

# Ohioans' Experiences with...

## Not Having Health Insurance Coverage

Results from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll 2006

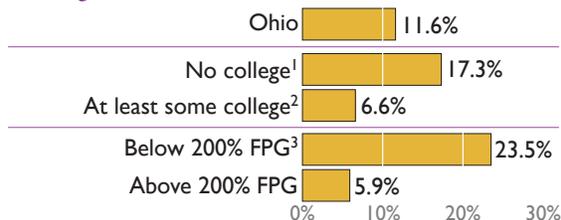


To provide a picture of who is uninsured in Ohio, the 2006 *Ohio Health Issues Poll* asked Ohio adults a number of questions about health insurance, including current health insurance coverage, insurance coverage over the past year, and insurance coverage of household and family members. The data presented here highlight the major differences within demographic groups in Ohio. Minor differences within demographic groups are not reported here.

### Currently uninsured

Just under 10% of Ohio adults (9.7%) were currently uninsured at the time of the 2006 *Poll*, compared to 13.6% of Ohioans at the time of the 2005 *Poll*. Because almost all Ohio adults age 65 and over are insured (98.8%), we also looked at Ohioans ages 18–64 only. In 2006, 11.6% of Ohioans ages 18–64 were currently uninsured, compared to 16.0% in 2005. Major differences within demographic groups include:

% of Ohioans ages 18–64 who reported that they did not currently have any kind of health insurance coverage



<sup>1</sup> "No college" includes people who reported their highest grade completed was less than a high school diploma or a high school diploma.

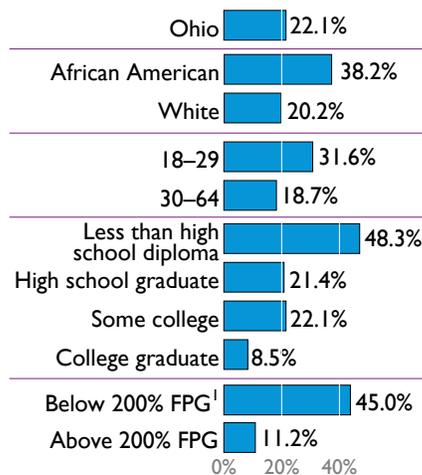
<sup>2</sup> "Some college" includes people who reported their highest grade completed was some college or a college degree.

<sup>3</sup> The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4. So, 200% FPG was an annual income of \$38,700 for a family of 4.

### Uninsured at any time in the last 12 months

In 2006, 1 in 5 Ohio adults ages 18–64 reported that they had been uninsured at some point in the last 12 months, including currently. Major differences within demographic groups include:

% of Ohioans ages 18–64 who reported that they were uninsured at some point during the past 12 months (including currently uninsured)

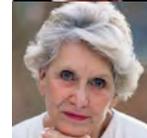


<sup>1</sup> The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4. So, 200% FPG was an annual income of \$38,700 for a family of 4.

### Uninsured household members

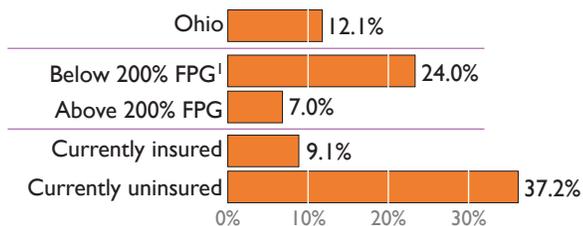
About 1 in 10 Ohio adults (12.1%) had a member of their household besides themselves who was currently uninsured at

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the time of the 2006 *Ohio Health Issues Poll*. Major differences within demographic groups include:

**% of Ohioans reporting that a household member besides themselves was currently uninsured**



<sup>1</sup> The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4. So, 200% FPG was an annual income of \$38,700 for a family of 4.

