

Spotlight on Northern Kentucky

2015 Kentucky Health Issues Poll

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

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), 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:

- The majority of adults favored a statewide, smoke-free law (68%)
- There was a split on support of a \$1 excise tax increase on a pack of cigarettes with 49% opposing and 47% favoring this type of tax
- 54% favored increasing the minimum legal age for tobacco purchases from 18 to 21 years old
- 8 in 10 favored (85%) schools in their communities adopting tobacco-free campus policies
- About 2 in 10 (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it, or delayed getting it, because of the cost
- 30% reported that a family member or friend had problems as a result of abusing prescription pain medicine
- About 1 in 3 said making a change to improve their health would be “easy” or “very easy”

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

- Favor increasing the Kentucky minimum wage to \$10.10 per hour
- Identify improving Kentucky’s economy, improving the job situation in Kentucky, and fully funding the Kentucky employee retirement systems as extremely important or very important issues for the next Governor and Kentucky Legislature
- Report the Affordable Care Act had positively affected themselves and their families

Adults in Northern Kentucky were **more likely** to:

- Report having problems paying medical bills
- Report knowing family or friends who had experienced problems as a result of heroin use
- Report “excellent” or “very good” health



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ and Northern Kentucky estimates to $\pm 5.2\%$. 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.

Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

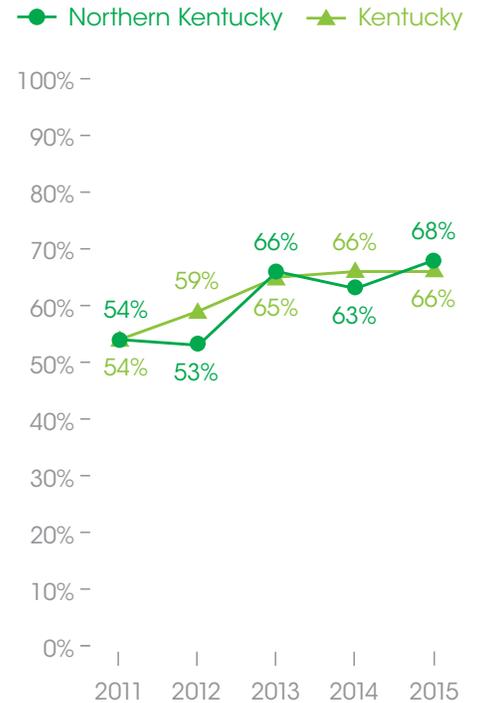
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Northern Kentucky, nearly 7 in 10 (68%) adults favored a statewide smoke-free law, while 28% opposed a law, and 4% had no opinion. This is an increase in support from 2011, when just 54% of Northern Kentucky adults favored a statewide law. Support for the law in Northern Kentucky is similar to results for the state.

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.)



¹ 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.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgg2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Northern Kentucky

47%

Kentucky

45%

Oppose

Northern Kentucky

49%

Kentucky

51%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Likewise, adults living in Northern Kentucky were also split on this topic with 49% opposing and 47% favoring a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Northern Kentucky, about the same percentage (54%) favored increasing the minimum legal age for tobacco purchases from 18 to 21.

Increasing minimum legal age to purchase tobacco products to 21

Favor

Northern Kentucky

54%

Kentucky

60%

Oppose

Northern Kentucky

45%

Kentucky

37%

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 8 in 10 Northern Kentucky adults (85%) favor tobacco-free campus policies. This is the same as for the state as a whole.

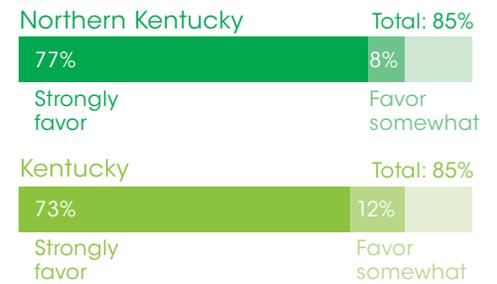
Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

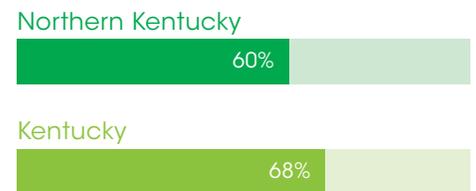
KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Northern Kentucky, slightly fewer favored an increase of the Kentucky minimum wage to \$10.10 per hour (60%).

Percentage of adults who favor tobacco-free campus policies in their communities

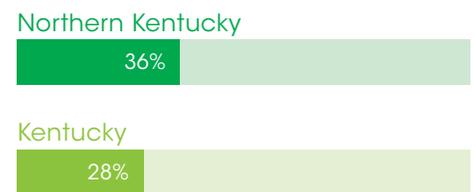


Increasing Kentucky Minimum Wage to \$10.10

Favor



Oppose



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Northern Kentucky concurred on the importance of improving the quality of K-12 public education and reducing the cost of health care in Kentucky. Opinions differed on the importance of other legislative priorities.

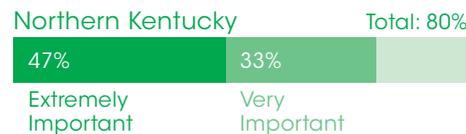
How important is it to you that the next Governor and the Kentucky Legislature work on each of the following issues in the next year?

(Only Extremely important and Very important reported here.)

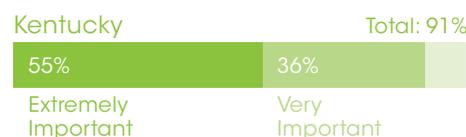
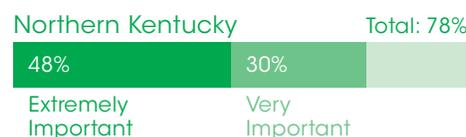
Improving the quality of K-12 public education in Kentucky



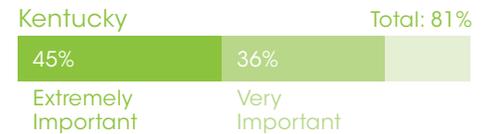
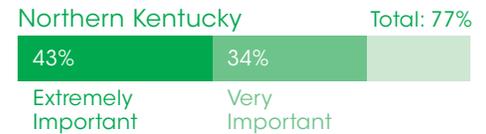
Reducing the cost of health care in Kentucky



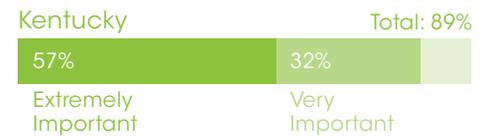
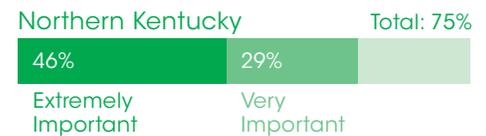
Improving Kentucky’s economy



Improving the health of Kentucky residents



Improving the job situation in Kentucky



Making government more transparent

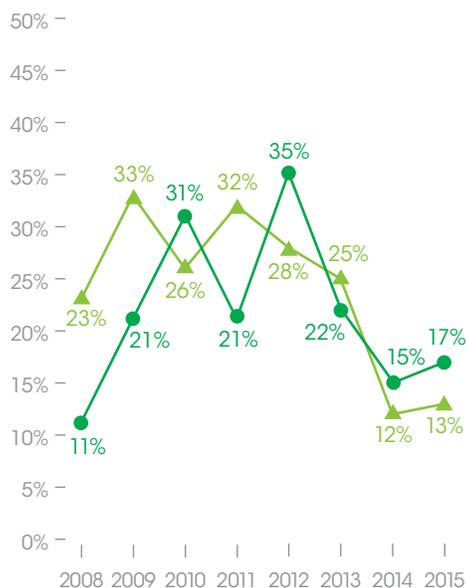


Fully funding the Kentucky employee retirement systems



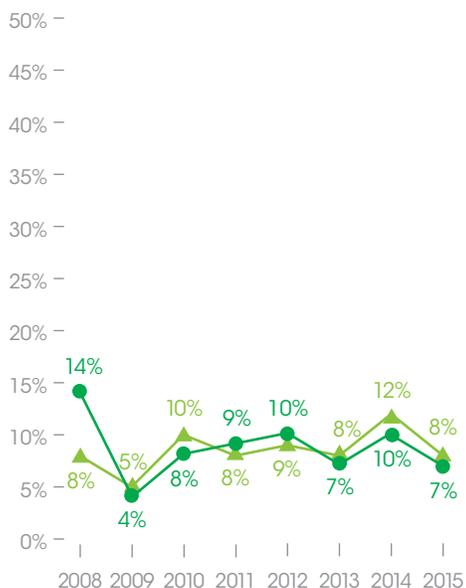
No current insurance, adults ages 18-64

● Northern Kentucky ▲ Kentucky



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

● Northern Kentucky ▲ Kentucky



Health Insurance and Health Care Insurance

Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Fewer than 2 in 10 Northern Kentucky adults (17%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Northern Kentucky reported similar rates of uninsurance when compared to the state as a whole (13%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get health care is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Northern Kentucky, 7% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, 1 in 4 Northern Kentucky adults age 18 to 64 (24%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Northern Kentucky (22%) reported the same.

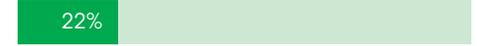
Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. Adults living in Northern Kentucky (37%) were more likely to report having problems paying medical bills than adults in the state as a whole.



In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Northern Kentucky



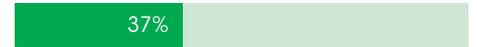
Kentucky



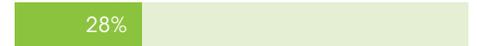
In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Northern Kentucky



Kentucky

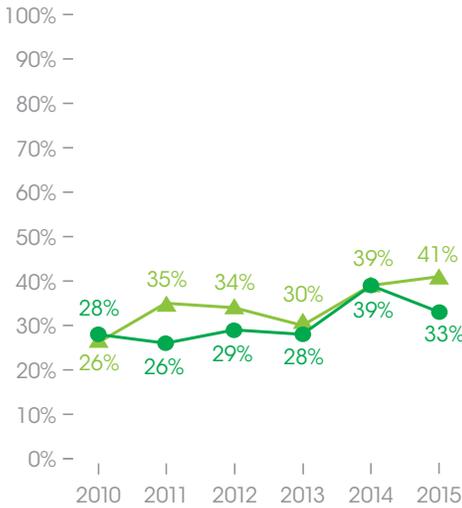


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

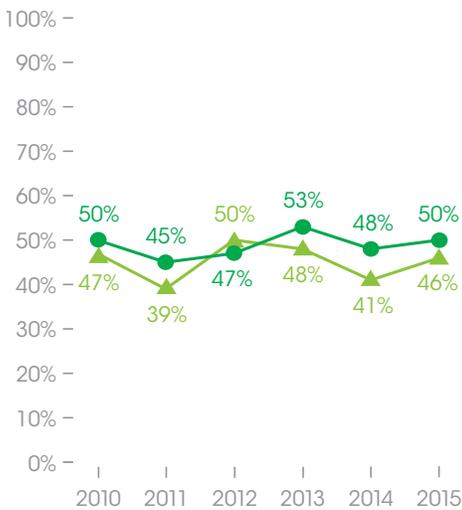
Favorable

● Northern Kentucky ▲ Kentucky



Unfavorable

● Northern Kentucky ▲ Kentucky



Opinions about the Patient Protection and Affordable Care Act

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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 1 in 3 Northern Kentucky adults (33%) reported having a generally favorable opinion of the ACA, and 1 in 2 (50%) had a generally unfavorable opinion of it. Northern Kentucky respondents reported slightly less favorable opinions about the Affordable Care Act compared with the state and the nation, however this is not a significant difference.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Northern Kentucky, fewer residents reported positive impacts of the Affordable Care Act when compared with the state as a whole. A majority in Northern Kentucky (60%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

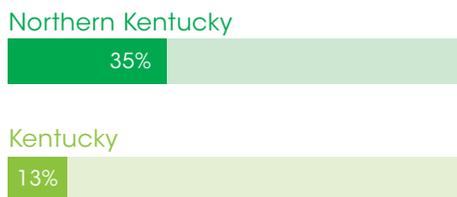
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. More than 3 in 10 Northern Kentucky adults (35%) knew someone who has experienced problems as a result of heroin use. This is significantly higher than the rate reported for the state as a whole.

