

Spotlight on Greater Lexington



2010 KENTUCKY HEALTH ISSUES POLL

September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, 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, adults in Greater Lexington:

- Find eating in a smoke-free restaurant more enjoyable (58%),
- Support smoke-free school campuses (83%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (62%) or nonviolent crimes while under the influence of alcohol (62%),
- Support a complete ban on cell phone use while driving (69%), and
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (76%).

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:

- Agree there are sidewalks or shoulders on streets that allow for safe walking, jogging and biking in their community,
- Contact their elected officials, or candidates for office, by phone or email,
- Talk and text or send email messages on their cell phones while driving,
- Earn more than 100% of the Federal Poverty Guideline(FPG).¹

This Spotlight on Greater Lexington presents these and other findings from the *2010 Kentucky Health Issues Poll (KHIP)*.



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¹In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Greater Lexington estimates to ±5.4%. In addition to sampling error, 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Heart Disease Concern and Leading Cause of Death for Men

One in three Greater Lexington adults (32%) listed heart disease as the most important health issue for men, this was followed by cancer (30%), and obesity (15%). Another 9% of Greater Lexington residents said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.² In Greater Lexington, the order varied: the leading cause of death for men was cancer, followed by heart disease and injuries.

Cancer Leading Concern and Leading Cause of Death for Women

More than half of Greater Lexington adults (53%) said that cancer in general was the most important health issue facing women, with more than 4 in 10 (42%) specifying breast cancer as the most important issue. These were followed by obesity (11%), and heart disease (8%). Another 9% said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women,³ nearly tied by second-ranked heart disease, and followed by chronic lung disease. The leading causes of death for women in Greater Lexington were the same as for the state as a whole.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

| MEN | WOMEN | CHILDREN** |
|-------------------|------------------|-------------|
| 1. Cancer | 1. Cancer* | 1. Obesity |
| 2. Heart Disease* | 2. Obesity | 2. Diabetes |
| 3. Obesity | 3. Heart Disease | 3. Cancer |

*Actual leading cause of death.
 **Unintentional injuries are the actual leading cause of death for children (ages 1-17).



Obesity Leading Concern, Injuries Leading Cause of Death for Children

Greater Lexington adults identified obesity (38%), diabetes (9%), and cancer (8%) as the most important health care issues facing children. Another 18% said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky.⁴ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

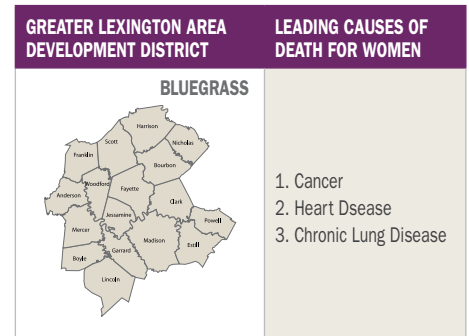
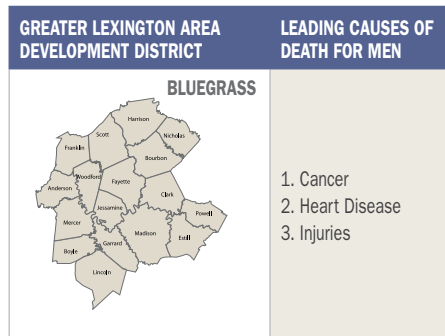
It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.

Actual Causes of Death in Kentucky

| MEN | WOMEN |
|------------------|-------------------------|
| 1. Heart Disease | 1. Cancer |
| 2. Cancer | 2. Heart Disease |
| 3. Injuries | 3. Chronic Lung Disease |

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁵

Leading Causes of Death for Men and Women in Greater Lexington by Area Development District⁶



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.

Access to Healthy Foods

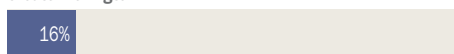
Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁷ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

While the majority of Kentuckians have access to fresh produce in their communities, 1 in 6 Greater Lexington adults (16%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is similar to the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.

Greater Lexington



Kentucky



Affording Nutritious Meals is a Source of Stress

The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many in Greater Lexington. Nearly 4 in 10 Greater Lexington adults (37%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

More than half of Greater Lexington adults (55%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. In both categories tracked by KHIP, Greater Lexington respondents reported similar levels of stress to the state as a whole.

