Wisconsin State Health Assessment 2025

P-03169 (05/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

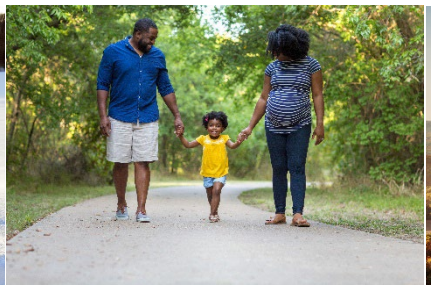




Table of Contents

Table of Contents **2**
Foreword **3**
Key findings **4**
Using the Wisconsin State Health Assessment **5**
Reading the SHA 5
Using the SHA 5
Wisconsin's people **6**
Key data 6
Urban and rural communities 7
Age 8
Race and ethnicity 9
Place of birth and language 9
Disability 10
Veterans 11
LGBTQ+ community 11
Social and community health factors **12**
Key data 12
Jobs 13
Economic well-being 16
Housing 20
Education 25
Built and natural environments 26
Health behaviors **35**
Key data 35
Community life 36
Safety 37
Substance use 39
Preventive health care use 42
Health and well-being outcomes **46**
Key data 46
Physical health 47
Mental health 47
Community outcomes 50
Environmental outcomes 53
Accidents 54
Chronic disease 56
Communicable disease 61
Birth outcomes 62
Mortality 67
Assets and opportunities **73**
Key data 73
Governmental public health infrastructure 74
Sense and strength of community 74
Community-based organizations and resources 75
Natural environments 75
Institutional-based resources 76
Appendices **77**
Appendix A. State Health Assessment development 77
Appendix B. Further possibilities for State Health Assessment use 79
Appendix C. Associated data tables for map figures (accessible via screen readers) 80

Foreword

Every 10 years, state statute requires that the Wisconsin Department of Health Services (DHS) produce a state health plan for the people of Wisconsin. Aligning with best practices in public health and accreditation requirements, DHS has shifted to a five-year cycle.

The state health plan consists of a state health assessment (SHA) and state health improvement plan (SHIP). Together, these provide an overview of the health of our state and serve as a roadmap for improving health in the coming years.

For decades, these plans have been developed with partners and communities statewide. They have helped community leaders and policymakers make more informed decisions around programs, policies, funding, and more that will support the well-being of communities in every corner of the state.

The 2025 Wisconsin State Health Assessment (SHA) begins the next iteration of Wisconsin's state health plan. More than 100 individuals and community-based organizations from across Wisconsin participated in the process of developing the 2025 SHA.

Building from the 2020 SHA (PDF), Wisconsin's 2025 SHA serves as a data-informed snapshot of key factors related to health and well-being in Wisconsin. It describes how things like income, housing, and the environment lay the foundation for health behaviors and health outcomes.

Today, the 2025 SHA is both a reference and a starting point from which Wisconsinites can work together to identify health and well-being priorities in the coming years. It will also serve as a foundation for the development of Wisconsin's next SHIP.

Key findings

The 2025 Wisconsin State Health Assessment (SHA) was developed through a multi-step process that engaged individuals and partners across the state and examined a wide range of factors that impact health and well-being (described in Appendix A).

In developing the SHA, Wisconsinites statewide provided input, sharing what prevents them from achieving their best possible health and well-being. The most shared barriers are in the areas of:

- Health care, including high costs; poor access to care; and lack of whole-person, prevention-focused care.
- Economic stress, including the rising cost of living.
- Mental health, including feelings of burnout and poor access to mental health care.
- Housing, including a lack of affordable housing.
- Transportation, including inadequate public transportation; challenges of transportation in rural areas; and need for transportation options to work, health care appointments, and other necessary places.

Quantitative data adds to the picture of Wisconsin's health and well-being. For self-reported health, 1 in 5 Wisconsinites say they have poor or fair physical health, while 1 in 7 say they have poor or fair mental health. Wisconsinites are also dying younger than they did before the COVID-19 pandemic.

Wisconsin has rich assets and opportunities that can be leveraged to improve health and well-being. If adequately resourced, community-based organizations, businesses, Wisconsin's governmental public health system and other institutions have the knowledge and skills to engage partners across the state to improve the health and well-being of Wisconsinites.

Using the Wisconsin State Health Assessment

The State Health Assessment (SHA) provides a snapshot of Wisconsin's health and wellbeing. It contains data from across health topics, provides context in which to understand that data, and supports collaboration to improve health and well-being across Wisconsin.

Reading the SHA

The SHA is organized to highlight factors that influence and impact people's health, from upstream, root causes to downstream health and well-being outcomes. This represents how social and community factors impact people's health behaviors and, ultimately, their health outcomes.[1] The sections are:

1) **Social and community health factors**.
2) **Health behaviors**, including how the decisions people make are influenced by their social and community environments.
3) **Health and well-being outcomes**, including those that result from social and community factors, health behaviors, and other factors, like genetics.

The SHA also contains sections describing Wisconsin's people and the assets and opportunities that can be leveraged to improve health and well-being. Throughout the SHA, several features repeat. Not every topic contains every feature:

- **Topic context and description**: Sections and topic areas summarize how the topic connects to health and well-being, root causes relates to the topic, and how the topic connects to other topics.
- **Data description and visualization**: Numbered figures and text describe recent available data. Data terminology used in the SHA reflects the data terminology used in each data source and may differ slightly based on how it was collected.
- **What Wisconsinites said:** SHA community conversation participants identified some topics as being especially important to, or creating barriers to, their health and well-being—summarized in call-out boxes.

Using the SHA

The SHA can be used by a range of audiences and seeks to support all public health and related efforts—regardless of sector, size, or type of organization. Partners can leverage the SHA by:

- Framing community health conditions and outcomes in ways that reflect community experiences using quantitative and qualitative data and evidence.
- Using the data for their own community health (needs) assessments, and improvement plans.
- Broadening their understanding of connections across health and well-being factors to build relationships and create new partnerships, including those outside of the traditional sectors and sphere of influence.
- Making policy and funding decisions based on the data, community reflections, and examples shared.

Although some data and evidence in the SHA is broken down by categories like race or gender, the SHA does not intend to encourage exclusionary distribution of resources based on these categories. Rather, the SHA provides data to help understand patterns in health across a population. Users of the SHA should consult with their legal counsel to ensure that they comply with all applicable laws, including federal anti-discrimination laws. More information about using the SHA is in Appendix B.

[1] Social Determinants of Health, UCLA Health

Key data

Population (2024): 5,960,975

Five-year population trend (2020–2024): 1.08% increase

Federally recognized Tribal nations: 11

Median age: 40.6 years

Languages used: More than 140

Wisconsin's people

Situated between the shores of Lake Michigan and Lake Superior, alongside neighboring states of Minnesota, Iowa, Illinois, and Michigan's upper peninsula, Wisconsin is the 23rd-largest state in the United States by area. Wisconsin is home to a diverse and resilient population. Wisconsinites' health and well-being shape the state's culture, vitality, and future.

At the time Wisconsin became a state in 1848, it had nearly 300,000 residents, about the population of modern-day Madison.[2] As of 2024, nearly six million people call Wisconsin home, making it the 21st largest state by population.

Today, Wisconsin's residents live across urban centers, small towns, Tribal reservations, and rural communities. They vary by age, race and ethnicity, disability, geographic location, and other factors.

Understanding the people who make up Wisconsin—and the demographic factors and patterns across them—provides critical context toward the goal of improving overall health and well-being for people in every corner of the state. These details make it possible to identify health outcomes and needs, and understand what factors are contributing to positive health and well-being, and who may be at greater risk for poor health outcomes.

[2] Census Bulletin-1900 (PDF), US Census Bureau

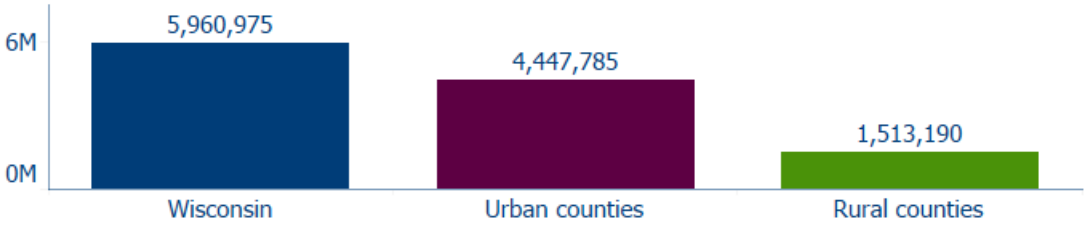
Urban and rural communities

Understanding the geographic distribution of a population provides context to health and disease trends, and helps identify where resources and services may be needed. By land area, Wisconsin is split between urban and rural counties, yet approximately three times as many Wisconsinites live in urban counties (4,447,785) as in rural counties (1,513,190) (Figure 1). Over five years (2020 to 2024), Wisconsin's population increased by 1.08%—which is less than the 2.55% increase in the overall U.S. population during the same time span.[3] The rate of population change is not the same across Wisconsin (Figure 2).

FIGURE 1

About 3 out of every 4 Wisconsinites live in urban counties.

Wisconsin's resident population in rural and urban counties, 2024



U.S. Census Bureau, Vintage 2024 Population Estimates

FIGURE 2

The population has grown in some counties and decreased in others.

Wisconsin counties (region) with the largest population increases, 2020–2024.		Wisconsin counties (region) with the largest population decreases, 2020–2024.	
Calumet (Northeastern)	+7.2%	Ashland (Northern)	-1.1%
Dane (Southern)	+6.8%	Price (Northern)	-0.9%
St. Croix (Western)	+5.7%	Richland (Southern)	-0.7%
Eau Claire (Western)	+4.9%	Langlade (Northern)	-0.7%
Door (Northeastern)	+2.7%	Buffalo (Western)	-0.6%

Wisconsin Department of Administration, 2024 Population Estimates

From 2020 to 2024, population in urban counties increased faster (+1.2%) than rural counties (+0.8%).[4] In general, the counties that are growing more quickly (Calumet, Dane, St. Croix, Eau Claire, and Door) have younger populations and are closer to economic centers. The counties with population decreases (Ashland, Price,

[3] New 2024 Population Estimates Show Nation's Population Grew by About 1% to 340.1 Million Since 2023, U.S. Census Bureau

[4] Population and Housing Unit Estimates, Wisconsin Department of Administration

Richland, Langlade, and Buffalo) are generally more rural with a relatively older population and lower levels of employment. However, population decreases in these counties are small, often only several hundred people.

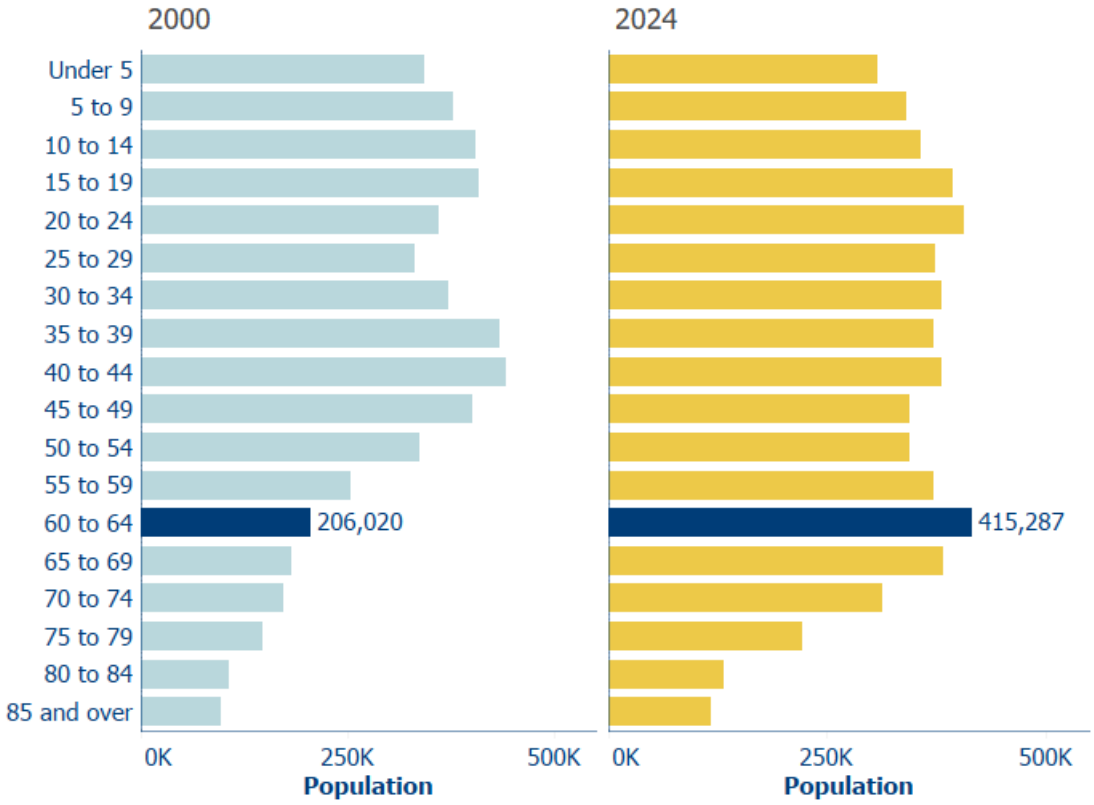
Age

Health, social, and community needs vary by age and stage of life. A younger population may need more child care facilities, educational institutions, and family medicine physicians, while an older population may need better access to aging and disability resource centers (ADRCs) and health care providers who focus on older adults. The median age in Wisconsin has increased to 40.6 years.[5] The percent of Wisconsin residents over age 65 is expected to continue increasing (Figure 3).

FIGURE 3

In 2024, more Wisconsinites were ages 60 to 64 than any other age group.

Wisconsin's resident population by age, 2000 and 2024



U.S. Census Bureau, Vintage 2000 and 2024 Population Estimates

[5] Annual Estimates of the Resident Population for Selected Age Groups by Sex for Wisconsin: April 1 2020 to July 1, 2024, U.S. Census Bureau, Population Division

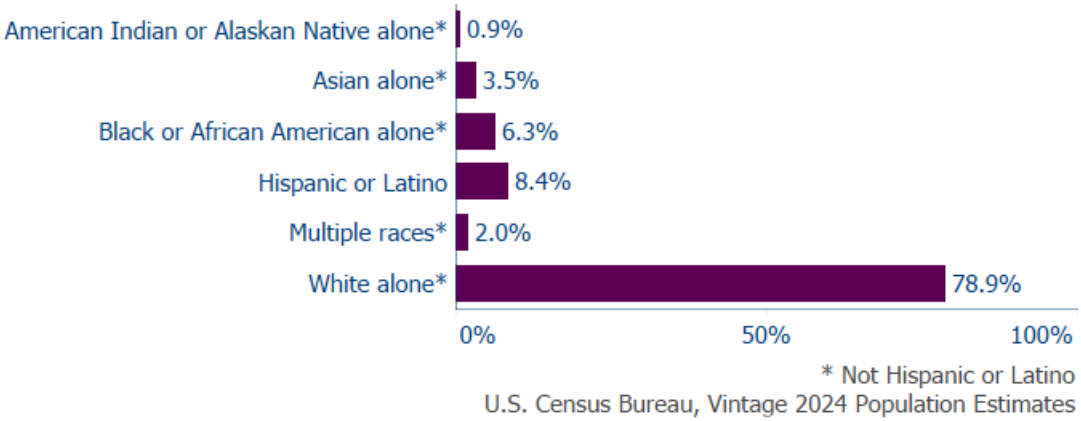
Race and ethnicity

Tracking race and ethnicity helps understand patterns in health across a population. Over recent decades, Wisconsin has become more diverse. In 2020, 87% of Wisconsin residents identified as white. In 2024, this decreased to 79%. In 2024, 0.9% of Wisconsin residents identified as American Indian or Alaskan Native alone; 2.0% identified as multiple races[6], 3.5% identified as Asian alone; 6.3% identified as Black or African American alone; and 8.4% identified as Hispanic or Latino (Figure 4).

FIGURE 4

More than 1 in 5 Wisconsinites identify as Hispanic, Black, Asian, Native American, or multiple races.

Wisconsin's resident population by race and ethnicity, 2024



* Not Hispanic or Latino

U.S. Census Bureau, Vintage 2024 Population Estimates

Place of birth and language

Place of birth and immigration status can impact the health of Wisconsin residents, including their access to employment, health services, and social resources and services. Native people and Tribal nations are the only current Wisconsin residents whose historical roots do not lie outside the United States. As of 2023, 42,893 people live across the reservation and community lands of Wisconsin's 11 federally recognized Tribal governments. Beyond Native people, Wisconsin's population has grown primarily through immigration.

Language plays a central role in how people access and understand information, including communicating with health care providers and understanding health recommendations. Language barriers across economic, educational, health, and social services or resources can lead to differences in opportunities or health outcomes.

Wisconsinites use more than 140 spoken and signed languages. In 2024, most Wisconsinites use English as their primary language in their home, however nearly 1 in 10 Wisconsinites spoke a language other than English at home (Figure 5). The most-spoken language is English, followed by Spanish, Hmong, and German (Figure 5). Urban counties tend to have a greater number of different languages spoken than rural counties.

[6] The "multiple races" category does not provide information about which specific groups individuals identify with.

FIGURE 5

Nearly 1 in 10 Wisconsinites speak a language other than English at home.

The most common languages spoken at home are:

1.	2.	3.	4.
English only	Spanish	Hmong	German

U.S. Census Bureau, American Community Survey, 2024 1-Year Estimates

Disability

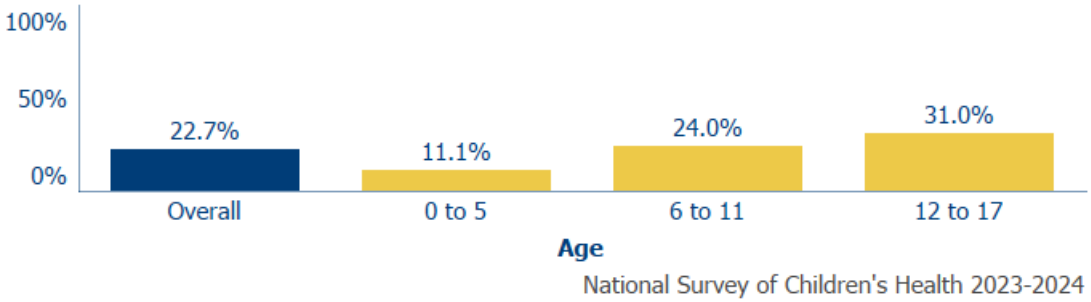
While the causes of mental and physical disabilities are varied and complex, they impact Wisconsinites of all ages. People with disabilities often face barriers in accessing health services, as well as in accessing employment, education, housing, transportation, and community or recreation spaces. Assessing the prevalence of disabilities helps to understand what resources can support quality of life for those with disabilities and their caregivers, while reducing long-term health costs.

Approximately 1 in 5 Wisconsinites under the age of 18 has a special health care need (Figure 6), a rate that increases with age.[7] This may be because getting a diagnosis takes time or a condition emerges later in youth.

FIGURE 6

By age 17, nearly one-third of Wisconsin children have an identified special health care need.

Percent of Wisconsin children with special health care needs by age, 2023-2024



National Survey of Children's Health 2023-2024

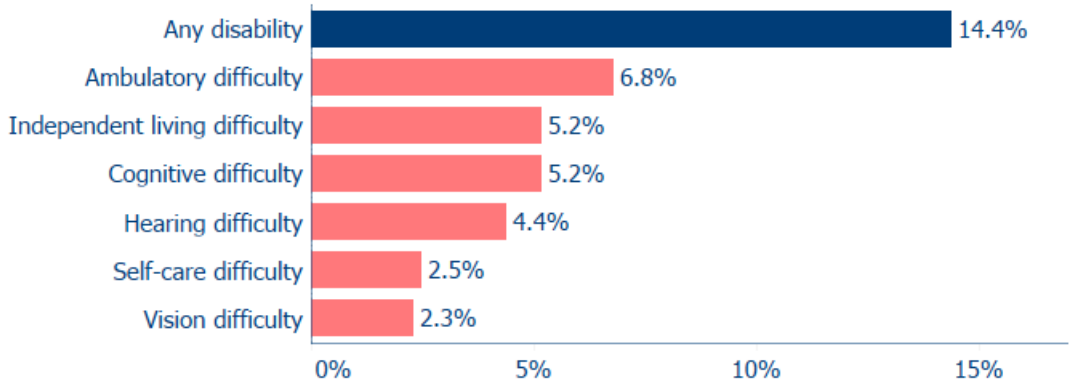
Disability in adulthood may be a continuation of a childhood disability or may develop later in life. Over the past 15 years, the percentage of adults living with a disability has increased from 13.6% in the 2010–2014 period to 14.4% in the 2020–2024 period (Figure 7). Some of the most common disability types are ambulatory difficulty, independent living difficulty, and cognitive difficulty (Figure 7).

[7] Children and youth with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition. Children and Youth with Special Health care Needs (PDF), Wisconsin Department of Health Services

FIGURE 7

About 1 in 7 Wisconsin adults have a disability.

Percent of Wisconsin adults with a disability, 2020-2024



U.S. Census, American Community Survey, 2024 5-Year Estimates

Veterans

Veterans have unique health needs, including higher rates of disability, chronic health conditions, commercial tobacco use, and suicidality. Wisconsin is home to more than 330,000 veterans. Veterans in rural Wisconsin are older and have poorer health outcomes than in urban areas. Though some report that they do not and cannot get needed care, veterans tend to have more stable access to health care and insurance than non-veterans.[8]

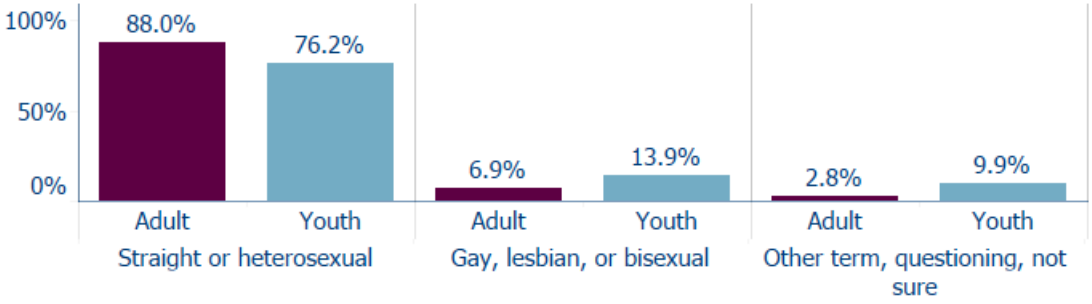
LGBTQ+ community

Approximately 7% of Wisconsin adults and 14% of Wisconsin youth identify as gay, lesbian, or bisexual. Approximately 88% of adults and nearly 77% of youth identify as straight or heterosexual (Figure 8). Others may define their sexual identity using different terms, while others do not yet define their sexual identity ("questioning").

FIGURE 8

About 1 in 10 adults and 1 in 4 youth identify as gay, lesbian, bisexual, questioning, or another term.

Share of Wisconsin adults and youth by identity, 2023 and 2024



For adults, 2.3% did not report their identity.
2023 Youth Risk Behavioral Survey; Household Pulse Survey, Aug-Sept 2024

[8] The State of Veterans in Wisconsin, Wisconsin Veterans Chamber of Commerce

Key data

Thirty-five percent of Wisconsin households cannot afford their basic needs.

Nearly two-thirds of Wisconsin workers have paid sick leave.

One in 10 Wisconsin adults skipped needed health care because they could not afford it.

One in 14 Wisconsin adults does not have reliable access to transportation.

Social and community health factors

Social and community factors in any given community and geographic area impact individual and population health outcomes, including many causes of death.

These factors include the conditions in which Wisconsinites live, work, play, learn, and connect with one another. They include employment opportunities, income levels, stable housing, access to affordable child care, and the quality of education available in a community.

Social and community factors also encompass the built and natural environments, such as safe neighborhoods, transportation systems, parks, and clean air and water, as well as access to affordable and high-quality health care services.

Together, these conditions influence people's ability to make decisions for their health, maintain healthy behaviors, and access resources needed for well-being.

These factors extend far beyond an individual's choices. They are shaped by social norms, policies, and laws.

Understanding social and community health factors is essential for identifying effective policies, investments, and programs that can support well-being and improve health across populations.

Jobs

Jobs provide income that allows individuals and families to afford essential needs such as housing, food, health care, and child care. Jobs can also provide health insurance, social connections, and a sense of purpose, which support both physical and mental well-being. Unemployment, or unstable work, can increase financial stress, limit access to resources that support good health, and contribute to poorer health outcomes.

While on the job, employment conditions and safety are critical, as are factors such as paid sick leave, disability leave, and more. Employment conditions can impact individual, family, and community health and well-being.

What Wisconsinites said:

- Current systems and institutional structures do not adequately support health and well-being.
- People don't have the resources they need to create fundamental changes in their lives and communities.
- Opportunity and resources are distributed unequally across the state.

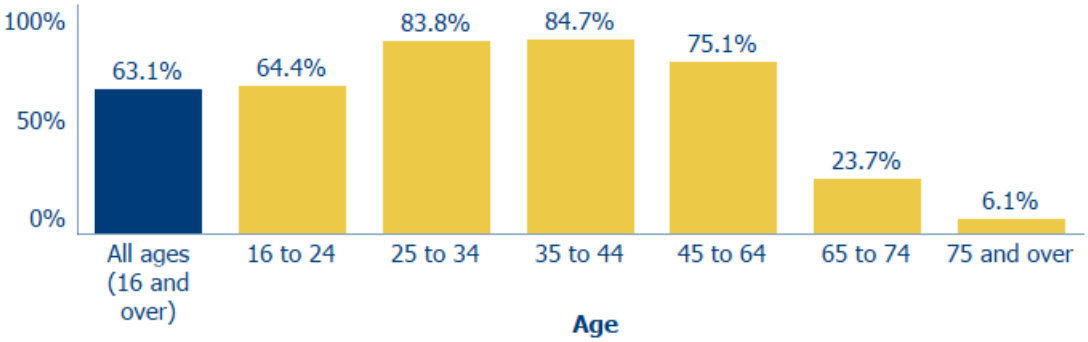
Employment

Over the past few decades, the overall employment rate in Wisconsin has declined slightly. This is due primarily to a larger proportion of the population reaching retirement age. About 63.1% of Wisconsinites aged 16 and older are employed. Employment is highest (about 84%) among those 25 to 34 years old and lowest (6.1%) among those over the age of 75 (Figure 9).

FIGURE 9

Around 84% of Wisconsinites ages 25 to 44 are employed.

Percent of the Wisconsin population (by age) that is employed, 2020–2024



U.S. Census, American Community Survey, 2024 5-Year Estimates

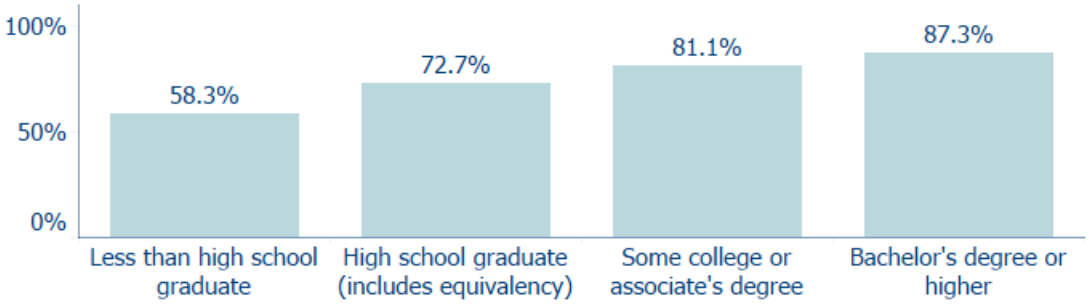
Most individuals and families in Wisconsin receive health insurance through employers.[9] If fewer people are employed, more Wisconsinites may become uninsured and at risk for not seeking needed health care due to cost.

