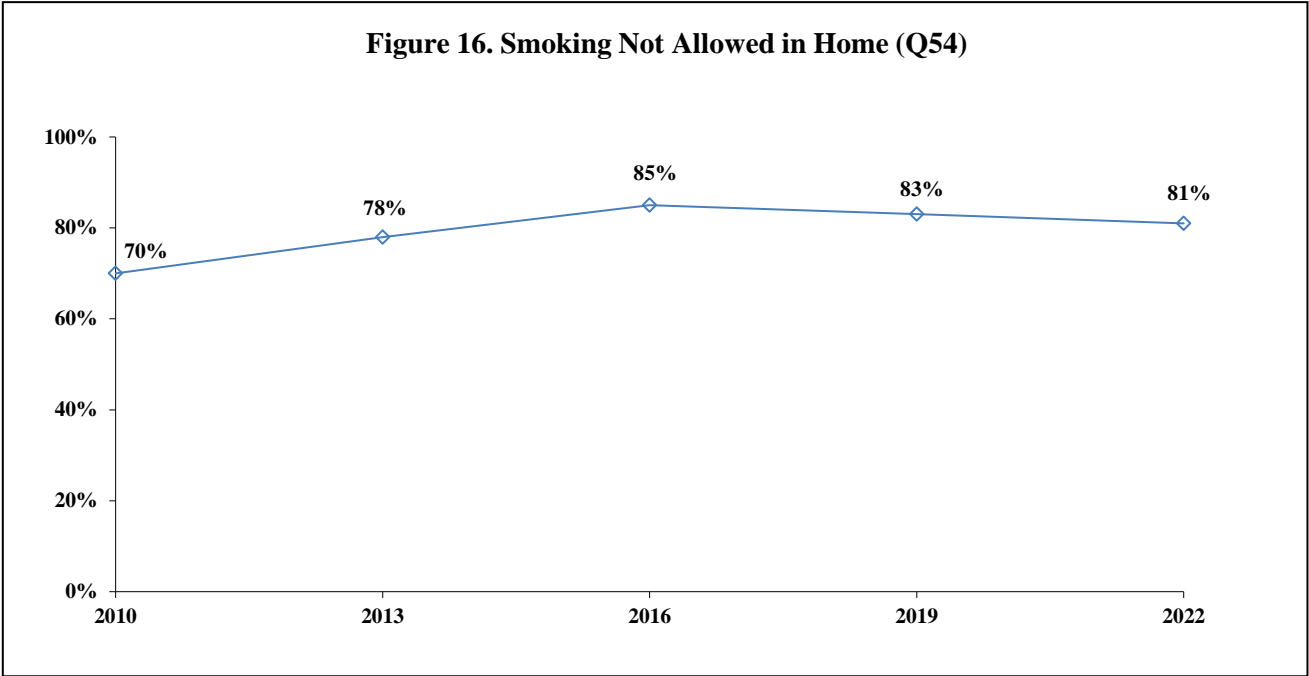
Delta-8 Use

KEY FINDINGS: In 2022, 2% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month.

Delta-8

<u>2022 Findings</u>

- Two percent of respondents used Delta-8 also known as marijuana-lite, diet weed or dabs, in the past month.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used Delta-8 in the past month.

Alcohol Use (Figure 17; Tables 37 & 38)

KEY FINDINGS: In 2022, 67% of respondents had an alcoholic drink in the past month. Nine percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 22% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents 18 to 34 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged in the past month.

From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heavy drinking in the past month. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical <u>decrease</u>.

Heavy Drinking in Past Month

According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

In 2020, 10% of Wisconsin respondents and 7% of U.S. respondents were classified as heavy drinkers (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 37)

- Sixty-seven percent of respondents had a drink in the past 30 days. Thirty-two percent reported they drank on at least five days, while 16% reported three or four days and 19% reported drinking on one or two days in the past 30 days.

- Ten percent of all respondents reported an average of four or more drinks per day on the days they drank while 7% reported three drinks. Twenty-two percent reported two drinks and 28% reported one drink on average on the days they drank. Thirty-three percent reported having no drinks in the past month.

- Combined, 9% of respondents were classified as heavy drinkers in the past month (61 or more drinks for males and 31 or more drinks for females).

- Sixteen percent of respondents 18 to 34 years old reported heavy drinking in the past month compared to 8% of those 35 to 44 years old or 3% of respondents 65 and older.

2010 to 2022 Year Comparisons (Table 37)

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who were heavy drinkers in the past month.

- In 2010, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to have been a heavy drinker.

- In 2010, respondents with a high school education or less were more likely to have been a heavy drinker. In 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with a college education who were a heavy drinker.

Table 37. Heavy Drinking in Past Month by Demographic Variables for Each Survey Year (Q46 & Q47)[1],[2]

	2010	2013	2022
TOTAL	9%	5%	9%
Gender			
Male	9	5	8
Female	8	4	11
Age[3]			
18 to 34	9	5	16
35 to 44	15	5	8
45 to 54	7	6	11
55 to 64	12	3	9
65 and Older	2	2	3
Education[1]			
High School or Less	13	3	7
Some Post High School	7	7	9
College Graduate[a]	3	4	12
Household Income			
Bottom 40 Percent Bracket	8	6	10
Middle 20 Percent Bracket	6	1	9
Top 40 Percent Bracket	13	5	11
Marital Status			
Married	8	5	9
Not Married	9	4	11

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.
[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2013 to 2022

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 2022, Manitowoc County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2030 goal for adult binge drinking (5 or more drinks) in the past month is 25%. (Objective SU-10)

In 2020, 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 (2020 Behavioral Risk Factor Surveillance System).

- Twenty-two 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 (27%) compared to female respondents (18%).

- Thirty-four percent of respondents 18 to 34 years old binged in the past month compared to 6% of respondents 65 and older.

2010 to 2022 Year Comparisons (Table 38)

Since 2013, the Manitowoc County Health Survey defined binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males. In 2010, the definition was five or more drinks, regardless of gender.

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who binged in the past month.

- In 2010 and 2022, male respondents were more likely to have binged.

- In 2010 and 2022, respondents 18 to 34 years old were more likely to have binged. From 2010 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old reporting binge drinking.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted decrease in the percent of respondents with a high school education or less and a noted increase in the percent of respondents with a college education reporting binge drinking.

2019 to 2022 Year Comparisons (Table 38)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who binged in the past month.

- In 2019 and 2022, male respondents were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of male respondents reporting binge drinking.

- In 2019, respondents 35 to 44 years old were more likely to have binged. In 2022, respondents 18 to 34 years old were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of respondents 35 to 44 years old reporting binge drinking.

- In 2019, respondents with some post high school education were more likely to have binged. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with some post high school education reporting binge drinking.

- In 2019, respondents in the top 40 percent household income bracket were more likely to have binged. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 40 percent household income bracket reporting binge drinking.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of married respondents reporting binge drinking.

Table 38. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q48)[1,2]

	2010	2013	2016	2019	2022
TOTAL[b]	23%	20%	40%	30%	22%
Gender[1,3,4,5]					
Male[b]	27	18	45	38	27
Female	18	22	35	22	18
Age[1,2,3,4,5]					
18 to 34	38	28	63	29	34
35 to 44[b]	22	22	56	46	24
45 to 54[a]	15	29	41	42	29
55 to 64	27	12	27	24	24
65 and Older	10	7	11	9	6
Education[4]					
High School or Less[a]	27	19	39	20	16
Some Post High School[b]	20	22	40	43	23
College Graduate[a]	16	19	41	26	27
Household Income[2,3,4]					
Bottom 40 Percent Bracket	25	15	33	19	19
Middle 20 Percent Bracket	17	24	37	31	29
Top 40 Percent Bracket[b]	27	29	52	46	29
Marital Status					
Married[b]	20	19	36	31	21
Not Married	25	21	44	28	25

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

[2]Since 2013, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2010, "5 or more drinks on an occasion" was used for both males and females.

[1]demographic difference at p≤0.05 in 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Alcohol Use Overall

<u>Year Comparisons</u>

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heavy drinking in the past month. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical <u>decrease</u>.

