



Kentuckians' views on presidential race

On Nov. 6, Kentuckians will vote in the 2012 presidential election. The 2012 *Kentucky Health Issues Poll (KHIP)* asked several questions about the leading candidates and the issues to better understand the views of Kentucky voters. This report presents responses from Kentucky adults polled between Sept. 20 and Oct. 14 who said they are registered to vote.¹

What do you think would be the most/second most important issue in deciding your vote for president (N=1,160)?²

Economy	65%
Healthcare/health insurance	42%
Foreign Policy	21%
Education	8%
Taxes	6%
Candidate's positions/characteristics	6%
Medicare	5%
Abortion	3%
Women's rights	3%
Some other issue	17%

Economy, healthcare are the most important issues

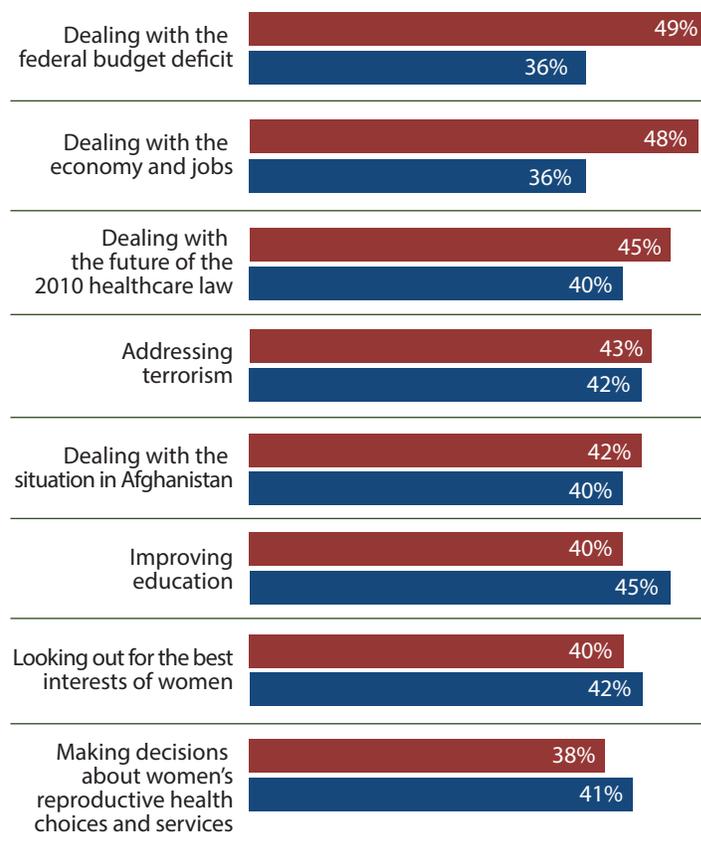
Registered voters were asked what they thought were the two most important issues for the 2012 presidential election.² Nearly 2 in 3 respondents (65%) indicated the economy was either the first or the second most important issue in deciding their vote. More than 4 in 10 (42%) said that healthcare was one of the two most important issues, and 1 in 5 (21%) said that foreign policy was one of the two most important issues.

Romney more trusted on federal budget, economy; Obama more on education

Registered voters were asked which of the two leading candidates they trusted to do a better job on various

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Percentage of registered voters in Kentucky who trust Barack Obama (blue) or Mitt Romney (red) to do a better job on various issues (N=1,160).³



¹ Of the registered voters surveyed, nearly half (49%) identified as Democrats, more than 4 in 10 (43%) identified as Republicans, and almost 1 in 10 (8%) identified themselves Independents.

² Percentages for this question do not add to 100% because individuals could list both the most and second most important issue.

³ Respondents who indicated they trusted the candidates equally or they trusted neither candidate are not included in this chart.

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issues. Kentuckians were more likely to trust former Massachusetts Governor Mitt Romney to do a better job with the federal budget deficit (49%), the economy and jobs (48%) and the future of the 2010 healthcare law (45%). Kentuckians were more likely to trust President Barack Obama to improve education (45%).

Kentuckians were split on who they trusted more to address terrorism (43% Romney/42% Obama), to deal with the situation in Afghanistan (42% Romney/40% Obama), to look out for the best interests of women (40% Romney/42% Obama), and to make decisions about women's reproductive health choices and services (38% Romney/41% Obama). In these cases, the differences between the candidates are not statistically significant.



Kentuckians' views on the Affordable Care Act

The **Kentucky Health Issues Poll (KHIP)** has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010.

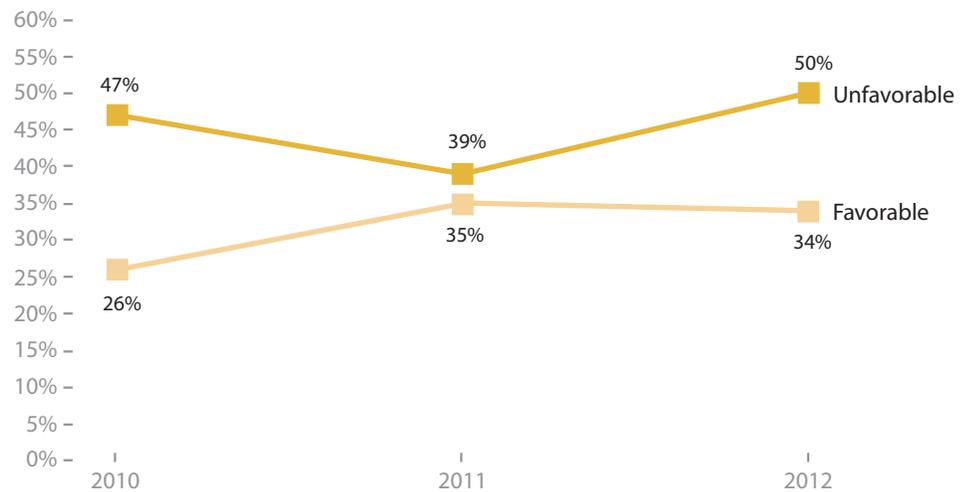
In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Half have unfavorable view of the ACA

About 4 in 10 Kentucky adults (41%) reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that nearly 6 in 10 adults (58%) need more information to understand how the law would affect them personally.

Despite the need for more information about the law, about 1 in 3 Kentucky adults (34%) reported having a generally favorable view of the ACA, while half (50%) had a generally unfavorable view. Another 1 in 6 Kentucky adults (16%) expressed no opinion about the law.

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



While the percentage of respondents reporting favorable views of the law remained steady from 2011, more Kentuckians opposed the law in 2012.

Majority thinks ACA opponents should move on

Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems. The majority (55%) said opponents of the ACA should stop their efforts to block the law and move on to other national problems. About 1

Opponents of the healthcare law should ...

Stop their efforts to block the law from being implemented/move on to other national problems

55%

Continue their efforts to block the law from being implemented

35%

Don't know

10%

in 3 (35%) said opponents should continue their efforts to block the law, while 1 in 10 (10%) did not express an opinion.

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Views mixed on next steps for Congress regarding law

Kentuckians had a variety of opinions when asked what Congress should do next with the ACA.

More than 1 in 4 Kentucky adults (28%) said Congress should expand the law, and about 1 in 5 (19%) wanted to keep the law as it is.