Almost 90% of Wisconsinites ages 25 to 64 with a bachelor's degree or higher are employed, which is 1.5 times the employment rate for Wisconsinites who did not complete high school (Figure 10). Having completed less education is a barrier to being hired, depending on the jobs available in the community.[10]

FIGURE 10

Nearly 90% of those with a bachelor's degrees or higher are employed.

Percent of the Wisconsin population ages 25 to 64 that is employed, by educational attainment, 2020–2024



U.S. Census, American Community Survey, 2024 5-Year Estimates

Paid sick leave

Paid sick leave policies may enable people to rest and recover at home when they are ill, care for sick family members, or go to the doctor for preventive care or treatment without losing income. [11] Wisconsin does not currently have any laws requiring employers to provide paid leave.

Two-thirds of employed Wisconsin adults receive paid sick leave from their job when they are ill. Just over half of employed Wisconsin adults are also able to take paid sick leave from their job to care for a family member when they are ill (Figure 11).

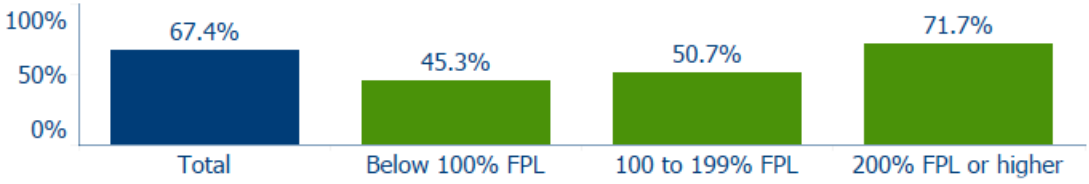
However, people whose annual income is less than the federal poverty level (FPL) are less likely to receive personal sick leave (45.3%) than people whose income is double the FPL or higher (71.7%) (Figure 11). People with incomes less than the FPL are also less than half as likely to have paid family sick leave (29.6%) as people whose income is double or more than the FPL (63.5%).

[9] Health insurance coverage (point-in-time), Wisconsin 2022 (PDF), Wisconsin Department of Health Services
[10] How does a college degree improve graduates' employment and earnings potential?, Assoc of Public & Land-grant Universities
[11] Exploring the association of paid sick leave with health care utilization and health outcomes in the United States: a rapid evidence review, Global Health Journal

FIGURE 11

Less than half of Wisconsin workers with incomes below the poverty level can take paid time off work when they are sick.

Percent of the Wisconsin workers ages 18 to 64 who are able to take paid sick time off work for themselves, by poverty status, 2024



FPL = Federal poverty level
Wisconsin Department of Health Services, Family Health Survey

Job safety

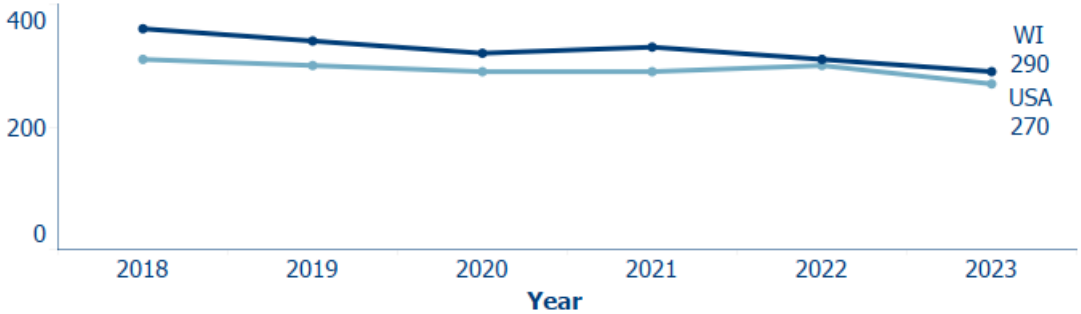
Job-related injuries and illness can include respiratory illness, hearing loss, skin conditions, poisoning, physical injury, violence, and more.[12] State and federal laws and policies support workplace safety, protect workers' rights, and support health and well-being.[13]

In 2023, 290 out of every 10,000 full-time workers in Wisconsin had a work-related illness or injury. Improvements in prevention policy and practices have decreased the rate of injury and illness in Wisconsin's workers over the past several years. However, Wisconsin's rate remains higher than the rate for the United States overall (Figure 12).

FIGURE 12

Worker injuries in Wisconsin have declined but still outpace the rate for the nation overall.

Number of work-related injuries and illnesses per 10,000 full time workers, 2018–2023



Wisconsin Department of Health Services, Wisconsin Worker Injuries, Illness, and Deaths Dashboard

[12] Wisconsin Worker Injuries, Illnesses, and Deaths Dashboard, Wisconsin Department of Health Services
[13] Workplace Safety and Health Information for Workers, Wisconsin Department of Health Services

Over the past few years, the five private industries in Wisconsin with the highest rates of work-related illness and injury were transportation and warehousing (such as trucking); retail trade (such as grocery stores, auto dealers, health and personal care stores); agriculture, forestry, fishing, and hunting; health care and social assistance (such as nursing care facilities, home health, hospitals); and manufacturing (such as motor vehicle manufacturing, metal forging, meat processing).

Economic well-being

Income and wealth are major drivers of economic well-being. Economic well-being means that the person, family, or community has current and future financial security that includes the ability to consistently meet their basic needs."[14]

What Wisconsinites said:

- They don't have enough time or money to take care of their own health.
- Wages are not keeping up with the rising cost of living, and they cannot afford the basic things they and their families need.
- Working longer hours to keep up financially causes burnout.
- They need better access to emergency financial support programs.
- Employers need to do more to meet the needs of current and potential employees with physical and mental disabilities.

Income and wage

Income is the money that an individual or household receives over a period of time. It represents the financial resources people have to support their basic needs. For most people, employment earnings, or wages, make up most of all their income. Income can also come from business earnings, investments, and other sources.

The median annual wage for all Wisconsin workers (including seasonal and part-time workers) is $46,667, but some groups are more likely to have lower wages than others (Figure 13).

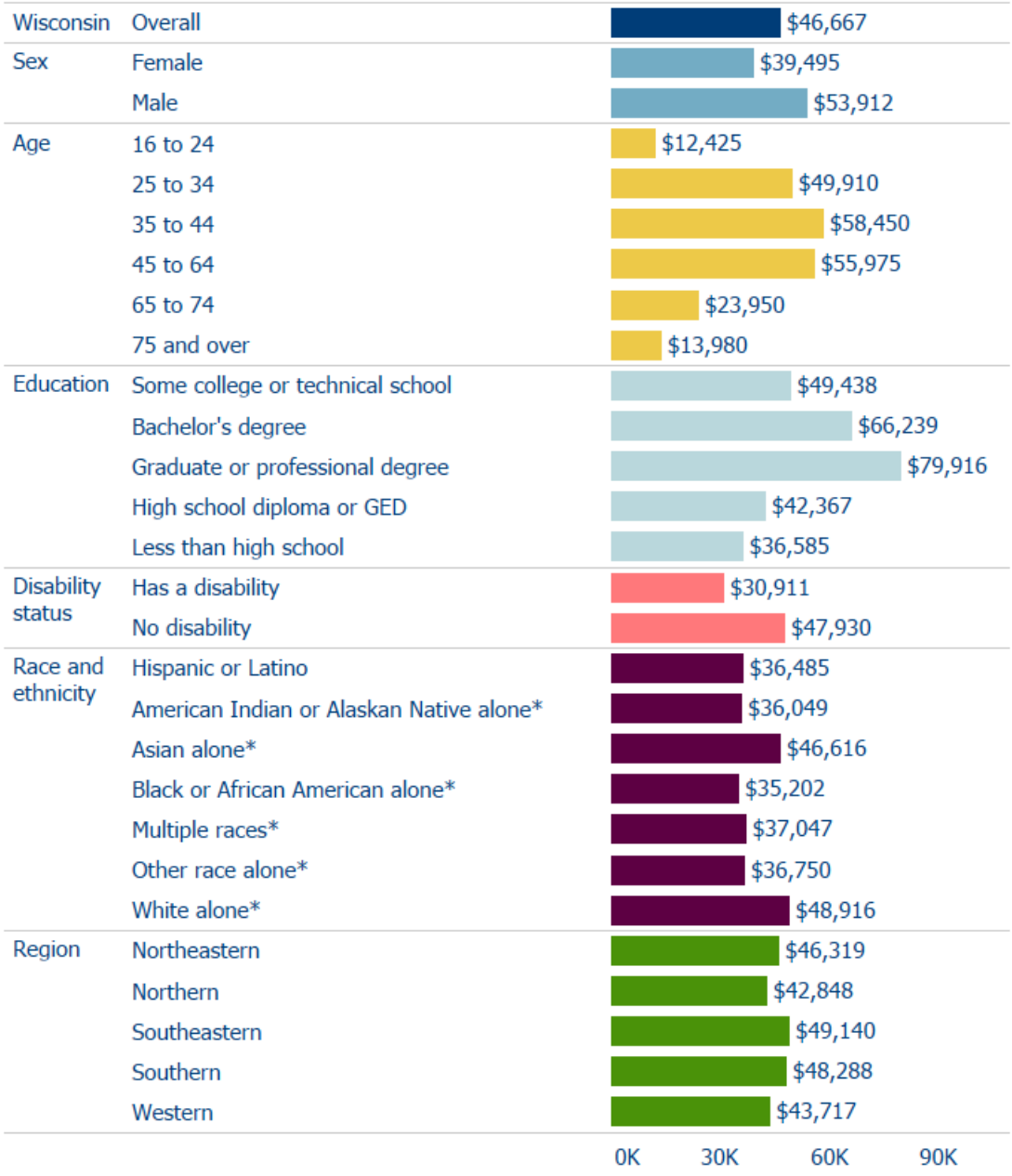
- **Age:** Workers with more work experience have the highest earnings (Figure 13).
- **Education:** Workers with higher levels of education have the highest earnings (Figure 13).
- **Gender:** Men have higher earnings than women (Figure 13). This difference is driven by many factors. For example, some parents, especially women, might work fewer hours in order to provide child care, which would result in lower annual wages.
- **Disability:** People with disabilities face challenges finding jobs that offer accommodations that fully meet their needs, making it difficult for people with disabilities to access steady, high-paying employment.
- **Race and ethnicity:** Wisconsinites who identify as white alone or Asian alone tend to have higher earnings than other racial and ethnic groups (Figure 13).

[14] Working Definition of Economic Well-being, Council on Social Work Education

FIGURE 13

Median earnings from employment vary by age, sex, race, ethnicity, disability status, education level, and region.

Median annual employment arnings (expressed in 2024 inflation-adjusted dollars) among Wisconsinites ages 16 and older, stratified by demographics, 2020–2024



* Includes those who also identify as Hispanic or Latino.
Data by educational attainment reflects median earnings for those with earnings ages 25 year and older.
All other data reflects median earnings for those with earnings ages 16 years and older.
U.S. Census, American Community Survey, 2024 1-Year Public Use Microdata Sample (data by age),

Affordability

The cost of essential goods and services impacts whether people, their families, and communities can consistently access basic necessities.

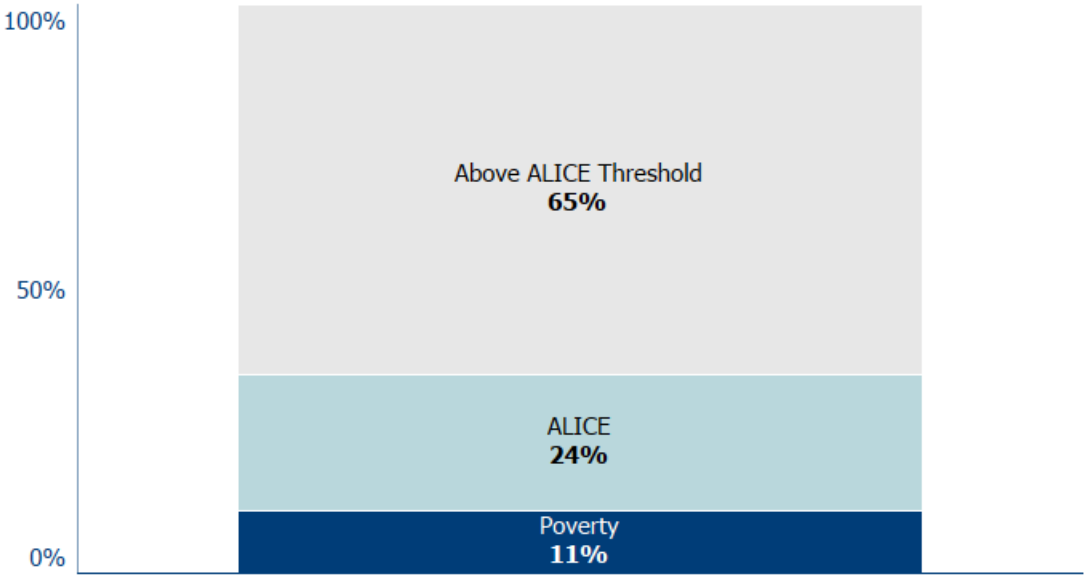
Federal poverty guidelines, which federal and state governments use to determine eligibility for benefits such as food assistance and home energy assistance programs, have not kept up with changes in the cost of living.[15] In 2025, the federal poverty level (FPL) for a four-person household was $32,150, but the estimated costs of the basic needs in Wisconsin for two working-aged adults and two school-aged children was $65,496.[16, 17] Given that the Wisconsin minimum wage set by the federal law is $7.25 per hour, affording basic needs is out of reach for many.[18]

Overall, an estimated 35% of Wisconsin households cannot afford basic needs. About 11% of households fall below the FPL, while an additional 24% are above the federal poverty level but below the threshold needed to afford their basic needs (Figure 14). These households are called ALICE households, which stands for "asset limited, income constrained, employed." ALICE households are working, sometimes multiple jobs, and earn above the FPL, but still live paycheck to paycheck. They do not make enough to afford basic expenses like housing, child care, food, transportation, health care, a phone plan, taxes, and a small amount of emergency funds.

FIGURE 14

About one-third of Wisconsin housholds do not make enough to afford the basics.

Percent of Wisconsin households that are in poverty, below the ALICE threshold, and above the ALICE threshold, 2023



United Way, United for ALICE analysis of 2023 American Community Survey data

[15] How is poverty measured?, UW-Madison Institute for Research on Poverty
[16] Federal Poverty Level (FPL), health care.gov
[17] ALICE Budget and Income Status Tool, United for ALICE
[18] Minimum Wage, Wisconsin Department of Workforce Development

Households headed by one parent or caregiver face particular challenges affording the basics. In Wisconsin, 66% of households headed by a single mother and 43% of households headed by a single father had incomes below the ALICE threshold, meaning their incomes were below the cost of their basic needs. Among married parents with children, only 9% were below the ALICE threshold.

Nutrition security

Food insecurity is "when people do not have enough to eat and do not know where their next meal will come from." This can be a result of lower or unstable incomes, high cost of living, and other factors.[19]

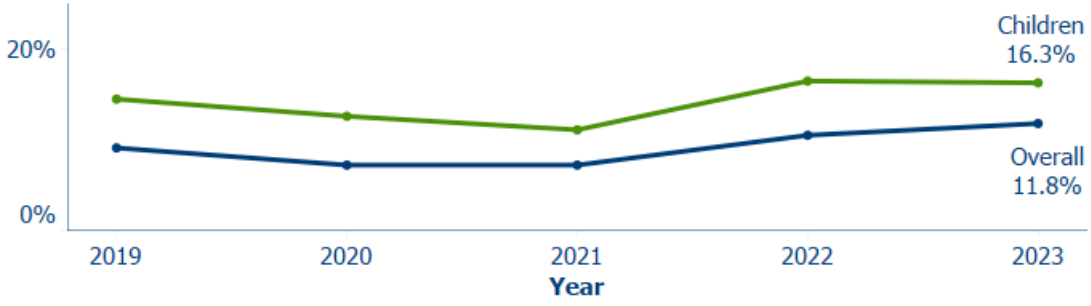
In 2023, nearly 12% of Wisconsinites, or almost 700,000 people across the state, experienced food insecurity. Over 16% of children—more than 200,000—in Wisconsin experienced food insecurity (Figure 15). Nearly three-quarters of these children live in households with income below 185% of the FPL, which is commonly used as an eligibility cutoff for child nutrition programs. When children don't have enough food, their bodies and brains may not develop the way they should. They are at higher risk of many health conditions and may have trouble staying focused and learning at school.[20] The effects of these issues can follow kids into adulthood.

Food insecurity rates also vary by other age categories and race and ethnicity. Older adults have lower levels of food insecurity than younger age groups. However, nearly 90,000 adults aged 60 or older (6.3%) were food insecure in 2023. Hispanic (27%) and Black or African American (32%) Wisconsinites of all ages were significantly more likely to experience food insecurity than white (9%) Wisconsinites.

FIGURE 15

The share of Wisconsinites who are food insecure has increased since 2021, after a period of decline.

Percent of Wisconsin population (all ages) and Wisconsin children who are food insecure, 2019–2023



Feeding America, Map the Meal Gap 2020–2025

The prevalence of food insecurity decreased between 2019 and 2021. This improvement can be tied to the increase in food benefits, child tax credit expansion, and other economic programs related to COVID-19 pandemic relief. Since 2021, which coincides with the end of many of these temporary COVID-19 related programs, the prevalence of food insecurity has again increased (Figure 15).

[19] What is food insecurity?, Feeding America
[20] Facts about child hunger, Feeding America

Laws and ongoing governmental funding support important programs like free school breakfast and lunch; the Women, Infants and Children (WIC) nutrition program; summer and after school meals; and the Supplemental Nutrition Assistance Program (SNAP), called FoodShare in Wisconsin.[21] Other programs that support food security are local food pantries and community-driven food box programs.

Food security also includes nutritional security, which is not just having enough food, but also having food that is rich in nutrients or meets other health needs, like gluten-free food for people with celiac disease.[22]

Housing

Having stable housing and an address helps people physically, mentally, socially, and economically. Stable housing ensures people have a place to sleep, keep food, get a job, open a bank account, develop a sense of stability and community.

For older adults and people with disabilities, their homes are places where they can ensure they have the accessibility aids—like grab bars, accessible bathrooms, ramps—that they need for activities of daily living and can safely move around if they use a wheelchair or another mobility device.

When people feel stably housed, they build relationships and pride in their community. They may be more likely to engage in civic decision-making, like voting and attending town or school board meetings, to improve the health of their communities.

What Wisconsinites said:

- They cannot afford to rent or buy homes in their communities.
- Some rental homes in their communities are poorly maintained or unsafe.
- Renters need access to affordable legal support when dealing with housing-related legal issues.
- Their communities need more emergency housing options for people going through eviction, experiencing domestic violence, and other issues.

Homeownership

Homeowners can benefit from the value of their home and build personal wealth, using the value of their home to secure loans or improve their economic well-being and health outcomes. [23] Homeownership is also associated with greater community stability. When people know they will be living somewhere for a long time and that the well-being of their community impacts the value of their home, they may feel more invested in the success of that community.[24]

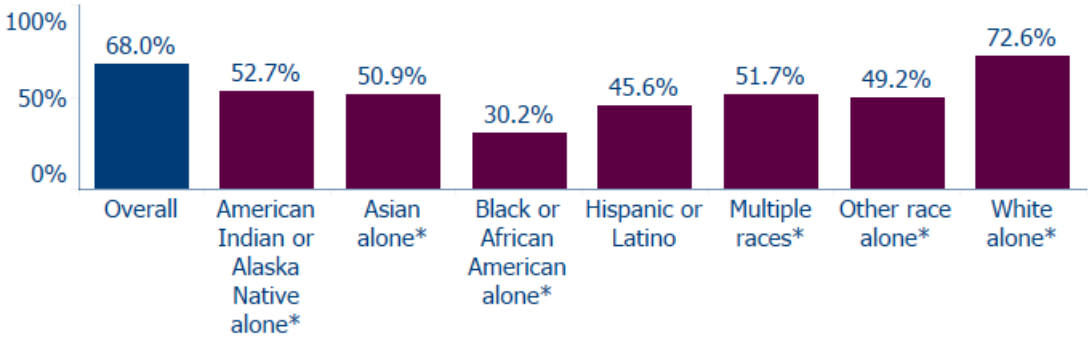
[21] State Policy & Advocacy, No Kid Hungry
[22] Measuring And Addressing Nutrition Security To Achieve Health And Health Equity, Health Affairs
[23] Homeownership among lowest-income households climbs near all-time high, Federal Reserve Bank of Minneapolis
[24] Research series: How does homeownership contribute to social and civic engagement?, Habitat for Humanity

For hundreds of years in the United States, policies created gaps in homeownership and the generational wealth that homeownership facilitates.[25] Today, about two-thirds of Wisconsin households live in homes they own. However, white households (72.6%) are still about 2.5 times as likely as Black or African American households (30.2%) and more than 1.5 times as likely as Hispanic households (45.6%) to live in a house they own (Figure 16).

FIGURE 16

The homeownership rate for white households is almost 2.5 times the homeownership rate for Black households.

Percent of Wisconsin households that own their home, by race and ethnicity of the householder, 2024



* Includes those who also identify as Hispanic or Latino.
U.S. Census Bureau, American Community Survey 2024 1-Year Estimates

Housing costs

If housing costs take up a large portion of household income, it can be difficult to pay for other needs like healthy food, transportation, and health care.

Generally, a household is considered cost-burdened by their housing expenses if they spend 30% or more of their household income on housing costs, which includes rent, mortgage payments, and utilities.[26] By this definition, a person earning the minimum wage of $7.25 an hour would need to work 104 hours a week to afford a one-bedroom rental home at Fair Market Rent in Wisconsin. The average Supplemental Security Income (SSI) monthly payment is $1,051, making the rent affordable to an SSI recipient just $315 a month.[27]

In Wisconsin, approximately 1 in 4 households are housing cost burdened (Figure 17). When costs rise but incomes do not, more people in a community become housing cost burdened.

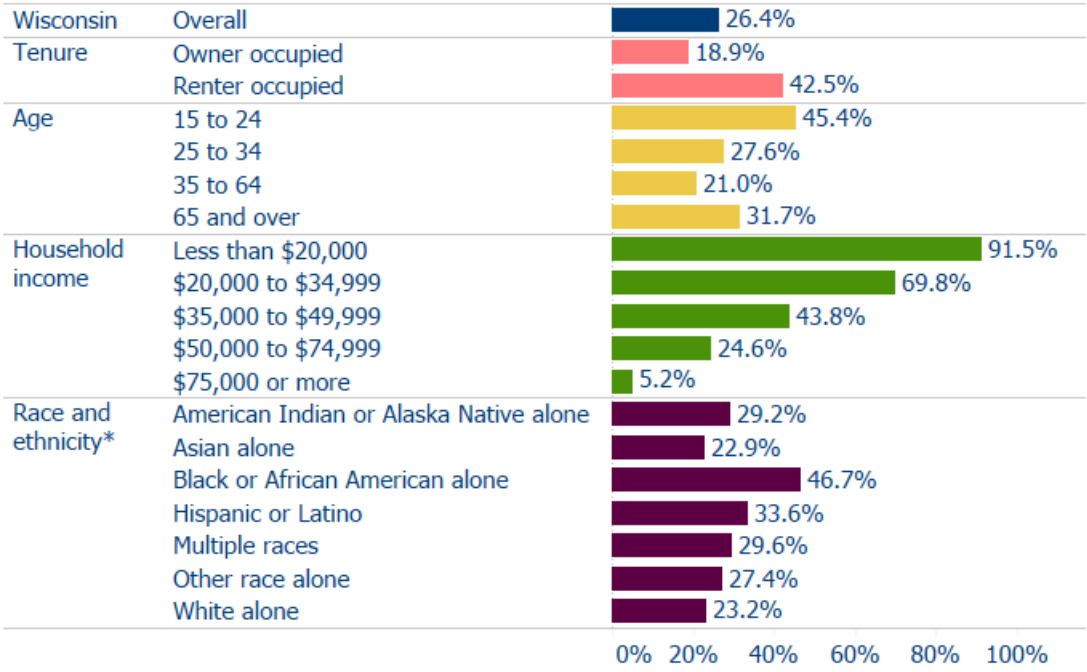
This holds steady across the state. Renters (42.5%) are twice as likely to be cost burdened as homeowners (18.9%). Wisconsinites who are younger, as well as those who are Black or African American, American Indian or Alaska Native, Hispanic or Latino, multiple races, and other races are more likely to be housing cost burdened than Wisconsinites who are middle-aged or white. Many adults 65 years and older live on a fixed income and have a somewhat higher rate of housing cost burden.

[25] 50 years after being outlawed, redlining still drives neighborhood health inequities, UC Berkeley Public Health
[26] Chapter 6: Survey Rules, Concepts, and Definition (PDF), United States Census Bureau
[27] Out of Reach: The High Cost of Housing (PDF), National Low Income Housing Coalition

FIGURE 17

High housing costs are particularly burdensome for renters, young and older adults, and those with low incomes.

Percent of Wisconsin households that spend 30% or more of their income on housing costs, by demographics, 2024



* All categories show the percent of households that spend 30% or more of income on housing costs, with the exception of race and ethnicity, which shows the percent of households that spend **more** than 30% of income on housing costs. All race categories include those who also identify as Hispanic of Latino.

U.S. Census Bureau, American Community Survey 2024 1-Year Estimates

Homelessness

Across Wisconsin's urban and rural communities, homelessness impacts both individuals and families, including children. People experiencing homelessness can be sheltered (for example, staying in a shelter or transitional housing) or unsheltered (for example, sleeping in a car or outdoors).

Homelessness is a complex issue. Financial problems, mental health issues, substance use disorder, intimate partner violence, and other factors can all contribute to homelessness. [28]

People experiencing homelessness are more likely to have poor physical and mental health. They may have more difficulty accessing health care and are more likely to suffer from many communicable, chronic, and mental health

[28] Why Do People Experience Homelessness?, National Coalition for the Homeless

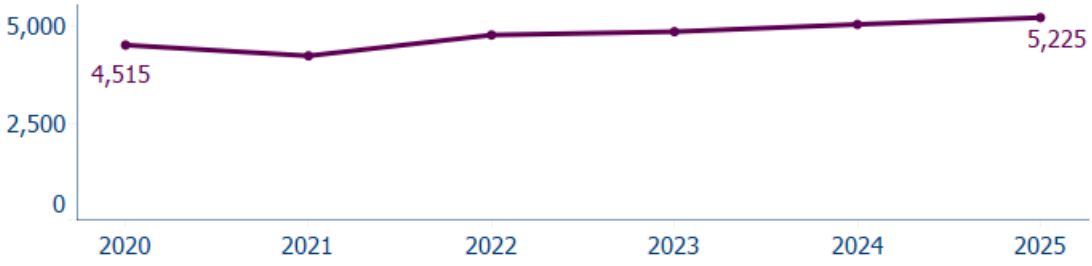
issues.[29] There is a high demand for services that address multiple needs, such as both housing and physical or mental illness, within the same program. This is sometimes called wraparound care.

On a given night in 2025, at least 5,225 Wisconsinites experienced homelessness, including more than 1,000 youth. This overall number has increased by about 15% since 2020 (Figure 18). The number of people recorded as homeless dipped in 2021, likely reflecting a combination of increased governmental programs supporting housing stability (for example, expanded emergency rental assistance, and eviction moratoriums) and difficulty counting people due to the COVID-19 pandemic.

