

Results from the Foundation for a Healthy Kentucky and Interact for Health

Spotlight on Greater Louisville

Since 2008, the Foundation for a Healthy Kentucky and Interact for Health have sponsored the Kentucky Health Issues Poll (KHIP), an annual telephone survey to measure Kentucky adults' opinions about a variety of current health topics.

In 2018, KHIP asked adults about their health and their opinions about statewide and local health policies. KHIP 2018 focused on three pressing issues affecting the health of Kentuckians: access to health care, substance use, and tobacco use. In addition, KHIP asked adults about their health insurance coverage, experience obtaining health care, and opinions about health insurance.

This report presents the views expressed by respondents from the KIPDA Area Development District. About 23% of Kentuckians live in this seven-county region. (Please see "About the Kentucky Health Issues Poll" on page 14 for the list of counties.)

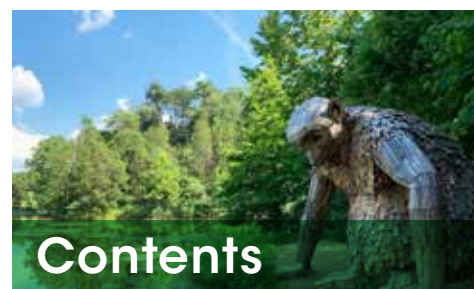
In general, responses from Greater Louisville adults were comparable to the state as a whole. There were a few key differences:

- More adults had dental insurance and less reported delaying needed dental care in 2018.
- More favored a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants, and bars.
- Among adults who knew a friend or family member experiencing problems as a result of using drugs in the past year, more reported that the friend or family member did not enter treatment.
- More adults were very or somewhat familiar with needle exchange programs and more held favorable opinions about such programs.
- More adults reported engaging in civic activities in the prior year.

Like the statewide results, in Greater Louisville:

- 11% of adults ages 18 to 64 were uninsured at the time of KHIP 2018.
- About 20% reported delaying medical care in the past year, a decline from more than 30% reporting the same in 2009, the first time this question was on KHIP.
- About 1 in 4 reported no usual place for obtaining health care.
- Unfavorable opinion about the Affordable Care Act has declined.
- Nearly 6 in 10 favored increasing the minimum legal age to purchase tobacco products from 18 to 21 years of age.
- Three in 10 reported knowing family members or friends who have experienced problems as a result of abusing prescription pain relievers.
- About 2 in 10 reported knowing family members or friends who have experienced problems as a result of using heroin.
- About 2 in 10 reported knowing family members or friends who have experienced problems as a result of using methamphetamine.
- About 3 in 10 said they thought "public health" referred to the health of the population in general, the most frequent response.
- More than half of adults received a flu vaccine in the prior 12 months.
- Of those who had not received a flu vaccine in the prior 12 months, about 1 in 2 cited a common misperception about the flu or the flu vaccine as their main reason for not getting the shot.

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Louisville 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.



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Access to Health Care

Health Insurance

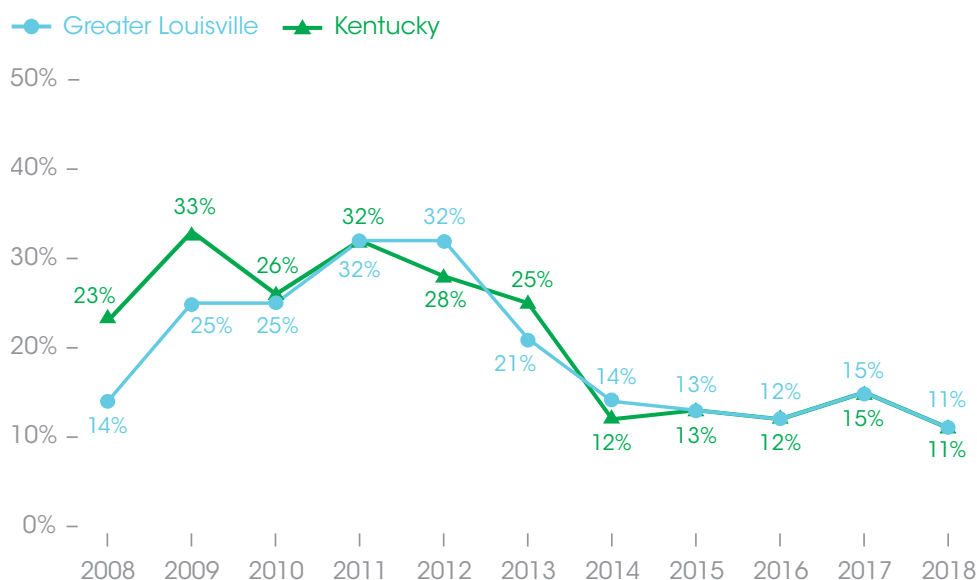
Every year since its inception in 2008, the Kentucky Health Issues Poll has monitored the health insurance status of Kentucky adults. Because nearly all Kentucky adults age 65 or older are insured with Medicare, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

Eleven percent of Greater Louisville adults ages 18 to 64 were uninsured at the time of KHIP 2018. This is a decrease from 2012 when about 1 in 3 adults (32%) reported being uninsured. In 2018, adults ages 18 to 64 in Greater Louisville reported the same rates of being uninsured as compared with the state as a whole (11%).

Nationally, 13% of adults ages 18 to 64 were uninsured in 2018.¹

The decline in uninsurance over the past five years is attributable to Kentucky's expansion of Medicaid, which began in October 2013. Implemented as part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low incomes, and some received financial assistance to buy insurance as required by the ACA. The percentage of uninsured adults in Kentucky dropped by half when the ACA and Medicaid expansion went into effect in 2014. After the initial enrollment period, 521,000 people enrolled through Kentucky's insurance website known as kynect; most of those people were previously uninsured.² For the 2017 enrollment period, Kentuckians were required to use a different system, the newly launched benefind.ky.gov, or the federal marketplace at healthcare.gov. Kentucky's individual marketplace enrollment on healthcare.gov had a 10% increase in health plan selections from 2017 to 2018, the highest among state-based marketplaces using the federal platform.³

No current insurance, adults ages 18-64



¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2018. Accessed Apr. 22, 2019, from <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>.