How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)

ALWAYS USUALLY SOMETIMES

Greater Lexington



Kentucky



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?

Greater Lexington



Kentucky



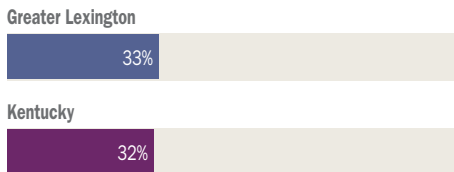
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Greater Lexington respondents indicated their communities were as walkable as other regions in the state. Only about 1 in 3 Greater Lexington adults (33%) felt there were many destinations to go within an easy walking distance from their home.

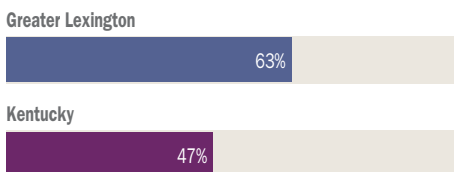
Nearly 2 in 3 adults in Greater Lexington (63%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. This is higher than the state as a whole, where less than half of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community.



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. *(Graphs present the combined percentage of Kentucky adults who said they "strongly agreed" or "somewhat agreed" with the statement.)*



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



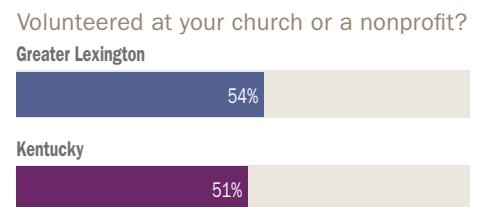
Civic Engagement

Much has been written about the public and personal benefits of community involvement.⁸ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁹

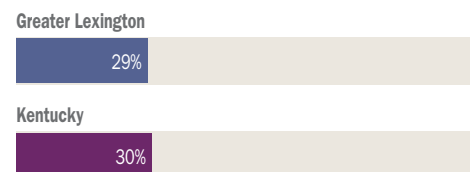
Community Service

Greater Lexington adults volunteer more than adults in the nation and about as often as all Kentucky adults. More than half of Greater Lexington adults (54%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. Nearly 3 in 10 adults (29%) had worked on a community project and 1 in 10 (9%) had donated blood in the previous year.

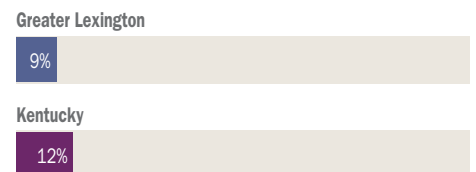
In the past 12 months have you... *(Graphs present percentage of adults who answered "yes" they have done the specified activity.)*



Worked on a community project?



Donated blood?



Political Process

As policymakers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

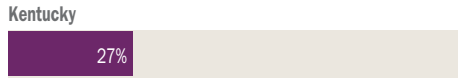
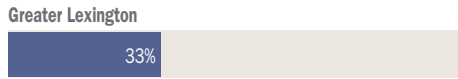
As was observed across the state, fewer Greater Lexington residents reported participating in parts of the political process compared to community service activities. In Greater Lexington, 1 in 3 adults (33%) had contacted an elected official or candidate for office by phone or email, and 1 in 5 (20%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Greater Lexington, more than 1 in 7 (14%) had signed a petition; 1 in 5 (19%) had attended a political meeting or rally; and fewer than 1 in 30 adults (3%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Greater Lexington are similar to the state as a whole.

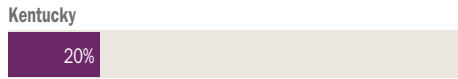
In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

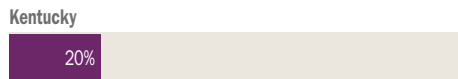
Contacted an elected official or candidate via phone or email?



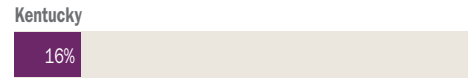
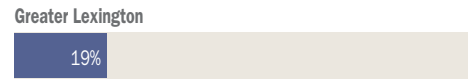
Visited an elected official or candidate?



