

# INTERACT FOR HEALTH

A Catalyst for Health and Wellness



## HEALTH OF WHITE APPALACHIANS IN GREATER CINCINNATI

Results from the 2013  
Greater Cincinnati  
Community Health  
Status Survey

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Photo on page 13 is from the Yale Rudd Center for Food Policy & Obesity.

# ABOUT THE COMMUNITY



The Appalachian community of Greater Cincinnati and the rural Appalachian communities in Highland, Brown and Adams counties face many more health-related issues than the population at large. This proud community of Appalachians is a caring one whose many strengths have helped it sustain families through hard times. Although many Appalachians have prospered and moved on to better lives, many continue to languish in poverty.

In the urban Appalachian community of Lower Price Hill, we are facing many challenges including poverty; substance abuse, including illegal drug use and much higher rates of cigarette smoking; and limited access to both healthcare and healthy foods. Our neighbors have trouble with employment because blue-collar jobs have moved away. They have trouble getting healthy food because government programs that assist with the cost of food have shrunk and healthy options are not available at stores residents can walk to.

Even with these challenges Appalachians are a resilient people who maintain a strong sense of community and identity. Programs such as Childhood Food Solutions help fill the gaps by providing food staples at the end of each month to families with children. Wait times for a primary care doctor have decreased from a year to three months for adults. School-age children have an in-school clinic. Churches and other community service agencies bring needed resources into the community, so there is hope.

There are many barriers to improving the overall health of Appalachians in our region, but by building on strengths, assessing perceived needs, providing needed information and improving services, changes in health habits can be made that will improve the overall well-being of the community.



**Elaine Wolter, RN, BS**

Retired public health nurse

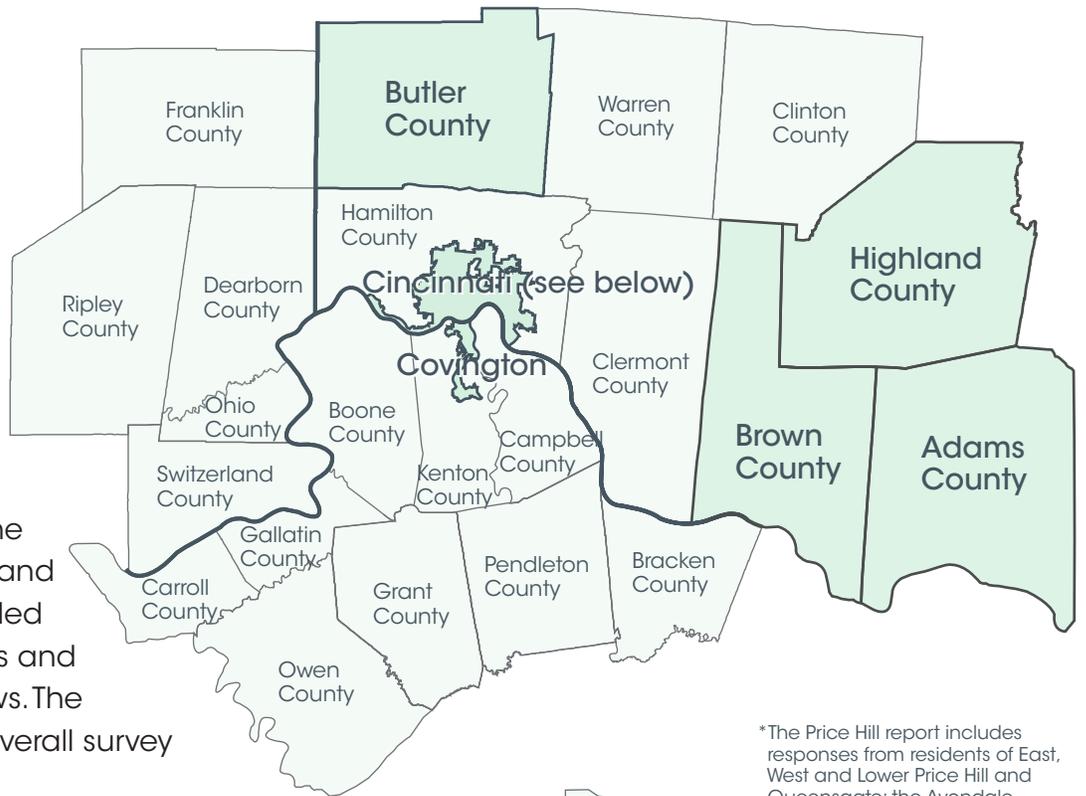
# ABOUT THE SURVEY

The Greater Cincinnati Community Health Status Survey (CHSS), a project of Interact for Health, is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 4,929 randomly selected adults residing in the counties at right were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline interviews and 605 cell phone interviews. The margin of error for the overall survey is  $\pm 1.5\%$ .

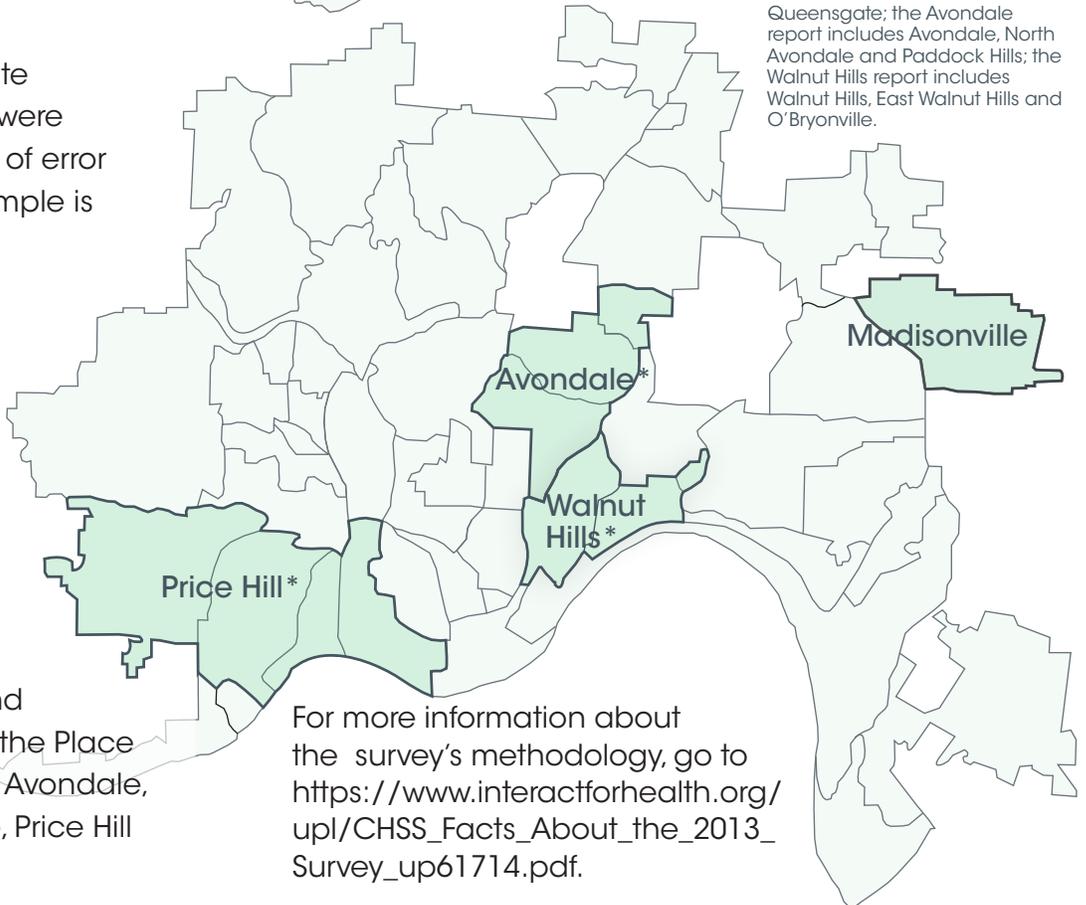
For this report, 1,159 white Appalachian residents were interviewed. The margin of error for the Appalachian sample is  $\pm 2.9\%$ .

Reports in this series examine the health of African Americans, Latinos and Appalachians, as well as the health of people who live in the areas shaded on the map: Adams, Brown, Butler and Highland counties and the Place Matters communities of Avondale, Covington, Madisonville, Price Hill and Walnut Hills.

Survey region of the CHSS (darker regions indicate oversample areas)



\*The Price Hill report includes responses from residents of East, West and Lower Price Hill and Queensgate; the Avondale report includes Avondale, North Avondale and Paddock Hills; the Walnut Hills report includes Walnut Hills, East Walnut Hills and O' Bryonville.



For more information about the survey's methodology, go to [https://www.interactforhealth.org/upl/CHSS\\_Facts\\_About\\_the\\_2013\\_Survey\\_up61714.pdf](https://www.interactforhealth.org/upl/CHSS_Facts_About_the_2013_Survey_up61714.pdf).



# INTRODUCTION

The Appalachian Region is defined by Congress as a 205,000-square-mile area comprising 420 counties in 13 states. These include Ohio's Adams, Brown, Clermont and Highland counties, which are part of the Greater Cincinnati Community Health Status Survey (CHSS) region.

