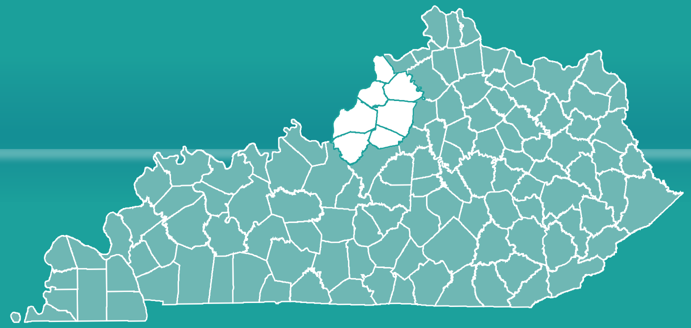
Spotlight on Greater Louisville



July 2010

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

In late 2009, 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 affect our communities, our state, and our nation. This report presents the views expressed by respondents from the Greater Louisville area, which makes up the KIPDA Area Development District. About 22% of Kentuckians live in this 7-county region (*please see "About the* Kentucky Health Issues Poll *on page 8 for the list of counties)*.

In general, responses from residents of Greater Louisville were comparable to the state as a whole, with a few key differences. Adults in Greater Louisville were:

- more likely to have health insurance coverage
- less likely to report taking a cut in their salary or benefits during the preceding year than in other parts of the state

This *Spotlight on Greater Louisville* presents these and other findings from the 2009 *Kentucky Health Issues Poll*.

Health Insurance

Not Having Health Insurance Coverage

About 7 in 10 Kentucky adults of all ages (72%) had health insurance at the time of the *Poll*, and almost all Kentucky adults ages 65 and older (98%) had health insurance. The difficult economic climate has led to increasing numbers of adults ages 18–64 who do not have health insurance.

The percent of adults ages 18–64 in Greater Louisville who currently lacked health insurance doubled since early 2008, going from 13% in 2008 to 26% in 2009. Still, Greater Louisville residents fared slightly better than the state as a whole: 1 in

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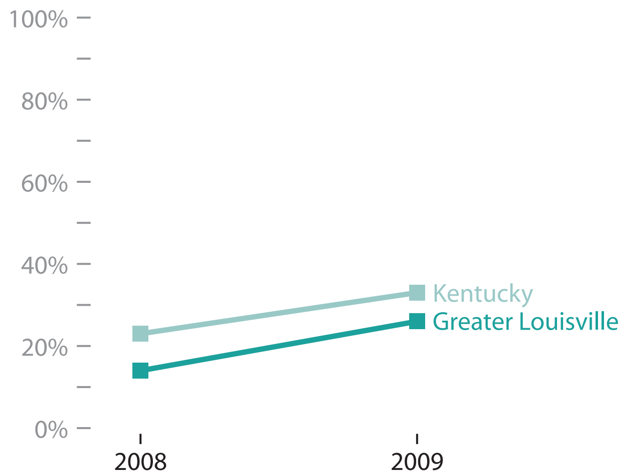
3 adults ages 18–64 in Kentucky were uninsured in 2009 (see Figure 1).

Figure 1: Kentuckians ages 18–64 reporting not having health insurance at the time of the survey



	2008	2009
Greater Louisville	13%	26%
Kentucky	23%	33%

Satisfaction with Health Insurance

Of Kentucky adults of all ages who have health insurance, 86% indicated they were satisfied with their current health insurance, compared to 84% of adults of all ages in Greater Louisville. This included the:

- 3 in 10 (29%) Greater Louisville adults who said they were completely satisfied,
- 3 in 10 (28%) who were very satisfied, and
- 1 in 4 (27%) who were somewhat satisfied.