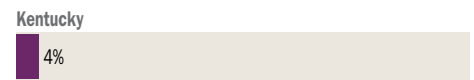
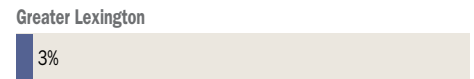
Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

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

Smoke-Free Policies

While 17% of U.S. adults are current smokers,¹⁰ the 2010 KHIP found that 35% of Kentucky adults – and 34% of Greater Lexington adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

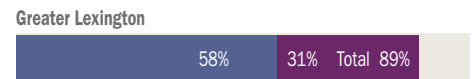
Smoke-Free Restaurants

Nearly 6 in 10 Greater Lexington adults (58%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Greater Lexington residents indicated that it made their experience less enjoyable (11%), but nearly nine in ten said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Greater Lexington were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference?

(Graphs present only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

More than 8 in 10 Greater Lexington adults (83%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹¹

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?
(Graph presents only the percentage of respondents who indicated they favored this.)

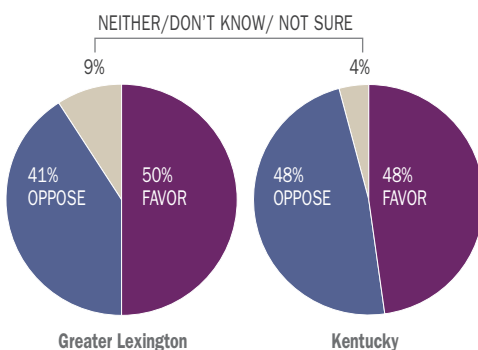


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. Half of Greater Lexington respondents (50%) favored a smoke-free law, while 4 in 10 opposed the law (41%).¹²

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?
(Percentages may not add to 100 due to rounding)



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last 3 years. In comparison, the U.S. state prison system as a whole grew by 13% since 2000.¹³

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹⁴

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁵ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law.

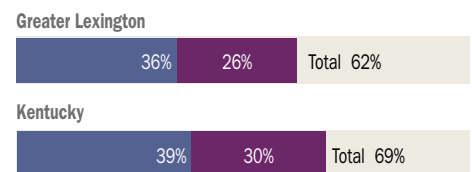
Community-based treatment can also be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Greater Lexington, more than 6 in 10 adults (62%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁶ Similarly, more than 2 in 3 (68%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.¹⁷

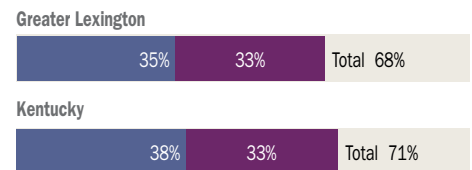
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
(Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

STRONGLY FAVOR SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including more than 3 in 4 adults in Greater Lexington (78%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.

Talking or Texting While Driving

Compared to the state as a whole, Greater Lexington adults are more likely to use their cell phones to talk or text while driving.

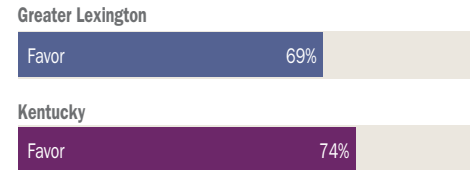
Over half (54%) of Greater Lexington adults reported they talk on their phone occasionally or almost never, and 24% reported they talk on their phone every time or almost every time they drive. One in four Greater Lexington residents (22%) reported they never use their cell phone to talk while driving.

About 1 in 6 (16%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (7%) reported texting or emailing every time or almost every time they drive. Most Greater Lexington adults (77%) reported that they never use their cell phone to write text messages or email while driving.

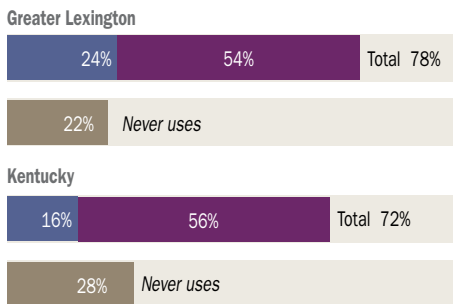
Law to Prevent Phone Use while Driving

Nearly 7 in 10 Greater Lexington adults (69%) favor a law making it illegal to use a cell phone while driving. About 1 in 4 (27%) opposed the law, and the remaining 4% were not sure.