FIGURE 18

On a given night in 2025, at least 5,225 Wisconsinites experienced homelessness, which is higher than previous years.

Number of sheltered and unsheltered people counted as experiencing homelessness in Wisconsin on a single night in January, 2020–2025



Department of Housing and Urban Development (HUD) Continuum of Care Homeless Populations - Wisconsin

Some groups are more likely to experience homelessness than others, including children, working age adults, and people who are American Indian or Alaskan Native, Black or African American, Native Hawaiian or Pacific Islander, multiple races, and Hispanic or Latino.

Child care

Access to affordable child care impacts economic well-being, including the ability to pay for other basic needs and ability for a caregiver to advance their education or careers, and ultimately a family's health.

What Wisconsinites said:

- Child care in their communities is not affordable.
- More safe, high quality child care spots are needed in their communities.
- Lack of access to child care makes it hard for them to work, get higher education, and even be physically active.

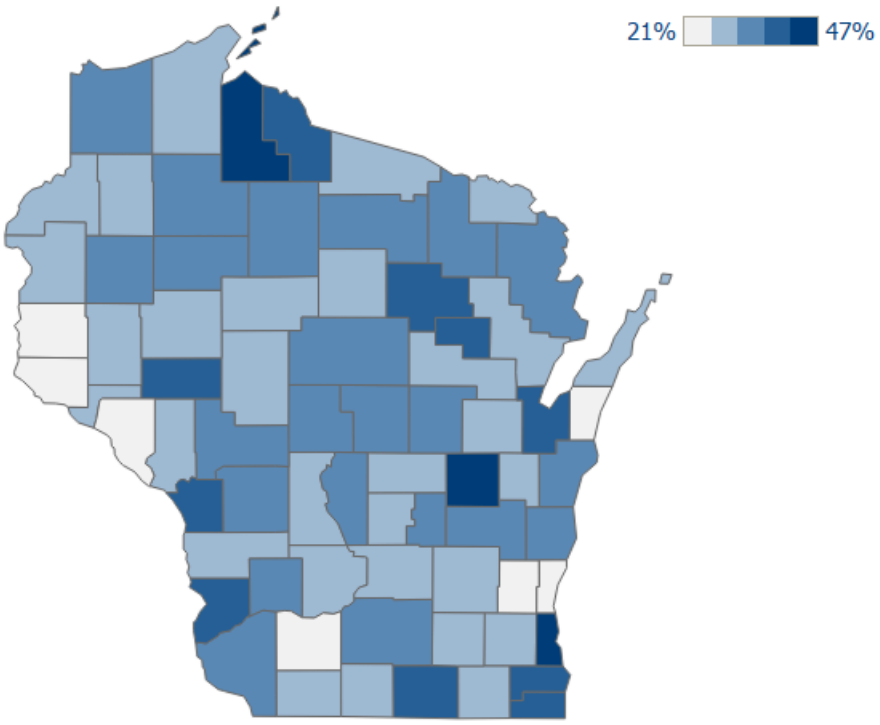
[29] Homelessness And Health: Factors, Evidence, Innovations That Work, And Policy Recommendations, Health Affairs

The U.S. Department of Health and Human Services considers child care to be unaffordable if it costs more than 7% of a household's income.[30] Across Wisconsin, having two children in child care costs about $26,095 a year, which is 31% of Wisconsin's median household income. In several counties, this increases to more than 40% of median household income, with Milwaukee County being the highest at 47% (Figure 19).

FIGURE 19

Child care for a household with two children costs 31% of Wisconsin's median household income, but the burden varies by county.

Child care costs for a household with two children as a percent of county median household income, 2023 and 2024



County Health Rankings and Roadmaps analysis of Living Wage Institute and U.S. Census Bureau data

The cost of child care may result in one or more caregivers working fewer hours or not working altogether. Families who must reduce hours to care for children have overall poorer economic outcomes than families who can pay for care.[31]

[30] Child care and Development Fund (CCDF) Program, Federal Register

[31] Child care Costs, Reduced Work, and Financial Strain: New Estimates for Low-Income Families, U.S. Department of Commerce

Education

People who receive more education tend to have higher paying jobs; can afford to live in healthier communities; and are more likely to have the money, time, and support needed to engage in healthy behaviors that lead to longer lifespans.[32]

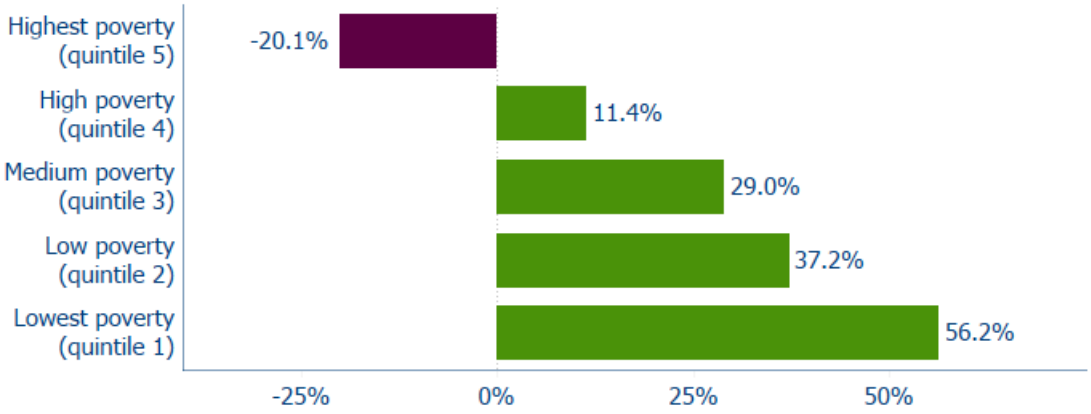
Education is "a driver of opportunity but also a reproducer of inequality."[33] In Wisconsin, more than 40% of school funding comes from local property taxes,[34] resulting in a system where communities with higher home values generate more school funding than areas with lower home values. Students that receive a well-funded, high-quality education are more likely to go on to succeed economically and live healthy lives.

Adequate school funding can be defined as the estimated dollar amount required for a school to have the resources needed to achieve national average test scores. In Wisconsin, the school districts that serve the most children living in poverty spend nearly 20% below estimated adequate levels, while the school districts that serve the fewest children living in poverty spend more than 50% above estimated adequate levels (Figure 20). The typical Black or African American student in Wisconsin attends a district that spends 39% below estimated adequate levels. The typical white student attends a district that spends almost 21% above estimated adequacy levels. Additional factors like access to affordable high-speed internet, housing stability, and more, also impact a person's ability to reliably access educational opportunities.

FIGURE 20

The highest-poverty schools spend 20% less than adequate levels of funding, while the most affluent schools spend above adequate levels.

Percent difference beween actual spending and estimated adequate spending by Wisconsin district poverty quintile, 2021–2022



School Finance Indicators Database, Albert Shanker Institute

[32] Education and Health, American Public Health Association

[33] The relationship between education and health: reducing disparities through a contextual approach, Annual Review of Public Health

[34] Getting to the Heart of School Finance, Wisconsin Policy Forum

Built and natural environments

The built environment includes things like streets, sidewalks, parks, buildings, homes, and utilities. The natural environment includes air, water, and land. Together, the built and natural environments impact health and well-being by creating physical conditions that can help or harm health. Environmental pollution is associated with increased risk of many health conditions, including asthma, heart disease, cancer, and more.[35] Young children, older adults, and people with chronic illness or physical disabilities are most vulnerable to harm.

Transportation

Transportation can include access to a personal vehicle, a shared ride, public transportation, and other options. Lack of reliable transportation may affect a person's ability to get to health care services, work, education, and more including recreation spaces such as gyms and other community centers that support healthy behaviors.[36]

In 2024, approximately 7% of Wisconsinites missed medical appointments, meetings, work, or were prevented from getting things needed for daily living due to a lack of reliable transportation (Figure 21). About 6.2% of people living in rural areas and 7.4% of people living in urban areas reported these transportation issues.

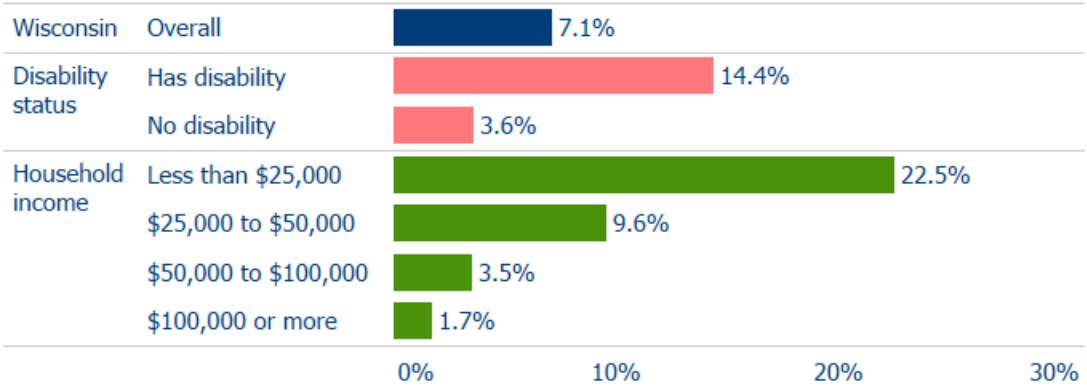
Transportation access is also associated with income. Of Wisconsinites with a household income under $25,000 per year, only 1 in 5 had transportation access. Conversely, only 1 in 20 Wisconsinites with a household income over $100,000 per year had transportation access issues (Figure 21).

People with a disability are four times as likely as people without a disability to be unable to carry out daily living activities due to lack of transportation. This is particularly concerning because people with a disability may require more frequent health care and other appointments to maintain support services and benefits.

FIGURE 21

One in 5 adults with low incomes and 1 in 7 adults with a disability don't have reliable transportation.

Percent of Wisconsin adults who were kept from medical appointments, meetings, work, or from getting needed items due to a lack of reliable transportation, by disability status and income, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

[35] Air Pollution, World Health Organization

[36] Improving Health Through Transportation Policy, CDC

High-speed internet

High-speed internet can support Wisconsinites' health and well-being, making it possible to access virtual physical and mental health care, and find supports for healthy behaviors like healthy eating or exercise. Internet access also helps people maintain social connections and pursue education or job opportunities. However, internet use can also negatively affect well-being through exposure to certain content.[37]

The percent of Wisconsinites with access to high-speed internet at home and a device capable of using it increased from 88.6% in 2018 to 93.9% in 2024. However, approximately 1 in 15 Wisconsinites still do not have access (Figure 22). In rural counties, 89% of households have internet access, which is four percentage points less than urban households (93%). Internet access is lowest amongst households with lower incomes, less completed education, and those who are older.

FIGURE 22

Nearly 1 in 15 Wisconsinites do not have access to high-speed internet at home.

U.S. Census Bureau, American Community Survey, 2024 1-Year Estimates

Alcohol retailers

In Wisconsin, state and local licensing laws determine how many places can sell alcohol within a certain area. Licenses can be given to places that sell alcohol with consumption on premises, like bars, or without consumption on premises, like liquor stores or grocery stores.

The number of places with liquor licenses (also known as alcohol outlets) in a defined area or serving a specific population is the alcohol outlet density, which can be expressed as outlets per capita. Outlet density reflects variation in access to alcohol and its potential effects on individual, family, and community health and well-being. Higher alcohol outlet density is associated with higher rates of alcohol overconsumption, underage drinking, and community violence, including intimate partner violence.[38]

There are 1.5 establishments with a liquor license per every 500 people in Wisconsin. There tend to be more establishments with a liquor license per population in Wisconsin's rural northern counties than in southern counties (Figure 23). However, in rural areas, alcohol outlets may each individually serve a smaller population (like small bars or convenience stores) compared to the larger population served in an urban area (like liquor outlets, larger bars, and breweries).

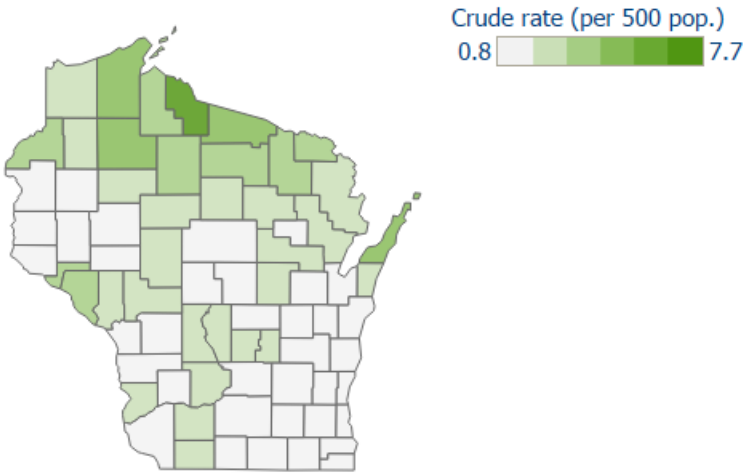
[37] The hazards of excessive screen time: Impacts on physical health, mental health, and overall well-being, Journal of Education and Health Promotion

[38] Measuring Alcohol Outlet Density in Wisconsin: Does Your Community Have a Problem? (PDF), Wisconsin Alcohol Policy Project

FIGURE 23

There are 1.5 establishments with a liquor license per 500 people in Wisconsin, but alcohol outlet density varies by county.

Number of establishments with a liquor license per 500 population, by county, 2020



Wisconsin Department of Health Services, Environmental Public Health Tracking: Alcohol Data

Lead

Lead is a toxic metal. Consuming or breathing it in can cause serious and permanent health effects at all ages, but especially in young children. Even low levels of lead exposure can affect brain development, growth, and negatively impact hearing, learning, speech, and behavior.

Childhood lead poisoning usually comes from exposure in the home—most commonly from older, lead-based paint that has cracked, peeled, and turned into dust. Other common sources of lead can include soil, the pipes bringing water into buildings or homes, and products like foods, toys, pottery, and makeup. Lead remediation can permanently eliminate lead hazards in homes and communities where it is present. However, the process is expensive. Likewise, it's a significant investment for cities to replace lead service lines. Regular maintenance of lead painted surfaces can temporarily reduce the risk of lead exposure.

Lead exposure and symptoms are not always obvious, so it is critical that children are tested for exposure.[39] The only way to confirm lead exposure is with a blood lead test. In 2024, the first statewide standard for how often children should be tested for lead was put into effect. Prior to this, statewide lead poisoning cases were likely underdiagnosed and undercounted. However, municipalities with large numbers of older homes that may contain lead paint have long recommended routine testing. Children enrolled in Wisconsin Medicaid (BadgerCare Plus) are required to receive a lead test at 12 and 24 months of age.[40]

[39] Lead Exposure Symptoms and Complications, CDC

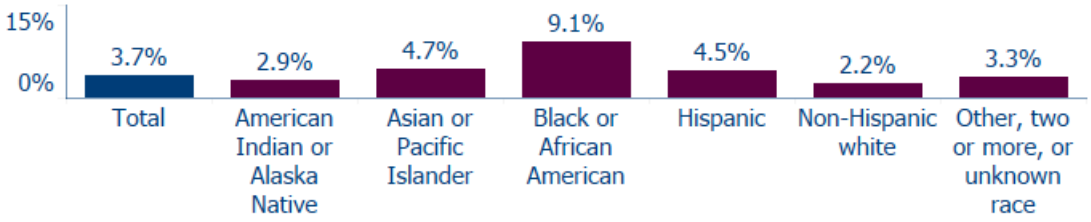
[40] Lead-Safe Wisconsin: Pediatric Lead Testing and Reporting, Wisconsin Department of Health Services

Of children who were tested for lead exposure in Wisconsin in 2025, 3.7% tested at or above the CDC's threshold of 3.5µg/dL (Figure 24), meaning that the lead in their blood posed a health risk. This is higher than the national rate of 2.5%. Children who are Black (9.1%), Asian or Pacific Islander (4.7%), and Hispanic (4.5%) were most likely to test positive. These higher rates may be influenced by the fact that these children are more likely to live in a municipality where routine testing was recommended or be enrolled in Wisconsin Medicaid where testing is required.

FIGURE 24

Children who are Black, Asian or Pacific Islander, or Hispanic are most likely to test positive for lead poisoning.

Percent of Wisconsin children (less than age 6) tested for lead poisoning who were determined to be lead poisoned (blood lead level of 3.5 mcg/dL or greater), by race and ethnicity, 2025.



Wisconsin Department of Health Services, Division of Public Health

Air pollution

The quality of the air we breathe impacts our health. Air quality is affected by air pollutants. Exposure to air pollutants can cause allergic reactions, asthma attacks, mold toxicity, and oxidative stress, which causes inflammation and damages DNA, and more.[41] Indoor air pollution can come from tobacco smoke, carbon monoxide, radon, cleaning products, mold, and other sources. Outdoor air pollution comes from cars, backyard burns, forest fires, power production, manufacturing, and more.[42]

Small air pollution particles, which are the most dangerous to human health, are called fine particulate matter, or PM2.5. They are so small that they get trapped in the body when they're breathed in, instead of being sneezed or coughed out like larger particles. Tiny particles can even get into your bloodstream. Exposure to PM2.5 can lead to new or worsened heart and lung diseases, cancers, and even death.[43]

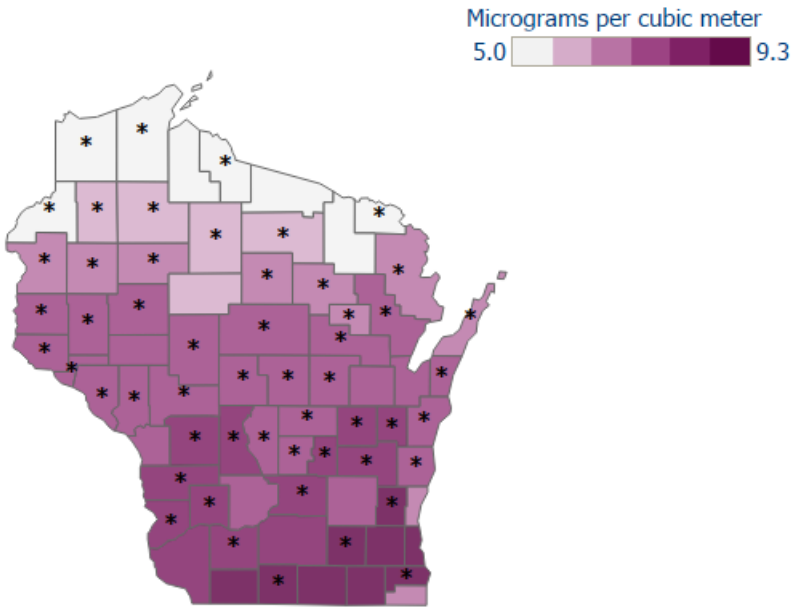
Counties in southern and central Wisconsin tend to have higher average levels of air pollution than northern counties (Figure 25). This pattern of greater pollution is associated with areas with higher population density and more industry and manufacturing. For most counties, the highest annual average PM2.5 concentration has decreased substantially over the past few decades in large part due to the success of the Clean Air Act.[44]

[41] Air Pollution and Your Health, National Institute of Environmental Health Services
[42] Air Pollution: Everything You Need to Know, Natural Resources Defense Council
[43] Air: Outdoor Air Quality and Health, Wisconsin Department of Health Services
[44] Environmental Public Health Tracking: Air Quality Data, Wisconsin Department of Health Services

FIGURE 25

Counties in southern and central Wisconsin have more air pollution than northern counties.

Annual average particulate matter under 2.5 microns (PM2.5) concentration by county, 2020



An asterisk (*) in the map indicates modeled data.
Wisconsin Department of Health Services, Environmental Public Health Tracking: Air Quality Data

Groundwater contamination

Nationwide, the Safe Drinking Water Act requires the treatment of water provided through public, municipal water systems, as well as routine testing and public reporting of results. However, private well water is not regulated at the federal or state levels, and well owners are responsible for maintaining their well and regularly testing their water.[45]

An estimated 30% of Wisconsinites get their drinking water from private wells and may be at higher risk of consuming contaminants through their drinking water and experiencing harmful health effects of groundwater contaminants.

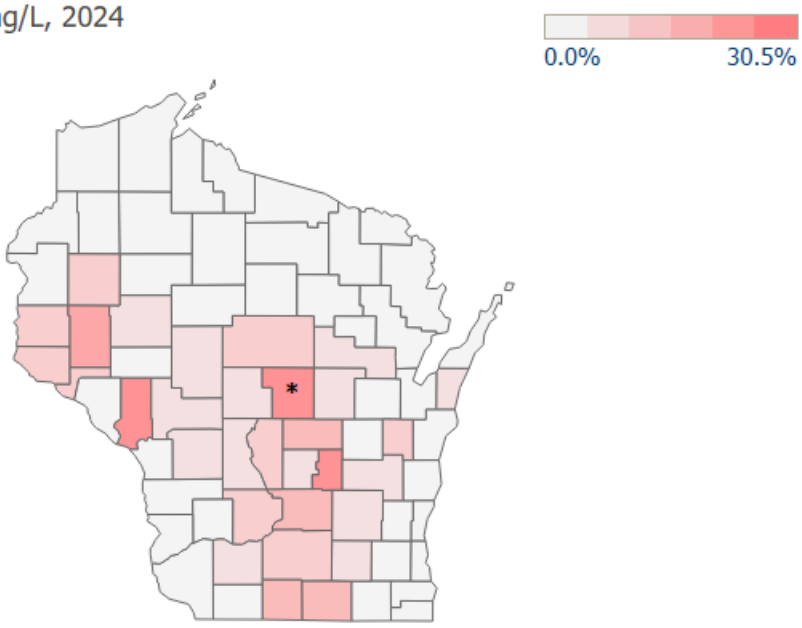
In Wisconsin, nitrate, a byproduct of common farm fertilizers and septic waste, is one of the most common groundwater contaminants. Groundwater in private wells in southern, central, and western Wisconsin—which are parts of the state with more agricultural activity and more septic system waste—tends to have higher concentrations of nitrates (Figure 26).

[45] Drinking Water: Private Wells, Wisconsin Department of Health Services

FIGURE 26

Groundwater in southern, central, and western Wisconsin tends to have higher concentrations of nitrates.

Percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L, 2024



* This data summarizes private well water quality data from those who choose to get their water tested. This is not a scientific study and does not represent well water quality information for all known wells. Because Portage County is home to the University of Wisconsin Stevens Point Groundwater Center, there are disproportionately more well water tests reported from Portage County. This may impact the data in Portage County.

University of Wisconsin - Steven's Point, Groundwater Center, Groundwater Quality Viewer

Health care access

Health care access impacts a person's ability to get care quickly when they are ill or have a health emergency. It also affects their ability to receive preventive care, like annual exams and breast, lung, and colorectal cancer screenings.[46] Health care access includes hospitals, doctors, dentists, eye doctors, pharmacies, and other health-related services. The ability to access health care can be influenced by money, location, and transportation.

[46] Health care Access and Quality, Healthy People 2030

What Wisconsinites said:

- Health care, even with insurance, is not affordable.
- The health care they need is not readily available in their communities, so wait times can be long or they must travel long distances to get care.
- They need help coordinating their care across the many providers and systems.
- They need health care providers who understand their lives, cultures, languages, and other contextual factors.
- They are burned out from caring for the health needs of others in their households, and getting enough professional in-home care is not affordable.

Health insurance

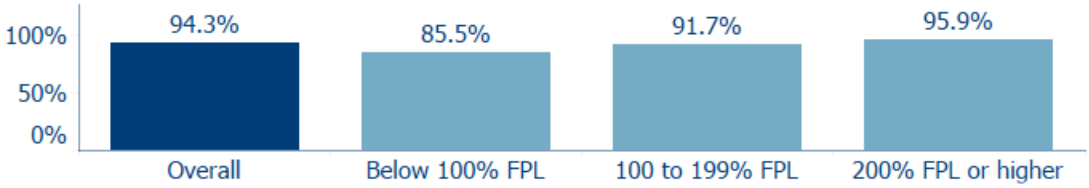
People with health insurance have better health outcomes than people without health insurance. They are more likely to receive preventive care; have better control of chronic health conditions; and be more likely to seek emergency care when needed.[47] However, even fully insured people can face significant health care costs with premiums, deductibles, copays, coinsurance, out-of-network providers, and other out-of-pocket costs.[48]

Most people with health insurance receive it through an employer-sponsored plan. Others receive health insurance through the federal Health Insurance Marketplace, Medicaid, Medicare, or other programs.[49] People without health insurance may rely on free and charitable clinics or Federally Qualified Health Centers for care. In 2023, more than 1 in 20 Wisconsinites did not have health insurance for the entire 12-month period. (Figure 27). A smaller proportion of working-age people had health insurance coverage than older adults, who are likely covered by Medicare, and youth, who can be covered by their parents' insurance or public programs like the Children's Health Insurance Program (CHIP).

FIGURE 27

Only 85% of Wisconsinites with incomes below the poverty line have continuous health insurance.

Percent of Wisconsin residents who report having health insurance coverage for the entire past 12 months, by poverty status, 2023



FPL = Federal Poverty Level
Wisconsin Department of Health Services, Family Health Survey

[47] Effects of Health Insurance on Health (Chapter 3), Care Without Coverage: Too Little, Too Late
[48] Health care Costs and Affordability, Kaiser Family Foundation
[49] Health Insurance Coverage in the United States: 2023, U.S. Census Bureau

Despite public programs like Medicaid, people with lower incomes are less likely to have reliable health insurance coverage than people with higher incomes. Wisconsinites living in households with incomes below the federal poverty line (FPL) are less likely to have health insurance (79.5%) than people living in households making 200% or more of the FPL (94.8%) (Figure 27). Wisconsinites who have less education, are Hispanic, or are Black or African American are also significantly less likely to have continuous health insurance coverage. People in these lower-coverage groups are more likely to work jobs that do not provide health insurance.

Health care affordability

Cost affects people's decisions about seeking health care. In 2024, 10.1% of Wisconsinites did not see a doctor when they needed to because they could not afford it. Wisconsinites who are more likely to not seek care due to affordability include those who have lower household incomes; are younger adults; are Black or African American, Hispanic or Latino, or multiple races; or have a disability.

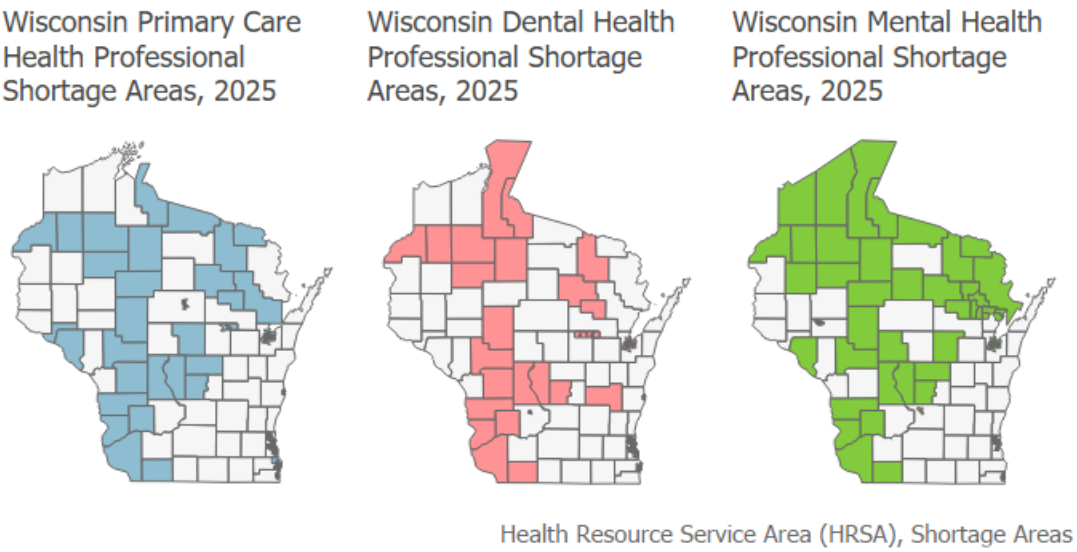
Over the past five years, the percent of Wisconsinites who have skipped health care because of cost has increased to 10.1%.