One in 4 Kentucky adults (25%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Northern Kentucky adults were slightly more likely (30%) to say a family member or friend has had problems as a result of abusing prescription pain medicine.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

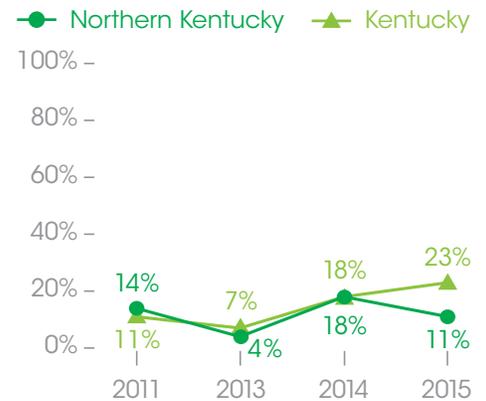
(Graph shows only those who said yes.)



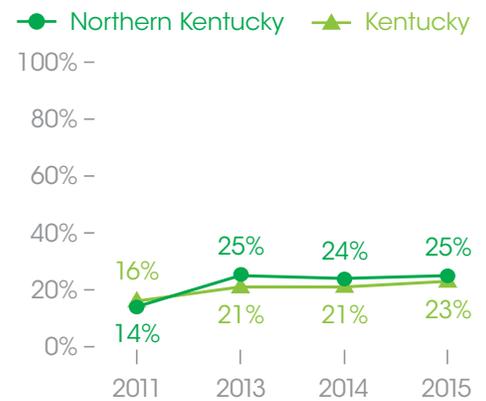
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

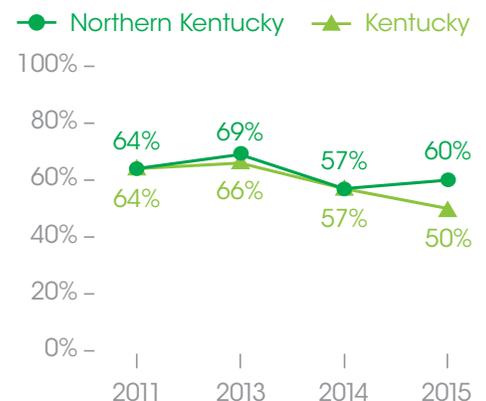
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

Demographic Profile

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



In Northern Kentucky, 21% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is lower than that reported for the state as a whole (34%). The percentage of Northern Kentucky adults who lived between 138% and 200% of FPL was about the same as for the state as a whole. In Northern Kentucky, 67% of adults reported income above 200% FPL, which is significantly higher than that reported for the state as a whole (48%).

Sex

Northern Kentucky



Kentucky



Age



Northern Kentucky



Kentucky



Race



Northern Kentucky



Kentucky



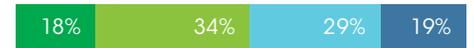
Level of Education



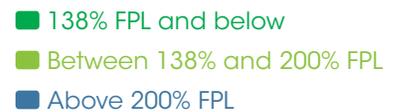
Northern Kentucky



Kentucky



Poverty Status



Northern Kentucky



Kentucky



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

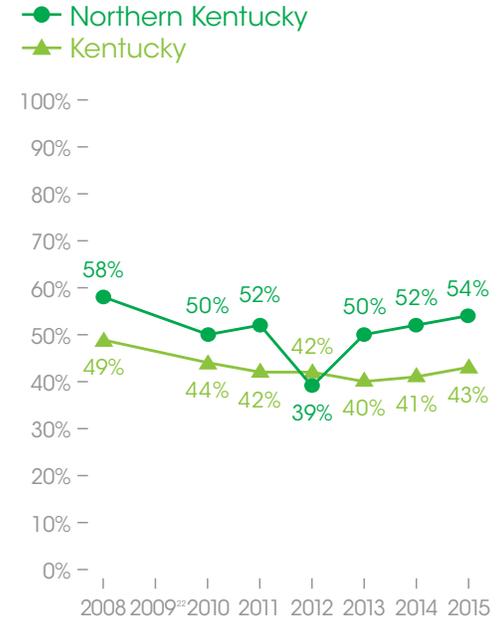
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, more than half the Northern Kentucky respondents (54%) described their health status as “excellent” or “very good.” This is significantly higher than for the state as a whole (43%).



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



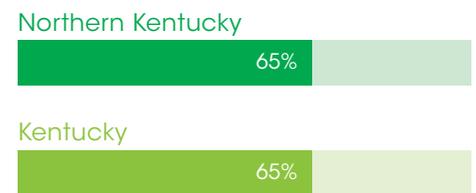
Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

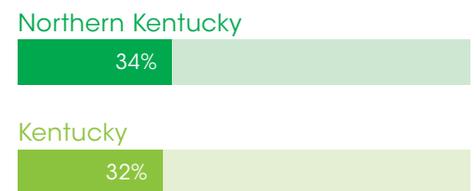
KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. Respondents in Northern Kentucky reported the same level of difficulty (65%) and ease (34%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015–October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 357 respondents resided in the Northern Kentucky Area Development District. The counties included in this region are:

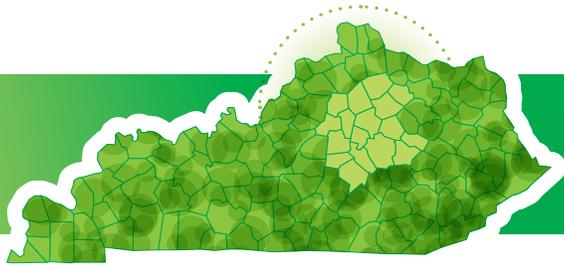
- Boone County
- Campbell County
- Carroll County
- Gallatin County
- Grant County
- Kenton County
- Owen County
- Pendleton County

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 Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Associate at Interact for Health (ssprigg@interactforhealth.org), or Rachele Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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Spotlight on Greater Lexington

2015 Kentucky Health Issues Poll

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

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), 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 Greater Lexington area. About 18% of Kentuckians live in this 17-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- The vast majority of adults favored a statewide, smoke-free law (71%)
- There was a split on support of a \$1 excise tax increase on a pack of cigarettes with 43% opposing and 52% favoring this type of tax
- A majority (58%) favored increasing the minimum legal age for tobacco purchases from 18 to 21 years old
- 9 in 10 favored schools in their communities adopting tobacco-free campus policies (91%)
- A majority (63%) favored increasing the Kentucky minimum wage to \$10.10 per hour
- Fewer than 1 in 10 Greater Lexington adults aged 18-64 (9%) were uninsured at the time of the Poll
- Fewer than 1 in 10 currently insured Greater Lexington adults aged 18-64 years old (6%) had been uninsured at some point in the last 12 months
- About 2 in 10 (19%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it, or delayed getting it, because of the cost
- About 2 in 10 (22%) reported having problems paying medical bills
- Opinions were divided on the Affordable Care Act with 43% holding favorable opinions and 41% unfavorable opinions
- 25% reported that a family member or friend had problems as a result of abusing prescription pain medicine
- One in 10 (14%) report knowing family or friends who had experienced problems as a result of heroin use
- About 1 in 3 (36%) said making a change to improve their health would be “easy” or “very easy”

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

- Report “excellent” or “very good” health
- Report income above 200% FPL

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ and Greater Lexington estimates to $\pm 5.6\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.



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Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

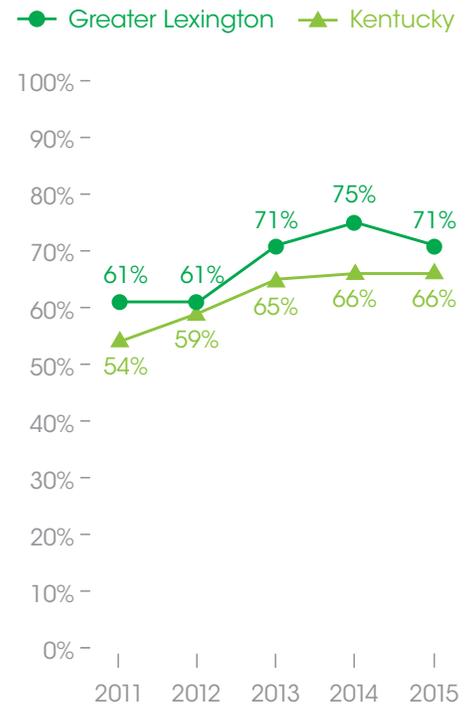
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Greater Lexington, 7 in 10 (71%) adults favored a statewide smoke-free law, while 24% opposed a law, and 5% had no opinion. This is an increase in support from 2011, when just 61% of Greater Lexington adults favored a statewide law. Support for the law in Greater Lexington is similar to results for the state.

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.)



¹ 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.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgg2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Greater Lexington

52%

Kentucky

45%

Oppose

Greater Lexington

43%

Kentucky

51%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Likewise, adults living in Greater Lexington were also nearly split on this topic with a slim majority 52% favoring and 43% opposing a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Greater Lexington, about the same percentage (58%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years.

Increasing minimum legal age to purchase tobacco products to 21

Favor

Greater Lexington

58%

Kentucky

60%

Oppose

Greater Lexington

39%

Kentucky

37%

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 9 in 10 Greater Lexington adults (91%) favor tobacco-free campus policies. This is similar to results for the state as a whole.

Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

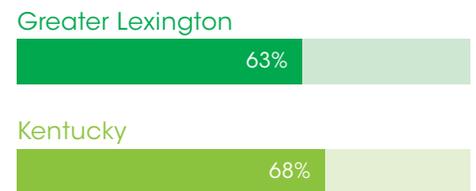
KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Greater Lexington, about the same number favored an increase of the Kentucky minimum wage to \$10.10 per hour (63%).

Percentage of adults who favor tobacco-free campus policies in their communities

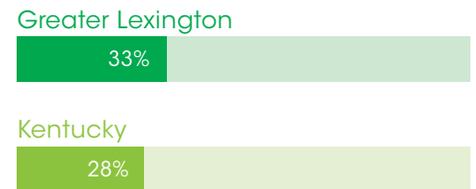


Increasing Kentucky Minimum Wage to \$10.10

Favor



Oppose



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Greater Lexington concurred on the importance of improving Kentucky’s economy and the job situation in Kentucky. Opinions were similar to state results on many other legislative priorities.

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

(Only Extremely important and Very important reported here.)