² Kaiser Family Foundation. (2016). Implementation of the ACA in Kentucky: Lessons Learned to Date and the Potential Effects of Future Changes. April 2016. Accessed Aug. 22, 2019, from <http://files.kff.org/attachment/issue-brief-implementation-of-the-aca-in-kentucky-lessons-learned-to-date-and-the-potential-effects-of-future-changes>.

³ National Academy for State Health Policy. State Health Insurance Marketplace Enrollment (Plan Selections) 2017 and 2018. Accessed Apr. 22, 2019, from <https://nashp.org/state-health-insurance-marketplace-enrollment-2017-and-2018/>.

KHIP also asked, “Are you concerned that you may lose your coverage within the next 12 months?” Sixteen percent of insured Kentucky adults ages 18 to 64 reported this concern. This is a decline from 2017 when 24% reported being concerned about losing health care coverage in the next 12 months.

In Greater Louisville, 12% of adults ages 18 to 64 reported concern that they may lose health insurance coverage in the following 12 months. This is slightly lower than reports of concern in Greater Louisville from 2017 (20%).

Delaying Medical Care

Having health insurance can be an important first step in obtaining timely medical care and preventive health services such as treatment for substance use disorders, cancer screenings, and flu shots. The expansion of Medicaid in Kentucky and the implementation of the ACA have allowed many more Kentuckians to obtain health insurance and needed preventive and medical care.⁴ The 2018 KHIP asked, “In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?” KHIP first asked this question in 2009 and again in 2014.

From 2009 to 2018, the percentage of Kentucky adults delaying care due to cost dropped from 32% to 21%. In Greater Louisville, 30% reported delayed medical care in 2009 and 15% reported delayed medical care in 2018.

Usual Source of Health Care

KHIP asked Kentucky adults where they usually receive their health care. It is valuable to receive routine care from an appropriate source such as a private doctor’s office, community-based health clinic, or hospital outpatient department that can provide continuity of care and preventive services, rather than locations such as an emergency room or urgent care center, which are inappropriate sources for usual health care.

KHIP asked, “Is there one particular clinic, health center, doctor’s office, or other place that you usually go to if you are sick or need advice about your health?” and “When you are sick or need advice about your health, to which one of the following places do you usually go ... a private doctor’s office other than a public health clinic or community-based health center; a community-based health center or public health clinic; a clinic at a retail store; a hospital outpatient department; a hospital emergency room; an urgent care center; or some other kind of place?”

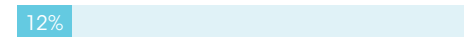
Statewide in 2018, about 1 in 10 Kentucky adults (8%) reported going to the emergency room or urgent care center as their usual, and inappropriate, source of care. Nearly 7 in 10 Kentucky adults reported that they visit private doctors’ offices, community-based health clinics, or hospital outpatient departments for their regular health care (68%), and 24%, more than 2 in 10, report no usual place for care.

In Greater Louisville, about 3 in 10 adults (29%) reported no usual place for care and more than 6 in 10 adults (64%) reported seeking health care from an appropriate source of care. Fewer than 1 in 10 Greater Louisville adults (7%) usually sought care from an inappropriate source such as a hospital emergency room, urgent care center, or another place.

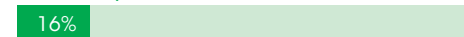
Percentage of insured adults ages 18-64 concerned about losing coverage in the next 12 months

2018

Greater Louisville



Kentucky

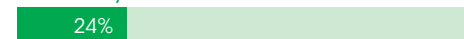


2017

Greater Louisville

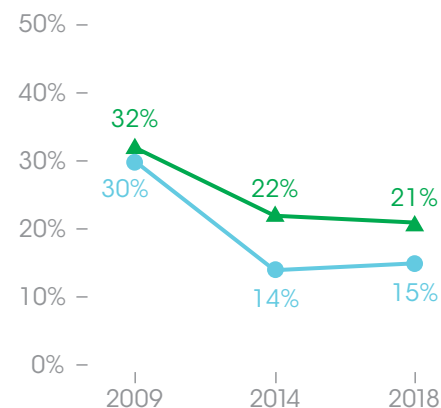


Kentucky



Percentage of adults reporting a time in the past year when they, or a household member, delayed needed medical care

— Greater Louisville — Kentucky

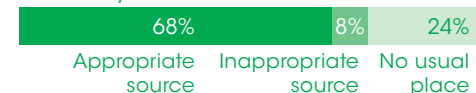


Percentage of adults who have appropriate* and inappropriate† sources of care

Greater Louisville



Kentucky



* Private doctors’ offices, community-based health clinics, public health clinics, clinics at retail stores, or hospital outpatient departments.

† Hospital emergency room, urgent care center or another place.

⁴ State Health Access Data Assistance Center (SHADAC). Final Report: Study of the Impact of the ACA Implementation in Kentucky (2017). Prepared for: Foundation for a Healthy Kentucky. Accessed Apr. 22, 2019, from https://www.healthy-ky.org/res/images/resources/Impact-of-the-ACA-in-KY_FINAL-Report.pdf.

Percentage of adults with dental insurance

2018

Greater Louisville



Kentucky



2012

Greater Louisville

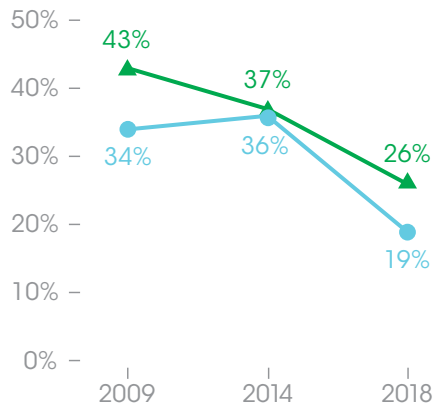


Kentucky



Percentage of adults reporting a time in the past year when they, or a household member, delayed needed dental care

Greater Louisville Kentucky



Dental Insurance

Dental health is an important contributor to overall health. According to the Centers for Disease Control and Prevention, oral diseases disable or cause chronic pain for millions of Americans each year.⁵ Oral health problems include tooth decay, gum disease, tooth loss, oral cancer, and several chronic diseases.⁶ Dental insurance can help patients afford dental services and obtain preventive dental care.