Access to health care services

Across the U.S. health professional shortage areas (HPSA) of primary care, dental, and mental health providers exist where there are not enough providers in a geographic area; for a certain population (such as low-income, homeless, and migrant farmworker populations); for certain facilities (such as mental health hospitals); and the prevalence of high-risk health behaviors (such as substance use).[50] Wisconsin's greatest provider needs are in the state's northern and western counties (Figure 28). Wisconsin's larger cities also have population-based HPSAs. To bring these areas out of HPSA designation, Wisconsin would need to add hundreds of providers.[51]

FIGURE 28

Urban centers and counties across Wisconsin face primary care, dental, and mental health provider shortages.



[50] Health Insurance Coverage in the United States: 2023, U.S. Census Bureau

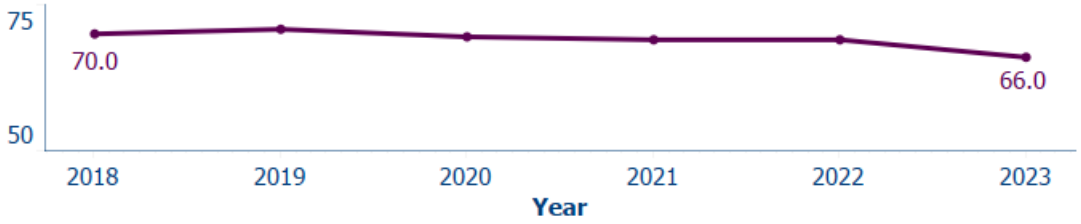
[51] Wisconsin Primary Care Programs: Maps and Data, Wisconsin Department of Health Services

Other types of health care that can be difficult to access include personal and home health care, and emergency care. The number of personal care and home health aides in Wisconsin decreased from 70 aides per 1,000 Wisconsinites aged 65 and older in 2018, to 66 aides per 1,000 Wisconsinites aged 65 and older in 2023 (Figure 29). As the population ages, the demand is growing for personal and home health care services. This can negatively impact health outcomes, especially for older adults, people with disabilities, and those who live in rural areas.

FIGURE 29

The number of people employed as health aides has not kept up with the increasing population of older adults.

The number of personal care and home health aides per 1,000 Wisconsinites ages 65 and older, 2018–2023



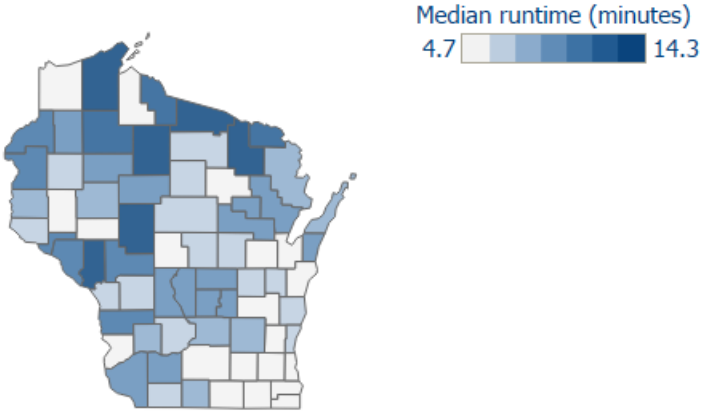
America's Health Rankings analysis of U.S. Department of Labor, Bureau of Labor Statistics data

The closure of emergency departments across Wisconsin has impacted access to care, especially in rural areas. But getting to that care can also be a barrier. Wisconsin's rural areas generally face higher barriers to receiving a timely response. While the median arrival time for emergency medical services (EMS) is six minutes in Wisconsin, some counties experience increased wait times. The average wait time for an ambulance in Vilas County (14.3 minutes) is nearly triple the average in counties like Manitowoc and Racine Counties (4.8 minutes) (Figure 30).

FIGURE 30

In Wisconsin, it takes about 6 minutes for EMS to arrive to a patient, though it takes much longer in some northern and western counties.

Median time (in minutes) it takes Wisconsin Emergency Medical Services (EMS) to arrive to a patient after being notified by dispatch, 2023



Wisconsin Department of Health Services, Division of Public Health

Key data

Nearly 3 in 4 eligible Wisconsinites voted in the last presidential election.

One in 5 pregnant Wisconsinites did not get first-trimester prenatal care.

One in 5 Wisconsin adults binge drinks.

Seventy-eight percent of Wisconsin adults are up to date on their annual medical exam.

Health behaviors

Making healthy choices and adopting healthy behaviors are not always easy; each choice and behavior is influenced by social and community factors.

For instance, eating healthy, nutritious food is a standard recommendation to improve health outcomes. However, people may have difficulty buying, cooking, and eating fresh, nutritious foods if there are no grocery stores nearby; they do not have access to reliable transportation to get to one; and their wages do not provide enough income for the cost. Grabbing prepackaged or fast food may be cheaper and easier.

The examples continue across health choices and behaviors, and the impacts of each can be positive, such as getting regular preventive care, or negative, like excessive substance use.

Many health behaviors also have both individual and community impact. Smoking impacts the health of the smoker and creates secondhand smoke that can harm people nearby.

Across all types of health choices and behaviors, there is a clear connection that each choice and behavior is influenced by social and community health environments. When laws and policies support social and community health factors, people are more likely to have the basic resources they need and can more easily make healthy decisions. Health behaviors then collectively influence health outcomes.

Community life

The health and well-being of an entire community reflect the individuals who live there as well as how they connect with and support one another. This includes things like social connections made at local events and helping shovel snow from neighborhood sidewalks. Community life also includes building and using collective strength to make the community better.

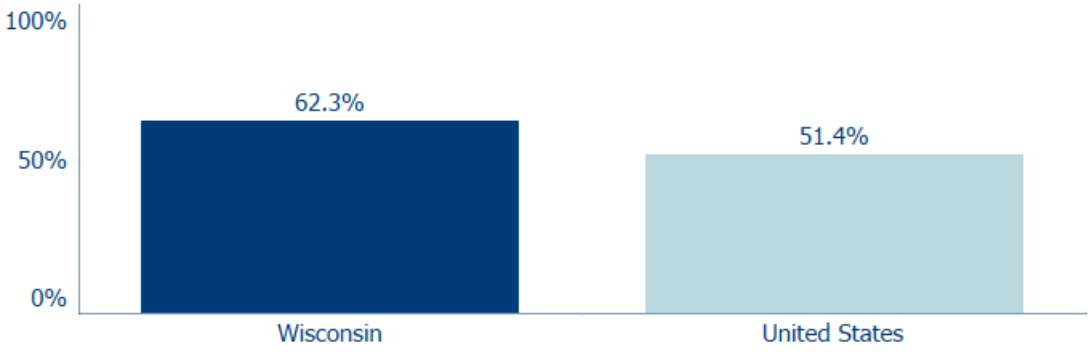
Volunteering and helping

More than 62% of Wisconsinites aged 16 and older say they do favors for one another (Figure 31). This is more than 10 percentage points higher than the overall rate across the United States (51.4%). Everyday support between community members supports health and well-being and leads to increased social connectedness and belonging in a community. Better support in the community could mean that aging adults and people with additional support needs can remain in their home and community instead of needing to move to an assisted living facility.

FIGURE 31

Nearly two-thirds of Wisconsinites say they help each other out, which is higher than the national rate.

Percent of individuals ages 16 and older who reported that they and their neighbors did favors for each other (like lending tools, house sitting, watching children) during the past year, 2023



Americorps. Current Population Survey, 2023 Civic Engagement and Volunteering Supplement

Voting

Voting is one way people can influence laws and policies that affect health and well-being. Wisconsinites vote at a higher rate than the national average. In the 2024 presidential election, 73% of Wisconsinites voted compared to 59.2% nationally (Figure 32). Over the past few decades Wisconsin's voter participation rate in presidential election years has consistently remained around 70%.

FIGURE 32

About 73% of Wisconsinites voted in the 2024 presidential election, which is among the highest voter turnout recorded from any state.

Estimated percent of voting-age population who cast a ballot in the 2024 presidential election in Wisconsin and the United States

Note: United States estimates are as of May 13, 2025 and will be revised when more data is available.

Wisconsin Elections Commission; University of Florida, Election Lab, 2024 General Election Turnout

Safety

Community violence occurs in both shared and private spaces, and includes firearm violence, theft, hate crimes, bullying, assault, intimate partner violence, child neglect, and more. Exposure to violence can result in poor physical health outcomes like injury or death, and lifelong mental health issues like anxiety, depression, and post-traumatic stress disorder.[52] Community violence also impacts health behaviors. If people are afraid to be out in their neighborhoods, they might not play and exercise outdoors, leading to poorer physical health.

Rates of violence can be affected by many social and community factors, including economic opportunity and stability, access to education and youth services and supports, and access to mental health care.

Child maltreatment

Child abuse and neglect (which together can be called maltreatment) occur during a developmentally sensitive time. Physical neglect can affect a child's physical, mental, and social growth. Experiencing or witnessing violence or neglect can affect mental, emotional, social, and educational development and well-being.

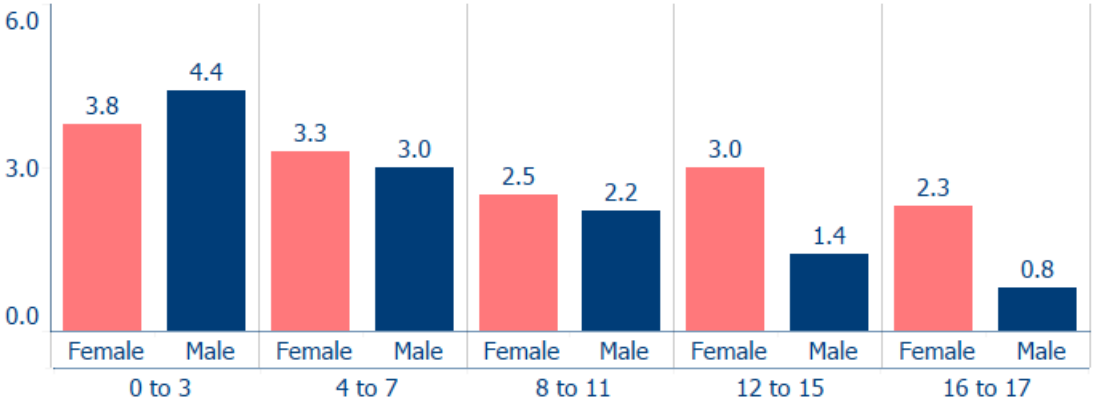
In 2024, 3,429 children in Wisconsin suffered substantiated maltreatment, meaning there was evidence to support that maltreatment (neglect, physical abuse, sexual abuse, and emotional damage or abuse) occurred. In younger age groups, girls and boys experience maltreatment at similar rates. In teenage years, girls are more likely to suffer maltreatment than boys (Figure 33). Children living in rural areas as well as Black/African American and American Indian/Alaskan Native children are more likely to suffer maltreatment.

[52] Understanding Community Violence, University of Illinois College of Medicine

FIGURE 33

As children age, the rate of maltreatment drops for boys, but the rate remains high for adolescent girls.

Number of unique Wisconsin children who were victims of substantiated maltreatment per 1,000 children, by child age and sex, 2024



Wisconsin Department of Children and Families, 2024 Wisconsin Child Abuse and Neglect Report

Factors that may contribute to higher rates of maltreatment include less access to mental health care, relatively poor economic well-being, and generational trauma. Child maltreatment can have lasting impacts into adulthood. It can put children at higher risk for developing a substance use disorder, having serious mental or physical health issues, and having poorer economic well-being.[53]

Community violence

Community violence occurs between unrelated individuals, who may or may not know each other, generally outside the home.[54] Exposure to violence can include being directly involved in, witnessing, or experiencing the effects of violence. Violence also sometimes occurs in reaction to previous violence, creating a dangerous cycle. The impact of community violence can be physical or mental, immediate or long-term.

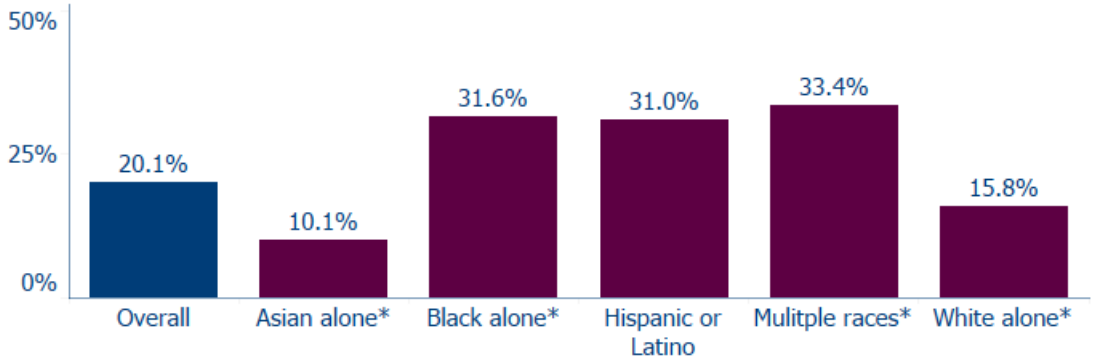
One in 5 Wisconsin high school students has seen someone violently hurt in their neighborhood (Figure 34). Youth who are Black, Hispanic/Latino, or multiple races are more likely to have witnessed violence. Higher levels of violence may be tied to relatively low community economic well-being and poor access to mental health care and substance use treatment.

[53] Consequences of Child Abuse and Neglect (chapter 4), New Directions in Child Abuse and Neglect Research
[54] About Community Violence, CDC

FIGURE 34

Around 1 in 3 youth who identify as Black, Hispanic or Latino, or multiple races have witnessed violence.

Percent of Wisconsin high school students who ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood, by race and ethnicity, 2023



* Not Hispanic or Latino
Note: Data for those who identify as another race (N = 24) is suppressed.
Wisconsin Department of Public Instruction, 2023 Youth Risk Behavior Survey

Substance use

The excessive or improper use of alcohol, commercial tobacco, and other harmful drugs, including opioids, are all types of substance use disorders (SUD). Many factors increase the risk of developing a SUD, including peer or social pressure; already having a mental health issue; having a history of trauma; having easy access to harmful substances; and genetic factors.

When people in a community have a SUD, it reduces the overall health and well-being of the population. SUD can increase the risk of violence and crime, and contribute to the breakdown of connectivity and relationships within the community. SUD is also associated with increased housing instability and homelessness and decreased economic stability in a community.[55]

What Wisconsinites said:

- Substance use disorder is present in the lives of their families and communities.
- There are not enough affordable resources to meet the need for treatment and recovery in their communities, especially in rural areas.
- Social stigma around substance use makes it hard for people to admit they need help and seek treatment.

[55] Family and social aspects of substance use disorders and treatment, Journal of Food and Drug Analysis

Alcohol consumption

Excessive or long-term alcohol use puts people at higher risk for poor health outcomes such as cancer, heart disease, liver disease, mental health issues, and other conditions.[56] It can also lead to higher risk of incidents like car crashes, violence, and social problems.

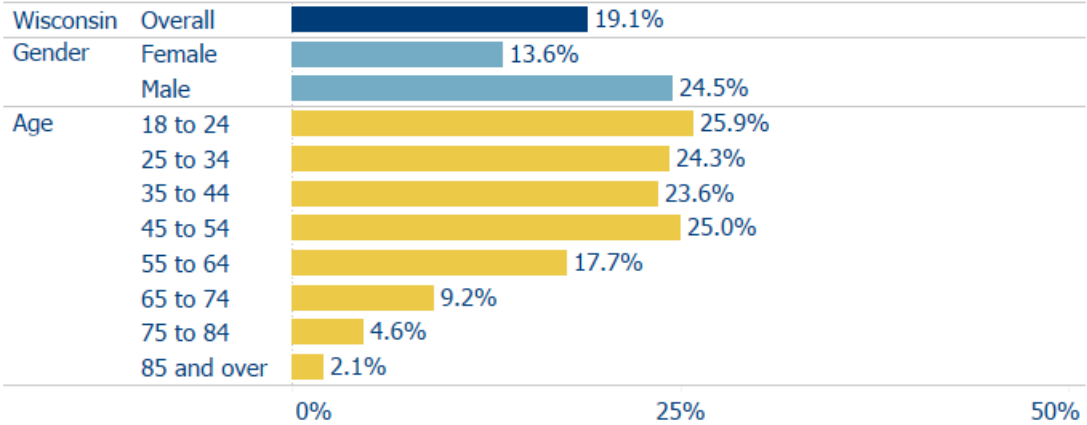
Overall, nearly 1 in 5 Wisconsin adults report binge drinking in the past month, which is higher than the national rate. Men and young to middle-aged adults have particularly high rates of binge drinking (Figure 35). Binge drinking is defined as having five or more drinks one occasion for men and four or more drinks on one occasion for women.

Excessive alcohol consumption and its negative effects can be prevented. State and local funding can be used to improve access to substance use treatment and recovery services.

FIGURE 35

Men and young to middle-aged adults are most likely to binge drink.

Percent of Wisconsin adults who engaged in binge drinking (five or more drinks on one occasion for males, four or more drinks on one occasion for females) in the past 30 days, by age and sex, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

Commercial tobacco use

Commercial tobacco includes cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, and more produced and sold for profit. It is distinct from traditional, or sacred, tobacco that is part of Native American communities for spiritual and medicinal use.

Commercial tobacco use is linked to cancers, heart disease, lung diseases, poor birth outcomes, and more. Secondhand smoke is linked to many of the same health effects and especially negatively impacts the health of young children.[57] Nearly 30% of Wisconsin's cancer deaths are linked to smoking.

In 2024, about 12% of Wisconsin adults regularly smoked cigarettes, down from 15.4% in 2019 (Figure 36). This improvement is more pronounced among Black Wisconsinites, whose smoking prevalence decreased from 36.1% in 2019 to 17.5% in 2024. Some groups remain more likely to use cigarettes, including men; middle-aged adults;

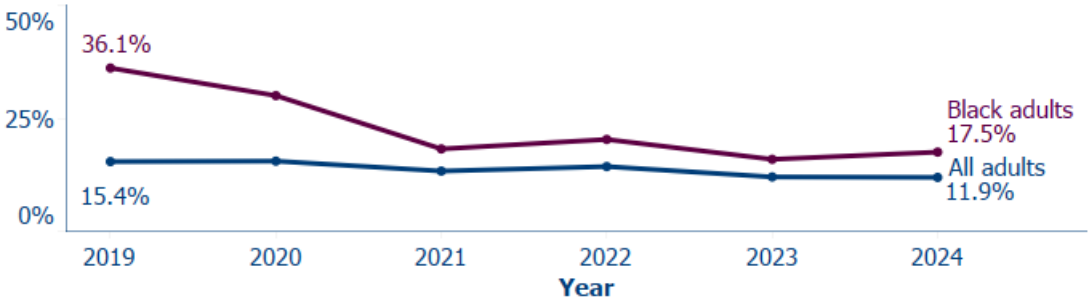
[56] Alcohol Use and Your Health, CDC
[57] Cigarette Smoking, CDC

Black/African American, American Indian/Alaskan Native, and multiracial adults; people with disabilities; people with lower levels of completed education; and people in households with lower incomes.

FIGURE 36

The percent of Black Wisconsinites who smoke cigarettes has decreased drastically since 2019.

Percent of all Wisconsin adults and Black adults who currently smoke cigarettes, 2019–2024



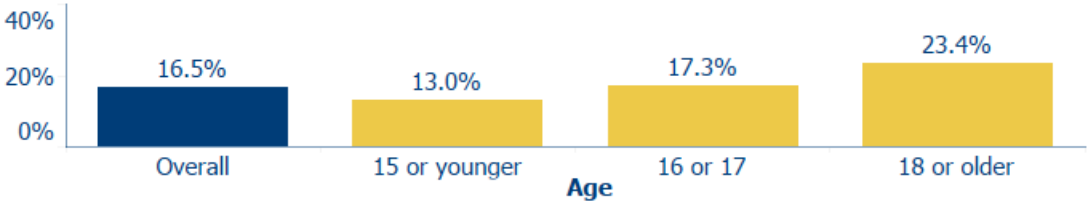
Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

While cigarette use has decreased, some adults have switched to vapes, e-cigarettes, and smokeless tobacco, which is not reflected in the data. Youth commercial tobacco use also remains prevalent, with 16.5% of all high schoolers and nearly 1 in 4 high schoolers 18 or older currently using a tobacco or nicotine-containing product (Figure 37). However, 49% of high schoolers who use tobacco tried to quit in the past year. Tobacco 21—a federal law restricting the sale and purchase of commercial tobacco to those 21 and older—went into effect in December 2019. [58] While a federal law, its impact relies on local enforcement.

FIGURE 37

By age 18, nearly 1 in 4 high schoolers use tobacco or vape.

Percent of Wisconsin high school students who currently smoked cigarettes or cigars, used smokeless tobacco or electronic vapor products (on at least 1 day during the past 30 days), by age, 2023



Wisconsin Department of Public Instruction, 2023 Youth Risk Behavior Survey

[58] Tobacco 21, Wisconsin Department of Health Services

Preventive health care use

Receiving regular preventive care reduces the risk for many health conditions and premature death.[59] It also reduces health care use and costs for individuals and communities in the long term.

The federal Affordable Care Act (ACA) requires health insurers to cover many preventive care services at no cost to insured people. These services include, but are not limited to, annual checkups; breast, lung, and colorectal cancer screenings; type 2 diabetes screening; falls prevention; immunizations, and alcohol misuse counseling.[60]

Many barriers to care still exist. Rates of health care use are affected by access to health care providers and their capacity; health insurance status; costs for services for those who are insured and those who may not have full coverage; availability of information about what preventive care people should receive; and more.[61]

What Wisconsinites said:

- There are not enough preventive care providers in their communities.
- Wait lists for health care can be long.
- BadgerCare Plus users, especially, have trouble finding dentists who accept their insurance, and may have to travel long distances for an appointment.

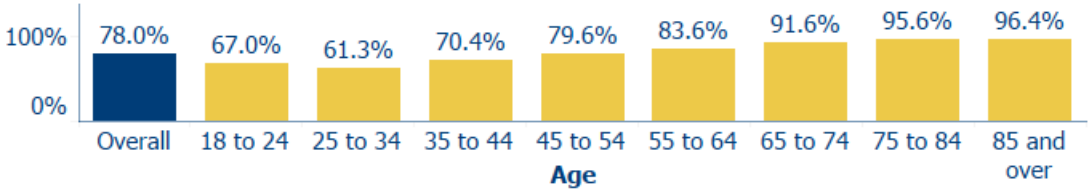
Primary health care use

Getting regular preventive primary health care like annual check-ups, even when a person is young or feels healthy, is associated with many positive health outcomes. These include fewer emergency department visits and hospitalizations and lower health care costs.[62] In 2024, more than 1 in 5 Wisconsin adults did not have a check-up in the past year (Figure 38). For adults aged 25 to 34, about 2 in 5 have not had a regular check-up in the past year.

FIGURE 38

Young adults are least likely to get their annual checkup.

Percent of Wisconsin adults who have had a routine checkup in the past year, by age, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

[59] The Impact of Personalized Preventive Care on Health care Quality, Utilization, and Expenditures, Population Health Management

[60] Health benefits & coverage, health care.gov

[61] Preventive Care (Overview and Objectives), Healthy People 2030

[62] Primary Care Visit Regularity and Patient Outcomes: an Observational Study, Journal of General Internal Medicine

Dental care use

Dental health and overall health are closely connected. Poor oral (dental) health can contribute to health problems like heart disease and infections, pneumonia, and poor birth outcomes. Physical health issues like diabetes, cancer, HIV, and Alzheimer's disease can also contribute to poor oral health.[63] Despite this connection, the dental and general health care payment and delivery systems generally operate separately.

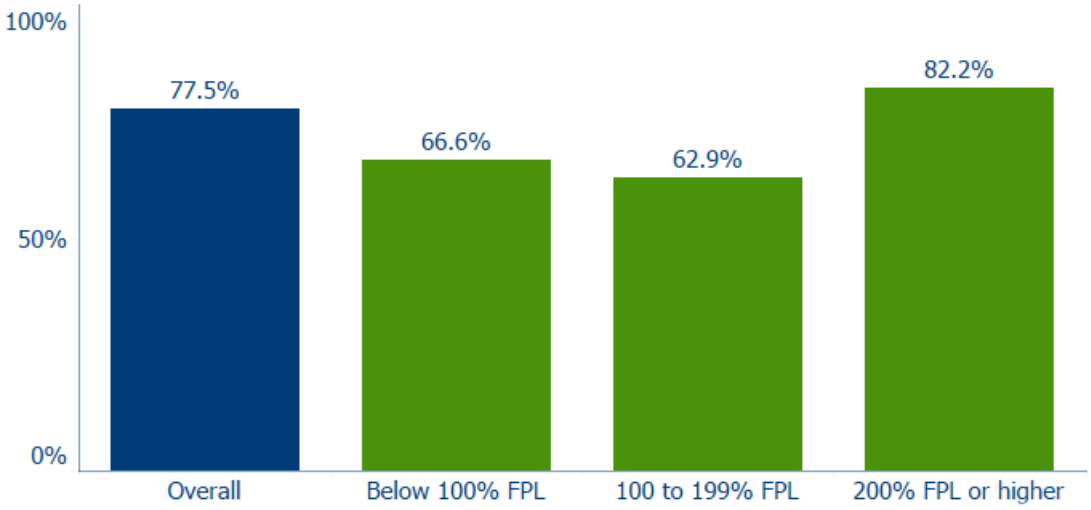
In Wisconsin, programs improve access and provide care for thousands of Wisconsinites every year.[64] The Wisconsin Medicaid program BadgerCare Plus includes a dental benefit. However, many recipients struggle to find care due to low dental provider enrollment in the program. Currently, state funding helps support school-based sealant and fluoride varnish programming (Seal-a-Smile); rural health dental clinics; dental access clinics (free and low cost); and care delivered by dental trainees.

The need for dental services is impacted by a variety of factors including genetics, as well as behaviors like regular brushing and flossing. In 2023, about 3 in 4 Wisconsinites visited a dental provider in the past year (Figure 39). Wisconsinites with higher incomes were more likely to have seen a provider than those with lower incomes.

FIGURE 39

About two-thirds of Wisconsinites in low-income households visited a dental provider in the past year.