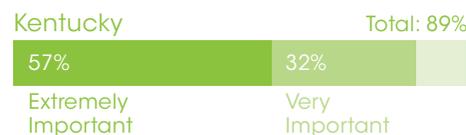
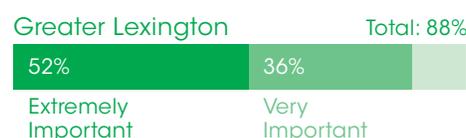
Improving the quality of K-12 public education in Kentucky



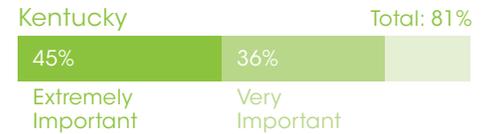
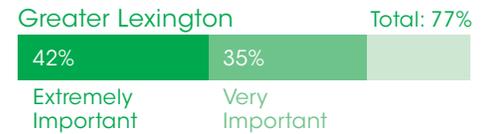
Improving Kentucky’s economy



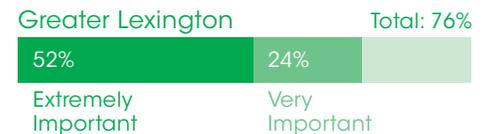
Improving the job situation in Kentucky



Improving the health of Kentucky residents



Reducing the cost of health care in Kentucky



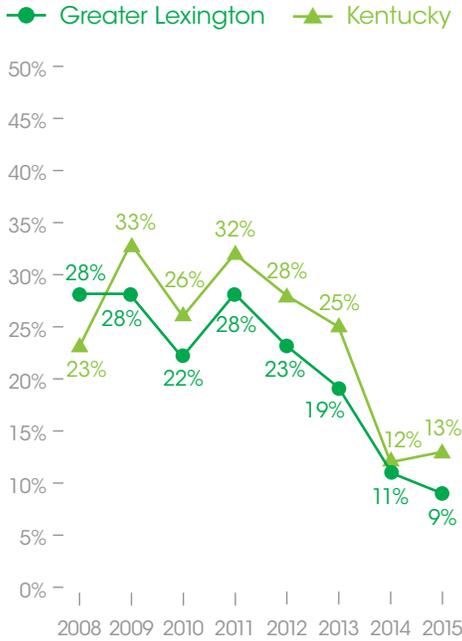
Fully funding the Kentucky employee retirement systems



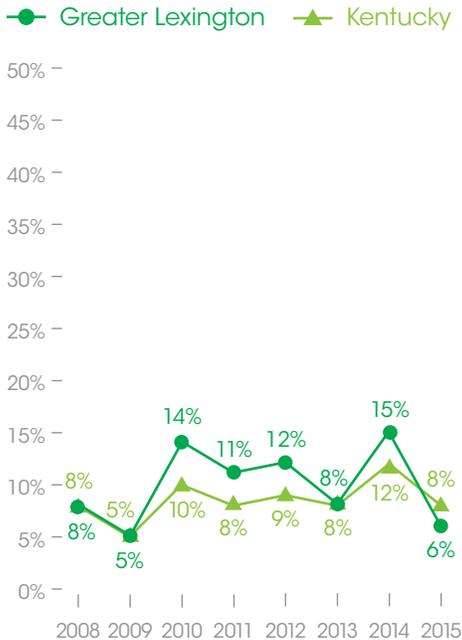
Making government more transparent



No current insurance, adults ages 18-64



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



Health Insurance and Health Care Insurance

Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Fewer than 1 in 10 Greater Lexington adults (9%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Greater Lexington reported similar rates of uninsurance when compared to the state as a whole (13%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 6% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, less than 1 in 6 Greater Lexington adults age 18 to 64 (15%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Greater Lexington (19%) reported the same.

Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. About the same percent of adults living in Greater Lexington (22%) reported having problems paying medical bills as reported this for the state as a whole.



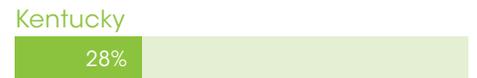
In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)



In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

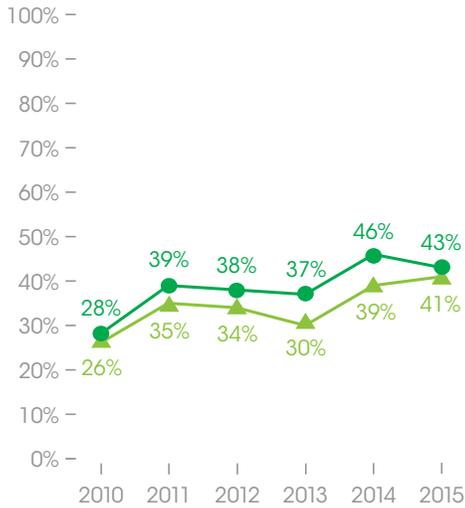


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

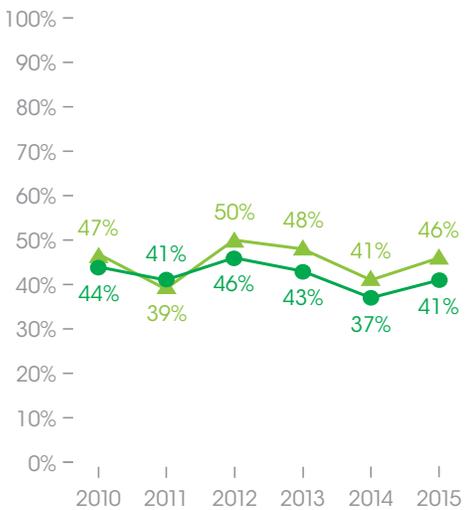
Favorable

● Greater Lexington ▲ Kentucky



Unfavorable

● Greater Lexington ▲ Kentucky



Opinions about the Patient Protection and Affordable Care Act

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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 4 in 10 Greater Lexington adults (43%) reported having a generally favorable opinion of the ACA, and about 4 in 10 (41%) had a generally unfavorable opinion of it. Greater Lexington respondents reported similar opinions about the Affordable Care Act compared with the state and the nation.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Greater Lexington, about the same proportion of residents reported positive (25%) or negative (22%) impacts of the Affordable Care Act when compared to the state as a whole. In Greater Lexington 51% reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

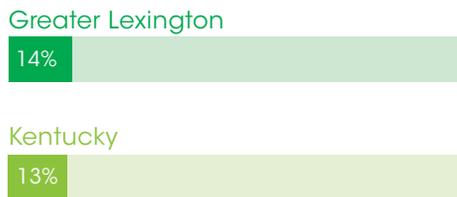
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. About 1 in 10 Greater Lexington adults (14%) knew someone who has experienced problems as a result of heroin use. This is about the same rate as reported for the state as a whole.

One in 4 Kentucky adults (25%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. In Greater Lexington 1 in 4 adults (25%) said a family member or friend has had problems as a result of abusing prescription pain medicine; the same as reported for the state as a whole.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

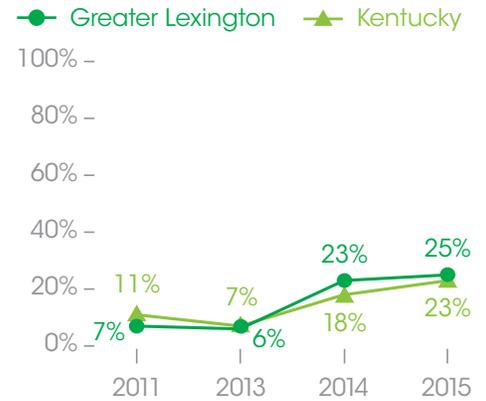
(Graph shows only those who said yes.)



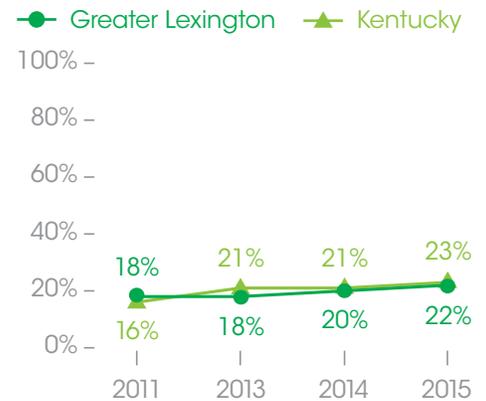
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

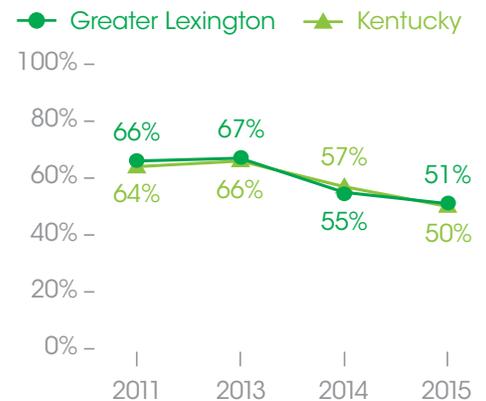
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

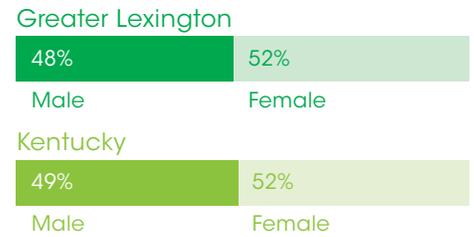
Demographic Profile

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

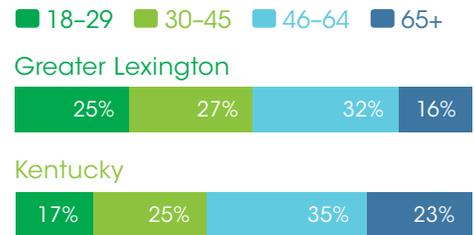


In Greater Lexington, 27% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (34%). The percentage of Greater Lexington adults who lived between 138% and 200% of FPL was about the same as for the state as a whole. In Greater Lexington, 57% of adults reported income above 200% FPL, which is significantly higher than that reported for the state as a whole (48%).

Sex



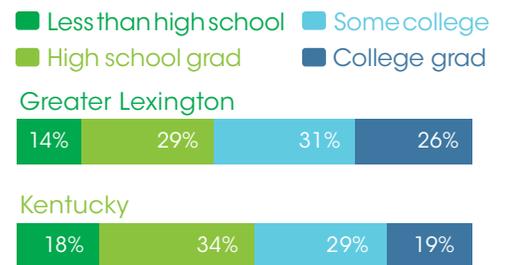
Age



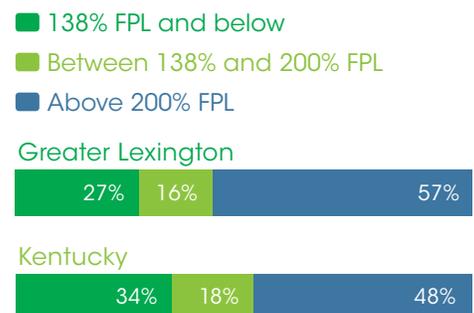
Race



Level of Education



Poverty Status



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

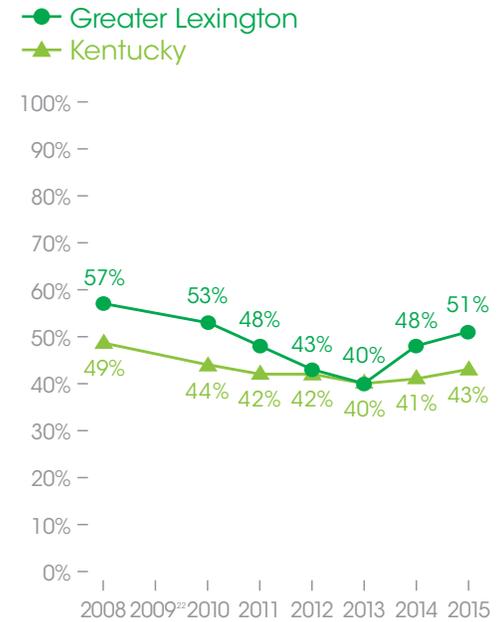
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, more than half the Greater Lexington respondents (51%) described their health status as “excellent” or “very good.” This is higher than for the state as a whole (43%).



