

Alcohol Consumption by Greater Cincinnati Adults

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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Topics included in the GCCHSS include access to and satisfaction with healthcare, medical debt, mental and physical health status, nutrition and exercise, cigarette and alcohol use, and others.

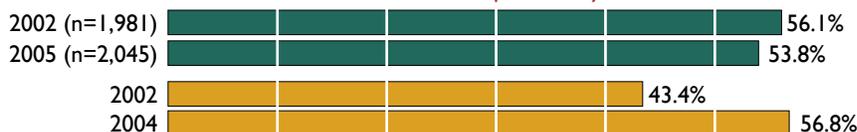
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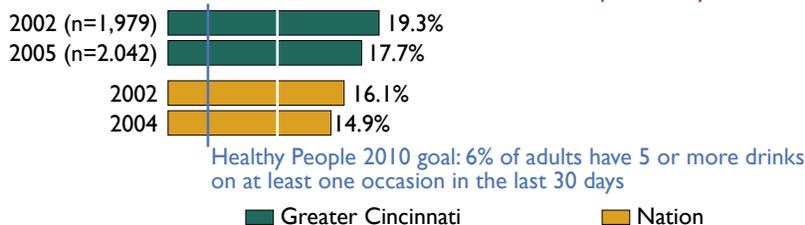
Community partners that helped develop the GCCHSS include:

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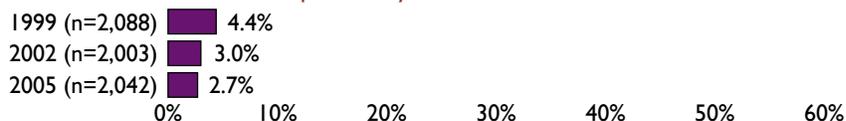
Adults who consumed at least 1 alcoholic drink in the past 30 days



Adults who had 5 or more drinks on at least one occasion in the past 30 days



Greater Cincinnati adults who reported driving when they thought they had too much to drink at least once in the past 30 days



Alcohol consumption in the past 30 days

According to the Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System, 56.8% of adults drank at least one alcoholic drink during the past 30 days. This is up quite a bit from 43.4% in 2002. An alcoholic drink is defined as 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

Adults in Greater Cincinnati reported slightly lower rates (53.8%) than the nation in 2005. However, regional rates (56.1%) were higher than the nation in 2002. In general, as income or education level increases, so does the likelihood that a person had at least one alcoholic beverage during the past 30 days. As age increases, the likelihood that a person drank in the last 30 days decreases.

Greater Cincinnati adults *more* and *less* likely to drink at least once in the last 30 days (2005 data)

Demographic	% who drank at least once
Region	53.8%
Age	
18 to 29	62.2%
65+	29.4%
Sex	
Male	65.1%
Female	43.7%
Ethnicity	
White Non-Appalachian	58.6%
White Appalachian (1st and 2nd generation)	41.1%
Family Income	
Above 200% FPG ¹	60.8%
Below 100% FPG	38.9%
Education	
Some college	67.3%
Less than high school	26.5%
Health Insurance	
Private or self-insured	63.5%
Medicare	32.8%

(continued on next page)

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Binge drinking

Binge drinking is classified as having 5 or more drinks on one occasion. Both nationally and locally, binge-drinking rates have decreased in the last 3 years. The national rates of adult binge drinking are 16.1% in 2002 and 14.9% in 2004.

Our region's binge drinking rates, while decreasing, remain higher than the nation's rates. In 2002, 19.3% of Greater Cincinnati adults reported binge drinking. In 2005, this dropped to 17.7%. This is still almost 3 times as high as the Healthy People 2010 goal of 6%. As with those who drank at least once in the past 30 days, binge drinking rates generally increase as income or education level increases but decrease as age increases.

Greater Cincinnatians **more** and **less** likely to drink 5 or more drinks on at least one occasion in the last 30 days (2005 data)

Demographic	% who drank 5 or more drinks on at least one occasion
Region	17.7%
Age	
18 to 29	30.2%
65+	3.7%
Sex	
Male	27.9%
Female	8.4%
Ethnicity	
White Non-Appalachian	21.3%
White Appalachian (1st and 2nd generation)	10.2%
Family Income	
Above 200% FPG ¹	21.5%
Between 100–200% FPG	12.7%
Education	
Some college	24.3%
Less than high school	7.6%
Health Insurance	
Private or self-insured	21.0%
Medicare	4.3%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Drinking and driving

According to the Greater Cincinnati Community Health Status Survey, 2.7% of adults in 2005 reported driving when they thought they had too much to drink. This rate has been decreasing since 1999, when it was 4.4%. However, many would consider one time behind the wheel while under the influence is too many times. The likelihood of a person driving when he or she thought they had too much to drink generally increases as income or education level increases. The likelihood decreases as age increases.

Greater Cincinnatians **more** and **less** likely to drive in the last 30 days when they thought they had too much to drink (2005 data)

Demographic	% who drove when they thought they had too much to drink
Region	2.7%
Age	
18 to 29	5.6%
65+	0.2%
Sex	
Male	3.7%
Female	1.9%
Ethnicity	
White Non-Appalachian	2.9%
White Appalachian (1st and 2nd generation)	2.1%
African American	2.0%
Family Income	
Above 200% FPG ¹	3.6%
Between 100–200% FPG	1.9%
Below 100% FPG	1.7%
Education	
Some college	5.5%
Less than high school	0.0%
Health Insurance	
Uninsured	4.8%
Medicare	0.2%

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Depression in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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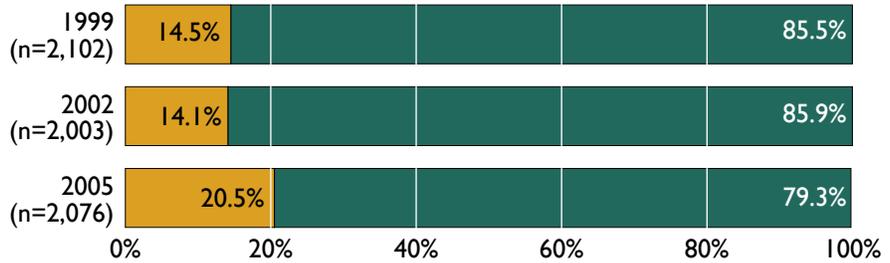
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Adults reporting they have ever been told by a healthcare provider that they have depression



One in five Greater Cincinnatians (20.5%) reported that a healthcare provider has told them they have depression, up significantly from about 14% in 2002 and 1999¹.

In Greater Cincinnati, the people who have been told they have depression were more likely than the region to (*please see the next page for data*):

- be obese,
- report no moderate or vigorous activity,
- have higher stress levels than they would like,
- be a current smoker,
- pay a lot “out of pocket” for things not covered by their health insurance, and
- have problems paying medical bills.

They were less likely than the region to (*please see the next page for data*):

- report their health status as excellent or very good, and
- feel positively about their community.

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¹The national rate of depression is about 5%; however, this national rate reflects people diagnosed according to the guidelines in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV). The GCCHSS simply asked people if they had ever been told by any healthcare provider that they had depression, not if they had been diagnosed according to the DSM-IV.

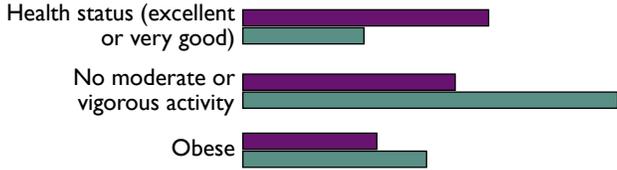
Greater Cincinnatians **more** and **less** likely to have been told by a healthcare provider they have depression (2005 data)

Demographic	% told they have depression
Region	20.5%
Age	
18 to 29	21.9%
46 to 64	21.8%
30 to 45	19.0%
Sex	
Female	25.7%
Male	14.9%
Ethnicity	
White Appalachian (1st and 2nd generation)	24.5%
White Non-Appalachian	18.9%
Family Income	
Between 100–200% FPG ¹	32.8%
Above 200% FPG	15.9%
Education	
Less than high school	27.1%
College graduate	13.5%
Health Insurance	
Medicaid	33.2%
Private or self-insured	18.0%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

■ Greater Cincinnati
■ Greater Cincinnatians who have been told by a healthcare provider that they have depression

Physical health (% falling into these categories)



Physical health (% falling into these categories)

	Region	People told they have depression
Health status (excellent or very good)	49.9%	24.6%
No moderate or vigorous activity	10.7%	22.3%
Obese	27.2%	37.3%

Stress (% repoding "yes")



Stress (% responding "yes")

Stress level is higher than you'd like	50.0%	77.7%
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Cigarette and alcohol use (% falling into these categories)



Cigarette use (% falling into these categories)

Current smoker	30.0%	45.1%
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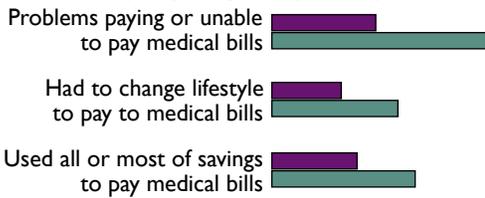
Insurance (% responding "yes")



Insurance (% responding "yes")

Your health plan didn't pay anything for care you thought was covered	21.6%	36.0%
You had to pay a lot "out of pocket" for things not covered by your plan	28.2%	37.9%

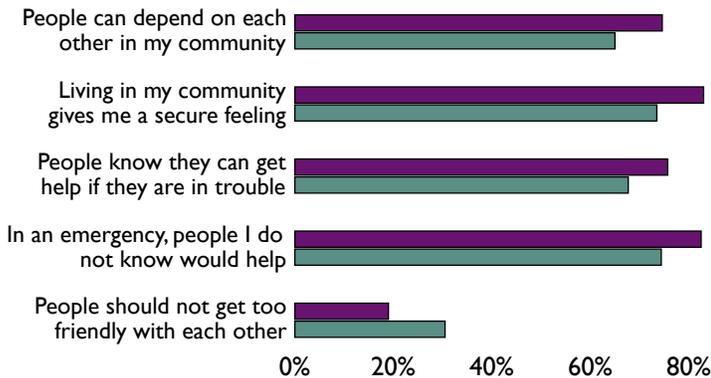
Medical debt (% reporting these problems)



Medical debt (% reporting these problems)

Problems paying or unable to pay medical bills	21.1%	43.7%
Had to change lifestyle to pay medical bills	14.1%	25.6%
Used up all or most of savings to pay medical bills	17.3%	29.1%

Community (% reporting they agree)



Community (% reporting they agree)

People can depend on each other in my community	74.6%	65.0%
Living in my community gives me a secure feeling	83.0%	73.5%
People in my community know they can get help from the community if they are in trouble	75.7%	67.7%
If I had an emergency, even people I do not know in my community would be willing to help	82.5%	74.4%
There is a feeling in my community that people should not get too friendly with each other	19.0%	30.5%

