



Spotlight on

Northern Kentucky



2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Northern Kentucky Area Development District. About 10% of Kentuckians live in this 8-county region (please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties).

In general, responses from Northern Kentucky adults were comparable to the state as a whole. Like the statewide results, in Northern Kentucky:

- Most adults thought Kentucky policymakers should work on improving the economy (95%) and job situation (89%)
- Most adults thought that childhood obesity was a problem (86%)
- Most favor providing access to affordable, quality healthcare for all Americans (85%)
- Most dispose of prescription drugs in unsafe ways (70%)
- The majority of adults favored a statewide, smoke-free law (54%)
- A sizable number of adults knew someone who had experienced problems as a result of abusing prescription pain relievers (32%)

There were a few key differences in Northern Kentucky, as compared to the rest of the state. Adults in Northern Kentucky were **more likely** to:

- Have health insurance
- Report “excellent” or “very good” health

Additionally, adults in Northern Kentucky were **less likely** to:

- Know how to find services of treatment for depression
- Have a favorable opinion of the Patient Protection and Affordable Care Act
- Live in poverty



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.5% and Northern Kentucky estimates to ±5.5%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Northern Kentucky, KHIP asked individuals about their insurance status and where they would turn if they needed mental health services.

Health Insurance Status

Not Having Health Insurance Coverage

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

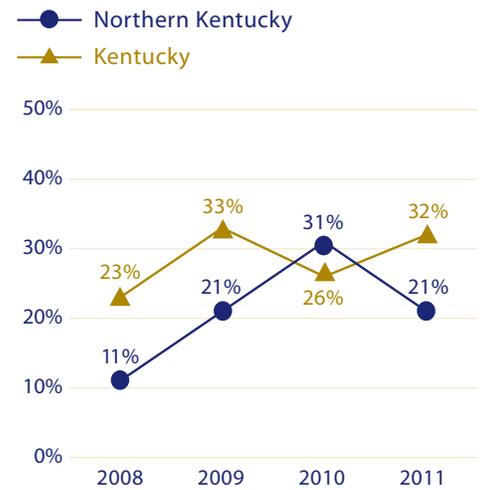
More than 1 in 5 working-age Northern Kentucky adults (21%) were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults from 2010, but is consistent with 2009 findings. A smaller percentage of adults were uninsured in Northern Kentucky than statewide (32%).

Gaps in Health Insurance Coverage

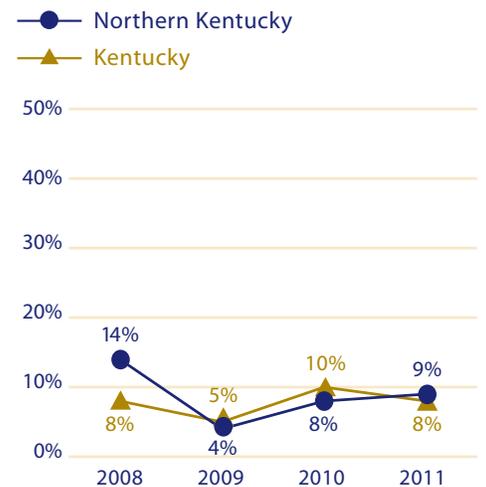
Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. Nearly 1 in 10 (9%) of Northern Kentuckians ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, 3 in 10 working-age Northern Kentucky adults (30%) had been uninsured at some point in the last 12 months, including currently (not shown).



No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the Country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

Perceived Need for Treatment

More than 4 in 10 Northern Kentucky adults (42%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. Statewide half of all adults (50%) knew someone they perceived as depressed.

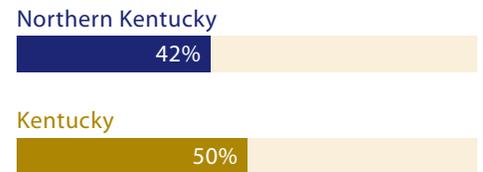
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

Knowing Where to Turn for Help

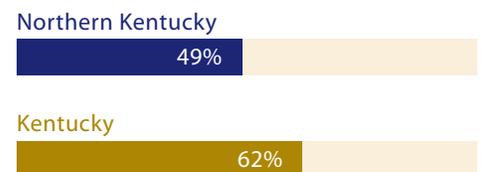
Nearly half of Northern Kentucky respondents (49%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Northern Kentucky respondents were less likely to know where to get help than the state as a whole.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



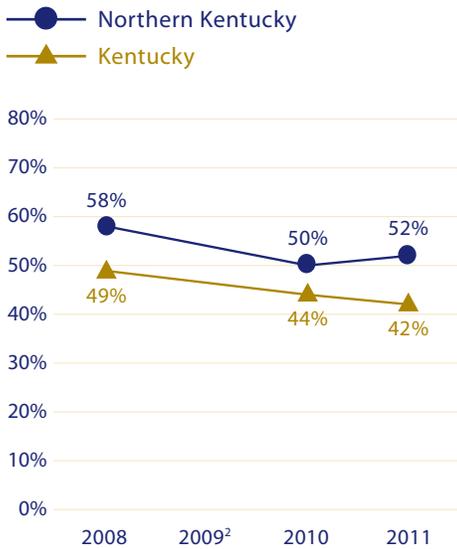
Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Northern Kentucky residents on a number of community health issues.

Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Northern Kentucky respondents have consistently reported better health status than the state average. In 2011, just over half of Northern Kentucky adults (52%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole.

Kentucky adults reporting “excellent” or “very good” health



Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.³ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.⁴

Use of Prescription Pain Relievers

More than half of Northern Kentucky adults (62%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is slightly higher than the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

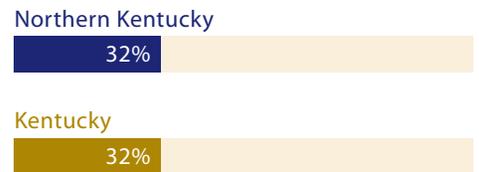
Of those who had been prescribed a pain reliever in Northern Kentucky, most (66%) reported that they had been prescribed the right amount of pills needed to control pain. About 1 in 6 (16%) felt they had been prescribed more pills than were needed.

Abuse of Prescription Pain Relievers

Northern Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. Nearly 1 in 10 (9%) said they had done so.

However, almost 1 in 3 Northern Kentuckians (32%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the proportion of all Kentucky adults (32%) who reported knowing someone who had abused prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? Graph presents those who said “yes”





Proper Disposal of Unused Medication

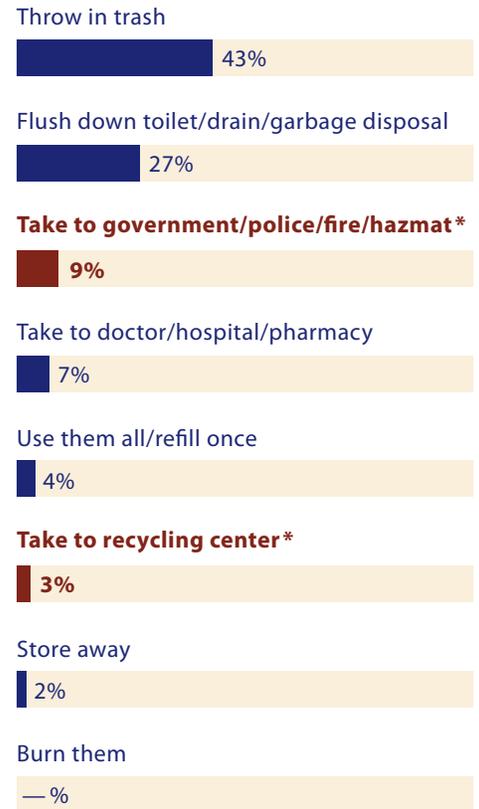
Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

About 7 in 10 Northern Kentucky adults (70%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Just 1 in 8 Northern Kentucky adults (12%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?⁵



* Methods recommended by the  Food and Drug Administration

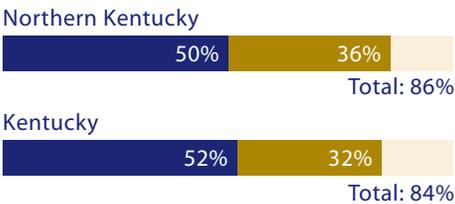
Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.⁶ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

About half of Northern Kentucky adults (50%) said that childhood obesity was a serious problem in Kentucky. An additional 1 in 3 (36%) said that childhood obesity was a problem, but not serious. This is similar to the findings for the state as a whole.

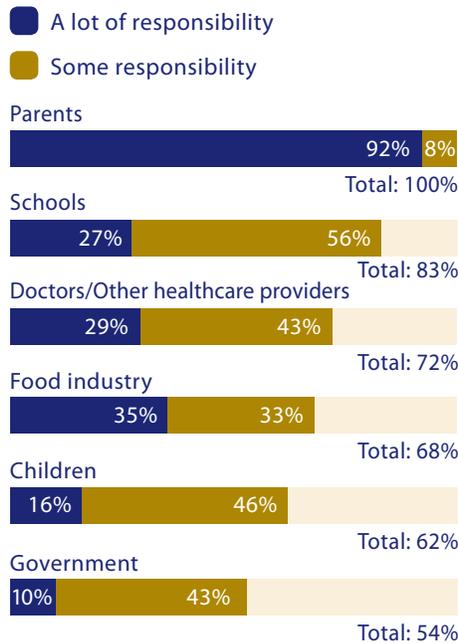
Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? (Graph presents only those who said it was a serious problem or a problem but not serious)

- A serious problem
- A problem but not serious



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. All Northern Kentucky (100%) respondents said parents have some or a lot of responsibility for addressing childhood obesity. About 8 in 10 (83%) said schools had some or a lot of responsibility. Respondents also said doctors and other healthcare providers (72%), the food industry (68%), children themselves (62%), and the government (54%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? (Asked only of those who said childhood obesity was a problem)

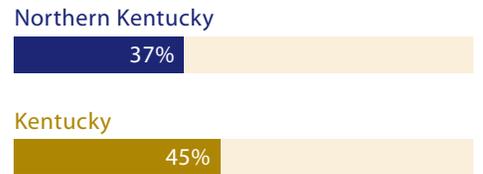


Firearm Safety

Ownership

Nearly 4 in 10 Northern Kentuckians (37%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.⁷

Are any firearms kept in or around your home?⁷ (Graph presents those who said "yes")

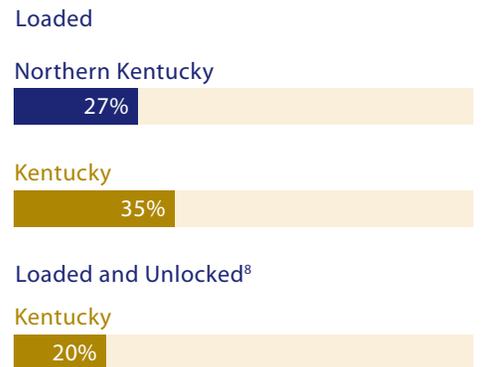


Storage Practices

Among Northern Kentucky adults who reported keeping firearms around their home, more than 1 in 4 keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.⁸

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? (Of those who keep firearms in or around their home)



Opinions on Health Policy

Health policy is an important tool for changing health outcomes. This section will present the opinions of Northern Kentucky residents on a number of current health policy issues.

Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

Support for Healthcare for All

More than 8 in 10 Northern Kentuckians (85%) favor providing access to affordable, quality healthcare for all Americans. This is similar to the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.⁹

Kentuckians Need More Information about the ACA

Fewer than 1 in 3 Northern Kentucky adults (31%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the ACA. This need for information is unchanged since the 2010 KHIP.

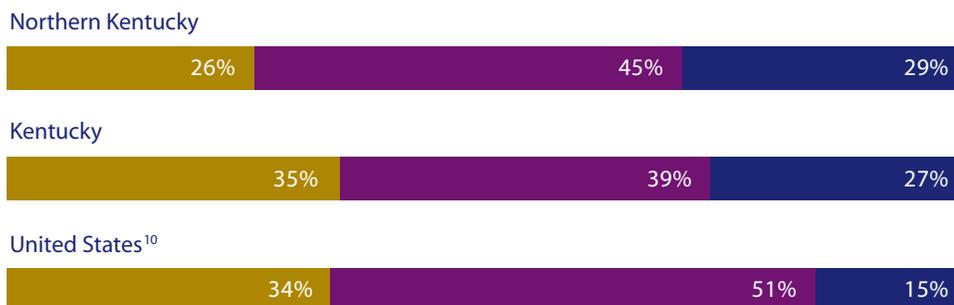
Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

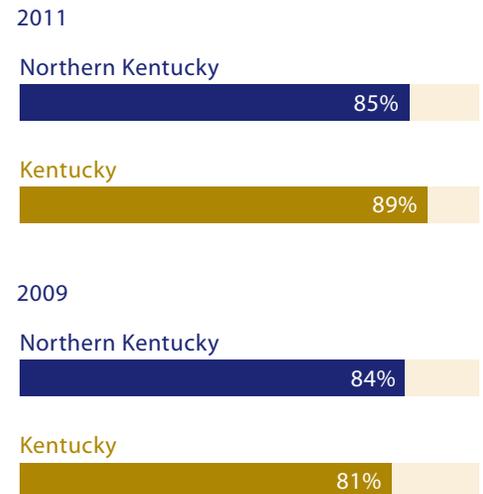
About 1 in 4 Northern Kentucky adults (26%) reported having a generally favorable opinion of the ACA, while more than 4 in 10 had a generally unfavorable opinion of it (45%). Almost 3 in 10 Northern Kentucky adults (29%) expressed no opinion about the law. The Northern Kentucky respondents reported less favorable views than the state or the nation.¹⁰

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

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



Continued from previous page

The majority of Kentuckians said that elements of the law that were recently phased in made them feel **more favorable** toward the ACA. Similar to the State, in Northern Kentucky, nearly 3 in 4 felt more favorable because of free preventive services for seniors (74%) and because of increased accountability for insurance companies (73%). More than half felt more favorable because of grants to support workplace wellness programs (58%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. Similar to the State, in about 4 in 10 felt more favorable because of this (41%), but nearly half (49%) said it doesn't make a difference.

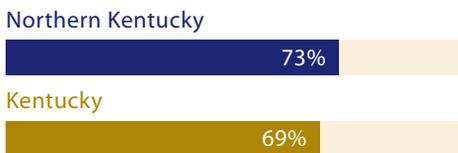
The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Similar to the State, in just 1 in 4 Northern Kentucky respondents (25%) favored this part of the law, known as the individual mandate, while 3 in 4 (74%) opposed it.