Another 1 in 4 (23%) said Congress should repeal the law, and about 1 in 5 (19%) wanted to repeal the law and replace it with a Republican-sponsored alternative. In each case, these results are similar to results for the nation.¹

What would you like to see Congress do when it comes to the healthcare law?	Kentucky	U.S.A. ¹
Expand the law	28%	26%
Keep the law as is	19%	23%
Repeal the law and not replace it	23%	20%
Repeal the law/replace it with a Republican-sponsored alternative	19%	20%
Don't know	11%	11%

¹National results are from the Kaiser Health Tracking Polls from August 2012. For more details visit <http://www.kff.org/kaiserpolls/8342.cfm>



Kentuckians' views on integrating healthcare

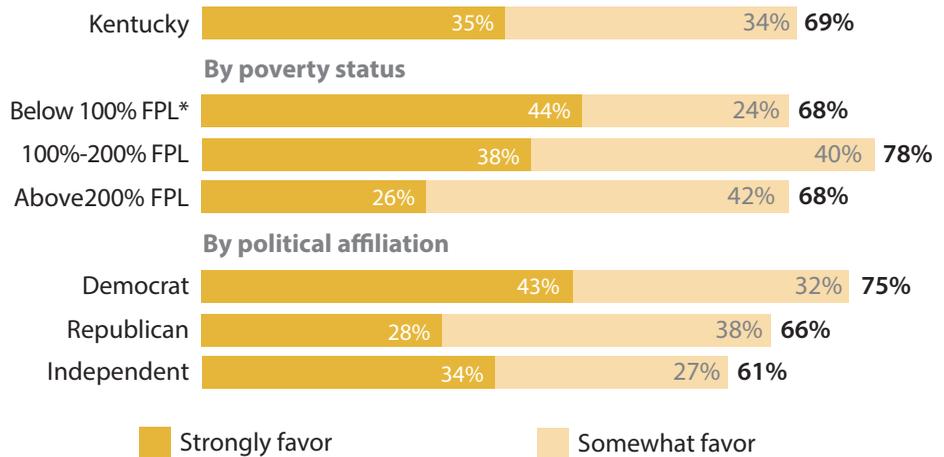
The current U.S. healthcare system separates treatment for physical and mental illnesses. Physical and mental healthcare are offered in different places by different providers. Insurance benefits are paid at different rates for physical and mental healthcare. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky healthcare providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"¹ of improving people's quality of care, improving the health of the population and reducing costs.

To find out what Kentuckians think about integrated care, the 2012 **Kentucky Health Issues Poll (KHIP)** asked about offering mental and physical healthcare in the same place.

¹ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

The current U.S. healthcare system separates treatment, meaning that people have to coordinate getting services in different places, at different times and with different providers, for physical and mental illnesses. Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who "strongly favor" or "somewhat favor" integrated care; totals reflect rounding.)



* In 2011, 100% of the federal poverty level (FPL) was an annual household income of \$22,350 and 200% FPL was \$44,700, both for a family of four.

Majority favors integrated care

About 7 in 10 Kentucky adults (69%) strongly (35%) or somewhat (34%) favored offering physical and mental health services in the same place.

The percentage of Kentuckians who supported integrated care declined slightly from the 2009 KHIP. That year, 72% strongly or somewhat favored offering physical

and mental health in the same place. This difference is not statistically significant.

Low-income adults, Democrats show strongest support

Overall, the majority of all subgroups favored integrated care. However, there were some differences in how strongly the

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subgroups favored integration. Kentucky adults earning less than 100% of the federal poverty level (FPL)² were more likely than those with higher incomes to strongly favor integrated care (44%).

²In 2011, 100% of the federal poverty level (FPL) was an annual household income of \$22,350 and 200% FPL was \$44,700, both for a family of four.

The current model of care may be more challenging for people with low incomes. Scheduling visits to several doctors may cause transportation or child-care problems. Hourly workers may lose wages or risk losing their jobs by taking time off for multiple appointments.

Democrats (43%) were more likely to strongly favor integrated care than Republicans (28%) or Independents (34%). While integrated care is not a partisan issue, views about any changes to the healthcare system may be influenced by the current political climate.



Smoke-free law gains support in Kentucky

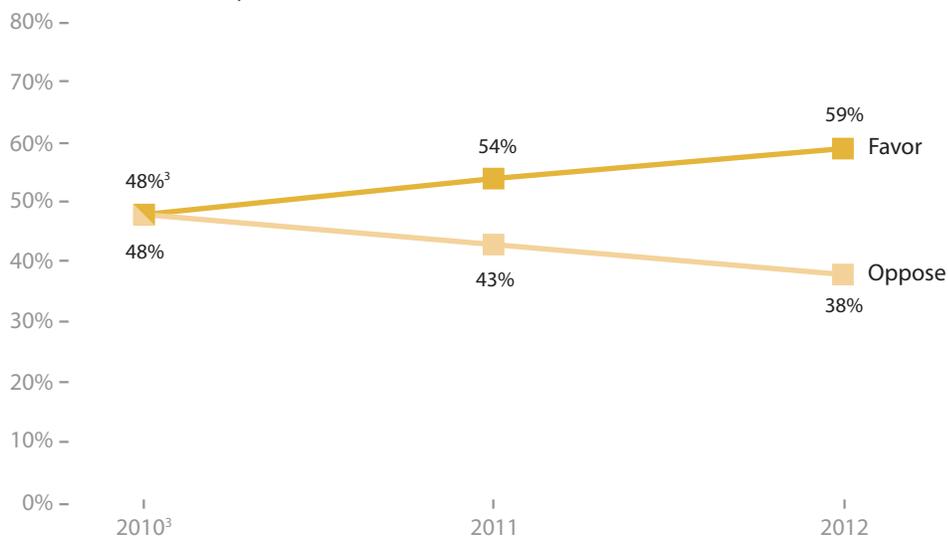
Secondhand smoke poses serious health risks. Smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² That means the law covers all workplaces, including bars and restaurants. The Kentucky legislature is considering a statewide law banning smoking in all indoor public places.

Since 2010, the **Kentucky Health Issues Poll (KHIP)** has asked Kentucky adults about their support for smoke-free policies in all public places.

¹U.S. Department of Health and Human Services. (2006) *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

²Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. *MMWR* 60(15): 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

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



³In 2010, KHIP asked "Would you favor or oppose a statewide smoke-free law in Kentucky?"

Majority supports smoke-free law

Nearly 6 in 10 Kentucky adults (59%) favored a statewide smoke-free law, while about 1 in 3 (38%) opposed a law and 4% had no opinion. Support for the law has increased since 2010.

Support for the law increases as age and income increase. Support was higher among African Americans (71%) than whites (57%).

Support greater among registered voters

Among respondents who were registered to vote, more than 6 in 10 favored a statewide smoke-free law (62%), while 36% opposed a law and 3% had no opinion. Support among registered voters was significantly higher than among nonvoters. Just 50% of nonvoters favored a law.

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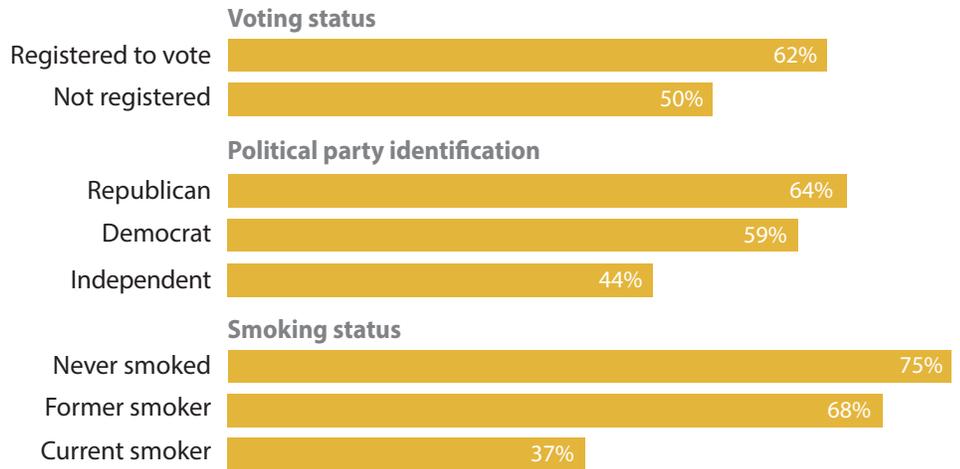
Republicans (64%) and Democrats (59%) both reported higher levels of support for a statewide smoke-free law than Independents (44%).