Denied Claims

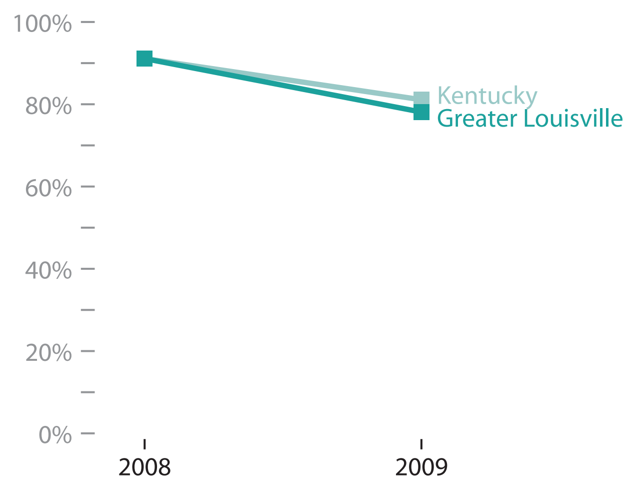
Having health insurance does not always mean that the insurance company will pay for all healthcare services a doctor advises a patient to get. According to the *Poll*, 1 in 5 insured adults in Greater Louisville (21%) reported that their health insurance company had refused to pay for healthcare services that their doctor advised them to get. This is slightly higher than the rate of adults reporting denied claims across the state (17%).

Access to Healthcare for all Americans

To determine how the views of Kentuckians have changed as the national healthcare reform discussion played out, the 2009 *Poll* repeated some questions previously asked in the 2008 *Poll*. When looking at these results, it is important to note that the 2008 *Poll* results are from January–February 2008—before national healthcare reform efforts started–while the 2009 *Poll* results are from October–November 2009—when pro- and anti-reform efforts were in full swing.

Support for providing access to affordable, quality healthcare for all Americans dropped between 2008 and 2009 in Greater Louisville and across the state. Still, the majority of adults in Greater Louisville and the state as a whole favored providing access to healthcare for all Americans (see Figures 2–4).

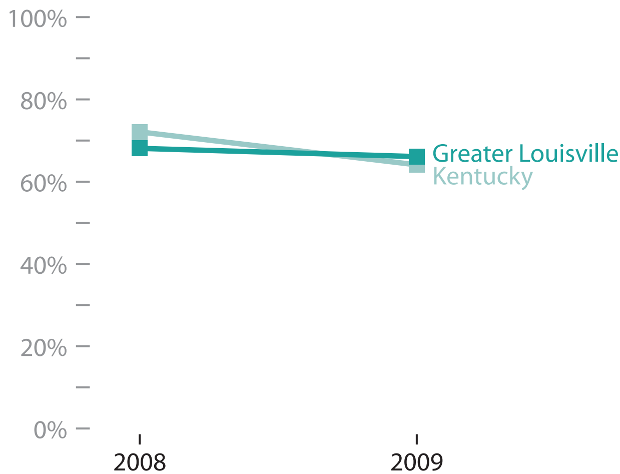
Figure 2: Kentuckians who favor providing access to affordable, quality healthcare for all Americans



Note: in 2008, the points for Kentucky and Greater Louisville overlap.

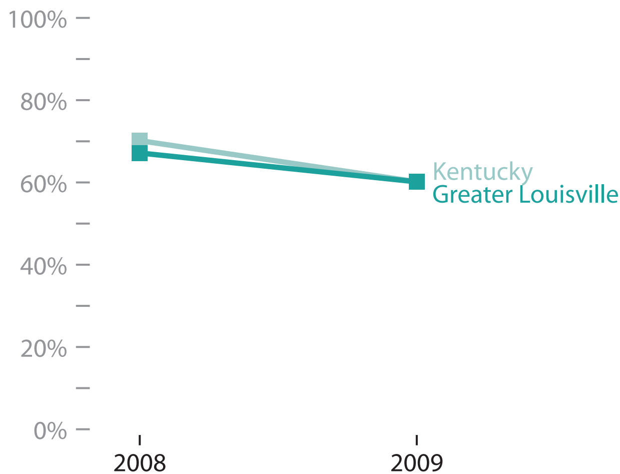
	2008	2009
Greater Louisville	91%	78%
Kentucky	91%	81%

Figure 3: Kentuckians who favor providing access to affordable, quality healthcare for all Americans, even if it means raising taxes (asked only of those who said they favor providing access to healthcare for all Americans)



	2008	2009
Greater Louisville	68%	66%
Kentucky	72%	64%

Figure 4: Kentuckians who favor providing access to affordable, quality healthcare for all Americans, even if it means a major role for the federal government (asked only of those who said they favor providing access to healthcare for all Americans)



Note: in 2009, the points for Kentucky and Greater Louisville overlap.