KHIP asked, “Do you have dental insurance of any kind?” Statewide, 6 in 10 Kentucky adults (60%) reported that they did. This is higher than in 2012, the last year KHIP asked this question, when 5 in 10 Kentucky adults reported that they had dental insurance (48%).

In Greater Louisville, adults who reported having dental insurance increased from 56% in 2012 to 71% in 2018.

Delaying Dental Care

Like delaying medical care, delaying dental care may also lead to more serious dental problems or trips to the emergency room. KHIP asked, “In the past 12 months, was there a time when you or another member of your household needed dental care but did not get it, or delayed getting it because of the cost?” In 2018, fewer than 3 in 10 Kentucky adults (26%) reported that they had gone without or delayed dental care due to the cost. This has improved since KHIP asked the question in 2012 (37%) and 2009 (43%).

In 2009, 34% of Greater Louisville adults reported delaying needed dental care and in 2018, 19% reported the same.

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults’ views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of partisan debate. The ACA allows children to remain on their parents’ health insurance policy until they are 26 years old; prohibits insurance companies from denying coverage or charging more because of pre-existing health conditions; and requires preventive services such as flu vaccines and cancer screenings to be provided at no cost.⁷ It also permits states to expand Medicaid coverage to more low-income adults. Kentucky expanded Medicaid in 2014.⁸ The law originally required that adults have health insurance coverage or pay a tax penalty. In 2017, Congress eliminated this requirement and associated penalty, effective Jan. 1, 2019. Kentucky received approval from the Centers for Medicare and Medicaid Services in 2018 for an 1115 Medicaid waiver that includes premiums, community engagement and other requirements for the ACA expansion population; this waiver is presently on hold by the United States Supreme Court.⁹

⁵ Centers for Disease Control and Prevention. (2015). Oral Health - Oral Health Basics. Accessed Apr. 22, 2019, from <https://www.cdc.gov/oralhealth/basics/index.html>.

⁶ Centers for Disease Control and Prevention. (2016). Oral Health - Adult Oral Health. Accessed Apr. 22, 2019, from <https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>.

⁷ U.S. Department of Health & Human Services. About the Affordable Care Act. Accessed Apr. 22, 2019, from <https://www.hhs.gov/healthcare/about-the-aca/index.html>.

⁸ Kaiser Family Foundation. Status of State Medicaid Expansion Decisions: Interactive Map. Accessed Apr. 22, 2019, from <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.

⁹ Kaiser Family Foundation. Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. Accessed Apr. 22, 2019, from <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>.

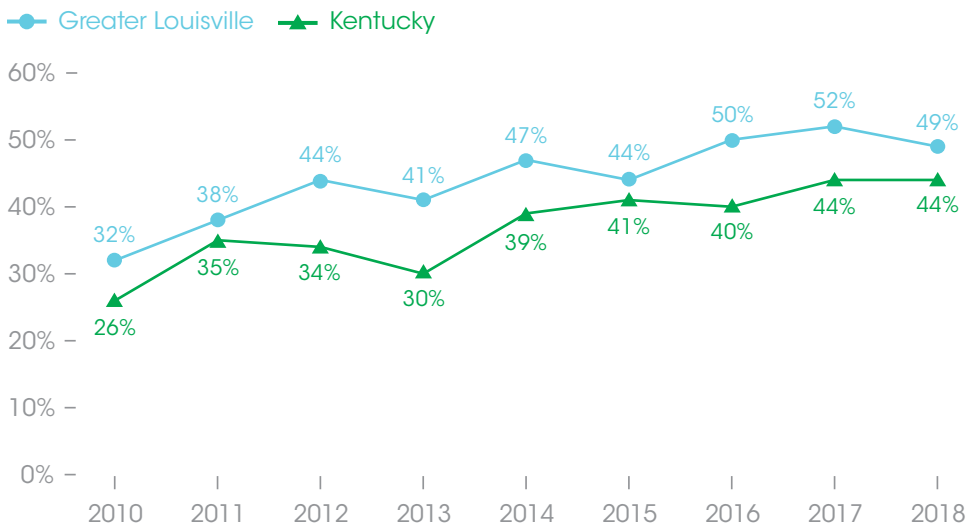
In 2017, for the first time in eight years of KHIP polling on this topic, and again on KHIP 2018, Kentucky adults reported more favorable (44%) than unfavorable (33%) opinions about the health reform law. Twenty-two percent reported “don’t know” when asked their opinion about the law.

National opinion on this topic in Oct. 2018, the time of KHIP polling, also was more favorable (49%) than unfavorable (42%).¹⁰

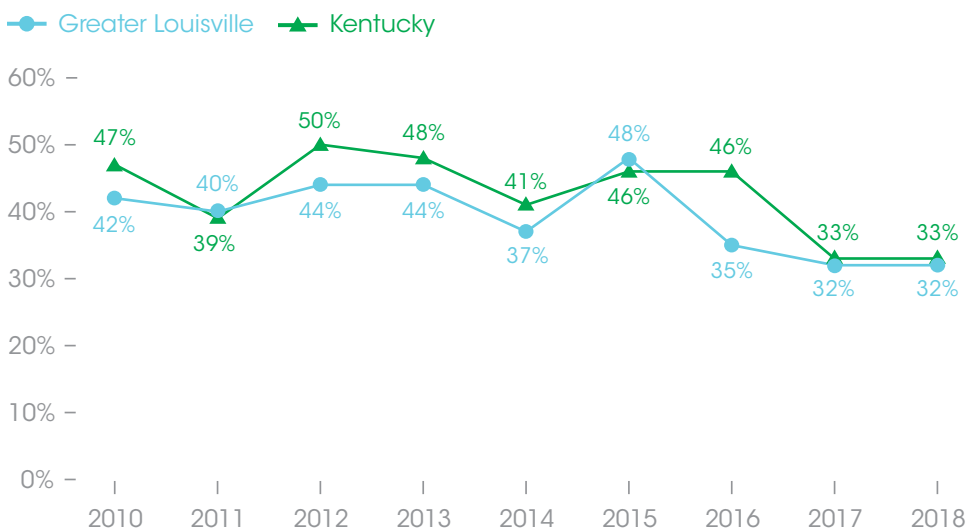
In Greater Louisville, opinion about the ACA was favorable. Nearly 5 in 10 Greater Louisville adults (49%) reported having a generally favorable opinion of the ACA and about 3 in 10 (32%) had a generally unfavorable opinion of it. Twenty percent of Greater Louisville adults reported “don’t know” when asked about the health reform law.

Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response “don’t know” is not included.)

Favorable



Unfavorable



¹⁰ National results from the Kaiser Health Tracking Poll (Oct 2018). Accessed Apr. 22, 2019, from <https://www.kff.org/interactive/kaiser-health-tracking-poll-the-publics-views-on-the-aca>.



E-cigarettes, Tobacco Use, & Related Policies

E-cigarettes Ever Use, Current Tobacco Use

An e-cigarette is a battery-powered device that produces an aerosol by heating a liquid. This liquid usually contains nicotine – the addictive drug in regular cigarettes, cigars and other tobacco products – as well as flavorings and other chemicals.¹¹

KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” In 2018, about 1 in 4 Kentucky adults (24%) reported that they had ever used an e-cigarette. Younger adults were more likely than older adults to report trying e-cigarettes.

In Greater Louisville, about 1 in 4 adults (24%) had ever tried electronic cigarettes. Like national and statewide trends, young adults ages 18 to 29 in Greater Louisville were much more likely to have tried e-cigarettes compared with older Greater Louisville adults.

Kentucky (25%) and West Virginia (28%) had the highest percentage of adults who currently smoke traditional cigarettes in the nation in 2017.¹² This compares with the national median of 17% of adults who reported being current cigarette smokers in 2017.¹³

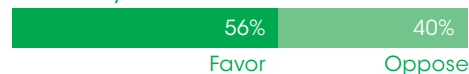
KHIP 2018 found that nearly 1 in 4 Kentucky adults (23%) reported being current cigarette smokers. In Greater Louisville, 14% reported being current cigarette smokers.

Increasing minimum legal age to purchase tobacco products to 21 years (Percentages do not add to 100% because the response “don’t know” is not included.)

Greater Louisville



Kentucky



Increase the Minimum Age to Purchase Tobacco

Comprehensive policies can offer protection from secondhand smoke, support young people in remaining tobacco-free, and complement smoking cessation programming. Eighteen states (Arkansas, California, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Oregon, Texas, Utah, Vermont, Virginia, and Washington) have increased the minimum legal age for buying tobacco products to 21.¹⁴ Raising the minimum legal age to purchase tobacco products is one of a number of strategies aimed at supporting young people in delaying or avoiding tobacco use.¹⁵ In 2018, nearly 6 in 10 Kentucky adults (56%) favored increasing to 21 the minimum legal age to buy tobacco products in Kentucky.¹⁶ Support for this type of law was unchanged from KHIP polls in 2016 and 2017.

In Greater Louisville, the same percentage (55%) as the state as a whole favored increasing the minimum legal age for buying tobacco products from 18 to 21 years old.

¹¹ Centers for Disease Control and Prevention. (2018). About electronic cigarettes (E-cigarettes). Accessed Apr. 22, 2019, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html.

¹² National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. 2017 Behavioral Risk Factor Surveillance System (BRFSS). Accessed Apr. 22, 2019, from <https://www.cdc.gov/brfss/brfssprevalence/>.

¹³ Ibid.

¹⁴ Campaign for Tobacco-Free Kids. Increasing the Minimum Legal Sale Age for Tobacco Products to 21, July 2019. Accessed Aug. 22, 2019, from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

¹⁵ Institute of Medicine of the National Academies. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Accessed Apr. 22, 2019, from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁶ KHIP asked: “Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?”

Support for a Statewide Smoke-free Law

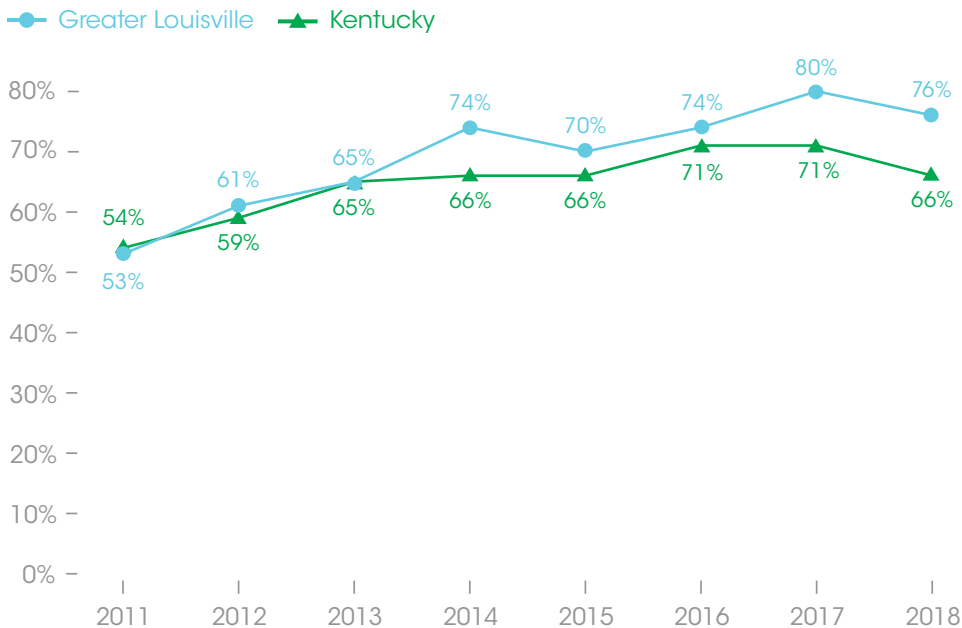
Many states have adopted statewide, smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, Kentucky is one of 13 states without a statewide smoke-free indoor air law.¹⁷

Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁸ At this time, only about 1 in 3 people in Kentucky (36%) are covered by locally-enacted comprehensive smoke-free ordinances.¹⁹

KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law in 2011. A comprehensive smoke-free law covers all workplaces (public and private), including bars and restaurants. Support for a comprehensive statewide smoke-free law increased in Kentucky from 54% in 2011 to 66% in 2018.