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



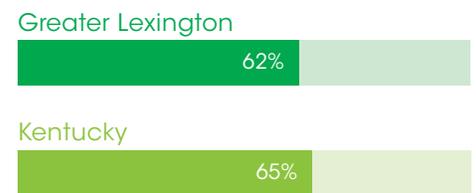
Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

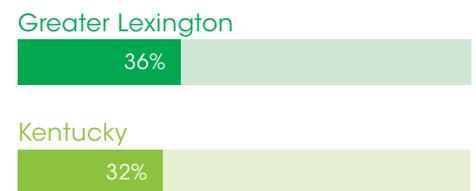
KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. Respondents in Greater Lexington reported about the same level of difficulty (62%) and ease (36%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015-October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 307 respondents resided in the Bluegrass Area Development District. The counties included in this region are:

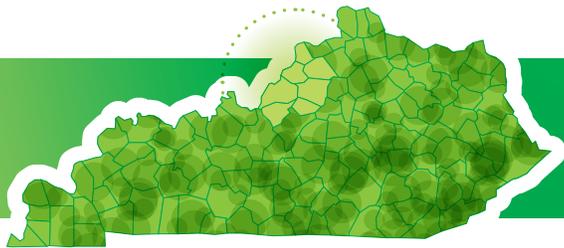
- Anderson County
- Bourbon County
- Boyle County
- Clark County
- Estill County
- Fayette County
- Franklin County
- Garrard County
- Harrison County
- Jessamine County
- Lincoln County
- Madison County
- Mercer County
- Nicholas County
- Powell County
- Scott County
- Woodford County

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 Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Associate at Interact for Health (ssprigg@interactforhealth.org), or Rachele Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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Spotlight on Greater Louisville

2015 Kentucky Health Issues Poll

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

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), 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 adults were comparable to the state as a whole. Like the statewide results, in Greater Louisville:

- 7 in 10 (70%) adults favored a statewide smoke-free law
- Adults were divided on a \$1 increase in the Kentucky excise tax on a pack of cigarettes with 47% opposing and 49% favoring
- Nearly 6 in 10 adults (59%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years
- More than 8 in 10 adults (87%) favored adopting tobacco-free campus policies in their communities
- A majority favored an increase of the Kentucky minimum wage to \$10.10 per hour (65%)
- About 1 in 10 adults aged 18-64 years were uninsured (13%)
- Two in 10 adults reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost (19%)
- Three in 10 adults said a member of their household had trouble paying medical bills in the past 12 months (30%)
- More than 4 in 10 adults (44%) reported having a generally favorable opinion of the ACA, and about 1 in 2 (48%) had a generally unfavorable opinion of it
- More than 1 in 10 adults (17%) knew someone who has experienced problems as a result of heroin use
- Nearly 3 in 10 adults (27%) said a family member or friend has had problems as a result of abusing prescription pain medicine
- About 7 in 10 adults (67%) said it would be very difficult or difficult to make change to improve their personal health

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

- Report incomes over 200% FPL
- Describe their health as “excellent” or “very good”

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ and Greater Louisville estimates to $\pm 5.5\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.



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Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

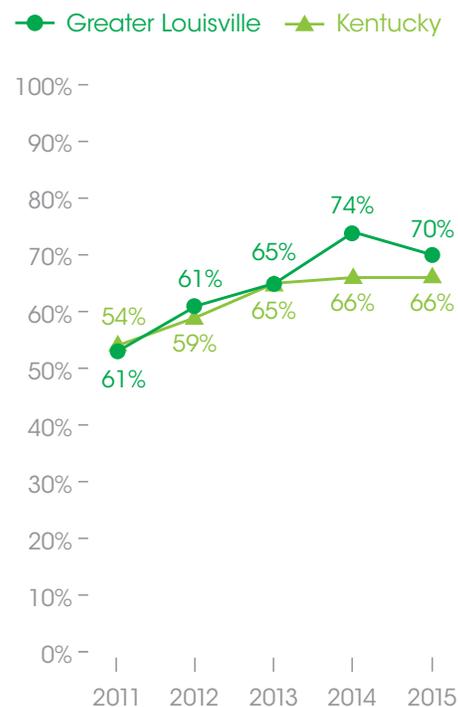
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Greater Louisville, 7 in 10 (70%) adults favored a statewide smoke-free law, while 26% opposed a law, and 4% had no opinion. This is an increase in support from 2011, when just 53% of Greater Louisville adults favored a statewide law. Support for the law in Greater Louisville is similar to results for the state as a whole.

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.)



¹ 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.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgg2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Greater Louisville

49%

Kentucky

45%

Oppose

Greater Louisville

47%

Kentucky

51%

Increasing minimum legal age to purchase tobacco products to 21

Favor

Greater Louisville

59%

Kentucky

60%

Oppose

Greater Louisville

36%

Kentucky

37%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Likewise, adults living in Greater Louisville were also split on this topic with 47% opposing and 49% favoring a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Greater Louisville, about the same percentage (59%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years.

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 8 in 10 Greater Louisville adults (87%) favor tobacco-free campus policies. This is similar to the state as a whole.

Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

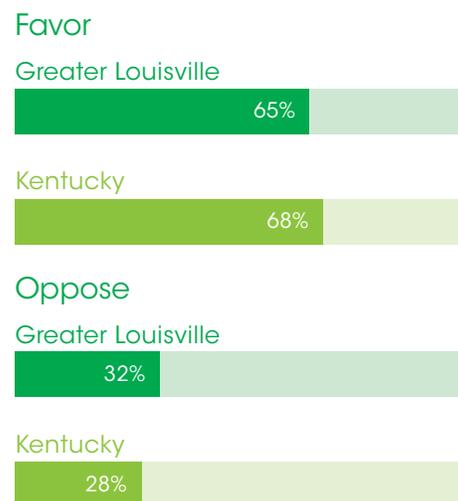
A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Greater Louisville, about the same percent favored an increase of the Kentucky minimum wage to \$10.10 per hour (65%).

Percentage of adults who favor tobacco-free campus policies in their communities



Increasing Kentucky Minimum Wage to \$10.10



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

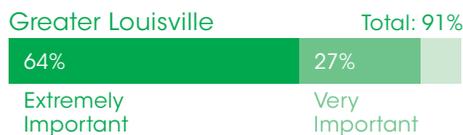
The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Greater Louisville concurred on the importance legislative priorities for the next year.

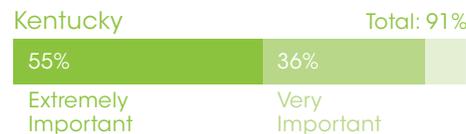
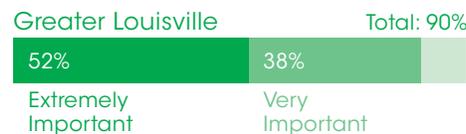
How important is it to you that the next Governor and the Kentucky Legislature work on each of the following issues in the next year?

(Only Extremely important and Very important reported here.)

Improving the quality of K-12 public education in Kentucky



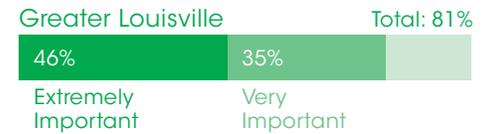
Improving Kentucky’s economy



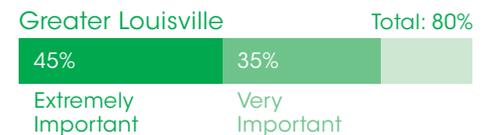
Improving the job situation in Kentucky



Reducing the cost of health care in Kentucky



Improving the health of Kentucky residents



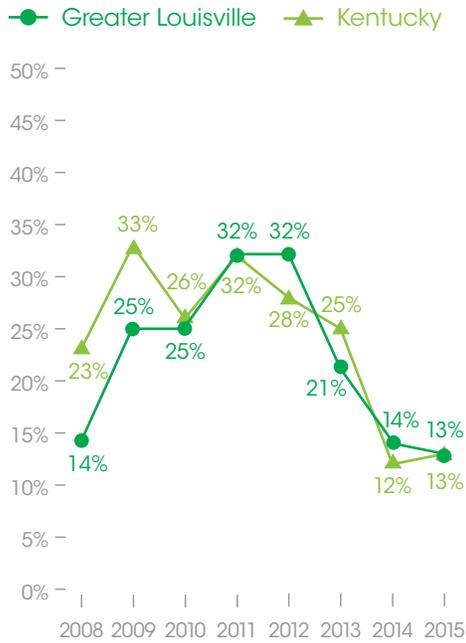
Making government more transparent



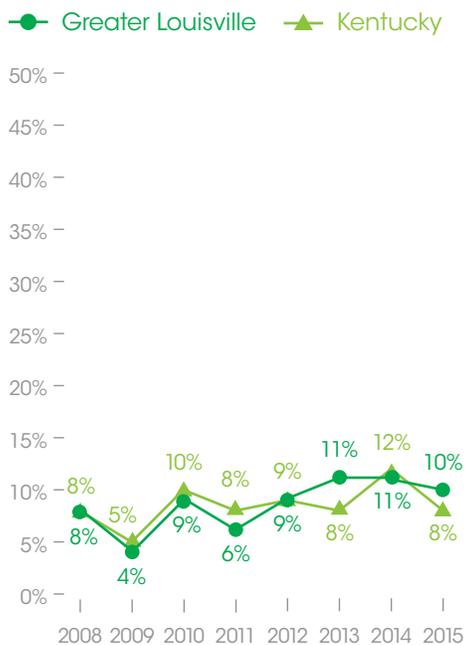
Fully funding the Kentucky employee retirement systems



No current insurance, adults ages 18-64



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



Health Insurance and Health Care Insurance

Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Greater Louisville adults (13%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Greater Louisville reported the same rate of uninsurance as the state (13%), this is down significantly from 2012 and 2013 reports.

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get health care is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Louisville, 10% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, nearly 1 in 4 Greater Louisville adults age 18 to 64 (23%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Greater Louisville (19%) reported the same.

Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. Likewise, 3 in 10 adults living in Greater Louisville (30%) reported having problems paying medical bills.



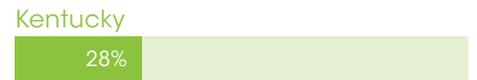
In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)



In the past 12 months, did you or another family member in your household have any problems paying medical bills?

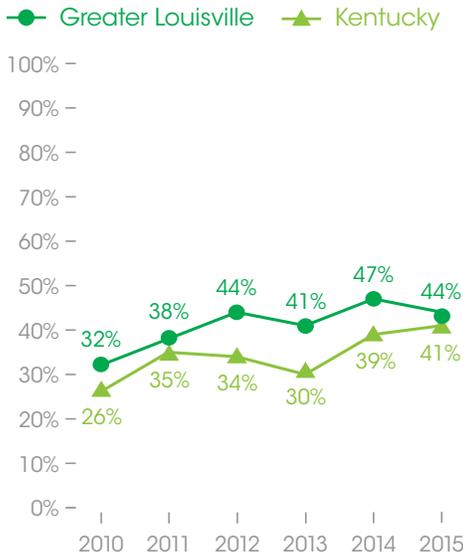
(Graph shows only those who said yes.)