**Figure 17. Alcohol Use
in Past Month (Q46, Q47 & Q48)**
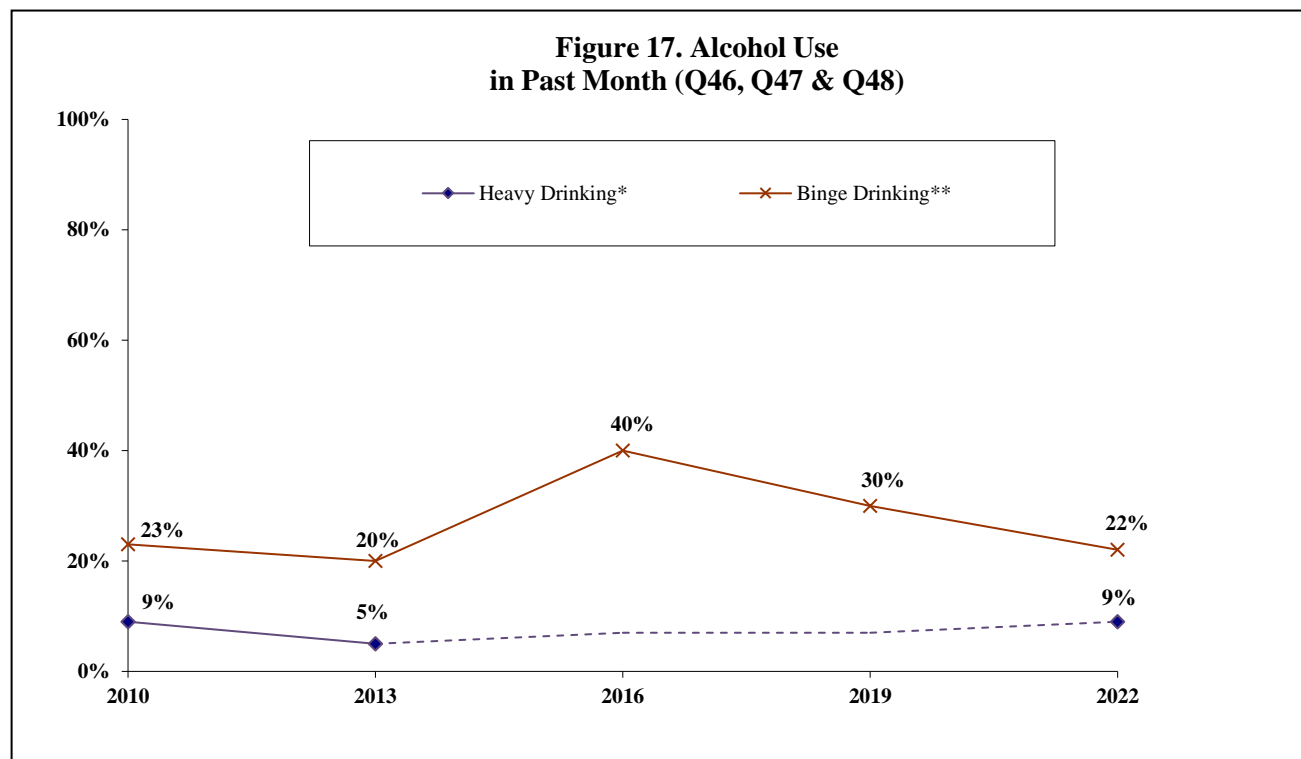
--Not asked in 2016 and 2019
* Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.
**Since 2013, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2010, "5 or more drinks on an occasion" was used for both males and females.

Mental Health Status (Figures 18 & 19; Tables 39 - 41)

KEY FINDINGS: In 2022, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 34 years old or unmarried were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this.

From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.

Felt Sad, Blue or Depressed

2022 Findings (Table 39)

- Eight percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 8,060 residents.

Figure 18. Felt Sad, Blue or Depressed in Past Month for 2022 (Q43)
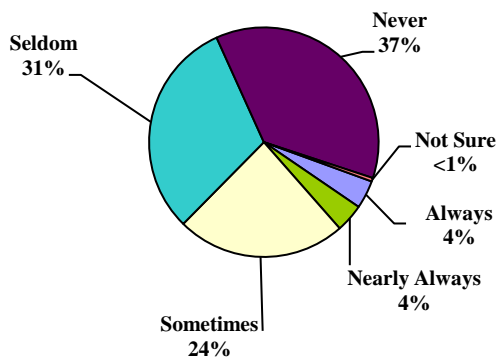
- Eighteen percent of respondents 18 to 34 years old reported they always or nearly always felt sad, blue or depressed in the past month compared to 2% of respondents 35 to 44 years old or 65 and older.

- Twelve percent of respondents in the bottom 40 percent household income bracket reported they always or nearly always felt sad, blue or depressed in the past month compared to 9% of those in the middle 20 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month compared to married respondents (15% and 3%, respectively).

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- In 2010 and 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of male respondents reporting always or nearly always.

- In 2010, respondents 45 to 64 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2022, respondents 18 to 34 years old were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2010.

- In 2010 and 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting always or nearly always.

- In 2010, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2010.

- In 2010, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2010.

2019 to 2022 Year Comparisons (Table 39)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of male respondents reporting always or nearly always.

- In 2019, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report they always or nearly always felt sad, blue or depressed.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed.

- In 2019 and 2022, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 39. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year (Q43)[①]

	2010	2013	2016	2019	2022
TOTAL[a]	4%	6%	5%	5%	8%
Gender[2]					
Male[a,b]	3	2	6	3	9
Female	5	9	5	6	7
Age[1,3,5]					
18 to 34[a]	<1	7	0	8	18
35 to 44	1	10	0	6	2
45 to 54	8	6	13	5	6
55 to 64	8	4	9	3	10
65 and Older	4	1	2	1	2
Education[2,3]					
High School or Less	4	7	6	8	7
Some Post High School[a]	3	8	8	5	11
College Graduate	4	<1	<1	2	6
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket[a]	5	10	12	8	12
Middle 20 Percent Bracket	3	1	2	5	9
Top 40 Percent Bracket	1	2	0	<1	<1
Marital Status[3,4,5]					
Married	3	4	2	3	3
Not Married[a]	5	8	9	8	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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

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.

2022 Findings (Table 40)

- Five percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 6,200 residents who may have considered suicide in the past year.

- Fourteen percent of respondents 18 to 34 years old reported they felt so overwhelmed in the past year that they considered suicide compared to 1% of those 45 to 54 years old or 0% of respondents 65 and older.

- Unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide compared to married respondents (11% and 1%, respectively).

- From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2010, male respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2022, gender was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of female respondents reporting they considered suicide.

- In 2010, respondents 45 to 54 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2022, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2010 to 2022, there was a noted increase in the percent of respondents 18 to 44 years old and a noted decrease in the percent of respondents 45 to 54 years old reporting they considered suicide.

- In 2010, respondents in the bottom 40 percent household income bracket were more likely to report they considered suicide. In 2022, household income was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting they considered suicide.

- In 2010 and 2022, unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2010 to 2022, there was a noted increase in the percent of unmarried respondents reporting they considered suicide.

2019 to 2022 Year Comparisons (Table 40)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2019 and 2022, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide.

- In 2019, respondents with a high school education or less more likely to report they felt so overwhelmed in the past year that they considered suicide. In 2022, education was not a significant variable.

- In 2019, respondents in the middle 20 percent household income bracket were more likely to report they felt so overwhelmed that they considered suicide. In 2022, household income was not a significant variable.

- In 2019 and 2022, unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2019 to 2022, there was a noted decrease in the percent of married respondents reporting they considered suicide.

Table 40. Considered Suicide in Past Year by Demographic Variables for Each Survey Year (Q45)[①]

	2010	2013[②]	2016[②]	2019	2022
TOTAL	4%	3%	2%	7%	5%
Gender[1]					
Male	6	--	--	5	4
Female[a]	<1	--	--	8	6
Age[1,4,5]					
18 to 34[a]	3	--	--	14	14
35 to 44[a]	0	--	--	5	8
45 to 54[a]	12	--	--	8	1
55 to 64	2	--	--	3	4
65 and Older	0	--	--	1	0
Education[4]					
High School or Less	4	--	--	11	5
Some Post High School	3	--	--	4	6
College Graduate	3	--	--	4	5
Household Income[1,4]					
Bottom 40 Percent Bracket	7	--	--	9	9
Middle 20 Percent Bracket[a]	0	--	--	13	6
Top 40 Percent Bracket	0	--	--	<1	2
Marital Status[1,4,5]					
Married[b]	<1	--	--	4	1
Not Married[a]	6	--	--	10	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[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 2010; [2]demographic difference at p≤0.05 in 2013; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2010 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Find Meaning and Purpose in Daily Life

2022 Findings (Table 41)

- A total of 6% of respondents reported they seldom or never find meaning and purpose in daily life. Forty-five percent of respondents reported they always find meaning and purpose while an additional 35% reported nearly always.

- Male respondents were more likely to report they seldom or never find meaning and purpose in daily life (9%) compared to female respondents (3%).

- Twelve percent of respondents 18 to 34 years old reported they seldom or never find meaning and purpose in daily life compared to 3% of those 65 and older or 0% of respondents 35 to 44 years old.

- Ten percent of respondents in the middle 20 percent household income bracket and 8% of those in the bottom 40 percent income bracket reported they seldom or never find meaning and purpose in daily life compared 0% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life compared to married respondents (12% and 2%, respectively).

2010 to 2022 Year Comparisons (Table 41)

- From 2010 to 2022, 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 2010 and 2022, male respondents were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2010, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2010, respondents with a high school education or less were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, education was not a significant variable. From 2010 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting they seldom or never find meaning and purpose in daily life.

- In 2010, respondents in the bottom 40 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, respondents in the bottom 60 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2010, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life, with a noted increase since 2010.

2019 to 2022 Year Comparisons (Table 41)

- From 2019 to 2022, 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 2019, gender was not a significant variable. In 2022, male respondents were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2019 and 2022, respondents 18 to 34 years old were more likely to report they seldom or never find meaning and purpose in daily life. From 2019 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old reporting they seldom or never find meaning and purpose in daily life.

- In 2019, respondents with some post high school education or less were more likely to report they seldom or never find meaning and purpose in daily life. In 2022, education was not a significant variable.

- In 2019 and 2022, respondents in the bottom 60 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life.