Percentage of Kentuckians who feel **more favorable** toward the Patient Protection and Affordable Care Act (ACA) because it includes the following elements:

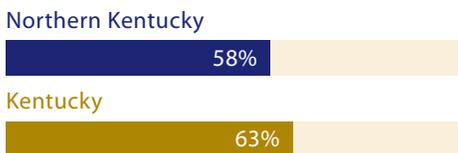
Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



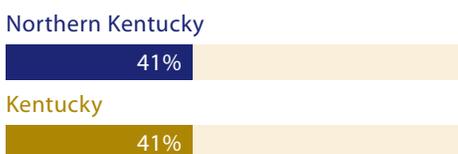
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



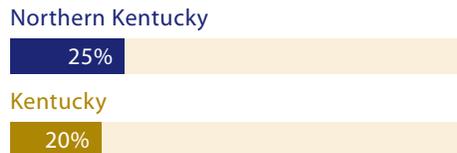
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



Percentage of Kentuckians who **favor** the part of the health reform law that will require nearly all Americans to have health insurance



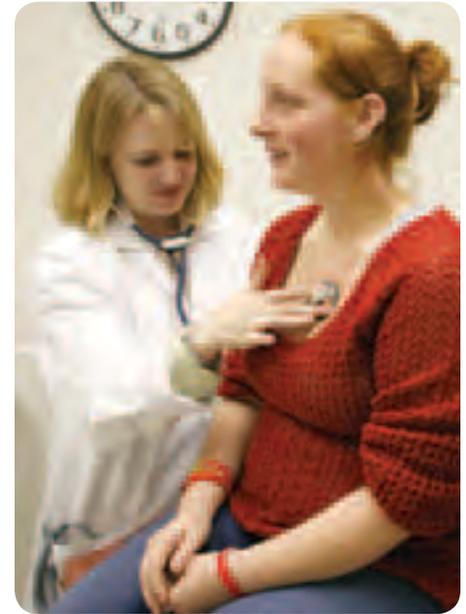
Experiences with the Affordable Care Act

When asked about the ACA's impact on them and their families, about 1 in 7 Northern Kentucky adults (14%) said the law had negatively affected them, while a similar number (14%) said they had been positively affected. More than 6 in 10 (64%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Northern Kentucky findings are similar to state and national results.¹¹

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.¹²

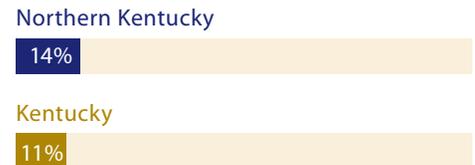
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

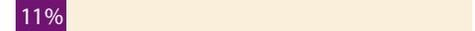


Adults reporting that the ACA had an effect on them or their family

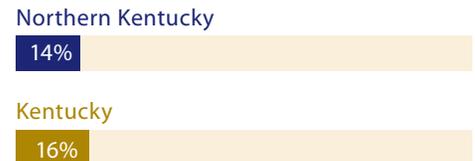
Positive effect



United States¹¹



Negative effect



United States¹¹



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).

Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹³ To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.¹⁴ To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than half of Northern Kentucky adults favored a statewide smoke-free law (54%), while 45% opposed a law, and 1% had no opinion. This is an increase in support from 2010¹⁵, when just 40% of Northern Kentucky adults favored a statewide law, but is similar to results for the state as a whole.

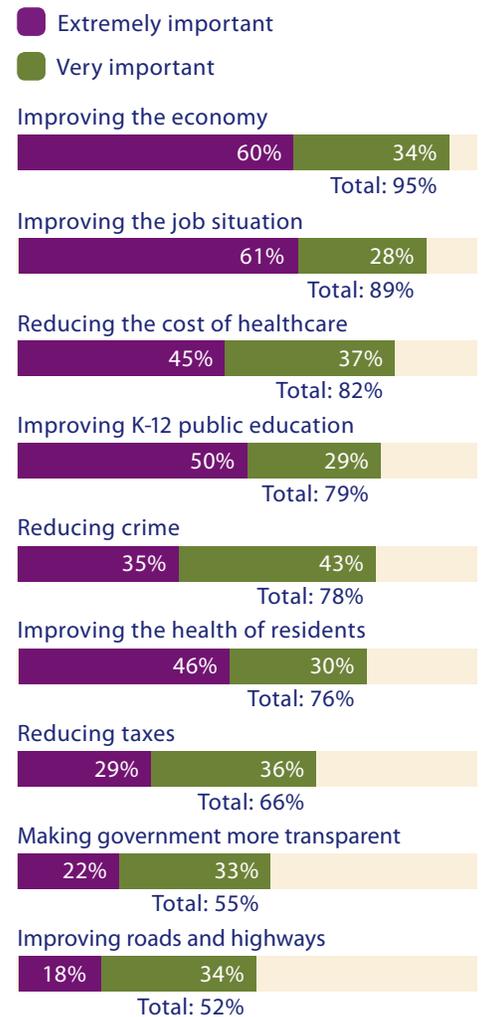
What Should Be the State's Priorities

KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Northern Kentuckians place the greatest importance on priorities that would grow Kentucky's economy. About 9 in 10 respondents think it is extremely or very important for policymakers to work on improving Kentucky's economy (95%) and improving the job situation in the state (89%).

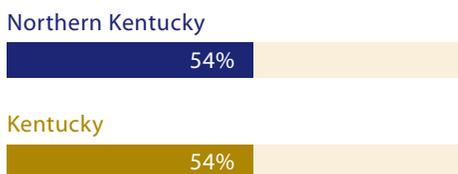
Health, education and crime are also high priorities for Northern Kentucky residents. More than 3 in 4 adults in Northern Kentucky said it is extremely or very important for policymakers to work on reducing the cost of healthcare (82%), improving K-12 public education (79%), reducing crime (78%), and improving the health of residents (76%).

The majority of those surveyed reported that other issues were also important. Northern Kentucky adults said it was important for policymakers to work on reducing taxes (66%), making government more transparent (55%), and improving Kentucky's roads and highways (60%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?



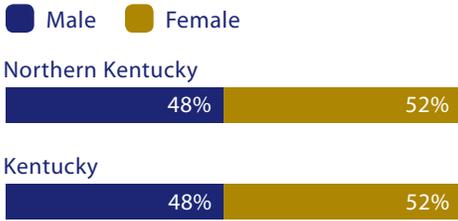
Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



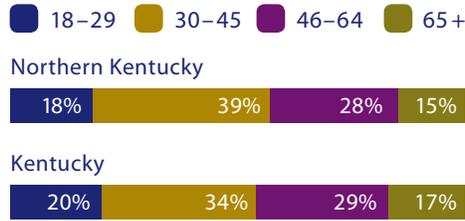
Demographic Profile

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

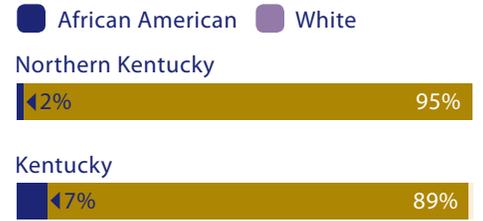
Sex



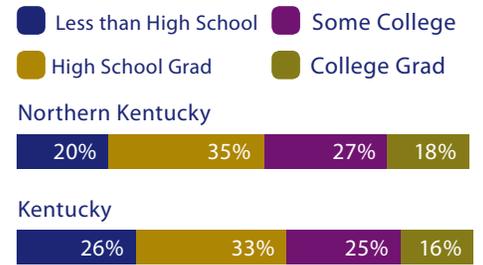
Age



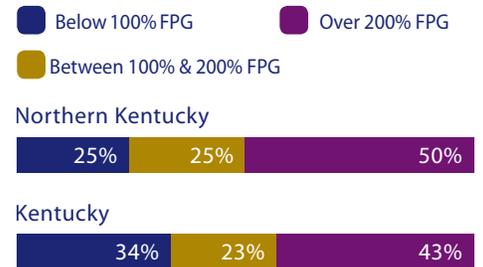
Race



Level of Education



Household Income¹⁷

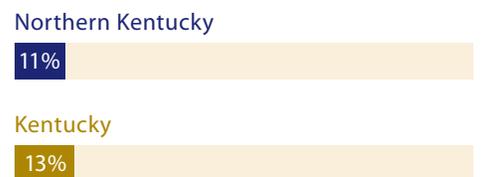


Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.¹⁶

KHIP found considerable regional variation in caregiving status, with higher rates in the more rural parts of the state. In Northern Kentucky, about 1 in 10 adults (11%) reported that they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

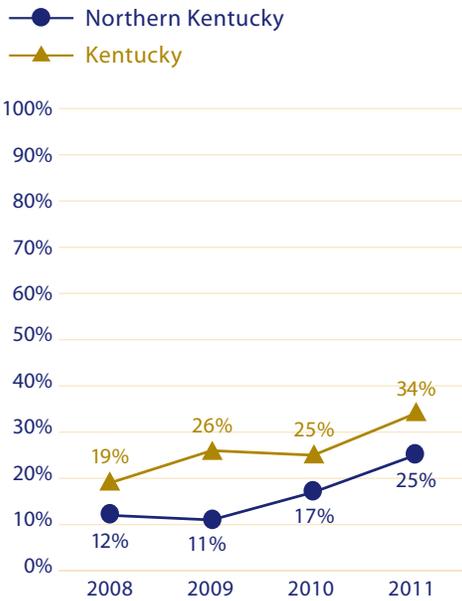
Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")



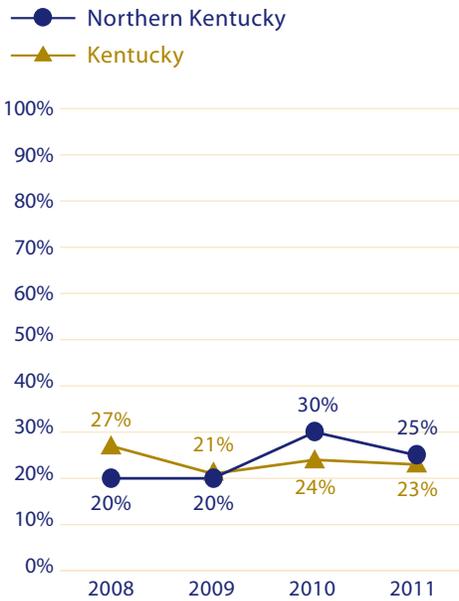
Poverty Status

Adults living in Northern Kentucky have higher household incomes than adults in the state as a whole. A greater percentage of Northern Kentucky adults lived above 100% of the federal poverty guidelines (FPG)¹⁷ than elsewhere in the state. However, the proportion of Northern Kentucky adults living in poverty has been increasing.

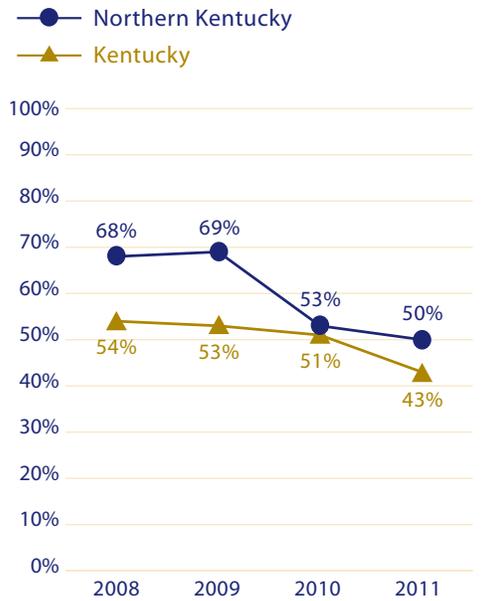
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



End Notes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.pdf.
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Northern Kentucky is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
- 16 Centers for Disease Control and Prevention. *Caregiving: A Public Health Priority*. Retrieved from <http://www.cdc.gov/aging/caregiving/index.htm>
- 17 In 2010, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 320 respondents resided in the Northern Kentucky Area Development District. The counties included in this region are:

- Boone County
- Campbell County
- Carroll County
- Gallatin County
- Grant County
- Kenton County
- Owen County
- Pendleton County

This report presents a selection of questions with data specific to Northern Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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Greater Lexington

2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Bluegrass Area Development District. About 18% of Kentuckians live in this 16-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Greater Lexington residents were comparable to the state as a whole. Like the statewide results, in Greater Lexington:

- Most favor providing access to affordable, quality healthcare for all Americans (94%)
- Most adults thought Kentucky policymakers should work on improving the job situation (92%), improving the economy (91%), and reducing the cost of healthcare (88%)
- Most adults thought that childhood obesity was a problem (91%)
- Most dispose of prescription drugs in unsafe ways (64%)

There were a few key differences in Greater Lexington, as compared to the rest of the state. Adults in Greater Lexington were **more likely** to:

- Know someone that seemed to have a serious problem with depression
- Report “excellent” or “very good” health status
- Know someone who had experienced problems as a result of abusing prescription pain relievers
- Favor a statewide smoke-free law

Additionally, adults in Greater Lexington were **less likely** to:

- Keep a firearm in or around their home



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Lexington estimates to $\pm 5.5\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Greater Lexington, KHIP asked individuals about their insurance status and where they would turn if they needed care.

Health Insurance Status

Not Having Health Insurance Coverage

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

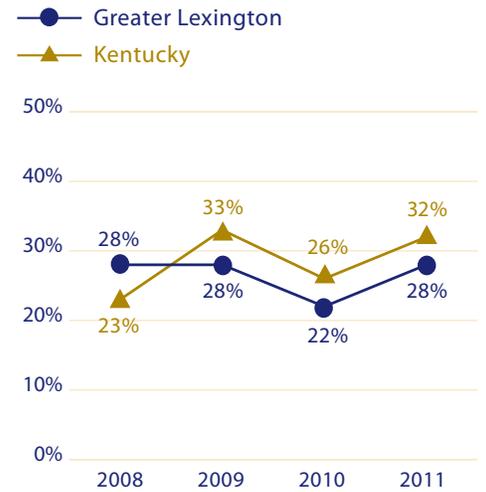
Nearly 3 in 10 working-age Greater Lexington adults (28%) were uninsured at the time of the Poll. This is an increase in the number of uninsured adults since 2010, but is similar to 2009 findings. Working-age adults in Greater Lexington are about as likely to be uninsured as the state average (32%).

Gaps in Health Insurance Coverage

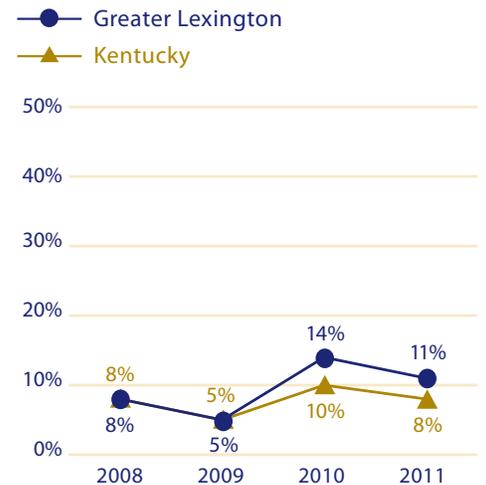
Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. About 1 in 10 (11%) Greater Lexington residents ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, nearly 4 in 10 working-age Greater Lexington adults (39%) had been uninsured at some point in the last 12 months, including currently.



No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

Perceived Need for Treatment

More than half of Greater Lexington adults (59%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. This is higher than the state average, where half of all adults (50%) had known someone they perceived as depressed.

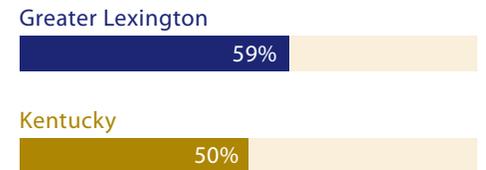
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

Knowing Where to Turn for Help

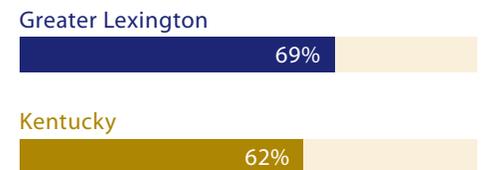
Seven in ten Greater Lexington respondents (69%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Greater Lexington respondents were more likely to know where to get help than the state as a whole.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



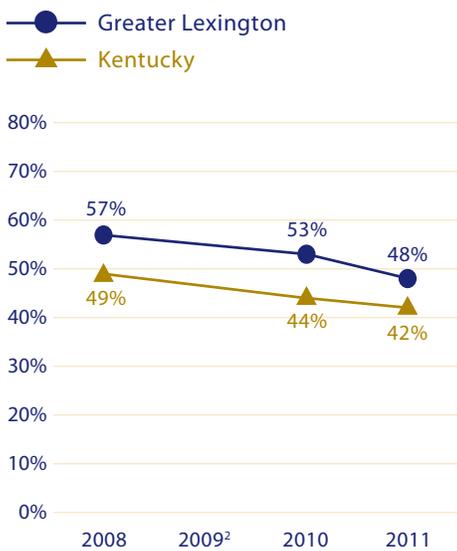
Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Greater Lexington residents on a number of community health issues.

Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Greater Lexington respondents have consistently reported health status that is better than the state average. In 2011, slightly less than half of Greater Lexington adults (48%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole. The percentage of adults in both Greater Lexington and Kentucky who report being in excellent or very good health has been declining since 2008.

Kentucky adults reporting “excellent” or “very good” health



Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.³ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.⁴

Use of Prescription Pain Relievers

More than half of Greater Lexington adults (56%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin®, Vicodin®, Percocet®, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

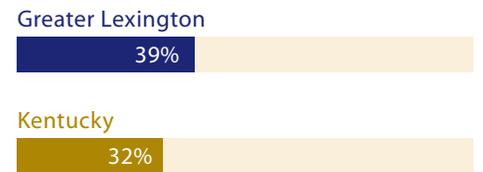
Of those who had been prescribed a pain reliever in Greater Lexington, most (61%) reported that they had been prescribed the right amount of pills needed to control pain. More than 1 in 4 (26%) felt they had been prescribed more pills than were needed.

Abuse of Prescription Pain Relievers

Greater Lexington residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. About 1 in 20 (5%) said they had done so.

However, about 4 in 10 Greater Lexington adults (39%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is higher than the percentage of all Kentucky adults (32%) who reported having friends or family members who had problems because of abusing prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? Graph presents those who said “yes”





Proper Disposal of Unused Medication

Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

More than 6 in 10 Greater Lexington adults (64%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Less than 1 in 10 Greater Lexington adults (9%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?⁵



* Methods recommended by the  Food and Drug Administration

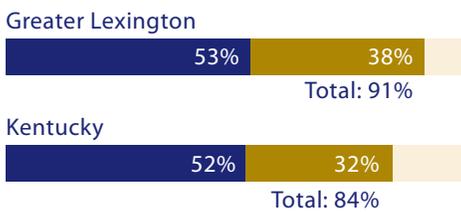
Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.⁶ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

More than half of Greater Lexington adults (53%) said that childhood obesity was a serious problem in Kentucky. An additional 4 in 10 (38%) said that childhood obesity was a problem, but not serious. This is higher than the state as a whole.

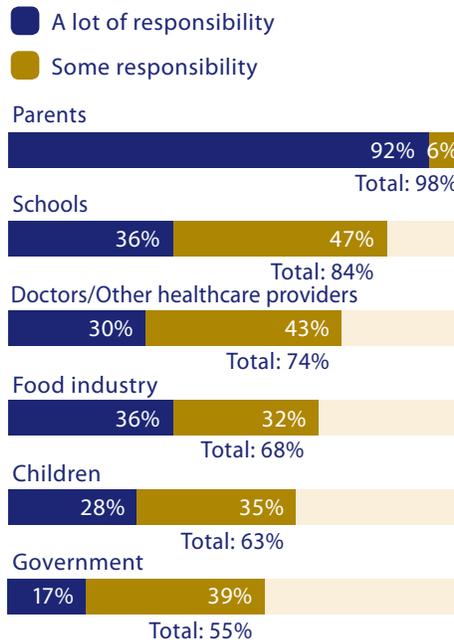
Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? *(Graph presents only those who said it was a serious problem or a problem but not serious)*

- A serious problem
- A problem but not serious



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. Almost all Greater Lexington (98%) respondents said parents have some or a lot of responsibility for addressing childhood obesity. More than 7 in 10 said schools (84%), and doctors and other health care providers (74%) had some or a lot of responsibility. Respondents also said the food industry (68%), the children themselves (63%) and the government (55%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? *(Asked only of those who said childhood obesity was a problem)*

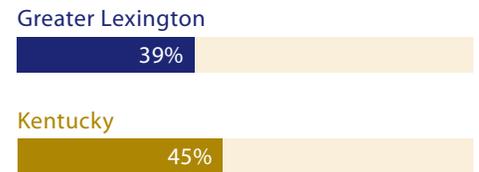


Firearm Safety

Ownership

About 4 in 10 Greater Lexington residents (39%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.⁷ Greater Lexington residents were less likely to report keeping a firearm around their home than elsewhere in the state (45%).

Are any firearms kept in or around your home?⁷ *(Graph presents those who said "yes")*

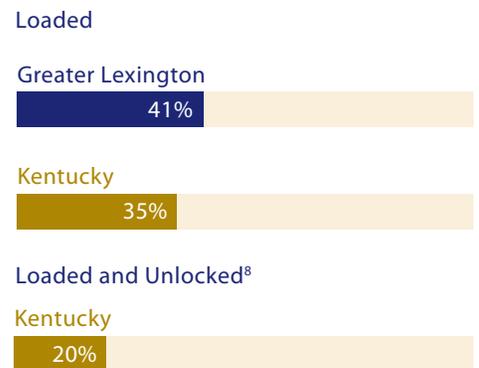


Storage Practices

Among Greater Lexington adults who reported keeping firearms around their home, about 4 in 10 (41%) keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.⁸

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? *(Of those who keep firearms in or around their home)*



Opinions on Health Policy

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

Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

Support for Healthcare for All

More than 9 in 10 Greater Lexington residents (94%) favor providing access to affordable, quality healthcare for all Americans. This is slightly higher than the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.⁹

Kentuckians Need More Information about the ACA

Just 1 in 4 Greater Lexington adults (27%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the ACA. This need for information is unchanged since the 2010 KHIP.

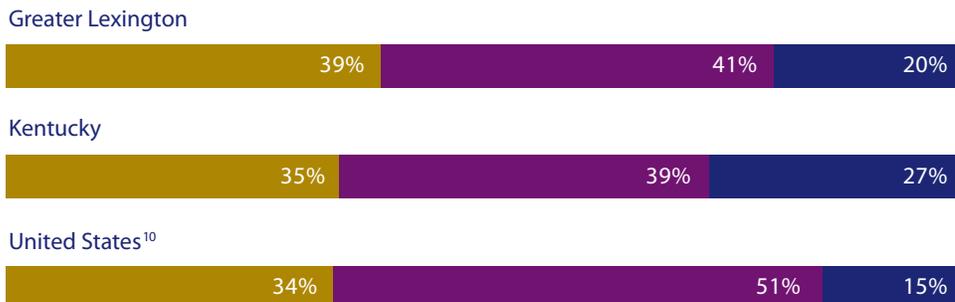
Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

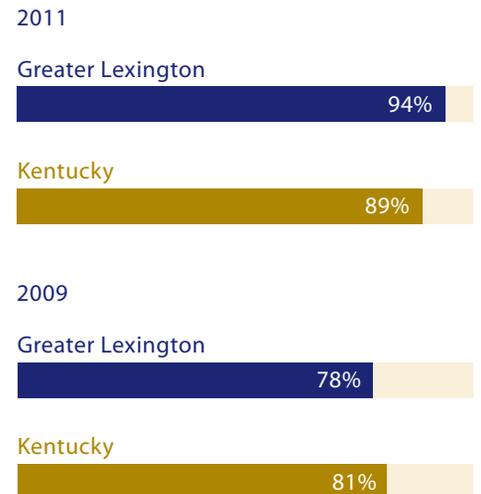
About 4 in 10 Greater Lexington adults (39%) reported having a generally favorable opinion of the ACA, or a generally unfavorable opinion of it (41%). Another 1 in 5 Greater Lexington adults (20%) expressed no opinion about the law. The Greater Lexington respondents reported similar levels of favorability as than the state and the nation.¹⁰

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

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



Continued from previous page

The majority of Kentuckians said that elements of the law that were recently phased in made them feel more favorable toward the ACA. In Greater Lexington, more than 3 in 4 felt more favorable because of free preventive services for seniors (78%). The majority felt more favorable because of increased accountability for insurance companies (72%) and because of grants to support workplace wellness programs (53%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. About 4 in 10 felt more favorable because of this (42%), but a similar number (41%) said it doesn't make a difference.

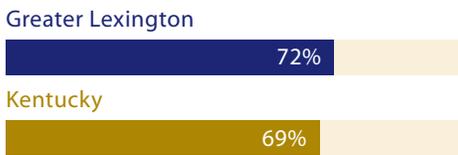
The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Just 2 in 10 Greater Lexington respondents (21%) favored this part of the law, known as the individual mandate, while 3 in 4 (75%) opposed it.

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

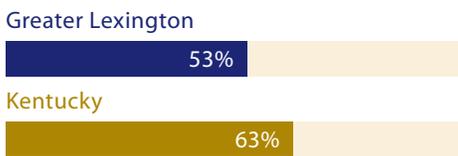
Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



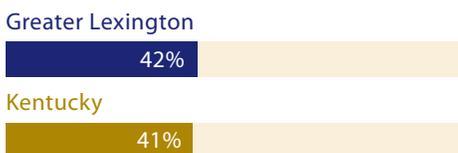
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



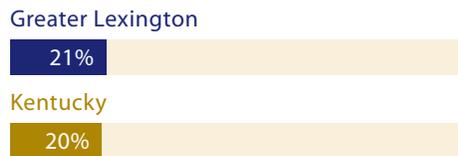
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



Percentage of Kentuckians who favor the part of the health reform law that will require nearly all Americans to have health insurance



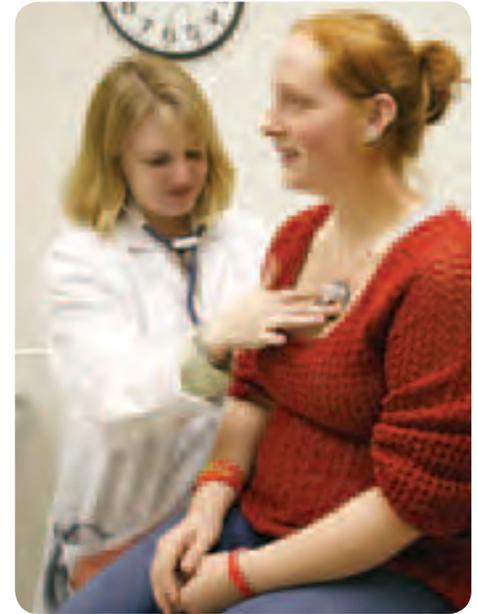
Experiences with the Affordable Care Act

When asked about the ACA's impact on them and their families, about 2 in 10 Greater Lexington adults (18%) said the law had negatively affected them, while a smaller number (7%) said they had been positively affected. Nearly 7 in 10 (66%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Greater Lexington findings are similar to state and national results.¹¹

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.¹²

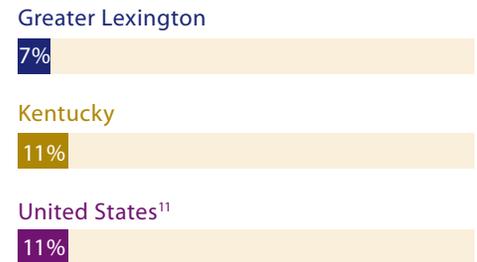
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

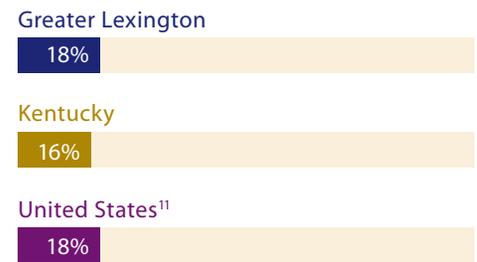


Adults reporting that the ACA had an effect on them or their family

Positive effect



Negative effect



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).

Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹³ To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.¹⁴ To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than 6 in 10 of Greater Lexington adults favored a statewide smoke-free law (61%), while 38% opposed a law, and 2% had no opinion. This is an increase in support from 2010¹⁵, when 50% of Greater Lexington adults favored a statewide law, and is higher than results for the state as a whole.

What Should Be the State's Priorities

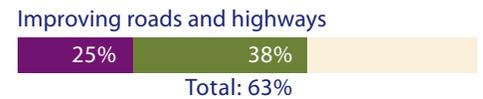
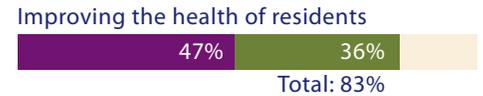
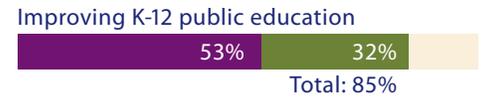
KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Greater Lexington residents place the greatest importance on priorities that would grow Kentucky's economy. More than 9 in 10 respondents think it is extremely or very important for policymakers to work on improving the job situation (92%) and improving the economy in the state (91%).

Health, education, and crime are also high priorities for Greater Lexington residents. More than 8 in 10 adults in Greater Lexington said it is extremely or very important for policymakers to work on reducing the cost of healthcare (88%), improving K-12 public education (85%), improving the health of residents (83%), and reducing crime (80%).

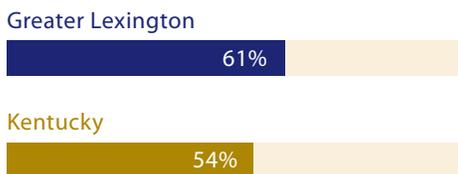
The majority of those surveyed reported that other issues were also important. Greater Lexington adults said it was important for policymakers to work on making government more transparent (70%), improving Kentucky's roads and highways (63%), and reducing taxes (59%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?

- Extremely important
- Very important



Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



Demographic Profile

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

Sex

Male Female

Greater Lexington



Kentucky



Age

18-29 30-45 46-64 65+

Greater Lexington



Kentucky



Race

African American White

Greater Lexington



Kentucky



Level of Education

Less than High School Some College

High School Grad College Grad

Greater Lexington



Kentucky



Household Income¹⁷

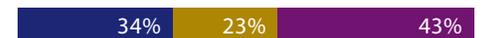
Below 100% FPG Over 200% FPG

Between 100% & 200% FPG

Greater Lexington



Kentucky



Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.¹⁶

KHIP found considerable regional variation in caregiving status, with higher rates in the more rural parts of the state. In Greater Lexington, about 1 in 10 adults (10%) reported that they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")

Greater Lexington



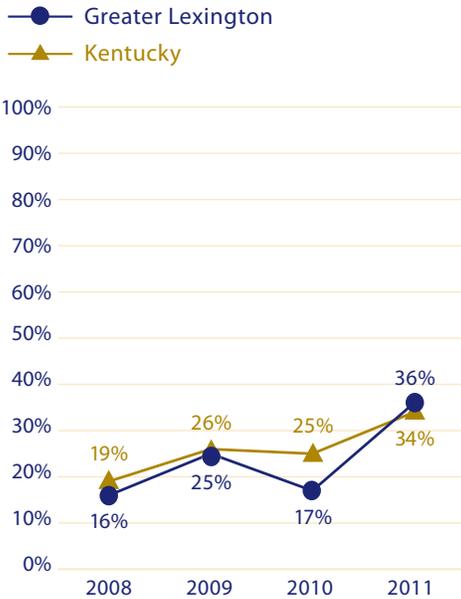
Kentucky



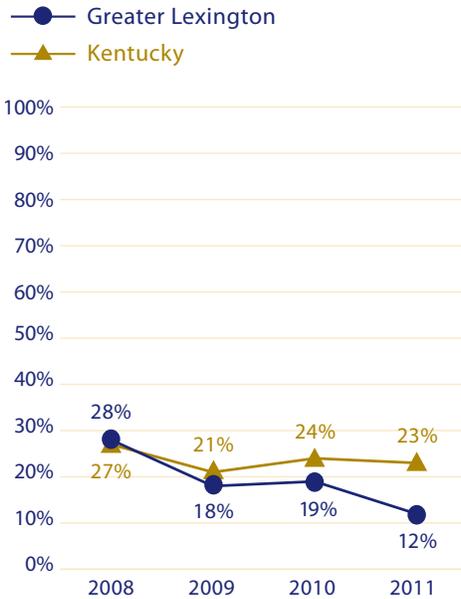
Poverty Status

Adults living in Greater Lexington have comparable household incomes to adults in the state as a whole. A similar percentage of Greater Lexington adults lived above 100% of the federal poverty guidelines (FPG)¹⁷ than elsewhere in the state. However, the proportion of adults living in poverty throughout the state has been increasing.