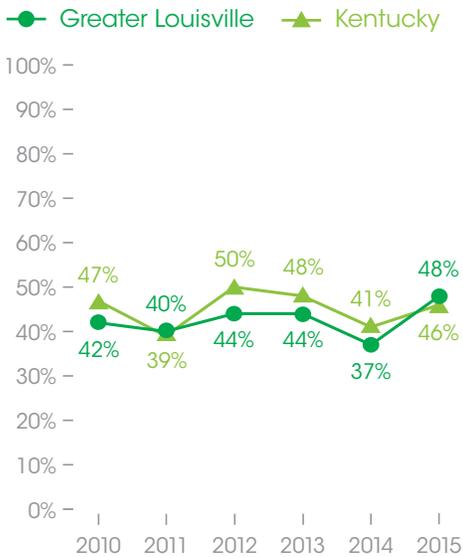
Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

Favorable



Unfavorable



Opinions about the Patient Protection and Affordable Care Act

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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

More than 4 in 10 Greater Louisville adults (44%) reported having a generally favorable opinion of the ACA, and about 1 in 2 (48%) had a generally unfavorable opinion of it. Greater Louisville respondents reported similar opinions about the Affordable Care Act compared with the state and the nation.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Greater Louisville, 28% of residents reported positive impacts of the Affordable Care Act. Less than half Greater Louisville adults (45%) reported no effects from the health reform law, this is down significantly from 2014 reports.

Drug Misuse: Heroin and Prescription Pain Relievers

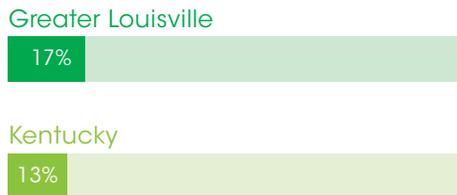
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. More than 1 in 10 Greater Louisville adults (17%) knew someone who has experienced problems as a result of heroin use. This is not significantly different than the rate reported for the state as a whole.

One in 4 Kentucky adults (25%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. In Greater Louisville about the same percent of adults (27%) said a family member or friend has had problems as a result of abusing prescription pain medicine.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

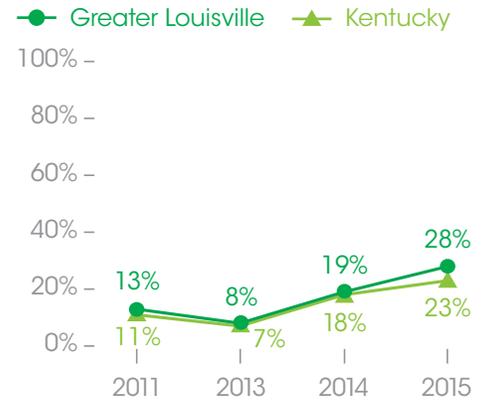
(Graph shows only those who said yes.)



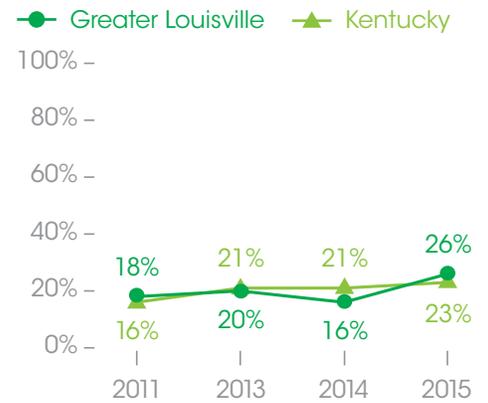
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

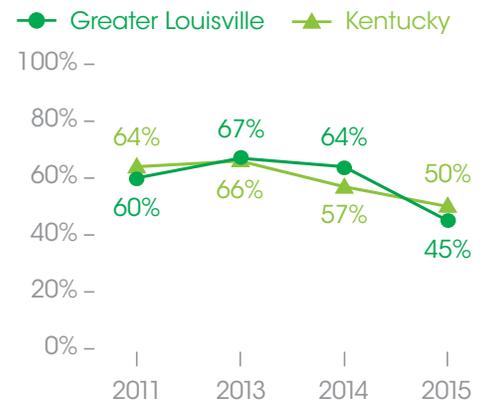
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

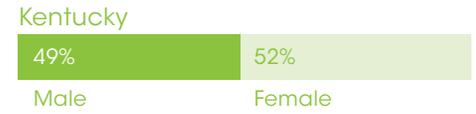
Demographic Profile

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



In Greater Louisville, 28% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (34%). The percentage of Greater Louisville adults who lived between 138% and 200% of FPL was about the same as for the state as a whole. In Greater Louisville, 56% of adults reported income above 200% FPL, which is significantly higher than that reported for the state as a whole (48%).

Sex



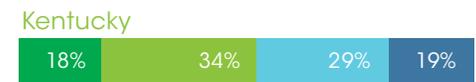
Age



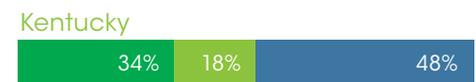
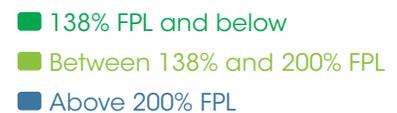
Race



Level of Education



Poverty Status



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

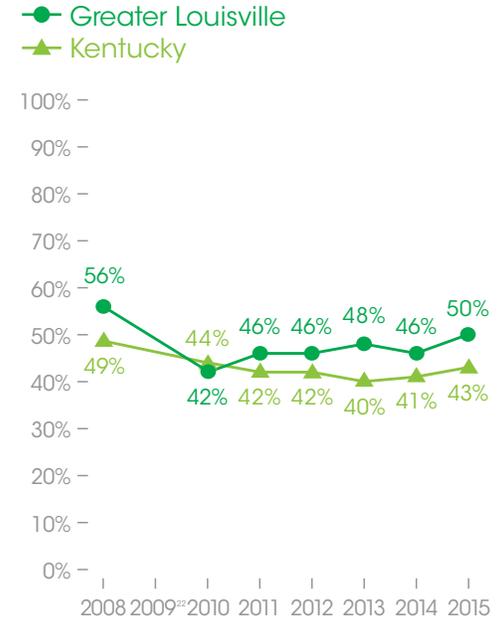
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, half the Greater Louisville respondents (50%) described their health status as “excellent” or “very good.” This is slightly higher than reported for the state as a whole (43%).



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



Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

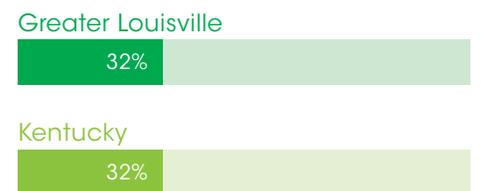
KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. A similar percent of adults in Greater Louisville reported the same level of difficulty (67%) and ease (32%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015-October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 314 respondents resided in the KIPDA Area Development District. The counties included in this region are:

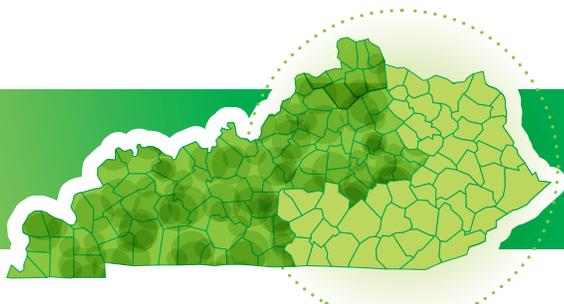
- Bullitt County
- Henry County
- Jefferson County
- Oldham County
- Shelby County
- Spencer County
- Trimble County

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

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Associate at Interact for Health (ssprigg@interactforhealth.org), or Rachele Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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Spotlight on Eastern Kentucky

2015 Kentucky Health Issues Poll

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

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), 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 Eastern Kentucky area 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 adults were comparable to the state as a whole. Like the statewide results, in Eastern Kentucky:

- The majority of adults favored a statewide, smoke-free law (64%)
- There was a split on support of a \$1 excise tax increase on a pack of cigarettes with 58% opposing and 39% favoring this type of tax
- A majority (63%) favored increasing the minimum legal age for tobacco purchases from 18 to 21 years old
- 8 in 10 favored schools in their communities adopting tobacco-free campus policies (83%)
- A majority (74%) favored increasing the Kentucky minimum wage to \$10.10 per hour
- About 1 in 10 Eastern Kentucky adults aged 18-64 (8%) were uninsured at the time of the Poll
- One in 10 currently insured Eastern Kentucky adults aged 18-64 years old (11%) had been uninsured at some point in the last 12 months
- Nearly 3 in 10 (27%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it, or delayed getting it, because of the cost
- About 3 in 10 (31%) reported having problems paying medical bills
- Opinions were divided on the Affordable Care Act with 42% holding favorable opinions and 44% unfavorable opinions
- One in 3 (33%) reported that a family member or friend had problems as a result of abusing prescription pain medicine
- One in 10 (10%) report knowing family or friends who had experienced problems as a result of heroin use
- Three in 10 (30%) said making a change to improve their health would be “easy” or “very easy”

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

- Report income above 200% FPL

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ and Eastern 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.



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Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

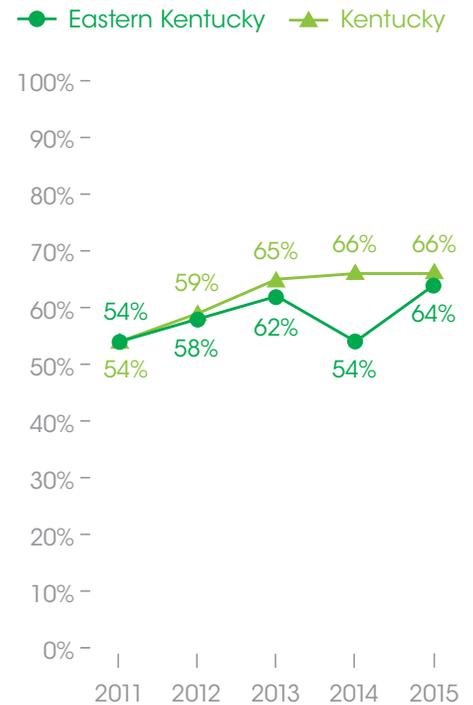
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Eastern Kentucky, more than 6 in 10 (64%) adults favored a statewide smoke-free law, while 34% opposed a law, and 2% had no opinion. This is an increase in support from 2011 and 2014, when just 54% of Eastern Kentucky adults favored a statewide law. Support for the law in Eastern Kentucky is similar to results for the state.

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.)



¹ 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.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgq2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Eastern Kentucky

39%

Kentucky

45%

Oppose

Eastern Kentucky

58%

Kentucky

51%

Increasing minimum legal age to purchase tobacco products to 21

Favor

Eastern Kentucky

63%

Kentucky

60%

Oppose

Eastern Kentucky

35%

Kentucky

37%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Adults living in Eastern Kentucky were also divided on this topic with 58% opposing and 39% favoring a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Eastern Kentucky, about the same number (63%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years.

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 8 in 10 Eastern Kentucky adults (83%) favor tobacco-free campus policies. This is similar to results for the state as a whole.

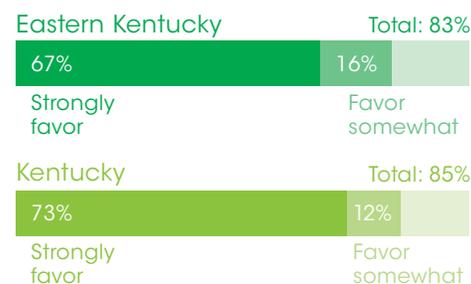
Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

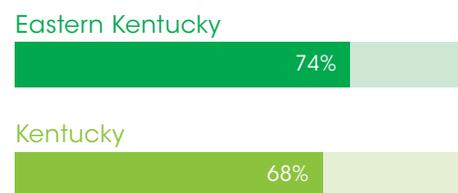
KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Eastern Kentucky, about the same favored an increase of the Kentucky minimum wage to \$10.10 per hour (74%).