Highest support among nonsmokers

There is a clear relationship between support for a statewide smoke-free law and whether one smokes. Of those who had never smoked, 3 in 4 (75%) favored a smoke-free law, while 2 of 3 former smokers (68%) also supported a law.

Nearly 4 in 10 KHIP respondents said they were a current smoker (38%). Of these, nearly 4 in 10 (37%) favored a statewide smoke-free law.⁴

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.)



⁴The Centers for Disease Control and Prevention's (CDC's) 2011 Behavioral Risk Factor Surveillance System estimate of adult smokers in Kentucky was 29%, which was lower than the percentage of adult smokers that KHIP found (38%). Retrieved from www.cdc.gov/BRFSS/.



Prescription drug misuse in Kentucky

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.¹ These drug overdose deaths correspond to a steep increase in the sales of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.²

To understand prescription pain reliever use in Kentucky, the 2012 **Kentucky Health Issues Poll (KHIP)** asked several questions about prescription pain reliever use and misuse.

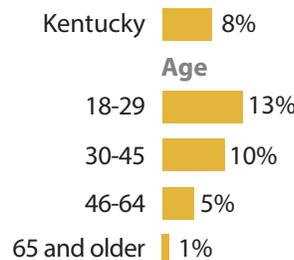
Majority has been prescribed pain drug in last five years

More than half of Kentucky adults (54%) reported being prescribed a pain reliever that could not be bought over the counter, such as

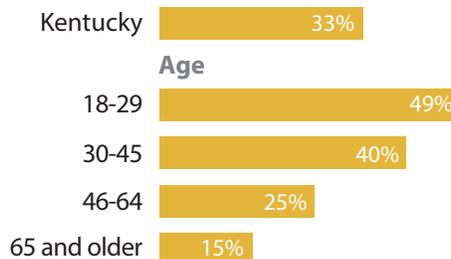
¹ Leonard J. Paulozzi, MD, Christopher M. Jones, PharmD, Karin A. Mack, PhD, Rose A. Rudd, MSPH, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC. U.S. Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report, Nov. 4, 2011. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w

² Ibid

Have you ever used a pain reliever when not prescribed or for the feeling it caused?



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?



OxyContin, Vicodin, Percocet or codeine, in the last five years.

One in 3 knows someone who has had problems because of abusing pain drug

Kentucky adults were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed

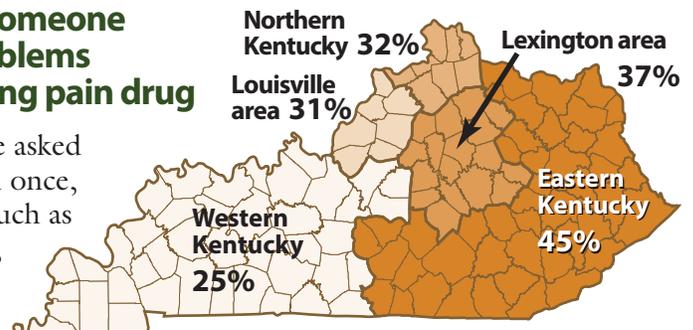
or for the experience or feeling it caused. About 1 in 14 (8%) said they had done so. However, 1 in 3 Kentuckians (33%) said they have friends or family members who have experienced problems as a result of abusing prescription pain relievers.

Eastern Kentucky residents at greater risk of misuse

Nearly half (45%) of Eastern Kentucky residents reported having friends or family members who had experienced problems as a result of abusing prescription pain relievers, much higher than other regions of the state.

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Percentage of Kentucky adults who know someone who has experienced problems because of prescription drug misuse by region



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Reported drug misuse more likely among young adults

Young adults are more likely to have reported misusing prescription pain relievers or know someone who experienced problems because of misuse. About 1 in 7 young adults ages 18-29 (13%) reported misusing

a prescription pain reliever, compared with fewer than 1% of adults older than 65. Nearly half (49%) of Kentuckians ages 18 to 29 reported knowing friends or family members who have experienced problems because of abusing prescription pain relievers, compared with 15% of

adults ages 65 and older.

Rates of misuse steady

KHIP has asked the same questions about prescription pain reliever misuse two years in a row. Reported rates of misuse in 2012 were similar to 2011.

Next generation seen as worse off, less healthy

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation. To learn what Kentucky adults think about the American Dream, the 2012 **Kentucky Health Issues Poll (KHIP)** asked Kentuckians to compare their health and economic situation with past and future generations.

Most think their parents were better off, their children will be worse off economically

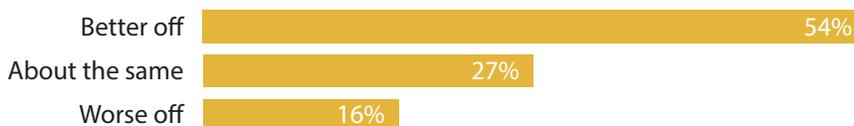
More than half of Kentucky adults (54%) think their parents' generation was better off economically. Almost 3 in 10 (27%) think the current generation of working adults is about the same economically as their parents' generation. Only 1 in 6 (16%) say their parents' generation was worse off.

Kentucky adults were also asked about the next generation of American workers – those who are children today. Only 1 in 7

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How Kentucky adults think their economic situation compares with other generations (Percentages do not add to 100 because the response "don't know" is not included.)

Parents' generation was ... ¹



Next generation will be ... ²



How Kentucky adults think their health compares with other generations (Percentages may not add to 100 because the response "don't know" is not included.)

Parents' generation was ... ³



Next generation will be ... ⁴



¹ KHIP asked, "Thinking about your parents' generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?"

² KHIP asked, "Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?"

³ KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy or about the same as the current generation of adults?"

⁴ KHIP asked, "Thinking about the next generation of Americans who are children today, do you think they will be healthier, less healthy or about the same as the current generation of adults?"

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(15%) think the next generation will be better off than the current generation of working adults, while 1 in 5 (21%) think the next generation will fare about the same economically. The majority of Kentucky adults (61%) said the next generation will be worse off.

Many think their parents were healthier, their children will be less healthy

More than 4 in 10 Kentucky adults (42%) think their parents' generation was healthier than the

current generation, while 3 in 10 (27%) think it was less healthy. About 3 in 10 adults (31%) think their parents' generation was about as healthy as the current generation.

When asked about the next generation, fewer than 1 in 3 Kentucky adults (27%) said they thought it would be healthier than the current generation. Three in 10 adults (30%) think the next generation will be about as healthy while 4 in 10 (40%) believe it will be less healthy.