■ Greater Cincinnati
■ Greater Cincinnatians who have been told by a healthcare provider that they have depression

Greater Cincinnatians who Go without Care

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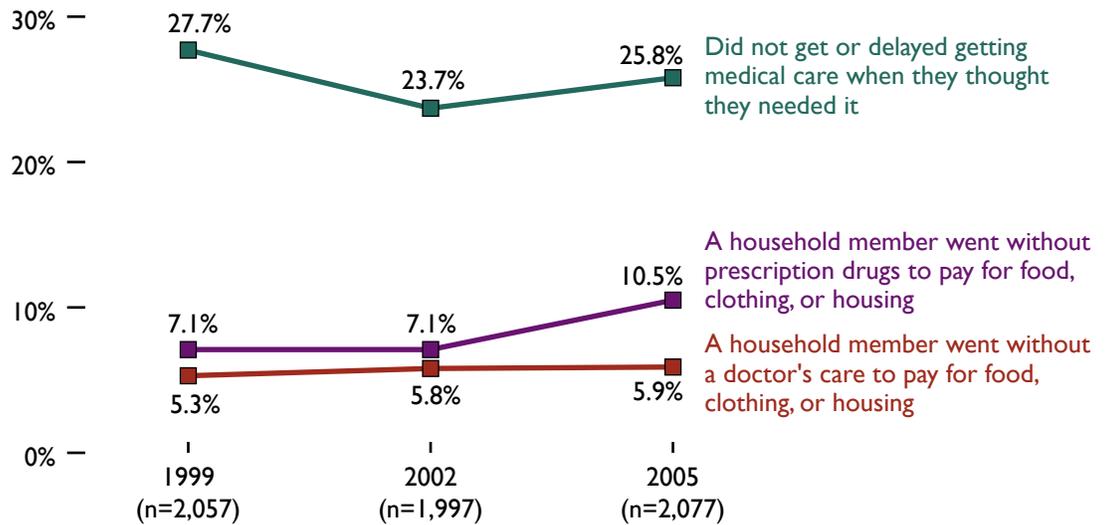
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Did not get or delayed getting care when they thought they needed it

According to the most recent Greater Cincinnati Community Health Status Survey, just over a quarter of adults in the region did not get or delayed getting medical care when they thought they needed it. This rate is up slightly from the 2002 rate of 23.7%, but down from the 1999 rate of 27.7%. As age or income increases, the likelihood that a person did not get or delayed getting care decreases.

Survey respondents who delayed or did not get care were asked to name their most important reason for doing so. The most common reasons given were:

- cost of healthcare (27.8%),
- no time/too busy (14.7%),
- no health insurance (9.3%),
- stubborn/delayed visit (8.7%),
- thought the problem would take care of itself (8.0%),
- problems with health insurance (6.0%),
- don't like doctors (2.5%), and
- could not get an appointment with a doctor (2.5%).

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Greater Cincinnatians *more* and *less* likely to not get or delay getting care (2005 data)

Demographic	% who delayed or did not get care
Region	25.8%
Age	
18 to 29	34.4%
65+	6.4%
Sex	
Female	29.2%
Male	22.1%
Ethnicity	
African American	34.4%
White Non-Appalachian	23.2%
Family Income	
Below 100% FPG ¹	40.7%
Above 200% FPG	25.1%
Health Insurance	
Uninsured	45.7%
Medicare	6.5%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Household member went without a doctor's care to pay for food, clothing, or housing

Just under 6% of Greater Cincinnatians reported that a household member went without a doctor's care in 2005 because the household needed the money to buy food or clothing or pay for housing. This rate has risen slowly since 1999. The uninsured and those below 100% of the federal poverty guidelines are almost 3 times more likely than the general population to go without care because the household needed the money to pay for necessities. As age or income increases, the likelihood of going without a doctor's care to pay for necessities decreases.

Greater Cincinnatians **more** and **less** likely to have a household member not receive a doctor's care because the household needed money to buy food or clothing or pay for housing (2005 data)

Demographic	% with a household member who did not receive a doctor's care
Region	5.9%
Age	
18 to 29	8.1%
65+	0.5%
Sex	
Female	8.0%
Male	3.6%
Ethnicity	
African American	11.5%
White Non-Appalachian	5.0%
Family Income	
Below 100% FPG ¹	16.4%
Above 200% FPG	4.3%
Health Insurance	
Uninsured	17.4%
Medicare	0.6%

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Household member went without prescription drugs to pay for food, clothing, or housing

After staying level at 7.1% between 1999 and 2002, the rate of households with a member who did not receive prescription drugs because the household needed the money to pay for food, clothing, or housing jumped to 10.5%. In particular, the uninsured and those below 100% of the federal poverty guidelines are about 2.5 times more likely to not receive a prescription in order to pay for necessities. As age or income increases, the likelihood of going without prescription drugs decreases.

Greater Cincinnatians **more** and **less** likely to have a household member not receive prescription drugs because the household needed money to buy food or clothing or pay for housing (2005 data)

Demographic	% with a household member who did not receive prescription drugs
Region	10.5%
Age	
30 to 45	15.5%
65+	1.8%
Sex	
Female	12.3%
Male	8.5%
Ethnicity	
African American	18.7%
White Non-Appalachian	7.5%
Family Income	
Below 100% FPG ¹	24.3%
Above 200% FPG	8.2%
Health Insurance	
Uninsured	26.9%
Medicare	2.1%

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Greater Cincinnatians with a Medical Home

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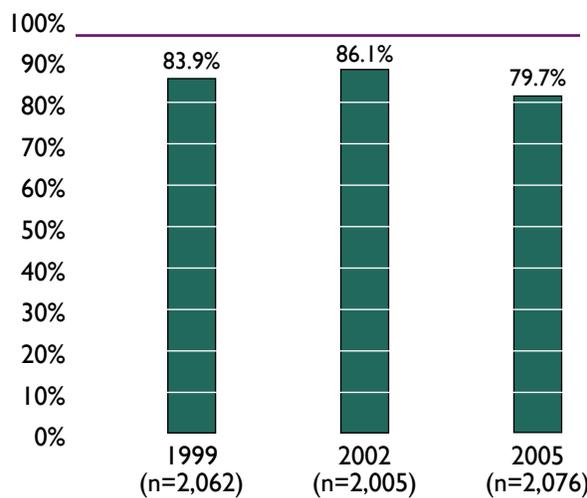
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People with a medical home



Healthy People 2010 goal: 96% of the population has a medical home

Having one particular clinic, health center, doctor's office, or other place you go if you are sick is commonly known as having a "medical home." People without a medical home are less likely to seek appropriate and timely healthcare when needed.

In Greater Cincinnati in 2005, 79.7% of residents had a medical home, down from the 2002 and 1999 averages and far short of the Healthy People 2010 goal of 96% of the population having a medical home. As age or income increase, the likelihood of having a medical home also increases.

Having a medical home is only part of the issue. The type of medical home a person has is also important. A true medical home is a place where the staff know you and your health history. The staff provide regular and preventive care and can help catch minor problems before they become serious.

A hospital emergency room (ER) is not an appropriate medical home. Primary care delivered in an ER is much more costly than care through a community health center, clinic, doctor's office, or other primary care setting. It also clogs the system with non-

Greater Cincinnatians *more* and *less* likely to have a regular place they go for care when they are sick or need advice about their health (or "medical home") (2005 data)

Demographic	% with a medical home
Region	79.7%
Age	
65+	89.2%
18 to 29	65.2%
Sex	
Female	86.7%
Male	72.0%
Ethnicity	
African American	85.3%
White Appalachian (1st and 2nd generation)	77.2%
Family Income	
Above 200% FPG ¹	80.9%
Below 100% FPG	76.9%
Health Insurance	
Medicare	88.3%
Uninsured	71.4%

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emergency cases, making it more difficult to provide care to those truly in need of emergency services.

In Greater Cincinnati, as age or income increase, the likelihood of having a public health clinic or community-based health center as a medical home decreases and the likelihood of having a private doctor's office as a medical home increases. Although only 2.3% of Greater Cincinnatians reported having an ER as their medical home, those living below 100% of the Federal Poverty Guidelines (FPG) and the uninsured were 3 times as likely to list an ER as their medical home.

Greater Cincinnatians **more** and **less** likely to report a private doctor's office as their medical home (2005 data)

Demographic	% with a private doctor's office as their medical home
Region	64.6%
Age	
46 to 64	74.3%
65+	74.1%
18 to 29	44.4%
Sex	
Female	71.2%
Male	57.5%
Ethnicity	
White Non-Appalachian	70.2%
African American	39.3%
Family Income	
Above 200% FPG ¹	71.9%
Below 100% FPG	39.6%
Health Insurance	
Private or self-insured	71.7%
Medicaid	30.3%

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Greater Cincinnatians **more** and **less** likely to report a public health clinic or community-based health center (CHC) as their medical home (2005 data)

Demographic	% with a public health clinic or CHC as their medical home
Region	6.4%
Age	
18 to 29	11.4%
65+	4.2%
Sex	
Female	8.3%
Male	4.3%
Ethnicity	
African American	17.9%
White Non-Appalachian	4.2%
Family Income	
Below 100% FPG ¹	20.1%
Above 200% FPG	3.6%
Health Insurance	
Medicaid	23.3%
Private or self-insured	2.8%
Medicare	2.7%

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Greater Cincinnatians **more** and **less** likely to report a hospital emergency room (ER) as their medical home (2005 data)

Demographic	% with a hospital ER as their medical home
Region	2.3%
Age	
46 to 64	3.0%
30 to 45	1.7%
Sex	
Male	2.7%
Female	2.0%
Ethnicity	
African American	11.3%
White Non-Appalachian	1.1%
Family Income	
Below 100% FPG ¹	6.6%
Above 200% FPG	0.9%
Health Insurance	
Uninsured	7.4%
Private or self-insured	0.8%

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Healthcare Access Issues of City of Cincinnati Residents

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	Region (number of respondents =2,077)	City of Cincinnati residents (number of respondents=277)
Health insurance (% responding "yes")		
What type of insurance do you have?		
Private	63.1%	50.6%
Medicaid	7.1%	15.7%
Medicare	13.5%	11.2%
Medicare and Medicaid	2.8%	5.3%
Unknown	0.5%	0.5%
None (uninsured)	13.0%	16.7%
Have you been uninsured at any time in the past 12 months?	19.8%	22.1%