Percent of Wisconsin residents (ages one year and older) who visited a dentist or other dental provider in the past 12 months, by poverty status, 2023



FPL = Federal Poverty Level
Wisconsin Department of Health Services, Family Health Survey

[63] Oral health: A window to your overall health, Mayo Clinic
[64] Wisconsin Oral Health Program (OHP) Impact (PDF), Wisconsin Department of Health Services

Childhood vaccination

Vaccines are one of the best prevention tools to keep individuals and communities healthy, and are especially important for children's immediate and long-term health. The Wisconsin Department of Health Services (DHS) recommends Wisconsin clinicians follow professionally vetted vaccine schedules.[65]

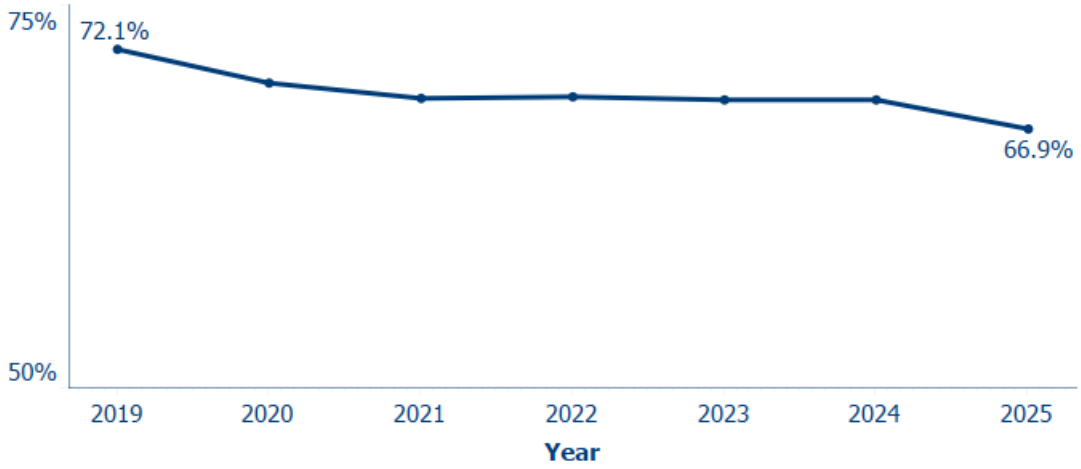
In 2025, 66.9% of Wisconsin children completed the recommended childhood combined seven-vaccine series by the age of 2, a decrease from 2019 when 72.1% of Wisconsin children completed the series (Figure 40).[66] This rate is also about four percentage points lower than it was in the mid-2010s. Vaccination rates are lower in rural communities; for children in families receiving BadgerCare Plus; and for Black/African American children.

Barriers to vaccination still exist, including vaccine misinformation and distrust, as well as access to vaccination services and coverage. Almost half of Wisconsin children and adolescents are eligible for free vaccines through the Vaccines for Children (VFC) Program. Eligible children can receive free vaccines at over 700 providers throughout Wisconsin, including Federally Qualified Health Centers, rural health clinics, and local health departments.[67]

FIGURE 40

The childhood vaccination rate decreased in 2020 with the COVID-19 pandemic, and rates have not recovered to pre-pandemic levels.

Percent of Wisconsin children who have completed the recommended vaccination series by 24 months of age, 2019–2025



This metric refers to the 4:3:1:3:3:1:4 vaccination series.
Wisconsin Immunization Registry

[65] Immunizations: Recommended Vaccination Schedules for Wisconsinites

[66] The combined seven vaccine series (4:3:1:3:3:1:4 series) includes at least 4 doses of DTaP, 3 doses of poliovirus, 1 dose of MMR, 3 doses of Hib, 3 doses of HepB, 1 dose of varicella, and 4 doses of PCV

[67] Immunizations: Vaccines for Children Program Information for Parents and Patients About the Vaccines for Children (VFC) Program, Wisconsin Department of Health Services

Prenatal care

Receiving prenatal care early in pregnancy, preferably beginning in the first trimester, helps protect the health of pregnant people and their babies. Receiving prenatal care can reduce the risk of low birthweight; help identify potential health complications; and increase parental knowledge and readiness for pregnancy and birth.

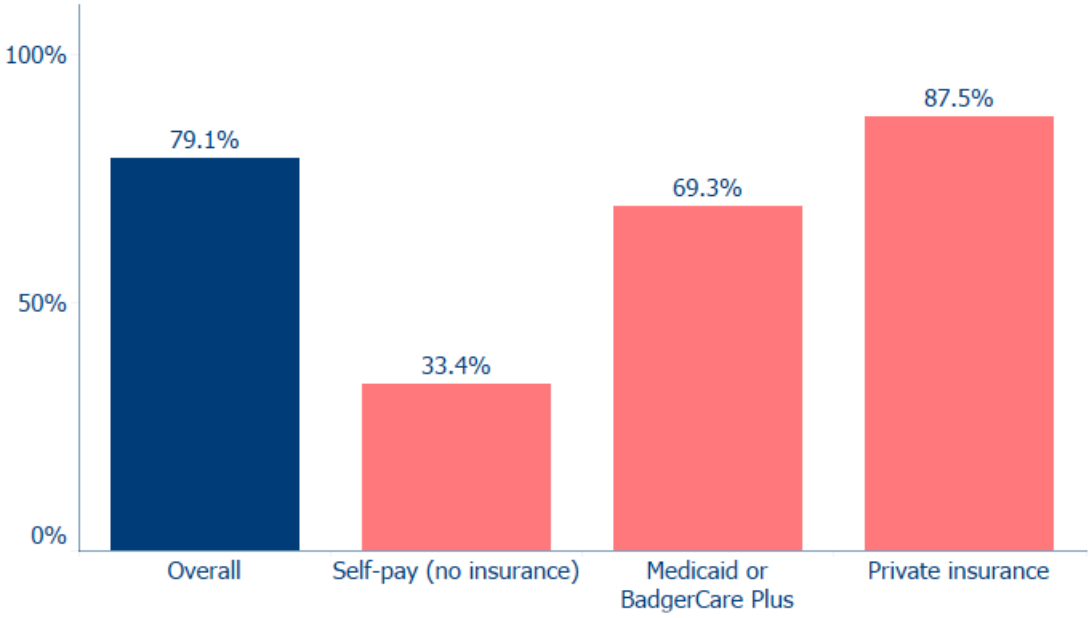
Prenatal care can include regular checkups, parental education, screening and testing for potential complications, and other forms of support for the pregnant person and their family. [68]

In Wisconsin, nearly 4 in 5 pregnant people receive prenatal care during their first trimester, but large differences in prenatal care access exist (Figure 41). Groups that are less likely to receive prenatal care include people who have lower levels of education; people who are younger (under 18) and older (over 45); people who are Black/African American, American Indian/Alaskan Native, Laotian/Hmong, or Hispanic/Latino; and people who have BadgerCare Plus insurance or self-pay (no insurance).

FIGURE 41

Only 1 in 3 pregnant Wisconsinites without insurance received prenatal care during their first trimester of pregnancy.

Percent of Wisconsin births where the pregnant person received prenatal care during the first trimester, by payer, 2021–2023



Note: Births without prenatal care information were excluded.
Wisconsin Vital Records Office, Birth records

[68] What is prenatal care and why is it important?, National Institute of Child Health and Human Development

Key data

One in 6 adults and 6 in 10 youth say they have mental health concerns.

Four in 5 Wisconsin adults said they had excellent, very good, or good health.

The most common causes of death among Wisconsinites are:

1. Heart disease.
2. Cancer.
3. Unintentional injury.

Health and well-being outcomes

Health and well-being outcomes represent the physical and mental health status of an individual or an entire population. They are often reported through key data, such as mortality rates and life expectancy, the prevalence of diseases and illness, and more.

These outcomes are the result of a combination of the personal health behaviors and social and community factors that contribute to health and well-being across populations, as well as biological factors like genetics and age.[69]

For example, alcohol outlet density (a social and community factor) influences rates of binge drinking (a health behavior), which impacts how frequently Wisconsinites die of causes related to alcohol, including accidents, cancers, and disease.

Some health outcomes are intermediate. For instance, Type 2 diabetes prevalence can be reduced by making neighborhoods more supportive of physical activity and increasing consumption of healthy foods.

Other health outcomes are final and cannot be changed for the individual but can improve over time at the population level. Rates of death by suicide, for example, can be improved by implementing policies and programs that support mental health.

[69] Determinants of Health, WHO

Physical health

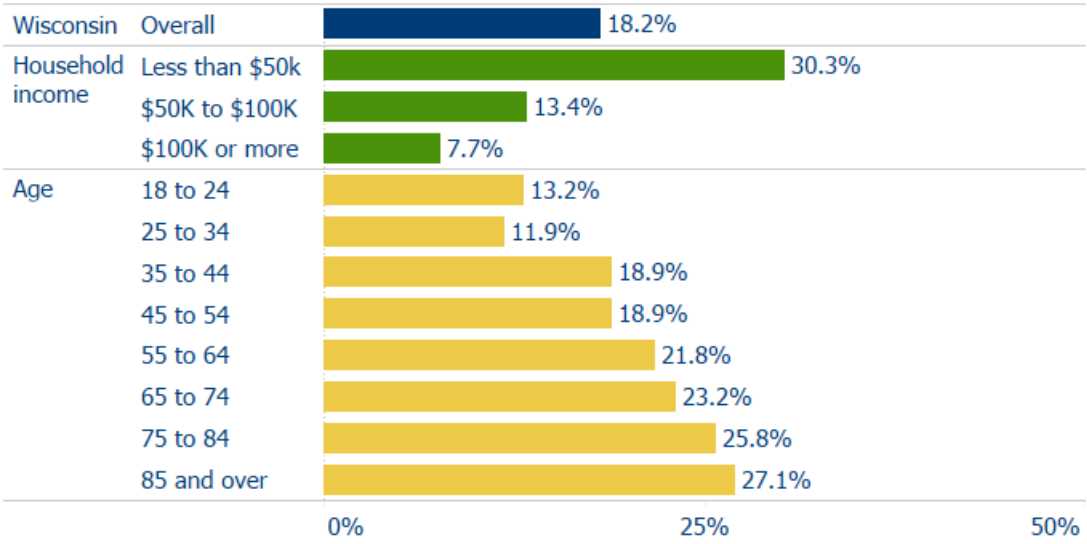
Physical health is how well a body functions to support a person's ability to live their best possible life. When people have good physical health, they can more easily do activities of daily living, such as bathing and cooking meals, going to work, and participating in activities they enjoy.

In 2024, about 4 in 5 Wisconsin adults said they had excellent, very good, or good health. However, nearly 1 in 5 Wisconsin adults said that they were in poor or fair health. Older adults are more likely to report fair or poor health than younger adults (Figure 42). About 30.3% of adults with household incomes below $50,000 per year report poor health, which is about four times the prevalence of poor health reported by adults with household incomes of $100,000 or more per year (Figure 42). This further demonstrates how when people have adequate income, they can more easily access the things that keep them healthy—like medications and healthy foods.

FIGURE 42

Low income adults and older adults are most likely to report poor health.

Percent of Wisconsin adults who reported fair or poor health overall (age-adjusted), by household income (age-adjusted), and by age, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

Mental health

Good mental health "is a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community." [70] Access to economic well-being and safe neighborhood conditions can alleviate stress and burnout. Mental health care that is accessible, affordable, and specific to the unique needs of individuals also helps treat poor mental health. However, stressful or unsafe community conditions can make it hard for people to achieve good mental health.

[70] About Mental Health, CDC

What Wisconsinites said:

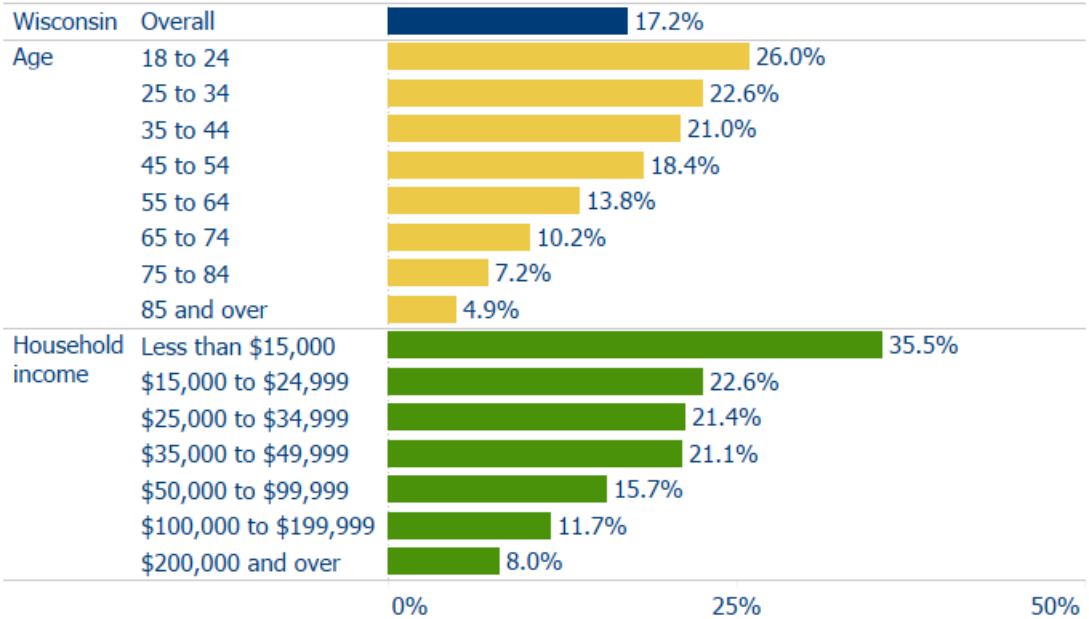
- Mental health issues, including burnout, are common in their communities.
- There are not enough affordable mental health resources in their communities.
- Stigma around mental health prevents people from seeking the care they need.
- Youth, LGBTQ+ individuals, members of Tribal nations, and others said that available services don't understand the contexts they live in and cannot meet their needs.

Mental and physical health are also closely tied. Having poor mental health can increase the risk for physical conditions like heart disease and diabetes, and having poor physical health can increase the risk for conditions like anxiety and depression.[92] In 2024, about 1 in 6 Wisconsin adults said their mental health was poor 14 days or more in the past month (Figure 43). Those most affected include younger adults and people with lower household incomes. Poor mental health is particularly prevalent among youth. In 2023, 59% of Wisconsin high school students said they experienced at least one mental health challenge in the past 12 months. Only 1 in 5 high schoolers who had mental and emotional concerns said they usually received the help they needed.[71]

FIGURE 43

Low income adults and young adults are most likely to report poor mental health.

Percent of Wisconsin adults who reported 14 or more days of poor mental health in the past month, by age and household income, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

[71] Wisconsin Youth Risk Behavior Survey Mental Health Data Summary (PDF), Wisconsin Department of Public Instruction

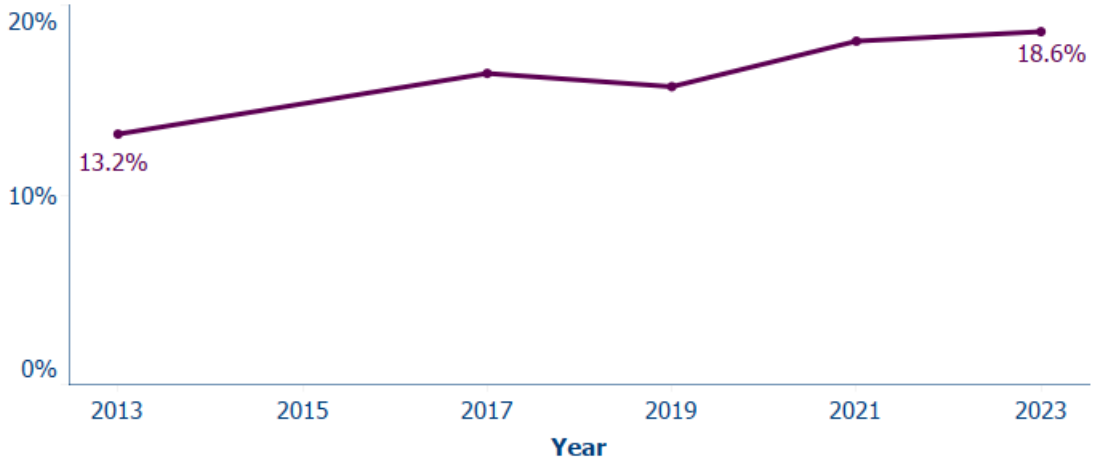
Suicidality

Mental health conditions, substance use disorders, trauma, personal crises, and more can lead to suicidal thoughts or behaviors.[72] Suicidality is a tragedy at any age but is particularly concerning amongst youth. In 2023, nearly 1 in 5 (18.6%) high school students seriously considered attempting suicide in the past year, which has consistently increased over the past decade (Figure 44).

FIGURE 44

The share of Wisconsin high schoolers who seriously considered suicide has increased significantly since 2013.

Percent of Wisconsin high school students who seriously considered attempting suicide in the past 12 months, 2013–2023



Wisconsin Department of Public Instruction, Youth Risk Behavioral Survey

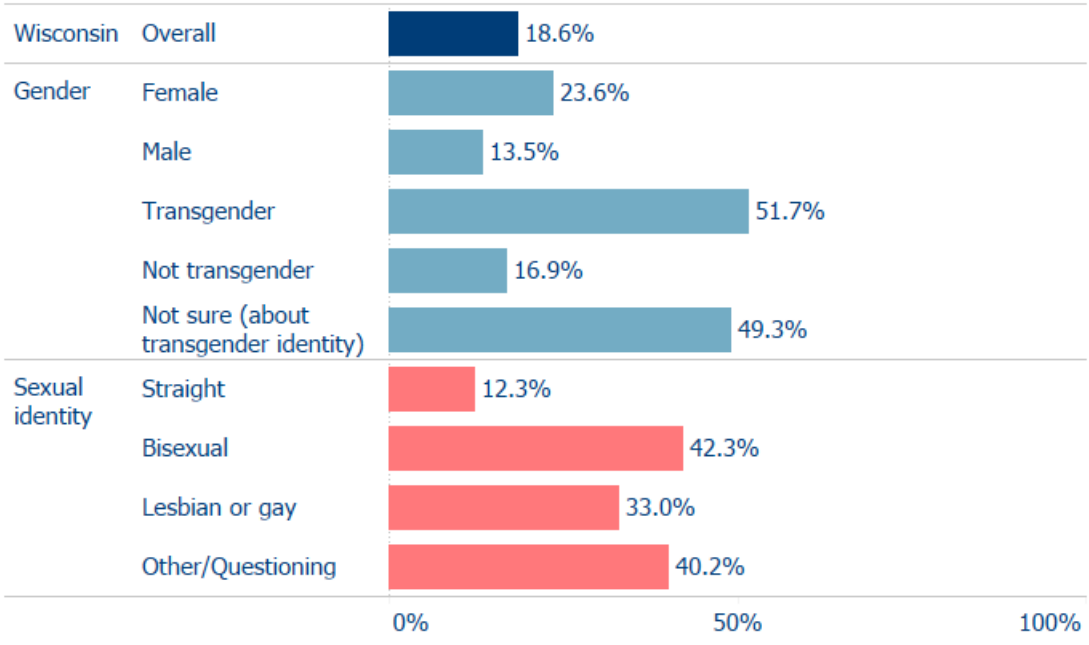
Further evaluation of data around which students have seriously considered suicide is critical for understanding factors that may contribute to youth's thoughts and behaviors. The data show that female students (23.6%) are more likely than male students (13.5%) to seriously consider attempting suicide (Figure 45).

[72] Suicide Prevention, Wisconsin Department of Health Services

FIGURE 45

Young girls and LGBTQ+ youth consider suicide at particularly alarming rates.

Percent of Wisconsin high school students who seriously considered attempting suicide in the past 12 months, by gender and sexual identity, 2023



Wisconsin Department of Public Instruction, 2023 Youth Risk Behavioral Survey

Community outcomes

Supportive relationships and community connections are an important component of health and well-being. Community engagement can improve individual and community health; create economic opportunity; improve community safety; and ensure that decisions made represent the community's needs and wants.

Social support

People who have strong social networks have better quality of life and are at reduced risk for illness and death.[73]

What Wisconsinites said:

- Relationships with families, friends, and communities are important to well-being.
- Having strong relationships with people with shared life experiences and cultural backgrounds can increase feelings of belonging in communities.
- The lack of, or distance from, spaces like community centers and libraries makes it hard for some to connect and gather as a community.

[73] Social and Emotional Support and its Implication for Health, Current Opinion in Psychiatry

Most Wisconsinites (77.2%) report they get the social and emotional support they need.

- About 69.3% of young adults (ages 18 to 24) say they get the support they need, which is the lowest reported of any age group.
- About 80% of women report getting enough social and emotional support, which is about five percentage points higher than that reported by men (74.2%).

Resources and services like community libraries, public transportation, and community centers can make it easier for people to access social support and improve the quality of the connections they make.

School belonging

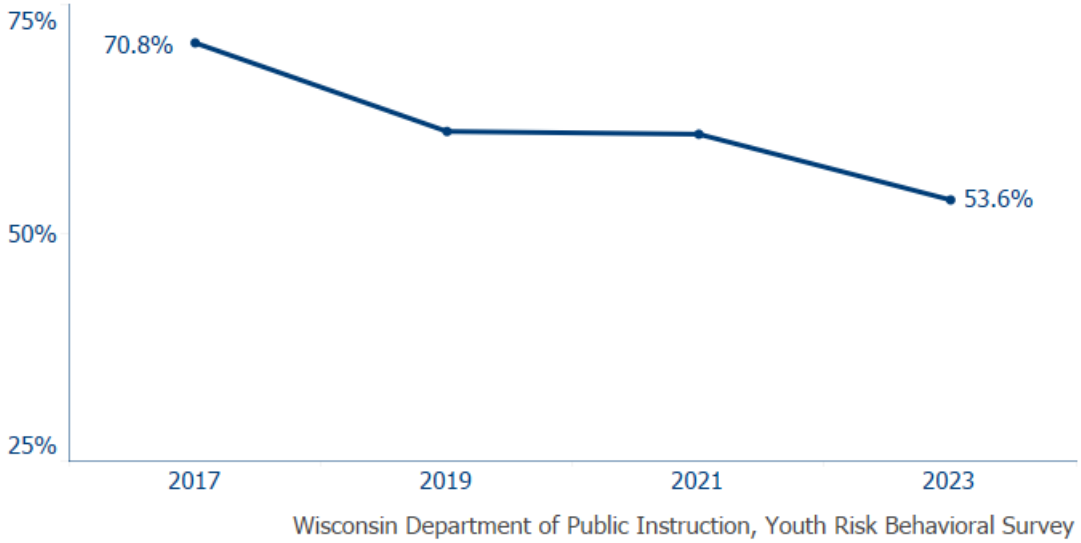
When students feel they belong at their school, they are more likely to report having good mental health. They are also more likely to stay academically engaged, graduate high school, and go on to post-secondary education. This academic achievement supports their lifelong success and well-being.[74]

In Wisconsin, the percentage of high school students who feel like they belong to their school has dropped significantly from 70.8% of students in 2017 to only 53.6% of students in 2023 (Figure 46). In State Health Assessment community conversations, youth shared that they often feel pressure to meet expectations from peers, adults, and society. Social media also contributes to students feeling they do not belong.

FIGURE 46

Only half of high schoolers feel like they belong at their school, which is significantly lower than that reported in 2017.

Percent of Wisconsin high school students who agree or strongly agree that they belong at their school, 2017–2023



Wisconsin Department of Public Instruction, Youth Risk Behavioral Survey

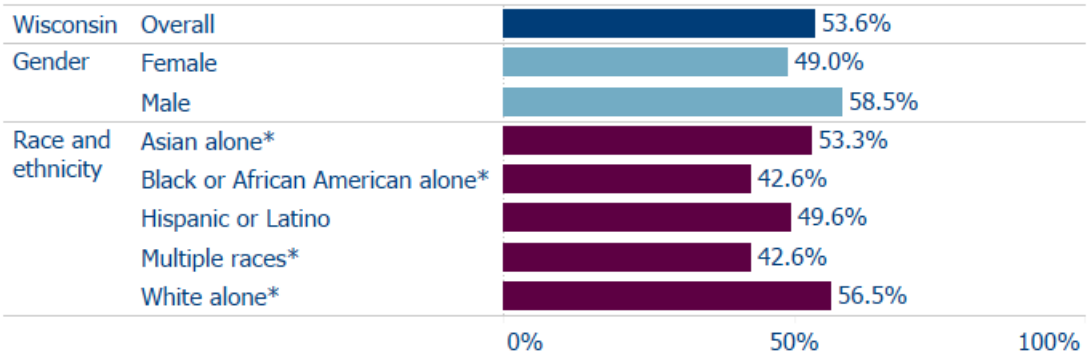
[74] Students' Sense of Belonging Matters: Evidence from Three Studies, Teaching + Learning Lab

Further data show that only 49.0% of female students feel they belong at school, which is much less than that reported by male students (58.5%) (Figure 47). In addition, students who are Black/African American, multiple races, and Hispanic/Latino also report especially low levels of school belonging (Figure 47).

FIGURE 47

Less than half of girls and those who are Black, Hispanic or Latino, or multiple races feel like they belong at their school.

Percent of Wisconsin high school students who agree or strongly agree that they belong at their school, by gender and race and ethnicity, 2023



* Not Hispanic or Latino
Data for all other races is suppressed.
Wisconsin Department of Public Instruction, 2023 Youth Risk Behavioral Survey

Incarceration

Incarceration negatively affects the health and well-being of individuals, their families, and their communities. At the individual level, incarceration increases a person's risk of developing poor mental and physical health problems. Incarceration also creates family and neighborhood instability that impacts the family members and communities of those who are incarcerated. When community resources meet residents' basic needs, including economic stability, healthy housing, and access to health care, people are less likely to experience incarceration.[75]

In Wisconsin, 47.9 Wisconsinites are incarcerated per every 10,000 adults. However, Black/African American Wisconsinites are 15 times as likely as white Wisconsinites to be incarcerated, and American Indian/Alaskan Native Wisconsinites are almost 12 times as likely as white Wisconsinites to be incarcerated (Figure 48).

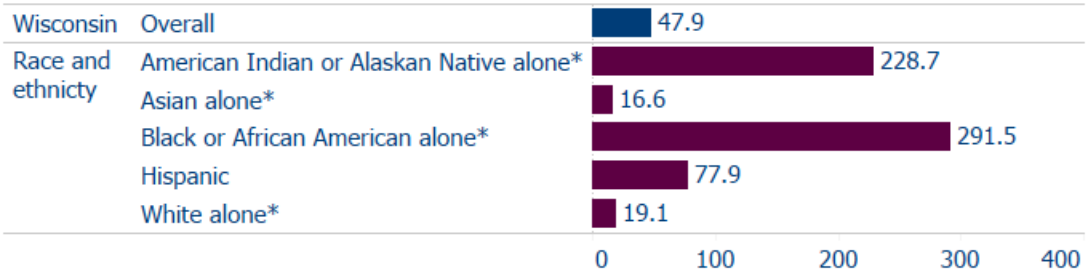
Similar patterns also affect youth. In 2023, there were 49 arrests amongst youth per every 1,000 youth aged 10 to 17. Black/African American youth were more than 3.5 times as likely as white youth to be arrested, and American Indian/Alaskan Native youth were nearly three times as likely as white youth to be arrested. Male youth were nearly twice as likely as female youth to be arrested.

[75] Who does Australia Lock Up? The Social Determinants of Justice, International Journal for Crime, Justice and Social Democracy

FIGURE 48

Black Wisconsinites are incarcerated at a rate 15 times as high as the rate for white Wisconsinites.

Number of individuals under the jurisdiction of Wisconsin state correctional authorities per 10,000 adult residents, by race and ethnicity, 2023



* Not Hispanic or Latino

Bureau of Justice Statistics, National Prisoner Statistics Program; U.S. Census, Vintage 2024 Population Estimates

Environmental outcomes

Extreme weather events—including dangerous heat and heavy rain, hail, and snow events—are becoming more common. Weather events can cause illnesses and deaths; food and waterborne disease; and injuries, including air quality-related respiratory illnesses and vector-borne diseases such as Lyme disease and West Nile virus.

Climate change can impact agriculture, which may reduce the availability of and increase costs of healthy fruits, vegetables, and grains. For example, climate change has negatively impacted the harvest of wild rice, a staple food for many indigenous groups in Wisconsin.[76]

Heat-related illness

When there are more days with extreme or even moderate heat, people are at higher risk of heat-related illness, like heat exhaustion and heat stroke.[77] If untreated, heat-related illnesses can lead to death.