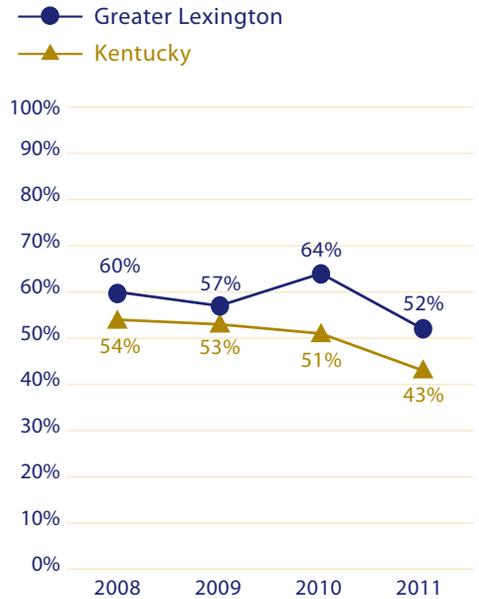
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



End Notes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHRResults.pdf.
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Greater Lexington is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
- 16 Centers for Disease Control and Prevention. *Caregiving: A Public Health Priority*. Retrieved from <http://www.cdc.gov/aging/caregiving/index.htm>
- 17 In 2010, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 319 respondents resided in the Greater Lexington region. The counties included in this region are:

- Anderson County • Jessamine County
- Bourbon County • Lincoln County
- Boyle County • Madison County
- Clark County • Mercer County
- Estill County • Nicholas County
- Fayette County • Powell County
- Garrard County • Scott County
- Harrison County • Woodford County

This report presents a selection of questions with data specific to Greater Lexington. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

To cite this work, please use the following:

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Spotlight on



Greater Louisville

2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the KIPDA Area Development District. About 22% of Kentuckians live in this 7-county region (please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties).

In general, responses from Greater Louisville residents were comparable to the state as a whole. Like the statewide results, in Greater Louisville:

- Most adults thought Kentucky policymakers should work on improving the economy (93%), improving the job situation (92%), and improving K-12 education (89%)
- Most favor providing access to affordable, quality healthcare for all Americans (85%)
- Most adults thought that childhood obesity was a problem (85%)
- Most dispose of prescription drugs in unsafe ways (58%)
- The majority of adults favored a statewide, smoke-free law (53%)
- Have friends or family who have experienced problems as a result of abusing prescription pain relievers (29%)

There were a few key differences in Greater Louisville, as compared to the rest of the state. Adults in Greater Louisville were **more likely** to:

- Know where to find services or treatment for depression
- Believe that childhood obesity was a serious problem

Additionally, adults in Greater Louisville were **less likely** to:

- Keep a firearm in or around their home
- Be responsible for the care of a chronically ill or disabled family member



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.5% and Greater Louisville estimates to ±5.4%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Greater Louisville, KHIP asked individuals about their insurance status and where they would turn if they needed care.

Health Insurance Status

Not Having Health Insurance Coverage

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

Nearly 1 in 3 working-age Greater Louisville adults (32%) were uninsured at the time of the Poll. This is an increase in the number of uninsured adults since 2010. Working-age adults in Greater Louisville are as likely to be uninsured as the state average (32%).

Gaps in Health Insurance Coverage

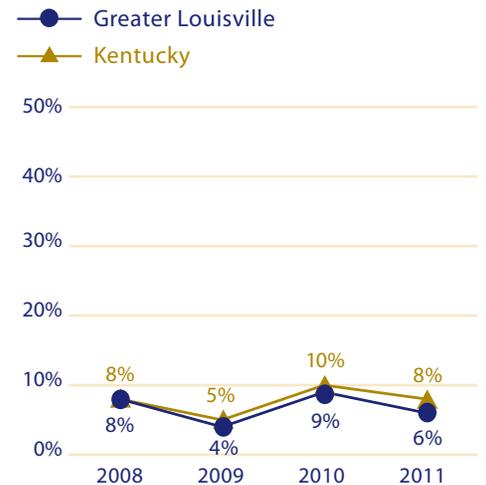
Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. About 1 in 15 (6%) Greater Louisville residents ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, nearly 4 in 10 working-age Greater Louisville adults (38%) had been uninsured at some point in the last 12 months, including currently.



No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the Country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

Perceived Need for Treatment

More than half of Greater Louisville adults (52%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. This is similar to the state average, where half of all adults (50%) had known someone they perceived as depressed.

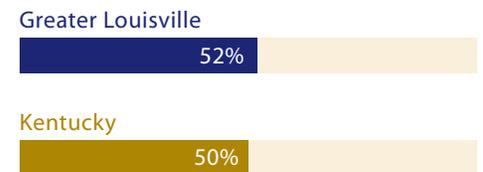
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

Knowing Where to Turn for Help

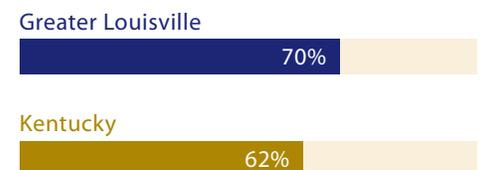
Seven in ten Greater Louisville respondents (70%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Greater Louisville respondents were more likely to know where to get help than the state as a whole.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



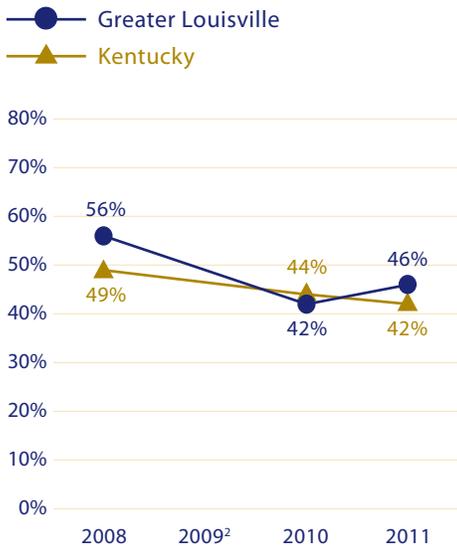
Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Greater Louisville residents on a number of community health issues.

Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Greater Louisville respondents have consistently reported health status that is similar to the state average. In 2011, slightly less than half of Greater Louisville adults (46%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole.

Kentucky adults reporting “excellent” or “very good” health



Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.³ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.⁴

Use of Prescription Pain Relievers

More than half of Greater Louisville adults (57%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin®, Vicodin®, Percocet®, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

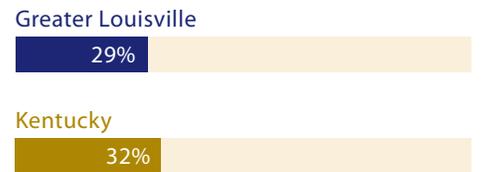
Of those who had been prescribed a pain reliever in Greater Louisville, most (65%) reported that they had been prescribed the right amount of pills needed to control pain. More than 1 in 5 (22%) felt they had been prescribed more pills than were needed.

Abuse of Prescription Pain Relievers

Greater Louisville residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. About 1 in 12 (8%) said they had done so.

However, about 3 in 10 Greater Louisville residents (29%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the percentage of all Kentucky adults (32%) who reported knowing someone who had problems because they abused prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said “yes”*





Proper Disposal of Unused Medication

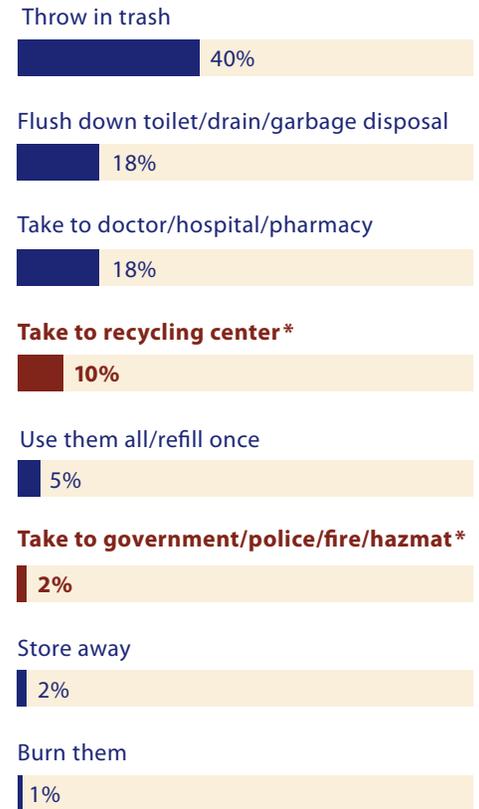
Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

Nearly 6 in 10 Greater Louisville adults (58%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Less than 1 in 8 Greater Louisville adults (12%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?⁵



* Methods recommended by the  Food and Drug Administration

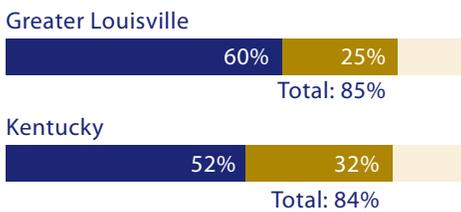
Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.⁶ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

Six in ten Greater Louisville adults (60%) said that childhood obesity was a serious problem in Kentucky. An additional 1 in 4 (25%) said that childhood obesity was a problem, but not serious. This is similar to the findings for the state as a whole.

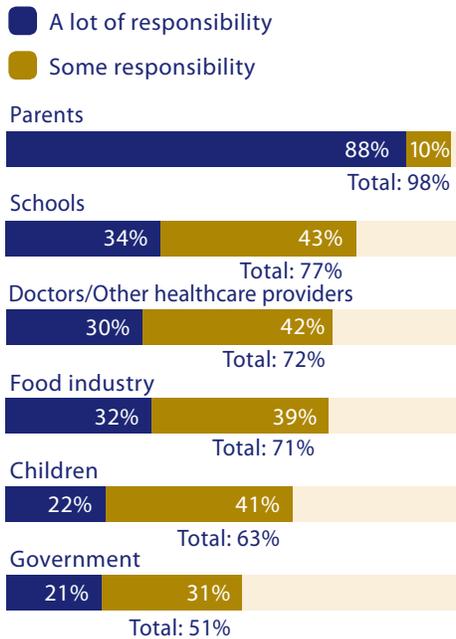
Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? (Graph presents only those who said it was a serious problem or a problem but not serious)

- A serious problem
- A problem but not serious



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. Almost all Greater Louisville (98%) respondents said parents have some or a lot of responsibility for addressing childhood obesity. More than 7 in 10 said schools (77%), doctors and other health care providers (72%) and the food industry (71%) had some or a lot of responsibility. Respondents also said the children themselves (66%) and the government (53%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? (Asked only of those who said childhood obesity was a problem)

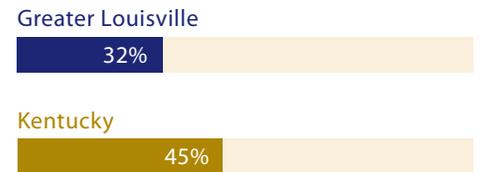


Firearm Safety

Ownership

About 1 in 3 Greater Louisville residents (32%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.⁷ Greater Louisville residents were less likely to report keeping a firearm around their home than elsewhere in the state.

Are any firearms kept in or around your home?⁷ (Graph presents those who said "yes")

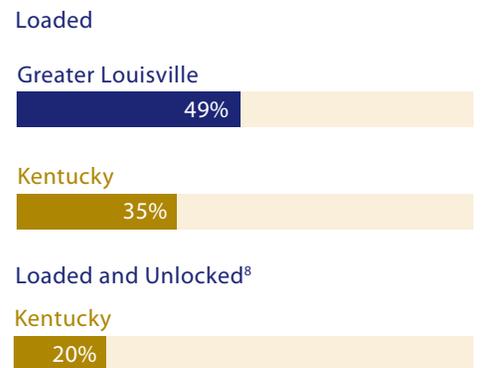


Storage Practices

Among Greater Louisville adults who reported keeping firearms around their home, about half (49%) keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.⁸

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? (Of those who keep firearms in or around their home)



Opinions on Health Policy

Health policy is an important tool for changing health outcomes. This section will present the opinions of Greater Louisville residents on a number of current health policy issues.

Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

Support for Healthcare for All

More than 8 in 10 Greater Louisville residents (85%) favor providing access to affordable, quality healthcare for all Americans. This is similar to the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.⁹

Kentuckians Need More Information about the ACA

Less than 3 in 10 Greater Louisville adults (29%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the ACA. This need for information is unchanged since the 2010 KHIP.

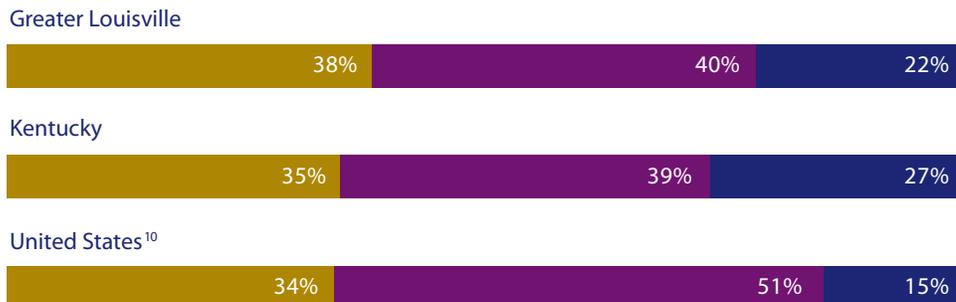
Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

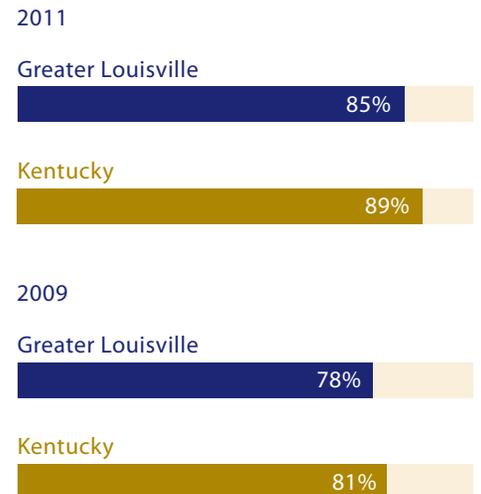
About 4 in 10 Greater Louisville adults (38%) reported having a generally favorable opinion of the ACA, while slightly more had a generally unfavorable opinion of it (40%). Another 1 in 5 Greater Louisville adults (22%) expressed no opinion about the law. The Greater Louisville respondents reported similar levels of favorability as than the state and the nation.¹⁰

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

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



Continued from previous page

The majority of Kentuckians said that elements of the law that were recently phased in made them feel more favorable toward the ACA. In Greater Louisville, more than 3 in 4 felt more favorable because of free preventive services for seniors (76%). The majority felt more favorable because of increased accountability for insurance companies (69%) and because of grants to support workplace wellness programs (65%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. About 4 in 10 felt more favorable because of this (43%), but a similar number (44%) said it doesn't make a difference.

The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Less than 1 in 4 Greater Louisville respondents (22%) favored this part of the law, known as the individual mandate, while 3 in 4 (77%) opposed it.

