



## 2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Bluegrass Area Development District. About 18% of Kentuckians live in this 16-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Greater Lexington residents were comparable to the state as a whole. Like the statewide results, in Greater Lexington:

- Most favor providing access to affordable, quality healthcare for all Americans (94%)
- Most adults thought Kentucky policymakers should work on improving the job situation (92%), improving the economy (91%), and reducing the cost of healthcare (88%)
- Most adults thought that childhood obesity was a problem (91%)
- Most dispose of prescription drugs in unsafe ways (64%)

There were a few key differences in Greater Lexington, as compared to the rest of the state. Adults in Greater Lexington were **more likely** to:

- Know someone that seemed to have a serious problem with depression
- Report “excellent” or “very good” health status
- Know someone who had experienced problems as a result of abusing prescription pain relievers
- Favor a statewide smoke-free law

Additionally, adults in Greater Lexington were **less likely** to:

- Keep a firearm in or around their home



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In 95 out of 100 cases, the statewide estimates will be accurate to  $\pm 2.5\%$  and Greater Lexington estimates to  $\pm 5.5\%$ . There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

## Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Greater Lexington, KHIP asked individuals about their insurance status and where they would turn if they needed care.

### Health Insurance Status

#### Not Having Health Insurance Coverage

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

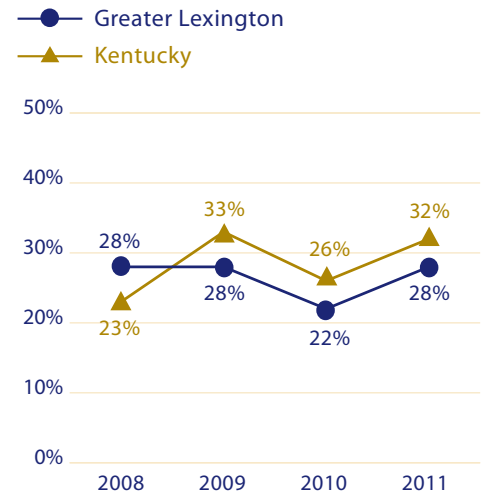
Nearly 3 in 10 working-age Greater Lexington adults (28%) were uninsured at the time of the Poll. This is an increase in the number of uninsured adults since 2010, but is similar to 2009 findings. Working-age adults in Greater Lexington are about as likely to be uninsured as the state average (32%).

#### Gaps in Health Insurance Coverage

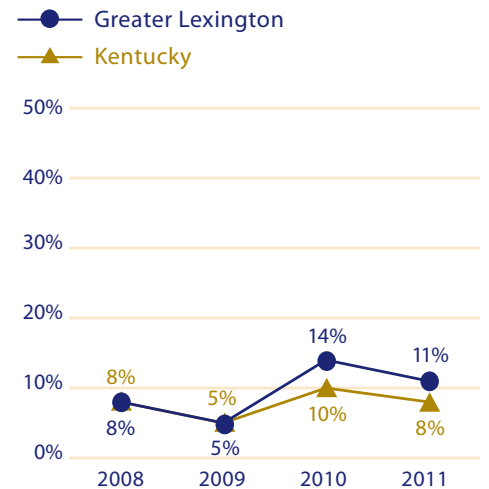
Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. About 1 in 10 (11%) Greater Lexington residents ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, nearly 4 in 10 working-age Greater Lexington adults (39%) had been uninsured at some point in the last 12 months, including currently.



No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



## Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.<sup>1</sup> When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

### Perceived Need for Treatment

More than half of Greater Lexington adults (59%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. This is higher than the state average, where half of all adults (50%) had known someone they perceived as depressed.

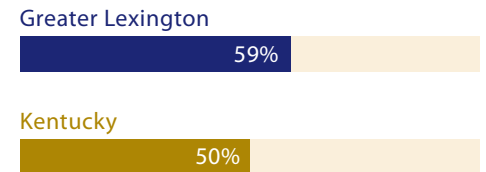
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

### Knowing Where to Turn for Help

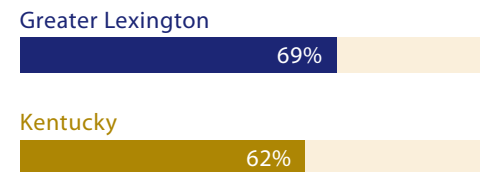
Seven in ten Greater Lexington respondents (69%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Greater Lexington respondents were more likely to know where to get help than the state as a whole.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