- In 2019 and 2022, unmarried respondents were more likely to report they seldom or never find meaning and purpose in daily life.

Table 41. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year (Q44)[①]

	2010	2013	2016	2019	2022
TOTAL	5%	5%	4%	6%	6%
Gender[1,5]					
Male	8	7	3	7	9
Female	1	3	5	4	3
Age[2,3,4,5]					
18 to 34	7	9	0	17	12
35 to 44	0	0	0	0	0
45 to 54[b]	4	2	10	0	4
55 to 64	6	1	4	3	7
65 and Older	5	8	6	5	3
Education[1,2,3,4]					
High School or Less	8	6	6	7	5
Some Post High School[a]	<1	7	5	9	8
College Graduate	1	0	0	<1	4
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	7	9	8	9	8
Middle 20 Percent Bracket	3	4	2	9	10
Top 40 Percent Bracket	1	0	<1	0	0
Marital Status[2,3,4,5]					
Married	4	2	2	2	2
Not Married[a]	5	10	7	12	12

[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 $p \leq 0.05$ in 2010; [2]demographic difference at $p \leq 0.05$ in 2013; [3]demographic difference at $p \leq 0.05$ in 2016; [4]demographic difference at $p \leq 0.05$ in 2019; [5]demographic difference at $p \leq 0.05$ in 2022

[a]year difference at $p \leq 0.05$ from 2010 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Mental Health Status Overall

Year Comparisons

- From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.

Figure 19. Mental Health Status (Q43 - Q45)

Legend:
- ✕ Felt Sad, Blue, Depressed Always/Nearly Always (Past Month)
- △ Find Meaning & Purpose in Daily Life Seldom/Never
- ─ Considered Suicide (Past Year)

Children in Household (Tables 42 - 46)

KEY FINDINGS: In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse, with 94% reporting the child visited their primary doctor or nurse for preventive care during the past year. Forty-seven percent of respondents reported the 5 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine. Twenty-six percent of respondents reported the child had a diagnosed mental health condition. Fifteen percent of respondents reported the child is overweight or obese. Thirteen percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the child was seldom/never safe in their community.

From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal doctor or nurse while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2019 to 2022.

Children in Household

2022 Findings

- Thirty-two percent of respondents reported they have a child under the age of 18 living in their household. Eighty-four percent of these respondents reported they make the health care decisions for the child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.

  o Sixty-three percent of the children selected were 12 or younger. Of these households, 55% were in the bottom 60 percent household income bracket and 75% were married.

Child's Personal Doctor

2022 Findings (Table 42)

Of the 108 respondents with a child…

  o Ninety-six percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse who knows the child well and is familiar with the child's health history.

  o One hundred percent of respondents reported the child who was 12 or younger had one or more persons they think of as the child's personal doctor or nurse compared to 90% of respondents speaking on behalf of the 13 to 17 year old child.

2016 to 2022 Year Comparisons (Table 42)

  o From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal doctor or nurse.

o   In 2016, child's age was not a significant variable. In 2022, respondents were more likely to report the child who was 12 or younger had a personal doctor or nurse, with a noted increase since 2016. From 2016 to 2019, there was a noted <u>decrease</u> in the percent of respondents reporting the 13 to 17 year old child had a personal doctor or nurse.

<u>2019 to 2022 Year Comparisons (Table 42)</u>

o   From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal doctor or nurse.

o   In 2019, child's age was not a significant variable. In 2022, respondents were more likely to report the child who was 12 or younger had a personal doctor or nurse, with a noted increase since 2019.

o   In 2019, respondents in the top 40 percent household income bracket were more likely to report the child had a personal doctor or nurse. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting the child had a personal doctor or nurse.

Table 42. Child Has Personal Doctor/Nurse by Demographic Variables for Each Survey Year (Q76)[①]

	2016	2019	2022
TOTAL[b]	96%	88%	96%
Age[3]			
12 Years Old or Younger[a,b]	93	83	100
13 to 17 Years Old[a]	100	95	90
Household Income[2]			
Bottom 60 Percent Bracket[b]	94	80	93
Top 40 Percent Bracket	98	98	100

[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]<u>demographic</u> difference at p≤0.05 in 2016; [2]<u>demographic</u> difference at p≤0.05 in 2019
[3]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2016 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Preventive Care with Child's Personal Doctor

The Healthy People 2030 goal for adolescents aged 12 to 17 years received one or more preventive health care visits in the past year is 83% (Objective AH-01).

In 2016/17, 79% of U.S. respondents reported a child aged 12 to 17 years received one or more preventive health care visits in the past year (2016/17 Behavioral Risk Factor Surveillance System).

<u>2022 Findings (Table 43)</u>

Of the 96% of respondents with a child who had a personal doctor (n=104)…

o   Of children who had a primary doctor, 94% reported the child visited their personal doctor/nurse for preventive care during the past year.

o   There were no statistically significant differences between demographic variables and responses of having the child visit their personal doctor/nurse for preventive care within the past year.

- o From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care.

- o In 2016 and 2022, household income was not a significant variable. From 2016 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting the child visited their personal doctor/nurse for preventive care in the past year.

2019 to 2022 Year Comparisons (Table 43)

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care.

- o From 2019 to 2022, there were no statistically significant differences between and within demographic variables and responses of the child visiting their personal doctor/nurse for preventive care in the past year.

Table 43. Child Went to Personal Doctor/Nurse for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q77)[①]

	2016	2019	2022
TOTAL[a]	84%	94%	94%
Age			
12 Years Old or Younger	86	97	94
13 to 17 Years Old	84	90	94
Household Income			
Bottom 60 Percent Bracket	88	94	92
Top 40 Percent Bracket[a]	82	95	98

[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 $p \leq 0.05$ in 2016; [2]demographic difference at $p \leq 0.05$ in 2019
[3]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2016 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Child's COVID-19 Vaccine Status

2022 Findings (Table 44)

Of the 88 respondents with a child 5 to 17 years old…

- o Forty-seven percent of respondents reported the 5 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine.

- o Seventy-eight percent of respondents reported the 13 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine compared to 21% of respondents speaking on behalf of the 5 to 12 year old child.

- o Fifty-nine percent of respondents in the top 40 percent household income bracket received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine compared to 33% of respondents in the bottom 60 percent household income bracket.

Table 44. Child COVID-19 Vaccinated at Least Partially by Demographic Variables for 2022 (Children 5 to 17 Years Old) (Q82)[1]

	2022
TOTAL	47%
Age[1]	
5 to 12 Years Old	21
13 to 17 Years Old	78
Household Income[1]	
Bottom 60 Percent Bracket	33
Top 40 Percent Bracket	59

[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 2022

Child's Mental Health Condition

2022 Findings (Table 45)

Of the 108 respondents with a child…

- o Twenty-six percent of respondents reported the child had a diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression.

- o Forty-three percent of respondents reported the 13 to 17 year old child had a diagnosed mental health condition compared to 16% of respondents speaking on behalf of the child who was 12 or younger.

Table 45. Child Mental Health Condition by Demographic Variables for 2022 (Q79)[1]

	2022
TOTAL	26%
Age[1]	
12 Years Old or Younger	16
13 to 17 Years Old	43
Household Income	
Bottom 60 Percent Bracket	35
Top 40 Percent Bracket	18

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Child Overweight or Obese

2022 Findings (Table 46)

Of the 108 respondents with a child…

- o Fifteen percent of respondents reported the child is overweight or obese.

- o Twenty-two percent of respondents in the bottom 60 percent household income bracket reported the child is overweight or obese compared to 7% of respondents in the top 40 percent household income bracket.

Table 46. Child Overweight or Obese by Demographic Variables for 2022 (Q81)[①]

	2022
TOTAL	15%
Age	
12 Years Old or Younger	12
13 to 17 Years Old	20
Household Income[1]	
Bottom 60 Percent Bracket	22
Top 40 Percent Bracket	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 $p \leq 0.05$ in 2022

Child's Asthma

2022 Findings

Of the 108 respondents with a child…

- o Thirteen percent of respondents reported the child currently had asthma.

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

2016 to 2022 Year Comparisons

- o From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma (4% and 13%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

2019 to 2022 Year Comparisons

- o From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma (4% and 13%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

Child's Diabetes

Of the 108 respondents with a child…

- o Zero percent of respondents reported the child had diabetes.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had diabetes.

Child's Safety in Community

2022 Findings

Of the 90 respondents with a child 5 to 17 years old…

- o Zero percent of respondents reported the child was seldom/never safe in their community or neighborhood.