INSURANCE

Health insurance coverage in Kentucky

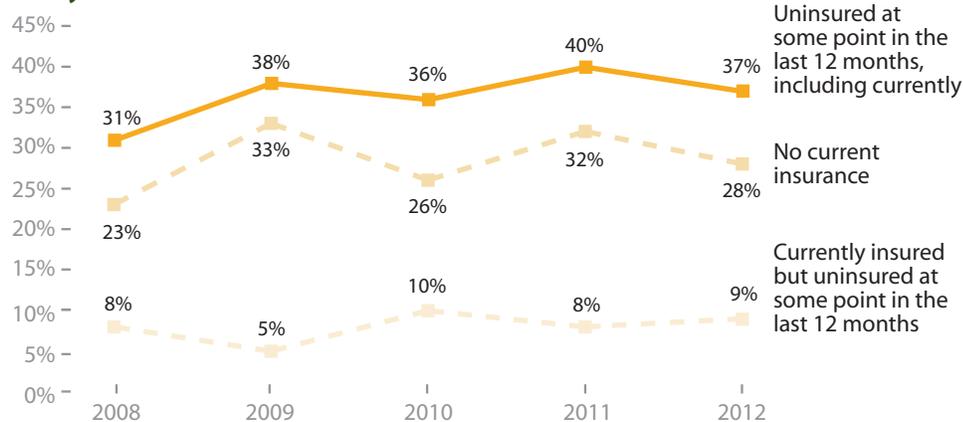
Having health insurance is an important factor in being able to get needed healthcare. Each year, the **Kentucky Health Issues Poll (KHIP)** includes questions about health insurance coverage to provide a picture of the insurance status of Kentucky adults and their family members. Because nearly all Kentuckians older than 65 (98%) are insured, this summary focuses on Kentucky adults ages 18-64.

4 in 10 Kentucky adults ages 18-64 uninsured at some point in the last 12 months

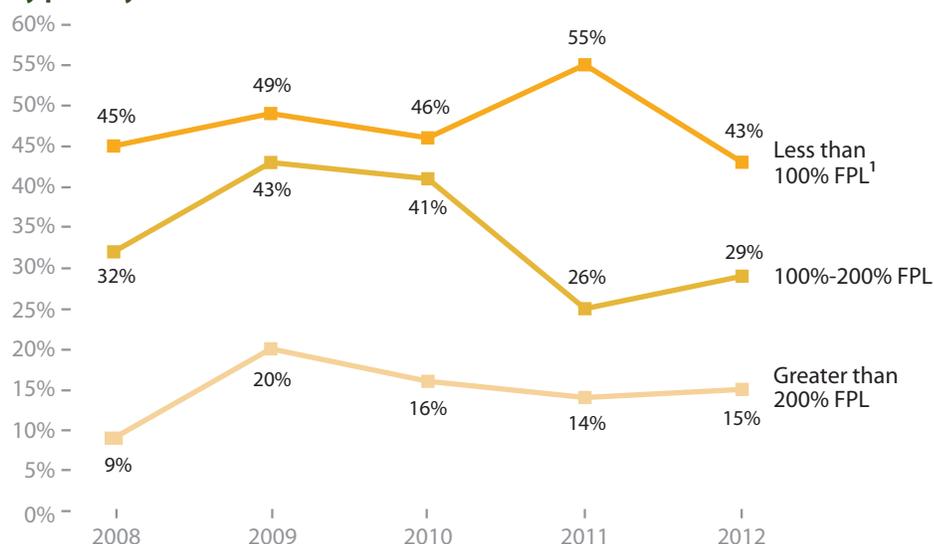
KHIP found that nearly 3 in 10 Kentucky adults (28%) are uninsured. In general, as age, education level and income increased, the percentage of Kentuckians who were uninsured decreased. This is consistent with previous surveys.

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 Kentuckians ages 18-64 (9%) who

Percentage of Kentucky adults ages 18-64 who were uninsured currently or at any time in the last 12 months



Percentage of Kentucky adults ages 18-64 who were currently uninsured, by poverty status



¹ In 2011, 100% of the Federal Poverty Level (FPL) for a family of four was an annual household income of \$22,350 and 200% FPL was \$44,700.

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were insured at the time of KHIP had been uninsured at some point in the past 12 months. This means that 4 in 10 Kentucky adults ages 18-64 (37%) had been uninsured at some point in the last 12 months, including currently. This is a 6% increase in the past five years.

More than 4 in 10 low-income adults uninsured

Since 2008, Kentucky adults with lower household incomes have reported significantly higher rates of being currently uninsured. About 4 in 10 (43%) adults living at or below 100% of the Federal Poverty Level (FPL)¹ reported being uninsured. That compares with 15% of those living above 200% FPL.

Employer-provided insurance declines

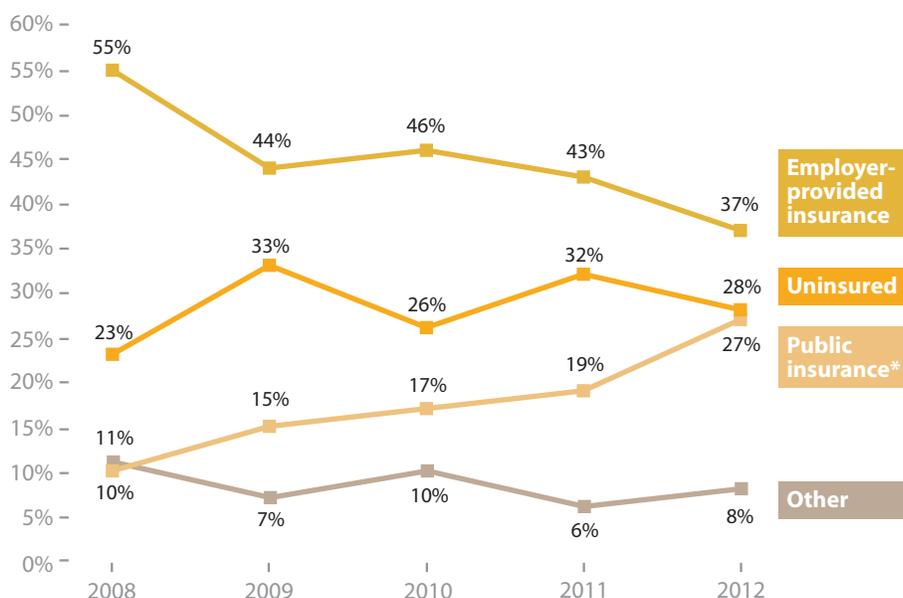
Like most states, Kentucky has seen a shift in whether its residents have health insurance and if so, where they obtain that insurance. Across the nation the number of working-age adults who are uninsured has increased. There has also been a noticeable reduction in employer-provided insurance and an accompanying shift to public insurance. Kentucky has also experienced this trend.

The **Kentucky Health Issues Poll (KHIP)** included questions about health insurance coverage to provide a picture of the insurance status of Kentuckians and their family members. Because most adults over age 65 (98%) are insured, this analysis will focus on Kentucky adults ages 18-64.

More working-age Kentucky adults uninsured or on public insurance

Nearly 3 in 10 Kentucky adults ages 18-64 (28%) are currently uninsured. More working-age adults are receiving public insurance from Medicare,

Type of insurance coverage for Kentucky adults ages 18-64 (Percentages may not add to 100% because the response "don't know" is not included.)



* Medicare, Medicaid, military benefits and combinations of the three.

Medicaid, military insurance or some combination of the three. Currently, nearly 3 in 10 Kentucky adults ages 18-64 (27%) are covered by some form of public insurance. That's more than twice the percentage of adults ages 18-64 (10%) who were covered by public insurance in 2008.

Fewer get insurance coverage from employers

In 2008, more than 5 in 10 Kentucky adults (55%) got health insurance from their employer or their spouse's employer. In 2012, fewer than 4 in 10 Kentucky adults (37%) got health insurance from an employer.

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The link between poverty and health

Since 2008, the **Kentucky Health Issues Poll (KHIP)** has been tracking health opinions and the health status of adults in the state. An important indicator of well-being in the state is overall health status.