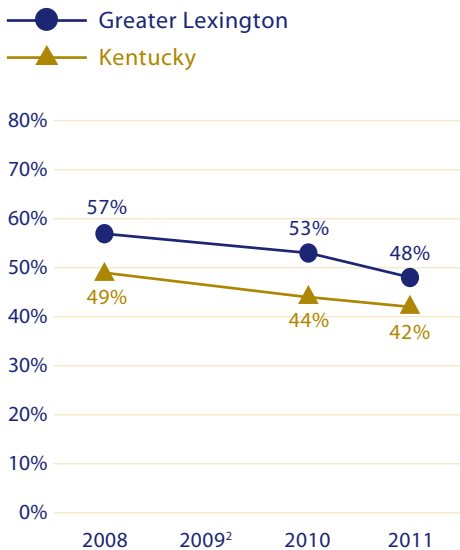
## Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Greater Lexington residents on a number of community health issues.

### Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Greater Lexington respondents have consistently reported health status that is better than the state average. In 2011, slightly less than half of Greater Lexington adults (48%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole. The percentage of adults in both Greater Lexington and Kentucky who report being in excellent or very good health has been declining since 2008.

Kentucky adults reporting “excellent” or “very good” health



### Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.<sup>3</sup> These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.<sup>4</sup>

### Use of Prescription Pain Relievers

More than half of Greater Lexington adults (56%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin®, Vicodin®, Percocet®, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

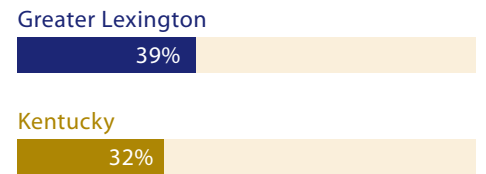
Of those who had been prescribed a pain reliever in Greater Lexington, most (61%) reported that they had been prescribed the right amount of pills needed to control pain. More than 1 in 4 (26%) felt they had been prescribed more pills than were needed.

### Abuse of Prescription Pain Relievers

Greater Lexington residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. About 1 in 20 (5%) said they had done so.

However, about 4 in 10 Greater Lexington adults (39%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is higher than the percentage of all Kentucky adults (32%) who reported having friends or family members who had problems because of abusing prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said “yes”*







### Proper Disposal of Unused Medication

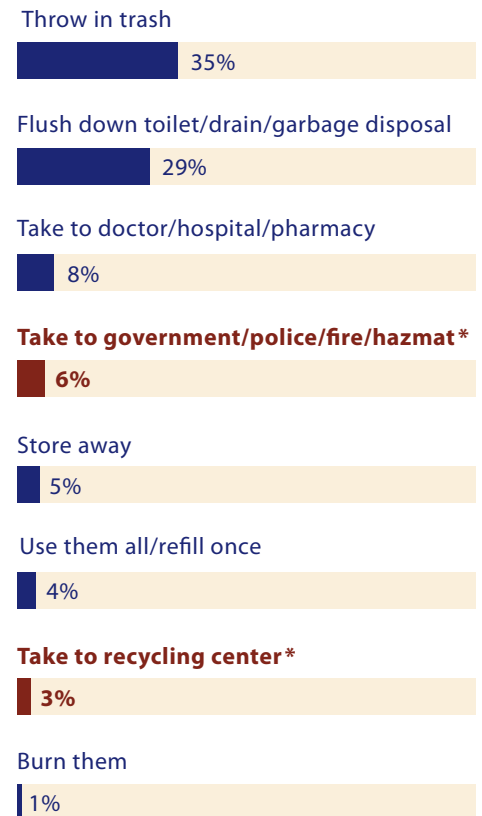
Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

More than 6 in 10 Greater Lexington adults (64%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Less than 1 in 10 Greater Lexington adults (9%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?<sup>5</sup>



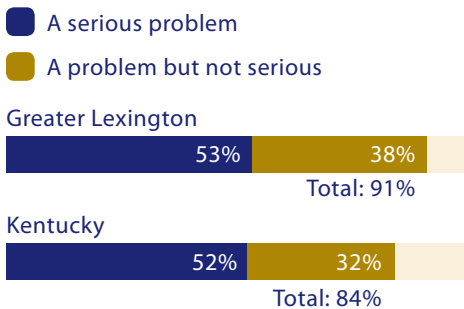
\* Methods recommended by the  Food and Drug Administration

## Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.<sup>6</sup> Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