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

2016 to 2022 Year Comparisons

- o From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (0% and 0%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

2019 to 2022 Year Comparisons

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (4% and 0%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

Top County Social or Economic Issues (Figure 20; Tables 47 - 57)

KEY FINDINGS: In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (34%) or education access and quality (9%). Respondents with a college education were more likely to report economic stability and employment as a top social or economic issue. Respondents who were 35 to 44 years old or married were more likely to report education access and quality. Eight percent of respondents reported safe and affordable housing. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were female, 18 to 34 years old or married were more likely to report this. Eight percent of respondents reported racism and discrimination. Seven percent of respondents reported community violence and crime. Six percent of respondents reported food insecurity as a top issue; respondents 55 to 64 years old were more likely to report this. Six percent of respondents reported social connectedness and belonging; respondents with a high school education or less were more likely to report this. Five percent of respondents reported family support; respondents with a college education were more likely to report this. Four percent of respondents reported politics/government; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported accessible and affordable transportation as a top issue; respondents 55 and older were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest social or economic issues in Manitowoc County that must be addressed. Respondents were more likely to report economic stability and employment (34%) or education access and quality (9%). Twenty percent were not sure while 5% did not answer.
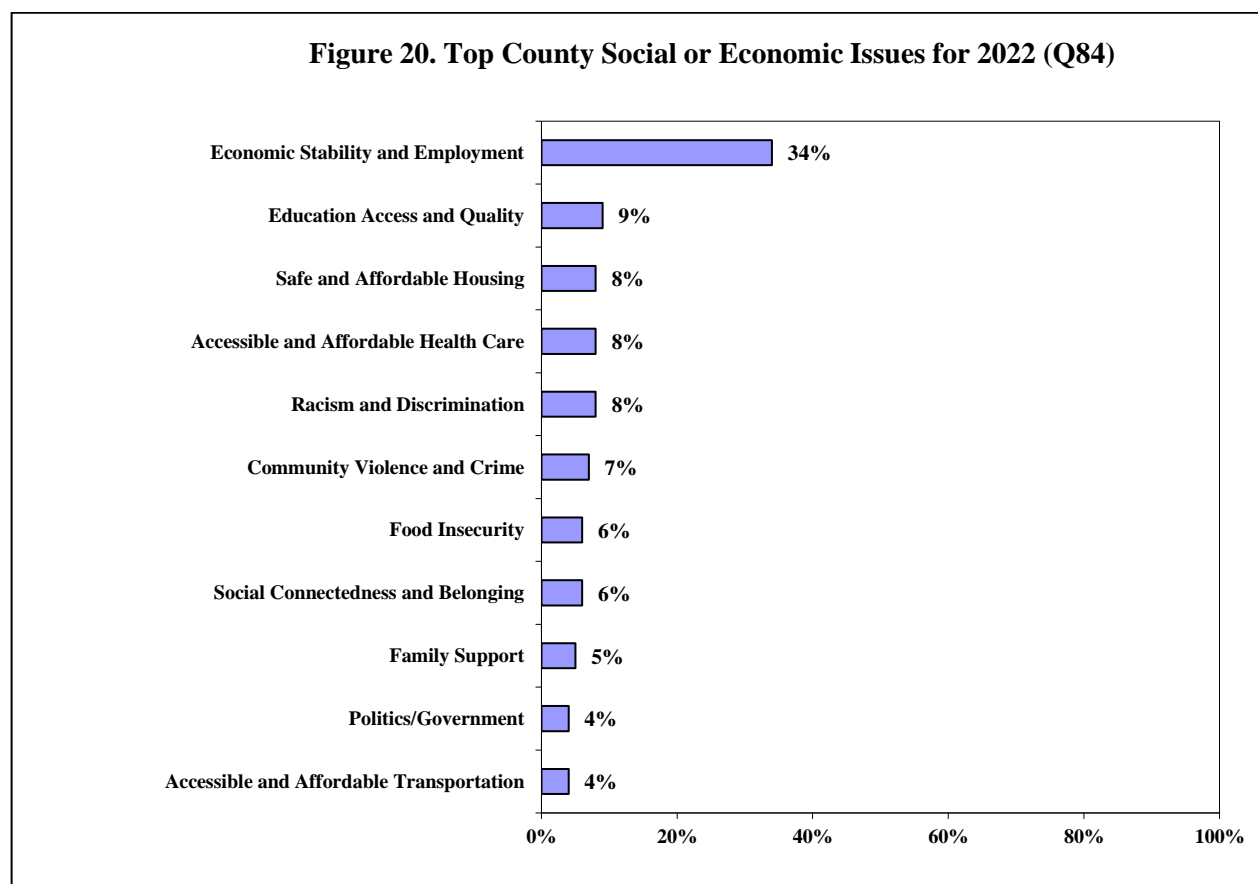
Figure 20. Top County Social or Economic Issues for 2022 (Q84)

Economic Stability and Employment as a Top County Social or Economic Issue

2022 Findings (Table 47)

- Thirty-four percent of respondents reported economic stability and employment as one of the top two county social or economic issues.

- Forty-two percent of respondents with a college education reported economic stability and employment as one of the top social or economic issues compared to 34% of those with some post high school education or 23% of respondents with a high school education or less.

Table 47. Economic Stability and Employment as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	34%
Gender	
Male	37
Female	30
Age	
18 to 34	34
35 to 44	40
45 to 54	40
55 to 64	31
65 and Older	28
Education[1]	
High School or Less	23
Some Post High School	34
College Graduate	42
Household Income	
Bottom 40 Percent Bracket	32
Middle 20 Percent Bracket	37
Top 40 Percent Bracket	39
Marital Status	
Married	35
Not Married	31

[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.
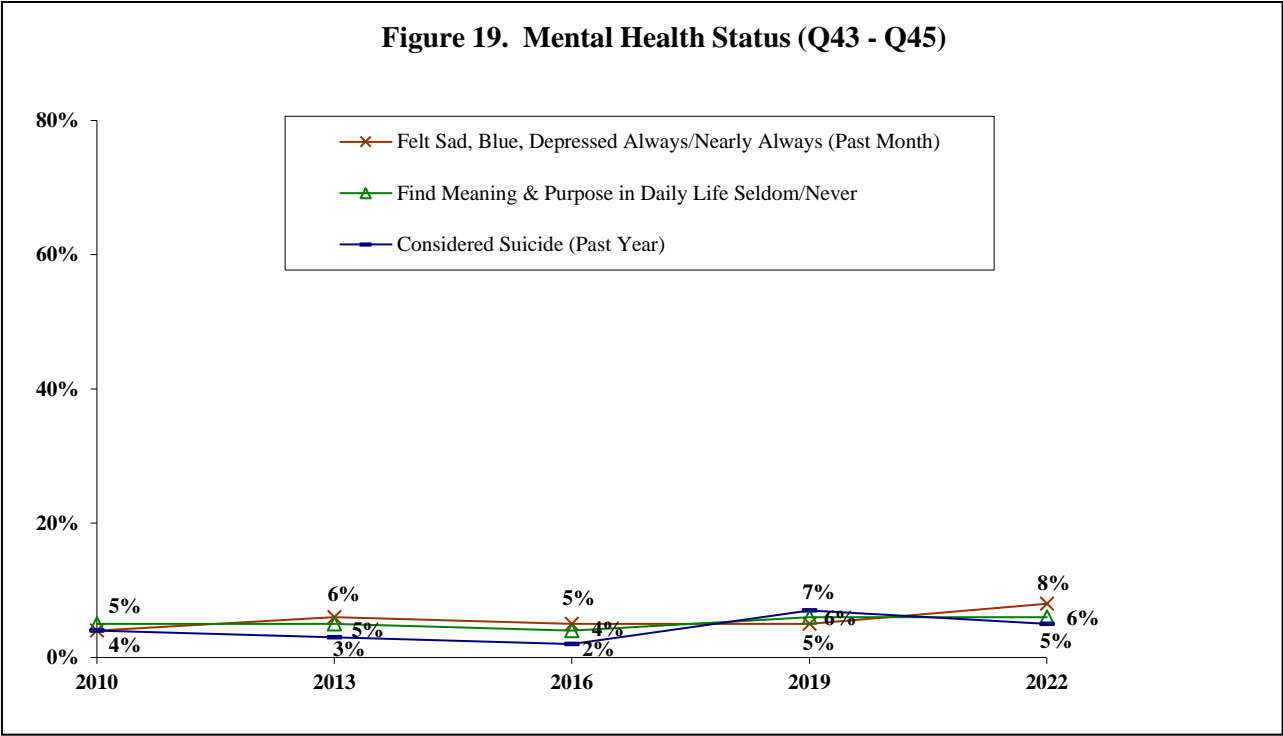[1]demographic difference at p≤0.05 in 2022

Education Access and Quality as a Top County Social or Economic Issue

<u>2022 Findings (Table 48)</u>

- Nine percent of respondents reported education access and quality as one of the top two county social or economic issues.

- Nineteen percent of respondents 35 to 44 years old reported education access and quality as one of the top social or economic issues compared to 6% of those 18 to 34 years old or 4% of respondents 45 to 54 years old.

- Married respondents were more likely to report education access and quality as a top issue compared to unmarried respondents (12% and 5%, respectively).

Table 48. Education Access and Quality as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	9%
Gender	
Male	7
Female	10
Age[1]	
18 to 34	6
35 to 44	19
45 to 54	4
55 to 64	8
65 and Older	8
Education	
High School or Less	5
Some Post High School	8
College Graduate	13
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	11
Marital Status[1]	
Married	12
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]<u>demographic</u> difference at p≤0.05 in 2022

Safe and Affordable Housing as a Top County Social or Economic Issue

<u>2022 Findings (Table 49)</u>

- Eight percent of respondents reported safe and affordable housing as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of safe and affordable housing as one of their top two county social or economic issues.