The data presented in this report compare the responses from adults designated as white Appalachian to adults who are white but not Appalachian. Not all Appalachians are white. However, because the geographic region for the CHSS is 85% white, the total number of non-white Appalachian adults who responded to the survey was very small. As a result, we decided to focus on the white Appalachian community for this analysis. When this report uses the terms "Appalachian" and "non-Appalachian," it means adults who are white and are designated Appalachian or non-Appalachian.

## Poverty status of respondents, 2013

### 100% and below FPL

White Appalachian

23%

White non-Appalachian

18%

### Between 100–200% FPL

White Appalachian

22%

White non-Appalachian

20%

### Above 200% FPL

White Appalachian

55%

White non-Appalachian

62%

This report compares the responses from adults designated as white Appalachian to adults who are white but not Appalachian



## Adults in Appalachian sample older, poorer than adults in overall sample

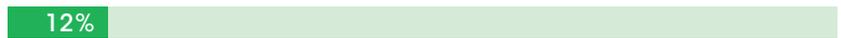
Research has found that people identified as Appalachian had poorer health outcomes on many measures when compared with non-Appalachians. This report has similar findings. However, age and poverty can also contribute to poorer health outcomes. An analysis of the CHSS sample population indicates that the CHSS sample of Appalachian adults had more respondents in poverty, and more older adults than the non-Appalachian sample, suggesting that these could also be factors in the reported health differences between the populations covered in this report.

Among white Appalachian adults, 23% had income below 100% of the Federal Poverty Level (FPL), and 55% had income above 200% FPL. This compared with 18% below 100% FPL and 62% above 200% FPL among white non-Appalachian adults. Among the white Appalachian sample, the population leaned significantly older when compared

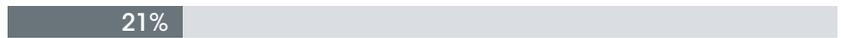
### Age of respondents, 2013 *(Totals may not add to 100 percent because of rounding.)*

#### 18 to 29

##### White Appalachian

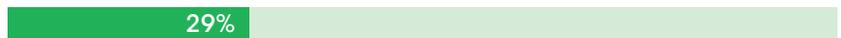


##### Entire region

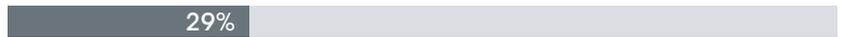


#### 20 to 45

##### White Appalachian



##### Entire region



#### 46 to 64

##### White Appalachian



##### Entire region



#### 65 and older

##### White Appalachian



##### Entire region



with all adults in the region. These are possible contributing factors to keep in mind when analyzing white Appalachian health in Greater Cincinnati.



# GENERAL HEALTH

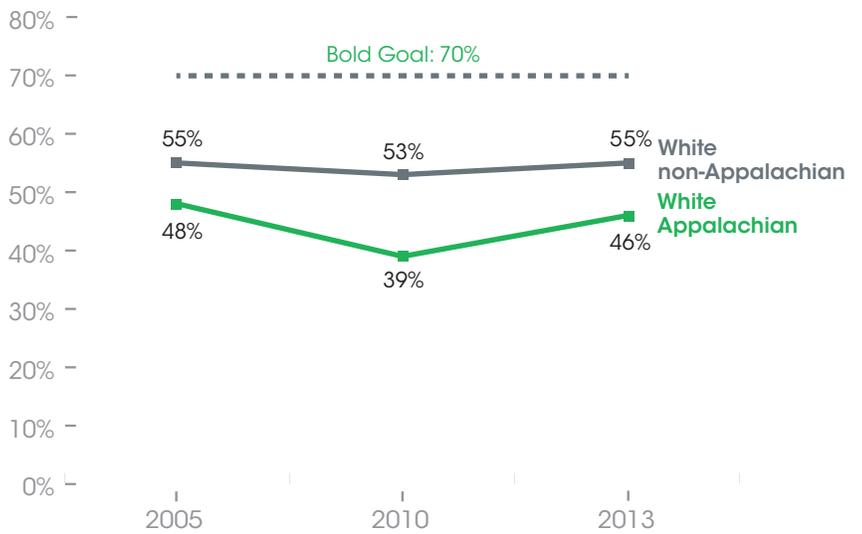
Adults' overall self-rated health status is an important indicator of well-being. To examine self-rated health status across our region, the CHSS asked, "In general, would you say your health is excellent, very good, good, fair or poor?" Research has made a strong link between a person's response to this question and their predicted length and quality of life.

## White Appalachians less likely to report excellent or very good health

In 2013, fewer than 5 in 10 Appalachian adults (46%) rated their health as excellent or very good. This compares with more than 5 in 10 non-Appalachian adults (55%) who rated their health this way. While the non-Appalachian percentages have remained fairly consistent since 2005, the Appalachian percentages have varied.

Appalachian adults were more likely to describe their health as excellent or very good if they were younger, more educated or had higher income. There was no difference between adults with health

Percentage of adults describing their own health as excellent or very good



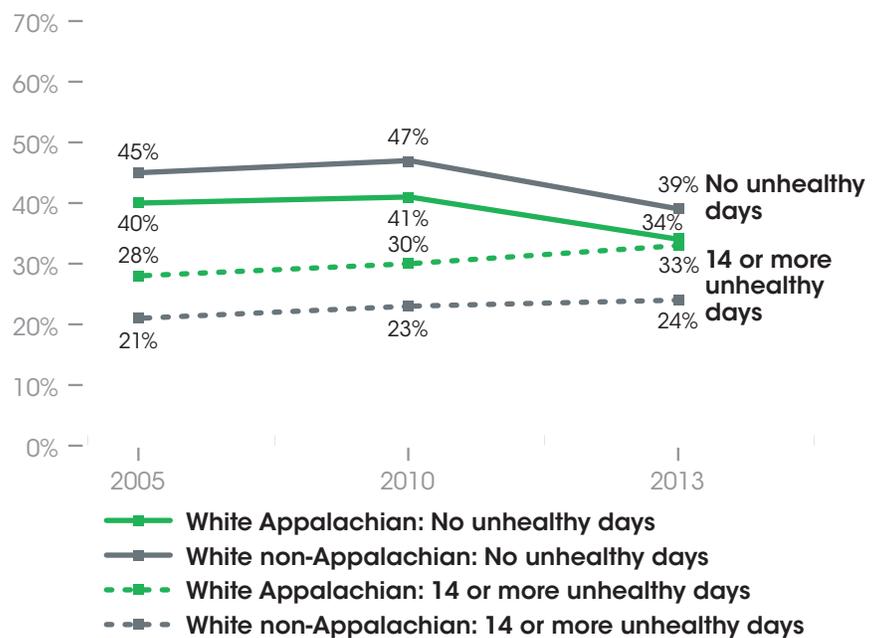
insurance coverage and those without it. However, the percentage of all these groups reporting excellent or very good health remains below the Greater Cincinnati Bold Goal target of 70%. (To read more about Greater Cincinnati Bold Goals, see <http://www.uwgc.org/community-impact/bold-goals-for-our-region>.)



### 3 in 10 have no unhealthy days in past month

Another way to measure general health is to count the number of “unhealthy days” during the previous month. The CHSS asked, “for how many days during the past 30 was your physical or mental health not good?” In 2013, 3 in 10 Appalachian adults (34%) reported NO unhealthy days during the prior month. This is worse than the percentage of non-Appalachian adults (39%) who reported no unhealthy days. Conversely, more than 3 in 10 Appalachian adults (33%) reported 14 or more unhealthy days in the past month, worse than the 2 in 10 non-Appalachian adults (24%) who reported this. These percentages have worsened for both Appalachians and non-Appalachians since 2005.

Count of unhealthy days in the past month



More than 3 in 10 Appalachian adults (34%) reported NO unhealthy days during the prior month



# THE COMMUNITY

Choices we make every day affect our health, but so does the community in which we live. The physical environment is an important social determinant of health. A neighborhood that feels safe can encourage residents to engage in healthy outdoor activities. A neighborhood that feels unsafe can force residents to stay indoors. It is easier to exercise if sidewalks, parks and recreation centers are nearby. The CHSS asked adults to evaluate several aspects of their physical environment.

## Most rated Greater Cincinnati a healthy place to live

The CHSS asked respondents how they would rate Greater Cincinnati as a healthy place to live. About 3 in 10 Appalachian adults rated the region excellent or very good (27%). Another 3 in 10 rated it fair or poor (30%). Non-Appalachian adults were more likely than Appalachian adults to rate Greater Cincinnati excellent or very good (33%). Only about 2 in 10 non-Appalachians rated it fair or poor (25%).

### How would you rate Greater Cincinnati as a healthy place to live?

#### Excellent/very good

White Appalachian

27%

White non-Appalachian

33%

#### Good

White Appalachian

40%

White non-Appalachian

40%

#### Fair/poor

White Appalachian

30%

White non-Appalachian

25%



The CHSS also asked adults how they would rate their own neighborhood as a healthy place to live. Both Appalachian and non-Appalachian adults were more likely to rate their own neighborhoods highly rather than the region. The rates were about the same in both groups.