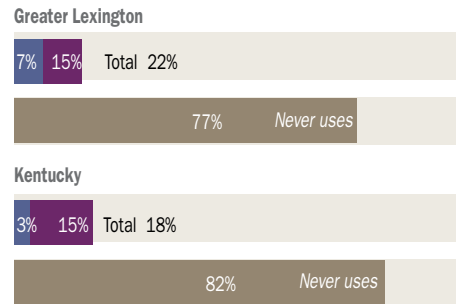
Do you favor or oppose a law making it illegal to use a cell phone while driving?



How often do you use your cell phone while driving to talk?



How often do you use your cell phone while driving to write text messages or emails?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

Just 1 in 4 Greater Lexington adults (24%) felt they had enough information about the PPACA to understand how it would affect them personally. This is similar to the state average, where just over one in four Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. One in four Greater Lexington adults (28%) reported having a generally favorable opinion of the PPACA, while 4 in 10 adults had a generally unfavorable opinion of it (44%). More than 1 in 4 Greater Lexington adults (27%) expressed no opinion about the law. The views expressed in Greater Lexington are similar to the rest of the state, but were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁸

Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Greater Lexington, respondents felt most favorably toward the law because of these elements:

- Prohibiting denying coverage for children with pre-existing conditions (81%)
- Small business tax credits (79%)
- Access to preventive services without co-payment (76%)
- Creating a high-risk pool for those with pre-existing conditions who cannot afford health insurance (72%)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.

Greater Lexington



Kentucky



Tax credits to small businesses that offer coverage to their employees.

Greater Lexington



Kentucky

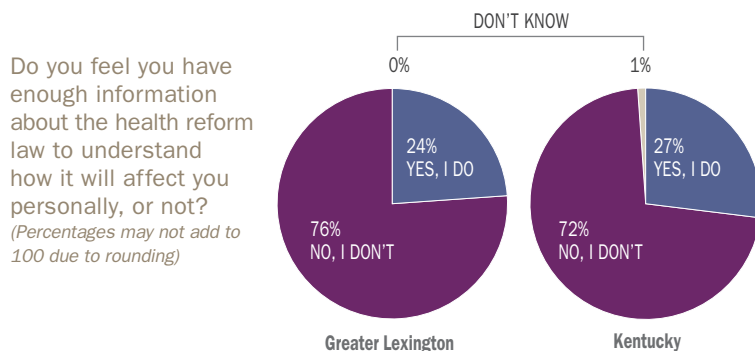


Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.

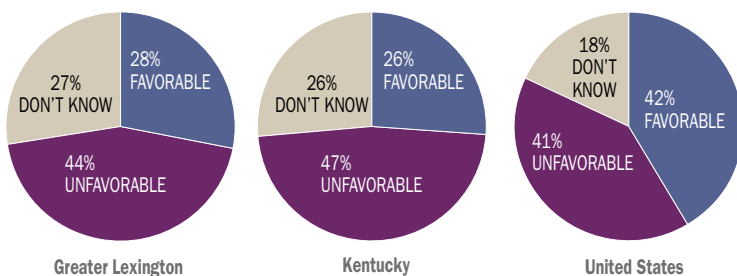
Greater Lexington



Kentucky

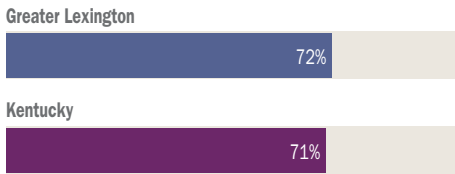


Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? *(Percentages may not add to 100 due to rounding)*

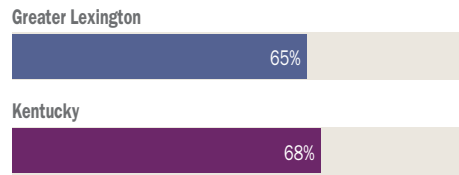


Kentuckians feel more favorable toward the PPACA because it includes the following elements (continued):

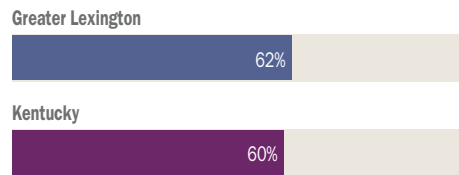
Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



Children can stay on their parents' health insurance plan until age 26.