## Uninsured family members

Over 1 in 4 Ohioans of all ages (27.8%) reported that they had an immediate or extended family member who did not live in their household who was currently uninsured. Major differences within demographic groups include:

**% of Ohioans reporting that an immediate or extended family member not living in their household was currently uninsured**

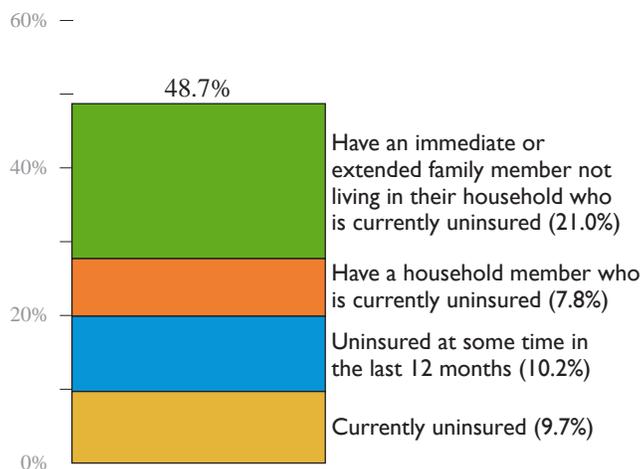


<sup>1</sup> The federal poverty guideline (FPG) in 2005 was an annual income of \$19,350 for a family of 4. So, 200% FPG was an annual income of \$38,700 for a family of 4.

## Ohioans' experiences with people who are uninsured

About half of Ohioans of all ages (48.7%) had some experience with people who are uninsured, either through their own experience or through the experience of a household or family member. This is an unduplicated count of all Ohioans who responded to the questions about insurance status of themselves and their household and family members. This means that if a person answered "yes" to more than one of these questions, we only counted them in one category and not again.

**% of Ohioans who have experience with being uninsured, either personally or through a household or family member (composite of four questions; unduplicated counts)**



# Ohioans Experiences with...

## Mental Illnesses among Coworkers, Friends, and Family

Results from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll 2006



According to the President's New Freedom Commission on Mental Health (2003), about 5–7% of U.S. adults have a severe mental illness. The 2006 *Ohio Health Issues Poll* asked Ohioans if they had ever observed what they thought were symptoms of severe mental illnesses in their coworkers, friends, or family members. Responses do not reflect actual prevalence or diagnoses of severe mental illnesses. Rather, they reflect the observations of Ohioans.



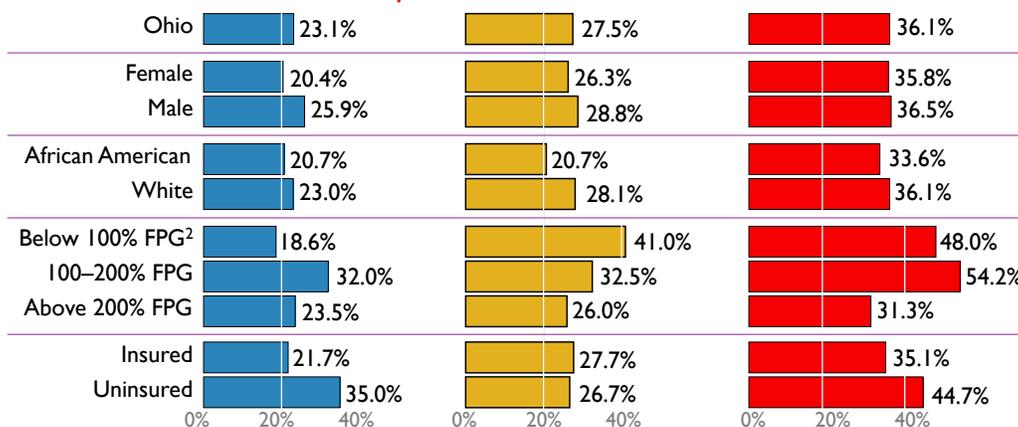
Severe mental illnesses were described to survey participants in this way:

*Severe mental illnesses are serious chronic illnesses that affect the brain. People with these illnesses may hear voices, have hallucinations or serious delusions, experience profound depression or paralyzing anxiety, or have uncontrollable mood swings. These disorders can profoundly disrupt a person's thinking, ability to relate to others, and ability to cope with the demands of life. When the illness is active, a person may lose touch with reality or may not be able to process information normally.*

On average, 3 in 10 Ohioans reported they had observed *symptoms* of severe mental illnesses in coworkers, friends, or family members. Observations were higher for friends and family members, most likely because people are closer to friends and family members and spend more time with them than with coworkers. Symptoms may be harder to hide from friends and family than from coworkers. Also, many people with severe mental illnesses do not work or may only work part-time.