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

Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



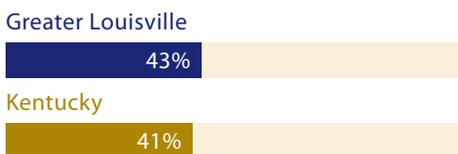
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



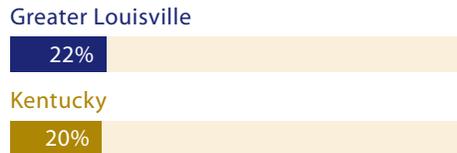
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



Percentage of Kentuckians who favor the part of the health reform law that will require nearly all Americans to have health insurance



Experiences with the Affordable Care Act

When asked about the ACA's impact on them and their families, about 1 in 10 Greater Louisville adults (10%) said the law had negatively affected them, while slightly more (13%) said they had been positively affected. About 7 in 10 (72%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Greater Louisville findings are similar to state and national results.¹¹

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.¹²

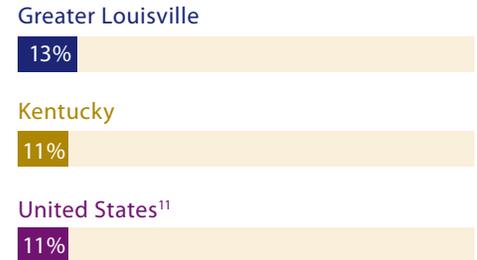
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

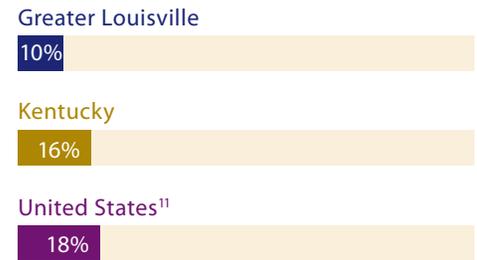


Adults reporting that the ACA had an effect on them or their family

Positive effect



Negative effect



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).

Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹³ To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.¹⁴ To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than half of Greater Louisville adults favored a statewide smoke-free law (53%), while 42% opposed a law, and 6% had no opinion. This is a decrease in support from 2010¹⁵, when 58% of Greater Louisville adults favored a statewide law, but is similar to results for the state as a whole.

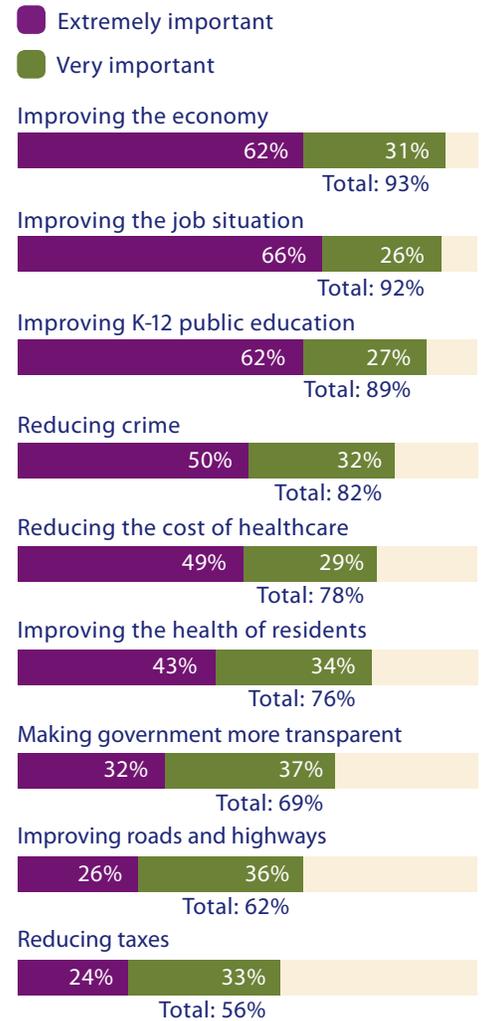
What Should Be the State's Priorities

KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Greater Louisville residents place the greatest importance on priorities that would grow Kentucky's economy. More than 9 in 10 respondents think it is extremely or very important for policymakers to work on improving the economy (93%) and improving the job situation in the state (92%).

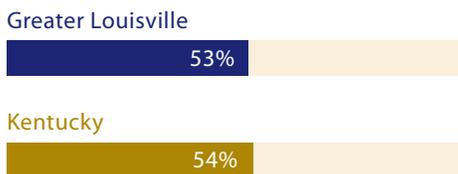
Education, crime and health are also high priorities for Greater Louisville residents. More than 3 in 4 adults in Greater Louisville said it is extremely or very important for policymakers to work on improving K-12 public education (89%), reducing crime (82%), reducing the cost of healthcare (78%) and improving the health of residents (76%).

The majority of those surveyed reported that other issues were also important. Greater Louisville adults said it was important for policymakers to work on making government more transparent (69%), improving Kentucky's roads and highways (62%), and reducing taxes (56%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?



Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



Demographic Profile

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

Sex

Male Female

Greater Louisville



Kentucky



Age

18-29 30-45 46-64 65+

Greater Louisville



Kentucky



Race

African American White

Greater Louisville



Kentucky



Level of Education

Less than High School High School Grad Some College College Grad

Greater Louisville



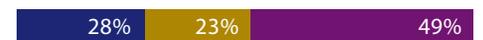
Kentucky



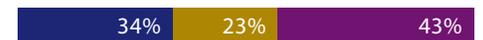
Household Income¹⁷

Below 100% FPG Between 100% & 200% FPG Over 200% FPG

Greater Louisville



Kentucky



Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.¹⁶

KHIP found considerable regional variation in caregiving status, with higher rates in the more rural parts of the state. In Greater Louisville, about 1 in 12 adults (8%) reported that they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")

Greater Louisville



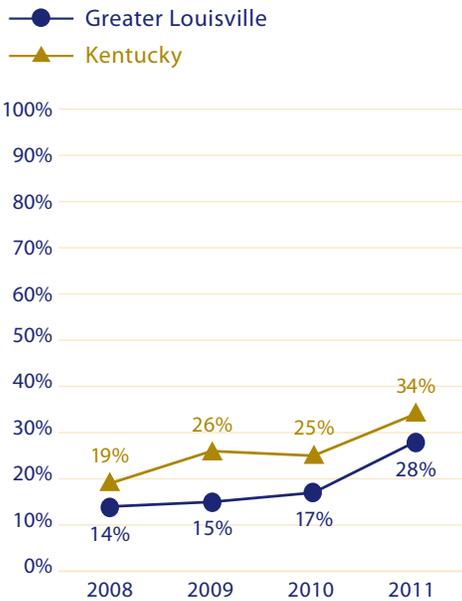
Kentucky



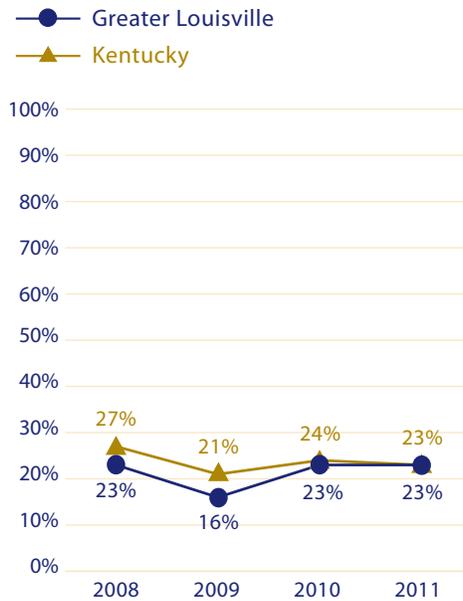
Poverty Status

Adults living in Greater Louisville have comparable household incomes to adults in the state as a whole. A similar percentage of Greater Louisville adults lived above 100% of the federal poverty guidelines (FPG)¹⁷ than elsewhere in the state. However, the proportion of adults living in poverty throughout the state has been increasing.

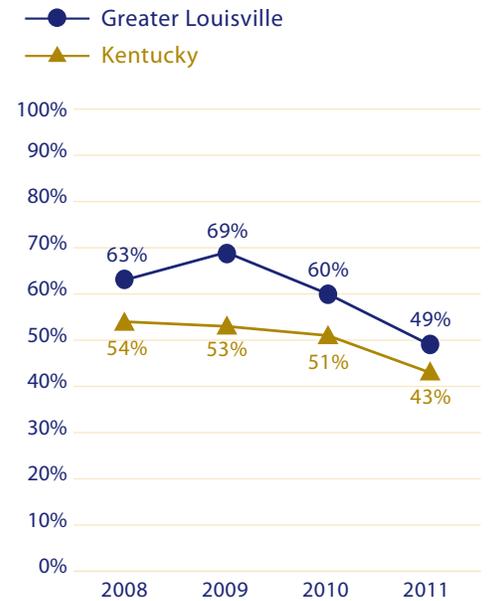
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



End Notes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.pdf.
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Greater Louisville is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
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The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 332 respondents resided in the Greater Louisville region. The counties included in this region are:

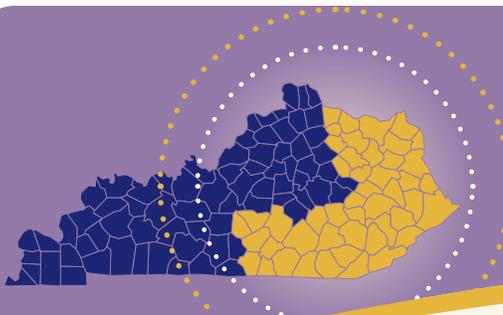
- Bullitt County
- Henry County
- Jefferson County
- Oldham County
- Shelby County
- Spencer County
- Trimble County

This report presents a selection of questions with data specific to Greater Louisville. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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Spotlight on

Eastern Kentucky



2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from Eastern Kentucky – including the Big Sandy, Buffalo Trace, Cumberland Valley, FIVCO, Gateway, Kentucky River and Lake Cumberland Area Development Districts. About 22% of Kentuckians live in this 46-county region (please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties).

In general, responses from Eastern Kentucky residents were comparable to the state as a whole. Like the statewide results, in Eastern Kentucky:

- Most adults thought Kentucky policymakers should work on improving the job situation (97%), reducing the cost of healthcare (94%) and improving the economy (93%)
- Most favor providing access to affordable, quality healthcare for all Americans (93%)
- Most adults thought that childhood obesity was a problem (78%)
- The majority of adults favored a statewide, smoke-free law (54%)
- A sizable number of adults knew someone who had experienced problems as a result of abusing prescription pain relievers (43%)

There were a few key differences in Eastern Kentucky, as compared to the rest of the state. Adults in Eastern Kentucky were **more likely** to:

- Keep a firearm in or around their home
- Live in poverty

Additionally, adults in Eastern Kentucky were **less likely** to:

- Have health insurance
- Report “excellent” or “very good” health



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.5% and Eastern Kentucky estimates to ±5.5%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Eastern Kentucky, KHIP asked individuals about their insurance status and where they would turn if they needed care.

Health Insurance Status

Not Having Health Insurance Coverage

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

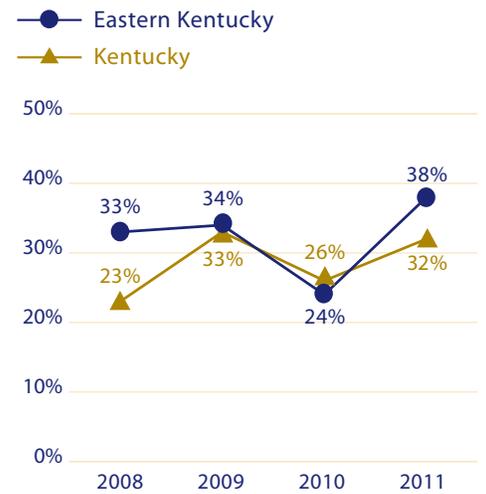
Nearly 4 in 10 working-age Eastern Kentucky adults (38%) were uninsured at the time of the Poll. This is an increase in the number of uninsured adults since 2010, but is consistent with 2009 findings. Working-age adults in Eastern Kentucky are more likely to be uninsured than the state average (32%).

Gaps in Health Insurance Coverage

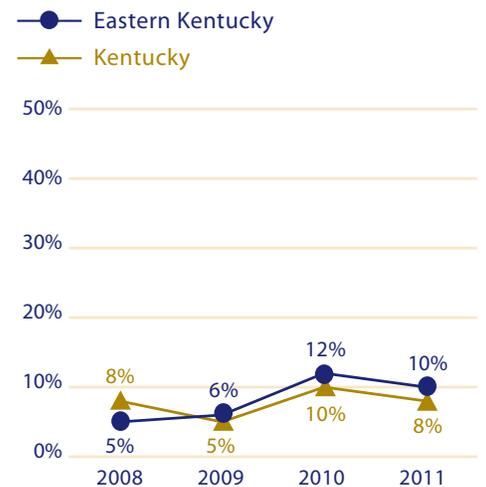
Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. About 1 in 10 (10%) Eastern Kentuckians ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, nearly half of working-age Eastern Kentucky adults (48%) had been uninsured at some point in the last 12 months, including currently.



No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

Perceived Need for Treatment

Nearly half of Eastern Kentucky adults (48%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. This is similar to the state average, where half of all adults (50%) knew someone they perceived as depressed.

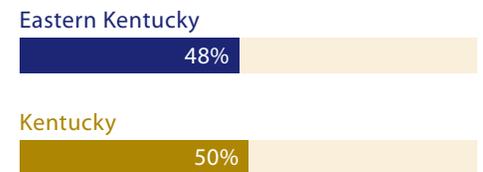
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

Knowing Where to Turn for Help

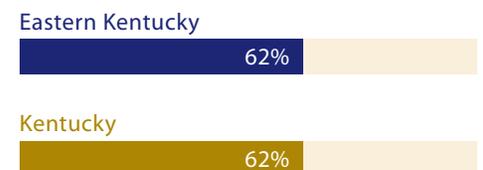
About 6 in 10 Eastern Kentucky adults (62%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Eastern Kentucky adults were equally as likely to know where to get help as all adults from the state.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



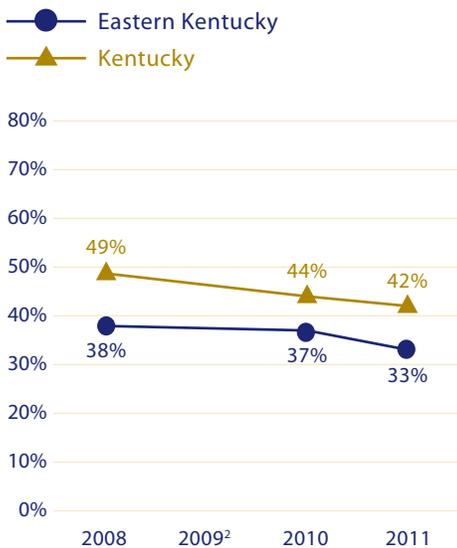
Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Eastern Kentucky adults on a number of community health issues.

Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Eastern Kentucky adults have consistently reported poorer health status than the state average. In 2011, just 1 in 3 Eastern Kentucky adults (33%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole.

Kentucky adults reporting “excellent” or “very good” health



Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, the rate was 17.9 deaths per 100,000 residents.³ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.⁴

Use of Prescription Pain Relievers

Nearly half of Eastern Kentucky adults (46%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin®, Vicodin®, Percocet®, or codeine, in the last five years. This is slightly lower than the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

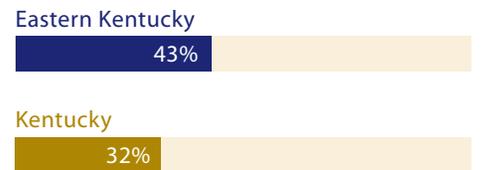
Of those who had been prescribed a pain reliever in Eastern Kentucky, most (74%) reported that they had been prescribed the right amount of pills needed to control pain. About 1 in 7 (14%) felt they had been prescribed more pills than were needed.

Abuse of Prescription Pain Relievers

Eastern Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. About 1 in 20 (6%) said they had done so.