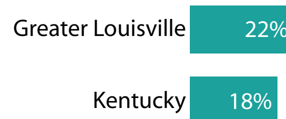
	2008	2009
Greater Louisville	67%	60%
Kentucky	70%	60%

Having a Medical Home

Having a usual clinic, health center, doctor's office, or other place you go if you are sick or need medical advice is known as having a medical home. People who do not have a medical home are less likely to seek appropriate and timely healthcare when they need it.

About 1 in 5 (22%) Greater Louisville adults reported that they did not have a medical home (see Figure 5). This is slightly higher than the 18% of all Kentucky adults who lack a medical home.

Figure 5: Kentuckians who do not have a medical home, or one particular clinic, health center, doctor's office, or other place that they usually go to if they are sick or need advice about their health



Appropriate Medical Home

Having a usual place to get healthcare and medical advice is only part of the issue. The type of medical home a person has is also important. An appropriate medical home is a place where the staff know your health history and provide regular and preventive care to help catch minor problems before they become serious.

Appropriate medical homes include private doctor's offices, public health clinics or community-based health centers, or hospital outpatient departments. About three-quarters of Kentucky adults (76%) reported they had an appropriate medical home, while 73% of Greater Louisville adults reported they had an appropriate medical home.

A hospital emergency room (ER) or urgent care center is not an appropriate medical home. About 5% of Kentuckians reported their medical home was an ER or urgent care center, compared to 3% of adults in Greater Louisville.

Impact of the Economy on Healthcare

Reductions in Salaries and Benefits

2009 will be remembered as a difficult economic year for most of the country, and Kentucky is no exception. Unemployment in Kentucky approached 11% in 2009 and was consistently higher than the national average.[1] Even Kentuckians who have jobs may still have difficulty making ends meet because of reductions in salary or benefits. In Greater Louisville specifically:

- 3 in 10 adults (31%) reported they or a family member experienced a cut in pay.
- 1 in 4 (25%) reported they or a family member experienced a reduction or elimination of health care benefits.
- 1 in 5 (22%) reported that they or a family member experienced a reduction or elimination of retirement contributions.

These types of cuts were reported at similar or slightly lower rates in Greater Louisville than in the state as a whole (see Figure 6).

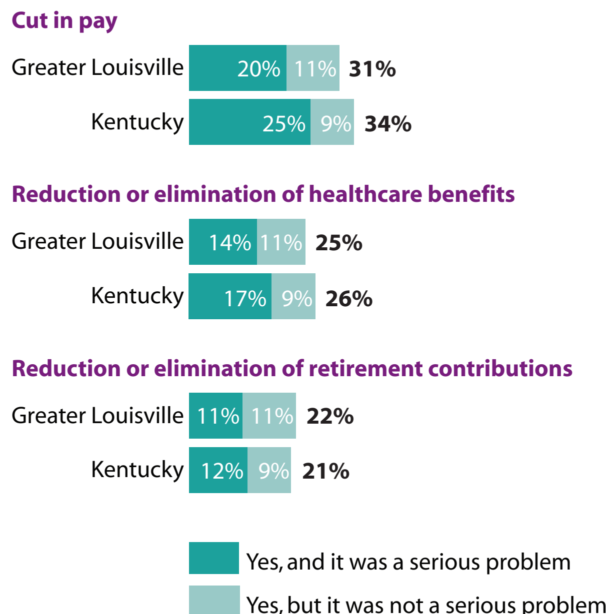


Figure 6: Kentuckians reporting that they or their family experienced reductions in salary or benefits in the past 12 months

Delaying or Going without Care Due to Cost

The cost of healthcare has been increasing for several decades, and this can affect the choices people make about their healthcare. These increases have meant that some people have to go without care because they can't afford it or they go into debt to get the care they need.