## Condition of houses and apartments ranked highly

The CHSS asked adults to rate the condition of both neighborhood housing and their own house or apartment.

More than 8 in 10 Appalachian adults (84%) rated the condition of homes in their neighborhood as excellent, very good or good. This is about the same as among non-Appalachian adults (86%).

The survey also asked adults to rate the condition of their own house or apartment. Adults in both groups rated their own home more highly, with more than 9 in 10 Appalachians and non-Appalachians rating the condition of their home as excellent, very good or good.

### How would you rate your neighborhood as a healthy place to live?

#### Excellent/very good

White Appalachian

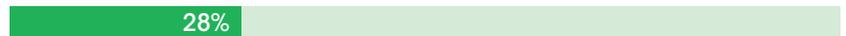


White non-Appalachian

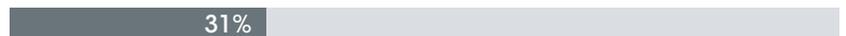


#### Good

White Appalachian

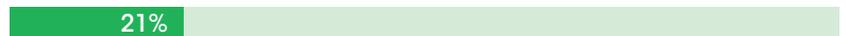


White non-Appalachian

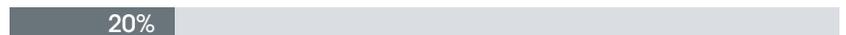


#### Fair/poor

White Appalachian



White non-Appalachian



### Adults who rated as excellent, very good or good ...

#### The condition of houses and apartments in their neighborhood

White Appalachian



White non-Appalachian



#### The condition of their own house or apartment

White Appalachian



White non-Appalachian





## Nearly 7 in 10 adults rate recreation access highly

The CHSS asked respondents to rate the availability of recreation facilities such as parks, playgrounds, pools, soccer fields, bike trails and recreation centers in their neighborhood. Fewer than 7 in 10 Appalachian adults rated access as excellent, very good or good. This compares with 8 in 10 non-Appalachian adults who rated access highly.

This availability of recreation facilities may be reflected in the use of these facilities. Among Appalachian adults, fewer than 3 in 10 (27%) reported using neighborhood recreation facilities at least once a week, compared with more than 3 in 10 non-Appalachians (33%). Similarly, fewer than 3 in 10 Appalachian adults (27%) reported that they never used the recreation facilities, compared with only 2 in 10 Appalachians (19%).

The presence of safe sidewalks or shoulders can enable regular exercise by providing a safe space

## Adults who agree that they have good access to...

### Recreation facilities

#### White Appalachian



#### White non-Appalachian



### Safe shoulders or sidewalks

#### White Appalachian



#### White non-Appalachian



for walking, jogging or biking. Appalachian adults were less likely than non-Appalachian adults to say they had good access to sidewalks or shoulders. About 6 in 10 Appalachian adults agreed they had safe sidewalks or shoulders in their community, compared with 7 in 10 non-Appalachian adults.



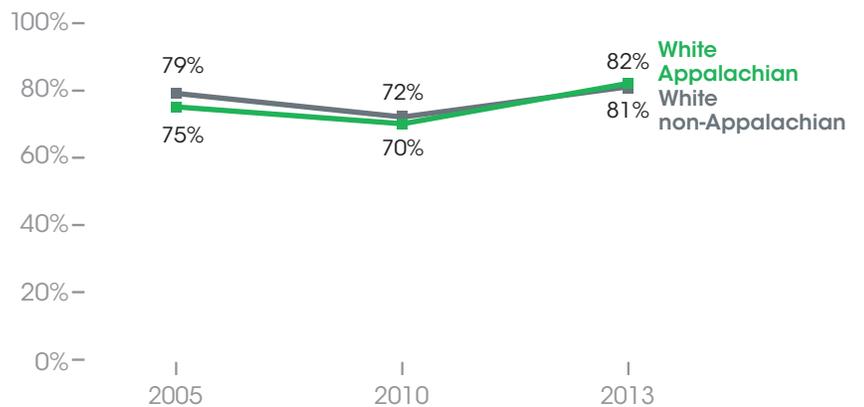
# COMMUNITY SUPPORT

Research has shown strong ties between people's health and the social support they find in their community. The CHSS asked people whether they agreed or disagreed with three statements about social support in their community:

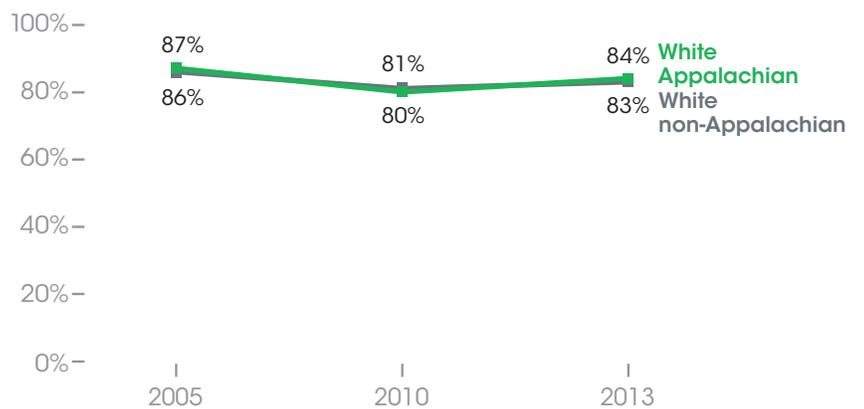
- People can depend on each other in my community.
- Living in my community gives me a secure feeling.
- People in my community know they can get help from the community if they are in trouble.

In 2013, about 8 in 10 Appalachian adults and 8 in 10 non-Appalachian adults agreed with each of these statements. The percentage of both Appalachians and non-Appalachians who said that people could depend on each other and people could get help from the community increased from 2010. The percentage of adults who said that living in their community gives them a secure feeling has remained stable among both groups since 2005.

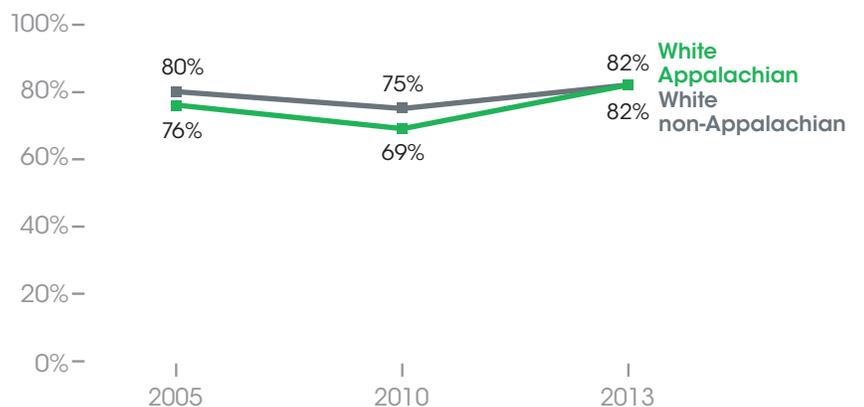
**People can depend on each other in my community**



**Living in my community gives me a secure feeling**



**People in my community can get help from the community if they are in trouble**





# OBESITY

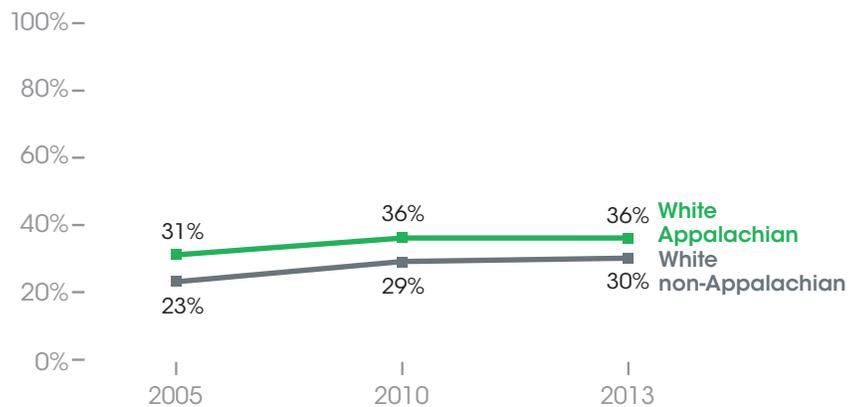
Maintaining a healthy weight can support good health. Being overweight or obese increases a person's risk for diabetes, heart disease, respiratory conditions and some cancers. It can also make it more difficult to engage in some daily activities.

The CHSS asked adults their weight and height to determine if they were obese using the Body Mass Index (BMI).<sup>1</sup> Based on BMI, a person who is 5 feet 4 inches tall would be considered overweight at 150 pounds and obese at 180 pounds. A person who is 6 feet tall would be considered overweight at 190 pounds and obese at 220 pounds.