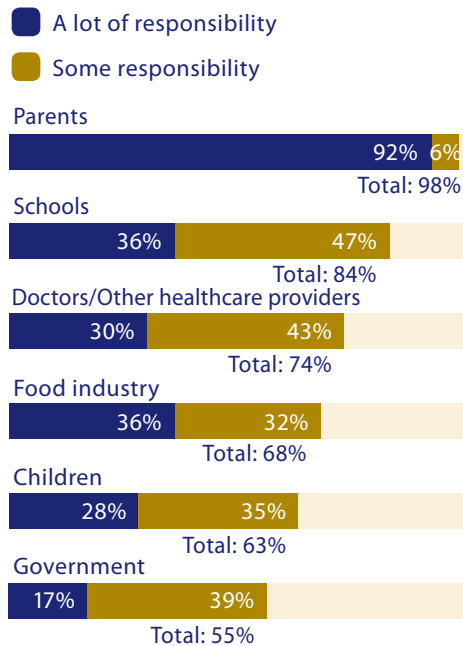
More than half of Greater Lexington adults (53%) said that childhood obesity was a serious problem in Kentucky. An additional 4 in 10 (38%) said that childhood obesity was a problem, but not serious. This is higher than the state as a whole.

Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? *(Graph presents only those who said it was a serious problem or a problem but not serious)*



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. Almost all Greater Lexington (98%) respondents said parents have some or a lot of responsibility for addressing childhood obesity. More than 7 in 10 said schools (84%), and doctors and other health care providers (74%) had some or a lot of responsibility. Respondents also said the food industry (68%), the children themselves (63%) and the government (55%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? *(Asked only of those who said childhood obesity was a problem)*

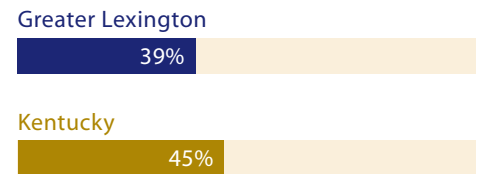


## Firearm Safety

### Ownership

About 4 in 10 Greater Lexington residents (39%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.<sup>7</sup> Greater Lexington residents were less likely to report keeping a firearm around their home than elsewhere in the state (45%).

Are any firearms kept in or around your home?<sup>7</sup> *(Graph presents those who said "yes")*

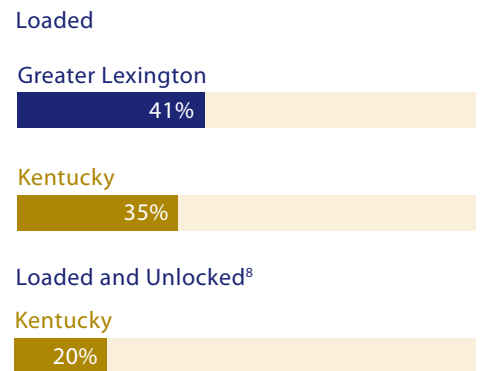


### Storage Practices

Among Greater Lexington adults who reported keeping firearms around their home, about 4 in 10 (41%) keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.<sup>8</sup>

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? *(Of those who keep firearms in or around their home)*



## Opinions on Health Policy

Health policy is an important tool for changing health outcomes. This section will present the opinions of Greater Lexington residents on a number of current health policy issues.

### Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

#### Support for Healthcare for All

More than 9 in 10 Greater Lexington residents (94%) favor providing access to affordable, quality healthcare for all Americans. This is slightly higher than the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.<sup>9</sup>

#### Kentuckians Need More Information about the ACA

Just 1 in 4 Greater Lexington adults (27%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the ACA. This need for information is unchanged since the 2010 KHIP.

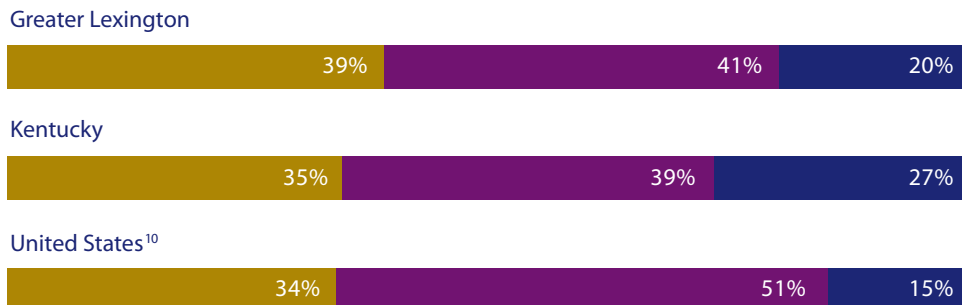
#### Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