However, more than 4 in 10 Eastern Kentuckians (43%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is higher than the proportion of all Kentucky adults (32%) who reported knowing someone who had abused prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? Graph presents those who said “yes”





Proper Disposal of Unused Medication

Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

About 7 in 10 Eastern Kentucky adults (68%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Just 1 in 10 Eastern Kentucky adults (9%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?⁵



* Methods recommended by the  Food and Drug Administration

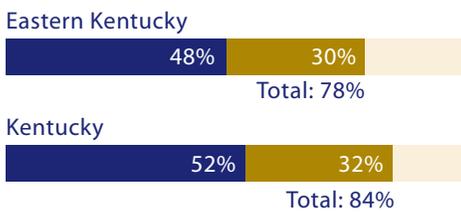
Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.⁶ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

About half of Eastern Kentucky adults (48%) said that childhood obesity was a serious problem in Kentucky. An additional 3 in 10 (30%) said that childhood obesity was a problem, but not serious. This is similar to the findings for the state as a whole.

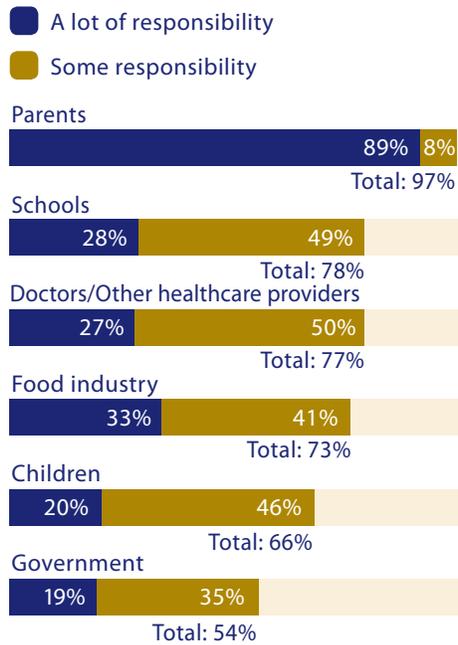
Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? (Graph presents only those who said it was a serious problem or a problem but not serious)

- A serious problem
- A problem but not serious



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. Almost all Eastern Kentucky (97%) adults said parents have some or a lot of responsibility for addressing childhood obesity. About 8 in 10 (78%) said schools had some or a lot of responsibility. Adults also said doctors and other healthcare providers (77%), the food industry (73%), children themselves (66%), and the government (54%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? (Asked only of those who said childhood obesity was a problem)

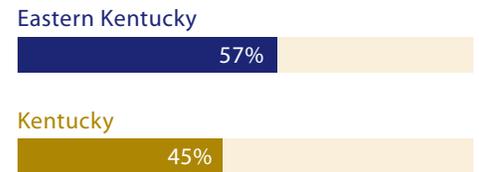


Firearm Safety

Ownership

More than half of Eastern Kentuckians (57%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.⁷ Eastern Kentucky residents were more likely to report keeping a firearm around their home than elsewhere in the state.

Are any firearms kept in or around your home?⁷ (Graph presents those who said "yes")

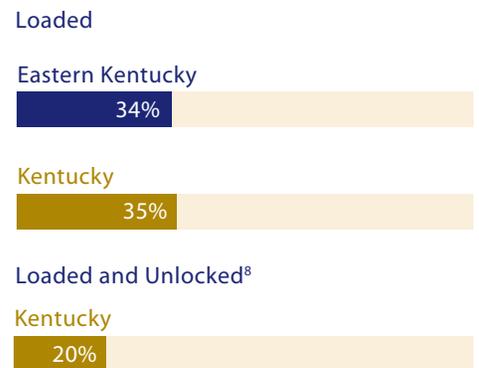


Storage Practices

Among Eastern Kentucky adults who reported keeping firearms around their home, more than 1 in 3 (34%) keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.⁸

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Across the state, children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? (Of those who keep firearms in or around their home)



Opinions on Health Policy

Health policy is an important tool for changing health outcomes. This section will present the opinions of Eastern Kentucky residents on a number of current health policy issues.

Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

Support for Healthcare for All

More than 9 in 10 Eastern Kentuckians (93%) favor providing access to affordable, quality healthcare for all Americans. This is similar to the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.⁹

Kentuckians Need More Information about the ACA

Just 1 in 4 Eastern Kentucky adults (26%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average (27%). This need for information is unchanged since the 2010 KHIP.

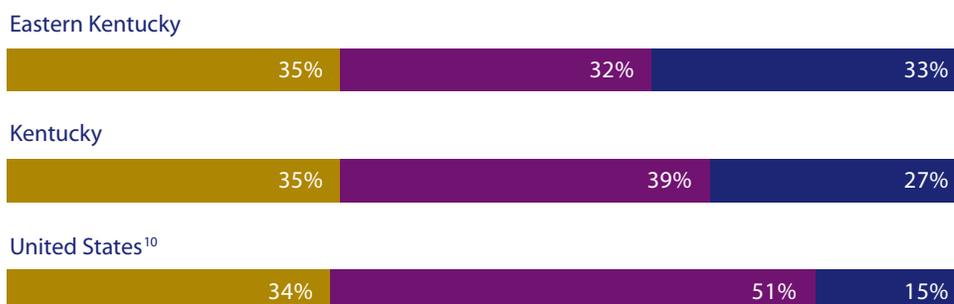
Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

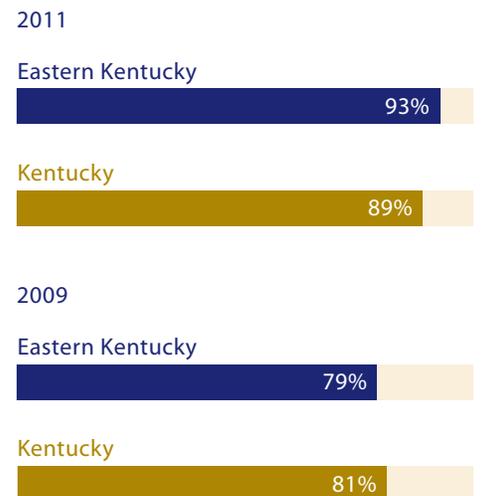
About 1 in 3 Eastern Kentucky adults (35%) reported having a generally favorable opinion of the ACA, while a similar number had a generally unfavorable opinion of it (32%). Another 1 in 3 Eastern Kentucky adults (35%) expressed no opinion about the law. The Eastern Kentucky respondents reported similar levels of favorability as the state and the nation.¹⁰

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

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



Continued from previous page

The majority of Kentuckians said that elements of the law that were recently phased in made them feel more favorable toward the ACA. In Eastern Kentucky, more than 8 in 10 felt more favorable because of free preventive services for seniors (81%). More than half felt more favorable because of grants to support workplace wellness programs (64%) and because of increased accountability for insurance companies (60%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. About 1 in 3 felt more favorable because of this (36%), but more than half (54%) said it doesn't make a difference.

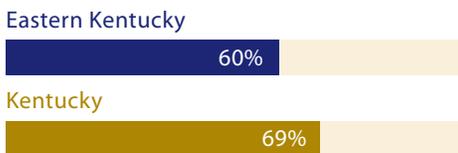
The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Less than 2 in 10 Eastern Kentucky respondents (17%) favored this part of the law, known as the individual mandate, while 8 in 10 (80%) opposed it.

Percentage of Kentuckians who feel **more favorable** toward the Patient Protection and Affordable Care Act (ACA) because it includes the following elements:

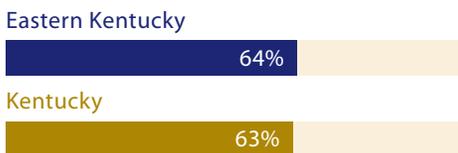
Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



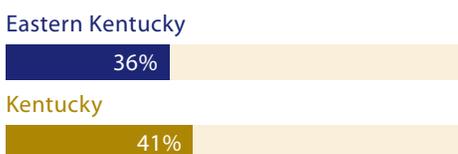
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



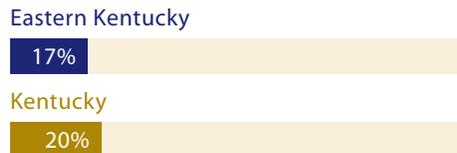
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



Percentage of Kentuckians who **favor** the part of the health reform law that will require nearly all Americans to have health insurance



Experiences with the Affordable Care Act

When asked about the ACA's impact on them and their families, about 1 in 6 Eastern Kentucky adults (16%) said the law had negatively affected them, while a similar percentage (12%) said they had been positively affected. More than 6 in 10 (62%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Eastern Kentucky findings are similar to state and national results.¹¹

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.¹²

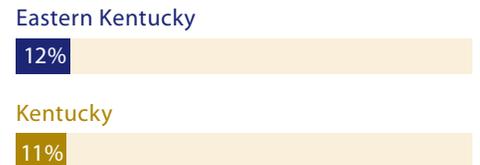
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

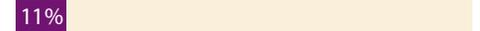


Adults reporting that the ACA had an effect on them or their family

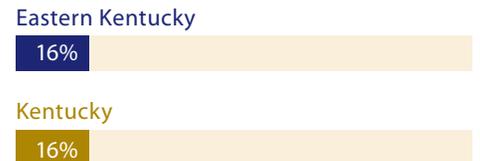
Positive effect



United States¹¹



Negative effect



United States¹¹



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).

Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹³ To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.¹⁴ To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than half of Eastern Kentucky adults favored a statewide smoke-free law (54%), while 39% opposed a law, and 7% had no opinion. This is an increase in support from 2010¹⁵, when just 48% of Eastern Kentucky adults favored a statewide law, but is similar to results for the state as a whole.

What Should Be the State's Priorities

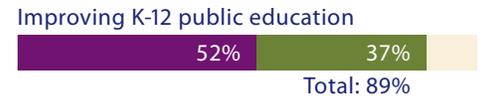
KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Eastern Kentuckians place the greatest importance on priorities that would grow Kentucky's economy. More than 9 in 10 respondents think it is extremely or very important for policymakers to work on improving the job situation in the state (97%) and improving Kentucky's economy (93%).

Health, education and crime are also high priorities for Eastern Kentucky residents. More than 8 in 10 adults in Eastern Kentucky said it is extremely or very important for policymakers to work on reducing the cost of healthcare (94%), improving K-12 public education (89%), improving the health of residents (89%) and reducing crime (84%).

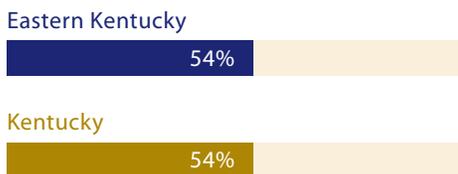
The majority of those surveyed reported that other issues were also important. Eastern Kentucky adults said it was important for policymakers to work on improving Kentucky's roads and highways (78%), reducing taxes (71%) and making government more transparent (65%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?

- Extremely important
- Very important



Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



Demographic Profile

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

Sex

Male Female

Eastern Kentucky



Kentucky



Age

18-29 30-45 46-64 65+

Eastern Kentucky



Kentucky



Race

African American White

Eastern Kentucky



Kentucky



Level of Education

Less than High School High School Grad Some College College Grad

Eastern Kentucky



Kentucky



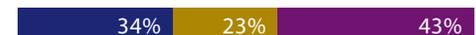
Household Income¹⁷

Below 100% FPG Between 100% & 200% FPG Over 200% FPG

Eastern Kentucky



Kentucky



Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.¹⁶

In Eastern Kentucky, about 1 in 6 adults (16%) reported having they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")

Eastern Kentucky



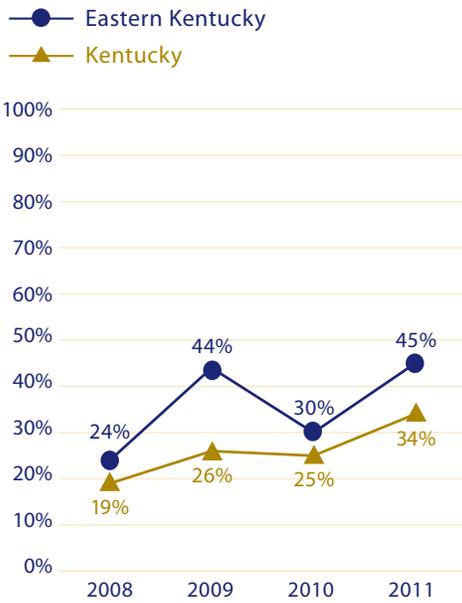
Kentucky



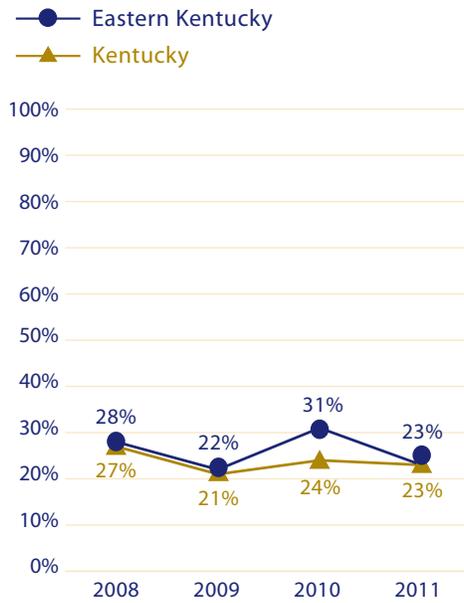
Poverty Status

Adults living in Eastern Kentucky have lower household incomes than adults in the state as a whole. A smaller percentage of Eastern Kentucky adults lived above 100% of the federal poverty guidelines (FPG)¹⁷ than elsewhere in the state. However, the proportion of adults living in poverty throughout the state has been increasing.