Percentage of adults who favor tobacco-free campus policies in their communities

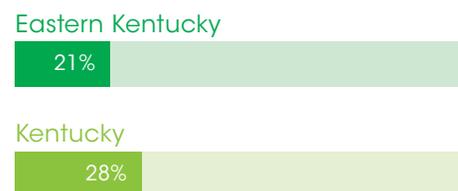


Increasing Kentucky Minimum Wage to \$10.10

Favor



Oppose



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

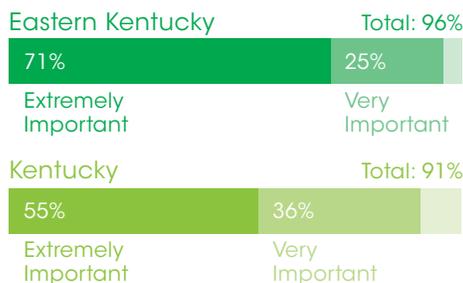
The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Eastern Kentucky concurred on the importance of improving Kentucky’s economy, improving the job situation in Kentucky and improving the quality of K through 12 public education in Kentucky. Opinions were similar to state results on many other legislative priorities.

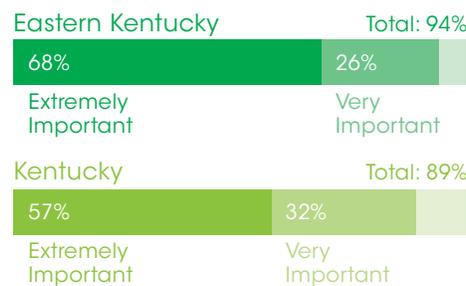
How important is it to you that the next Governor and the Kentucky Legislature work on each of the following issues in the next year?

(Only Extremely important and Very important reported here.)

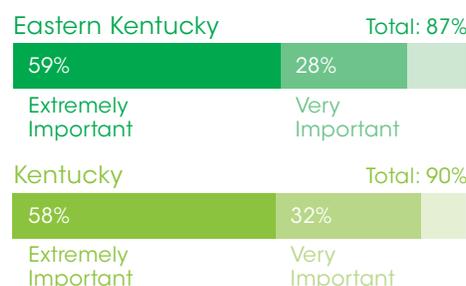
Improving Kentucky’s economy



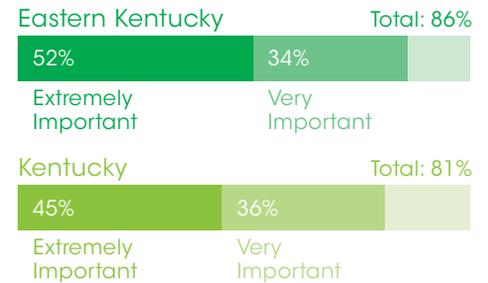
Improving the job situation in Kentucky



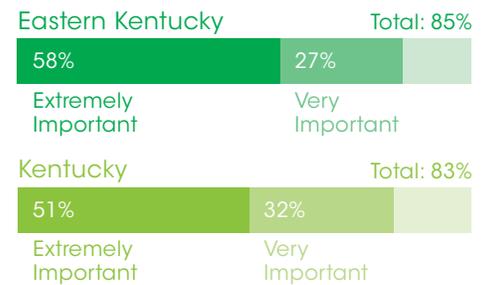
Improving the quality of K-12 public education in Kentucky



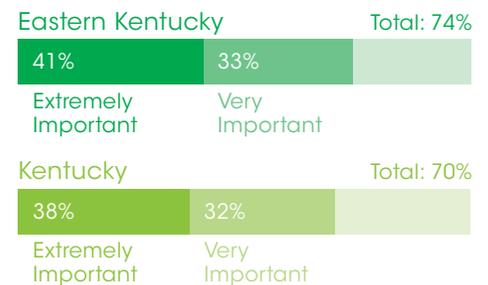
Improving the health of Kentucky residents



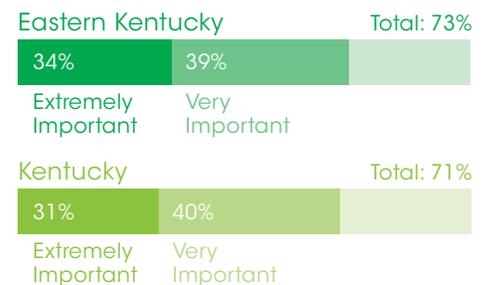
Reducing the cost of health care in Kentucky



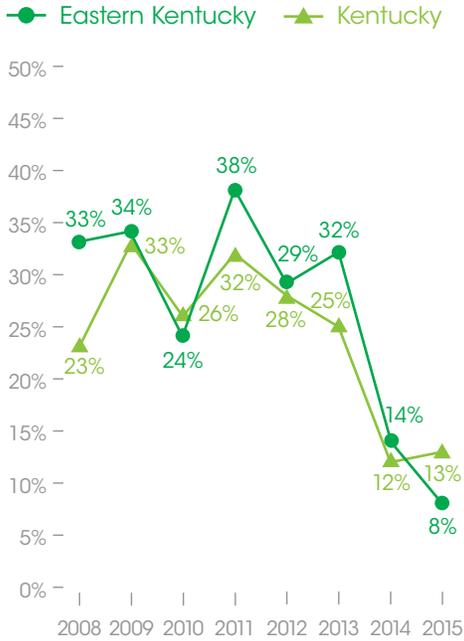
Fully funding the Kentucky employee retirement systems



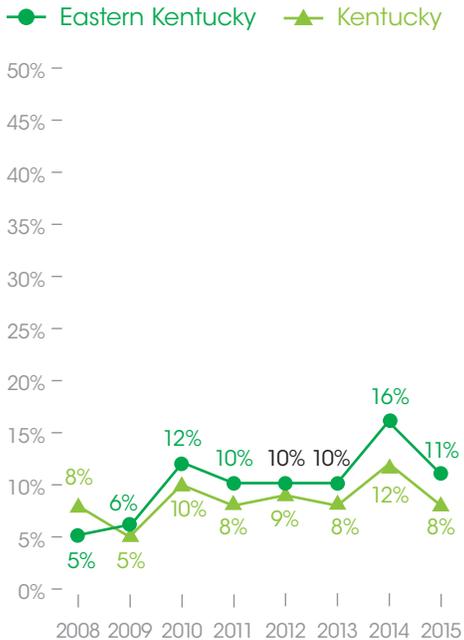
Making government more transparent



No current insurance, adults ages 18-64



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



Health Insurance and Health Care Insurance

Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Fewer than 1 in 10 Eastern Kentucky adults (8%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Eastern Kentucky reported about the same rates of uninsurance when compared to the state as a whole (13%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Eastern Kentucky, 11% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, less than 2 in 10 Eastern Kentucky adults age 18 to 64 (19%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. Nearly 3 in 10 Kentuckians living in Eastern Kentucky (27%) reported the same.

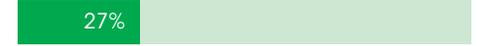
Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. About the same percent of adults living in Eastern Kentucky (31%) reported having problems paying medical bills as reported this for the state as a whole.



In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Eastern Kentucky



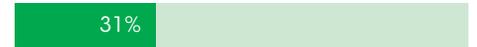
Kentucky



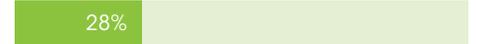
In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Eastern Kentucky



Kentucky

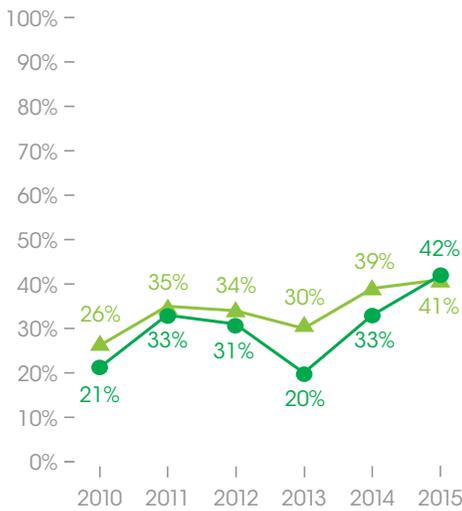


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

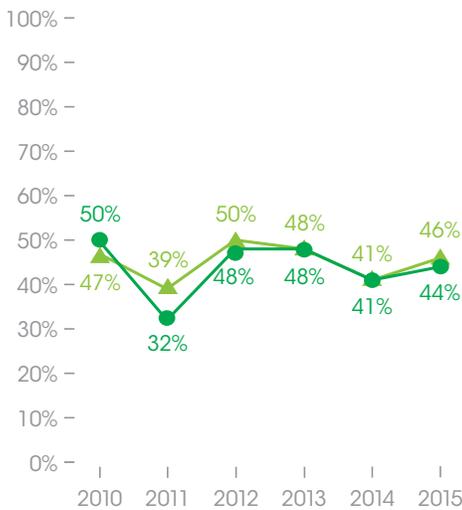
Favorable

● Eastern Kentucky ▲ Kentucky



Unfavorable

● Eastern Kentucky ▲ Kentucky



Opinions about the Patient Protection and Affordable Care Act

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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 4 in 10 Eastern Kentucky adults (42%) reported having a generally favorable opinion of the ACA, and about 4 in 10 (44%) had a generally unfavorable opinion of it. Eastern Kentucky respondents reported similar opinions about the Affordable Care Act compared with the state and the nation.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Eastern Kentucky, more than 2 in 10 (21%) residents reported positive impacts of the Affordable Care Act. Five in 10 Eastern Kentucky adults (49%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. One in 10 Eastern Kentucky adults (10%) knew someone who has experienced problems as a result of heroin use. This is about same rate as reported for the state as a whole.

One in 4 Kentucky adults (25%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. In Eastern Kentucky 1 in 3 adults (33%) said a family member or friend has had problems as a result of abusing prescription pain medicine; the slightly higher than that reported for the state as a whole.

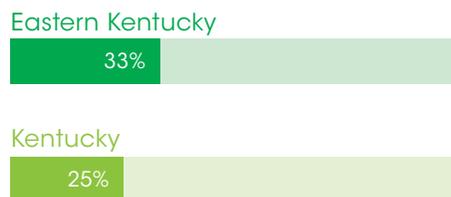
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

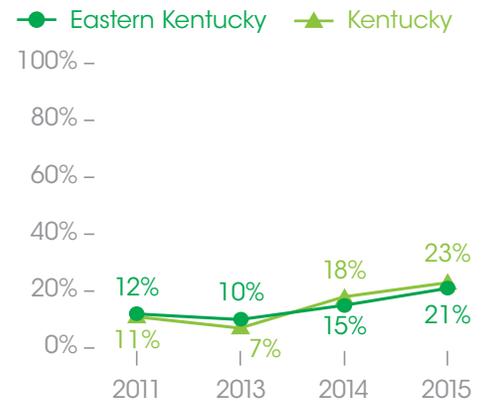
(Graph shows only those who said yes.)