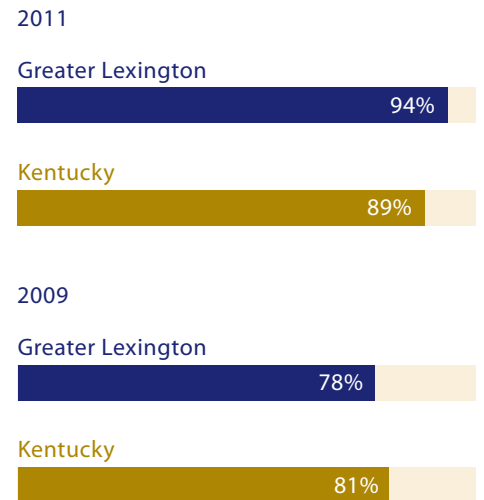
About 4 in 10 Greater Lexington adults (39%) reported having a generally favorable opinion of the ACA, or a generally unfavorable opinion of it (41%). Another 1 in 5 Greater Lexington adults (20%) expressed no opinion about the law. The Greater Lexington respondents reported similar levels of favorability as than the state and the nation.<sup>10</sup>

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages may not add to 100% due to rounding)

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



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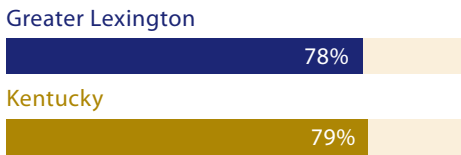
The majority of Kentuckians said that elements of the law that were recently phased in made them feel more favorable toward the ACA. In Greater Lexington, more than 3 in 4 felt more favorable because of free preventive services for seniors (78%). The majority felt more favorable because of increased accountability for insurance companies (72%) and because of grants to support workplace wellness programs (53%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. About 4 in 10 felt more favorable because of this (42%), but a similar number (41%) said it doesn't make a difference.

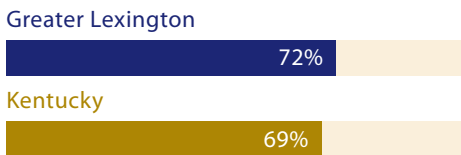
The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Just 2 in 10 Greater Lexington respondents (21%) favored this part of the law, known as the individual mandate, while 3 in 4 (75%) opposed it.

**Percentage of Kentuckians who feel more favorable toward the Patient Protection and Affordable Care Act (ACA) because it includes the following elements:**

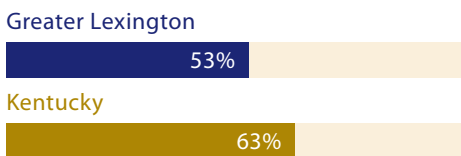
Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



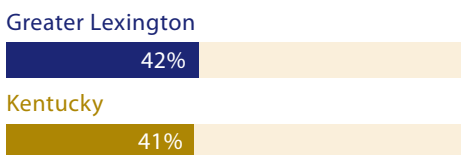
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



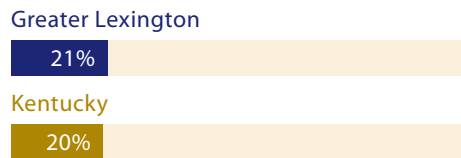
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



**Percentage of Kentuckians who favor the part of the health reform law that will require nearly all Americans to have health insurance**



**Experiences with the Affordable Care Act**

When asked about the ACA's impact on them and their families, about 2 in 10 Greater Lexington adults (18%) said the law had negatively affected them, while a smaller number (7%) said they had been positively affected. Nearly 7 in 10 (66%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Greater Lexington findings are similar to state and national results.<sup>11</sup>

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.<sup>12</sup>

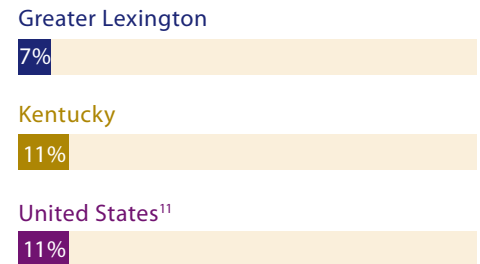
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

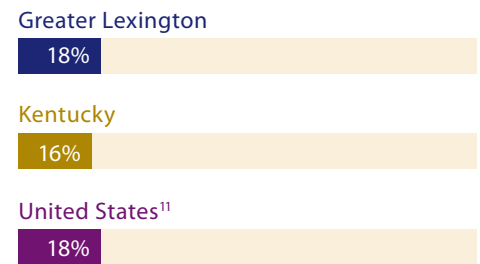


**Adults reporting that the ACA had an effect on them or their family**

Positive effect



Negative effect



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).



## Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.<sup>13</sup> To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.<sup>14</sup> To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than 6 in 10 of Greater Lexington adults favored a statewide smoke-free law (61%), while 38% opposed a law, and 2% had no opinion. This is an increase in support from 2010<sup>15</sup>, when 50% of Greater Lexington adults favored a statewide law, and is higher than results for the state as a whole.

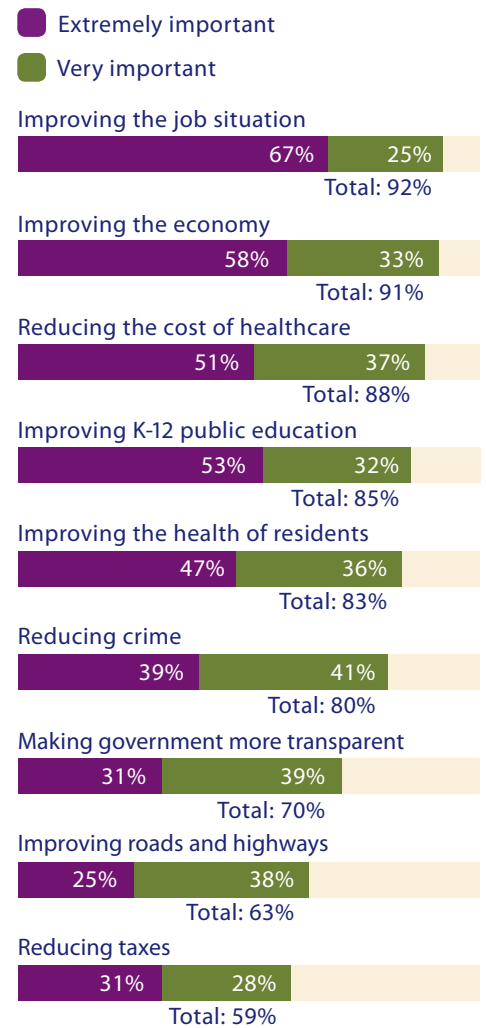
## What Should Be the State's Priorities

KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Greater Lexington residents place the greatest importance on priorities that would grow Kentucky's economy. More than 9 in 10 respondents think it is extremely or very important for policymakers to work on improving the job situation (92%) and improving the economy in the state (91%).

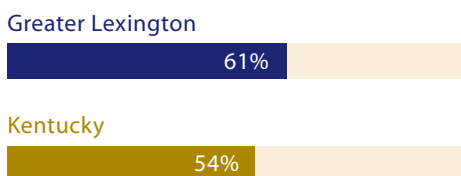
Health, education, and crime are also high priorities for Greater Lexington residents. More than 8 in 10 adults in Greater Lexington said it is extremely or very important for policymakers to work on reducing the cost of healthcare (88%), improving K-12 public education (85%), improving the health of residents (83%), and reducing crime (80%).

The majority of those surveyed reported that other issues were also important. Greater Lexington adults said it was important for policymakers to work on making government more transparent (70%), improving Kentucky's roads and highways (63%), and reducing taxes (59%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?



Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



## Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.

### Sex

Male Female

Greater Lexington



Kentucky



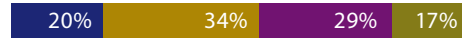
### Age

18-29 30-45 46-64 65+

Greater Lexington



Kentucky



### Race

African American White

Greater Lexington



Kentucky



### Level of Education

Less than High School High School Grad Some College College Grad

Greater Lexington



Kentucky



### Household Income<sup>17</sup>

Below 100% FPG Between 100% & 200% FPG Over 200% FPG

Greater Lexington



Kentucky



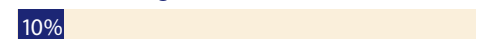
## Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.<sup>16</sup>

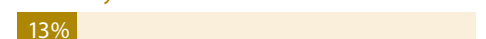
KHIP found considerable regional variation in caregiving status, with higher rates in the more rural parts of the state. In Greater Lexington, about 1 in 10 adults (10%) reported that they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")