Medical and dental home (% responding "yes")		
Do you have a medical home, a usual place to get medical care when you are sick or need medical advice?	79.7%	79.6%
Where is that usual place? (asked only of respondents who reported having a usual place to get care; number of respondents for the region=1,649, number of respondents for the City of Cincinnati=217)		
Private doctor's office	81.3%	59.8%
Public health clinic or community-based health center	8.1%	21.9%
Hospital outpatient department	3.8%	5.3%
Hospital emergency room	2.9%	7.8%
Urgent care center	2.2%	2.1%
Do you have a dental home, a usual place to get dental care?	69.7%	60.0%

Delayed getting care (% responding "yes")		
In the past 12 months, did you think you needed healthcare but did not get it or delayed getting it?	25.8%	30.0%
What is the most important reason you delayed or did not get care? (asked only of respondents who reported delaying care; number of respondents for the region=536, number of respondents for the City of Cincinnati=83)		
Cost of care	27.8%	20.0%
No time/too busy	14.7%	5.7%
No health insurance	9.3%	15.5%
Stubborn/delayed visit	8.7%	3.3%
Thought the problem would take care of itself	8.0%	10.4%
Problems with health insurance	6.0%	7.3%
Don't like doctors	2.5%	3.1%
Healthcare not available	2.1%	0.4%

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	Region (number of respondents =2,077)	City of Cincinnati residents (number of respondents=277)
Quality and satisfaction with healthcare (<i>% falling into these categories</i>)		
How satisfied are you with the quality of the healthcare you get?		
Very satisfied or fairly well satisfied	86.9%	80.0%
Not too satisfied or not at all satisfied	12.4%	18.5%
How would you rate your satisfaction with your overall healthcare?		
Excellent or very good	47.5%	40.5%
Good	32.3%	31.2%
Fair or poor	18.7%	24.5%

Health-related financial issues (<i>% responding "yes"</i>)		
During the past 12 months, have you had problems paying or been unable to pay for care?	21.1%	29.0%
Have you been unable to pay for basic necessities because of medical bills?	8.0%	11.1%
In the past 12 months, have you or someone in your household taken time off work without pay so that a member of the household could receive healthcare?	12.1%	17.8%
Do you have a retirement savings plan other than Social Security?	59.0%	51.5%

Healthcare Availability, Quality, and Cost in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

The Greater Cincinnati Community Health Status Survey (GCCHSS) is a project of The Health Foundation of Greater Cincinnati. The GCCHSS is conducted by the Institute for Policy Research at the University of Cincinnati.

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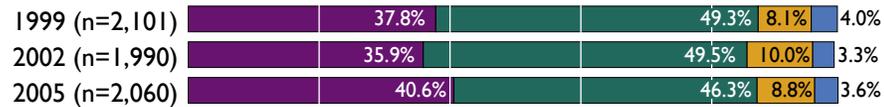
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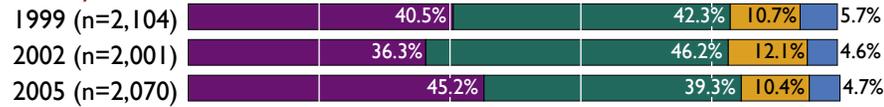
Community partners that helped develop the GCCHSS include:

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- + Child Policy Research Center
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Quality of health care



Availability of health care



Very satisfied (purple), Fairly well satisfied (green), Not too satisfied (yellow), Not at all satisfied (blue)

Cost of health care



Very reasonable (purple), Fairly reasonable (green), Somewhat unreasonable (yellow), Very unreasonable (blue)

According to the 2005 Greater Cincinnati Community Health Status Survey, the vast majority of adults in the region are satisfied with the quality of care (86.9%) and availability of care (84.5%) they receive. However, far fewer adults in the region are satisfied with the cost of healthcare: only 48.1% of respondents reported that they felt healthcare costs were very or somewhat reasonable.

Although satisfaction with quality and availability has risen slightly since 1999, satisfaction with cost has been decreasing. In 1999, 55.7% of adults felt healthcare costs were reasonable. This dropped in 2002 (49.4%) and 2005 (48.1%).

Quality

Quality of care is an important indicator of how well a healthcare system is doing. The Institute of Medicine and others at the federal level have launched efforts to provide standards in quality of care and measure progress in this area. For additional information, see the Institute of Medicine's

(continued on next page)

Greater Cincinnatians **more** and **less** likely to be very or fairly well satisfied with the quality of the healthcare they get (2005 data)

Demographic	% very or fairly well satisfied with quality
Region	86.9%
Age	
65+	89.6%
18 to 29	85.0%
Sex	
Male	87.2%
Female	86.6%
Ethnicity	
White Appalachian (1st and 2nd generation)	89.6%
African American	83.2%
Family Income	
Above 200% FPG ¹	88.5%
Below 100% FPG	77.9%
Health Insurance	
Private or self-insured	89.5%
Uninsured	74.5%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Crossing the Quality Chasm report produced in 2001 (visit <http://www.iom.edu/CMS/8089/5432.aspx>).

In Greater Cincinnati, quality of care is consistently rated highly. As age or income increase, the likelihood of being satisfied with quality of healthcare also increases.

Availability

Availability of care is an indicator of whether someone will get care when they need it. In Greater Cincinnati, as age or income increase, the likelihood of being satisfied with availability of healthcare also increases.

Although availability of care has been consistently rated highly by residents, the region has wide variation in availability of care, with many regions designated as Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs). Generally speaking, rural areas within the region tend to be designated as HPSAs and MUAs.

*Greater Cincinnatians **more** and **less** likely to be very or fairly well satisfied with the availability of healthcare when they need it (2005 data)*

Demographic	% very or fairly well satisfied with availability
Region	84.5%
Area in region	
Boone/Campbell/Grant/Kenton Counties (KY)	89.1%
Adams/Brown/Clermont/Highland Counties (OH)	76.8%
Age	
65+	90.9%
18 to 29	80.9%
Sex	
Male	84.9%
Female	84.1%
Ethnicity	
White Non-Appalachian	86.4%
African American	81.9%
Family Income	
Above 200% FPG ¹	86.2%
Below 100% FPG	76.3%
Health Insurance	
Medicare	89.7%
Uninsured	64.9%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Residents of the rural Ohio area in the region (Adams/Brown/Clermont/Highland Counties)—most of which is designated as an HPSA—were the least likely to be satisfied with availability of healthcare, while residents of the urban Kentucky area (Boone/Campbell/Grant/Kenton Counties) were most likely to be satisfied. However, residents of the Indiana area (Dearborn/Franklin/Ohio/Ripley/Switzerland Counties), which is also a rural area and HPSA, were the second most likely to be satisfied with availability. Residents of the City of Cincinnati were the second least likely to be satisfied with availability.

Cost

The cost of care is a great concern for many people in the United States as health insurance premiums increase and out-of-pocket expenses continue to rise. In Greater Cincinnati, we see this concern reflected in the continuous decline of adults satisfied with the cost of care they receive from 1999 to 2005. Unlike the other healthcare satisfaction measures from the survey, we found that as income increases, the likelihood of finding healthcare costs reasonable decreases.

*Greater Cincinnatians **more** and **less** likely to feel the cost of the healthcare they receive is very or fairly reasonable (2005 data)*

Demographic	% who feel healthcare costs are reasonable
Region	48.1%
Age	
65+	55.6%
46 to 64	43.6%
Sex	
Male	50.2%
Female	46.2%
Ethnicity	
White Non-Appalachian	50.5%
White Appalachian (1st and 2nd generation)	45.8%
Family Income	
Below 100% FPG ¹	53.0%
Above 200% FPG	47.6%
Between 100–200% FPG	47.5%
Health Insurance	
Medicare	55.3%
Medicaid	40.4%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Healthy Behaviors of Greater Cincinnatians

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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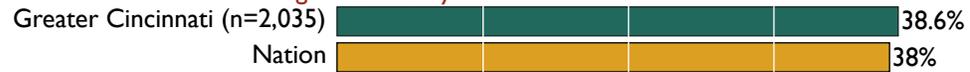
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Insufficient moderate or vigorous activity



No moderate or vigorous activity



How often Greater Cincinnati adults consume at least 5 servings of fruits and vegetables (n=2,077)



According to the Centers for Disease Control and Prevention (CDC), the recommended guidelines for physical activity are at least 30 minutes, 5 days per week of moderate activity, or at least 20 minutes, 3 days per week of vigorous activity¹. The *Behavioral Risk Factor Surveillance Survey* (BRFSS) reports that 46% of adults across the country meet these requirements for moderate or vigorous activity. Just over half of Greater Cincinnatians (50.7%) meet the guidelines for moderate or vigorous activity.

Insufficient Activity

People who do some moderate or vigorous activity each week but not enough to meet the CDC guidelines are considered to be insufficiently active. While these people still may be active, they do not perform moderate or vigorous activities enough days each week or for a long enough duration to meet the guidelines.

Greater Cincinnatians (38.6%) are on par with the nation (38%) in terms of

(continued on next page)

¹Moderate activity is defined as brisk walking, bicycling, vacuuming, gardening, or anything that causes some increase in breathing or heart rate. Vigorous activity is defined as running, aerobics, heavy yard work, or anything that causes large increases in breathing or heart rate.

Greater Cincinnatians **more** and **less** likely to report insufficient activity (2005 data)

Demographic	% reporting insufficient activity
Region	38.6%
Age	
65+	49.6%
30 to 45	31.0%
Sex	
Female	41.8%
Male	35.1%
Ethnicity	
White Non-Appalachian	40.5%
White Appalachian (1st and 2nd generation)	34.1%
Family Income	
Between 100–200% FPG ¹	40.3%
Below 100% FPG	35.0%
Health insurance	
Medicare	53.2%
Uninsured	32.4%
Weight status	
Obese (BMI ≥ 30)	46.3%
Overweight (BMI = 25.0–29.9)	34.1%
Depression²	
Not told they have it	39.1%
Told they have it	36.5%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.
²"Told they have it" and "Not told they have it" represent people who reported they had or had not ever been told by a healthcare professional that they had depression.

rates of people reporting insufficient activity each week. In general in the region, as age increases, the likelihood that a person will be insufficiently active also increases. Although obese people are most likely to be insufficiently active of all weight groups, overweight people are least likely. People who have been told they have depression are also less likely than people who have not to be insufficiently active.

No Moderate or Vigorous Activity

Fewer Greater Cincinnatians (10.7%) than people across the country (16%) report no moderate or vigorous activity each week. This does not mean these people are completely sedentary. Rather, it means they do not engage in moderate or vigorous activities as defined by the CDC for more than 10 minutes at a time.