In 2022, approximately 14 out of every 100,000 Wisconsinites visited the emergency department because of heat-related illness, totaling 816 emergency department visits across the state (Figure 49). Men experience heat-related illness at over twice the rate of women (Figure 49). This may be partially because men are more likely to be employed in jobs that expose them to outdoor heat.[78]

[76] Wisconsin's wild rice harvest and threats of climate change, PBS Wisconsin

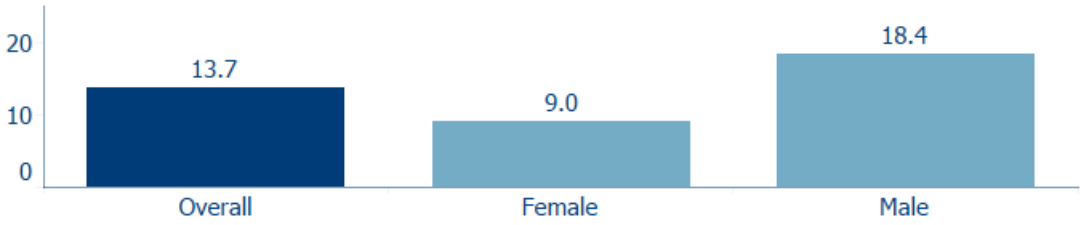
[77] Heat-Related Illness (Hyperthermia), Cleveland Clinic

[78] Work-related injuries and illness are discussed in depth earlier in this report.

FIGURE 49

Male Wisconsinites experience heat-related illnesses at a rate twice as high as the rate experienced by females.

Number of emergency department visits in Wisconsin due to heat-related illness per 100,000 population (age-adjusted) by sex, 2022



Wisconsin Department of Health Services, Environmental Public Health Tracking: Climate Change

Young children, older people, people with chronic health conditions, pregnant people, people who work outdoors, and people without indoor air conditioning are at increased risk for heat-related illnesses. [79]

Accidents

Examples of accidents include falling off a bicycle, getting in a car crash, poisoning, falls, and more. Accidental injuries can lead to lifelong complications or even death. Most accidents can be prevented.

Opioid overdoses

During the 1990s, prescribing opioids for pain management was standard practice by U.S. health care practitioners. However, due to their highly addictive nature, the increased use of opioids also resulted in opioid misuse, overdoses, and deaths. Today, responses to the opioid epidemic include changes in prescription practices, addiction treatment programs, community programs, and policies. However, as opioid prescriptions decreased, the availability of illegal substances, like heroin and then fentanyl, increased to meet the demand for opioids by people experiencing addiction. This has led to an ongoing and evolving epidemic.[80]

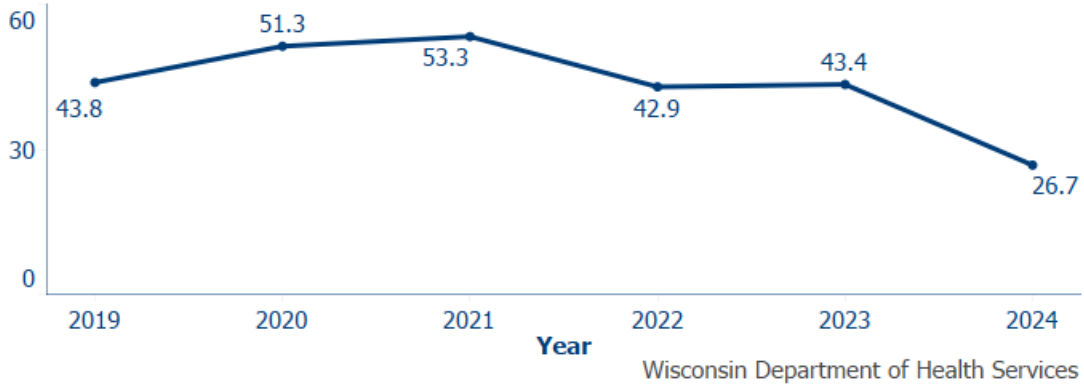
The rate of non-fatal opioid overdoses increased during the COVID-19 pandemic but has decreased in recent years (Figure 50). Still, in 2024 alone, the deaths of 817 Wisconsinites were related to opioid use.[81]

[79] Climate and Health: Heat Vulnerability Indices, Wisconsin Department of Health Services
[80] The Opioid Crisis in the United States: A Brief History, Library of Congress
[81] Dose of Reality: Opioid Data Summary Dashboard, Wisconsin Department of Health Services

FIGURE 50

Non-fatal opioid overdoses have declined since 2021, after spiking during the COVID-19 pandemic.

Number of non-fatal opioid-related emergency department visits per 100,000 Wisconsin population, 2019–2024



Wisconsin Department of Health Services

Falls

A fall can be dangerous at any age, though older adults are most at risk. Falls can result in broken bones, head injuries, and even death. Falls can happen in any location, including homes, playgrounds, grocery stores, and health care facilities.

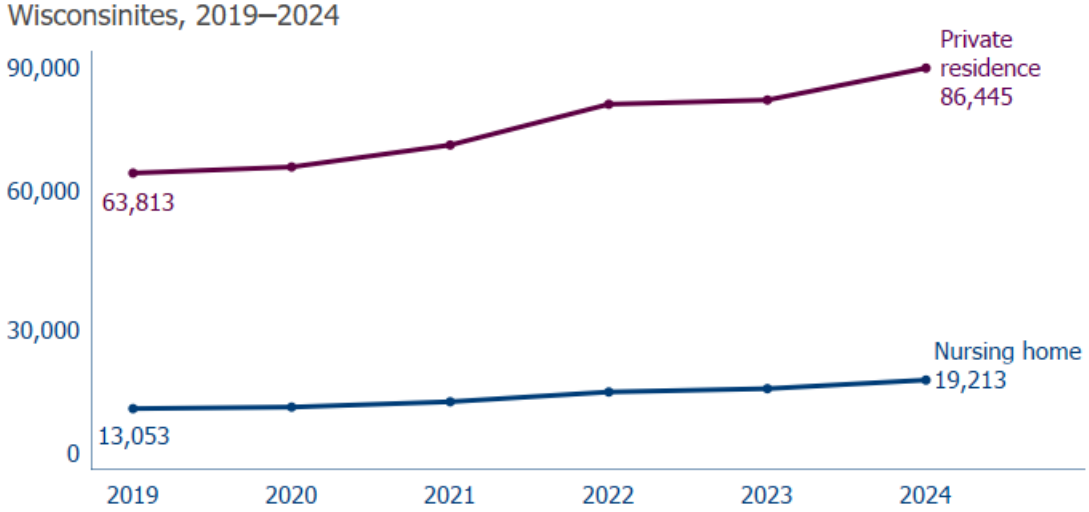
Over the past several years, the number of EMS calls for falls has increased significantly and is expected to continue to increase as Wisconsin's population continues to age (Figure 51). About 1 in every 5 EMS calls is for a fall, with about three-quarters of these calls for those who are aged 65 and older. Nearly 4.5 times as many EMS calls were for falls at home compared to nursing facilities (Figure 51). In 2023, 1,790 Wisconsinites 65 years old or older died from falls, which is the highest rate of unintentional fall deaths amongst any state.[82]

[82] WONDER Online Database, CDC

FIGURE 51

The number of times Wisconsinites need assistance because of a fall at home or in a nursing home has increased significantly since 2019.

Number of EMS responses for falls in private residences and nursing homes among Wisconsinites, 2019–2024



Wisconsin Department of Health Services, Wisconsin Ambulance Run Data System
Department of Safety and Professional Services, National Fire Incident Reporting System

Regular physical activity, especially for older adults, is important to reduce falls. Ensuring that communities have infrastructure like safe sidewalks and accessible recreational spaces can help encourage Wisconsinites to be active and maintain their strength and balance. [83] Wisconsinites also need fall prevention resources to improve safety in their own homes as they age.

Chronic disease

Chronic diseases are conditions like obesity, diabetes, hypertension, and asthma that last one year or longer and have significant impacts on people's lives. [84] With supportive resources and effective, culturally relevant care, people with chronic conditions can live long, happy, and productive lives.

What Wisconsinites said:

- High costs and lack of time to cook at home are the biggest barrier to eating healthfully.
- Wisconsin's cold winter and the cost of indoor exercise opportunities are major barriers to getting regular physical activity.
- Accessing healthy food and physical activity opportunities, especially in rural and very urban areas, can be challenging.

[83] Falls Prevention for Older Adults, Wisconsin Department of Health Services
[84] About Chronic Diseases, CDC

Obesity

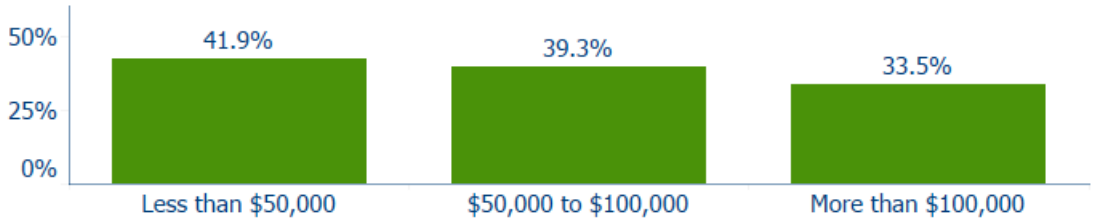
Obesity is a chronic health condition where a person has more body fat than is generally considered healthy.[85] Having obesity can put people at higher risk for developing another chronic condition, like high blood pressure, asthma, or type 2 diabetes.[86]

In Wisconsin, about 41% of adults with household incomes below $50,000 per year have obesity (Figure 52). This is eight percentage points higher than the prevalence of obesity among those with annual household incomes above $100,000 (33.2%). Wisconsinites have a better chance at being healthy when they are economically stable; have access to affordable grocery stores in their neighborhoods; and have safe and accessible opportunities for physical activity.

FIGURE 52

Adults with lower incomes have a higher prevalence of obesity than those with higher incomes.

Percent of Wisconsin adults with obesity (age-adjusted), by household income, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

Asthma

Asthma is a breathing condition caused by inflammation and muscle tightening around the airways and can affect people of all ages and backgrounds.[87] Asthma risk factors include exposure to indoor and outdoor allergens, secondhand smoke, other air pollution, and low birthweight or premature birth. People that experience chronic stress from economic hardship or experience other systemic and societal issues, such as air pollution and commercial tobacco exposure, are also at an increased risk of asthma.[88] [89]

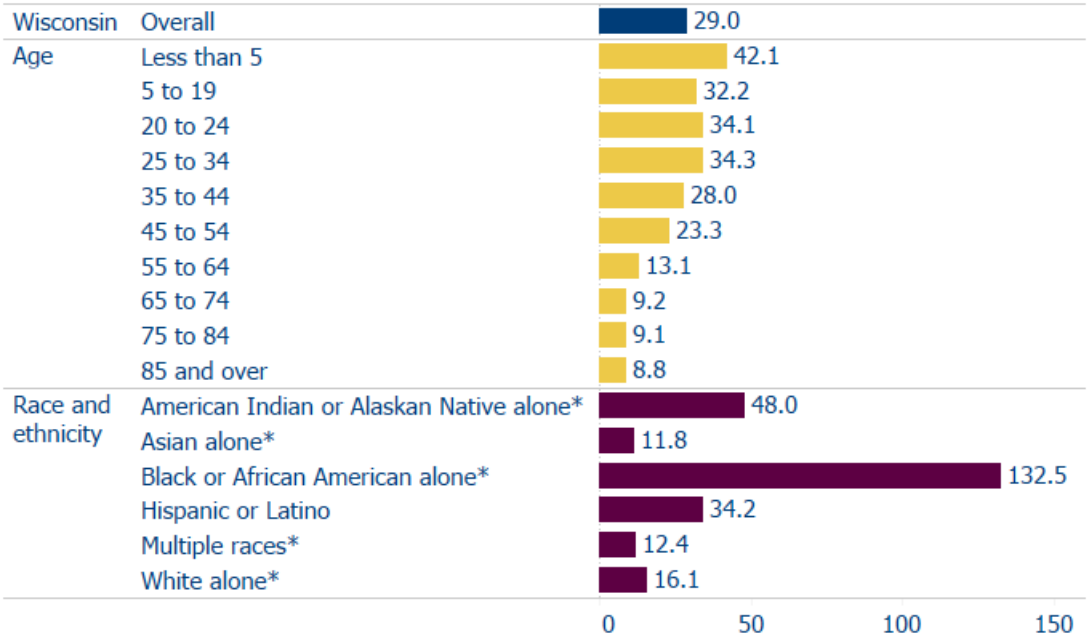
Between 2021 and 2023, there were an average of 29.0 emergency department visits for asthma per 10,000 Wisconsinites each year (Figure 53). Black/African American Wisconsinites had, by far, the highest rates of asthma-related emergency department visits (132.5 per 10,000 people). American Indian/Alaskan Native Wisconsinites (48.0 per 10,000 people) and Hispanic/Latino Wisconsinites (34.2 per 10,000 people) also had relatively high rates of asthma emergency department visits. Children under the age of 5 were most likely to seek emergency care for asthma, with rates generally declining among those ages 35 and older.

[85] Obesity, WHO
[86] Adult Obesity Facts, CDC
[87] What is asthma?, National Heart, Lung, and Blood Institute
[88] Asthma and the Social Determinants of Health, Annals of Asthma, Allergy & Immunology
[89] National Asthma Public Policy Agenda, American Lung Association

FIGURE 53

Youth and Black, American Indian, and Hispanic Wisconsinites experience the greatest burden of asthma.

Number of asthma emergency department visits per 10,000 Wisconsinites, by age and race and ethnicity, 2021–2023



* Not Hispanic or Latino

Note: Wisconsin overall data is for 2023. All other data is for 2021–2023 combined.

Wisconsin Department of Health Services

Type 2 diabetes

Type 2 diabetes develops when the body loses its ability to efficiently process glucose (sugar) in the blood. In the long term, type 2 diabetes can cause blindness, kidney disease, limb loss, and even death.

Nearly 12% of Wisconsinites reported that they have had a diabetes diagnosis. However, those with the lowest household incomes are diagnosed with diabetes at about 2.5 times more than those with the highest incomes (Figure 54).

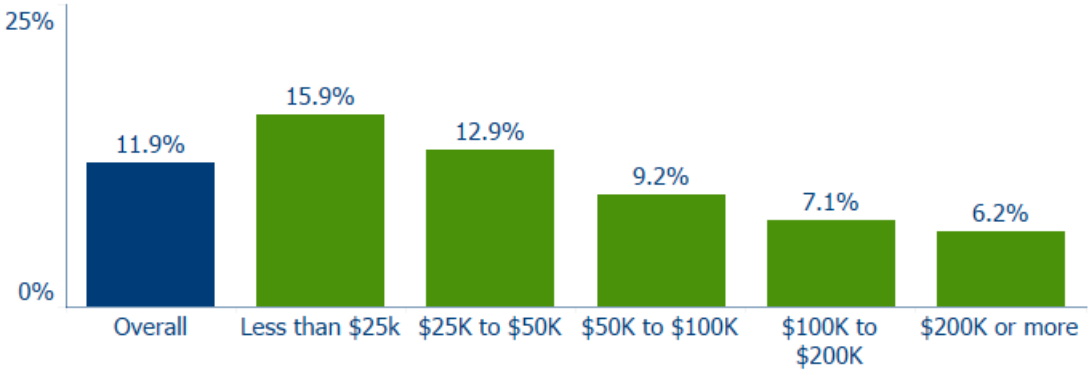
Prevention of type 2 diabetes is possible and requires much of the same lifestyle changes recommended after diagnosis of type 2 diabetes. After diagnosis, type 2 diabetes can be managed with medication, alongside healthy eating and physical activity. However, social and community health factors may be barriers to these behaviors, which require resources such as money for medication; access to stores that sell healthy food; environments safe for exercise and activity; and more. [90] Wisconsinites have a better chance at preventing and managing type 2 diabetes when they are economically stable.

[90] Type 2 diabetes mellitus, Harvard Health Publishing

FIGURE 54

Diabetes is more than twice as prevalent among those with the lowest incomes compared to those with the highest incomes.

Percent of Wisconsin adults who reported ever having been told by a doctor, nurse, or other health professional that they have diabetes (age-adjusted), by household income, 2024



Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

High blood pressure

High blood pressure, or hypertension, happens when a person's heart must work harder than normal to pump blood throughout the body. Hypertension puts people at higher risk for chronic illnesses and serious medical concerns such as heart attacks and strokes, though it can often be effectively treated by medication and behavioral changes. [91]

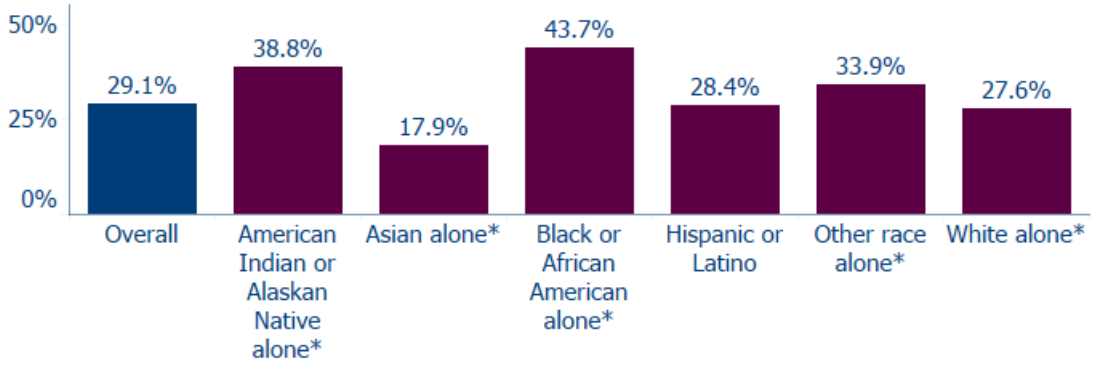
In Wisconsin, nearly 3 in 10 adults have high blood pressure (Figure 55). High blood pressure is most prevalent among Black/African American adults (43.7%) and American Indian/Alaskan Native adults (38.8%) (Figure 55), who often face more barriers to the social, health care, and community conditions that support improved health outcomes.

[91] High blood pressure (hypertension), Mayo Clinic

FIGURE 55

More than 1 in 3 American Indian and Black adults have hypertension.

Percent of Wisconsin adults who reported ever having been told by a doctor, nurse, or other health professional that they have hypertension (age-adjusted), by race and ethnicity, 2021 and 2023



* Not Hispanic or Latino
Wisconsin overall data is for 2023. All other data is for 2021 and 2023 combined.
Wisconsin Department of Health Services, Behavioral Risk Factor Surveillance System

Communicable disease

Communicable diseases can spread through the air, on surfaces, from bodily fluids, in contaminated food, through insect and animal bites, and more. Communicable diseases span from relatively minor, common illnesses (such as the common cold) to serious, life-threatening diseases that can cause severe illness, life-long complications, or progress into more severe disease or illness.[92]

Prevention of communicable disease is core to good health outcomes. From adopting positive health behaviors like handwashing, vaccination, and preventing insect bites to enforcing conditions such as safe food handling in food service and distribution, there are many factors to prevention.[93] Yet, even with strong prevention methods, communicable diseases can disrupt daily lives—resulting in missed work or school, impacting our economy, and straining health care resources. Key to prevention is access to societal resources like quality, affordable health care and paid sick leave, for example, can help slow the spread of communicable disease.

Sexually transmitted infections

Sexually transmitted infections (STI) can be transmitted through oral, vaginal, and anal sexual contact. Many STIs are asymptomatic, meaning people may not know that they have an infection and unknowingly transmit to others. STI testing is a key tool to prevent the spread of STIs.

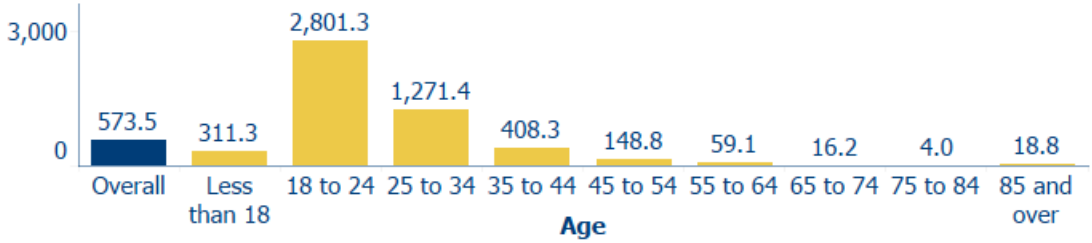
In 2023, there were 573.5 diagnoses of chlamydia, gonorrhea, or syphilis per 100,000 Wisconsinites (Figure 56). Young adults 18 to 24 years old had the highest rate of diagnoses at 2,801.3 diagnoses per 100,000 people (Figure 56).

A lack of education around sexual health and STI prevention, more frequent sexual contact, being more likely to engage in risky sexual contact, and lack of regular primary health care contribute to the higher rate of diagnosis.[94]

FIGURE 56

Young adults experience the highest rate of STI diagnoses.

Number of new cases of chlamydia, gonorrhea, and syphilis (all stages) per 100,000 Wisconsin population, by age, 2023



Wisconsin Department of Health Services, STI surveillance

[92] Communicable Disease, Wisconsin Department of Health Services

[93] Prevention and Treatment, What You Need to Know About Infectious Disease

[94] Sexually Transmitted Infection History among Adolescents Presenting to the Emergency Department, Journal of Emergency Medicine

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) can be transmitted through sexual contact, by sharing needles and syringes, or, very rarely, by passing from a pregnant or breastfeeding person to their child.

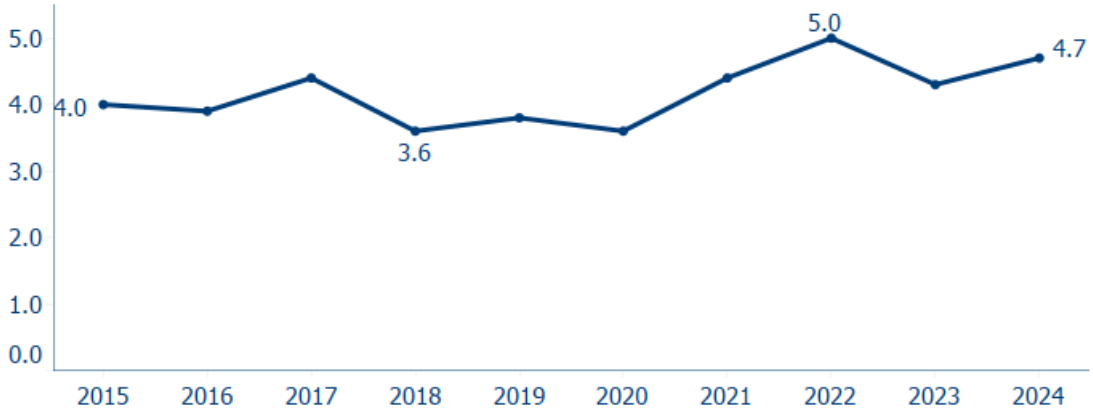
Highly effective medications can now both reduce a person living with HIV's ability to transmit HIV to someone else and reduce a person's chances of getting HIV if they do come into contact with the blood or sexual fluids of a person living with HIV.[95] With proper adherence to medication and regular medical care, most people with HIV can live long, healthy lives.

Over the past decade, the rate of new HIV diagnoses has remained mostly stable at around 4 new HIV diagnoses per 100,000 Wisconsinites per year (Figure 57).

FIGURE 57

The HIV diagnosis rate in Wisconsin has varied over the past 10 years.

Rate of new HIV diagnoses per 100,000 people, Wisconsin, 2015–2024



Wisconsin Department of Health Services, Wisconsin HIV Surveillance Annual Report, 2024

Birth outcomes

Pregnancy, birth, and infanthood can be some of the most joyous times in life, yet each stage can come with significant health challenges and risks. Alongside individual health needs, social and community factors—like economic well-being, nutrition access, healthy and stable housing, and health care access—impact a pregnant or postpartum woman's health—and therefore impact the health of their infant.

Culturally relevant perinatal care is one key to ensuring that pregnant and postpartum women and their babies have the highest chance at the best outcomes.

In 2025, the Wisconsin Department of Health Services Maternal and Child Health (MCH) Program (Title V) published statewide priorities based on a needs assessment that provides a more detailed look into factors that

[95] About HIV, CDC

influence maternal and child health in Wisconsin, including nutrition access; health care coordination; and physical and emotional community safety.[96]

Maternal health

Severe maternal morbidity refers to major complications that may occur around the time of birth, including eclampsia (high blood pressure that causes health issues), uncontrollable bleeding, infections, and more.[97]

Many factors can put a pregnant woman at higher risk for complications, such as certain health conditions, behaviors, age, as well as insurance status.[98] Pregnant women may delay seeking help when they are worried about the cost of care, which may lead to pregnancy complications that can be better managed when caught early.

In Wisconsin, between 2019 and 2023, there were 71.4 instances of severe maternal morbidity per every 10,000 Wisconsin delivery hospitalizations (Figure 58). Pregnant women who are covered by BadgerCare Plus or use self-pay are more likely to experience severe morbidity than those with private insurance (Figure 58). Black/African American pregnant women are the most likely to suffer from a severe maternal morbidity event in Wisconsin, with a rate about 1.5 times the overall statewide rate (Figure 58).

[96] Maternal and Child Health, Title V Needs Assessment, Wisconsin Department of Health Services

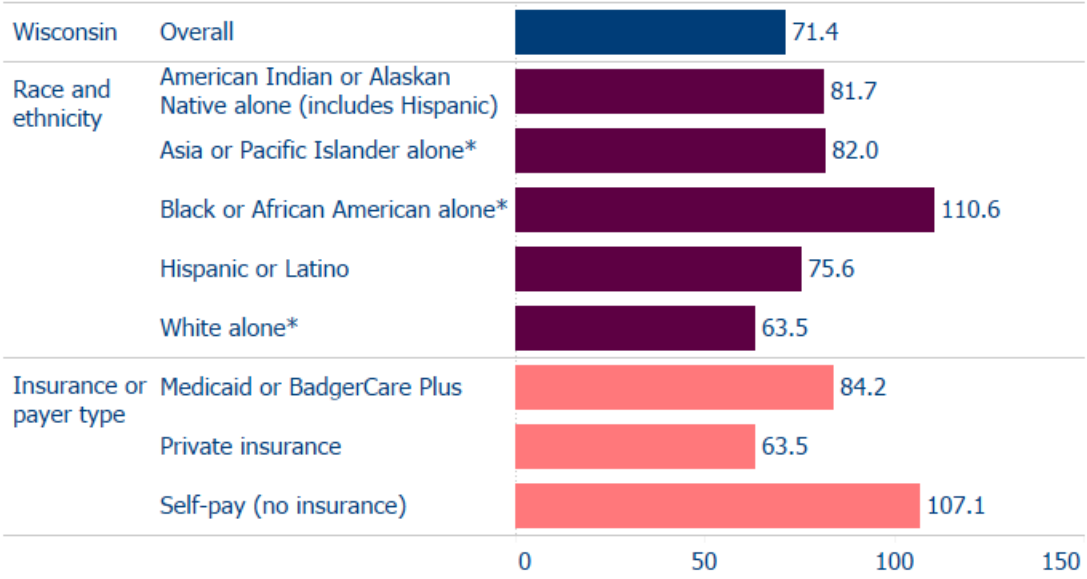
[97] What are examples and causes of maternal morbidity and mortality?, National Institute of Child Health and Human Development

[98] What factors increase the risk of maternal morbidity and mortality?, National Institute of Child Health and Human Development

FIGURE 58

Pregnant women who are Black or do not have private insurance are particularly impacted by labor and delivery complications.