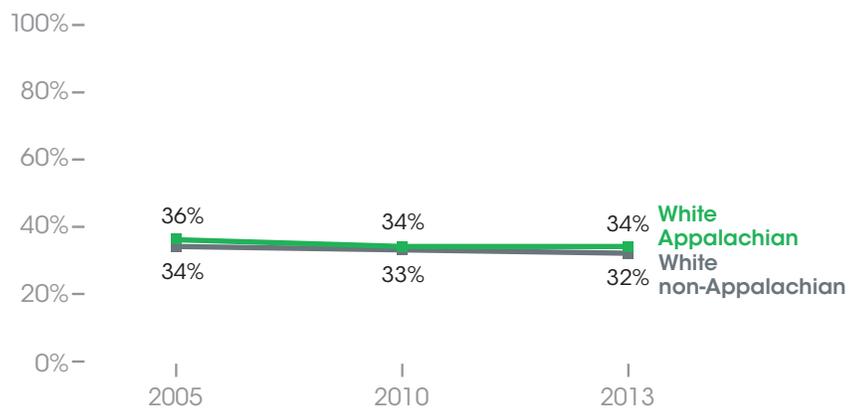
## Most White Appalachian adults overweight or obese

Appalachian adults in Greater Cincinnati are more likely than non-Appalachians to be obese. In 2013, nearly 4 in 10 Appalachian adults were obese, compared with 3 in 10 non-Appalachian adults. Rates of overweight adults were similar between the two groups. The rates of both obesity and overweight among Appalachians have remained stable since 2005.

**Adults who are obese**

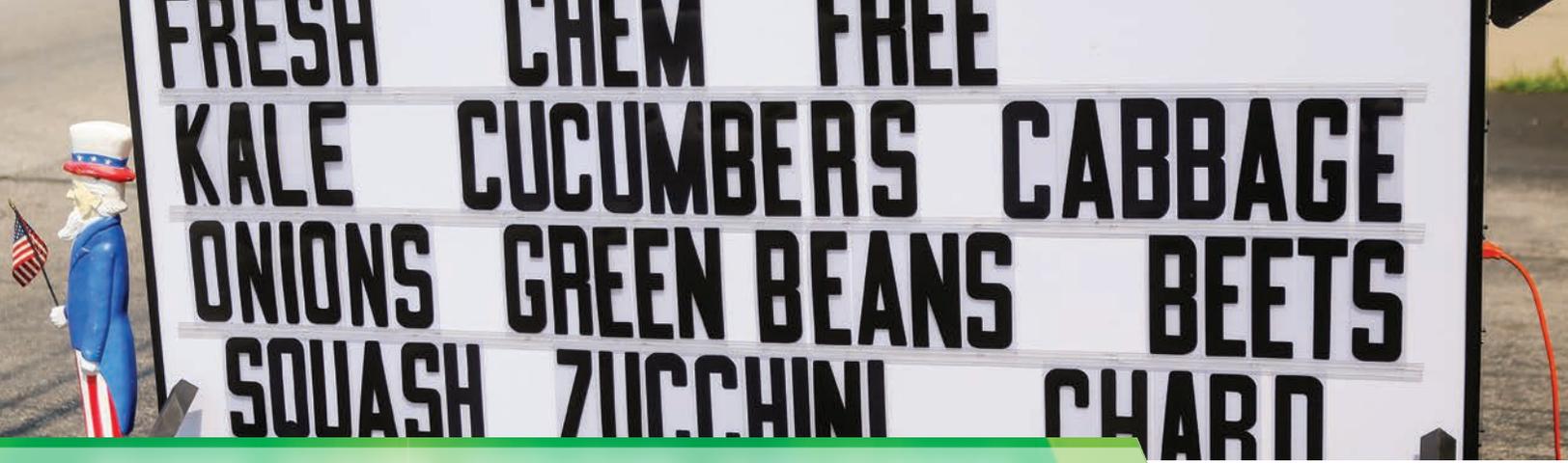


**Adults who are overweight**



The rates of both obesity and overweight among Appalachians have remained stable since 2005

<sup>1</sup> BMI is calculated by dividing a person's weight in pounds by his height in inches squared and then multiplying that result by 703.



## DIET AND FOOD ACCESS

People's weight and overall health are substantially affected by the food they eat. A healthy diet consists of balanced amounts of protein, carbohydrates and fats, with plenty of fruits and vegetables and limited fat and salt.

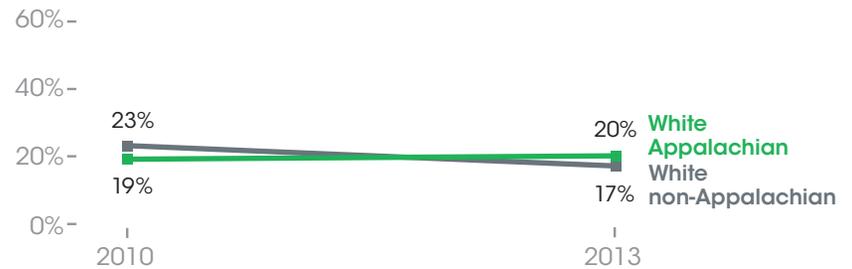
The U.S. Departments of Agriculture and Health and Human Services recommend that each meal include half a plate of fruits and vegetables.<sup>2</sup> This is about two servings of fruit and three servings of vegetables per day.

### Most don't meet daily fruit, vegetable recommendations

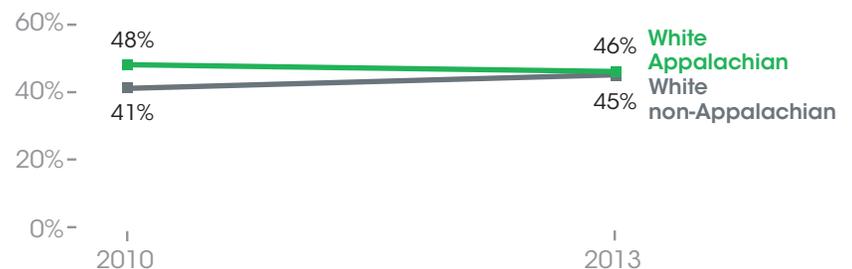
According to the 2013 CHSS, only 2 in 10 Appalachian adults (20%) ate the recommended daily amount of both fruits and vegetables. Nearly half (46%) did not eat the daily recommended amount of either fruits or vegetables. These percentages are about the same as among non-Appalachian adults. The rates among Appalachian adults have stable since 2010.

### Percentage of adults meeting the recommendation of eating at least two servings of fruits and three servings of vegetables per day

#### Meets both recommendations:



#### Does not meet either recommendation:



Appalachian adults, like most adults in our region, were more likely to eat fruits than vegetables. About 3 in 10 Appalachian adults (27%) ate the recommended daily amount of fruits while fewer than 1 in 10 (8%) ate the recommended amount of vegetables.

Nearly half did not eat the recommended amount of either fruits or vegetables every day

<sup>2</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. <http://www.health.gov/dietaryguidelines/2010.asp>



## White Appalachians less likely than White non-Appalachians to have easy access to healthy foods

Healthy eating is particularly challenging if there is not a place nearby to buy healthy foods. The CHSS asked adults if they agreed or disagreed that “It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables.”

Among Appalachian adults, 80% agreed that it was easy to get healthy foods, compared with 84% of non-Appalachians.

Percentage of adults who agree that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods

White Appalachian



White non-Appalachian



80% of Appalachian adults agreed that it was easy to get healthy foods



# EXERCISE

Regular exercise is an important contributor to good health. According to the Centers for Disease Control and Prevention (CDC), regular exercise can help reduce the risk of cardiovascular disease, diabetes and some cancers, as well as improve mental health and increase a person's chance of living longer.<sup>3</sup> The CDC recommends either 2 hours, 30 minutes of moderate aerobic activity such as brisk walking OR 1 hour, 15 minutes of vigorous activity such as running each week, plus muscle-strengthening activities that work all major muscle groups at least two times per week.

## Most White Appalachians have exercised in past month

The CHSS asked, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?" About 7 in 10 Appalachian adults (71%) said yes. This is less than the nearly 8 in 10 non-Appalachian adults (77%) who

**During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise?**  
(Graph shows only those who said "yes.")

White Appalachian



White non-Appalachian

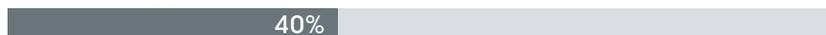


**During the past month, how many times per month did you do physical activities or exercises to strengthen your muscles?**

White Appalachian



White non-Appalachian



said yes. Because this question does not ask about intensity or duration, conclusions cannot be made about whether respondents met CDC guidelines.

The CHSS also asked how many times in the past month respondents had done activities to strengthen their muscles. Only 3 in 10 Appalachian adults (30%) had done any muscle-strengthening activities in the past month. This is fewer than the 4 in 10 non-Appalachians who had done muscle-strengthening.