Greater Cincinnatians **more** and **less** likely to report no moderate or vigorous activity each week (2005 data)

Demographic	% reporting no moderate or vigorous activity
Region	10.7%
Age	
65+	20.3%
18 to 29	6.2%
Sex	
Female	11.2%
Male	10.2%
Ethnicity	
African American	17.1%
White Non-Appalachian	7.5%
Family Income	
Between 100% FPG ¹	19.3%
Above 200% FPG	7.3%
Health Insurance	
Medicaid	17.0%
Private or self-insured	7.6%
Weight status (based on BMI)	
Obese (BMI ≥ 30)	16.9%
Healthy weight (BMI < 25.0)	7.5%
Depression²	
Told they have it	22.3%
Not told they have it	7.7%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

²Told they have it” and “Not told they have it” represent people who reported they had or had not ever been told by a healthcare professional that they had depression.

In general in the region, as age increases, the likelihood that a person reports no moderate or vigorous activity also increases. People who have been told they have depression are 2 times as likely to report no activity as the region and 3 times as likely to report no activity as people who have not been told they have depression.

Fruits & Vegetables

According to the CDC, the recommended guideline for fruit and vegetable consumption is 5 servings of fruits and/or vegetables per day. About 1 in 5 of Greater Cincinnatians (21.1%) eat 5 servings of fruits and/or vegetables 6–7 days per week. In general, as age or income increases, the likelihood of eating 5 servings 6–7 days per week also increases. The majority of Greater Cincinnatians (78.9%) eat 5 servings of fruits and/or vegetables 5 or fewer days per week.

Greater Cincinnatians **more** and **less** likely to consume 5 servings of fruits and vegetables 6–7 times per week (2005 data)

Demographic	% consuming 5 servings 6–7 times per week
Region	21.1%
Age	
65+	33.0%
18 to 29	13.4%
Sex	
Female	26.3%
Male	15.5%
Ethnicity	
African American	25.4%
White Appalachian (1st and 2nd generation)	20.0%
Family Income	
Above 200% FPG ¹	21.7%
Below 100% FPG	15.1%
Health Insurance	
Medicare	33.8%
Uninsured	17.7%
Weight status (based on BMI)	
Healthy weight	22.6%
Obese	22.6%
Overweight	18.1%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

How Greater Cincinnatians Feel about their Communities

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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How people feel about their community—if they can depend on others, if they feel safe, if it is a good place to raise children—can be a protective factor of their health status.

People who feel more positively about their community receive health-related information faster, are more likely to adopt healthy behaviors, and exert social control over health-related behaviors¹.

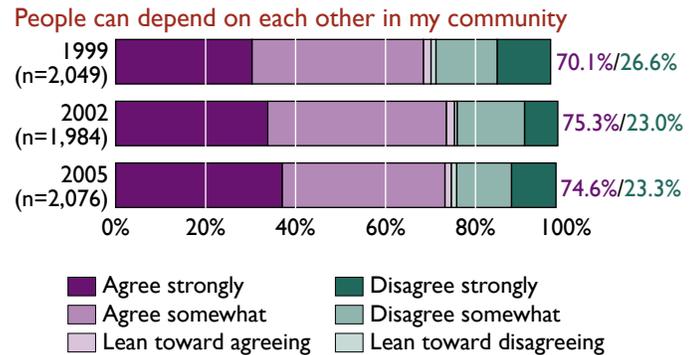
We asked Greater Cincinnatians six questions to see how positively they feel about their community. In general, Greater Cincinnatians feel very positively about their community. People in the region felt slightly more positively about their communities in 2002 than they did in 1999 or 2005.

Different demographic subgroups, however, have wide variations in how likely they are to feel positively about their communities:

- + **Area in region.** People who live in the City of Cincinnati are least likely than people who live in other areas to feel positively about their community. People living in Butler/Clinton/Warren Counties (OH) and in Dearborn/Franklin/Ohio/Ripley/Switzerland Counties (IN) are most likely to feel positively about their communities.
- + **Age.** In general, people ages 18–29 are among the least likely age group to feel positively about their communities.

(continued on next page)

¹McCubbin H, Patterson J, Glynn T. *Social Support Index*. In H. McCubbin and A. Thompson (eds.). *Family Assessment Inventories for Research and Practice*. Madison, Wisconsin: Family Stress Coping and Health Project, University of Wisconsin-Madison, 1991.



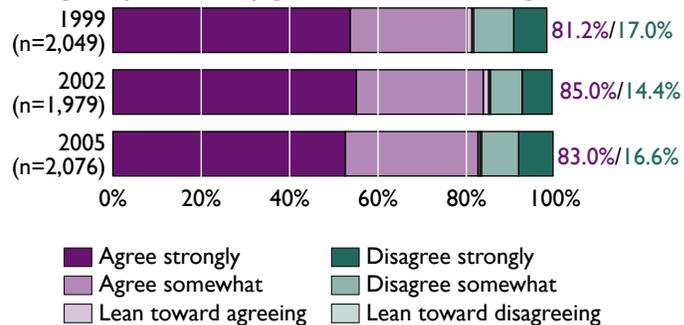
Greater Cincinnatians **more** and **less** likely to agree that people in their community can depend on each other (2005 data)

Demographic	% agreeing people in their community can depend on others
Region	74.6%
Area in region	
Dearborn/Franklin/Ohio/Ripley/Switzerland Counties (IN)	87.0%
City of Cincinnati	55.6%
Age	
46 to 64	77.4%
18 to 29	66.2%
Ethnicity	
White Non-Appalachian	79.2%
African American	44.5%
Family Income	
Above 200% FPG ¹	79.2%
Below 100% FPG	53.5%
Health Insurance	
Private or self-insured	80.6%
Medicaid	48.2%
Housing	
Own	78.6%
Rent	63.1%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

- **Ethnicity.** African Americans are least likely of the ethnic groups to feel positively about their communities.
- **Family income.** As income increases, the likelihood that a person feels positively about their community also increases.
- **Health insurance.** People on Medicaid and the uninsured are the least likely of the insurance subgroups to feel positively about their communities. People with private or self-insurance are the most likely to feel positively.
- **Housing.** People who own their homes are more likely to feel positively about their communities than people who rent.

Living in my community gives me a secure feeling

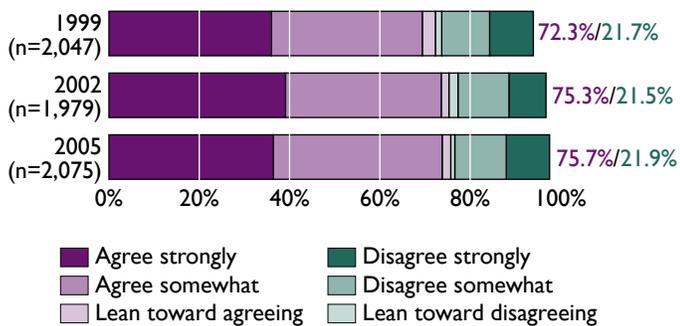


Greater Cincinnatians **more** and **less** likely to agree that living in their community gives them a secure feeling (2005 data)

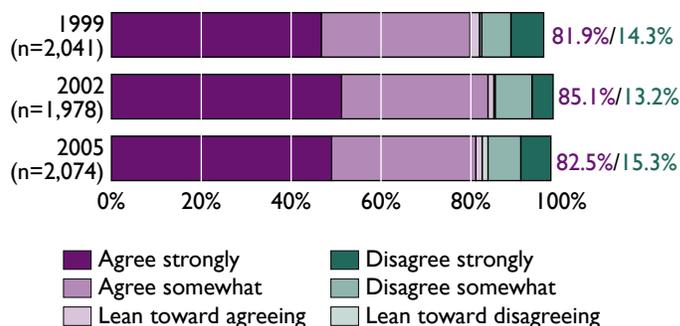
Demographic	% agreeing that their community gives them a secure feeling
Region	83.0%
Area in region	
Butler/Clinton/Warren Counties (OH)	91.4%
City of Cincinnati	58.2%
Age	
65+	87.3%
46 to 64	87.3%
18 to 29	75.5%
Ethnicity	
White Appalachian (1st and 2nd generation)	87.1%
African American	59.7%
Family Income	
Above 200% FPG ¹	89.5%
Below 100% FPG	61.5%
Health Insurance	
Private or self-insured	87.6%
Medicaid	64.3%
Housing	
Own	87.3%
Rent	71.2%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

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



If I had an emergency, even people I do not know in my community would be willing to help



Greater Cincinnatians **more** and **less** likely to agree that people in their community know they can get help from the community if they are in trouble (2005 data)

Demographic	% agreeing they can get help from the community
Region	75.7%
Area in region	
Butler/Clinton/Warren Counties (OH)	83.8%
City of Cincinnati	57.2%
Age	
65+	79.0%
18 to 29	70.1%
Ethnicity	
White Non-Appalachian	79.7%
African American	53.5%
Family Income	
Above 200% FPG ¹	80.1%
Below 100% FPG	57.1%
Health Insurance	
Private or self-insured	79.9%
Medicaid	59.5%
Housing	
Own	80.8%
Rent	60.7%

Greater Cincinnatians **more** and **less** likely to agree that if they had an emergency, even people they did not know in their community would be willing to help (2005 data)

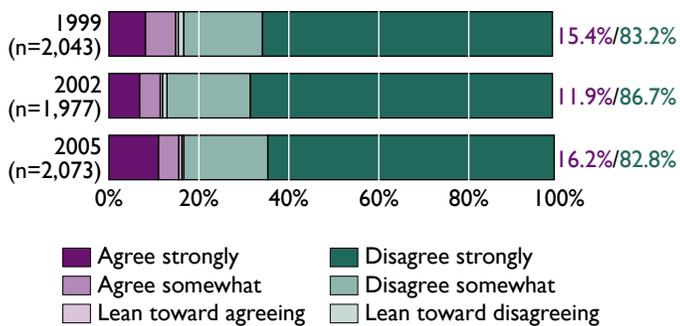
Demographic	% agreeing that people in their community they didn't know would be willing to help
Region	82.5%
Area in region	
Butler/Clinton/Warren Counties (OH)	90.9%
City of Cincinnati	71.9%
Age	
65+	85.1%
46 to 64	85.0%
18 to 29	80.9%
30 to 45	80.7%
Ethnicity	
White Non-Appalachian	85.5%
African American	65.9%
Family Income	
Above 200% FPG ¹	86.8%
Below 100% FPG	70.2%
Health Insurance	
Private or self-insured	87.2%
Uninsured	65.0%
Housing	
Own	85.3%
Rent	75.3%

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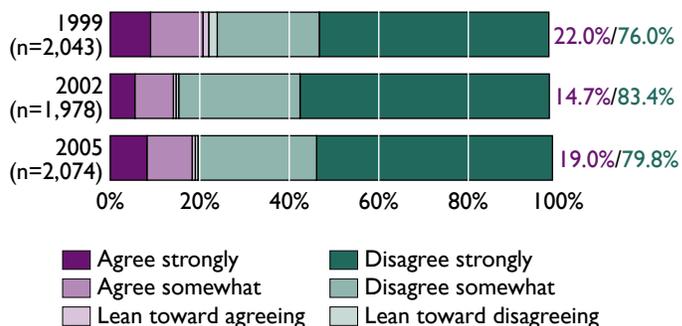
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My community is not a very good community to bring children up in



There is a feeling in my community that people should not get too friendly with each other



Greater Cincinnatians **more** and **less** likely to agree that their community is not a very good community to bring children up in¹ (2005 data)

Demographic	% agreeing their community is not a good place to bring up children ¹
Region	16.2%
Area in region	
City of Cincinnati	33.2%
Dearborn/Franklin/Ohio/Ripley/Switzerland Counties (IN)	7.7%
Age	
30 to 45	18.1%
46 to 64	13.9%
Ethnicity	
African American	34.0%
White Non-Appalachian	11.5%
Family Income	
Between 100–200% FPG ²	28.0%
Above 200% FPG	11.6%
Health Insurance	
Medicaid	32.8%
Private or self-insured	12.4%
Housing	
Rent	24.9%
Own	13.7%

¹A person who agrees with this statement is considered to feel negatively about their community. Therefore, a person disagreeing is considered to feel positively.