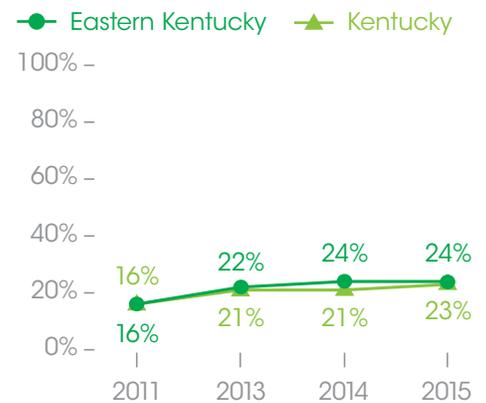
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

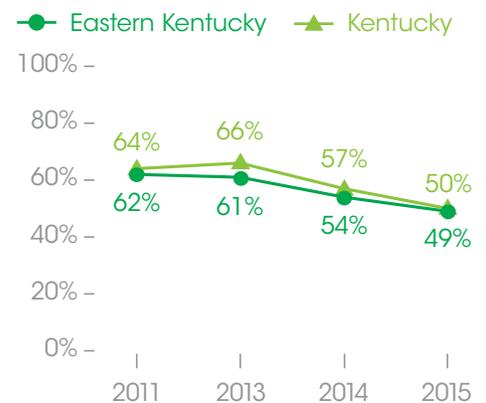
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

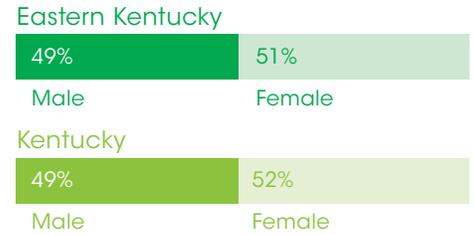
Demographic Profile

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

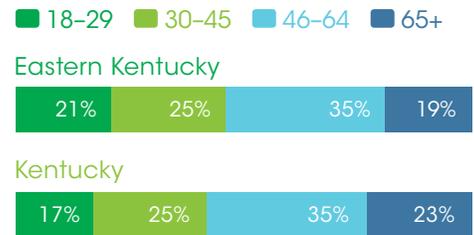


In Eastern Kentucky, 43% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is significantly higher than that reported for the state as a whole (34%). The percentage of Eastern Kentucky adults who lived between 138% and 200% of FPL was about the same as for the state as a whole. In Eastern Kentucky, 35% of adults reported income above 200% FPL, which is significantly lower than that reported for the state as a whole (48%).

Sex



Age

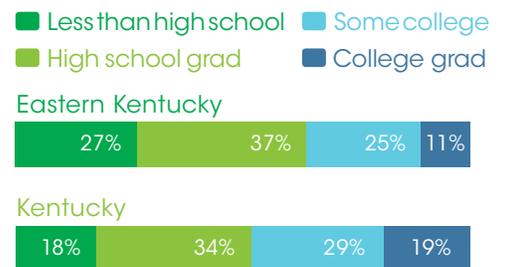


Race

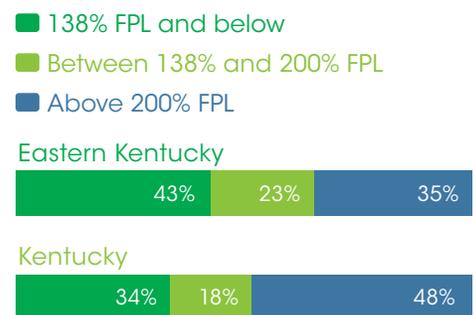


* Fewer than 10 respondents. Data not reported.

Level of Education



Poverty Status



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

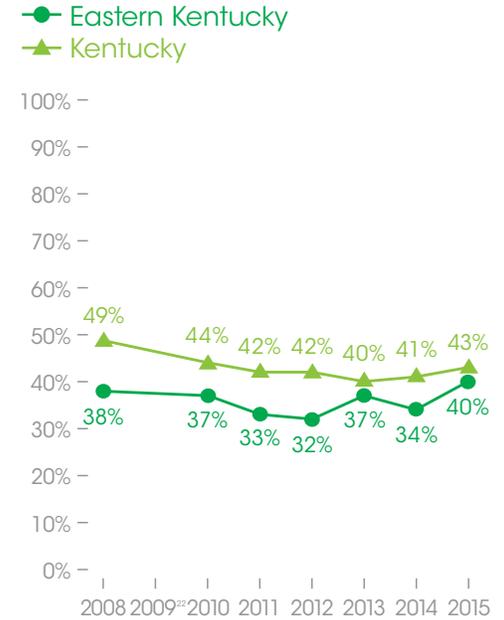
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, 4 in 10 Eastern Kentucky respondents (40%) described their health status as “excellent” or “very good.” This is about the same as the proportion for the state as a whole (43%).



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



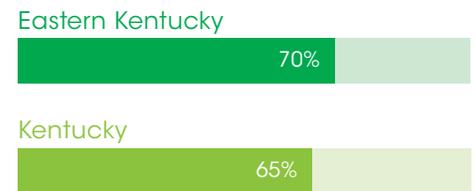
Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. Respondents in Eastern Kentucky reported about the same level of difficulty (70%) and ease (30%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



This report presents a selection of questions with data specific to Eastern Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Associate at Interact for Health (ssprigg@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015–October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 313 respondents resided in the Eastern Kentucky region. 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

2015 Kentucky Health Issues Poll

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

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), 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 Western Kentucky Region. 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 adults were comparable to the state as a whole. Like the statewide results, in Western Kentucky:

- The majority of adults favored a statewide, smoke-free law (65%)
- A slim majority opposed increasing the Kentucky excise tax on a pack of cigarettes by \$1 (53%)
- A majority favored increasing the minimum legal age to purchase tobacco products in Kentucky to 21 years old (59%)
- A substantial majority favored schools in their communities adopting tobacco-free campus policies (86%)
- Seven in 10 adults favored an increase of the Kentucky minimum wage to \$10.10 per hour (67%)
- Adults agreed on the importance of issues for the next Governor and state legislature: improving Kentucky’s economy, improving the quality of K-12 public education, and improving the job situation
- One in 4 had problems paying medical bills in the past 12 months (25%)
- More than 1 in 3 reported a favorable opinion of the Affordable Care Act (38%)
- Two in 10 reported positive impacts of the Affordable Care Act on themselves or their families (21%)
- Nearly 2 in 10 adults aged 18 to 64 were uninsured (18%)
- About 1 in 10 (8%) knew a friend or family member who has experienced problems because of heroin use
- More than 4 in 10 (45%) described their health as “excellent” or “very good”

When compared with the state as a whole, adults in Western Kentucky were **less likely** to:

- Report a friend or family member has had problems as a result of abusing prescription pain medicine (16%)

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ 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.



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Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

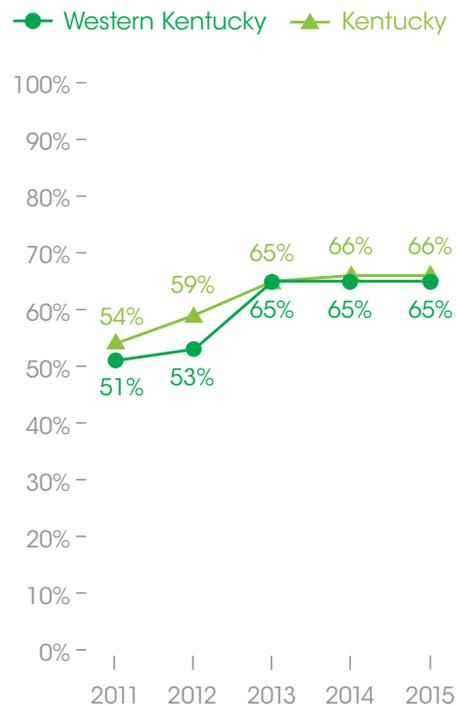
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Western Kentucky, about 6 in 10 (65%) adults favored a statewide smoke-free law, while 35% opposed a law, and 1% had no opinion. This is an increase in support from 2011, when 51% of Western Kentucky adults favored a statewide law. Support for the law in Western Kentucky is similar to results for the state.

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.)



¹ 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.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgg2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Western Kentucky

43%

Kentucky

45%

Oppose

Western Kentucky

53%

Kentucky

51%

Increasing minimum legal age to purchase tobacco products to 21

Favor

Western Kentucky

59%

Kentucky

60%

Oppose

Western Kentucky

39%

Kentucky

37%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Likewise, adults living in Western Kentucky were also divided on this topic with 53% opposing and 43% favoring a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Western Kentucky, about the same percentage (59%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years.

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 8 in 10 Western Kentucky adults (86%) favor tobacco-free campus policies. This is similar to results for the state as a whole.

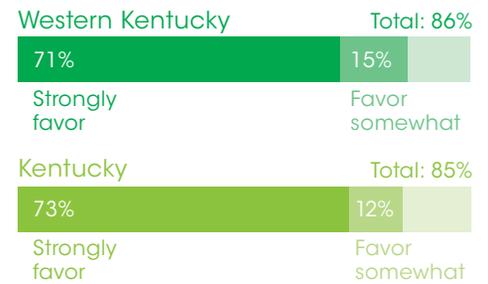
Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

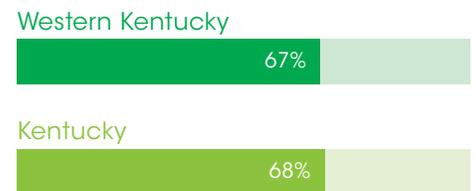
KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Western Kentucky, adults also favored an increase of the Kentucky minimum wage to \$10.10 per hour (67%).

Percentage of adults who favor tobacco-free campus policies in their communities

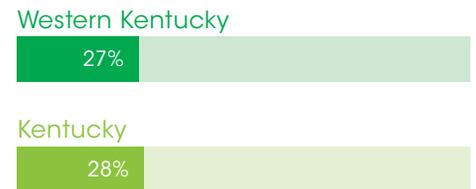


Increasing Kentucky Minimum Wage to \$10.10

Favor



Oppose



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

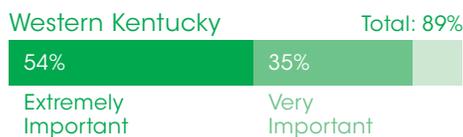
The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Western Kentucky concurred on the importance of improving Kentucky’s economy, the quality of K-12 public education, and the job situation.

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

(Only Extremely important and Very important reported here.)