<sup>3</sup> <http://www.cdc.gov/physicalactivity/everyone/health/index.html>



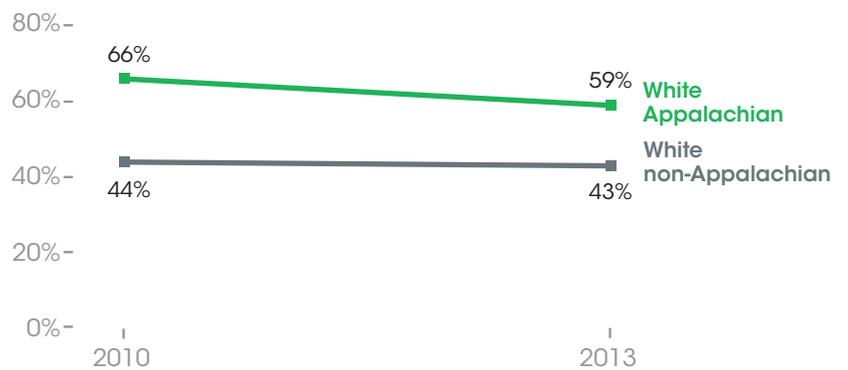
# DRINKING

According to the *Dietary Guidelines for Americans, 2010*, about 50% of Americans regularly drink alcohol. The CDC defines one standard alcoholic drink as 12 ounces of beer, 5 ounces of wine or 1.5 ounces of spirits or liquor. Many cocktails and mixed drinks contain more than one standard drink of alcohol. Moderate drinking—up to one drink per day for women and up to two drinks per day for men—poses no or low risks for most adults. However, drinking more than this can have extremely negative effects on a person’s health.

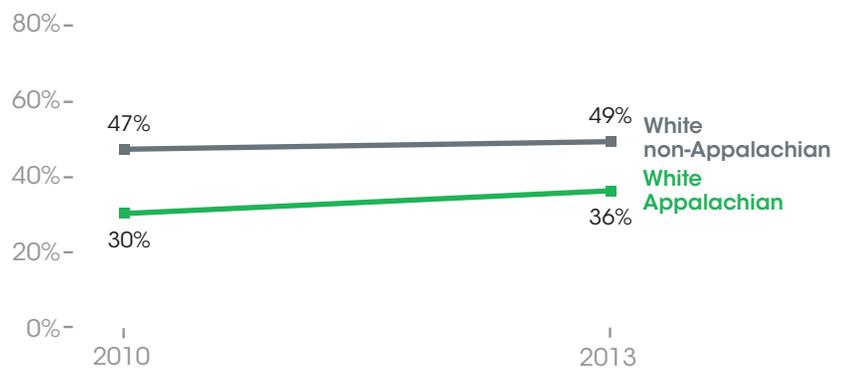
## Alcohol consumption lower among White Appalachians

The CDC defines heavy drinking as consuming eight or more drinks per week for women and 15 or more drinks per week for men. Appalachian adults were more likely than non-Appalachian adults to report not drinking at all or drinking only moderately. They were also less likely to report heavy drinking. Since 2010, the percentage of Appalachian adults who said they did not drink at all decreased and the percentage who reported moderate drinking increased. The percentage reporting heavy drinking remained stable between 2010 and 2013.

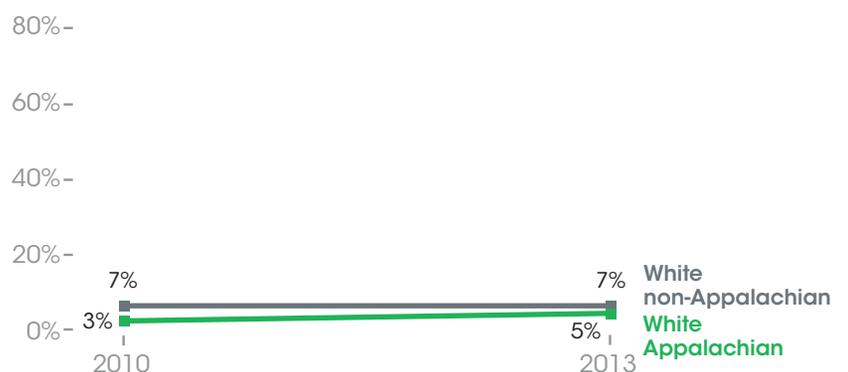
**Adults reporting no drinking in the last 30 days**



**Adults reporting drinking, but not heavily, in the last 30 days**



**Adults reporting heavy drinking in the last 30 days**





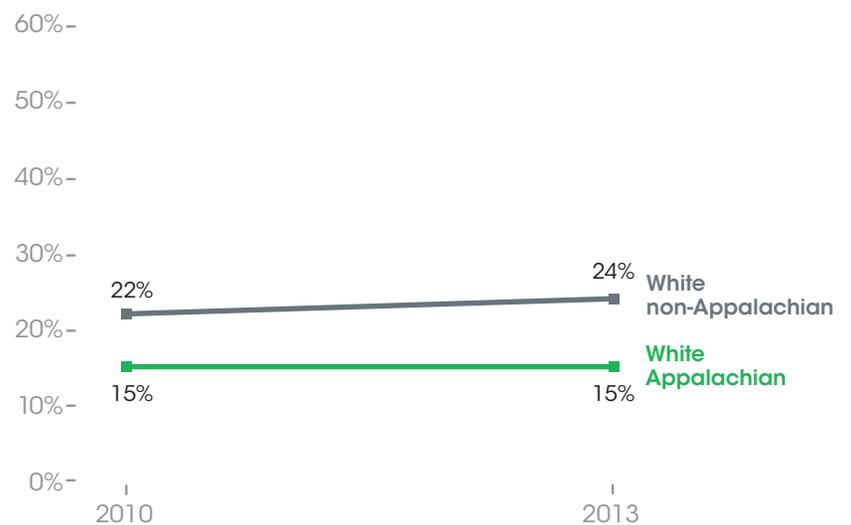
## White Appalachians less likely than White non-Appalachians to binge drink

Binge drinking is another risky behavior. It is defined as drinking four or more drinks on one occasion for women, and five or more drinks on one occasion for men. People who binge drink are not necessarily heavy drinkers.

Among Appalachian adults, 15% reported binge drinking in the past 30 days, the same percentage as in 2010. This rate is lower than the 24% of non-Appalachian adults who reported binge drinking in the past month.

Being aware of binge drinking's dangers can support healthier behavior. Respondents were asked how harmful they thought it was for a person to consume five or more drinks of alcohol once or twice per week. About 7 in 10 Appalachian adults (74%) said they thought this behavior was very or somewhat harmful. This was about the same as the percentage of non-Appalachian adults (71%) who said this.

Adults reporting binge drinking in the last 30 days



15% of Appalachian adults reported binge drinking in the past 30 days, the same percentage as in 2010



# SMOKING

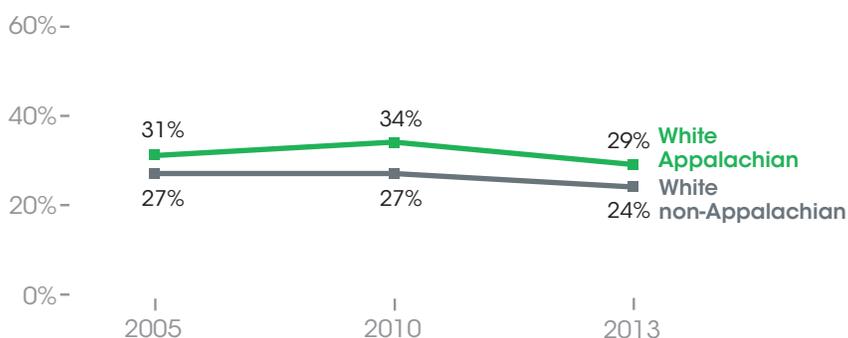
According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 20% of adults in the United States were current smokers in 2012. This rate is higher than the Healthy People 2020 goal of 12%.

## 3 in 10 White Appalachian adults are smokers

In our region, 3 in 10 Appalachian adults (29%) said they were current smokers in 2013. This is higher than the 2 in 10 non-Appalachian adults (24%) who said they were current smokers. The reported smoking rate among non-Appalachians declined since 2010, but the rate among Appalachians did not significantly change.

Similar to other racial groups in our region, Appalachian adults with lower income or less education were more likely to say they smoke. Nearly 5 in 10 Appalachian adults (46%) living at or below 100% FPL said they were current smokers, compared with 2 in 10 Appalachian adults (20%) living above 200% FPL. Nearly 6 in 10 Appalachian adults with less than a high school education (55%) said they were current smokers,

**Percentage of Greater Cincinnati adults who are current smokers**



compared with 3 in 10 high school graduates (30%) and fewer than 1 in 10 college graduates (9%).

Quitting tobacco use can be a huge challenge. Research has shown that having a healthcare provider provide support or information can help a smoker who wants to quit. The 2013 CHSS asked current smokers if a doctor or other healthcare provider had ever offered help or counseled them to stop smoking. About 7 in 10 Appalachian smokers (68%) reported being offered help, about the same as the percentage among non-Appalachian smokers (67%). Among Appalachian adults, female smokers (77%) reported being offered support to quit smoking more often than male smokers (57%).