About 3 in 10 Greater Louisville adults reported that they or a member of their household delayed or went without needed medical care (30%) or prescription medication (28%) in the preceding year because of cost. About 1 in 3 (34%) reported that they went without needed dental care because of cost. The rate for delaying or going without medical care was similar to the state as a whole, but more Kentuckians in general went without dental care or prescriptions than residents of Greater Louisville (see Figure 7). Greater Louisvillians reported similar rates of going without care or prescriptions as adults in the nation, but Kentuckians in general had higher rates of going without dental care or prescriptions.[2]

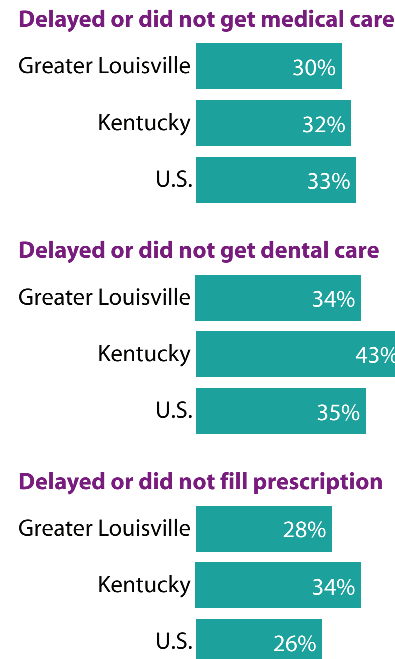


Figure 7: Kentuckians who delayed or went without needed medical care, dental care, or prescription medications in the past 12 months, compared to the nation

[1] *Bureau of Labor Statistics, U.S. Department of Labor, Local Area Unemployment Statistics, Jan-Dec 2009 [accessed April 23, 2010 from http://www.bls.gov/lau/]*

[2] *National polling results come from the September 2009* Kaiser Health Tracking Poll *available at http://www.kff.org/kaiserpolls/upload/7988.pdf.*

Going into Debt to Pay for Healthcare

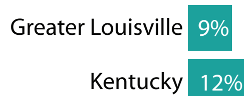
Over half of Greater Louisvillians (55%) do not have unpaid medical debt, and 29% owe less than $2,000. This means that about 1 in 7 adults in Greater Louisville owes over $2,000 in unpaid medical debt. This is slightly lower than Kentuckians in general (see Figure 8).

Figure 8: Kentuckians who have unpaid medical debt, by amount owed (percentages will not add to 100% because the percent who said "don't know" are not included)

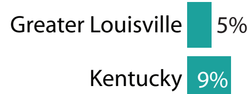
Owe nothing

Owe less than $2,000

Owe $2,000–$9,999



Owe $10,000 or more



Residents of Greater Louisville reported their largest percentage of unpaid medical debt was for:

- Outpatient treatment and procedures (25%)
- Emergency room visits (18%)
- In-hospital stays (17%)
- Tests and diagnostic procedures (16%)

Children's Health Issues

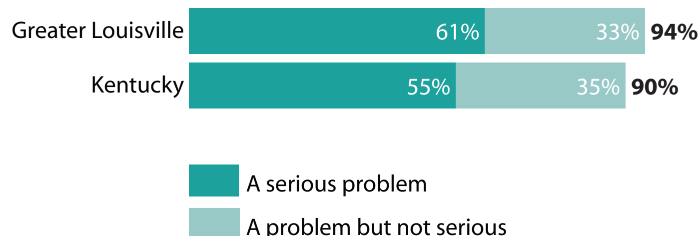
Childhood Obesity

Children with a high body weight are more likely to be overweight as adults, and are at an increased risk for health problems such as heart disease and diabetes.

In Kentucky, 37% of children ages 10–17 are overweight or obese, compared to 32% of children nationally. Kentucky has the second highest rate of children who are overweight or obese in the U.S.[3]

Over 9 in 10 adults in Greater Louisville perceive childhood obesity to be a problem, and 6 in 10 (61%) believe it is a serious problem, which is higher than the rate of adults across Kentucky (see Figure 9).