Table 49. Safe and Affordable Housing as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[1]

	2022
TOTAL	8%
Gender	
Male	9
Female	8
Age	
18 to 34	6
35 to 44	7
45 to 54	9
55 to 64	13
65 and Older	8
Education	
High School or Less	8
Some Post High School	6
College Graduate	11
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	11
Top 40 Percent Bracket	12
Marital Status	
Married	10
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]<u>demographic</u> difference at p≤0.05 in 2022

Accessible and Affordable Health Care as a Top County Social or Economic Issue

2022 Findings (Table 50)

- Eight percent of respondents reported accessible and affordable health care as one of the top two county social or economic issues.

- Female respondents were more likely to report accessible and affordable health care as one of the top social or economic issues (14%) compared to male respondents (2%).

- Seventeen percent of respondents 18 to 34 years old reported accessible and affordable health care as a top issue compared to 4% of those 65 and older or 3% of respondents 35 to 54 years old.

- Married respondents were more likely to report accessible and affordable health care as a top social or economic issue compared to unmarried respondents (10% and 5%, respectively).

Table 50. Accessible and Affordable Health Care as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	8%
Gender[1]	
Male	2
Female	14
Age[1]	
18 to 34	17
35 to 44	3
45 to 54	3
55 to 64	8
65 and Older	4
Education	
High School or Less	5
Some Post High School	11
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	10
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	9
Marital Status[1]	
Married	10
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 2022

Racism and Discrimination as a Top County Social or Economic Issue

2022 Findings (Table 51)

- Eight percent of respondents reported racism and discrimination as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of racism and discrimination as one of their top two county social or economic issues.

Table 51. Racism and Discrimination as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	8%
Gender	
Male	8
Female	8
Age	
18 to 34	8
35 to 44	7
45 to 54	12
55 to 64	6
65 and Older	7
Education	
High School or Less	6
Some Post High School	12
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	11
Top 40 Percent Bracket	10
Marital Status	
Married	9
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 2022

Community Violence and Crime as a Top County Social or Economic Issue

2022 Findings (Table 52)

- Seven percent of respondents reported community violence and crime as one of the top two county social or economic issues.

- There were no statistically significant differences between demographic variables and responses of community violence and crime as one of their top two county social or economic issues.

Table 52. Community Violence and Crime as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	7%
Gender	
Male	5
Female	8
Age	
18 to 34	6
35 to 44	7
45 to 54	6
55 to 64	4
65 and Older	9
Education	
High School or Less	7
Some Post High School	9
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	5
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 2022

Food Insecurity as a Top County Social or Economic Issue

<u>2022 Findings (Table 53)</u>

- Six percent of respondents reported food insecurity as one of the top two county social or economic issues.

- Thirteen percent of respondents 55 to 64 years old reported food insecurity as one of the top social or economic issues compared to 2% of those 35 to 44 years old or 1% of respondents 18 to 34 years old.

Table 53. Food Insecurity as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	6%
Gender	
Male	6
Female	6
Age[1]	
18 to 34	1
35 to 44	2
45 to 54	6
55 to 64	13
65 and Older	7
Education	
High School or Less	3
Some Post High School	9
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	7
Marital Status	
Married	5
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]<u>demographic</u> difference at p≤0.05 in 2022

Social Connectedness and Belonging as a Top County Social or Economic Issue

<u>2022 Findings (Table 54)</u>

- Six percent of respondents reported social connectedness and belonging as one of the top two county social or economic issues.

- Ten percent of respondents with a high school education or less reported social connectedness and belonging as one of the top social or economic issues compared to 4% of respondents with at least some post high school education.

Table 54. Social Connectedness and Belonging as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	6%
Gender	
Male	6
Female	5
Age	
18 to 34	1
35 to 44	12
45 to 54	6
55 to 64	4
65 and Older	7
Education[1]	
High School or Less	10
Some Post High School	4
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	4
Marital Status	
Married	7
Not Married	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2022

Family Support as a Top County Social or Economic Issue

2022 Findings (Table 55)

- Five percent of respondents reported family support as one of the top two county social or economic issues.

- Respondents with a college education were more likely to report family support as one of the top social or economic issues (11%) compared to those with a high school education or less (3%) or respondents with some post high school education (1%).

Table 55. Family Support as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	5%
Gender	
Male	4
Female	6
Age	
18 to 34	4
35 to 44	8
45 to 54	6
55 to 64	6
65 and Older	<1
Education[1]	
High School or Less	3
Some Post High School	1
College Graduate	11
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	7
Top 40 Percent Bracket	6
Marital Status	
Married	5
Not Married	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Politics/Government as a Top County Social or Economic Issue

2022 Findings (Table 56)

- Four percent of respondents reported politics/government as one of the top two county social or economic issues.

- Male respondents were more likely to report politics/government as one of the top social or economic issues (6%) compared to female respondents (2%).

- Eleven percent of respondents 18 to 34 years old reported politics/government as a top issue compared to 2% of those 55 and older or 0% of respondents 35 to 44 years old.

- Unmarried respondents were more likely to report politics/government as a top social or economic issue compared to married respondents (6% and 2%, respectively).

Table 56. Politics/Government as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	4%
Gender[1]	
Male	6
Female	2
Age[1]	
18 to 34	11
35 to 44	0
45 to 54	3
55 to 64	2
65 and Older	2
Education	
High School or Less	2
Some Post High School	6
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	4
Marital Status[1]	
Married	2
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 $p \leq 0.05$ in 2022

Accessible and Affordable Transportation as a Top County Social or Economic Issue

2022 Findings (Table 57)

- Four percent of respondents reported accessible and affordable transportation as one of the top two county social or economic issues.

- Seven percent of respondents 65 and older and 6% of those 55 to 64 years old reported accessible and affordable transportation as one of the top social or economic issues compared to 0% of respondents 45 to 54 years old.

Table 57. Accessible and Affordable Transportation as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q84)[①]

	2022
TOTAL	4%
Gender	
Male	3
Female	4
Age[1]	
18 to 34	1
35 to 44	2
45 to 54	0
55 to 64	6
65 and Older	7
Education	
High School or Less	7
Some Post High School	1
College Graduate	3
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	1
Top 40 Percent Bracket	3
Marital Status	
Married	4
Not Married	2

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Top County Health or Behavioral Issues (Figure 21; Tables 58 - 64)

KEY FINDINGS: In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were alcohol and substance use (40%) or mental health, mental conditions and suicide (26%). Respondents 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report alcohol and substance use as a top health or behavioral issue. Respondents 55 to 64 years old or with a college education were more likely to report mental health, mental conditions and suicide. Seventeen percent of respondents reported nutrition, physical activity and obesity; respondents who were male, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Twelve percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents with a high school education or less were more likely to report this. Seven percent of respondents reported chronic diseases. Five percent of respondents reported tobacco and vaping products. Four percent of respondents reported access to affordable health care as a top issue; married respondents were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest health or behavioral issues in Manitowoc County that must be addressed in order to improve the health of county residents. Respondents were more likely to report alcohol and substance abuse (40%) or mental health, mental conditions and suicide (26%). Nineteen percent of respondents were not sure while 4% did not answer.

Figure 21. Top County Health or Behavioral Issues for 2022 (Q85)
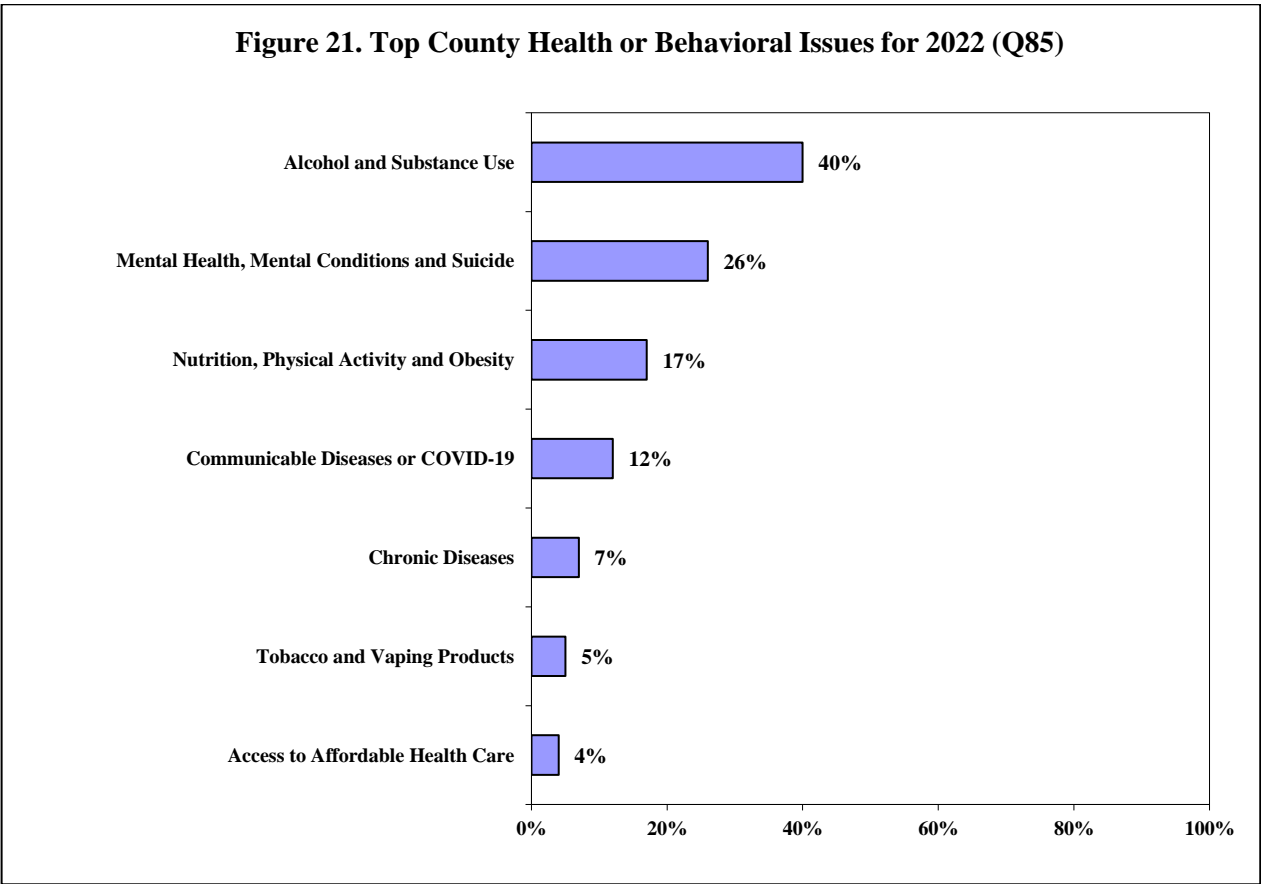
Alcohol and Substance Use as a Top County Health or Behavioral Issue