# ORAL HEALTH

Oral health is an important part of overall health. The condition of people's teeth and gums can affect their quality of life, nutritional intake and some chronic diseases.

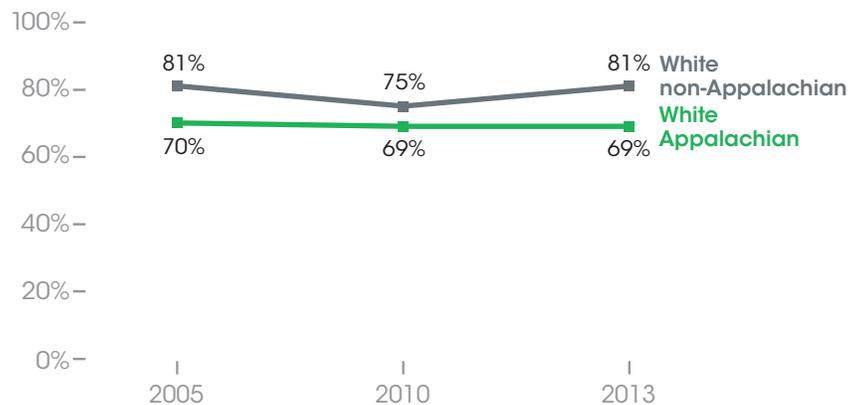
## White Appalachians less likely to rate oral health highly

In 2013, 7 in 10 Appalachian adults (69%) said the condition of their mouth and teeth, including false teeth and dentures, was very good or good. This is less than the 8 in 10 non-Appalachian adults (81%) who rated their oral health highly. These rates are about the same as in 2005 for both groups.

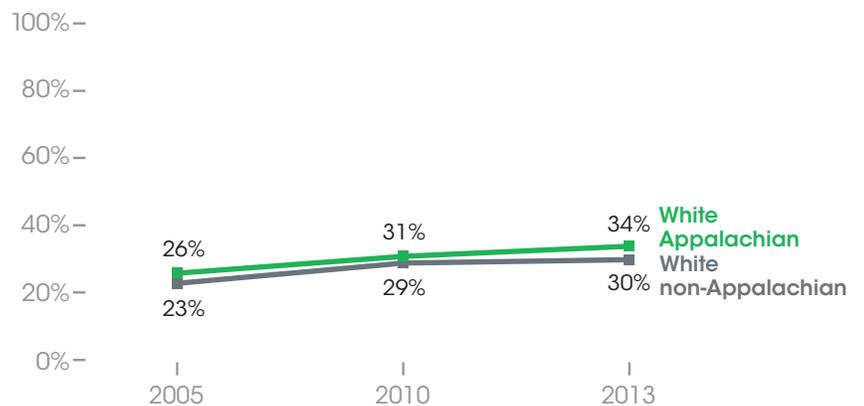
## White Appalachians more likely to delay dental care

Good oral health requires regular dental care. In 2013, more than 3 in 10 Appalachian adults (34%) reported that in the past 12 months there had been a time when they thought they needed dental care but they had not gotten it or had delayed getting it. This rate is greater than among non-Appalachian adults. For both groups, these percentages have worsened since 2005.

**Percentage of adults reporting the condition of their mouth and teeth, including false teeth and dentures, as very good or good**



**Percentage of adults reporting that there was a time in the last 12 months when they needed dental care but did not get it or delayed getting it**





# CHRONIC CONDITIONS

Chronic illness can be a heavy burden. This toll may be physical, emotional and financial, affecting many aspects of a person's life. If not monitored and managed, chronic conditions can have a devastating impact on a person's long-term health and survival. The 2013 CHSS asked respondents if a doctor or other healthcare provider had ever told them they had asthma, cancer, chronic lung disease, diabetes, heart trouble or angina, high blood pressure, high cholesterol or triglycerides, stroke, severe allergies, or depression.

## White Appalachians report chronic conditions more often than White non-Appalachians

For each of these conditions, there were more White Appalachians than White non-Appalachians who said they had been told they had that condition, though in some cases the differences were minor.

### Adults who had ever been told they had ...

#### Asthma

White Appalachians

20%

White non-Appalachians

17%

#### Cancer

White Appalachians

12%

White non-Appalachians

8%

#### Chronic lung disease

White Appalachians

11%

White non-Appalachians

7%

#### Depression

White Appalachians

27%

White non-Appalachians

22%

#### Diabetes

White Appalachians

17%

White non-Appalachians

12%



White Appalachians were more likely to say they had been told they had some of these conditions if they also had health insurance. This was true for cancer, diabetes, high blood pressure, and high cholesterol. Because having insurance is unlikely to increase a person's risk for these conditions, this suggests that these chronic conditions may be undiagnosed among uninsured White Appalachian adults. If more people get health insurance in upcoming years, reported rates of these conditions may rise.

### 4 in 10 White Appalachian adults told they have high blood pressure

High blood pressure, heart trouble, high cholesterol and stroke are all chronic conditions related to the cardiovascular system.

**Hypertension**, or high blood pressure, was the most commonly reported of these chronic conditions among Appalachian adults. In 2013, more than 4 in 10 (41%) Appalachian adults said a healthcare provider had told them they had high blood pressure.

#### Adults who had ever been told they had ...

##### Heart trouble or angina

White Appalachians

13%

White non-Appalachians

11%

##### High blood pressure

White Appalachians

41%

White non-Appalachians

30%

##### High cholesterol or triglycerides

White Appalachians

30%

White non-Appalachians

27%

##### Severe allergies

White Appalachians

18%

White non-Appalachians

16%

##### Stroke

White Appalachians

14%

White non-Appalachians

13%



While this percentage remains high compared with non-Appalachians, it has remained steady for Appalachians since 2005. In contrast, the percentage of non-Appalachian adults reporting a diagnosis of high blood pressure increased during since 2005.

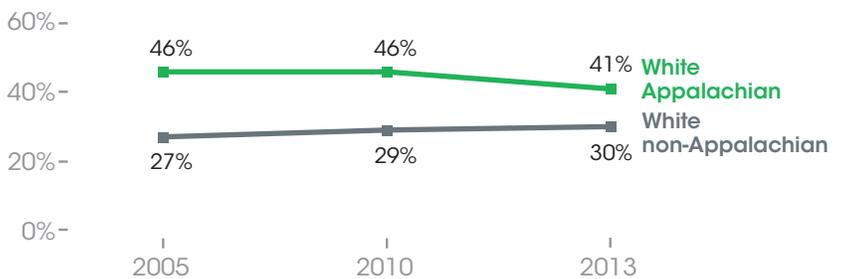
### High cholesterol or triglycerides

was the next most frequently reported condition in 2013 among Appalachian adults. As with high blood pressure, the gap between Appalachian adults and non-Appalachian adults has narrowed. In 2005, 4 in 10 Appalachian adults (40%) had been told they had high cholesterol or triglycerides, compared with only 3 in 10 non-Appalachian adults (27%). In 2013, the percentage was about 3 in 10 for both groups.

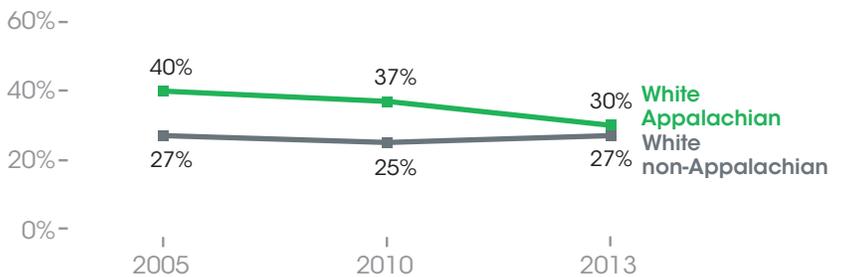
The rate of **heart trouble or angina** follows a similar pattern. In 2005 and 2010 Appalachians were more likely than non-Appalachians to report this condition. In 2013, heart trouble was reported by about 1 in 10 adults in both groups.

### Percentage who have been told they have...

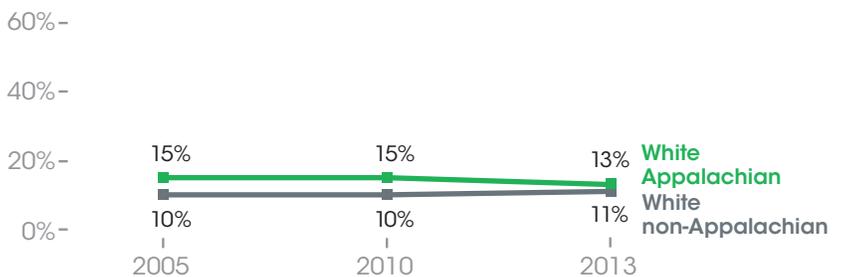
#### Hypertension or high blood pressure



#### High cholesterol/triglycerides



#### Heart trouble or angina





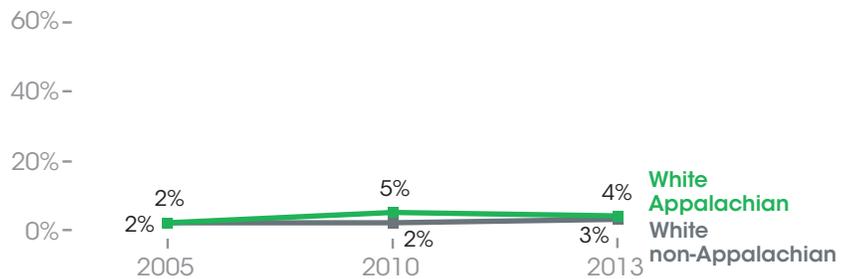
In 2005, about 2% of both Appalachians and non-Appalachians had been told they had a **stroke**. In 2013, that percentage had increased to 3% for non-Appalachians and 4% for Appalachians. Even with this increase stroke remains relatively rare among both groups.