Figure 9: Kentuckians who believe childhood obesity is a problem



The Role of Schools in Children's Health

The overall health and well-being of students affects their academic achievement. In turn, students' academic achievement affects their health status in the future.[4] Schools, then, may be one place to help children be healthier. This may mean that schools can directly affect children's health through physical activity or teaching health education, or that schools can help families get access to healthcare for their children.

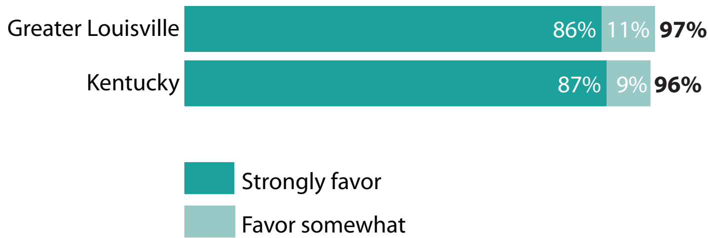
One strategy to address childhood obesity is to increase children's physical activity. Since children spend a lot of their time in school, schools can be one place to increase that activity. However, a recent survey indicated that 7 in 10 Kentucky high school students (69%) do not attend physical education classes.[5]

Nearly all Kentuckians (96%) and Greater Lousivillians (97%) favored requiring schools to

[3] *Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health web site. Retrieved 12/3/09 from www.nschdata.org. Children with a body mass index (BMI) between the 85th and 95th percentiles were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.*
[4] *Cutler DM and A Lleras-Muney. (2006) Education and Health: Evaluating Theories and Evidence. Cambridge, MA: National Bureau of Economic Research.*
[5] *Centers for Disease Control and Prevention. 2007 Youth Risk Behavior Survey Data. Retrieved 12/3/09 from www.cdc.gov/yrbss.*

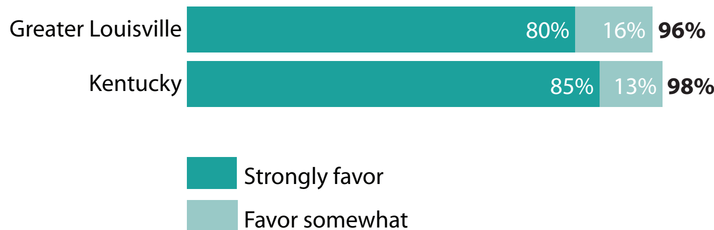
provide 30 minutes of physical activity or physical education to students each day (see Figure 10).

Figure 10: Kentuckians who favor requiring schools to provide 30 minutes of physical activity or physical education to students each day



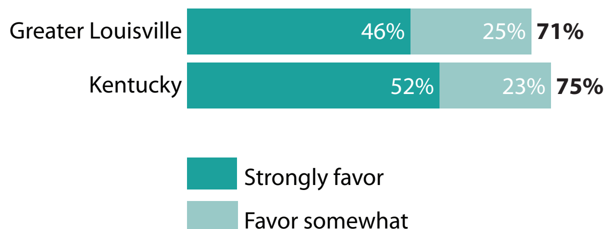
Almost all Greater Louisville adults (96%) favored teaching health education topics—specifically nutrition, safety, and dental health—in schools, with 8 in 10 (80%) strongly favoring this, similar to the support shown by adults across the state (see Figure 11).

Figure 11: Kentuckians who favor that schools teach health education topics



Seven in ten Greater Louisville adults (71%) favored schools taking a more active role in helping families get healthcare services for their children, and nearly half (46%) strongly favored this. Support was similarly high statewide (see Figure 12).

Figure 12: Kentuckians who favor that schools take a more active role in helping families get healthcare services for children



Mental Health Services

Integrating Mental and Physical Health Care

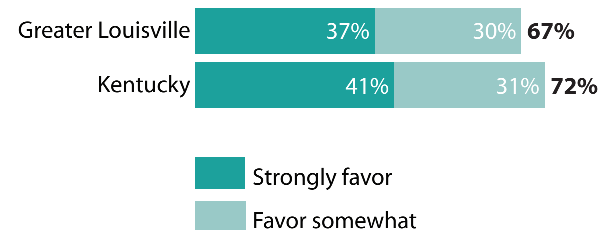
The current U.S. healthcare system separates treatment for physical and mental illnesses. Physical and mental health care are offered in different locations and by different healthcare providers. There are also different levels of insurance benefits for physical and mental health care. This can mean that people delay getting or do not get needed services because it is too difficult to go to more than one place or because of cost.