²The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to agree that there is a feeling in their community that people should not get too friendly with each other¹ (2005 data)

Demographic	% agreeing people should not get too friendly in their community ¹
Region	19.0%
Area in region	
City of Cincinnati	31.1%
Butler/Clinton/Warren Counties (OH)	9.7%
Age	
65+	20.6%
30 to 45	17.7%
Ethnicity	
African American	38.0%
White Non-Appalachian	15.6%
Family Income	
Below 100% FPG ²	37.1%
Above 200% FPG	13.0%
Health Insurance	
Medicaid	45.1%
Private or self-insured	13.4%
Housing	
Rent	27.4%
Own	15.8%

¹A person who agrees with this statement is considered to feel negatively about their community. Therefore, a person disagreeing is considered to feel positively.

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Medical Debt in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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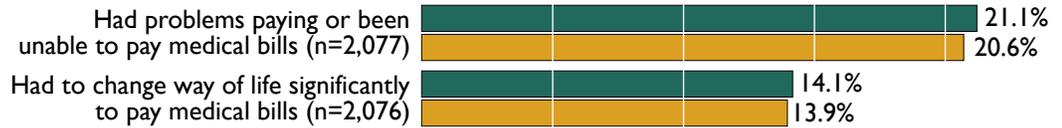
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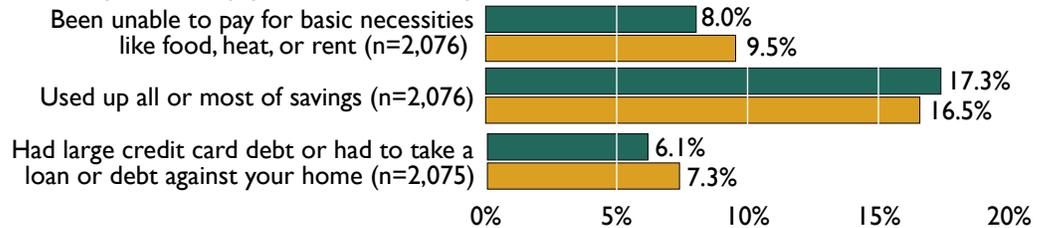
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During the last 12 months, have you...



Because you had to pay medical bills, have you ever...



Legend: Greater Cincinnati (dark green), Nation (yellow)

With the cost of healthcare steadily rising over the past several years, medical debt is becoming a concern for many Americans. According to the Commonwealth Fund¹, in 2003, just over 20% of Americans had problems paying or were unable to pay medical bills, and 13.9% had to change their way of life significantly to pay for medical bills. Additionally, 9.5% of Americans indicated they were unable to pay for basic necessities like food, heat, or rent in order to pay medical bills, 16.5% reported they used up all or most of their savings in order to pay medical bills, and 7.3% had large credit card debt or had to take a loan or debt against their home to pay medical bills.

Greater Cincinnati has been similarly affected by medical debt. In the region in general, as income increased, the likelihood of medical debt having an impact decreased. This did not hold true for having credit card debt or loans against a home because of paying medical bills. In this case, as income increased, the likelihood of having credit card or house debt due to medical bills increased.

(continued on next page)

Greater Cincinnatians **more** and **less** likely to have had problems paying or were unable to pay medical bills during the last 12 months (2005 data)

Demographic	% having problems paying or being unable to pay medical bills
Region	21.1%
Age	
30 to 45	27.7%
65+	10.0%
Sex	
Female	24.5%
Male	17.3%
Ethnicity	
African American	38.0%
White Non-Appalachian	17.4%
Family Income	
Below 100% FPG ¹	40.4%
Above 200% FPG	15.7%
Health Insurance	
Uninsured	44.4%
Medicare	10.6%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

¹The Commonwealth Fund surveyed adults ages 19 and over, while the Greater Cincinnati Community Health Status Survey surveyed adults ages 18 and over.

Greater Cincinnatians **more** and **less** likely to have had to change their way of life significantly in order to pay medical bills during the last 12 months (2005 data)

Demographic	% having to change their way of life significantly
Region	14.1%
Age	
30 to 45	19.6%
18 to 29	7.2%
Sex	
Female	15.5%
Male	12.5%
Ethnicity	
African American	21.3%
White Non-Appalachian	11.2%
Family Income	
Between 100–200% FPG ¹	27.4%
Above 200% FPG	9.4%
Health Insurance	
Uninsured	23.4%
Private or self-insured	12.6%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to ever have used up all or most of their savings to pay for medical bills (2005 data)

Demographic	% using up all or most of savings
Region	17.3%
Age	
30 to 45	26.0%
18 to 29	9.9%
Sex	
Female	19.1%
Male	15.2%
Ethnicity	
African American	23.1%
White Non-Appalachian	13.8%
Family Income	
Below 100% FPG ¹	34.1%
Above 200% FPG	12.3%
Health Insurance	
Medicaid	25.0%
Medicare	15.6%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to ever have been unable to pay for basic necessities like food, heat, or rent to pay for medical bills (2005 data)

Demographic	% unable to pay for basic necessities
Region	8.0%
Age	
30 to 45	11.8%
65+	3.2%
Sex	
Female	9.4%
Male	6.5%
Ethnicity	
African American	18.0%
White Non-Appalachian	6.1%
Family Income	
Below 100% FPG ¹	24.2%
Above 200% FPG	4.5%
Health Insurance	
Medicaid	18.8%
Private or self-insured	6.6%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to ever have had large credit card debt or had to take a loan or debt against their house to pay for medical bills (2005 data)

Demographic	% with large credit card or house debt
Region	6.1%
Age	
30 to 45	9.9%
18 to 29	1.7%
Sex	
Male	6.2%
Female	6.0%
Ethnicity	
African American	5.9%
White Appalachian (1st and 2nd generation)	5.0%
Family Income	
Between 100–200% FPG ¹	7.9%
Below 100% FPG	4.8%
Health Insurance	
Private or self-insured	7.2%
Medicaid	3.0%
Medicare	2.9%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Mental Health of Greater Cincinnatians

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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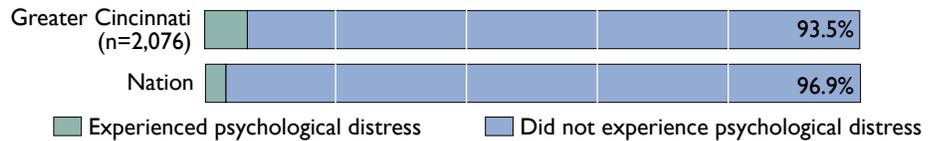
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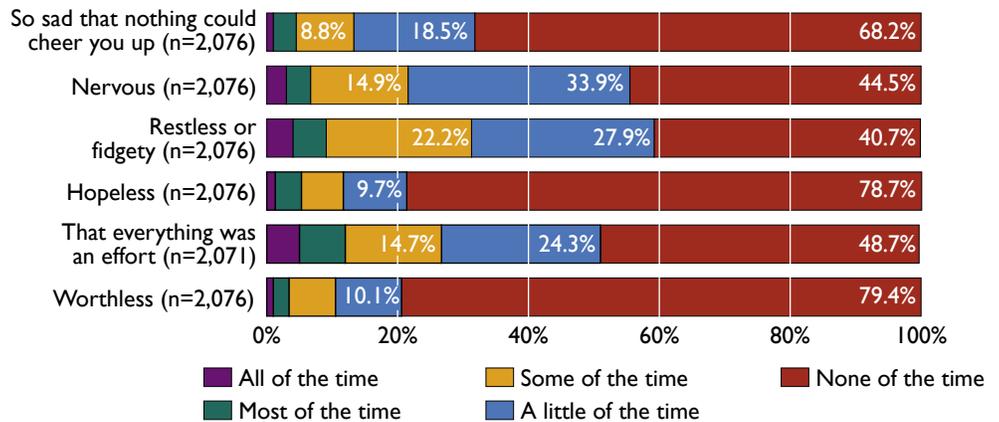
Community partners that helped develop the GCCHSS include:

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People experiencing psychological distress in the past 30 days



During the past 30 days, how often did you feel...



The serious psychological distress scale, or K6, is a set of six questions developed to identify people with serious mental illnesses in as few questions as possible. The 6 questions ask how often in the past 30 days a person felt:

- so sad nothing could cheer him or her up,
- nervous,
- restless or fidgety,
- hopeless,
- that everything was an effort, and
- worthless.

The answers to these questions are compiled into a single summary score ranging from 0–24 points. A score of 13 or higher indicates psychological distress and, therefore, presence of a serious mental illness. To get a score of at least 13, a person would have to answer “some of the time” to 5 questions and “most of the time” to the 6th question.

In Greater Cincinnati, 6.5% of the population experienced psychological

Greater Cincinnatians **more** and **less** likely in the last 30 days to experience psychological distress (from the K6; 2005 data)

Demographic	% experiencing psychological distress
Region	6.5%
Age	
30 to 45	7.3%
46 to 64	5.3%
Sex	
Female	7.3%
Male	5.6%
Ethnicity	
African American	10.5%
White Non-Appalachian	5.2%
Family Income	
Below 100% FPG ¹	19.0%
Above 200% FPG	3.3%
Education	
Less than high school	10.7%
College graduate	1.2%
Health Insurance	
Medicaid	23.9%
Private or self-insured	3.3%

(continued on next page)

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

distress in the last 30 days, twice the national average from 2003 (3.1%), the most recent year national data are available.

In general in Greater Cincinnati, as income increases, the likelihood of experiencing psychological distress or of answering “all of the time” or “most of the time” to any one of the six questions decreases. Those on Medicaid were more likely than people with other insurance or no insurance to experience psychological distress or answer “all of the time” or “most of the time” on all questions except the one about feeling that everything was an effort. People who were privately or self-insured were least likely to experience psychological distress or answer “all of the time” or “most of the time” on all questions except the one about feeling restless or fidgety.