Number of instances of severe maternal morbidity per 10,000 Wisconsin delivery hospitalizations, by race and ethnicity and payer type, 2019–2023



* Not Hispanic or Latino

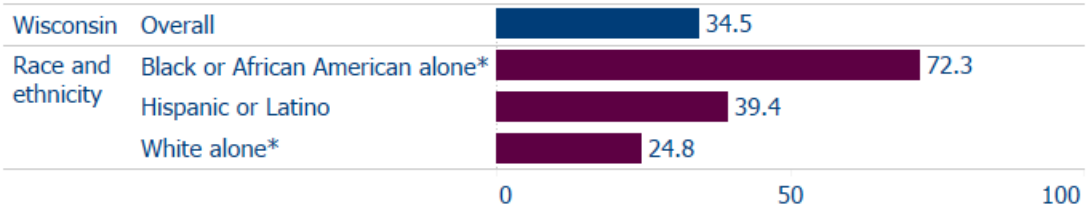
Wisconsin Department of Health Services, Hospital Discharge Records

Black/African American Wisconsinites are also nearly three times as likely to die from pregnancy-related causes as white Wisconsinites (Figure 59).

FIGURE 59

Non-Hispanic Black women are three times as likely to die from pregnancy-related causes compared to non-Hispanic white women.

Number of pregnancy-related deaths among Wisconsin residents per 100,000 live births, by race and ethnicity, 2020–2022



* Not Hispanic or Latino

American Indian or Alaskan Native, Asian or Pacific Islander, and other race data was suppressed to protect confidentiality.

Wisconsin Department of Health Services, Maternal Mortality Review Program

Infant health

The first year of life is a critical time in a child's development. Babies born at a low birthweight (less than 5.5 pounds or 2,500 grams) may have underdeveloped lungs or livers, and other physical issues that put their health at immediate risk, including a higher risk of death. Babies with low birthweights might have trouble nursing, fighting off infections, and growing. As adults, people born at low birthweight are more likely to develop chronic conditions like asthma, type 2 diabetes, and high blood pressure. [99]

Risk factors for low birthweight include a pregnant woman having an infection or chronic disease; using harmful substances, including alcohol and tobacco; or being relatively young or old.

In Wisconsin, nearly 8% of babies have low birthweight (Figure 60). Babies born to Black/African American women are more than twice as likely as babies born to white women to be low birthweight. They also have the highest rate of infant mortality compared to all other races/ethnicities (Figure 61).

Many risk factors for low birthweight are associated with the social and community conditions experienced during pregnancy. Ensuring all pregnant women get prenatal care that meets their medical and social needs can reduce the risk of infants being born with low birthweights. [100]

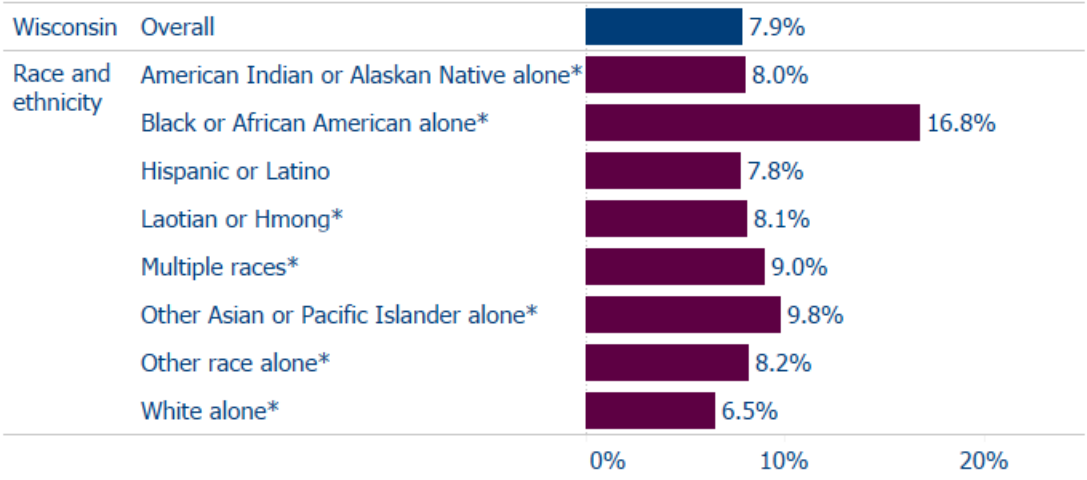
[99] Low birthweight, March of Dimes

[100] Vital Signs: Maternity Care Experiences — United States, April 2023, CDC

FIGURE 60

Non-Hispanic Black women are more likely to have low birthweight babies compared to non-Hispanic white women.

Percent of Wisconsin newborns with birthweights less than 2,500 grams (about 5.5 pounds), by race and ethnicity of birthing person, 2021–2023

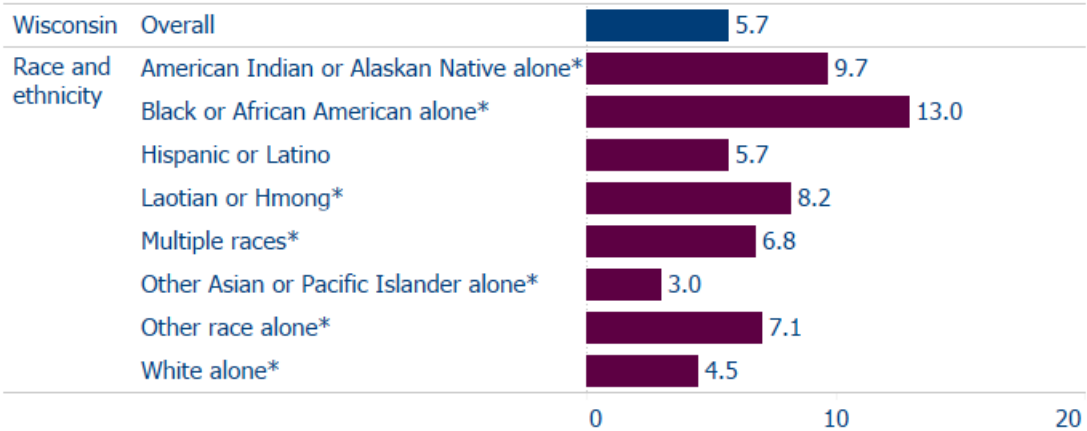


* Not Hispanic or Latino
Those with missing birthweight information were excluded from analysis.
Wisconsin Department of Health Services, Vital Records Office

FIGURE 61

Non-Hispanic Black women have the highest infant mortality rate of all race and ethnicity groups.

Number of infant deaths in Wisconsin per 1,000 live births, by race and ethnicity of birthing person, 2021–2023



* Not Hispanic or Latino
Wisconsin Department of Health Services, Vital Records Office

Mortality

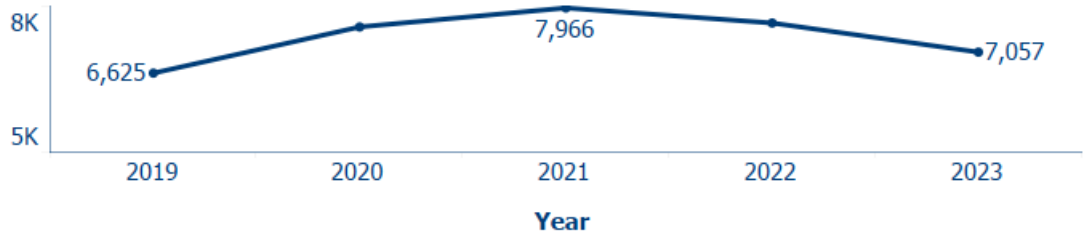
Premature death

In 2023, 7,057 years of potential life before age 75 were lost per 100,000 Wisconsinites. This measure assumes that all people should live to at least age 75. When people die younger than 75, it counts those missing years as "lost." This rate remains higher than the pre-COVID level (Figure 62).

FIGURE 62

Wisconsinites died at younger ages between 2020 and 2022, which were peak years of the COVID-19 pandemic.

Number of years of life lost among Wisconsinites who die before age 75 per 100,000 population, 2019–2023



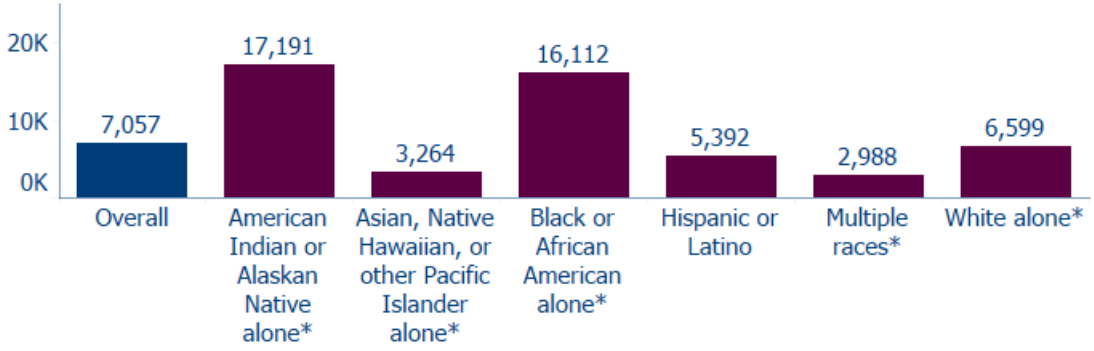
Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health (WISH)

Black/African American and American Indian/Alaskan Native Wisconsinites lose years at about 2.5 times the rate of white Wisconsinites (Figure 63). Overall, Black/African American and American Indian/Alaskan Native Wisconsinites die younger than other Wisconsinites.

FIGURE 63

American Indian and Black Wisconsinites die at younger ages compared to the state population overall.

Number of years of life lost among Wisconsinites who die before age 75 per 100,000 population, by race and ethnicity, 2023



* Not Hispanic or Latino

Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health (WISH)

Causes of death

The following causes of death are the most common across races and ethnicities, genders, and ages in Wisconsin.

- **Chronic conditions** (including heart disease, diabetes, chronic liver disease, kidney disease, chronic lower respiratory disease and hypertension) and the conditions that result from them (like stroke) are some of the most frequent causes of death in Wisconsin. These conditions share many health behavior and community and social risk factors. Many premature deaths related to chronic conditions can be prevented through appropriate medical treatment, behavioral change, and by improving the policies and systems that create the environments in which Wisconsinites live and work.[101]
- **Cancer** can occur throughout the body and across all organs, bones, blood, and more. Some of the more than 200 types of cancer are linked to genetics, so increased risk cannot be prevented. However, the risk of developing many types of cancer can be lowered. Receiving regular screenings for cancers such as cancers of the breast, lung, and colon can help catch the disease earlier when it is more successfully treatable, increasing the odds of survival.[102]
- **Unintentional injury** includes falls, crashes involving motor vehicles, accidental poisoning (including opioid overdoses), drowning, and other accidents.[103] Prevention efforts can include driver and pedestrian safety laws; programs to improve safety in the built environment (like building protected bicycle lanes); installing handrails in homes to help older adults age in place; and reducing access to opioids.
- **Suicide** rates are driven by many complex factors. Firearms are used in nearly 57% of completed suicides in Wisconsin, particularly impacting men.
- **Alzheimer's disease and Parkinson's disease** are conditions that affect the brain and nervous system, usually associated with aging. Both diseases can cause enough damage to a person's nervous system to eventually result in death. Evidence suggests that people may be able to reduce their risk of developing Alzheimer's disease by staying physically, mentally, and socially active; avoiding substance use; eating healthy foods; controlling high blood pressure; and treating hearing problems, among others.[104]
- **Homicide** in Wisconsin most frequently involves firearms, followed by sharp objects like knives. About half of homicides happen in a person's home. The next most common locations are in the street or other walkway, or in a motor vehicle.[105]
- **Septicemia**, or sepsis, is a potentially deadly complication of an infection in the bloodstream. When barriers are removed, people can seek health care earlier when an infection can be treated most effectively.[106]

Comparing causes of death across groups can reveal important patterns (Figures 64–66). However, it is difficult to compare causes of death across groups that differ in fundamental ways. Just because a cause of death is ranked higher for one group compared to another does not necessarily mean that there are more deaths or higher rates of death associated with that cause. All rankings are relative and should be evaluated in context.

Leading causes of death by race and ethnicity

The leading causes of death for all race and ethnicity groups in Wisconsin in 2024 were heart disease and cancer (Figure 64).

[101] Chronic Disease Prevention Program, Wisconsin Department of Health Services
[102] Find Cancer Early, American Cancer Society
[103] Injuries and Violence Are Leading Causes of Death, CDC WISQARS
[104] Can I Prevent Dementia?, National Institute on Aging
[105] Wisconsin Violent Death Reporting System: Homicide Death Circumstances, CDC
[106] Sepsis, Wisconsin Department of Health Services

- **Diabetes** is the fourth leading cause of death for Asian or Pacific Islander Wisconsinites; fifth leading causing of death among and Black, American Indian or Alaskan Native, and multi-race Wisconsinites; and the sixth leading cause of death among Hispanic Wisconsinites (Figure 64). This may reflect the systemic impact of poorer access to and affordability of health care and medication, healthy foods, and physical activity opportunities that are needed to prevent and manage diabetes.
- Non-Hispanic Black Wisconsinites are victims of **homicide** at much higher rates than any other group. Homicide is the sixth most common cause of death for Black Wisconsinites (Figure 64).

Leading causes of death by sex

Heart disease, cancer, unintentional injury, and stroke are the four most common causes of death for both Wisconsin men and women (Figure 65).

- **Suicide** is the seventh most common cause of death for men but is not a leading cause for women (Figure 65). Men are nearly four times as likely as women to complete suicide. [107]
- **Alzheimer's disease** ranks as the fifth leading cause of death for women but eighth for men (Figure 65). Because women tend to live longer than men, they are more likely to experience and die of conditions associated with old age, like Alzheimer's disease.[108]

For nearly all causes of death, the number of deaths per 100,000 people is higher for men than women, reflecting men's shorter life expectancy. This holds true even for conditions that rank lower for men than women. For example, chronic liver disease is the eighth most common cause of death for women and the tenth most common cause of death for men, but the rate of deaths is higher for men (14.5/100,000) than women (8.8/100,000).

Leading causes of death by age

The distribution of causes of death varies significantly across age groups. In general, as people get older, the rates of death increases (Figure 66).

- Younger adults are more likely to die of unintentional injuries (including motor vehicle accidents and opioid overdoses) and violence (including homicide and suicide) than they are to die of disease (Figure 66).
- Middle aged and older adults are most likely to die of cancer or the cumulative effects of chronic diseases, like heart disease and diabetes (Figure 66).

[107] Suicide prevention: Data, Wisconsin Department of Health Services
[108] Why is dementia different for women?, Alzheimer's Society

FIGURE 64

Leading causes of death in Wisconsin vary by race and ethnicity.

Number of Wisconsin deaths due to specific causes per 100,000 population (age-adjusted), by race and ethnicity, 2024

Rank	Wisconsin overall	American Indian or Alaska Native*	Asian or Pacific Islander*	Black*	Hispanic	Multi-race*	White*
1	Heart disease **162.2**	Heart disease **205.5**	Heart disease **80.6**	Heart disease **227.5**	Cancer **96.3**	Cancer **65.3**	Heart disease **161.8**
2	Cancer **145.9**	Cancer **142.3**	Cancer **72.9**	Cancer **206.3**	Heart disease **78.9**	Heart disease **48.6**	Cancer **146.4**
3	Unintentional injury **62.0**	Unintentional injury **124.6**	Stroke **58.0**	Unintentional injury **109.9**	Unintentional injury **45.9**	Unintentional injury **37.8**	Unintentional injury **59.1**
4	Stroke **36.8**	Chronic liver disease **50.5**	Diabetes **23.1**	Stroke **66.1**	Stroke **29.8**	Suicide **16.6**	Stroke **35.5**
5	Chronic lower respiratory **31.7**	Diabetes **41.4**	Unintentional injury **22.6**	Diabetes **41.4**	Alzheimer's disease **20.1**	Diabetes **15.6**	Chronic lower respiratory **32.1**
6	Alzheimer's disease **29.1**	Chronic lower respiratory **41.3**	Alzheimer's disease **17.4**	Homicide **40.8**	Diabetes **19.0**	Chronic lower respiratory **13.6**	Alzheimer's disease **29.6**
7	Diabetes **19.2**	Stroke **31.8**	Kidney disease **11.1**	Chronic lower respiratory **38.9**	Chronic liver disease **12.3**	Chronic liver disease **8.5**	Diabetes **18.1**
8	Suicide **15.1**	Alzheimer's disease **27.4**	Parkinson's disease **10.1**	Alzheimer's disease **28.8**	Chronic lower respiratory **12.2**	Influenza and pneumonia **	Suicide **16.3**
9	Chronic liver disease **11.5**	Suicide **27.0**	Chronic lower respiratory **9.9**	Kidney disease **22.8**	Kidney disease **9.7**	Benign tumors **	Chronic liver disease **11.2**
10	Parkinson's disease **10.0**	Septicemia **23.5**	Suicide **9.3**	Hypertension **18.3**	Suicide **8.8**	Nutritional deficiencies **	Parkinson's disease **10.4**

* Not Hispanic or Latino

** Rate is suppressed due to there being less than 5 deaths in category.

Wisconsin Department of Health Services, Vital Records Office

FIGURE 65

The top four leading causes of death are the same for men and women in Wisconsin.

Number of Wisconsin deaths due to specific cause per 100,000 population (age-adjusted), by sex, 2024

Rank	Wisconsin overall	Female	Male
1	Heart disease **162.2**	Heart disease **132.1**	Heart disease **197.4**
2	Cancer **145.9**	Cancer **125.0**	Cancer **172.3**
3	Unintentional injury **62.0**	Unintentional injury **46.7**	Unintentional injury **76.7**
4	Stroke **36.8**	Stroke **36.6**	Stroke **36.2**
5	Chronic lower respiratory **31.7**	Alzheimer's disease **33.4**	Chronic lower respiratory **33.6**
6	Alzheimer's disease **29.1**	Chronic lower respiratory **30.2**	Diabetes **24.5**
7	Diabetes **19.2**	Diabetes **14.8**	Suicide **24.3**
8	Suicide **15.1**	Chronic liver disease **8.8**	Alzheimer's disease **22.7**
9	Chronic liver disease **11.5**	Kidney disease **8.5**	Parkinson's disease **14.6**
10	Parkinson's disease **10.0**	Nutritional deficiencies **8.5**	Chronic liver disease **14.5**

Wisconsin Department of Health Services, Vital Records Office

FIGURE 66

The leading causes of death among young Wisconsinites are unintentional injuries, homicide, and suicide.

Number of Wisconsin deaths due to specific causes per 100,000 population, by age, 2024

Rank	Wisconsin overall	1 to 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85 and over
1	Heart disease **162.2**	Unintentional injury **5.8**	Unintentional injury **22.5**	Unintentional injury **46.1**	Unintentional injury **54.0**	Cancer **77.3**	Cancer **230.0**	Cancer **510.3**	Cancer **997.8**	Heart disease **4484.6**
2	Cancer **145.9**	Homicide **3.3**	Suicide **14.7**	Suicide **18.7**	Cancer **26.1**	Heart disease **64.1**	Heart disease **148.0**	Heart disease **334.8**	Heart disease **938.6**	Cancer **1879.0**
3	Unintentional injury **62.0**	Suicide **2.3**	Homicide **7.1**	Homicide **8.1**	Heart disease **21.2**	Unintentional injury **54.5**	Unintentional injury **67.9**	Chronic lower respiratory **98.8**	Chronic lower respiratory **268.2**	Alzheimer's disease **1183.7**
4	Stroke **36.8**	Congenital malformations **1.8**	Cancer **2.1**	Cancer **7.4**	Suicide **20.7**	Suicide **23.5**	Chronic liver disease **35.5**	Unintentional injury **71.2**	Stroke **237.5**	Stroke **1096.3**
5	Chronic lower respiratory **31.7**	Cancer **1.4**	Congenital malformations **1.8**	Heart disease **6.1**	Chronic liver disease **8.1**	Chronic liver disease **17.1**	Chronic lower respiratory **33.1**	Stroke **66.0**	Unintentional injury **205.8**	Unintentional injury **990.4**
6	Alzheimer's disease **29.1**	Heart disease **0.8**	Heart disease **1.6**	Chronic liver disease **2.9**	Homicide **7.5**	Diabetes **11.5**	Diabetes **28.9**	Diabetes **52.4**	Alzheimer's disease **188.0**	Chronic lower respiratory **563.9**
7	Diabetes **19.2**	Influenza and pneumonia **0.4**	Diabetes **1.1**	Diabetes **2.3**	Diabetes **5.8**	Stroke **9.6**	Stroke **25.3**	Chronic liver disease **31.1**	Diabetes **124.5**	Nutritional deficiencies **294.2**
8	Suicide **15.1**	Benign tumors **	Influenza and pneumonia **1.1**	Congenital malformations **2.0**	Stroke **3.2**	Chronic lower respiratory **5.1**	Suicide **20.9**	Kidney disease **24.5**	Parkinson's disease **98.8**	Diabetes **290.0**
9	Chronic liver disease **11.5**	COVID-19 **	COVID-19 **	Stroke **1.3**	Influenza and pneumonia **2.0**	Septicemia **4.9**	Septicemia **10.5**	Alzheimer's disease **22.1**	Kidney disease **66.6**	Parkinson's disease **263.7**
10	Parkinson's disease **10.0**	Chronic lower respiratory **	Chronic liver disease **	Legal intervention **0.8**	Congenital malformations **1.7**	Homicide **4.4**	Kidney disease **8.3**	Septicemia **20.7**	Septicemia **49.1**	Kidney disease **229.8**

** Rate is suppressed due to there being less than 5 deaths in category.
Wisconsin Department of Health Services, Vital Records Office

Key data

Local health departments: 84

Tribal health departments: 12

2,500+ staff working across state, local, and Tribal public health

Natural environment: 50 state parks, 15 state forests, 44 state trails, 84,000 miles of rivers and streams, and 15,000 lakes

Assets and opportunities

Wisconsin communities have many assets to support health and well-being that cut across geographic regions, business and social sectors, and government.

The assets and opportunities described in this section were identified by Wisconsinites through community conversations and in survey responses. They are the actors and factors Wisconsinites said were the most supportive of the health and well-being for themselves and their communities.

Some assets are organizational-based, including the policies, programs, resources, and services driven by governmental bodies, large institutions, community-based organizations, and others.

Other assets are natural, like Wisconsin's rivers, lakes, forests, and other resources.

Finally, some assets are intangible, like community pride and relationships.

These assets have, in ways small and large, improved the health and well-being of Wisconsinites. Public health practitioners and others can learn from and build upon these successes.

Governmental public health infrastructure

A strong governmental public health infrastructure protects the health and well-being of all Wisconsinites.

Wisconsin's governmental public health system includes the state Division of Public Health (DPH), within the Wisconsin Department of Health Services, as well as 84 local health departments and 12 Tribal health centers. These agencies provide foundational infrastructure for public health work across Wisconsin. Together, they monitor the health of Wisconsinites, working as a network to identify, understand, and respond to health challenges that impact entire communities.

This includes using data, evidence, and research to monitor health outcomes and threats; convening partners and supporting programs and services that create positive health outcomes; and developing and advancing policies and programs that help Wisconsinites get what they need to be healthy.

In Wisconsin, DPH, 17 local health departments, and three Tribal health centers are accredited by the national Public Health Accreditation Board (PHAB).[109] PHAB accreditation, a voluntary process, recognizes the high quality of services and care delivered by these organizations. Additionally, all 84 local health departments must deliver services required by Wis. Admin. Code ch. DHS 140.[110] Through a regular review process, DPH works with local health departments to ensure high-quality public health services are available across the state.

While highly successful and effective in their work, Wisconsin's public health system is underfunded compared to peers. Wisconsin ranks second to last in per capita combined state and federal public health funding in the United States. Wisconsin's per capita funding ($69 per person) is 44% lower than the national average ($124 per person).[111] If better funded, Wisconsin's governmental public health infrastructure could build on its wins and dedicate resources to advancing its work, improving public health outcomes, and supporting a strong public health workforce.

Sense and strength of community

In SHA conversations, some participants said their social communities are very important to their physical and mental health and well-being. These communities might be geographic or based on personal characteristics (for example, shared cultures, hobbies, age or life stage). Their communities also support them to feel they can make change and improve their lives.

Close community groups are proven to impact health and well-being. Strong community connections create shared experiences, connect people to trusted community resources, and result in positive mental health and mood.[112] Across Wisconsin, these close ties are found in everyday actions across communities. In addition, each year, Wisconsin's proud and diverse heritage is highlighted with numerous racial and ethnic groups hosting festivals to celebrate and share their cultures with others, alongside arts, sporting, and community events and activities that bring people together.

Close communities can also be sources of joy for members and the wider areas in which they exist. One SHA conversation participant said that their community of artists and creators was a source of support in their life. The art they create can also bring joy to the wider community.

---

[109] Accreditation Activity, Public Health Accreditation Board

[110] Wisconsin Local Public Health: Requirement Updates, Wisconsin Department of Health Services

[111] Public Health Funding in the United States, America's Health Rankings

[112] Social Connection, CDC

However, SHA conversations also reflect that not all people in Wisconsin feel they are part of a community, pointing toward opportunities to prioritize funding and policy decisions that promote connection and belonging.

Community-based organizations and resources

A wide range of community-based organizations (CBOs) provide much-needed services and resources for Wisconsinites. In SHA conversations, participants shared many positive experiences with CBOs in their communities, including:

- Groups that organize peer-based support for substance use and mental health recovery.
- Doulas and midwives who care for people and families throughout pregnancy and postpartum.
- Organizations that empower youth to make changes in their schools and wider communities.

CBOs can be relatively large (for example, YMCA, YWCA, United Way) or small (for example, neighborhood associations, small nonprofits). Compared to governmental bodies and larger institutions, CBOs often have a narrower scope of services or serve a more specific population.

CBOs often serve as experts in how to best achieve goals and health improvements for certain groups of people—often those most in need of support—and how to convene cross-sector groups to support communitywide impact. CBOs can teach larger organizations how to provide accessible services that meet the needs of a wider range of people. Increased support could help CBOs scale up the services they offer or increase the population they serve.

Natural environments

In SHA conversations, Wisconsin's natural environments repeatedly came up as a strength. This includes everything from small city parks and local ponds to large state forests and Lakes Michigan and Superior. People said that these outdoor spaces are valuable for connecting with their fellow community members, make it easier to be active, reduce stress, and overall make their communities more pleasant places to live.

According to the Wisconsin Department of Natural resources, Wisconsin is home to 50 state parks, 15 state forests, 44 state trails, 84,000 miles of rivers and streams, [and] roughly 15,000 lakes.[113] Wisconsin also has one national lakeshore, one national scenic riverway, and two national scenic trails.[114]

Many cities, towns, and villages across Wisconsin have similar local outdoor facilities and resources. These outdoor spaces allow Wisconsinites to walk, swim, fish, hunt, camp, ski, snowshoe, and do other activities. Some locations have adaptive and accessible facilities that ensure the space and activities are safe and usable by people with mental and physical limitations. This includes children, older adults, and people with disabilities.[115]

However, many outdoor spaces are not adapted for people with physical limitations. Geography also creates large differences in people's access to outdoor recreation spaces. To enjoy the majority of the state's natural spaces, Wisconsinites need access to a personal vehicle, funds to purchase gas, and sometimes need to pay an entry or parking fee. Even within cities, access to outdoor space is unequal. In Milwaukee, for example, census tracts that are predominantly white average 250 acres of park space, while those that are mainly Black average 140 acres and

[113] Free fun weekend, Wisconsin Department of Natural Resources
[114] Wisconsin, National Park Service
[115] Accessible recreation, Wisconsin Department of Natural Resources

those that are chiefly Hispanic average just 91 acres. [116] Urban green spaces help keep neighborhoods cooler in the summer, reducing the risk of heat-related illness.