In Greater Louisville, nearly 8 in 10 adults (76%) favored a statewide smoke-free law in 2018, while 21% opposed a law, and 3% had no opinion. This is an increase in support from 2011, when just 53% of Greater Louisville adults favored a statewide law. Strong support for the law in Greater Louisville has been seen since 2014.

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.)

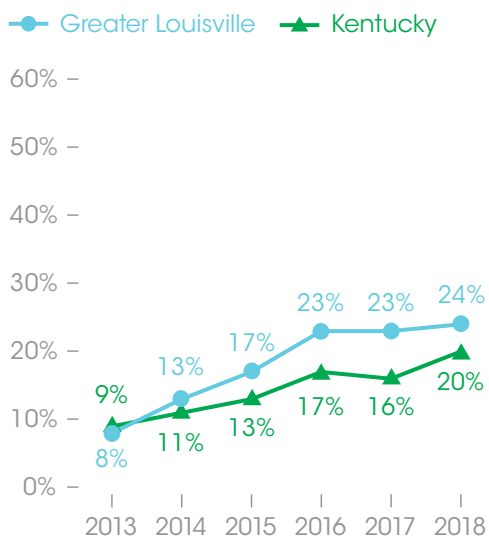


¹⁷ Department of Health and Human Services, Centers for Disease Control and Prevention. State Smoke-free Indoor Air Fact Sheet, Updated Apr. 1, 2019. Accessed Apr. 22, 2019, from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgg2-kkcg>

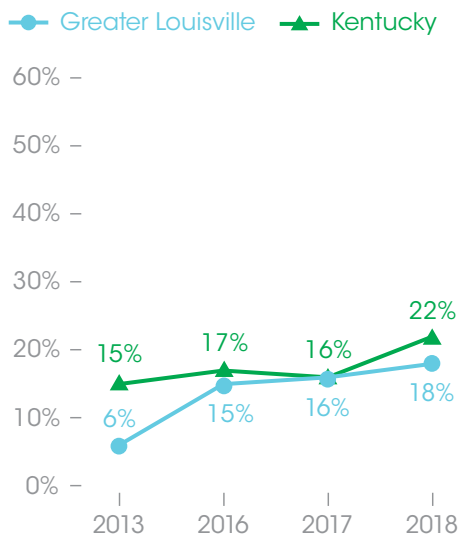
¹⁸ U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Accessed Apr. 22, 2019, from <http://www.ncbi.nlm.nih.gov/books/NBK44324/>

¹⁹ Kentucky Center for Smoke-Free Policy. Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated July 1, 2019. Accessed Apr. 22, 2019, from <http://www.uky.edu/breathe/sites/breathe.uky.edu/files/PercentSmoke-FreeWorkplaceLawsorRegulationAPR2019.pdf>

Percentage of adults reporting that they had family members or friends who experienced problems as a result of using heroin



Percentage of adults reporting that they had family members or friends who experienced problems as a result of using methamphetamine*



*This question was not asked on KHIP in 2014 and 2015.

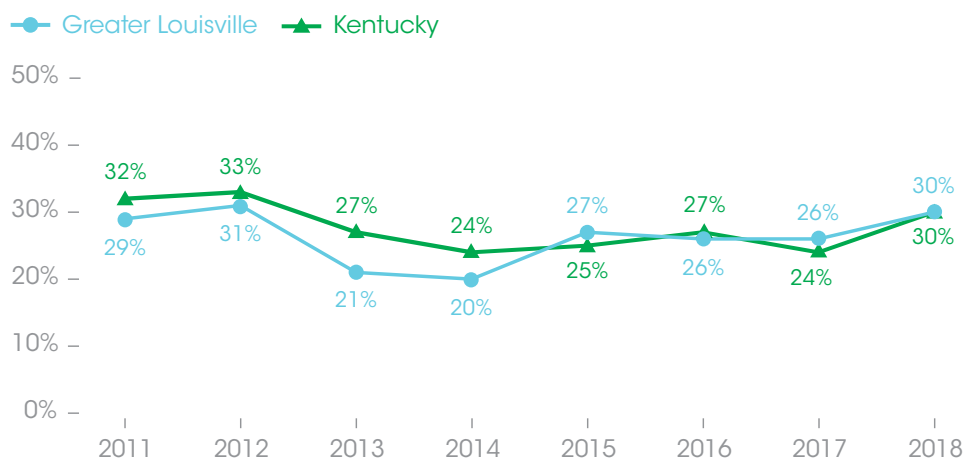
Reports of Drug Use & Past Year Experience with Treatment Programs

Prescription Pain Medicine

Since 2011, KHIP has been measuring reports of prescription pain reliever misuse in Kentucky communities. Beginning in 2013, KHIP also asked about friends' and family members' use of heroin and methamphetamine.

KHIP asked, "Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet, or codeine?" Three in 10 Kentucky adults (30%) reported that they had a friend or family member who has experienced problems as a result of prescription pain relievers. Three in 10 Greater Louisville adults (30%) reported knowing someone with problems associated with abusing prescription drugs.

Percentage of adults reporting that they had family members or friends who experienced problems as a result of abusing prescription drugs



Heroin

KHIP asked, "Have any of your family members or friends experienced problems as a result of using heroin?" In 2018, 2 in 10 Kentucky adults (20%) reported knowing someone who has experienced problems as a result of using heroin. This was double the rate reported in 2013.

Reports of problems with heroin have been steady in Greater Louisville area for the past four years.

Methamphetamine

KHIP also asked, "Have any of your family members or friends experienced problems as a result of using methamphetamine?" About 2 in 10 Kentucky adults (22%) reported knowing someone who has experienced problems as a result of using methamphetamine. This was higher than reported on prior KHIPs.

Greater Louisville saw relatively stable reports of methamphetamine problems in recent years but the trend is higher than when this question was first asked on KHIP 2013.