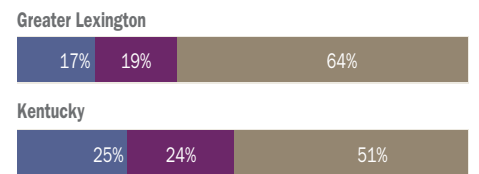
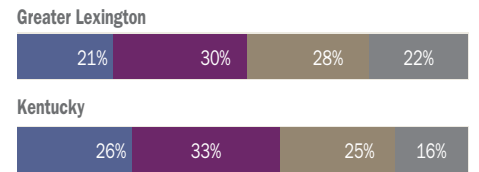
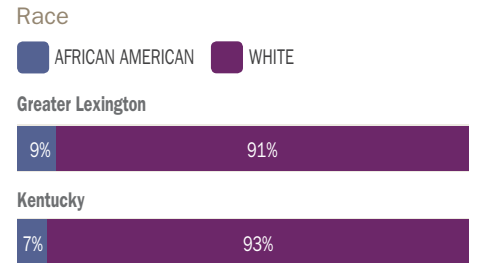
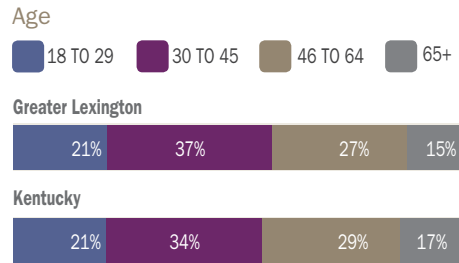
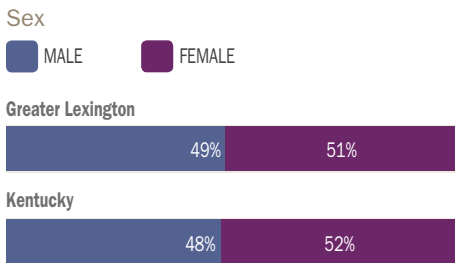


Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.



Demographic Profile

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



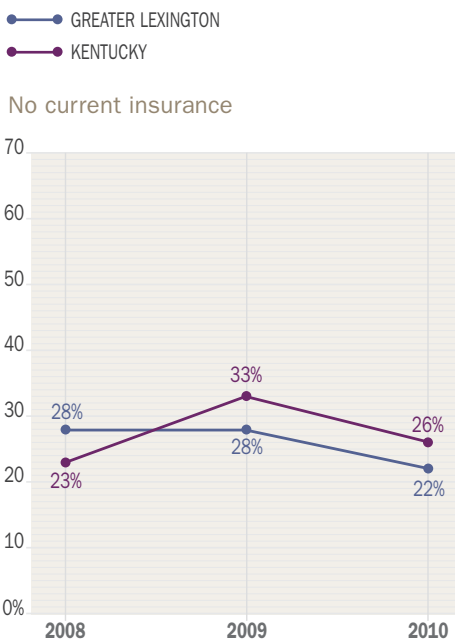
Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

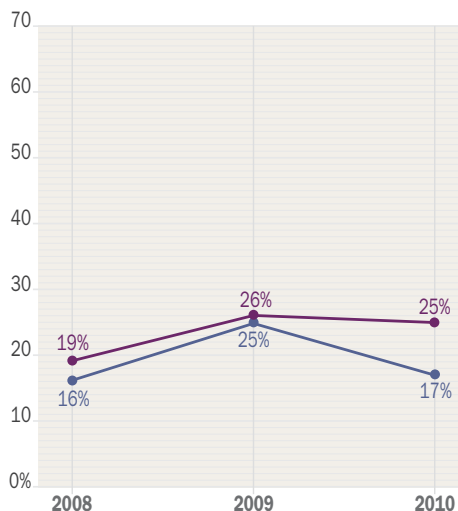
Not Having Health Insurance Coverage

The percent of Greater Lexington adults ages 18-64 who lack health insurance decreased slightly since 2009, going from 28% in 2009 to 22% in 2010. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