KHIP asks “Would you say that, in general, your health is excellent, very good, good, fair or poor?”

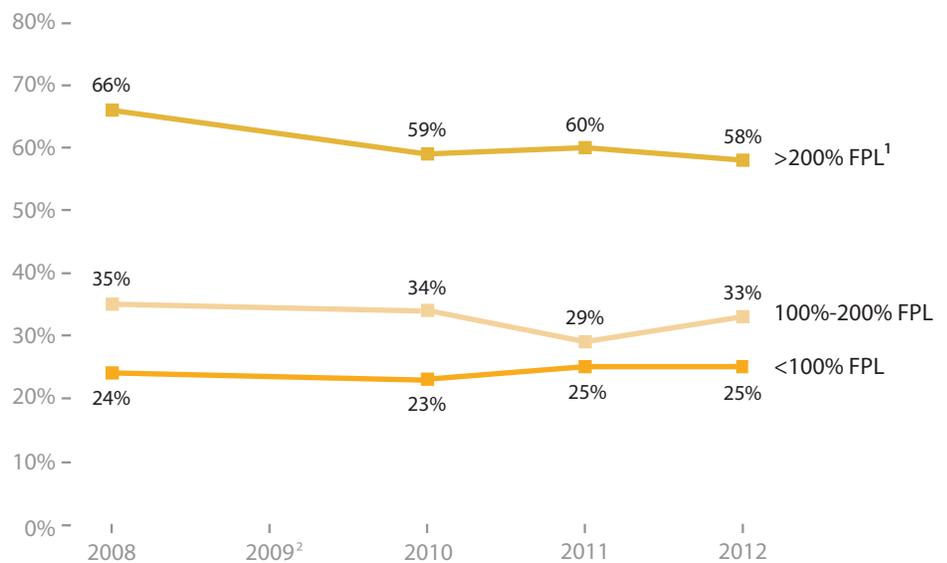
Kentuckians with higher incomes report better health

Since KHIP began, people with higher incomes have consistently reported better health status. Nearly 6 in 10 Kentuckians living above 200% of the federal poverty level (FPL)¹ reported being in “excellent” or “very good” health since 2008. This compares with about 2 in 10 Kentuckians living below 100% FPL and about 3 in 10 living between 100% and 200% FPL.

More Kentucky adults living in poverty

While health status for each income category has remained fairly

Kentucky adults reporting “excellent” or “very good” health, by household income, 2008-2011



²The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

constant, the number of people in each category has not. Since 2008, the percentage of adults living below 100% FPL has been steadily increasing from about 2 in 10 (19%) in 2008 to more than 3 in 10 (33%) in 2012.

¹100% of the federal poverty level (FPL) for a family of four in 2011 was an annual household income of \$22,350 and 200% FPL was \$44,700.

The rise in poverty is of concern to anyone working to improve the health of Kentuckians. Research has shown a strong link between higher income and better health. As poverty has risen in Kentucky the percentage of adults reporting their health as excellent or very good has dropped from almost half (49%) in 2008 to just more than 4 in 10 (42%) in 2012 (not shown).

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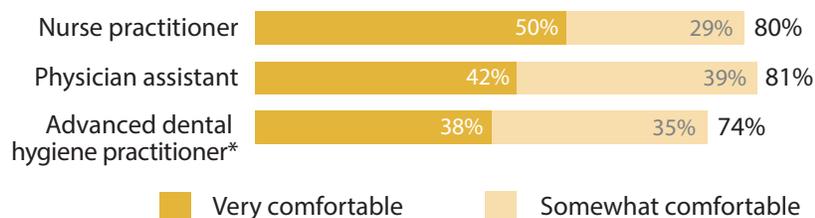
Kentuckians' comfort with various clinicians

An increasingly diverse group of professionals provides healthcare in Kentucky. These professionals include physicians, nurse practitioners, physician assistants and dentists. Research has shown so-called “midlevel” clinicians¹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase healthcare access for rural and underserved people while limiting costs. Increasing access to care is critical in Kentucky because its residents continue to report some of the highest rates of preventable hospitalizations and some of the lowest rates of annual dental visits in the nation.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

¹The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

Kentucky adults very or somewhat comfortable with certain types of healthcare providers (Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total because of rounding.)



*ADHPs are not currently licensed to practice in Kentucky.

To understand how these professions might affect access to care, the **Kentucky Health Issues Poll (KHIP)** asked adults about their comfort seeking routine care from various “midlevel” clinicians.

Majority comfortable with ‘midlevel’ clinicians

After hearing a brief definition of the profession², the majority of Kentucky adults said they would

be comfortable seeing a nurse practitioner, physician assistant or advanced dental hygiene practitioner for routine care. Nearly 8 in 10 Kentucky adults (79%) said they would be comfortable seeing a NP for routine healthcare. Of those, 50% said they would be very comfortable. Similarly, 8 in 10 adults (81%) said they would be comfortable seeing a PA for routine

Continued on back

²Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed healthcare professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.

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healthcare, with 42% being very comfortable. About 7 in 10 (73%) said they would be comfortable seeing an ADHP for routine dental care, with 38% being very comfortable.

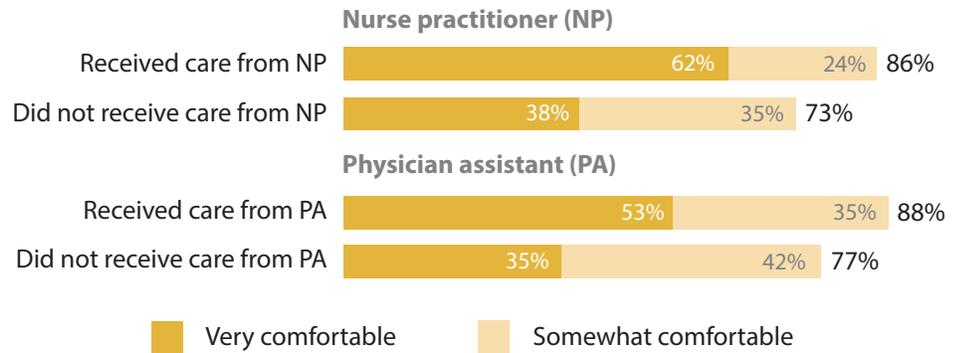
Comfort higher among those with personal experience

Reported comfort was higher among those who received care from a NP or PA in the past year.³ Nearly 9 in 10 (86%) of those who had received care from a NP said they would be comfortable seeing a NP for routine healthcare. Only 7 in 10 (73%) of those who had not seen a NP in the past year said they would be comfortable.

The results for PAs were similar. Nearly 9 in 10 (88%) of those who

³This question was not asked for ADHPs because they are not currently licensed to practice in Kentucky.

Comfort with certain types of healthcare providers relative to personal experience in the past year (Graph shows only those who were comfortable seeing this type of provider for routine care.)



had received care from a PA said they would be comfortable seeing a PA for routine healthcare. Nearly 8 in 10 (77%) of those who had not seen a PA in the past year said they would be comfortable.

We do not know from these data if personal experience with “midlevel” clinicians increases comfort with

them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them. Overall, half (49%) of respondents said they had received healthcare or advice about their health from a NP during the past 12 months. About 4 in 10 (40%) said they had received care from a PA in the past year.



Limited adherence to HIV testing guidelines

HIV is the virus that causes AIDS. Approximately 4,500 Kentuckians are living with HIV infection.¹ However, it is estimated that nationwide 1 in 5 people who are HIV positive do not know they are infected.² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.³

Have you ever been tested for HIV?	
Yes	58%
No	40%
Don't know	2%

Because the screening guidelines apply only to people younger than 65, this summary focuses on Kentuckians ages 18-64.⁴

4 in 10 report they have never been tested for HIV

Nearly 6 in 10 Kentucky adults ages 18-64 (58%) said they had been tested for HIV in the past. This means that 4 in 10 adults (40%) report they have never been tested.