Greater Cincinnatians *more* and *less* likely in the last 30 days to feel restless or fidgety all or most of the time (2005 data)

Demographic	% feeling restless or fidgety
Region	9.1%
Age	
30 to 45	12.6
65+	5.3
Sex	
Male	9.9%
Female	8.6%
Ethnicity	
African American	13.9%
White Non-Appalachian	7.0%
Family Income	
Below 100% FPG ¹	18.1%
Above 200% FPG	5.9%
Health Insurance	
Medicaid	27.5%
Medicare	4.1%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians *more* and *less* likely in the last 30 days to feel so sad nothing could cheer them up all or most of the time (2005 data)

Demographic	% feeling so sad nothing could cheer them up
Region	4.5%
Age	
65+	6.0%
18 to 29	4.0%
Sex	
Male	4.8%
Female	4.3%
Ethnicity	
African American	11.4%
White Non-Appalachian	4.1%
Family Income	
Between 100–200% FPG ¹	10.0%
Above 200% FPG	2.1%
Health Insurance	
Medicaid	13.5%
Private or self-insured	2.2%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians *more* and *less* likely in the last 30 days to feel nervous all or most of the time (2005 data)

Demographic	% feeling nervous
Region	6.7%
Age	
18 to 29	8.3%
65+	6.1%
46 to 64	5.9%
Sex	
Female	7.3%
Male	6.0%
Ethnicity	
White Appalachian (1st and 2nd generation)	10.1%
White Non-Appalachian	5.0%
Family Income	
Below 100% FPG ¹	19.3%
Above 200% FPG	2.7%
Health Insurance	
Medicaid	24.4%
Private or self-insured	4.3%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely in the last 30 days to feel hopeless all or most of the time (2005 data)

Demographic	% feeling hopeless
Region	5.3%
Age	
18 to 29	8.0%
46 to 64	4.4%
30 to 45	4.2%
Sex	
Female	5.5%
Male	5.0%
Ethnicity	
White Appalachian (1st and 2nd generation)	7.1%
White Non-Appalachian	4.2%
Family Income	
Below 100% FPG ¹	12.6%
Above 200% FPG	3.0%
Health Insurance	
Medicaid	14.9%
Private or self-insured	2.5%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely in the last 30 days to feel that everything was an effort all or most of the time (2005 data)

Demographic	% feeling that everything was an effort
Region	12.0%
Age	
30 to 45	14.7%
46 to 64	9.1%
Sex	
Female	12.9%
Male	11.0%
Ethnicity	
African American	23.5%
White Non-Appalachian	8.3%
Family Income	
Below 100% FPG ¹	23.6%
Above 200% FPG	8.9%
Health Insurance	
Uninsured	25.7%
Private or self-insured	8.4%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely in the last 30 days to feel worthless all or most of the time (2005 data)

Demographic	% feeling worthless
Region	3.4%
Age	
65+	5.1%
18 to 29	2.4%
Sex	
Female	3.9%
Male	2.9%
Ethnicity	
African American	4.4%
White Appalachian (1st and 2nd generation)	4.2%
White Non-Appalachian	2.8%
Family Income	
Below 100% FPG ¹	8.7%
Above 200% FPG	2.1%
Health Insurance	
Medicaid	8.8%
Private or self-insured	1.7%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Cigarette Smoking in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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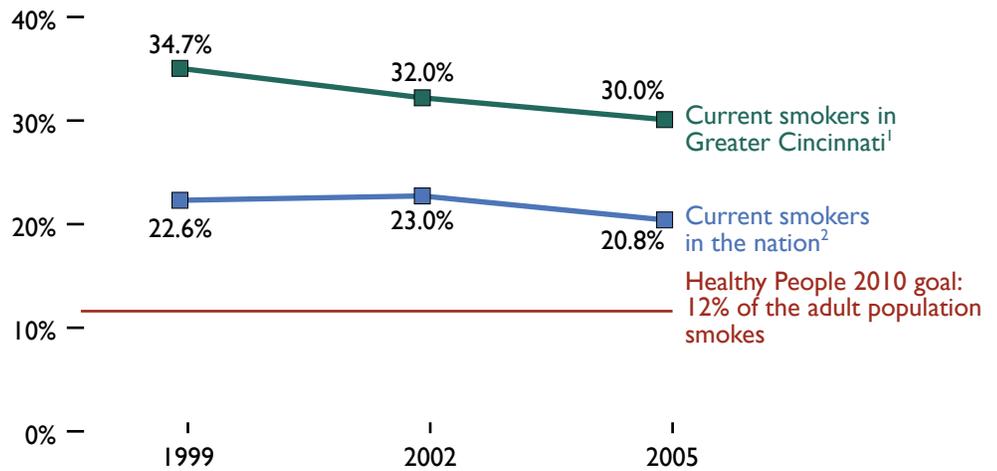
Topics included in the GCCHSS include access to and satisfaction with healthcare, medical debt, mental and physical health status, nutrition and exercise, cigarette and alcohol use, and others.

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For more information, please visit our web site at www.healthfoundation.org/gcchss.html. For the complete survey dataset, visit www.oasis.uc.edu.

Community partners that helped develop the GCCHSS include:

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¹ 1999 n=2,097; 2002 n=2,006; 2005 n=2,077

² Most recent national data are from 2004

According to the Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance Survey, almost 21% of adults in the U.S. were current smokers in 2004, slightly down from previous years. This is still higher than the Healthy People 2010 goal of 12%.

In Greater Cincinnati, 30% of adults are current smokers, compared to 32% who reported smoking in 2002 and 34.7% in 1999. Our regional rate is decreasing but still remains higher than the national average.

As age, income, or education level increase, the likelihood of a Greater Cincinnati being a current smoker generally decreases. Residents of the region's rural areas¹ are more likely to be current smokers (36.8% average), and urban (32.5%) or suburban² (26.0%) residents are less likely to be current smokers.

¹ The rural area includes Dearborn/Franklin/Ohio/Ripley/Switzerland Counties (IN); Bracken/Campbell/Gallatin/Owen/Pendleton Counties (KY); and Adams/Brown/Clermont/Highland Counties (OH).

² The urban area includes Boone/Campbell/Grant/Kenton Counties (KY) and the City of Cincinnati (OH). The suburban area includes Butler/Clinton/Warren and the Hamilton County suburbs (OH).

Greater Cincinnatians **more** and **less** likely to be current smokers (2005 data)

Demographic	% who are current smokers
Region	30.0%
Area in region	
Bracken/Carroll/Gallatin/Owen/Pendleton Counties (KY)	39.8%
Butler/Clinton/Warren Counties (OH)	21.9%
Age	
18 to 29	37.5%
65+	13.2%
Sex	
Female	32.0%
Male	27.9%
Ethnicity	
African American	39.2%
White Non-Appalachian	26.9%
Family Income	
Below 100% FPG ¹	50.7%
Above 200% FPG	26.0%
Education	
Less than high school	47.3%
College graduate	8.4%
Health Insurance	
Medicaid	61.2%
Medicare	14.7%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Stress in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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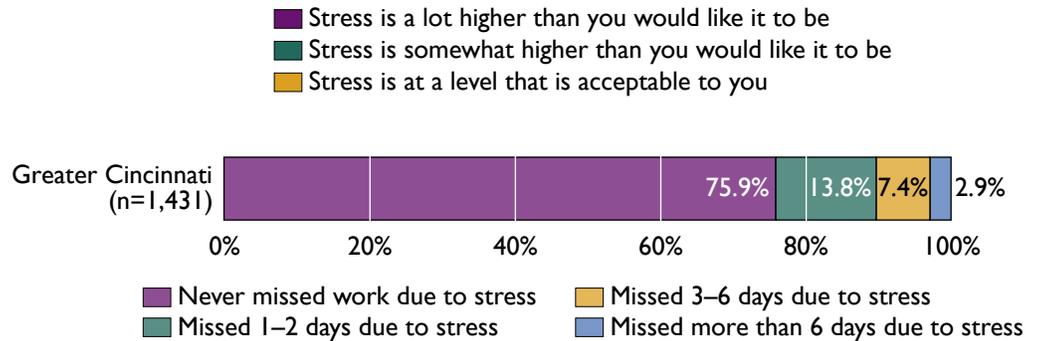
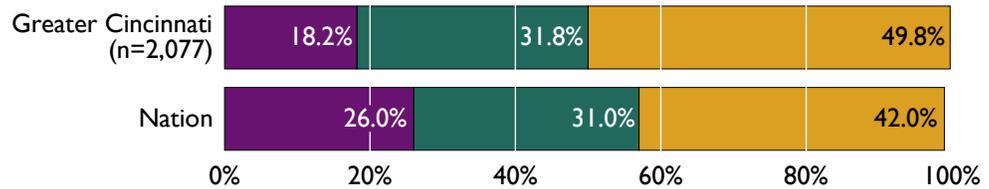
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Stress, particularly in the workplace, is associated with increased illness and injury, which can lead to productive time lost both at work and home. Additionally, elevated stress levels may be contributors to a variety of health problems such as obesity, heart disease, and depression.

Overall Stress Level

According to a National Consumers League survey (n= 1,074) conducted in May 2003 (the most recent national data available), 42% of adults reported their stress was at a level that was acceptable to them, while 57% of adults report having a level of stress that was either somewhat (31%) or a lot (26%) higher than they would like it to be.

The Greater Cincinnati region fares slightly better, with about half of adults reporting a stress level that is acceptable to them and half reporting a level somewhat (31.8%) or a lot (18.2%) higher than they would like it to be. As age increases, the likelihood of a person's stress being at a level acceptable to them increases.

(continued on next page)

Greater Cincinnatians *more* and *less* likely to have higher stress than they would like (2005 data)

Demographic	% with higher stress than they would like
Region	50.0%
Age	
18 to 29	63.1%
65+	24.4%
Sex	
Female	50.7%
Male	49.2%
Ethnicity	
African American	50.8%
White Non-Appalachian	50.7%
White Appalachian (1st and 2nd generation)	45.9%
Family Income	
Below 100% FPG ¹	65.6%
Between 100-200% FPG	48.8%
Health Insurance	
Medicaid	63.4%
Medicare	24.1%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Missed work days due to stress

Employed adults in Greater Cincinnati were asked whether they had missed work due to stress. The vast majority of employed Greater Cincinnatians (75.9%) reported they have not missed work due to stress. However, one-quarter of adults (24.1%) reported missing at least 1 day of work per year due to stress, and 10.3% reported missing at least 3 days of work per year due to stress. As income increases, the likelihood of missing any work due to stress generally decreases.