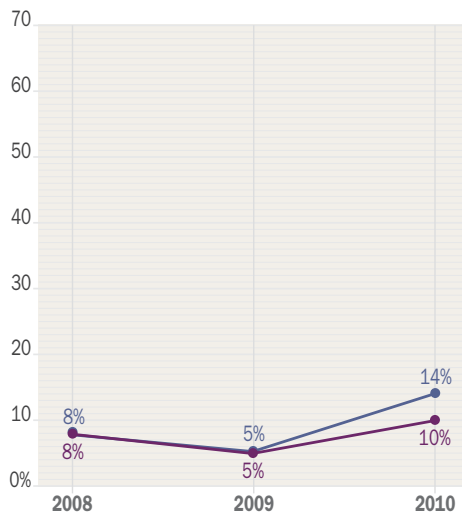
Adults living at less than 100% FPG



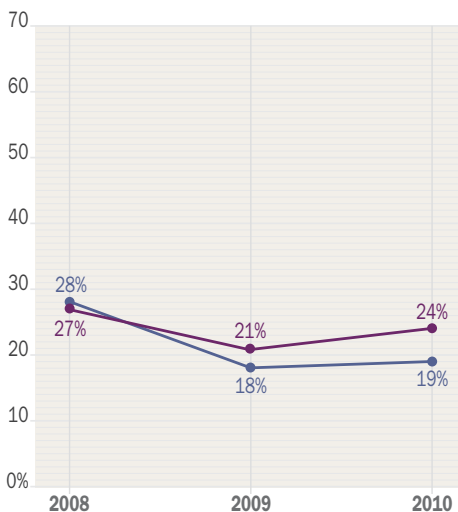
Gaps in Health Insurance Coverage

Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured adults in Greater Lexington had stable insurance coverage over the past year. However, 1 in 7 insured Greater Lexington adults ages 18-64 (14%) had been uninsured at some point in the past 12 months.

Currently insured but uninsured at some point in the last 12 months

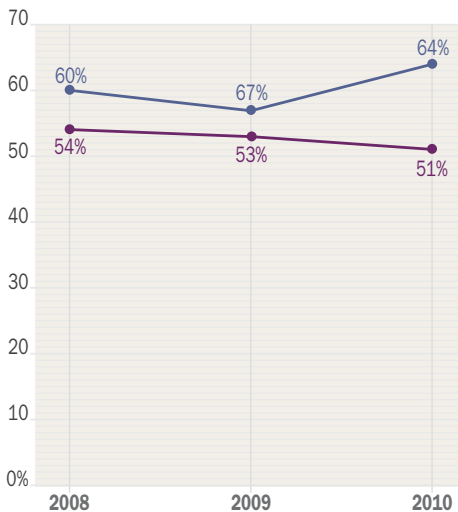


Adults living between 100% – 200% FPG



Therefore, more than 1 in 3 Greater Lexington adults ages 18-64 (36%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.

Adults living at more than 200% FPG



Poverty Status

Adults living in Greater Lexington have higher household incomes than adults in the state as a whole. A greater percentage of Greater Lexington adults lived above 100% of the federal poverty guidelines (FPG)²⁰ than elsewhere in the state. Between 2009 and 2010, the number of Greater Lexington adults earning less than 100% of the FPG decreased, widening the gap between Greater Lexington and the rest of the state.



End Notes

(1)In 2009, 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. **(2)**The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(3)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(4)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-I. Retrieved from: <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+R+eports.htm>. **(5)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved at: <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(6)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(7)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR-108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(8)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(9)**Bureau of Labor Statistics (2011).

Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/news.release/volun.toc.htm. **(10)**National data are from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(11)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: "Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events." **(12)**The remaining 9% responded that they didn't have an opinion or weren't sure or didn't know whether they favored or opposed a smoke-free law. **(13)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(14)**Ibid. **(15)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(16)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(17)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(18)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(19)**In 2009, 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. **(20)**Ibid.

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 December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 313 respondents resided in the Bluegrass Area Development District. 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) or The Health Foundation of Greater Cincinnati (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.

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) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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