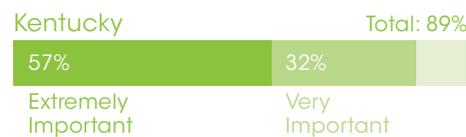
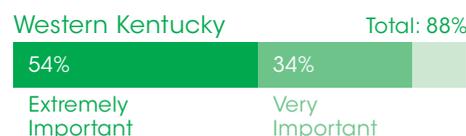
Improving the quality of K-12 public education in Kentucky



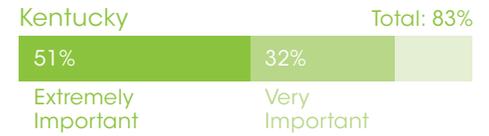
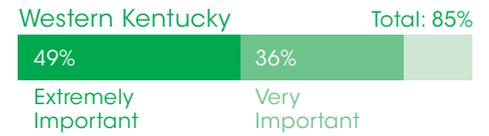
Improving Kentucky’s economy



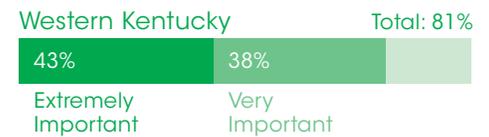
Improving the job situation in Kentucky



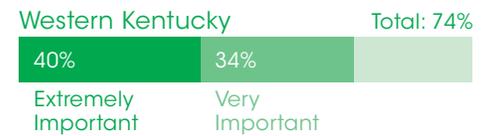
Reducing the cost of health care in Kentucky



Improving the health of Kentucky residents



Fully funding the Kentucky employee retirement systems



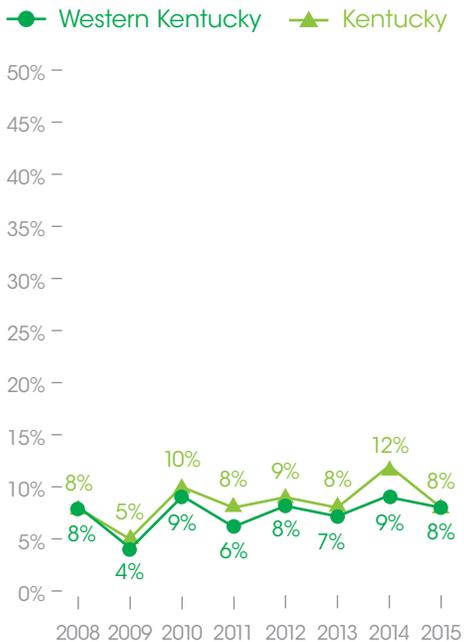
Making government more transparent



No current insurance, adults ages 18-64



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



Health Insurance and Health Care Insurance

Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Fewer than 2 in 10 Western Kentucky adults (18%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Western Kentucky reported slightly higher rates of uninsurance when compared to the state as a whole (13%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get health care is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Western Kentucky, 8% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, 1 in 4 Western Kentucky adults age 18 to 64 (26%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 1 in 10 Kentuckians living in Western Kentucky (14%) reported the same.

Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. In Western Kentucky a similar number (25%) reported having problems paying medical bills.



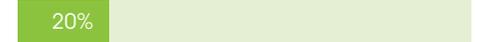
In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Western Kentucky



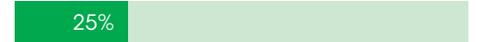
Kentucky



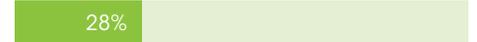
In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Western Kentucky



Kentucky

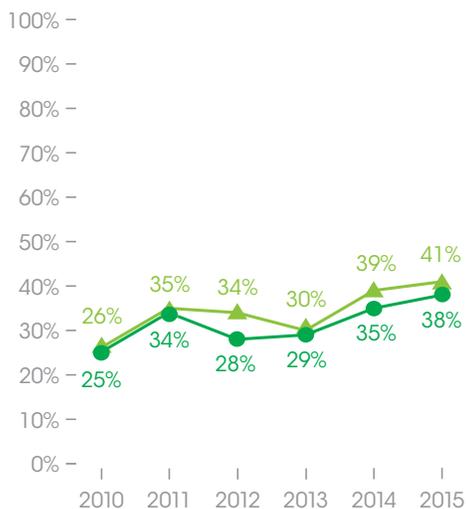


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

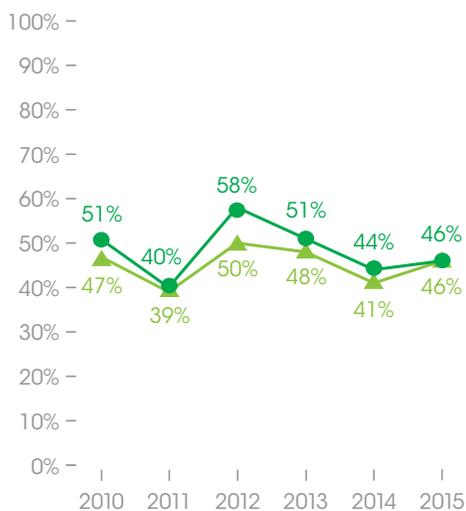
Favorable

● Western Kentucky ▲ Kentucky



Unfavorable

● Western Kentucky ▲ Kentucky



Opinions about the Patient Protection and Affordable Care Act

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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

More than 1 in 3 Western Kentucky adults (38%) reported having a generally favorable opinion of the ACA, and about 1 in 2 (46%) had a generally unfavorable opinion of it. Western Kentucky respondents reported similar opinions about the Affordable Care Act as compared with the state and the nation.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Western Kentucky, about 2 in 10 residents (21%) reported positive impacts of the Affordable Care Act, similar to results for the state as a whole. Half in Western Kentucky (51%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

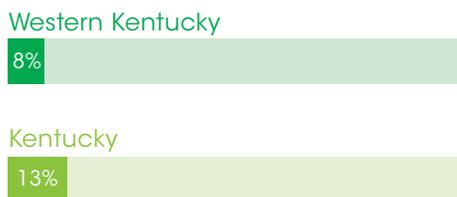
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. About 1 in 10 Western Kentucky adults (8%) knew someone who has experienced problems as a result of heroin use. This is slightly lower than the rate reported for the state as a whole.

One in 4 Kentucky adults (25%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. In Western Kentucky adults were less likely to report a family member or friend has had problems as a result of abusing prescription pain medicine (16%) than reported the same in the state as a whole.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

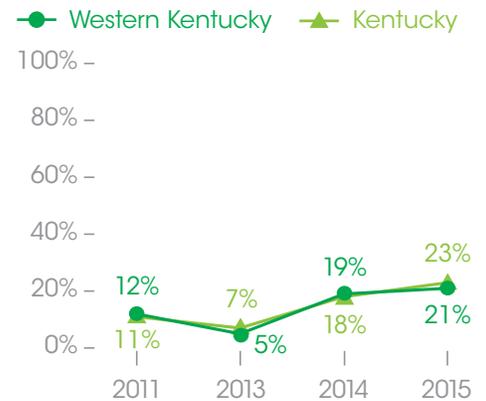
(Graph shows only those who said yes.)



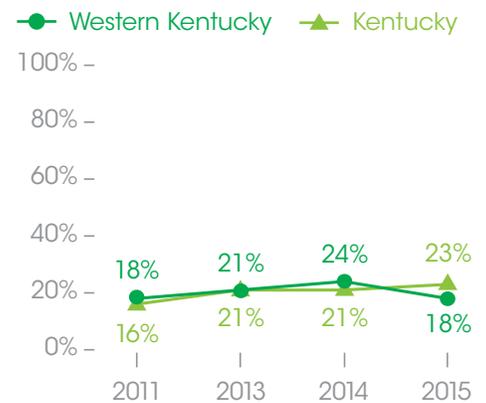
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

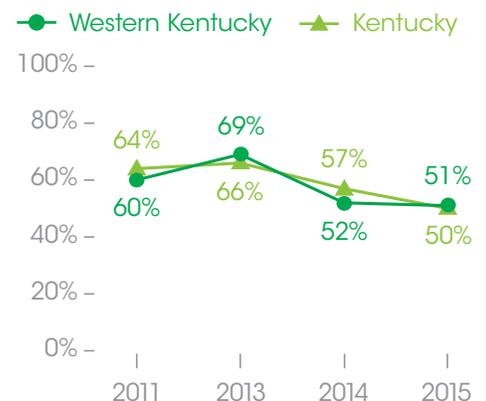
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

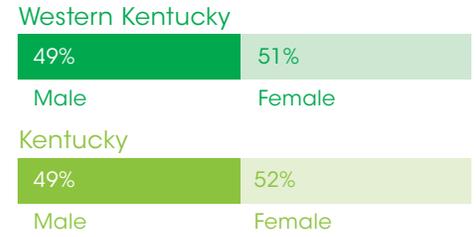
Demographic Profile

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

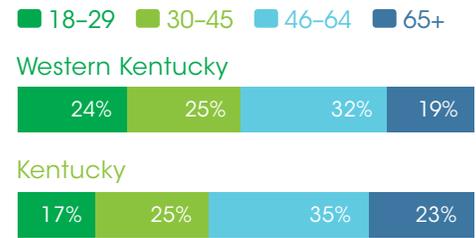


In Western Kentucky, 33% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is the same as reported for the state as a whole (34%). The percentage of Western Kentucky adults who lived between 138% and 200% of FPL was also about the same as for the state as a whole. In Western Kentucky, 48% of adults reported income above 200% FPL, which is the same as reported for the state as a whole (48%).

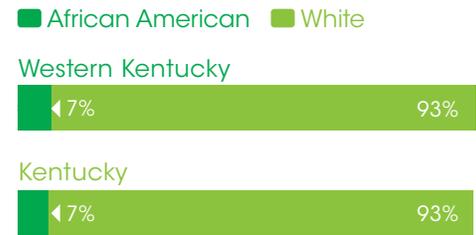
Sex



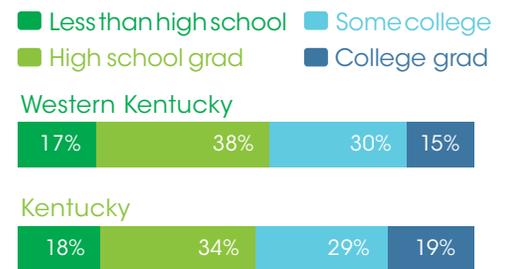
Age



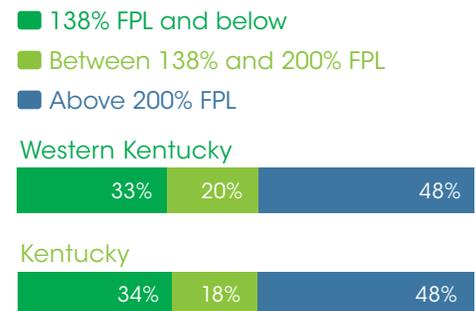
Race



Level of Education



Poverty Status



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

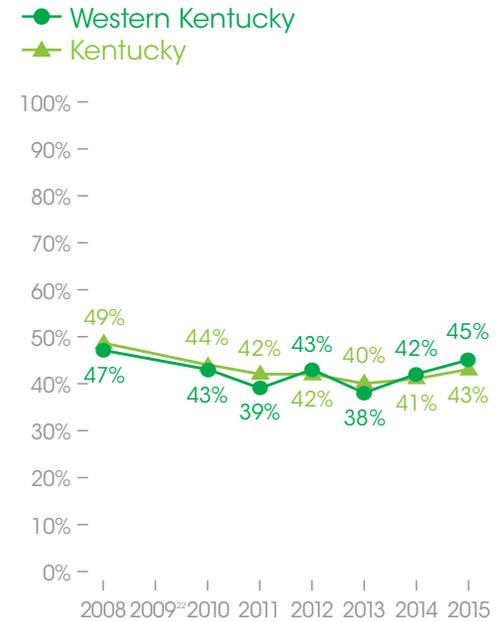
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, more than 4 in 10 Western Kentucky respondents (45%) described their health status as “excellent” or “very good.” This is about the same as reported for the state as a whole (43%).



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



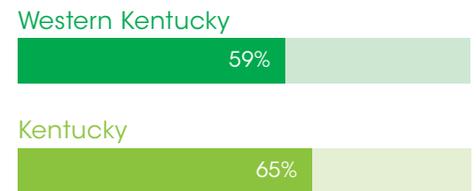
Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

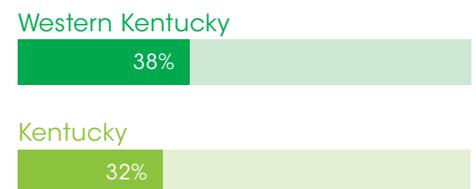
KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. Respondents in Western Kentucky reported about the same level of difficulty (59%) and ease (38%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



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 Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Associate at Interact for Health (ssprigg@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015 – October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 317 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