Employed Greater Cincinnatians **more** and **less** likely to miss at least 3 days of work a year due to stress (2005 data)

Demographic ¹	% who miss more than 3 days of work a year
Region	10.3%
Sex	
Female	11.9%
Male	8.9%
Ethnicity	
African American	19.1%
White Non-Appalachian	10.4%
Family Income	
Below 100% FPG ²	19.4%
Above 200% FPG	8.1%

¹Demographic subgroups with fewer than 75 respondents are not included.

²The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

The Uninsured in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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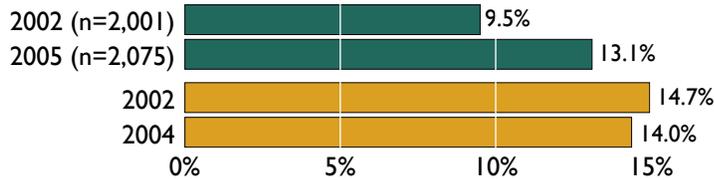
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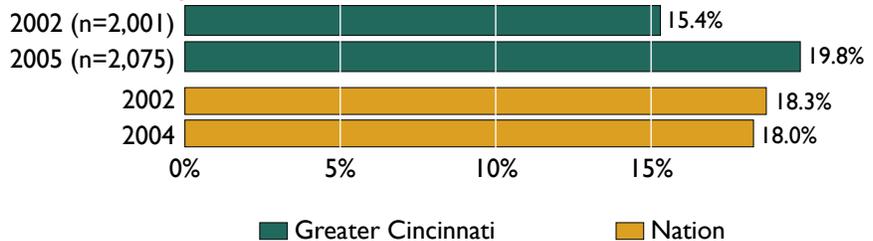
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Currently uninsured



Uninsured at any time in the last 12 months



Health insurance status is a primary factor in determining whether someone has the ability to seek appropriate healthcare in a timely manner. Those without insurance are less likely to get care when they need it.

The Greater Cincinnati Community Health Status Survey collects information about insurance status through two questions. The first asks whether a person *currently* has health insurance. The second asks whether the person has been *without health insurance at any time during the past 12 months*. It is important to have information from both questions to get the most complete regional picture of insurance-related barriers to healthcare.

Currently Uninsured

According to the Centers for Disease Control and Prevention's National Health Interview Survey, 14.0% of Americans were currently uninsured in 2004 (the most recent year national data are available). This is similar to the 2002 national rate of currently uninsured (14.7%).

In Greater Cincinnati, the rate for currently uninsured has risen from 9.5% in 2002 to

(continued on next page)

Greater Cincinnatians *more* and *less* likely to be currently uninsured (2005 data)

Demographic	% of currently uninsured
Region	13.1%
Age	
18 to 29	24.2%
65+	1.0%
Sex	
Male	15.8%
Female	10.6%
Ethnicity	
African American	23.8%
White Non-Appalachian	10.2%
Family Income	
Below 100% FPG ¹	25.0%
Above 200% FPG	9.1%
Education	
Less than high school	20.3%
College graduate	3.9%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

13.1% in 2005. As income and education level decrease, the likelihood of being currently uninsured increases. As age increases, the likelihood of being uninsured decreases.

Uninsured at any time in the past 12 months

According to the Centers for Disease Control and Prevention's National Health Interview Survey from 2004 (the most recent year national data are available), 18.0% of Americans were uninsured at any time during the past 12 months, slightly lower than the 2002 rate (18.3%).

In Greater Cincinnati, the number of people who have been uninsured at any time during the past 12 months has varied over time. In 2002, the rate was 15.4%. However, the 2005 rate jumped to 19.8%. As income and education level decrease, the likelihood that a person has been without insurance at some point during the last 12 months increases. As age increases, the likelihood the person has been without insurance in the past year decreases.

Greater Cincinnatians **more** and **less** likely to have been uninsured at some point during the last 12 months (2005 data)

Demographic	% who had been uninsured at some point during the last 12 months
Region	19.8%
Age	
18 to 29	36.7%
65+	2.6%
Sex	
Male	23.8%
Female	16.2%
Ethnicity	
African American	36.5%
White Non-Appalachian	14.4%
Family Income	
Below 100% FPG ¹	41.5%
Above 200% FPG	12.8%
Education	
Less than high school	34.1%
College graduate	5.3%
Health Insurance²	
Medicaid	25.9%
Medicare	1.9%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

²This category represents the person's insurance status at the time of the survey.

Weight Loss and Maintenance of Greater Cincinnatians

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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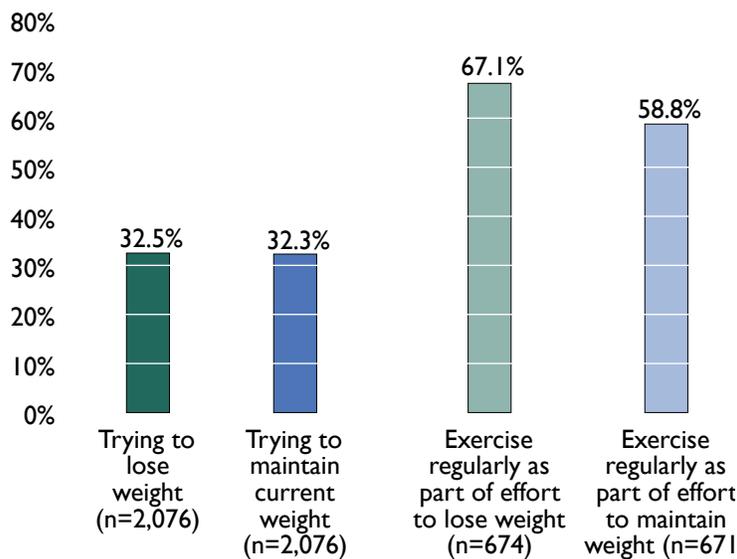
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Greater Cincinnati adults were asked whether they have been trying to lose or maintain weight and whether they are exercising as a part of this effort. Just over one-third of Greater Cincinnatians (34.8%) report that they are not actively trying to lose weight or maintain their current weight.

Losing weight

About one-third of Greater Cincinnatians (32.5%) report that they are actively trying to lose weight. Of these, over two-thirds (67.1%) exercise regularly as part of this effort.

The demographic groups more likely to be actively trying to lose weight are also the groups more likely to exercise regularly as part of that effort, with the exception of people ages 46–64. Although this is the most likely age group to be actively trying to lose weight, they are least likely age group to exercise regularly.

(continued on next page)

Greater Cincinnatians *more and less likely to be actively trying to lose weight* (2005 data)

Demographic	% trying to lose weight
Region	32.5%
Age	
46 to 64	37.8%
65+	24.4%
Sex	
Female	37.4%
Male	27.1%
Ethnicity	
White Appalachian (1st and 2nd generation)	36.0%
White Non-Appalachian	29.6%
Family Income	
Between 100–200% FPG ¹	34.0%
Below 100% FPG	32.4%
Health Insurance	
Private or self-insured	35.7%
Medicare	24.7%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Maintaining current weight

Just under one-third of Greater Cincinnatians (32.3%) report that they are actively trying to maintain their current weight. Of these, about 6 in 10 (58.5%) report that they exercise regularly as part of this effort.

People ages 65 and over are most likely of any age group to report they are actively trying to maintain their current weight, but are the least likely age group to exercise regularly as part of this effort.

Greater Cincinnatians **more** and **less** likely to be actively trying to maintain current weight (2005 data)

Demographic	% trying to maintain weight
Region	32.3%
Age	
65+	44.0%
30 to 45	32.4%
Sex	
Male	33.1%
Female	31.6%
Ethnicity	
White Non-Appalachian	35.2%
African American	25.5%
Family Income	
Above 200% FPG ¹	35.8%
Below 100% FPG	21.4%
Health Insurance	
Medicare	41.8%
Medicaid	21.9%

¹The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to exercise regularly as part of efforts to lose weight (2005 data; asked only of those who reported actively trying to lose weight)

Demographic ¹	% exercising regularly to lose weight
Region	67.1%
Age	
30 to 45	73.5%
46 to 64	58.2%
Sex	
Female	67.2%
Male	67.0%
Ethnicity	
White Appalachian (1st and 2nd generation)	72.8%
African American	63.1%
Family Income	
Between 100–200% FPG ²	73.7%
Below 100% FPG	57.4%

¹Demographic subgroups with fewer than 75 respondents are not included.

²The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Greater Cincinnatians **more** and **less** likely to exercise regularly as part of efforts to maintain current weight (2005 data; asked only of those who reported actively trying to maintain weight)

Demographic ¹	% exercising regularly to maintain weight
Region	58.8%
Age	
18 to 29	74.8%
65+	48.4%
Sex	
Male	62.6%
Female	55.1%
Ethnicity	
African American	67.6%
White Appalachian (1st and 2nd generation)	58.4%

¹Demographic subgroups with fewer than 75 respondents are not included.

Weight Status of Greater Cincinnatians

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

The Greater Cincinnati Community Health Status Survey (GCCHSS) is a project of The Health Foundation of Greater Cincinnati. The GCCHSS is conducted by the Institute for Policy Research at the University of Cincinnati.

Topics included in the GCCHSS include access to and satisfaction with healthcare, medical debt, mental and physical health status, nutrition and exercise, cigarette and alcohol use, and others.

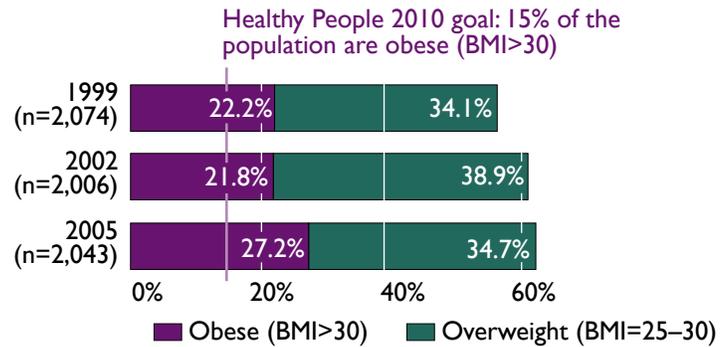
A total of 2,077 randomly selected adults residing in 8 Ohio counties, 9 Kentucky counties, and 5 Indiana counties were interviewed by telephone between August 16 and October 24, 2005. The potential sampling error for the survey is $\pm 2.2\%$.

For more information, please visit our web site at www.healthfoundation.org/gcchss.html. For the complete survey dataset, visit www.oasis.uc.edu.