Asthma and chronic lung disease, including chronic bronchitis or emphysema, are disorders of the respiratory system. Both of these can be associated with tobacco use, which is reported at higher rates among Appalachian adults in our region. The percentage of Appalachians who said they had been told they had these conditions is higher than among non-Appalachians. The gap between the groups has increased over time.

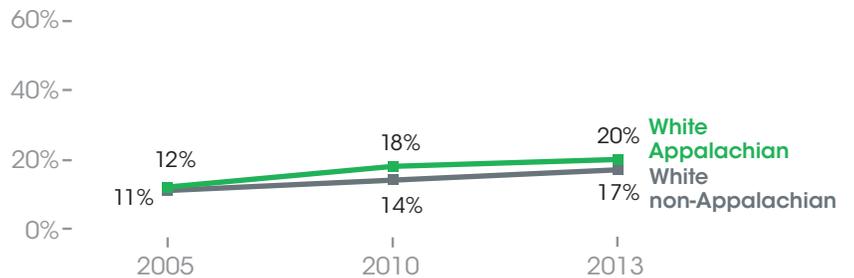
In 2013, about 2 in 10 Appalachian adults (20%) said they had been told they had **asthma**. This is higher than the percentage among non-Appalachians. In 2005, the percentage of people reporting asthma was about the same for both groups.

### Percentage who have been told they have...

#### Stroke



#### Asthma



2 in 10  
Appalachian  
adults (20%)  
said they  
had been  
told they  
had asthma



**Chronic lung disease** was reported by 11% of Appalachian adults in 2013. This percentage is worse than among non-Appalachian adults. As with asthma, chronic lung disease was reported at similar rates by both groups in 2005. However the percentage of Appalachians reporting a diagnosis of chronic lung disease nearly doubled by 2013. The percentage of reported chronic lung disease rose only slightly among non-Appalachians during that time.

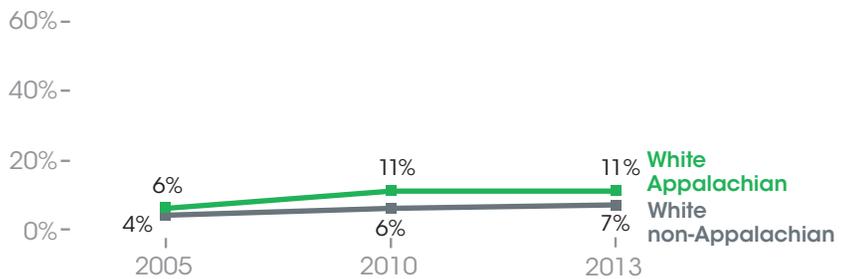
### Other conditions

**Depression** was reported as a diagnosed condition by nearly 3 in 10 Appalachian adults in 2013, higher than the rate of 2 in 10 non-Appalachians adults. This percentage had declined between 2005 and 2010, but rose again between 2010 and 2013.

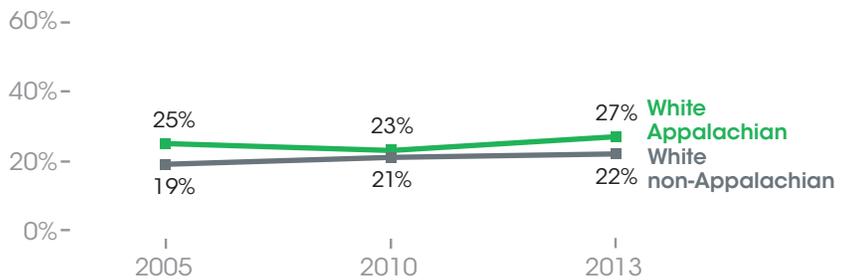
The percentage of adults who had been told they had **diabetes** increased among both Appalachians and non-Appalachians since 2005. However, the percentage among Appalachians remained consistently higher. Weight, diet and a person's exercise habits can affect diabetes, and it may correlate with high levels of obesity.

### Percentage who have been told they have...

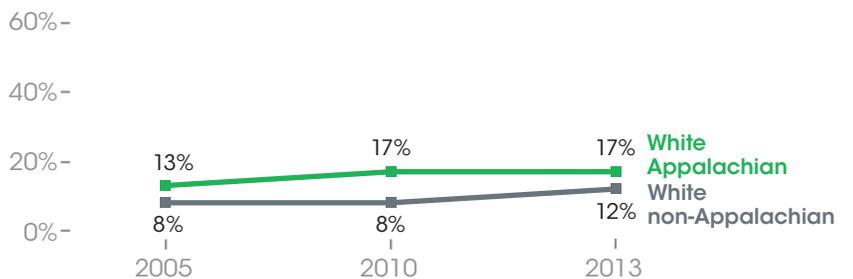
#### Chronic lung disease



#### Depression



#### Diabetes



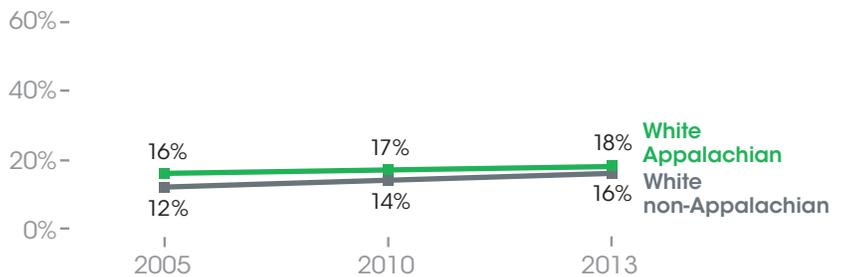


The two final chronic conditions examined in the CHSS were severe allergies and cancer. The percentage of Appalachian adults who said they had been told they had **severe allergies** (18%) was about the same as among non-Appalachian adults (16%). This percentage has remained stable among Appalachians since 2005.

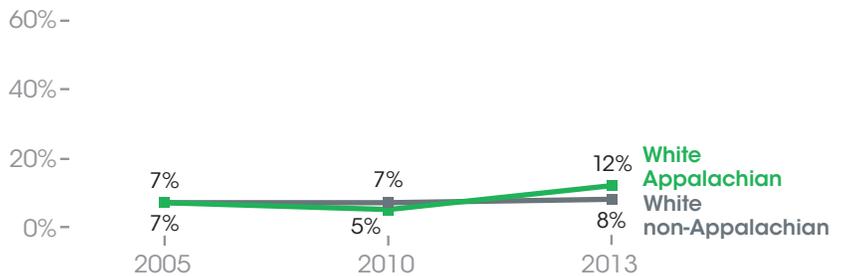
The percentage of Appalachian adults who said they had been told they had **cancer** doubled between 2010 and 2013, from 5% to 12%. This is higher than the 8% among non-Appalachian adults in 2013.

### Percentage who have been told they have...

#### Severe Allergies



#### Cancer



Appalachian adults who had been told they had cancer doubled between 2010 and 2013, from 5% to 12%



# ACCESS AND BARRIERS TO CARE

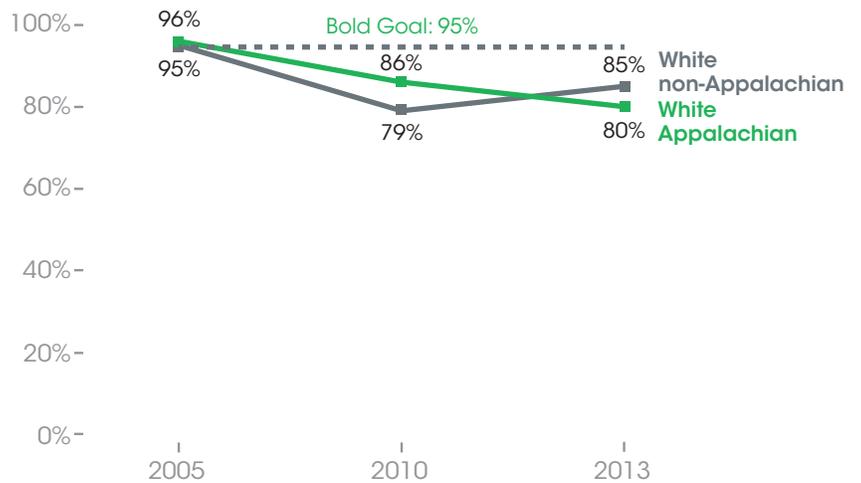
One essential element for maintaining good health is regular visits with a doctor or other healthcare provider. Ideally, patients see the same provider or practice over time so they can receive coordinated, comprehensive healthcare and preventive health guidance.