Past Year Experience with Drug Treatment Programs

Kentucky's drug overdose deaths climbed to 1,566 in 2017, an increase of 10.3% over 2016.²⁰ In 2017, Kentucky had the fifth highest death rate due to drug overdoses in the nation (37.2 deaths per 100,000 residents). To learn more about the impact of substance use on Kentucky adults' families and friends, KHIP asked, "In the past 12 months, has a family member or friend experienced problems as a result of using drugs?" Respondents who reported that they had were asked whether that person entered a drug treatment program. KHIP 2018 was the first time these two questions had been asked of Kentucky adults.

Three in 10 Kentucky adults (31%) reported that, in the past year, a friend or family member had experienced problems as a result of using drugs. About half of these adults (54%) said that the person had entered a treatment program, with nearly 2 in 10 reporting the person entered treatment on their own (18%) and nearly 4 in 10 reporting the person entered treatment only because others intervened (36%). About 4 in 10 reported that the person never entered treatment (44%).

In Greater Louisville, 3 in 10 Kentucky adults (31%) reported that, in the past year, a friend or family member had experienced problems as a result of using drugs. About 4 in 10 of these Greater Louisville adults (42%) said that the person had entered a treatment program with about 2 in 10 reporting the person entered treatment on their own (18%) and about 2 in 10 reporting that person entered treatment because others intervened (23%). More than 5 in 10 reported that the person never entered treatment (55%).

Knowing friends or family with problems from drug use in the past year, by treatment selection

(Percentages do not add to 100% because the response "don't know" is not included.)

- Entered treatment on his/her own
- Entered treatment because others intervened
- Never entered treatment

Greater Louisville Total: 42%

18%	23%	55%
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Kentucky Total: 54%

18%	36%	44%
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Public Health & Health Outcomes

Understanding of 'Public Health'

The public health system comprises many organizations including local and state health departments, federally qualified health centers, hospitals, health and public safety organizations, nonprofits, and others supporting health in our communities. This system provides vaccinations, monitors diseases, investigates health hazards, enforces laws that protect health and safety, and mobilizes to identify and solve community health problems.²¹

The public health system is critical to improving the health of all Kentuckians. In 2018, KHIP asked about the topic to learn more about what Kentucky adults think when they hear the term "public health."²² About 1 in 3 Kentucky adults (34%) said "public health" meant the health of the population in general. About 1 in 5 offered a wide variety of other replies (19%). About 1 in 10 gave specific responses related to organizations or services that are part of the public health system, such as "health departments," "public health insurance plans," "services for those who can't afford health care" and "prevention of communicable diseases."

In Greater Louisville, adults were most likely to report that "public health" meant the health of the population in general (30%) or health care service providers (10%) such as "health departments," "hospitals" or "medical professionals."



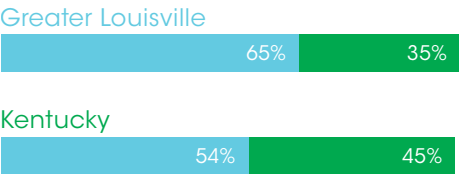
²⁰ Kentucky Injury Prevention and Research Center. (2018). Drug overdose deaths among Kentucky residents, 1999-2017. Accessed Apr. 22, 2019, from http://www.mc.uky.edu/kiprc/Files/drug/2018/KY_OD_Deaths_1999-2017.pdf.

²¹ Centers for Disease Control and Prevention (CDC). The Public Health System & the 10 Essential Public Health Services. June 2018. Accessed Apr. 22, 2019, from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.

²² KHIP asked, "What do the words 'public health' mean to you?" This question was open-ended so respondent could provide any answer.

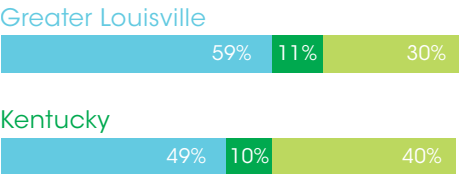
Familiarity with with needle exchange programs

- Very or somewhat familiar
- Not very or not at all familiar



Do you favor or oppose needle exchange programs?

- Favor
- Neither favor or oppose/Not sure
- Oppose



Needle Exchange Programs

A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.²³ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes; additionally, some programs offer counseling and screening for HIV and hepatitis C and referral into drug treatment programs.²⁴ As of August 2019, there were 62 operating syringe exchanges in 55 Kentucky counties.²⁵

Better understanding public opinion on this topic can help communities gauge local support before developing a needle exchange program and seeking local approval as required by Kentucky law. KHIP asked two questions on this topic: “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?” and “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

More than half of Kentucky adults (54%) said they were very or somewhat familiar with these programs. More than 4 in 10 (45%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs. This was higher than the 4 in 10 adults who said they oppose needle exchange programs (40%). One in 10 (10%) said they neither opposed nor favored, or were not sure.

In Greater Louisville, more than 6 in 10 said they were very or somewhat familiar with needle exchange programs (65%). Opinion about these programs was favorable with 59% supporting and 30% opposing such programs.

²³ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

²⁴ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Accessed Apr. 22, 2019, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>.

²⁵ Kentucky Cabinet for Health and Family Services. HIV/AIDS Branch. Syringe Exchange Programs. Accessed Aug. 22, 2019, from <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>.

Civic participation

Nationally, 25% of adults volunteer and 36% participate in groups or organizations.²⁶ Kentucky was 36th in the most recent ranking of state volunteer efforts.²⁷ Volunteering can improve a community's health and build connections between neighbors. To learn more about volunteering and civic participation in the Commonwealth, KHIP 2018 asked Kentucky adults whether they engaged in a variety of civic activities in the prior year. Seven of these activities were related to political engagement and three were related to community participation. Eight in 10 Kentucky adults participated in at least one of the listed civic activities in the past year (78%).

More than half of Kentucky adults participated in at least one community activity in the prior year. The most frequently reported community activity was volunteering at a church or nonprofit organization (48%). About 7 in 10 adults participated in one or more political activities (68%). Participating in a discussion about government and politics with others in person was the most frequently reported political activity (59%) followed by discussions on social media (27%).

Percentage of adults who in the past year ...