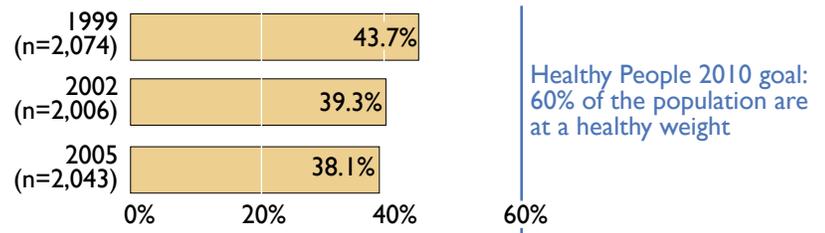
Community partners that helped develop the GCCHSS include:

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- + Urban Appalachian Council

Overweight and obese Greater Cincinnatians (BMI>25)



Greater Cincinnatians at a healthy weight (BMI<25)



According to the Centers for Disease Control and Prevention, being overweight or obese is a major contributor to many preventable causes of death¹. On average, higher body weights are associated with higher death rates. Nationally, the 2004 Behavior Risk Factor Surveillance Survey (BRFSS) found that 61% of adults were not at a healthy weight. The Healthy People 2010 goal is 60% of the population is at a healthy weight, defined as a body-mass index (BMI) of 18.5–25.0.

In Greater Cincinnati, 62% of adults were overweight in 2005. Across the region, the trend shows a leveling of the overweight rate from 1999 to 2005. However, there is an increase among those who were obese between 1999 and 2002—when about 22% were obese—and 2005, when 27% were obese. This is almost twice the Healthy People 2010 goal of no more than 15% of the population being obese.

Greater Cincinnatians **more** and **less** likely to be at an unhealthy weight (BMI>25.0) (2005 data)

Demographic	% at an unhealthy weight
Region	61.9%
Age	
46 to 64	73.7%
18 to 29	44.0%
Sex	
Male	70.4%
Female	53.9%
Ethnicity	
African American	70.4%
White Non-Appalachian	57.1%
Family Income	
Below 100% FPG ¹	64.0%
100–200% FPG	61.7%
Health Insurance	
Private or self-insured	62.9%
Medicare	57.9%

¹ Overweight is defined as a BMI of 25 or above. Obesity is defined as a BMI of over 30. BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. The GCCHSS asked for height and weight during the survey, and BMI was calculated for each respondent.

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

Women's Healthcare in Greater Cincinnati

Results from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey

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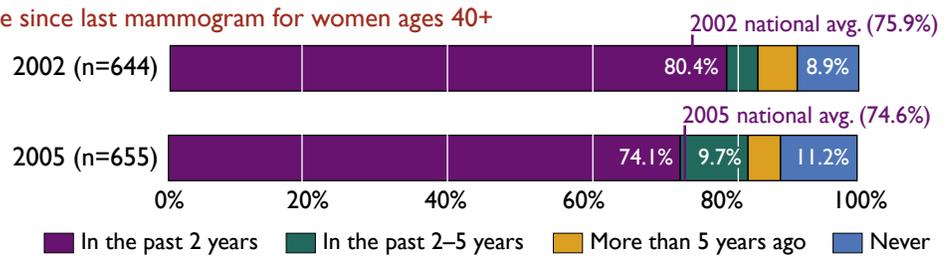
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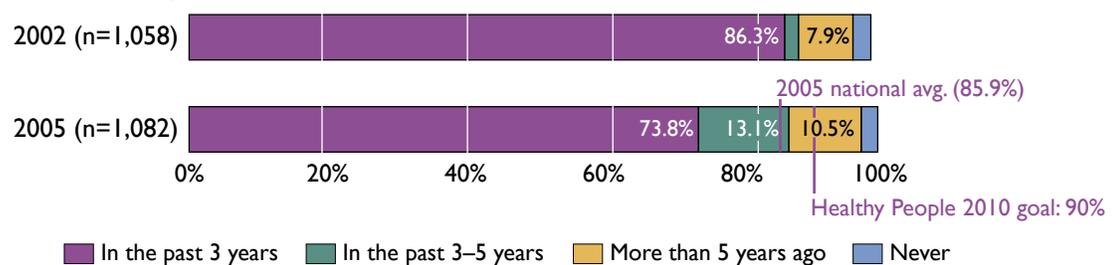
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Time since last mammogram for women ages 40+



Time since last Pap smear



Mammograms

A mammogram is the recommended screening test for early detection of breast cancer in women. The American Cancer Society recommends that women ages 40 and older have a mammogram every year. The U.S. National Cancer Institute recommends that women ages 40 and older have one every 1-2 years.

According to the 2005 Greater Cincinnati Community Health Status Survey, 74.1% of women ages 40 and older have had a mammogram in the past 2 years, compared to the national average of 74.6%. However, in 2002, more women over age 40 both in the region (80.4%) and in the nation (75.9%) had a mammogram in the past 2 years than women in 2005. Additionally, just over 11% of women in the region report that they have never had a mammogram. This is slightly higher than the 8.9% reported in 2002.

Greater Cincinnati women ages 40 and older **more** and **less** likely to have had at least one mammogram in the past 2 years (2005 data)

Demographic ¹	% having a mammogram in the past 2 years
Region	74.1%
Ethnicity	
African American	85.6%
White Non-Appalachian	73.8%

¹ Demographic subgroups with fewer than 75 respondents are not included.

(continued on next page)

Pap tests

A Pap test is the recommended screening test for early detection of cervical cancer in women. Both the American Cancer Society and U.S. National Cancer Institute recommend that all women begin cervical cancer screening approximately 3 years after they begin having vaginal intercourse, or starting when they reach age 21, whichever comes first. Screening should be conducted every 1–3 years depending on age and previous Pap test results.

Just over 80% of women in Greater Cincinnati (81.9%) reported having a Pap test within the past 3 years, lower than the 2005 national average (85.9%) and the 2002 regional rate (86.3%). These are all below the Healthy People 2010 goal of 90% of women having a Pap test within the preceding 3 years. In general, as income or education level increases, so does the likelihood that a woman received a Pap test within the recommended time frame of at least once every 3 years.

As age increases, the likelihood that a woman received a Pap test within the recommended time frame decreases. Current guidelines recommend that women ages 65–70 who have had at least three normal Pap tests and no abnormal Pap tests in the last 10 years may no longer need to have regular Pap tests¹. However, women over age 65 account for almost 25% of cervical cancer cases and almost 41% of cervical cancer deaths².

Nationally, only about half of women over age 65 have had a Pap test in the last 3 years. Effective July 2001, Medicare covers one Pap test every two years³. In Greater Cincinnati, 63.9% of women over age 65 and 67.7% of women on Medicare have had a Pap test within the recommended time frame.

Greater Cincinnati women **more** and **less** likely to have had at least one Pap test in the past 3 years (2005 data)

Demographic	% having a Pap test in the past 3 years
Region	81.9%
Age	
18 to 29	92.4%
65+	63.9%
Ethnicity	
African American	91.4%
White Appalachian (1st and 2nd generation)	79.4%
Family Income	
Above 200% FPG ¹	88.1%
100–200% FPG	77.2%
Education	
College graduate	95.6%
Less than high school	72.9%
Health Insurance	
Medicaid	89.5%
Medicare	67.7%

¹ The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4.

¹ National Cancer Institute (reviewed 2/12/2003). *The Pap Test: Questions and Answers*. Available online at <http://www.cancer.gov/cancertopics/factsheet/Detection/Pap-test>. [Page accessed 17 February, 2006.]

² Centers for Medicare and Medicaid Services (last updated 2/2/2005). *Medicare Learning Network: Preventive Services*. Available online at http://www.cms.hhs.gov/MedlearnProducts/35_PreventiveServices.asp. [Page accessed 17 February, 2006.]

³ *Ibid.*

2005 Greater Cincinnati Community Health Status Survey

We have developed a series of summaries highlighting various topics from the Greater Cincinnati Community Health Status Survey (GCCHSS). The summaries include:

- + Alcohol Consumption by Greater Cincinnati Adults
- + Cigarette Smoking in Greater Cincinnati
- + Depression in Greater Cincinnati
- + Greater Cincinnatians who Go without Care
- + Greater Cincinnatians with a Medical Home
- + Healthcare Access Issues of City of Cincinnati Residents
- + Healthcare Availability, Quality, and Cost in Greater Cincinnati
- + Healthy Behaviors of Greater Cincinnatians
- + How Greater Cincinnatians Feel about their Communities
- + Medical Debt in Greater Cincinnati
- + Mental Health of Greater Cincinnatians
- + Stress in Greater Cincinnati
- + The Uninsured in Greater Cincinnati
- + Weight Loss and Maintenance of Greater Cincinnatians
- + Weight Status of Greater Cincinnatians
- + Women's Healthcare in Greater Cincinnati

In addition, we have created two chart books from this survey, one comparing the African American respondents to the region as a whole, and one comparing White Appalachian respondents to the region as a whole.

Also in 2005, we conducted the region's first ever survey of the health of Hispanic/Latino residents. We included a number of questions from the GCCHSS in this survey, allowing some comparisons between the Hispanic/Latino population and the region.

All of the summaries, chart books, and the Hispanic Health Survey report are available on our web site at <http://www.healthfoundation.org/gcchss.html>.

The *Greater Cincinnati Community Health Status Survey* (GCCHSS) is a project of The Health Foundation of Greater Cincinnati. The GCCHSS is conducted by the Institute for Policy Research at the University of Cincinnati.

The 2005 GCCHSS provides an in-depth description of the self-reported health status, health behaviors and health opinions of tri-state residents in the fall of 2005.

Through comparisons to national averages as well as the 1999 and 2002 GCCHSSs, the 2005 GCCHSS documents how the tri-state area compares nationally as well as how the community's well-being is changing over time. The results of the survey provide useful information to local health-related organizations and agencies, policy makers, and residents, as they work towards improving the overall health of the Greater Cincinnati area.

Survey topics

Topics in the GCCHSS include access to and satisfaction with healthcare, medical debt, mental and physical health status, nutrition and exercise, cigarette and alcohol use, and others. See the list at the left for the list of summaries we have prepared from the 2005 survey.

Methodology

A total of 2,077 randomly selected adults residing in eight Ohio counties (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren), nine Kentucky counties (Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendelton), and five Indiana counties (Dearborn, Franklin, Ohio, Ripley and Switzerland) were interviewed by telephone between August 16 and October 24, 2005. Statistical adjustments were made to correct any biases that exist because of households not having a telephone. The potential sampling error

for the survey is ± 2.2 percent. Caution should be used when interpreting subgroup results because the margin of error for any subgroup is likely to be higher than that of the overall survey.

To get a more accurate picture of the health of African Americans in the region, we interviewed a total of 527 African American residents, some as part of the original survey and some as part of an oversample. The results for African American residents reported are based on this total sample of African Americans. The potential sampling error for the African American oversample is $\pm 4.3\%$.

We also identified 1st and 2nd generation White Appalachians. 1st generation means the respondent was born in an Appalachian-designated county in the U.S. 2nd generation means at least one of the respondent's parents was born in an Appalachian-designated county in the U.S.

Thanks to our community partners

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