The current model—where physical health care is offered in primary care settings and mental health care is offered in mental health settings—assumes that:

- People have the resources and ability to get to and coordinate care in two places,
- The providers have the ability and resources to coordinate care across the systems, and
- People feel comfortable, safe, and respected in each place.

The *Poll* responses suggest that this model may present challenges for users and Kentuckians favor an alternative where both physical and mental health services would be available in the same place. Two out of three Greater Louisville adults (67%) favored integration of physical and mental health care. This was slightly lower than the 72% of Kentucky adults who favored integration (see Figure 13).

Figure 13: Kentuckians who favor having physical and mental health services available in the same place



Treatment vs. Prison for People with Severe Mental Illnesses

Many studies have estimated that about 10% of people in jails and prisons have ***severe*** mental illnesses.[6] Many people with severe mental illnesses cycle between the community and criminal justice systems without getting treatment for their illnesses. Community-based treatment is more effective than prison in preventing repeated offenses for many people with severe mental illnesses.

Assuming that both treatment and incarceration cost the same,[7] more than 7 out of 10 adults in Greater Louisville (73%) and Kentucky in general (72%) favored replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses who are convicted of non-violent crimes. An even larger percentage (79%) favored treatment over incarceration when the person has no prior criminal record (see Figures 14–15).

Figure 14: Kentuckians who favor replacing prison sentences with mandatory mental illness treatment program for people who have severe mental illnesses and who are convicted of non-violent crimes

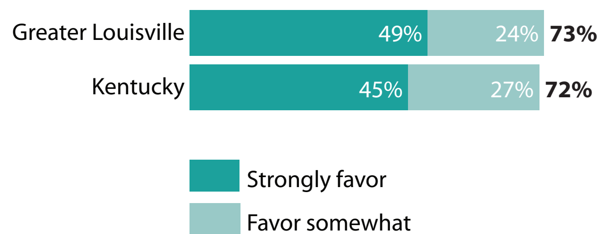
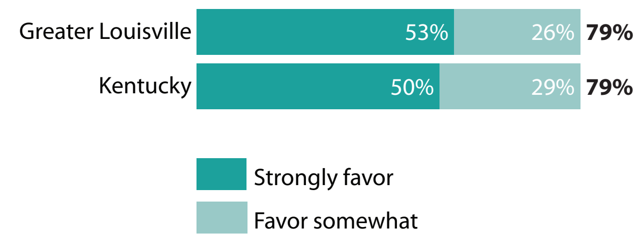


Figure 15: Kentuckians who favor replacing prison sentences with mandatory mental illness treatment program for people who have severe mental illnesses and who are convicted of non-violent crimes and have no prior criminal record



Demographic Profile

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

Demographic	Greater Louisville	Kentucky
Sex		
Male	47%	48%
Female	53%	52%
Age		
18 to 29	18%	20%
30 to 45	37%	35%
46 to 64	29%	28%
65+	17%	16%
Race		
African-American	14%	7%
White	81%	90%
Highest level of education		
Less than high school	20%	26%
High school graduate	31%	33%
Some college	28%	25%
College graduate	21%	16%

Poverty Status

Adults living in Greater Louisville have higher household incomes than adults in the state as a whole. Household incomes in Greater Louisville also saw some growth between 2008 and 2009. For example, the percentage of Greater Louisvillians living above 200% of the federal poverty guidelines (FPG)[8] went from 63% in 2008 to 69% in 2009. In comparison, the percentage of Kentuckians living above 200% FPG