Institutional-based resources

Community conversation participants named many governmental and non-governmental institutions and the services they provide as important resources to their communities. Some of these included local schools, public transportation, and hospitals.

Participants also named specific programs like FoodShare, which is Wisconsin's version of the Supplemental Nutrition Assistance Program (SNAP). FoodShare is funded at the federal level but operates and administers benefits from the state level. University of Wisconsin (UW) Extension was also praised repeatedly. UW-Extension provides resources about a variety of health and well-being related topics to all Wisconsinites.

Compared to CBOs, institutions are usually larger, provide a wider range of services, and have more funding to serve more people. They are often anchors in the communities they serve and can help refer people in need to other service providers as well.

However, because of their wider intended service population, large institutions may struggle to adapt to and meet unique needs of specific communities, including immigrants, people with disabilities, and others. This underscores the importance of designing resources and services to meet people where they are. Community health workers (CHWs), for example, are sometimes employed by organizations to do community outreach and provide needed services in Wisconsinites' homes.



[116] Unequal Landscapes: Race, Ethnicity, and Environmental Equity in Metro Milwaukee (PDF), Center for Economic Development, University of Wisconsin- Milwaukee

Appendices

Appendix A. State Health Assessment development

The Wisconsin State Health Assessment (SHA) is a vital part of the statewide public health planning process.

The Wisconsin Department of Health Services (DHS) conducts and writes a new SHA every five years. Wis. Stat. § 250.07(1)(a) requires DHS to produce a state health plan for the people of Wisconsin at least every 10 years. Best practice and Public Health Accreditation Board (PHAB) accreditation requirements set the five-year cycle.

The 2025 SHA was developed using an adapted Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. The process included:

- Engaging community members and partners to understand their perspectives on health and well-being in Wisconsin.
- Gathering and analyzing data from a wide range of health and well-being factors and outcomes.
- Examining all information in the context of community infrastructure, assets, power, and other factors that may support improvement of health and well-being.

The SHA gives public health authorities, advocates, and other interested parties a window into the overall health and well-being of people across Wisconsin. It describes the factors that prevent people from achieving their best possible health and well-being, along with the assets and resources that support them to thrive. Based on the findings of the SHA, DHS develops a State Health Improvement Plan (SHIP) that contains goals and strategies to improve the health and well-being of Wisconsinites.

Qualitative data gathering

In fall 2024, the SHA team began engaging in community conversations to understand the health of Wisconsinites. DHS staff initially invited more than 100 community members and organizational partners to provide input. These contacts included current SHIP implementation partners, current grant partners, previous grant applicants, and other community-based organization partners. Contacts were encouraged to forward the invitation to other non-governmental partners in their networks.

Invitees were given multiple pathways to provide input, including attending one of four community listening sessions; scheduling a one-on-one meeting with a SHA team member; or responding to an online survey. All three options gave individuals and representatives of community-based organizations the opportunity to share:

- Barriers to achieving their own personal best possible health and well-being.
- Barriers they see to any people and populations they work with achieving their best possible health and well-being.
- Assets and resources in their communities that currently support the improvement of health and well-being.

In total, around 150 individuals and representatives of community-based organizations participated in the qualitative data gathering process. Participants included people from urban, rural, and suburban areas; people representing a range of ages, races, and ethnicities; practitioners and non-practitioners of health-related professions; and members of communities like refugees, immigrants, LGBTQ+ folks, people with disabilities, and many more.

In addition to the community input process, local health department and Tribal health center staff were invited to participate in a listening session that mirrored the format and guiding questions of the community listening sessions. Local and Tribal health staff were also invited to share their own community health assessments (CHAs). Local health departments develop their CHAs according to the requirements of Wisconsin Admin. Code § DHS 140.

The SHA team reviewed all qualitative input and identified key themes.

Quantitative data gathering

The SHA includes quantitative data points that cover a wide variety of health and well-being topics, ranging from root causes to health outcomes. The SHA team identified these data points through a landscape analysis and consultation with subject matter experts. Teams from across the DHS Division of Public Health (DPH) helped identify relevant data sources; analyze the data over time, by age, geography, income, race/ethnicity, and other factors; create graphs and figures of the data; and add real world context to the numbers.

This report presents quantitative and qualitative data together to give a comprehensive overview of the health and well-being of Wisconsin.

Appendix B. Further possibilities for State Health Assessment use

The SHA report presents the story of Wisconsin's health as of 2025. It describes the connections between urgent health issues and social and community conditions. Public health practitioners and partners may leverage the SHA to address these issues and conditions. The SHA can be used by interested parties in several ways.

Narrative and storytelling

Partners may utilize the SHA's community reflections, data, and policy examples to create their own narratives, talking points, and stories that resonate and reflect the experience and values of their own communities. The SHA is designed to provide real-world context to the data in this report. This provides leverage to advance stories, interventions, and policy priorities that are aimed at addressing the most impactful drivers of health.

Quantitative data

Local public health, Tribal health agencies, health coalitions, health care partners, and others can utilize SHA data to create and align their own community health assessments, health needs assessments, and improvement plans. Alignment of data indicators across Wisconsin can lead to more consistent messaging, communication, policy, programing, and decision-making for maximum impact on health improvement. Ensuring that data collected is relevant, responsive to all communities, and actionable allows for the identification of health gaps and the development of targeted interventions.

Partnerships

Public health partners can use the SHA to create new and strengthen existing partnerships outside of the traditional public health sectors and sphere of influence. If data show that health factors driving outcomes in Wisconsin sit outside of traditional public health—like housing, transportation, and workplace policies—then the SHA can be leveraged to develop partnerships with those who work in these sectors. This creates new opportunities to improve health outcomes in ways that public health has not fully explored or maximized in the past.

Decision-making

SHA qualitative and quantitative data can also be used to make funding and policy decisions. Qualitative data shared in the "What Wisconsinites said" call-out boxes throughout the SHA reflect what community members shared about their greatest barriers to health. Quantitative data can show how factors are associated with poor health outcomes and highlight harmful disparities.

These topics can be prioritized for supportive funding, new policymaking, and review of existing policies. State and local lawmakers and advocacy and grantmaking groups can leverage their positional power to advocate for policy and funding changes that would seek to make improvement around the priorities identified through the SHA process.

Appendix C. Associated data tables for map figures (accessible via screen readers)

Figure 19. Child care for a household with two children costs 31% of Wisconsin's median household income, but the burden varies by county. The following table shows child care costs for a household with two children as a percent of county median household income (2023 and 2024 data).

County	Child care costs for a household with two children as a percent of county median household income, 2023 and 2024
Adams	33%
Ashland	42%
Barron	33%
Bayfield	30%
Brown	38%
Buffalo	26%
Burnett	29%
Calumet	28%
Chippewa	28%
Clark	29%
Columbia	27%
Crawford	38%
Dane	35%
Dodge	29%
Door	29%
Douglas	33%
Dunn	30%
Eau Claire	41%
Florence	29%
Fond du Lac	33%
Forest	33%

County	Child care costs for a household with two children as a percent of county median household income, 2023 and 2024
Grant	34%
Green	28%
Green Lake	34%
Iowa	25%
Iron	37%
Jackson	36%
Jefferson	29%
Juneau	30%
Kenosha	39%
Kewaunee	25%
La Crosse	41%
Lafayette	27%
Langlade	37%
Lincoln	30%
Manitowoc	34%
Marathon	32%
Marinette	35%
Marquette	29%
Menominee	39%
Milwaukee	47%
Monroe	34%
Oconto	28%
Oneida	33%
Outagamie	28%

County	Child care costs for a household with two children as a percent of county median household income, 2023 and 2024
Ozaukee	24%
Pepin	28%
Pierce	23%
Polk	27%
Portage	34%
Price	32%
Racine	40%
Richland	36%
Rock	40%
Rusk	33%
Sauk	30%
Sawyer	33%
Shawano	29%
Sheboygan	32%
St. Croix	21%
Taylor	30%
Trempealeau	28%
Vernon	28%
Vilas	30%
Walworth	31%
Washburn	31%
Washington	26%
Waukesha	30%
Waupaca	32%

County	Child care costs for a household with two children as a percent of county median household income, 2023 and 2024
Waushara	28%
Winnebago	42%
Wood	36%

County Health Rankings and Roadmaps analysis of Living Wage Institute and U.S. Census Bureau data

Figure 23. There are 1.5 establishments with a liquor license per 500 people in Wisconsin, but alcohol outlet density varies by county. The following table shows the number of establishments with a liquor license per 500 population by county in 2020.

County	Number of establishments with a liquor license per 500 population by county, 2020
Adams	2.4
Ashland	3.4
Barron	1.8
Bayfield	4.3
Brown	1.2
Buffalo	3.3
Burnett	3.3
Calumet	1.3
Chippewa	1.7
Clark	2.1
Columbia	1.6
Crawford	2.6
Dane	1.1
Dodge	1.5
Door	4.8
Douglas	2.0
Dunn	1.2
Eau Claire	1.2
Florence	3.8
Fond du Lac	1.4
Forest	3.9
Grant	1.9
Green	1.6

County	Number of establishments with a liquor license per 500 population by county, 2020
Green Lake	2.2
Iowa	2.0
Iron	7.7
Jackson	2.4
Jefferson	1.5
Juneau	2.6
Kenosha	1.1
Kewaunee	2.2
La Crosse	1.3
Lafayette	2.2
Langlade	2.9
Lincoln	2.6
Manitowoc	1.7
Marathon	1.5
Marinette	2.6
Marquette	2.4
Menominee	0.8
Milwaukee	1.0
Monroe	1.5
Oconto	2.3
Oneida	3.2
Outagamie	1.3
Ozaukee	1.3
Pepin	3.1
Pierce	1.4

County	Number of establishments with a liquor license per 500 population by county, 2020
Polk	1.8
Portage	1.7
Price	3.2
Racine	1.2
Richland	1.5
Rock	1.1
Rusk	2.9
Saint Croix	1.1
Sauk	2.1
Sawyer	5.0
Shawano	2.2
Sheboygan	1.6
Taylor	2.2
Trempealeau	2.1
Vernon	1.6
Vilas	4.9
Walworth	1.7
Washburn	2.8
Washington	1.1
Waukesha	1.0
Waupaca	2.1
Waushara	1.9
Winnebago	1.2
Wood	1.5

Wisconsin Department of Health Services, Environmental Public Health Tracking: Alcohol Data

Figure 25. Counties in southern and central Wisconsin have more air pollution than northern counties. The following table shows the annual average particulate matter under 2.5 microns (PM2.5) concentration by county in 2020.

County	**Annual average particulate matter under 2.5 microns (PM2.5) concentration by county, 2020**
Adams	7.8*
Ashland	5.2
Barron	6.7*
Bayfield	5.6*
Brown	7.3
Buffalo	7.5*
Burnett	5.7*
Calumet	8.2*
Chippewa	7.7*
Clark	7.5*
Columbia	8.4*
Crawford	8.1*
Dane	8.4
Dodge	7.6
Door	7.0*
Douglas	5.7*
Dunn	7.4*
Eau Claire	7.7
Florence	5.5*
Fond du Lac	8.1*
Forest	5.7
Grant	8.2

County	Annual average particulate matter under 2.5 microns (PM2.5) concentration by county, 2020
Green	9.1*
Green Lake	7.9*
Iowa	8.5*
Iron	5.6*
Jackson	7.7*
Jefferson	9.0*
Juneau	7.9*
Kenosha	7.1
Kewaunee	7.2*
La Crosse	7.7
Lafayette	8.9*
Langlade	6.7*
Lincoln	7.0*
Manitowoc	7.7*
Marathon	7.8*
Marinette	7.0*
Marquette	7.8*
Menominee	6.8*
Milwaukee	9.1
Monroe	8.0*
Oconto	7.2*
Oneida	6.2*
Outagamie	7.5
Ozaukee	6.5

County	Annual average particulate matter under 2.5 microns (PM2.5) concentration by county, 2020
Pepin	7.3*
Pierce	7.4*
Polk	6.7*
Portage	7.8*
Price	6.2*
Racine	9.0*
Richland	8.0*
Rock	9.3*
Rusk	6.5*
Sauk	7.4
Sawyer	5.9*
Shawano	7.4*
Sheboygan	7.7*
St. Croix	7.3*
Taylor	6.2
Trempealeau	7.8*
Vernon	8.1*
Vilas	5.0
Walworth	9.1*
Washburn	5.8*
Washington	8.7*
Waukesha	8.8
Waupaca	7.7*
Waushara	7.7*

County	Annual average particulate matter under 2.5 microns (PM2.5) concentration by county, 2020
Winnebago	8.3*
Wood	7.8*

An asterisk (*) in the map indicates modeled data.

Wisconsin Department of Health Services, Environmental Public Health Tracking: Air Quality Data

Figure 26. Groundwater in southern, central, and western Wisconsin tends to have higher concentrations of nitrates. The following table shows the percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L (2024).

County	**Percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L, 2024**
Adams	11.4%
Ashland	0.0%
Barron	12.6%
Bayfield	2.0%
Brown	4.4%
Buffalo	4.6%
Burnett	1.0%
Calumet	12.6%
Chippewa	6.0%
Clark	7.8%
Columbia	17.2%
Crawford	0.0%
Dane	13.3%
Dodge	5.6%
Door	0.0%
Douglas	0.0%
Dunn	22.5%
Eau Claire	2.6%
Florence	0.0%
Fond du Lac	6.3%
Forest	0.0%
Grant	1.1%

County	Percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L, 2024
Green	19.2%
Green Lake	26.3%
Iowa	7.9%
Iron	0.0%
Jackson	7.2%
Jefferson	9.0%
Juneau	5.2%
Kenosha	2.1%
Kewaunee	8.3%
La Crosse	4.2%
Lafayette	5.1%
Langlade	0.0%
Lincoln	1.9%
Manitowoc	3.7%
Marathon	12.5%
Marinette	4.9%
Marquette	9.6%
Menominee	0.0%
Milwaukee	0.0%
Monroe	6.5%
Oconto	0.0%
Oneida	0.4%
Outagamie	1.9%
Ozaukee	1.7%

County	Percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L, 2024
Pepin	13.9%
Pierce	13.7%
Polk	4.7%
Portage	25.6%
Price	0.0%
Racine	0.9%
Richland	2.4%
Rock	18.6%
Rusk	0.0%
St. Croix	11.3%
Sauk	11.5%
Sawyer	0.6%
Shawano	6.1%
Sheboygan	1.2%
Taylor	1.2%
Trempealeau	30.5%
Vernon	1.4%
Vilas	0.0%
Walworth	2.4%
Washburn	0.4%
Washington	0.6%
Waukesha	2.0%
Waupaca	9.2%
Waushara	15.8%

County	Percent of groundwater tests from private wells with nitrate levels that exceed the EPA standard of 10 mg/L, 2024
Winnebago	1.3%
Wood	6.1%

*This data summarizes private well water quality data from those who choose to get their water tested. This is not a scientific study and does not represent well water quality information for all known wells. Because Portage County is home to the University of Wisconsin Stevens Point Groundwater Center, there are disproportionately more well water tests reported from Portage County. This may impact the data in Portage County.

University of Wisconsin - Steven's Point, Groundwater Center, Groundwater Quality Viewer

Figure 28. Urban centers and counties across Wisconsin face primary care, dental, and mental health provider shortages. The following table names all Wisconsin (2025) designated Health Professional Service Areas (HPSA) for dental providers, mental health providers, and primary care providers.

HPSA Name	HPSA Type
Adams County	Dental Health
Ashland County	Dental Health
Burnett County	Dental Health
Clark County	Dental Health
Crawford County	Dental Health
East Racine	Dental Health
Forest County	Dental Health
Grant County	Dental Health
Green Bay De Pere	Dental Health
Iron County	Dental Health
Jackson County	Dental Health
Juneau County	Dental Health
Lafayette County	Dental Health
Langlade County	Dental Health
Marion	Dental Health
Marquette County	Dental Health
Fond du Lac County	Dental Health
Menominee County	Dental Health
Monroe County	Dental Health
North Milwaukee SA	Dental Health
Price County	Dental Health
Reedsburg Area	Dental Health
Richland County	Dental Health

HPSA Name	HPSA Type
Rusk county	Dental Health
Sawyer County	Dental Health
Sheboygan City	Dental Health
South Milwaukee SA	Dental Health
Vernon County	Dental Health
Washburn County	Dental Health
Adams County	Mental Health
Ashland/Bayfield/Douglas/Iron/Sawyer/Washburn Counties	Mental Health
Barron County	Mental Health
Buffalo County	Mental Health
Burnett County	Mental Health
Clark County	Mental Health
Crawford County	Mental Health
Eau Claire City	Mental Health
Florence County	Mental Health
Forest County	Mental Health
Grant County	Mental Health
Green Bay De Pere	Mental Health
Jackson County	Mental Health
Juneau County	Mental Health
Kenosha City	Mental Health
Lafayette County	Mental Health
Langlade County	Mental Health
Lincoln County	Mental Health
Marinette County	Mental Health

HPSA Name	HPSA Type
Marquette County	Mental Health
Menominee County	Mental Health
North Milwaukee	Mental Health
Northern Oconto County	Mental Health
Portage City	Mental Health
Price County	Mental Health
Richland County	Mental Health
Rusk County	Mental Health
South Central Milwaukee	Mental Health
Taylor County	Mental Health
Vernon County	Mental Health
Vilas County	Mental Health
Waupaca County	Mental Health
Waushara County	Mental Health
Wood County	Mental Health
Adams County	Primary Care
Buffalo County	Primary Care
Burnett County	Primary Care
City of Racine	Primary Care
City of Wausau	Primary Care
Clark County	Primary Care
Clintonville	Primary Care
Crawford County	Primary Care
Eastside Milwaukee	Primary Care
Florence County	Primary Care

HPSA Name	HPSA Type
Forest County	Primary Care
Grant County	Primary Care
Green Bay Area	Primary Care
Iron County	Primary Care
Jackson County	Primary Care
Juneau County	Primary Care
Kenosha City	Primary Care
Lafayette County	Primary Care
Langlade County	Primary Care
Marquette County	Primary Care
Menominee County	Primary Care
Monroe County	Primary Care
North Milwaukee	Primary Care
Oconto County	Primary Care
Pepin County	Primary Care
Portage County	Primary Care
Price County	Primary Care
Richland County	Primary Care
Rusk County	Primary Care
Sawyer County	Primary Care
Sheboygan	Primary Care
South Milwaukee	Primary Care
Taylor County	Primary Care
Vernon County	Primary Care
Vilas County	Primary Care

HPSA Name	HPSA Type
Washburn County	Primary Care
Waushara County	Primary Care

Health Resource Service Area (HRSA), Shortage Areas

Figure 30. In Wisconsin, it takes about 6 minutes for EMS to arrive to a patient, though it takes much longer in some Northern and Western counites. The following table shows the median time (in minutes) it takes Wisconsin Emergency Medical Services (EMS) to arrive to a patient after being notified by dispatch, 2023.

County	**Median EMS runtime, 2023 (minutes)**
Adams	9
Ashland	5
Barron	6.53
Bayfield	13
Brown	5.95
Buffalo	11
Burnett	10.92
Calumet	6.22
Chippewa	7.43
Clark	13
Columbia	7.53
Crawford	5.89
Dane	5.95
Dodge	8
Door	7.6
Douglas	6
Dunn	6
Eau Claire	6.02
Florence	12.5
Fond Du Lac	4.68
Forest	13

County	Median EMS runtime, 2023 (minutes)
Grant	9
Green	8
Green Lake	9.54
Iowa	9
Iron	12.33
Jackson	11
Jefferson	5.53
Juneau	10
Kenosha	5.37
Kewaunee	9.57
La Crosse	6.45
Lafayette	7
Langlade	6
Lincoln	7.15
Manitowoc	4.82
Marathon	6.52
Marinette	8.3
Marquette	8.98
Menominee	10
Milwaukee	5.72
Monroe	6.58
Oconto	9
Oneida	6.6

County	Median EMS runtime, 2023 (minutes)
Outagamie	5.68
Ozaukee	6.42
Pepin	11.04
Pierce	6.47
Polk	10.28
Portage	6.32
Price	13
Racine	4.82
Richland	8
Rock	5.47
Rusk	10
Sauk	7
Sawyer	12.08
Shawano	9
Sheboygan	6.67
St. Croix	8
Taylor	10
Trempealeau	13.02
Vernon	10.88
Vilas	14.3
Walworth	6
Washburn	9
Washington	5.8

County	Median EMS runtime, 2023 (minutes)
Waukesha	5.8
Waupaca	7
Waushara	10
Winnebago	6.3
Wood	5.95

Wisconsin Department of Health Services, Division of Public Health

Figure 64. Leading causes of death in Wisconsin vary by race and ethnicity. The following table shows the number of Wisconsin deaths due to specific causes per 100,000 population (age-adjusted) by race and ethnicity in 2024.

Rank	Wisconsin overall	American Indian or Alaskan Native*	Asian or Pacific Islander*	Black*	Hispanic	Multi-race*	White*
1	Heart disease 162.2	Heart disease 205.5	Heart disease 80.6	Heart disease 227.5	Cancer 96.3	Cancer 65.3	Heart disease 161.8
2	Cancer 145.9	Cancer 142.3	Cancer 72.9	Cancer 206.3	Heart disease 78.9	Heart disease 48.6	Cancer 146.4
3	Unintentional injury 62.0	Unintentional injury 124.6	Stroke 58.0	Unintentional injury 109.9	Unintentional injury 45.9	Unintentional injury 37.8	Unintentional injury 59.1
4	Stroke 36.8	Chronic liver disease 50.5	Diabetes 23.1	Stroke 66.1	Stroke 29.8	Suicide 16.6	Stroke 35.5
5	Chronic lower respiratory 31.7	Diabetes 41.4	Unintentional injury 22.6	Diabetes 41.4	Alzheimer's disease 20.1	Diabetes 15.6	Chronic lower respiratory 32.1
6	Alzheimer's disease 29.1	Chronic lower respiratory 41.3	Alzheimer's disease 17.4	Homicide 40.8	Diabetes 19.0	Chronic lower respiratory 13.6	Alzheimer's disease 29.6
7	Diabetes 19.2	Stroke 31.8	Kidney disease 11.1	Chronic lower respiratory 38.9	Chronic liver disease 12.3	Chronic liver disease 8.5	Diabetes 18.1
8	Suicide 15.1	Alzheimer's disease 27.4	Parkinson's disease 10.1	Alzheimer's disease 28.8	Chronic lower respiratory 12.2	Influenza and pneumonia **	Suicide 16.3

9	Chronic liver disease 11.5	Suicide 27	Chronic lower respiratory 9.9	Kidney disease 22.8	Kidney disease 9.7	Benign tumors **	Chronic liver disease 11.2
10	Parkinson's disease 10.0	Septicemia 23.5	Suicide 9.3	Hypertension 18.3	Suicide 8.8	Nutritional deficiencies **	Parkinson's disease 10.4

* Not Hispanic of Latino

** Rate is suppressed due to there being less than 5 deaths in category.

Wisconsin Department of Health Services, Vital Records Office

Figure 65. The top four leading causes of death are the same for men and women in Wisconsin. The following table shows the number of Wisconsin deaths due to specific causes per 100,000 population (age-adjusted) by sex in 2024.

Rank	Wisconsin overall	Female	Male
1	Heart disease 162.2	Heart disease 132.1	Heart disease 197.4
2	Cancer 145.9	Cancer 125.0	Cancer 172.3
3	Unintentional injury 62.0	Unintentional injury 46.7	Unintentional injury 76.7
4	Stroke 36.8	Stroke 36.6	Stroke 36.2
5	Chronic lower respiratory 31.7	Alzheimer's disease 33.4	Chronic lower respiratory 33.6
6	Alzheimer's disease 29.1	Chronic lower respiratory 30.2	Diabetes 24.5
7	Diabetes 19.2	Diabetes 14.8	Suicide 24.3
8	Suicide 15.1	Chronic liver disease 8.8	Alzheimer's disease 22.7
9	Chronic liver disease 11.5	Kidney disease 8.5	Parkinson's disease 14.6
10	Parkinson's disease 10.0	Nutritional deficiencies 8.5	Chronic liver disease 14.5

Wisconsin Department of Health Services, Vital Records Office

Figure 66. The leading causes of death among young Wisconsinites are unintentional injuries, homicide, and suicide. The following table shows the number of Wisconsin deaths due to specific causes per 100,000 population by age in 2024.

Rank	Wisconsin overall	1 to 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85 and over
1	Heart disease 162.2	Unintentional injury 5.8	Unintentional injury 22.5	Unintentional injury 46.1	Unintentional injury 54.0	Cancer 77.3	Cancer 230.0	Cancer 510.3	Cancer 997.8	Heart disease 4484.6
2	Cancer 145.9	Homicide 3.3	Suicide 14.7	Suicide 18.7	Cancer 26.1	Heart disease 64.1	Heart disease 148.0	Heart disease 334.8	Heart disease 938.6	Cancer 1879
3	Unintentional injury 62.0	Suicide 2.3	Homicide 7.1	Homicide 8.1	Heart disease 21.2	Unintentional injury 54.5	Unintentional injury 67.9	Chronic lower respiratory 98.8	Chronic lower respiratory 268.2	Alzheimer's disease 1183.7
4	Stroke 36.8	Congenital malformation 1.8	Cancer 2.1	Cancer 7.4	Suicide 20.7	Suicide 23.5	Chronic liver disease 35.5	Unintentional injury 71.2	Stroke 237.5	Stroke 1096.3
5	Chronic lower respiratory 31.7	Cancer 1.4	Congenital malformation 1.8	Heart disease 6.1	Chronic liver disease 8.1	Chronic liver disease 17.1	Chronic lower respiratory 33.1	Stroke 66.0	Unintentional injury 205.8	Unintentional injury 990.4
6	Alzheimer's disease 29.1	Heart disease 0.8	Heart disease 1.6	Chronic liver disease 2.9	Homicide 7.5	Diabetes 11.5	Diabetes 28.9	Diabetes 52.4	Alzheimer's disease 188.0	Chronic lower respiratory 563.9
7	Diabetes 19.2	Influenza and pneumonia 0.4	Diabetes 1.1	Diabetes 2.3	Diabetes 5.8	Stroke 9.6	Stroke 25.3	Chronic liver disease 31.1	Diabetes 124.5	Nutritional deficiencies 294.2
8	Suicide 15.1	Benign tumors **	Influenza and pneumonia 1.1	Congenital malformation 2.0	Stroke 3.2	Chronic lower respiratory 5.1	Suicide 20.9	Kidney disease 24.5	Parkinson's disease 98.8	Diabetes 290.0
9	Chronic liver disease 11.5	COVID-19 **	COVID-19 **	Stroke 1.3	Influenza and pneumonia 2.0	Septicemia 4.9	Septicemia 10.5	Alzheimer's disease 22.1	Kidney disease 66.6	Parkinson's disease 263.7
10	Parkinson's disease 10.0	Chronic lower respiratory**	Chronic liver disease **	Legal intervention 0.8	Congenital malformation 1.7	Homicide 4.4	Kidney disease 8.3	Septicemia 20.7	Septicemia 49.1	Kidney disease 229.8

** Rate is suppressed due to there being less than 5 deaths in category.

Wisconsin Department of Health Services, Vital Records Office