Greater Lexington



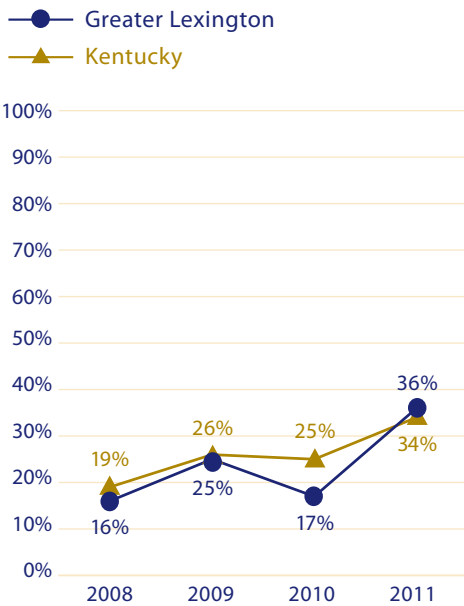
Kentucky



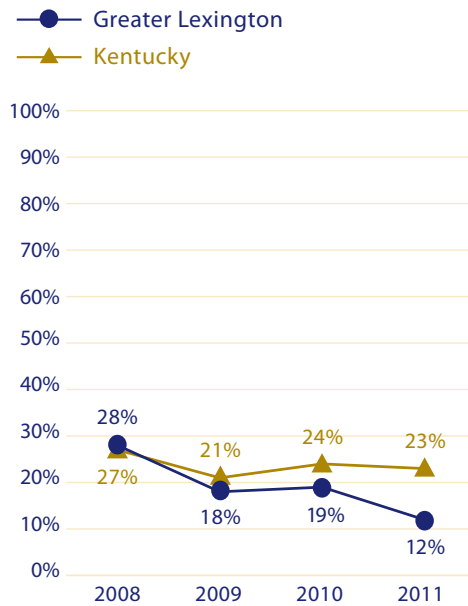
## Poverty Status

Adults living in Greater Lexington have comparable household incomes to adults in the state as a whole. A similar percentage of Greater Lexington adults lived above 100% of the federal poverty guidelines (FPG)<sup>17</sup> than elsewhere in the state. However, the proportion of adults living in poverty throughout the state has been increasing.

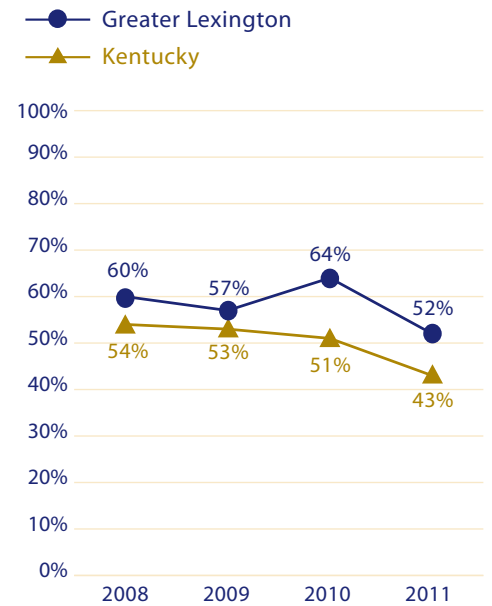
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG





## End Notes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from [http://www.samhsa.gov/data/NSDUH/2k10MH\\_Findings/2k10MHRResults.pdf](http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHRResults.pdf).
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from [www.childhealthdata.org](http://www.childhealthdata.org). Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Greater Lexington is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
- 16 Centers for Disease Control and Prevention. *Caregiving: A Public Health Priority*. Retrieved from <http://www.cdc.gov/aging/caregiving/index.htm>
- 17 In 2010, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four.

## About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 319 respondents resided in the Greater Lexington region. The counties included in this region are:

- Anderson County • Jessamine County
- Bourbon County • Lincoln County
- Boyle County • Madison County
- Clark County • Mercer County
- Estill County • Nicholas County
- Fayette County • Powell County
- Garrard County • Scott County
- Harrison County • Woodford County

This report presents a selection of questions with data specific to Greater Lexington. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky ([www.healthy-ky.org](http://www.healthy-ky.org)) or The Health Foundation of Greater Cincinnati ([www.healthfoundation.org/khip.html](http://www.healthfoundation.org/khip.html)). Users can access the entire survey dataset, as well as results by region or demographic group, at [www.oasisdataarchive.org](http://www.oasisdataarchive.org).

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati ([jchubinski@healthfoundation.org](mailto:jchubinski@healthfoundation.org)) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky ([swalsh@healthy-ky.org](mailto:swalsh@healthy-ky.org)).

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