Participated in at least one of the following political activities

Greater Louisville

79%

Kentucky

68%

Participated in a discussion about government and politics with others in person

Greater Louisville

68%

Kentucky

59%

Participated in a discussion about government and politics with others on social media

Greater Louisville

25%

Kentucky

27%

Signed a petition

Greater Louisville

28%

Kentucky

23%

Contacted an elected official or candidate via phone or email

Greater Louisville

24%

Kentucky

22%

Visited an elected official or candidate

Greater Louisville

10%

Kentucky

15%

Attended a political meeting or rally

Greater Louisville

12%

Kentucky

12%

Participated in any demonstrations, protests, boycotts, or marches

Greater Louisville

10%

Kentucky

6%

Participated in at least one of the following community activities

Greater Louisville

62%

Kentucky

54%

Volunteered at their church or a nonprofit organization

Greater Louisville

54%

Kentucky

48%

Worked on a community project

Greater Louisville

30%

Kentucky

25%

Donated blood

Greater Louisville

10%

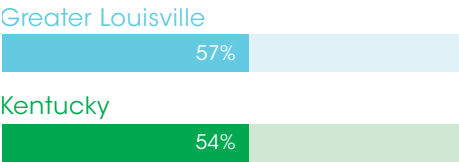
Kentucky

11%

²⁶ Corporation for National and Community Service. Volunteering and Civic Life: National Trends and Highlights Overview, Civic Life in America with data from the Current Population Survey (U.S. Census Bureau for the Bureau of Labor Statistics). Accessed Apr. 22, 2019, from <https://www.nationalservice.gov/vcla/national>.

²⁷ Corporation for National and Community Service. Volunteering and Civic Life: State Ranking by Volunteer Rate. Accessed Apr. 22, 2019, from <https://www.nationalservice.gov/vcla/state-rankings-volunteer-rate>.

Percentage of adults who received flu shot in prior 12 months



Flu Vaccine

In 2017-2018, uptake of the influenza vaccine by adults nationwide was low at 37%.²⁸ In Kentucky, 41% of adults reported receiving the vaccine during that season.²⁹ While the flu can be serious for anyone, people older than 65, younger than 5, pregnant women, and people with certain medical conditions are at greater risk for flu complications.³⁰

According to KHIP slightly more than 1 in 2 adults (54%) reported getting the flu shot in the prior 12 months. KHIP surveyed Kentucky adults between August and October 2018.

In Greater Louisville, 54% reported receiving the flu shot in the prior 12 month.

KHIP also asked Kentucky adults who said they had not received a flu vaccine what their main reason was for not doing so. Respondents could provide any answer. Nearly 6 in 10 of these adults (56%) reported a common misperception about the flu or the flu vaccine as their main reason for not getting the shot. Responses included “I’m pretty healthy,” “I don’t think the shot is effective,” and “I heard they can make you sick.” Nearly 2 in 10 (17%) offered a main reason related to barriers in accessing the flu shot. Responses included “I don’t know where to go,” “the cost is too expensive,” “doesn’t fit my work schedule,” “haven’t gotten around to it,” and “don’t have insurance.” One in 10 (10%) provided a specific personal reason for not getting the flu shot. Responses included “fear of needles” and “I have a health condition that prevents me from getting the flu shot.” More than 1 in 10 of these adults (13%) did not give a specific reason when prompted by the interviewer. Responses included “I never get the flu shot” and “just didn’t want to get the shot.” The remaining 5% of Kentucky adults who did not receive a flu vaccine in the past 12 months offered a variety of other reasons.

In Greater Louisville, about 6 in 10 who did not receive a flu vaccine in the past year cited a common misperception of flu or flu vaccine as their main reason for not getting a shot (59%). About 2 in 10 reported a barrier to access as their main reason for not getting a flu shot (22%) and fewer than 1 in 10 cited a specific personal reason (5%). More than 1 in 10 gave no specific reason when asked why they did not receive a shot (13%).

Overall Health Status

Nearly every year since its inception in 2008, the Kentucky Health Issues Poll has asked Kentucky adults, “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a strong connection between people’s response to this question and the predicted length and quality of their lives. In 2018, 4 in 10 Kentucky adults (40%) reported that their health was excellent or very good. About 3 in 10 (32%) said that their health was good, and nearly 3 in 10 (28%) said their health was fair or poor. Overall, the percentage of Kentucky adults reporting excellent or very good health has dropped from almost half in 2008 (49%) to 4 in 10 in 2018 (40%).

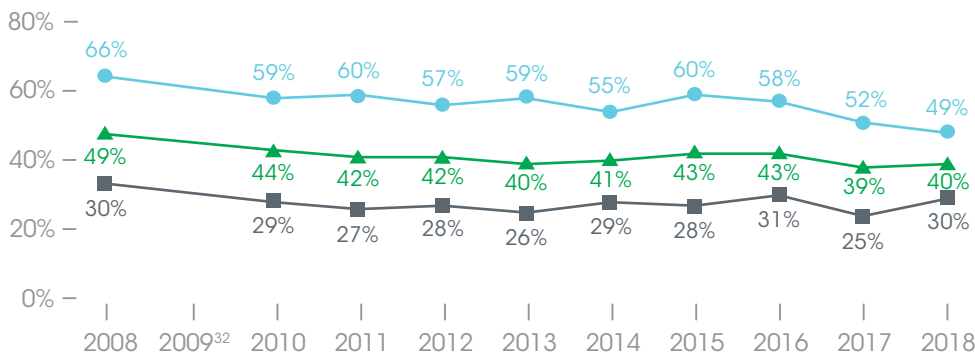
²⁸ Centers for Disease Control and Prevention. Estimates of Influenza Vaccination Coverage among Adults—United States, 2017-18 Flu Season. Accessed Apr. 26, 2019, from <https://www.cdc.gov/flu/fluview/coverage-1718estimates.htm>.
²⁹ Ibid.
³⁰ Additional information about influenza can be found at www.cdc.gov/flu/keyfacts.htm.
³¹ DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

Self-reported “excellent” or “very good” health status declined from 66% in 2008 to 49% in 2018 for Kentucky adults in households with income more than 200% of the Federal Poverty Guidelines (FPG), or above \$49,200 a year for a family of four. Declines were not seen in reports by Kentucky adults with household incomes less than 200% FPG; only about 30% of Kentucky adults in this group reported “excellent” or “very good” health for the years 2008 through 2018.