2022 Findings (Table 58)

- Forty percent of respondents reported alcohol and substance use as one of the top two county health or behavioral issues.

- Sixty percent of respondents 35 to 44 years old reported alcohol and substance use as one of the top health or behavioral issues compared to 30% of those 18 to 34 years old or 29% of respondents 65 and older.

- Fifty percent of respondents in the middle 20 percent household income bracket reported alcohol and substance use as a top issue compared to 46% of those in the top 40 percent income bracket or 34% of respondents in the bottom 40 percent household income bracket.

Table 58. Alcohol and Substance Use as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[1]

	2022
TOTAL	40%
Gender	
Male	39
Female	40
Age[1]	
18 to 34	30
35 to 44	60
45 to 54	47
55 to 64	43
65 and Older	29
Education	
High School or Less	40
Some Post High School	35
College Graduate	45
Household Income[1]	
Bottom 40 Percent Bracket	34
Middle 20 Percent Bracket	50
Top 40 Percent Bracket	46
Marital Status	
Married	41
Not Married	38

[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 2022

Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue

2022 Findings (Table 59)

- Twenty-six percent of respondents reported mental health, mental conditions and suicide as one of the top two county health or behavioral issues.

- Thirty-seven percent of respondents 55 to 64 years old reported mental health, mental conditions and suicide as one of the top health or behavioral issues compared to 27% of those 18 to 34 years old or 12% of respondents 65 and older.

- Thirty-three percent of respondents with a college education reported mental health, mental conditions and suicide as a top issue compared to 26% of those with some post high school education or 18% of respondents with a high school education or less.

Table 59. Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[①]

	2022
TOTAL	26%
Gender	
Male	22
Female	30
Age[1]	
18 to 34	27
35 to 44	31
45 to 54	28
55 to 64	37
65 and Older	12
Education[1]	
High School or Less	18
Some Post High School	26
College Graduate	33
Household Income	
Bottom 40 Percent Bracket	23
Middle 20 Percent Bracket	27
Top 40 Percent Bracket	30
Marital Status	
Married	28
Not Married	23

[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 2022

Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue

2022 Findings (Table 60)

- Seventeen percent of respondents reported nutrition, physical activity and obesity as one of the top two county health or behavioral issues.

- Male respondents were more likely to report nutrition, physical activity and obesity as one of the top health or behavioral issues (21%) compared to female respondents (11%).

- Twenty-seven percent of respondents 45 to 54 years old reported nutrition, physical activity and obesity as a top issue compared to 12% of those 55 to 64 years old or 10% of respondents 65 and older.

- Twenty-eight percent of respondents with a college education reported nutrition, physical activity and obesity as a top health or behavioral issue compared to 12% of those with some post high school education or 8% of respondents with a high school education or less.

- Thirty percent of respondents in the top 40 percent household income bracket reported nutrition, physical activity and obesity as a top issue compared to 20% of those in the middle 20 percent income bracket or 8% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report nutrition, physical activity and obesity as one of the top health or behavioral issues compared to unmarried respondents (20% and 12%, respectively).

Table 60. Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[①]

	2022
TOTAL	17%
Gender[1]	
Male	21
Female	11
Age[1]	
18 to 34	19
35 to 44	19
45 to 54	27
55 to 64	12
65 and Older	10
Education[1]	
High School or Less	8
Some Post High School	12
College Graduate	28
Household Income[1]	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	30
Marital Status[1]	
Married	20
Not Married	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue

- Twelve percent of respondents reported communicable diseases or COVID-19 as one of the top two county health or behavioral issues.

- Eighteen percent of respondents with a high school education or less reported communicable diseases or COVID-19 as one of the top health or behavioral issues compared to 9% of respondents with at least some post high school education.

Table 61. Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[①]

	2022
TOTAL	12%
Gender	
Male	9
Female	15
Age	
18 to 34	12
35 to 44	9
45 to 54	10
55 to 64	10
65 and Older	16
Education[1]	
High School or Less	18
Some Post High School	9
College Graduate	9
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	11
Marital Status	
Married	11
Not Married	13

[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 2022

Chronic Diseases as a Top County Health or Behavioral Issue

2022 Findings (Table 62)

- Seven percent of respondents reported chronic diseases as one of the top two county health or behavioral issues.

- There were no statistically significant differences between demographic variables and responses of chronic diseases as one of their top two county health or behavioral issues.

Table 62. Chronic Diseases as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[1]

	2022
TOTAL	7%
Gender	
Male	7
Female	6
Age	
18 to 34	2
35 to 44	8
45 to 54	4
55 to 64	6
65 and Older	11
Education	
High School or Less	7
Some Post High School	8
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	6
Marital Status	
Married	7
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 2022

Tobacco and Vaping Products as a Top County Health or Behavioral Issue

2022 Findings (Table 63)

- Five percent of respondents reported tobacco and vaping products as one of the top two county health or behavioral issues.

- There were no statistically significant differences between demographic variables and responses of tobacco and vaping products as one of their top two county health or behavioral issues.

Table 63. Tobacco and Vaping Products as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[①]

	2022
TOTAL	5%
Gender	
Male	3
Female	6
Age	
18 to 34	4
35 to 44	5
45 to 54	6
55 to 64	5
65 and Older	3
Education	
High School or Less	3
Some Post High School	5
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	3
Marital Status	
Married	3
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 2022

Access to Affordable Health Care as a Top County Health or Behavioral Issue

2022 Findings (Table 64)

- Four percent of respondents reported access to affordable health care as one of the top two county health or behavioral issues.

- Married respondents were more likely to report access to affordable health care as one of the top health or behavioral issues compared to unmarried respondents (7% and 0%, respectively).

Table 64. Access to Affordable Health Care as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q85)[1]

	2022
TOTAL	4%
Gender	
Male	3
Female	5
Age	
18 to 34	6
35 to 44	0
45 to 54	4
55 to 64	5
65 and Older	4
Education	
High School or Less	3
Some Post High School	5
College Graduate	4
Household Income	
Bottom 40 Percent Bracket	3
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	7
Marital Status[1]	
Married	7
Not Married	0

[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 2022

APPENDIX A: QUESTIONNAIRE FREQUENCIES

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

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

    Poor 3%
    Fair 22
    Good 41
    Very good 28
    Excellent 6
    Not sure ....<1

2. Which type of health plans do you use to pay for your health care services? Do you have… [Multiple responses accepted]

    Insurance through an employer, either your own, or
    partner/spouse or parent 52%
    Insurance through the Health Insurance Marketplace/ Obama
    Care or Affordable Care Act, also known as the ACA 8
    Private insurance you pay for yourself 11
    Medicaid including medical assistance, Title 19 or Badger Care .. 9
    Medicare 28
    Indian Health Services 0
    Veteran's Administration 5
    COBRA ....<1
    You pay out of pocket, cash or self-pay 2
    Or do you not have health care coverage 2
    Other 0
    Not sure 0

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

    All 93%
    Part 5
    None 1
    Not sure ....<1

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

    Yes 7%
    No 92
    Not sure 1

5. Was there a time during the last 12 months that you or someone in your household did not get the medical care needed?

> Yes..10% → CONTINUE WITH Q6
> No ....90 → GO TO Q7
> Not sure ....<1 → GO TO Q7

6. What were the reasons you or someone in your household did not receive the medical care needed?
[40 Respondents; More than 1 response accepted]

> Cannot afford to pay...30%
> Uninsured 28
> Poor medical care 13
> Services not available due to COVID 13
> Not enough time 11
> Fear...11
> Lazy.. 8
> Unable to get appointment 5
> Insurance did not cover it 4
> Co-payments too high 3
> Other (2% or less)...<1

7. Was there a time during the last 12 months that you or someone in your household did not get the dental care needed?

> Yes..17% → CONTINUE WITH Q8
> No ....83 → GO TO Q9
> Not sure ....<1 → GO TO Q9

8. What were the reasons you or someone in your household did not receive the dental care needed?
[67 Respondents; Multiple responses accepted]

> Cannot afford to pay...48%
> Uninsured 27
> Insurance did not cover it 13
> Unable to get appointment 11
> Unable to find a dentist to take Medicaid
> or other insurance 9
> Lack of transportation 6
> Fear.. 6
> Other (2% or less)... 8

9. In the past 12 months, was there a time that YOU needed or considered seeking mental health care services or alcohol/substance abuse treatment but did not get it?