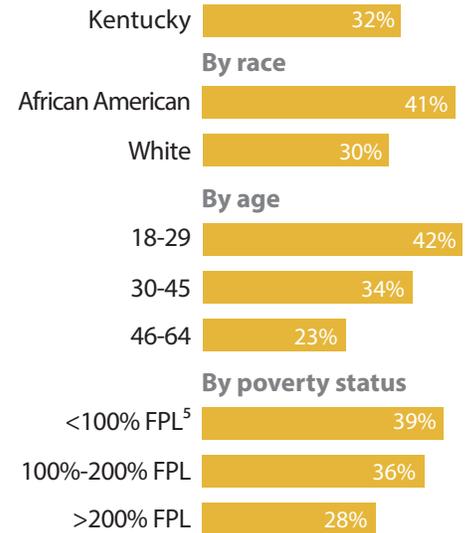
To learn how Kentucky providers are adopting these recommendations, the 2012 **Kentucky Health Issues Poll (KHIP)** included several questions about HIV screening.

Few report discussing HIV testing with their provider

Just 3 in 10 Kentucky adults ages 18-64 (32%) report their medical provider has discussed HIV testing with them, as recommended by the CDC.

Certain demographic groups were more likely to report having discussed HIV testing with their provider. This may indicate that providers are more likely to discuss HIV with patients they perceive to be at high risk, rather than as a routine healthcare service for all patients.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you? (Graph shows only those who said yes, their provider had discussed this.)



Younger Kentuckians and those with lower incomes were more likely to have discussed HIV testing with their medical provider. African Americans (41%) were more likely to have discussed screening with their provider than whites (30%).

¹Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

²Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

³Brandson BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

⁴The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

⁵100% of the federal poverty level (FPL) for a family of four in 2011 was an annual household income of \$22,350 and 200% FPL was \$44,700.

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Health costs burden for many, especially the poor

Nationally, the cost of health insurance has increased dramatically. Between 2002 and 2012, the employee's share of a typical family health insurance plan has increased 102% from \$5,866 in 2002 to \$11,429 in 2012.¹ This means most American families are spending a larger percentage of their income on co-pays and health insurance premiums.

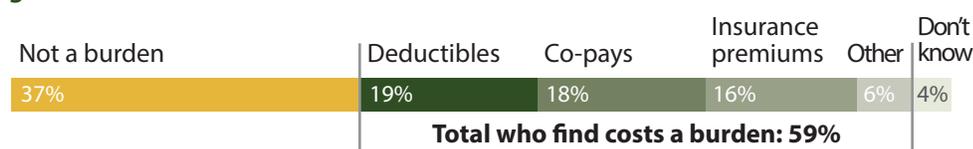
Kentucky has seen similar increases in health insurance premiums. Health insurance costs for the average Kentucky family now exceed \$15,000 per year.²

The 2012 **Kentucky Health Issues Poll (KHIP)** asked questions about the financial burden of health insurance and about going without needed healthcare due to the cost.

¹The Kaiser Family Foundation and Health Research and Educational Trust (2012). Employer Health Benefits survey. Available at: <http://ehbs.kff.org/pdf/2012/8345.pdf>

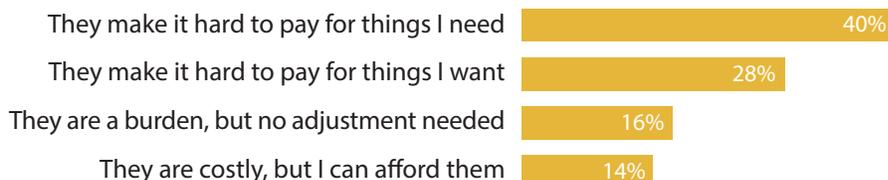
²Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) -Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

Thinking about your healthcare costs, which of the following do you find to be the greatest financial burden?



How much of a burden are your healthcare costs?*

(Asked only of those who reported a financial burden. N = 981)



*Does not add to 100% because the response "don't know" is not included.

Most report some financial burden from healthcare

When asked what (if any) part of healthcare costs are the greatest financial burden, nearly 4 in 10 (37%) report that paying for healthcare and health insurance is not a financial burden. However, almost 2 in 10 report that co-pays for doctor visits or prescription drugs (18%) or deductibles (19%) were the greatest financial burden. Less than 2 in 10 (16%) report that insurance premiums were the greatest burden and 1 in 10 (10%)

report some other source was a burden or didn't know.

Among those who identified some financial burden from healthcare costs, nearly 4 in 10 (40%) report that it makes it hard to pay for things they need. Three in 10 (28%) report it makes it hard to pay for things they want. Fewer than 2 in 10 report it is a burden but they

Continued on back

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haven't had to adjust spending in other areas and 1 in 10 (14%) report it's costly but they can afford it.

People in poverty much more likely to report healthcare costs are a burden

Respondents with incomes at or near the federal poverty level (FPL³) were significantly more likely to report that healthcare costs were a burden, and to say that healthcare costs made it harder to pay for things they needed.

6 in 10 put off some form of healthcare because of cost

More than 6 in 10 Kentucky adults (64%) report that they or another family member living in their household have put off some form of healthcare because of the cost in the last 12 months. Nearly half (48%) have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than 4 in 10 (43%) have put off or postponed getting healthcare they needed. Nearly 4 in 10 have not filled a prescription (37%), skipped dental care or check-ups (37%) or skipped a recommended medical test or treatment (36%). Three in 10 adults (30%) have cut pills in half or skipped doses of medicine because of the cost.

Majority of those in poverty report going without needed care

In all these situations a majority of adults living below 100% FPL report that they or someone in their household went without needed healthcare. And adults living below 100% FPL are almost three times

Percentage of respondents who say they or another family member living in their household have done each of the following in the past 12 months because of the cost

Rely on home remedies or over-the-counter drugs instead of going to see a doctor

48%

Put off or postpone getting healthcare you needed

43%

Not fill a prescription for medicine

37%

Skip dental care or check-ups

37%

Skip a recommended medical test or treatment

36%

Cut pills in half or skip doses for medicine

30%

"Yes" to any of the above

64%

Percentage of respondents who report someone in household went without some form of healthcare because of the cost in the last 12 months

Kentucky 64%

Poverty status³

<100% FPL 84%

100%-200% FPL 77%

>200% FPL 49%

Insurance status

Uninsured 88%

Insured 56%

more likely than people living above 200% FPL to report putting off needed healthcare for themselves or a member of their household.

Large majorities of people living in poverty and uninsured go without care

Though 64% of Kentucky adults report having put off care, certain groups are much more likely than others to have done so. Large

majorities of people living in poverty (below 100% FPL, 84%) or near poverty (100%-200% FPL, 77%) report going without needed care because of the cost. That compares with less than half (49%) of those living above 200% FPL. Similarly, many more uninsured adults (88%) than insured adults (56%) report that someone in their household went without needed healthcare in the last year because of the cost.



Awareness high about overdose deaths

In 2010, 857 Kentuckians died from unintentional drug poisonings, more than 16 per week, according to the Kentucky Injury Prevention and Research Center.¹ This significant increase from 205 deaths in 2000 was driven largely by prescription drug overdoses.