## Most White Appalachians have an appropriate source of care

An appropriate place for healthcare is more than just a regular place to go. It is where the patient and his or her health history are known to the provider. This allows for comprehensive preventive care and can help catch minor problems before they become serious.

A private doctor's office, community-based health center, clinic at a retail store or hospital outpatient department are considered appropriate sources of care. Eight in 10 Appalachian adults (80%) said they had a regular, appropriate source of healthcare, less than the percentage among non-Appalachians (85%). This is below

**Adults who usually go to a private doctor's office, community-based health center, clinic at a retail store or hospital outpatient department when they are sick or need advice about their health**



the regional Bold Goal of 95%. (To read more about Greater Cincinnati Bold Goals, see <http://www.uwgc.org/community-impact/bold-goals-for-our-region>.) The percentage of Appalachians reporting a regular and appropriate source of care was highest in 2005 and has declined since then.

8 in 10 Appalachian adults said they had a regular, appropriate source of healthcare



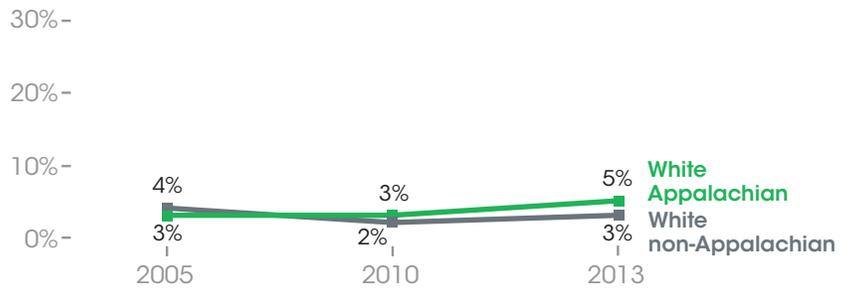
## More White Appalachians than White non-Appalachians using inappropriate source of care

The decline in the percentage of Appalachians reporting an appropriate source of care means that more Appalachian adults are getting care from an inappropriate source or have no regular source of care.

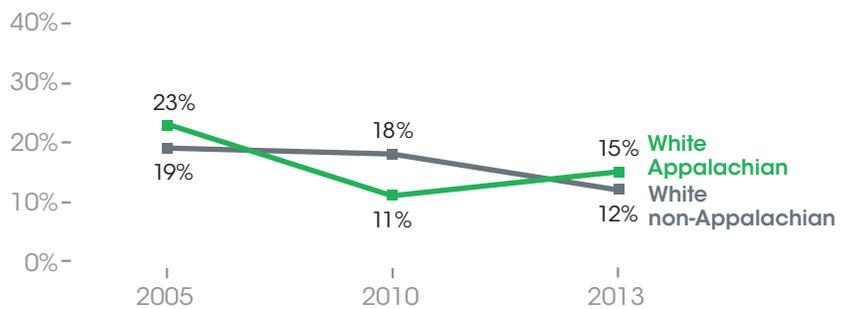
An urgent care center or an emergency room is not an appropriate source of care. Care received in these locations may be fragmented, and may not address the long-term issues that are so important for health. Using these locations for routine care also may overload the system, limiting the availability of care for cases that are truly emergencies.

In 2013, 5% of Appalachian adults reported that they usually went to an urgent care center or emergency room when they were sick or needed health advice. This is an increase from 2010 and is higher

## Adults who usually go to a hospital emergency room or urgent care center when they are sick or need advice about their health



## Adults reporting no usual source of health care



than the 3% of non-Appalachian adults with an inappropriate source of care in 2013.

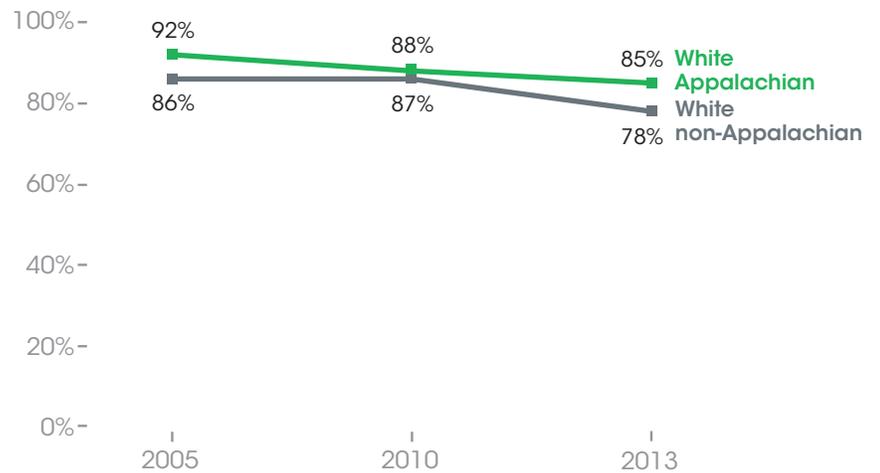
The percentage of Appalachian adults reporting that they had no usual healthcare provider was highest in 2005 at 23%. It declined to 11% in 2010, but rose to 15% in 2013. This is higher than the percentage among non-Appalachian adults.



## Most White Appalachians have had routine checkup

Once people have an appropriate source of care, it is important that they see that provider on a regular basis to monitor their health and receive appropriate screenings. Among Appalachian adults in Greater Cincinnati, more than 8 in 10 reported having had a routine checkup within the past two years, more than among non-Appalachian adults. This percentage has declined since 2005, when more than 9 in 10 Appalachian adults reported having had a checkup within the past two years.

Adults who have personally visited a healthcare professional for a routine checkup in the past two years



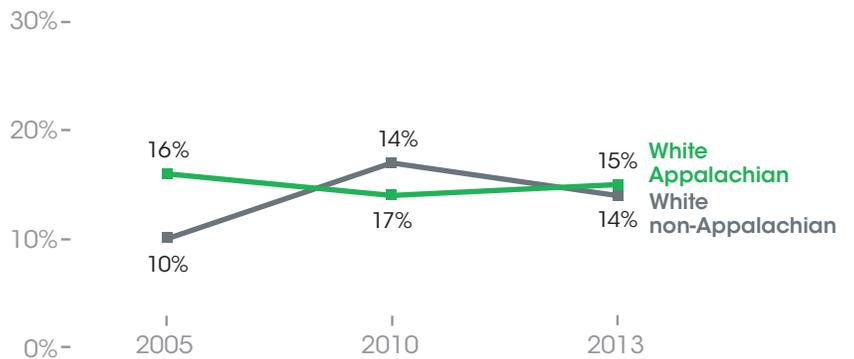
More than 8 in 10 Appalachian adults reported having had a routine checkup within the past two years



## Rate of uninsured White Appalachians holds steady

Cost can be another barrier to receiving regular healthcare. People without health insurance are less likely to get the care they need in a timely manner. In Greater Cincinnati, 15% of Appalachian adults said they were currently uninsured at the time of the survey. This is about the same as the percentage among non-Appalachian adults. This percentage has remained stable since 2005. (Note: Data were collected before the insurance requirements for the Affordable Care Act were in effect. These results do not reflect the impact of that law.)

### Adults who are currently uninsured



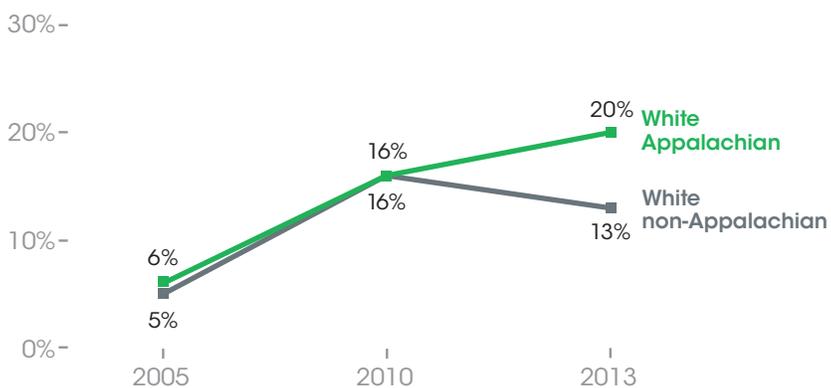
15% of Appalachian adults said they were currently uninsured at the time of the survey



## 2 in 10 White Appalachians go without care due to cost

Even with insurance, healthcare can be expensive. In 2013, 2 in 10 Appalachian adults (20%) said they had gone without a doctor's care sometime in the past year because the household needed the money to buy food, clothing or to pay for housing. This percentage has more than tripled since 2005 and is greater than the percentage of non-Appalachian adults reporting this in 2013.

**During the last year, did any household member not receive a doctor's care because the household needed money to buy food or clothing or pay for housing?** (Graph presents only the percentage of adults who answered "yes.")



The rate of Appalachian adults who went without care in the past year tripled since 2005