There were minor differences in observations between the sexes or African Americans and whites. There were, however, major differences between the insured and uninsured and among income levels. Again, however, these are reports of observed symptoms, not prevalence rates. People with higher incomes and with insurance have better access to treatment and may have their symptoms under better control. People with severe mental illnesses are often disabled from working at all or they work part-time and have lower personal and family incomes than average.

% of Ohioans who have observed what they thought were symptoms of severe mental illness in any of their coworkers, friends, or family members<sup>1</sup>



<sup>1</sup> Percent of respondents reporting "don't know" are not included in these charts.

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



These findings are from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll, part of the Ohio Poll conducted May 9–21, 2006, by the Institute for Policy Research at the University of Cincinnati. A random sample of 841 adults from throughout Ohio was interviewed by telephone. In 95 of 100 cases, the statewide estimates will be accurate to  $\pm 3.4\%$ . In addition to sampling error, there are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about the Ohio Health Issues Poll, please visit [www.healthfoundation.org/ohip.html](http://www.healthfoundation.org/ohip.html).

# What Ohioans Think About...

## The Importance of Care for People with Mental Illnesses

Results from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll 2006

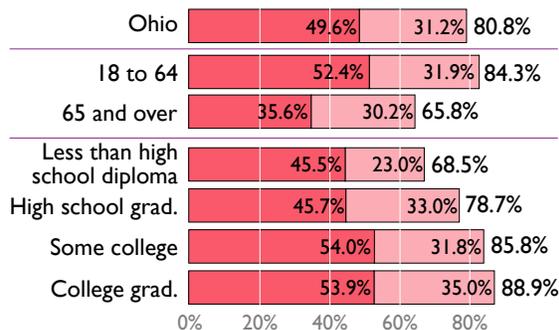


Ohioans agree: it is important for people with mental illnesses to get treatment and the government and insurance companies have some responsibility to help people access mental health treatment. To understand why Ohioans feel this way, it is helpful to look at how Ohioans think about mental health problems.



According to the 2005 *Ohio Health Issues Poll*, 80.8% of Ohioans disagreed with the statement “People with mental health problems, such as depression or nerves, are largely to blame for their own condition.” There was minor variation among responses of different demographic groups with two exceptions. Ohioans ages 65 and over were less likely to disagree with the statement than Ohioans ages 18–64. As education level increased, the likelihood that Ohioans disagreed with the statement increased.

% of Ohioans reporting that they **disagree strongly** or **disagree somewhat** that people with mental health problems, such as depression or nerves, are largely to blame for their own condition.



### Insurance coverage for mental health treatment

Having health insurance that covers mental health treatment does not ensure that people can afford treatment. Many health insurance plans apply higher copayments and deductibles or more restrictions on the number of covered treatment visits to mental health treatment than they do for physical health treatment. This can put mental health treatment out of financial reach even for people with health insurance.

Mental health treatment depends on the mental health problem the person is experiencing and may include short-term counseling from a social worker or counselor; sessions with a psychiatrist or psychologist; long-term inpatient or outpatient treatment; hospitalization; and/or medication.

The term “mental health problem” covers a wide spectrum of problems, such as:

- short-term issues related to everyday life, such as grief and depression or worry due to life changes;
- mental illnesses, such as minor depression and some anxiety and mood disorders; and
- severe mental illnesses, such as major depression, bipolar disorder, manic depression, and schizophrenia.

According to the 2005 *Ohio Health Issues Poll*, 81.9% of Ohioans said that insurance companies should cover mental health treatment at the same levels as physical

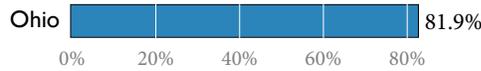
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health treatment, even it meant that the amount they'd pay for health insurance went up. There were minor variations among responses of different demographic groups.