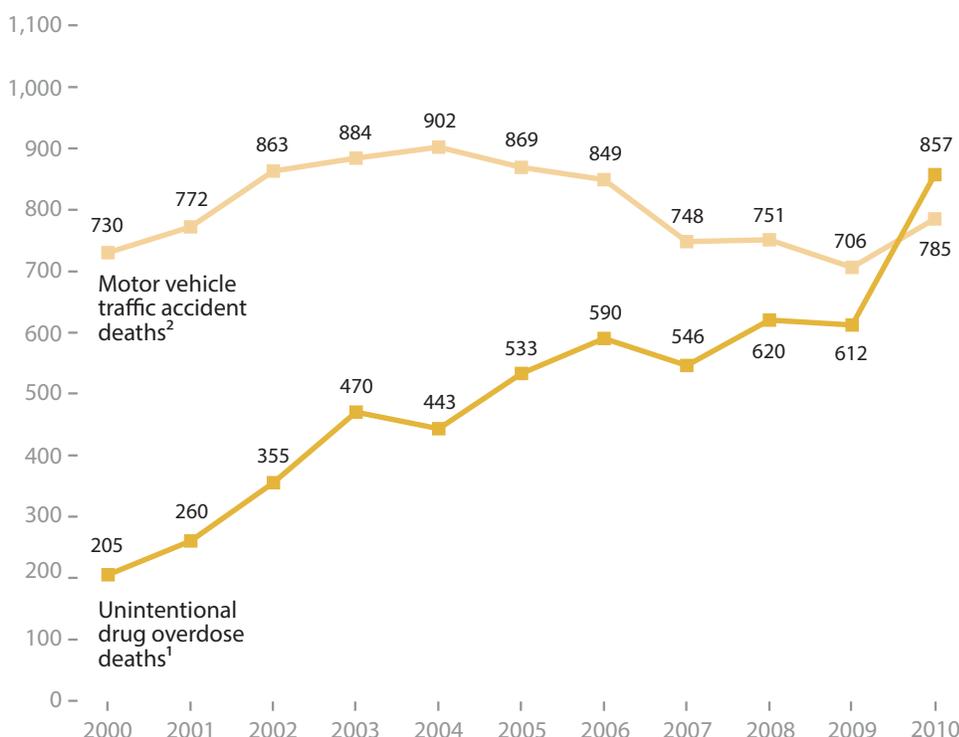
In 2010, for the first time, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions.² While the number of traffic deaths has remained about the same over the past 11 years, the number of unintentional drug deaths has risen sharply. There have been about 65 more drug deaths every year since 2000.

To gauge awareness of this trend, the 2012 **Kentucky Health Issues Poll (KHIP)** included a question about the leading causes of unintentional death in the state.

¹ Bunn, T., & Slavova, S. (2012). Drug overdose morbidity and mortality in Kentucky, 2000 – 2010: An examination of statewide data, including the rising impact of prescription drug overdose on fatality rates, and the parallel rise in associated medical costs. Lexington, KY: University of Kentucky, Kentucky Injury Prevention and Research Center.

² Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics. Data for 2009-2010 are preliminary.

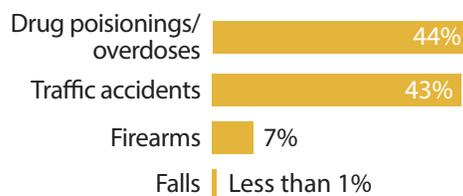
Number of deaths due to unintentional drug overdoses compared with deaths due to motor vehicle traffic accidents



Many Kentucky adults know leading cause of unintentional death

Kentucky adults were asked whether traffic accidents, falls, firearms or unintentional drug poisonings/overdoses resulted in the highest number of deaths in the state each

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? (Total does not add to 100% because the response "don't know" is not included.)



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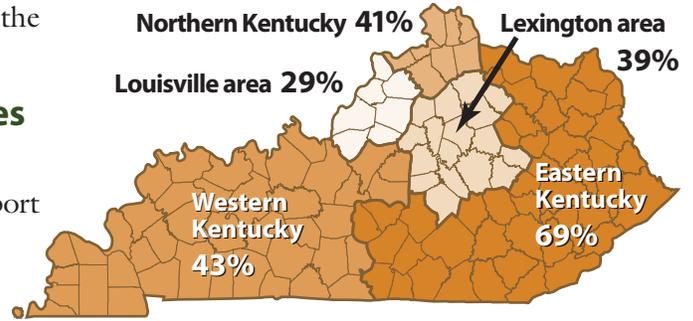
year.³ More than 4 in 10 (44%) correctly said unintentional drug poisonings were the leading cause. However, more than half incorrectly said traffic accidents (43%), firearms (7%) or falls (less than 1%) were the leading cause. Five percent did not know the leading cause.

Eastern Kentuckians more aware that overdoses are leading cause of unintentional death

Substance abuse experts and the people KHIP has surveyed report significant prescription pain reliever abuse in Eastern Kentucky. Respondents from Eastern Kentucky were much more likely to correctly identify unintentional drug poisonings/overdoses (69%) as the leading cause of unintentional death than respondents from other regions.

³ KHIP chose the term "traffic accidents" to align with the vital statistics category for motor vehicle traffic accidents. We understand that the injury prevention community prefers the term "traffic collision" to avoid the implication that a fatality was unavoidable.

Percentage of respondents who identified unintentional drug poisonings/overdoses as the leading cause of unintentional death in Kentucky



Air quality concerns and responses to alerts

The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health.

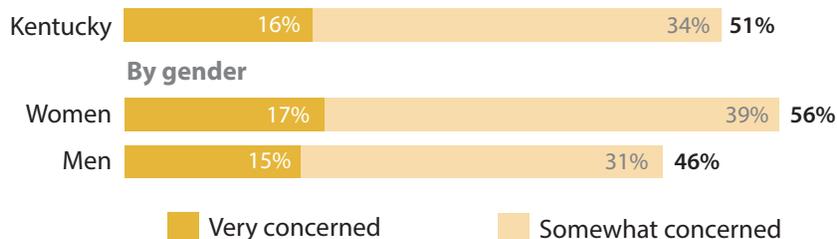
It uses the data to report a daily Air Quality Index.¹ Communities can use the Air Quality Index to warn the public when the amount of ozone or particle pollution in the air may cause adverse health effects. Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema.

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion. This may be even more important for those sensitive to air pollution, such as children with asthma. People can also help *protect others* by combining short car trips and turning off their car engine when they are not moving to reduce the amount they pollute.

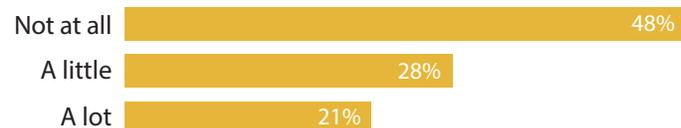
To learn how Kentuckians are responding to environmental health

¹ Available at www.airnow.gov

How concerned are you with the quality of air in your community? (Graph shows only those who said they were concerned.)



When you hear of an air quality alert being issued, how much do you change or limit your activities? (Percentages do not add to 100% because "don't know" is not included.)



issues such as air pollution, the 2012 **Kentucky Health Issues Poll (KHIP)** included several questions about air quality.

Majority concerned about air quality

More than half of Kentucky adults (51%) said they were very or somewhat concerned about the quality of air in their community. Women (56%) were more likely than men (46%) to be concerned about air quality.

Nearly half don't change behaviors with air alert

When an air quality alert is issued, nearly half (48%) of Kentucky adults said they do not change or limit their activities at all. Nearly 3 in 10 (28%) reported that they change or limit their activities a little, and 2 in 10 (21%) said they change their activities a lot.