Nearly half of Greater Louisville adults (48%) reported that their health was excellent or very good in 2018, slightly higher than for the state as a whole (40%).

Kentucky adults reporting "Excellent" or "Very Good" health by household income

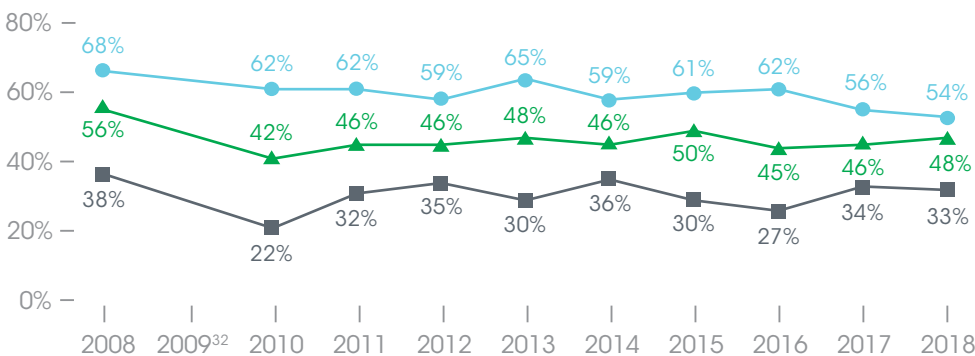
■ 200% FPG or less ● More than 200% FPG ▲ All Kentucky adults



Nearly half of Greater Louisville adults (46%) reported that their health was excellent or very good in 2018, slightly higher than for the state as a whole (40%).

Greater Louisville adults reporting "Excellent" or "Very Good" health by household income

■ 200% FPG or less ● More than 200% FPG ▲ Greater Louisville adults



Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings for 2018 are detailed in the graphs at right. (Percentages may not add to 100% due to rounding.)

In Greater Louisville, 18% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG).³³ This is lower than for the state as a whole (32%). The percentage of Greater Louisville adults who reported incomes between 138% and 200% FPG was 9%. In Greater Louisville, 73% of adults reported income greater than 200% FPG, higher than the state (53%).

Sex

Greater Louisville



Kentucky



Age

■ 18-29 ■ 30-45 ■ 46-64 ■ 65+

Greater Louisville



Kentucky



Race

■ African American ■ White

Greater Louisville



Kentucky



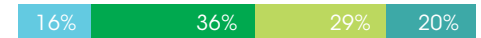
Level of Education

■ Less than high school ■ Some college
■ High school grad ■ College grad

Greater Louisville



Kentucky



Poverty Status

■ 138% FPG or less
■ Between 138% and 200% FPG
■ More than 200% FPG

Greater Louisville



Kentucky



³² The question “Would you say that in general your health is excellent, very good, good, fair or poor?” was not asked on the 2009 KHIP.

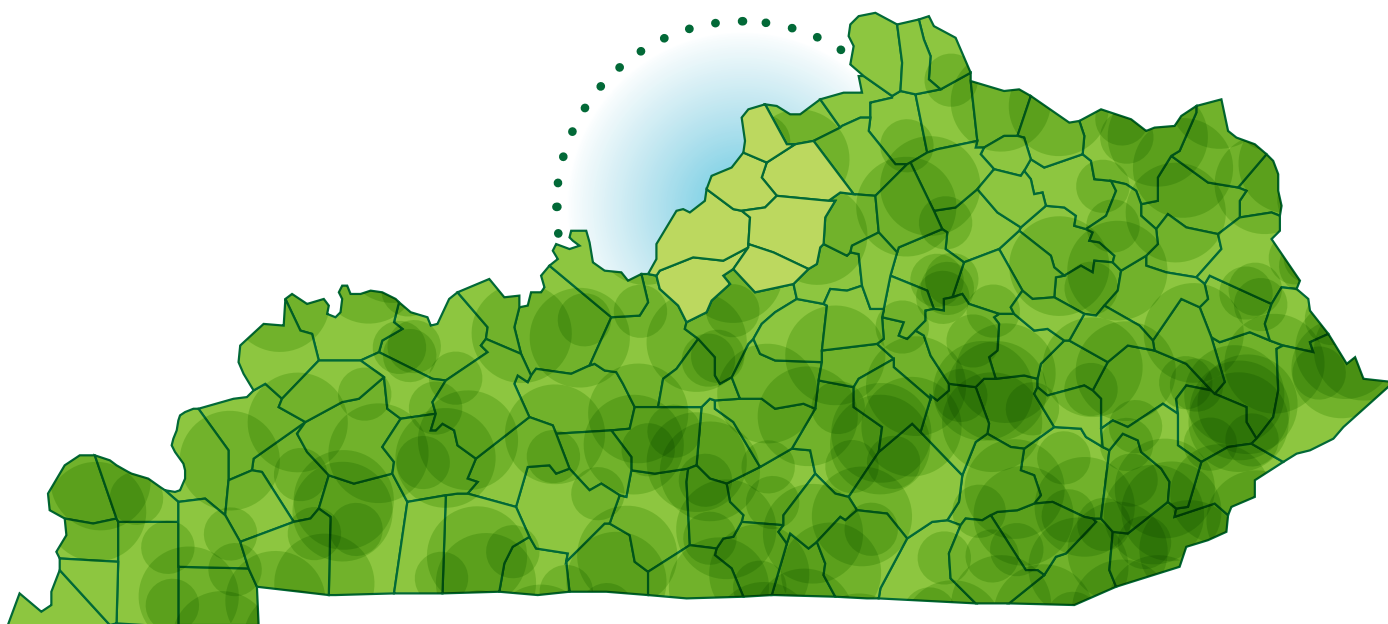
³³ In 2017, 138% of the Federal Poverty Guidelines (FPG) was \$33,948 for a family of four, 200% FPG was \$49,200 for a family of four.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2018 Kentucky Health Issues Poll was conducted Aug. 26–Oct. 21, 2018, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,569 adults from throughout Kentucky was interviewed by telephone. This included 697 landline interviews and 872 cell phone interviews. Of these, 315 respondents resided in the Greater Louisville region. The counties included in this region are:

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



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 Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). 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 Susan Sprigg, Research Officer at Interact for Health (ssprigg@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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