> Yes.. 9%   → CONTINUE WITH Q10
> No, I got the services that I needed 10   → GO TO Q11
> Does not apply, I did not need services in past year....81   → GO TO Q11
> Not sure 0   → GO TO Q11

10. What were the reasons you did not receive the mental health care or alcohol/substance about treatment needed? [36 Respondents: Multiple responses accepted]

> Cannot afford to pay...50%
> Uninsured 28
> Not enough time 18
> Lazy...17
> Don't know where to go 16
> Unable to get appointment 5
> Insurance did not cover it 3
> Other (2% or less)... 0

11. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

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

12. Who do you trust most as a source of health information?

> Doctor or other health professional, nurse,
> nurse practitioner, pharmacist, etc....................73%
> Internet 10
> Family/friends 5
> Myself/family member in health care field 5
> Other (2% or less).. 3
> Not sure 4

13. 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..43%
> No..55
> Not sure 2

14. When you are sick, to which one of the following places do you usually go? Would you say…

> Doctor's or nurse practitioner's office 63%
> Public health clinic or community health center 2
> Hospital outpatient department...<1
> Hospital emergency room 3
> Urgent care center 19
> Quickcare clinic/Fastcare clinic 7
> Worksite clinic ....<1
> Alternative medicine location, such as acupuncture,
> homeopathy, etc.. 1
> Virtual health/tele-medicine or electronic visit ....<1
> Some other kind of place.. 0
> No usual place 4
> Not sure 0

15. Have you received both doses of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine?

> Yes...71%   → CONTINUE WITH Q16
> No 29   → GO TO Q17
> Not sure 0   → GO TO Q17

16. Have you received or are scheduled to receive a COVID-19 booster? [277 Respondents]

> Yes...73%   → GO TO Q18
> No 27   → CONTINUE WITH Q17
> Not sure 0   → CONTINUE WITH Q17

17. What is the main reason you did not receive the [[Q15 vaccine]/[Q16 booster]]? [185 Respondents]

> Personal choice... 33%
> Don't need/low risk/disbelief they work 15
> Fear of side effects 14
> Had COVID recently/antibody infusion............................. 9
> Lazy.. 6
> Do not trust it... 6
> No time/hours don't meet my schedule............................. 5
> Weakened immune system... 5
> Allergic to ingredients/bad reaction to first dose 4
> Other (2% or less)... 3
> Not sure .... <1

18. Not including COVID-19, is everyone in your household up-to-date with all other vaccines?

> Yes...93%   → GO TO Q20
> No 7   → CONTINUE WITH Q19
> Not sure ....<1   → GO TO Q20

19. What is the main reason someone is not up-to-date with vaccines? [27 Respondents]

> Personal choice...59%
> Fear of side effects 15
> Cost.. 7
> No time/hours don't meet my schedule............................. 4
> Religious beliefs... 4
> Weakened immune system... 4
> Do not trust it... 4
> Other (2% or less).. 0
> Not sure 0
> No answer... 4

20. So that I may ask the applicable follow-up questions, to which gender identity do you most identify with? Do you most identify with…

Male..49%
Female 50
Transgender male/transgender female/nonbinary/prefer
not to answer/not sure/ other gender identity 1

21. Could you please tell me in what year you born? [CALCULATE AGE]

18 to 34 years old 22%
35 to 44 years old 15
45 to 54 years old 17
55 to 64 years old 21
65 and older...26

22. The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen? [192 Respondents 55 and Older]

0 times ....83%　　→ GO TO Q24
1 time..12　　→ CONTINUE WITH Q23
2 or more times................................... 5　　→ CONTINUE WITH Q23
Not sure ....<1　　→ GO TO Q24

23. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to see a doctor? [33 Respondents 55 and Older Who Fell]

0 times 79%
1 or more times.......................................21
Not sure 0

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

24. You have high blood pressure?

Yes..32%　→ CONTINUE WITH Q25
No ....68　→ GO TO Q27
Not sure .... 0　→ GO TO Q27

25. Are you regularly seeing a doctor, nurse or other health care provider for high blood pressure? [128 Respondents]

Yes..94%　→ GO TO Q27
No .... 6　→ CONTINUE WITH Q26
Not sure .... 0　→ CONTINUE WITH Q26

26. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood pressure? [8 Respondents: Multiple responses accepted]

> Not bad enough to see the doctor ....4 respondents
> Under control with medication/lifestyle changes .....3 respondents
> Insurance did not cover it ....1 respondent
> Uninsured ....1 respondent

27. Your blood cholesterol is high? (In the past three years, have you been treated for or been told …)

> Yes..29% → CONTINUE WITH Q28
> No...70   → GO TO Q30
> Not sure ....<1   → GO TO Q30

28. Are you regularly seeing a doctor, nurse or other health care provider for high blood cholesterol? [118 Respondents]

> Yes..88% → GO TO Q30
> No...12   → CONTINUE WITH Q29
> Not sure 0   → CONTINUE WITH Q29

29. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood cholesterol? [14 Respondents: Multiple responses accepted]

> Not bad enough to see the doctor ....9 respondents
> Cannot afford to pay...3 respondents
> Insurance did not cover it ....2 respondents
> On a waiting list to see doctor ....1 respondent
> Other..2 respondents

30. You have heart disease or a heart condition? (In the past three years, have you been treated for or been told …)

> Yes..11% → CONTINUE WITH Q31
> No...88   → GO TO Q33
> Not sure ....<1   → GO TO Q33

31. Are you regularly seeing a doctor, nurse or other health care provider for heart disease or a heart condition? [44 Respondents]

> Yes..91% → GO TO Q33
> No... 9   → CONTINUE WITH Q32
> Not sure 0   → CONTINUE WITH Q32

32. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for heart disease or a heart condition? [4 Respondents: Multiple responses accepted]

> Not bad enough to see the doctor ....2 respondents
> Uninsured ....1 respondent
> Unable to get appointment ....1 respondent

33. You have 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, have you been treated for or been told …)

> Yes...25% → CONTINUE WITH Q34
> No ....75 → GO TO Q36
> Not sure .... 0 → GO TO Q36

34. Are you regularly seeing a doctor, nurse or other health care provider for a mental health condition? [99 Respondents]

> Yes...82% → GO TO Q36
> No ....18 → CONTINUE WITH Q35
> Not sure .... 0 → CONTINUE WITH Q35

35. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for a mental health condition? [18 Respondents: Multiple responses accepted]

> Not bad enough to see the doctor 37%
> Uninsured 29
> Cannot afford to pay..29
> Under control with medication/lifestyle changes 12
> Unable to get appointment 8
> Insurance did not cover it 8
> Not enough time 6
> Physical barriers 5
> Other (2% or less)... 4

36. You have diabetes (male). You have diabetes not associated with a pregnancy (female)? (In the past three years, have you been treated for or been told…)

> Yes...15% → CONTINUE WITH Q37
> No ....85 → GO TO Q39
> Not sure .... 0 → GO TO Q39

37. Are you regularly seeing a doctor, nurse or other health care provider for diabetes? [59 Respondents]

> Yes...98% → GO TO Q39
> No .... 2 → CONTINUE WITH Q38
> Not sure .... 0 → CONTINUE WITH Q38

38. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for diabetes? [1 Respondent: Multiple responses accepted]

> Under control with medication/lifestyle changes .....1 respondent

39. Do you currently have asthma?

> Yes...13% → CONTINUE WITH Q40
> No ....86 → GO TO Q42
> Not sure ....<1 → GO TO Q42

40. Are you regularly seeing a doctor, nurse or other health care provider for asthma? [53 Respondents]

                    Yes...89% → GO TO Q42
                    No...11   → CONTINUE WITH Q41
                    Not sure 0   → CONTINUE WITH Q41

41. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for asthma? [6 Respondents: Multiple responses accepted]

                    Specialty physician not in area ....4 respondents
                    Not bad enough to see the doctor ....2 respondents

FEMALES ONLY 18 to 65 YEARS OLD

Now I have a question about women's health.
If Nonbinary: Would you like to answer this question? If yes, continue. If no, go to Q43.