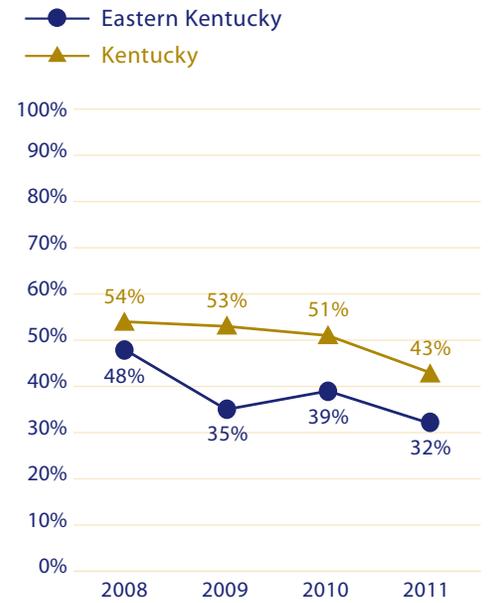
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



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If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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End Notes

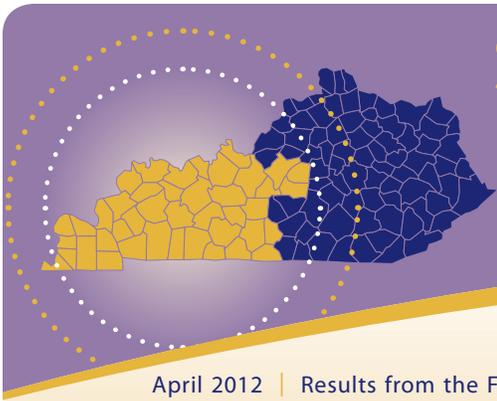
- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from <http://www.samhsa.gov/data/NSDUH/2k10MH-Findings/2k10MHResults.pdf>.
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Eastern Kentucky is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
- 16 Centers for Disease Control and Prevention. *Caregiving: A Public Health Priority*. Retrieved from <http://www.cdc.gov/aging/caregiving/index.htm>
- 17 In 2010, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 329 respondents resided in the Eastern Kentucky Area Development District. The counties included in this region are:

- Adair County
- Bath County
- Bell County
- Boyd County
- Bracken County
- Breathitt County
- Carter County
- Casey County
- Clay County
- Clinton County
- Cumberland County
- Elliott County
- Fleming County
- Floyd County
- Green County
- Greenup County
- Harlan County
- Jackson County
- Johnson County
- Knott County
- Knox County
- Laurel County
- Lawrence County
- Lee County
- Leslie County
- Letcher County
- Lewis County
- Magoffin County
- Martin County
- Mason County
- McCreary County
- Menifee County
- Montgomery County
- Morgan County
- Owsley County
- Perry County
- Pike County
- Pulaski County
- Robertson County
- Rockcastle County
- Rowan County
- Russell County
- Taylor County
- Wayne County
- Whitley County
- Wolfe County



Spotlight on

Western Kentucky



2011 KENTUCKY HEALTH ISSUES POLL

April 2012 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2011, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the Kentucky Health Issues Poll, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from Western Kentucky – including the Barren River, Green River, Lincoln Trail, Pennyriple and Purchase Area Development Districts. About 27% of Kentuckians live in this 42-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Western Kentucky residents were comparable to the state as a whole. Like the statewide results, in Western Kentucky:

- Most adults thought Kentucky policymakers should work on improving the job situation (94%), improving the economy (86%), and improving the health of residents (86%)
- Most favor providing access to affordable, quality healthcare for all Americans (87%)
- Most adults thought that childhood obesity was a problem (82%)
- Most dispose of prescription drugs in unsafe ways (67%)
- The majority of adults favored a statewide, smoke-free law (51%)

There were a few key differences in Western Kentucky, as compared to the rest of the state. Adults in Western Kentucky were **more likely** to:

- Keep a firearm in or around their home

Additionally, adults in Western Kentucky were **less likely** to:

- Know where to find services or treatment for depression
- Know someone who had experienced problems as a result of abusing prescription pain relievers



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Western Kentucky estimates to $\pm 5.5\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Experiences with Access to Care

In order to get well and stay well, health care services need to be affordable and accessible. To gain a better understanding of health care access in Western Kentucky, KHIP asked individuals about their insurance status and where they would turn if they needed care.

Health Insurance Status

Not Having Health Insurance Coverage

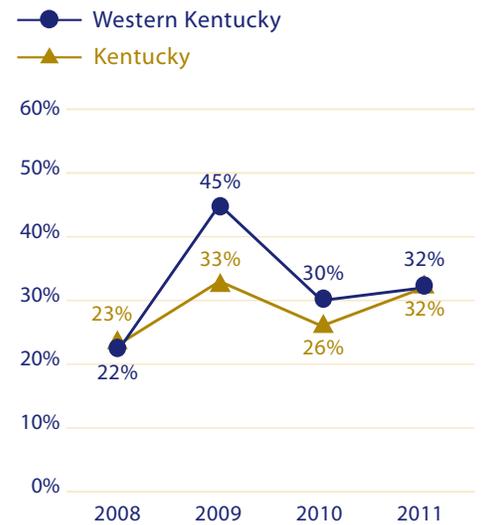
Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

Nearly 1 in 3 working-age Western Kentucky adults (32%) were uninsured at the time of the Poll. This is similar to the number of uninsured adults since 2010, but is decrease from the 2009 findings. Working-age adults in Western Kentucky are as likely to be uninsured as the state average (32%).

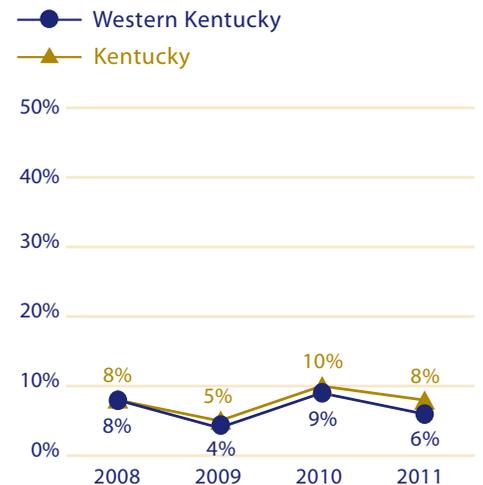
Gaps in Health Insurance Coverage

Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. About 1 in 15 (6%) Western Kentuckians ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, nearly 4 in 10 working-age Western Kentucky adults (38%) had been uninsured at some point in the last 12 months, including currently.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



Access to Mental Health Services

Mental health issues, including depression, are a significant health issue across the Country. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental illness, it is important that they are able to access the treatment services they need.

Perceived Need for Treatment

Nearly half of Western Kentucky adults (49%) reported a friend or family member had ever behaved in a way that made them think that friend or family member had a serious problem with depression. This is similar to the state average, where half of all adults (50%) had known someone they perceived as depressed.

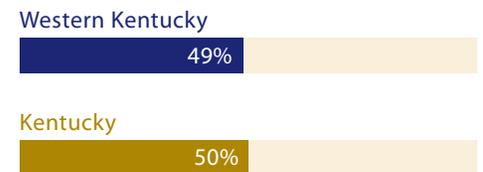
While perceived depression is not the same as a clinical diagnosis, these results suggest that many Kentuckians need access to mental health treatment services.

Knowing Where to Turn for Help

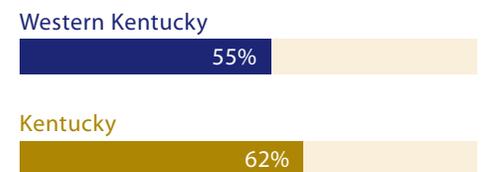
Just over half of Western Kentucky respondents (55%) reported knowing who to contact if a friend or family member asked for help finding services or treatment for depression. Western Kentucky respondents were less likely to know where to get help than the state as a whole.



Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression? (Graph presents those who said "yes")



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment? (Graph presents those who said "yes")



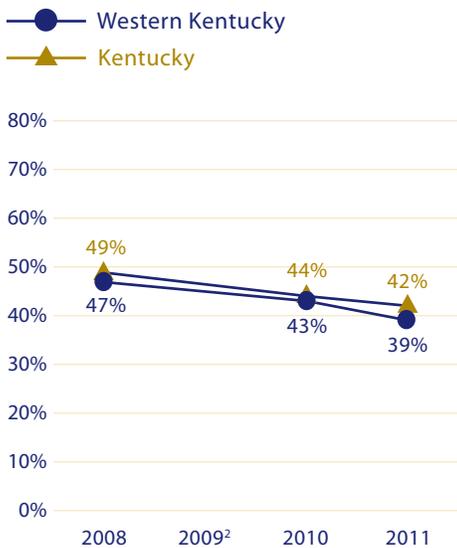
Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Western Kentucky residents on a number of community health issues.

Overall Health Status

An important indicator of community health is overall health status. Since KHIP began, Western Kentucky respondents have consistently reported health status that is similar to the state average. In 2011, just 1 in 3 Western Kentucky adults (39%) described their health status as “excellent” or “very good,” compared to 4 in 10 adults (42%) for the state as a whole. The percentage of adults in both Western Kentucky and Kentucky who report being in excellent or very good health has been declining since 2008.

Kentucky adults reporting “excellent” or “very good” health



Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.³ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin®, Vicodin®, Percocet® and codeine). Kentucky is in the top quarter of states in the percentage of prescription pain relievers sold per capita.⁴

Use of Prescription Pain Relievers

More than half of Western Kentucky adults (56%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin®, Vicodin®, Percocet®, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be bought over the counter.

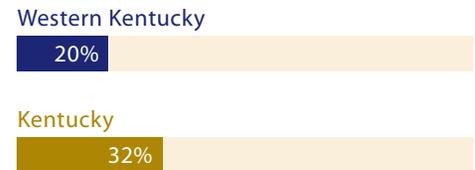
Of those who had been prescribed a pain reliever in Western Kentucky, most (68%) reported that they had been prescribed the right amount of pills needed to control pain. About 1 in 8 (13%) felt they had been prescribed more pills than were needed.

Abuse of Prescription Pain Relievers

Western Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin®, Vicodin®, Percocet® or codeine when not prescribed or for the experience or feeling it caused. About 1 in 50 (2%) said they had done so.

However, about 1 in 5 Western Kentuckians (20%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is lower than the percentage of all Kentucky adults (32%) who reported having friends or family members who had problems because of abusing prescription pain relievers.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said “yes”*





Proper Disposal of Unused Medication

Keeping unused prescription drugs in a medicine cabinet raises the risk of misuse and abuse of those drugs.

Nearly 7 in 10 Western Kentucky adults (67%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply and can harm people and wildlife.

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses. Less than 1 in 10 Western Kentucky adults (7%) dispose of prescription drugs in a manner that complies with FDA recommendations.

The Kentucky Office of Drug Control Policy publishes a list of prescription drug “take-back” program drop boxes on its website. Several of these locations are available 24 hours a day. To find a location near you, visit <http://odcp.ky.gov/>.

How do you typically dispose of unused or expired prescription medications?⁵

Throw in trash

41%

Flush down toilet/drain/garbage disposal

26%

Take to doctor/hospital/pharmacy

10%

Use them all/refill once

6%

Burn them

5%

Take to recycling center*

4%

Take to government/police/fire/hazmat*

3%

Store away

1%

* Methods recommended by the  Food and Drug Administration

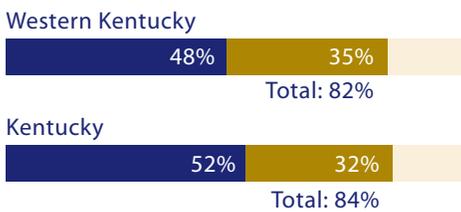
Childhood Obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.⁶ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

About half of Western Kentucky adults (48%) said that childhood obesity was a serious problem in Kentucky. An additional 3 in 10 (35%) said that childhood obesity was a problem, but not serious. This is similar to the findings for the state as a whole.

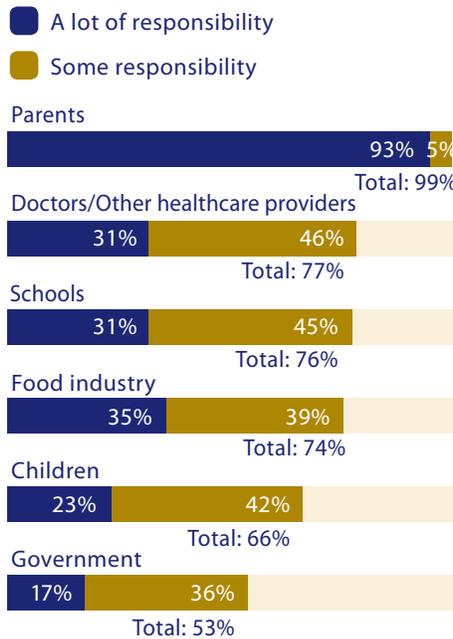
Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say that childhood obesity is a serious problem, a problem but not serious, or not a problem? *(Graph presents only those who said it was a serious problem or a problem but not serious)*

- A serious problem
- A problem but not serious



While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility. Almost all Western Kentucky (99%) respondents said parents have some or a lot of responsibility for addressing childhood obesity. More than 3 in 4 said doctors and other health care providers (77%) and schools (76%) had some or a lot of responsibility. Respondents also said the food industry (74%), children themselves (66%), and the government (53%) have some or a lot of responsibility for addressing childhood obesity.

How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? *(Asked only of those who said childhood obesity was a problem)*

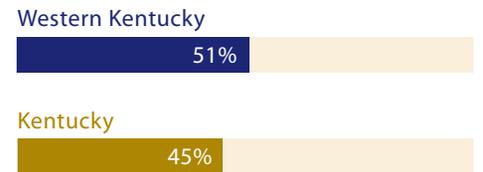


Firearm Safety

Ownership

More than half of Western Kentuckians (51%) reported keeping firearms around their home, including in a garage, outdoor storage area or motor vehicle.⁷ Western Kentucky residents were more likely to report keeping a firearm around their home than elsewhere in the state.

Are any firearms kept in or around your home?⁷ *(Graph presents those who said "yes")*

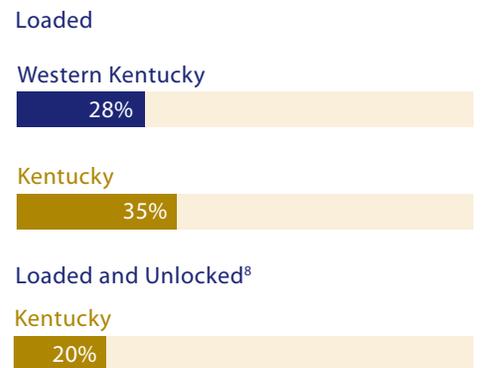


Storage Practices

Among Western Kentucky adults who reported keeping firearms around their home, more than 1 in 4 (28%) keep their guns loaded. Throughout the state about 1 in 5 (20%) gun owners keep their firearms both loaded and unlocked.⁸

We estimate that 750,000 Kentucky homes have firearms, including an estimated 250,000 homes with loaded firearms and 148,000 homes with firearms that are both loaded and unlocked. Children are present in more than 4 in 10 homes (45%) that have firearms.

Are any firearms that are kept in your home loaded? *(Of those who keep firearms in or around their home)*



Opinions on Health Policy

Health policy is an important tool for changing health outcomes. This section will present the opinions of Western Kentucky residents on a number of current health policy issues.

Patient Protection and Affordable Care Act

Since it was enacted in March 2010, various parts of the Patient Protection and Affordable Care Act (ACA) have taken effect. Other parts of the law are scheduled to be phased in through 2014.

Support for Healthcare for All

Nearly 9 in 10 Western Kentuckians (87%) favor providing access to affordable, quality healthcare for all Americans. This is similar to the percentage of all Kentucky adults (89%) who favor access for all. Previous KHIPs have found similarly high levels of support.⁹

Kentuckians Need More Information about the ACA

Just 1 in 4 Western Kentucky adults (26%) felt they had enough information about the ACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the ACA. This need for information is unchanged since the 2010 KHIP.

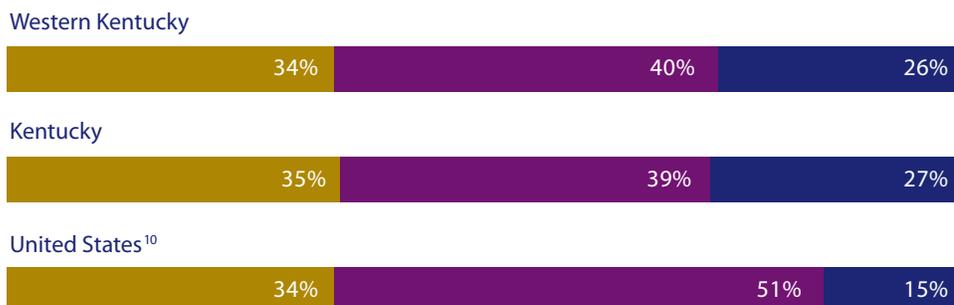
Opinions about the Affordable Care Act

Despite the need for more information about how it would affect them, Kentuckians still had opinions about the law.

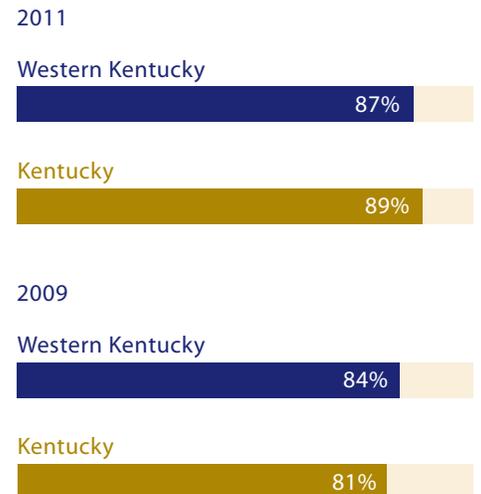
About 1 in 3 Western Kentucky adults (34%) reported having a generally favorable opinion of the ACA, while slightly more had a generally unfavorable opinion of it (40%). Another 1 in 4 Western Kentucky adults (26%) expressed no opinion about the law. The Western Kentucky respondents reported similar levels of favorability as than the state and the nation.¹⁰

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

■ Favorable
 ■ Unfavorable
 ■ Don't Know



Regardless of whether you favor or oppose the new healthcare reform law, generally speaking, do you favor or oppose providing access to affordable, quality healthcare for all Americans? (Graph presents only those who favor access).