Experts recommend turning off a waiting car after 10 seconds to

Continued on back

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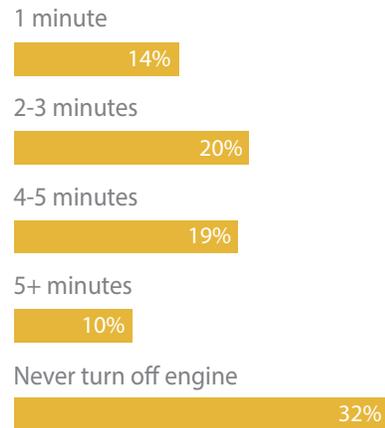
save gas and limit emissions. Most Kentucky adults wait much longer. More than 6 in 10 Kentucky adults (61%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 3 in 10 adults (32%) who said they never turn off their car engine.

Women (25%) were more likely than men (17%) to change or limit their activities a lot when an air quality alert is issued. However, men (16%) were slightly more likely than women (12%) to turn off their car engines after one minute when they were in a waiting car and not moving.

There was some regional variation in responses to all questions covered above. Regional differences in responses to these questions will be covered in more depth in a future publication.

When you are waiting in your car and not moving ... how long do you usually wait before turning off your car engine?*

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



*Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.



Many lack access to dental care in Kentucky

Routine dental care is essential in maintaining overall health and well-being. Poor oral health can have a negative effect on a person's nutrition, appearance and speech. Pain and suffering because of poor oral health can lower quality of life by limiting one's ability to sleep, work and socialize. It can raise the risk of infection, heart disease and death.

The 2012 **Kentucky Health Issues Poll (KHIP)** included questions about dental insurance, dental visits, unpaid dental bills and having a usual source of oral healthcare to gauge Kentucky adults' access to oral healthcare.

1.7 million Kentucky adults lack dental insurance

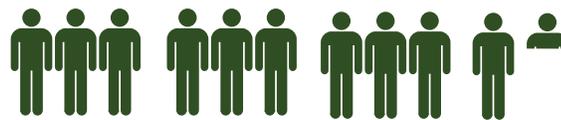
Having dental insurance is an important factor in being able to get oral healthcare. More than half (51%) of Kentucky adults reported having no dental insurance of any kind. We estimate that 1.7 million Kentucky adults lack dental insurance. That's more than 10 times the number of people who attended the 2012 Kentucky Derby.¹

165,307
Number of people who attended the 2012 Kentucky Derby¹

 = 165,000 people

1.7 million

Number of Kentucky adults without dental insurance, more than **10 times** Derby attendance



¹<http://www.kentuckyderby.com/news/2012/05/05/kentucky-derby-138-establishes-across-board-records>

Four in 10 do not have usual source of oral care

Having a usual dentist, clinic, health center or other oral healthcare provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely healthcare when they need it. About 4 in 10

Kentucky adults (39%) said that they do not have a personal dentist or oral health provider.

Generally as age, education and income increased the percentage of Kentuckians who reported having dental insurance and a usual source of oral healthcare also increased.

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Kentucky lags nation in oral health

Oral healthcare is important in maintaining a person's overall health. Regular and preventive care can help catch minor problems before they become serious. According to KHIP, only 6 in 10 (61%) Kentucky adults visited the dentist within the past year, compared with 70% of adults nationwide.²

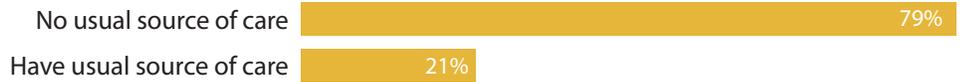
More than 2 in 10 Kentucky adults (21%) who had a usual source of oral healthcare reported that the last time they visited a dentist was more than five years ago. Among those without a usual source of oral healthcare, almost 8 in 10 (79%) said their last dental visit was more than five years ago.

²Centers for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/display.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Percentage of adults who last visited a dentist or dental clinic within the past year for any reason



Percentage of Kentucky adults who last visited a dentist or dental clinic more than five years ago for any reason



In the past 12 months, did you or another family member in your household skip dental care or check-ups because of the cost or not? (Graph shows only those Kentucky adults who said they had skipped care.)



Few have dental debt, but many going without needed oral care

While nearly all Kentucky adults (92%) report not owing money for dental bills, many are going without needed dental care. Nearly 4 in 10 Kentucky adults (37%) reported that

someone in their household skipped dental care or check-ups in the last 12 months because of the cost. Twice as many adults without dental insurance (49%) reported going without needed oral healthcare as did those with dental insurance (25%).



Kentuckians' views on marijuana laws and use

Voters in three states, Colorado, Oregon and Washington, recently decided to legalize recreational marijuana use. An additional 17 states and Washington, D.C., permit marijuana for medicinal use.

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana. However, these bills have not passed.

The 2012 *Kentucky Health Issues Poll (KHIP)* asked Kentucky adults several questions about who should decide whether marijuana is legal for medical purposes in Kentucky.

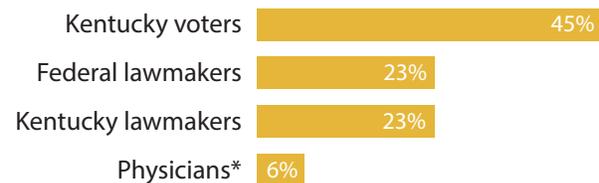
4 in 10 think voters should decide whether marijuana is legal for medical purposes

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. More than 4 in 10 Kentucky adults (45%) said Kentucky voters should decide. More than 4 in 10 (46%) said lawmakers should decide (federal 23%; Kentucky 23%). More than 1 in 20 (6%) said doctors should decide, even though this was not one of the response categories offered.

Most favor marijuana as medicine, oppose other uses

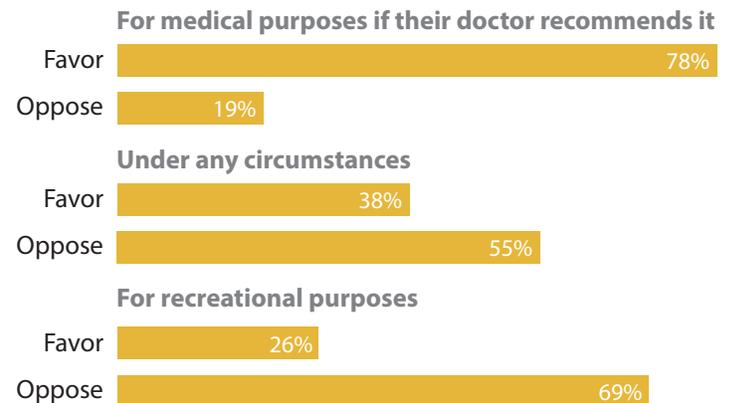
Almost 8 in 10 Kentucky adults (78%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. However, fewer than 4 in 10 Kentucky adults (38%) favor allowing residents to buy and use marijuana under any circumstances. Fewer than 3 in 10 Kentucky adults (26%) favor allowing residents to buy and use marijuana for recreational purposes. Younger respondents are more likely than older respondents to favor allowing residents to buy and use marijuana under any circumstances and for recreational use.

Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky? (Percentages do not add to 100 because the response "don't know" is not included.)



* "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Percentages do not add to 100 because the response "don't know" is not included.)



These findings unless otherwise noted are from the Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati. The Kentucky Health Issues Poll was conducted Sept. 20-Oct. 14, 2012, by the Institute for Policy Research at the University of Cincinnati. A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews with cell phone users. In 95 of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$. 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.

For more information about the Kentucky Health Issues Poll, please visit www.healthy-ky.org or www.healthfoundation.org/kentucky-health-issues-poll.