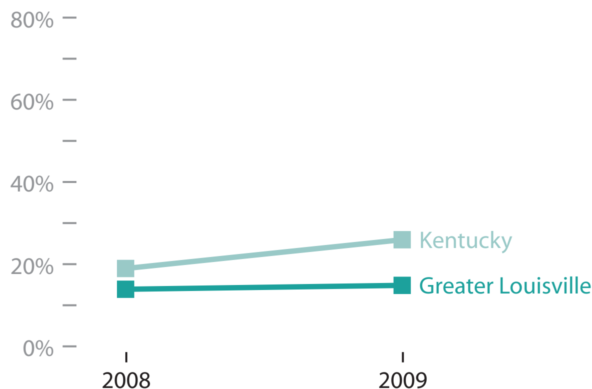
[6] *For the purposes of the* Poll, *"severe mental illnesses" were described as "serious chronic illnesses that affect the brain. People with these illnesses may hear voices, have hallucinations or serious delusions, experience profound depression or paralyzing anxiety, or have uncontrollable mood swings. These disorders can profoundly disrupt a person's thinking, ability to relate to others, and ability to cope with the demands of life. When the illness is active, a person may lose touch with reality or may not be able to process information normally."*

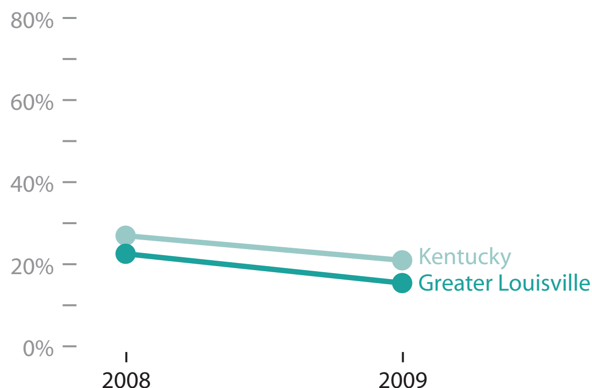
[7] *The costs of treatment and incarceration vary dramatically depending on what is included in the calculation. They almost never cost the same amount, but the question was worded in this fashion so that respondents' perceptions of cost would not affect their answers.*

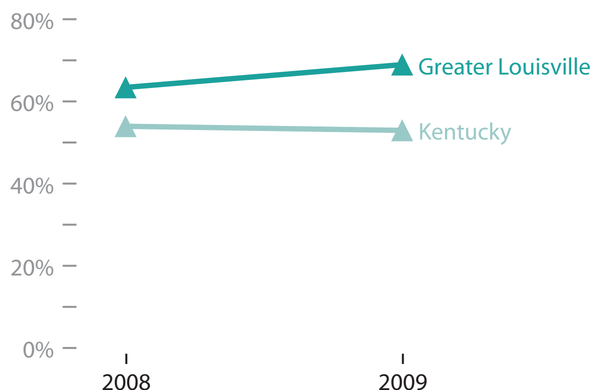
[8] *200% of the federal poverty guidelines (FPG) for 2008 was a household income of $42,400 for a family of 4.*

remained relatively stable, going from 54% in 2008 to 53% in 2009 (see Figure 16).

Figure 16: Kentuckians living at different levels of the federal poverty guidelines







		2008	2009
Greater Louisville	<100% FPG	14%	15%
	100–200% FPG	23%	16%
	>200% FPG	63%	69%
Kentucky	<100% FPG	19%	26%
	100–200% FPG	27%	21%
	>200% FPG	54%	53%

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 2009 Kentucky Health Issues Poll was conducted October 8–November 6, 2009, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,669 adults from throughout Kentucky was interviewed by telephone. This included 1,464 landline interviews and 205 cell phone interviews with people who did not have a landline telephone. Of these, a total of 327 respondents resided in the Greater Louisville region, which makes up the KIPDA Area Development District. The counties included in this region are:

- Bullitt
- Henry
- Jefferson
- Oldham
- Shelby
- Spencer
- Trimble

In 95 of 100 cases, the statewide estimates will be accurate to ±2.4% and Greater Louisville 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.

This report presents a selection of questions with data specific to Greater Louisville. 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 *Poll,* please contact Jennifer Chubinski at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh at the Foundation for a Healthy Kentucky (sarah.walsh@louisville.edu).

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