42. 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? [127 Respondents 18 to 65 years old]

                    Within the past year (anytime less than 12 months ago)...........38%
                    Within the past 2 years (1 year, but less than 2 years ago)........24
                    Within the past 3 years (2 years, but less than 3 years ago) 16
                    Within the past 5 years (3 years, but less than 5 years ago) 10
                    5 or more years ago 6
                    Never 6
                    Not sure 0

ALL RESPONDENTS

43. During the past 30 days, about how often would you say you felt sad, blue, or depressed?

                    Never 37%
                    Seldom..31
                    Sometimes 24
                    Nearly always 4
                    Always... 4
                    Not sure ....<1

44. How often would you say you find meaning and purpose in your daily life?

                    Never 2%
                    Seldom.. 4
                    Sometimes 14
                    Nearly always 35
                    Always...45
                    Not sure ....<1

45. In the past year have you 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.

46. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

          0 days 33%
          1 to 2 days 19
          3 to 4 days 16
          5 to 30 days 32
          Not sure ....<1

47. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

          0 drinks 33%
          1 drink 28
          2 drinks 22
          3 drinks 7
          4 or more drinks 10
          Not sure .... <1

48. 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 78%
          1 day 7
          2 or more days 16
          Not sure 0

In the past 30 days, did you use…

		Yes	No	Not Sure
49.	Smokeless tobacco including chewing tobacco, snuff, plug, or spit	5%	95%	0%
50.	Cigars, cigarillos or little cigars	2	98	0
51.	Electronic cigarettes, also known as e-cigarettes or vaping	8	93	0
52.	Delta-8, also called marijuana-lite, diet weed or dabs	2	99	0

53. Do you now smoke tobacco cigarettes every day, some days or not at all?

          Every day 13%
          Some days 2
          Not at all 85
          Not sure 0

54. Which statement best describes the rules about smoking inside your home…

        Smoking is not allowed anywhere inside your home......81%
        Smoking is allowed in some places or at some times...... 6
        Smoking is allowed anywhere inside your home or........ 2
        There are no rules about smoking inside your home.......11
        Not sure 0

Now, I have a few questions to ask about you and your household.

55. About how much do you weigh, without shoes?
56. About how tall are you, without shoes?
    [CALCULATE BODY MASS INDEX (BMI)]

        Not overweight..21%
        Overweight...38
        Obese...41

57. Are you Hispanic or Latino?

        Yes.. 3%
        No 97
        Not sure ....<1

58. Which of the following would you say is your race?

        White 96%
        Black, African American....................................<1
        Asian...<1
        Native Hawaiian or Other Pacific Islander......... 0
        American Indian or Alaska Native 3
        Another race 0
        Multiple races... 0
        Not sure 0

59. What is your current marital status?

        Single and never married...................................22%
        A member of an unmarried couple.................... 1
        Married..56
        Separated 1
        Divorced..12
        Widowed 9
        Not sure 0

60. What is the highest grade level of education you have completed?

> 8th grade or less.. 1%
> Some high school 1
> High school graduate or GED 28
> Some college 23
> Technical school graduate 12
> College graduate...26
> Master's degree or higher.................................. 9
> Not sure 0

61. What county do you live in? [FILTER]

> Manitowoc...100%

62. What is the zip code of your primary residence?

> 54220...40%
> 54241...25
> 53042... 7
> 53015... 6
> 54228... 4
> All others (3% or less).......................................18

LANDLINE SAMPLE ONLY [FOR SAMPLING PURPOSES]

63. 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.
64. How many of these telephone numbers are residential numbers?
65. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

66. What is your current employment status? Are you…

> Employed, working full-time ....56%   → GO TO Q68
> Working part-time.. 8   → CONTINUE WITH Q67
> Not working by choice 3   → CONTINUE WITH Q67
> Out of work, but looking for work 1   → CONTINUE WITH Q67
> Out of work, but NOT currently looking for
> work..<1   → CONTINUE WITH Q67
> Retired 27   → GO TO Q68
> Unable to work 5   → GO TO Q68
> Not sure 0   → GO TO Q68

67. What are the main reasons you are not working or not working more? [46 Respondents: Multiple responses accepted]

Stay at home parent/home school/home maker.....14%
Physically disabled...12
Cost of childcare is too high.................................12
Taking care of family member.............................11
Health issues..11
Do not need to work...11
Retired, working PT because want to.................... 8
Furloughed or temporarily unemployed................ 8
Full time work is too much................................... 6
Other (2% or less)...13

68. What is your annual household income before taxes?

Less than $10,000.. 3%
$10,000 to $20,000... 5
$20,001 to $30,000... 6
$30,001 to $40,000...15
$40,001 to $50,000...10
$50,001 to $60,000... 7
$60,001 to $75,000...10
$75,001 to $90,000... 8
$90,001 to $105,000... 6
$105,001 to $120,000... 6
$120,001 to $135,000... 2
Over $135,000... 6
Not sure... 9
No answer... 6

69. Was there a time during the last 12 months that your household was hungry, but didn't eat because you didn't have enough food?

Yes.. 5%
No 96
Not sure 0

70. How strongly do you agree or disagree with the following statement: "During the past month, my household has been able to meet its needs with the money and resources we have." Do you…

Strongly agree...58%
Agree 34
Disagree.. 5
Strongly disagree.. 3
Not sure ....<1

71. Do you have any issues with your current housing situation?

Yes.. 3% → CONTINUE WITH Q72
No ....97 → GO TO Q73
Not sure .... 0 → GO TO Q73

72. What issues, if any, do you have with your current housing situation? [11 Respondents: Multiple responses accepted]

> Too run down or unhealthy environment
> (ex. mold, lead)...5 respondents
> Current housing is temporary, need permanent
> housing ....2 respondents
> Utilities (water, heat, electric) ....1 respondent
> Unsafe...1 respondent
> Mortgage is too expensive....................................1 respondent
> Need supportive and/or assisted living..................1 respondent
> Other...2 respondents

73. How many children under the age of 18 are living in the household?

> None ....68%   → GO TO Q84
> One 14   → CONTINUE WITH Q74
> Two or more 18   → CONTINUE WITH Q74
> Not sure 0   → GO TO Q84

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

74. Are you one of the health care decision makers for the child? [128 Respondents]

> Yes..84%   → CONTINUE WITH Q75
> No..16   → GO TO Q84
> Not sure 0   → GO TO Q84

75. What is the age of the child? [108 Respondents]

> 12 or younger......................................63%
> 13 to 17 years old 37

76. A personal doctor or nurse is a health professional who knows the child well, and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as the child's personal doctor or nurse? [108 Respondents]

> Yes..96%   → CONTINUE WITH Q77
> No.. 4   → GO TO Q78
> Not sure 0   → GO TO Q78

77. 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 they visit their personal doctor or nurse for preventive care? [104 Respondents]

> Yes..94%
> No.. 6
> Not sure 0

Does the child have…[108 Respondents]

		Yes	No	Not Sure
78.	Asthma	13%	87%	0%
79.	A diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression..	26	74	0
80.	Diabetes...	0	100	0
81.	Is the child overweight or obese................................	15	85	0

82. Has the child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine? [88 Respondents of Children 5 to 17 years old]

    Yes...47%
    No 53
    Not sure 0

83. How often do you feel the child is safe in your community or neighborhood? [90 Respondents of Children 5 to 17 years old]

    Always..54%
    Nearly always 39
    Sometimes 7
    Seldom... 0
    Never 0
    Not sure 0

The next two questions are about issues that our community faces that need to be addressed in order to improve the quality of life of county residents. First, I am going to ask about social or economic issues and then I am going to ask you about health conditions or behaviors.

84. So, what are the two largest social or economic issues in your community that must be addressed?

    Economic stability and employment 34%
    Education access and quality... 9
    Safe and affordable housing 8
    Accessible and affordable health care 8
    Racism and discrimination 8
    Community violence and crime... 7
    Food insecurity 6
    Social connectedness and belonging 6
    Family support.. 5
    Politics/government 4
    Accessible and affordable transportation.................................... 4
    Access to social services.. 3
    Environmental health (clean air, safe water, etc.)........................ 2
    Affordable childcare.. 2
    Quality of health care 2
    Other... 7
    Not sure...20
    No answer 5

85. What are the two largest health conditions or behaviors that must be addressed in order to improve the health of county residents?

Alcohol and substance use..40%
Mental health, mental conditions and suicide.............................26
Nutrition, physical activity and obesity 17
Communicable diseases or COVID-19 12
Chronic diseases 7
Tobacco and vaping products 5
Access to affordable health care 4
Oral health 1
Maternal, infant, and child health ....<1
Reproductive and sexual health ....<1
Unintentional injury, including falls and motor vehicle
accidents ....<1
Other 2
Not sure...19
No answer 4

APPENDIX B: SURVEY METHODOLOGY

SURVEY METHODOLOGY

2022 Community Health Survey
The 2022 Manitowoc County Community Health Survey was conducted from January 26 through April 2, 2022. 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=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). 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 at the individual-age by gender of the 2010 census and age group by sex of the 2019 characteristics of the American Community Survey. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2019 Community Health Survey
The 2019 Manitowoc County Community Health Survey was conducted from February 2 through March 5, 2019. 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=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). 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.

2016 Community Health Survey
The 2016 Manitowoc County Community Health Survey was conducted from February 1 through February 18, 2016. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2013 Community Health Survey
The 2013 Manitowoc County Community Health Survey was conducted from February 22 through March 11, 2013. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2010 Community Health Survey

The 2010 Manitowoc County Community Health Survey was conducted from July 15 through July 28, 2010. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=320). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=80). A reimbursement of $20 was offered to respondents to cover the cost of incoming minutes. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2000 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.