Continued from previous page

The majority of Kentuckians said that elements of the law that were recently phased in made them feel more favorable toward the ACA. In Western Kentucky, more than 8 in 10 felt more favorable because of free preventive services for seniors (82%). The majority felt more favorable because of increased accountability for insurance companies (72%) and because of grants to support workplace wellness programs (68%).

Views were mixed regarding a part of the ACA that will require chain restaurants to post calorie and nutritional information for menu items. About 4 in 10 felt more favorable because of this (42%), but nearly half (45%) said it doesn't make a difference.

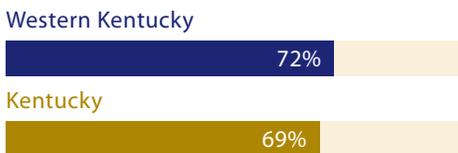
The ACA requires that nearly all Americans obtain health insurance by 2014 or else pay a fine. Less than 2 in 10 Western Kentucky respondents (19%) favored this part of the law, known as the individual mandate, while 3 in 4 (77%) opposed it.

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

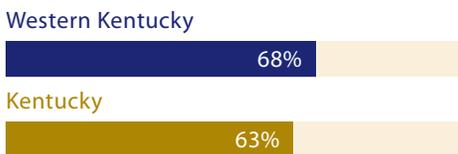
Free preventive and screening services, such as mammograms and colonoscopies, and annual wellness check-ups for Medicare recipients



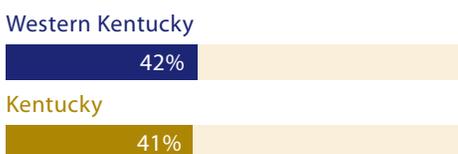
Requiring insurance companies to spend between 80 and 85 cents of every healthcare dollar collected on patient care instead of administrative expenses, salaries and marketing



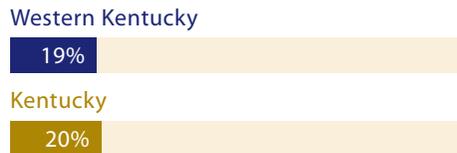
Providing funding to small employers that establish wellness programs in the workplace



Requiring chain restaurants to post calorie and nutritional information for their standard menu items



Percentage of Kentuckians who favor the part of the health reform law that will require nearly all Americans to have health insurance



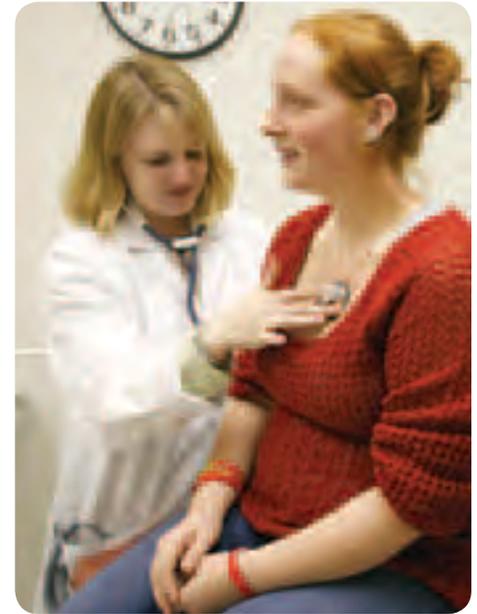
Experiences with the Affordable Care Act

When asked about the ACA's impact on them and their families, more than 1 in 6 Western Kentucky adults (18%) said the law had negatively affected them, while a slightly fewer (12%) said they had been positively affected. About 6 in 10 (60%) said the law had not affected them or their family. The remainder did not know if they had been affected or reported a mixed effect. The Western Kentucky findings are similar to state and national results.¹¹

Whether Kentuckians reported being positively or negatively affected by the ACA, the reasons they believe they were affected were related to cost and health insurance issues.¹²

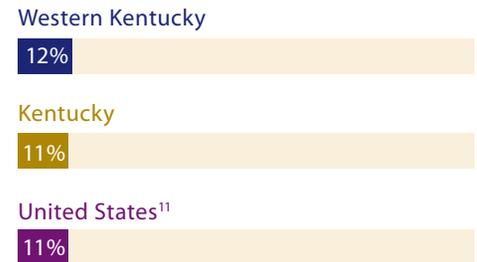
The top reasons Kentuckians reported being negatively affected by the law:

- Increased out-of-pocket, insurance or medication costs (41%)
- Reduced quality of care, including reduced insurance coverage and increased wait times (19%)

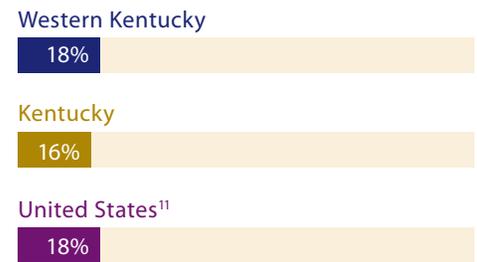


Adults reporting that the ACA had an effect on them or their family

Positive effect



Negative effect



The top reasons Kentuckians reported being positively affected by the law:

- Lowered out-of-pocket, insurance or medication costs (38%)
- Expanded coverage for children, pre-existing conditions and services that were not previously covered (27%)
- Health reform has generally helped me or others (17%).

Statewide Smoke-free Law

Secondhand smoke exposure poses significant health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹³ To mitigate these risks, many Kentucky communities have adopted smoke-free policies. Currently, 1 in 3 Kentucky residents is protected by a local smoke-free policy.¹⁴ To protect everyone, the Kentucky legislature is considering a statewide law eliminating smoking in all indoor public places.

More than half of Western Kentucky adults favored a statewide smoke-free law (51%), while 48% opposed a law, and 2% had no opinion. This is an increase in support from 2010¹⁵, when just 45% of Western Kentucky adults favored a statewide law, but is similar to results for the state as a whole.

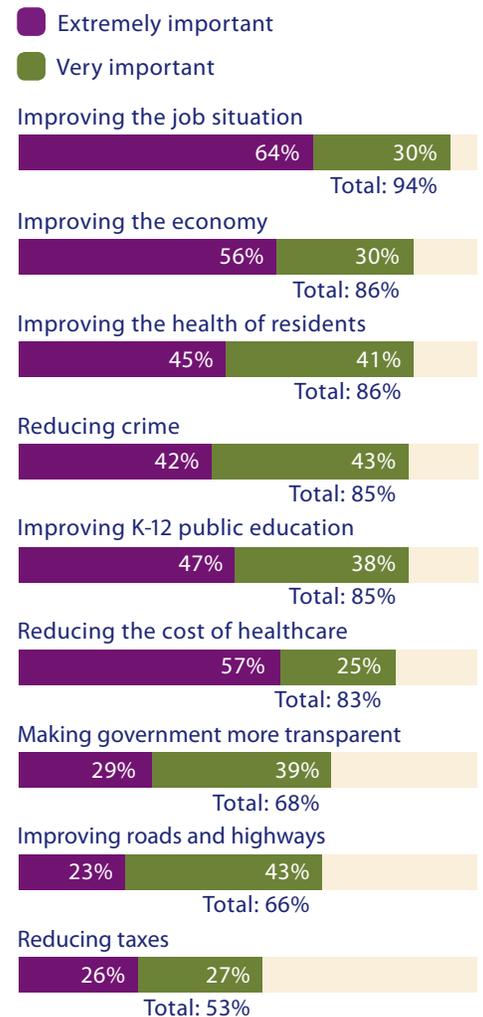
What Should Be the State's Priorities

KHIP asked, "How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?" Western Kentuckians place the greatest importance on priorities that would grow Kentucky's economy. More than 9 in 10 respondents think it is extremely or very important for policymakers to work on improving the job situation in the state (94%).

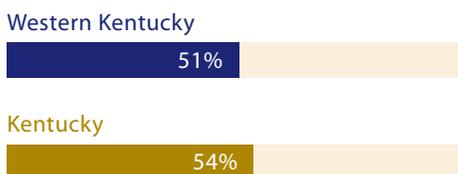
The economy, health, education and crime are also high priorities for Western Kentucky residents. More than 8 in 10 adults in Western Kentucky said it is extremely or very important for policymakers to work on improving the economy (86%), improving the health of residents (86%), reducing crime (85%), improving K-12 public education (85%), and reducing the cost of healthcare (83%).

The majority of those surveyed reported that other issues were also important. Western Kentucky adults said it was important for policymakers to work on making government more transparent (68%), improving Kentucky's roads and highways (66%), and reducing taxes (53%).

How important is it to you that the Governor and the Kentucky Legislature work on each of the following issues in the next year?



Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



Demographic Profile

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

Sex

Male Female

Western Kentucky



Kentucky



Age

18-29 30-45 46-64 65+

Western Kentucky



Kentucky



Race

African American White

Western Kentucky



Kentucky



Level of Education

Less than High School High School Grad Some College College Grad

Western Kentucky



Kentucky



Household Income¹⁷

Below 100% FPG Between 100% & 200% FPG Over 200% FPG

Western Kentucky



Kentucky



Caregiving Status

As our population ages, more Kentuckians need assistance with everyday tasks. Often this assistance comes from an unpaid caregiver such as a spouse, family member or friend. The demands of caregiving mean that without proper social supports, this loving act may have a negative impact on the health and well-being of caregivers.¹⁶

In Western Kentucky, about 1 in 6 adults (16%) reported that they were responsible for the care of a member of their family who is chronically ill or disabled and no longer able to care for themselves.

Are you responsible for the care of a member of your family who is chronically ill or disabled and no longer able to care for themselves. (Graph presents only those who said "yes")

Western Kentucky



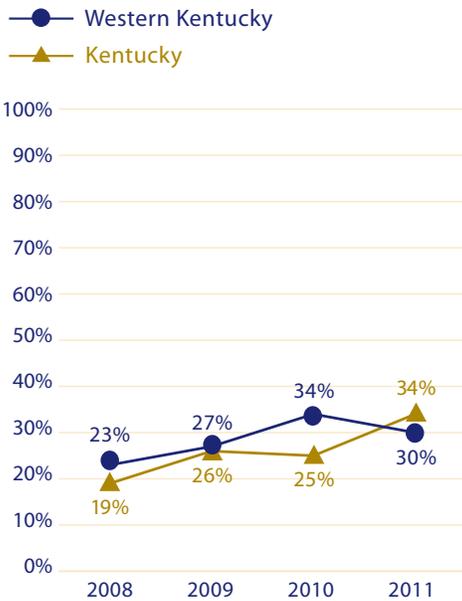
Kentucky



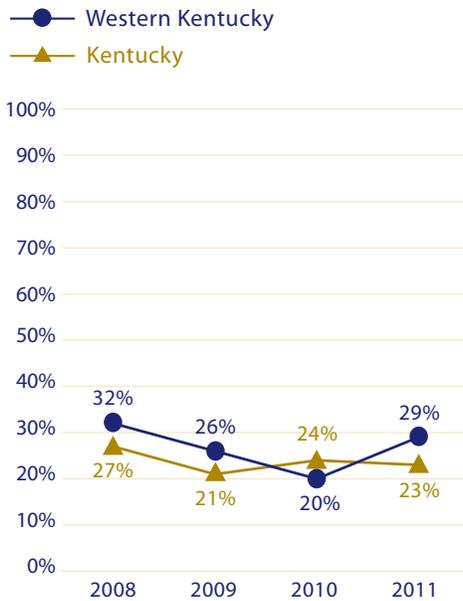
Poverty Status

Adults living in Western Kentucky have comparable household incomes to adults in the state as a whole. A similar percentage of Western Kentucky adults lived above 100% of the federal poverty guidelines (FPG)¹⁷ than elsewhere in the state. However, the proportion of adults living in poverty throughout the state has been increasing.

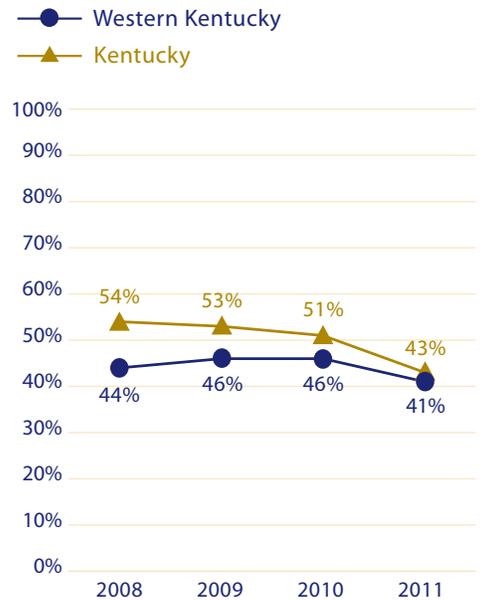
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



This report presents a selection of questions with data specific to Western Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati (2012). *Results from the 2011 Kentucky Health Issues Poll: Spotlight on Western Kentucky*. Louisville, KY: Authors.

End Notes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from <http://www.samhsa.gov/data/NSDUH/2k10MHFindings/2k10MHResults.pdf>.
- 2 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.
- 3 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. *MMWR* 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>
- 4 *Ibid.*
- 5 Does not add to 100% because the responses “other,” “do not use medications,” and “don’t know” were not included
- 6 Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children’s Health*, Data Resource Center for Child and Adolescent Health. Retrieved from www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentile were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 7 The exact question wording was “We are asking these [questions] in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms kept in or around your home?”
- 8 Data for Western Kentucky is not available for this question due to the small number of respondents.
- 9 In 2009, KHIP asked “Do you favor providing access to affordable, quality healthcare for all Americans?” for 2011 wording, see pg. 7.
- 10 National polling results come from the October 2011 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8251.cfm>
- 11 National polling results come from the November 2011 Kaiser Health Tracking Poll. Question wording differed slightly between KHIP and the Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8259.cfm>
- 12 Due to the small percentage of Kentuckians reporting an effect from the ACA, regional responses to this question are not available.
- 13 U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- 14 Kentucky Center for Smoke-Free Policy (2011). Percent of Kentucky Population Covered by 100% Smoke-free Workplace Laws or Regulations. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>
- 15 In 2010, KHIP asked “Would you favor or oppose a statewide, smoke-free law in Kentucky?”
- 16 Centers for Disease Control and Prevention. *Caregiving: A Public Health Priority*. Retrieved from <http://www.cdc.gov/aging/caregiving/index.htm>
- 17 In 2010, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 27 – October 27, 2011 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. Of these, 320 respondents resided in the Western Kentucky region. The counties included in this region are:

- Allen County
- Ballard County
- Barren County
- Breckenridge County
- Butler County
- Caldwell County
- Calloway County
- Carlisle County
- Christian County
- Crittenden County
- Daviess County
- Edmonson County
- Fulton County
- Graves County
- Grayson County
- Hancock County
- Hardin County
- Hart County
- Henderson County
- Hickman County
- Hopkins County
- LaRue County
- Livingston County
- Logan County
- Lyon County
- Marion County
- Marshall County
- McCracken County
- McLean County
- Meade County
- Metcalfe County
- Monroe County
- Muhlenberg County
- Nelson County
- Ohio County
- Simpson County
- Todd County
- Trigg County
- Union County
- Warren County
- Washington County
- Webster County