% of Ohioans reporting that they feel insurance companies should cover mental health treatment at the same levels as they do physical health treatment even if it means the amount they pay for health insurance goes up.



## Government responsibility to help people with severe mental illnesses get treatment

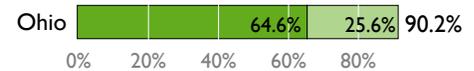
While Ohioans support equal insurance coverage for physical and mental health treatment of all types, Ohioans also believe it is the government's responsibility to help people with severe mental illnesses get the medication and treatment they need.

Severe mental illnesses were described to survey participants in this way:

*Severe mental illnesses are serious chronic illnesses that affect the brain. People with these illnesses may hear voices, have hallucinations or serious delusions, experience profound depression or paralyzing anxiety, or have uncontrollable mood swings. These disorders can profoundly disrupt a person's thinking, ability to relate to others, and ability to cope with the demands of life. When the illness is active, a person may lose touch with reality or may not be able to process information normally.*

Almost all Ohioans (90.2%) agreed that the government is responsible for making sure that people with severe mental illnesses receive medication if they can't afford it. There were minor differences among different demographic groups.

% of Ohioans reporting that they **agree strongly** or **agree somewhat** that it is the government's responsibility to make sure those with severe mental illnesses receive medication if they are unable to afford it.



The majority of Ohioans (79.6%) also agree that it is the government's responsibility to provide people with severe mental illnesses the treatment they need to function in the community. There were minor differences between demographic groups with one exception. More African Americans (95.3%) than whites (77.5%) agreed that the government is responsible for getting people with severe mental illnesses the treatment they need to function in the community.

% of Ohioans reporting that they **agree strongly** or **agree somewhat** that it is the government's responsibility to provide those with severe mental illnesses with the treatment they need to be able to function in the community.



# What Ohioans Think About...

## Treatment versus Prison for People with Severe Mental Illnesses who Get in Trouble with the Law

Results from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll 2006



For many people with severe mental illnesses who get in trouble with the law, community-based treatment is more effective than prison for addressing individual needs and preventing repeat run-ins with the law. According to the President's New Freedom Commission on Mental Health's *Achieving the Promise: Transforming Mental Health Care in America* (2003), community-based treatment can also be more cost-effective than prison for certain people with severe mental illnesses who get in trouble with the law.



The 2006 *Ohio Health Issues Poll* asked Ohioans if they would favor or oppose replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses who are convicted of non-violent crimes, given that the treatment program would cost the same amount as sending the person to prison.

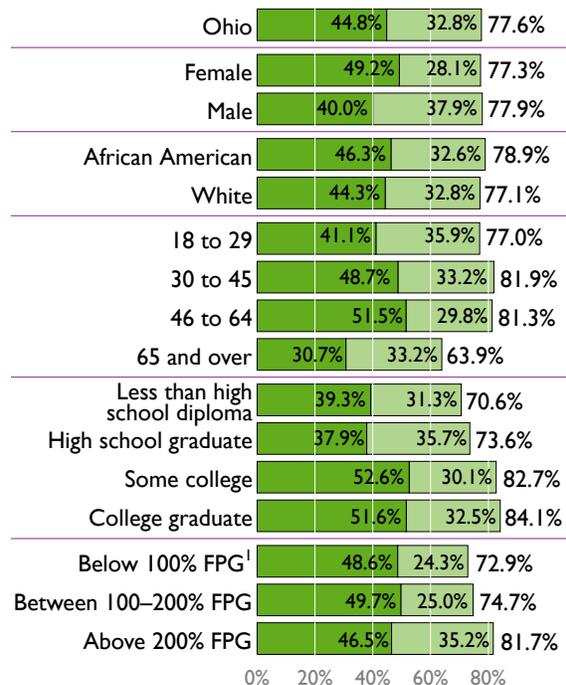
Severe mental illnesses were described to survey participants in this way:  
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### Mental health treatment versus prison for people with severe mental illnesses convicted of non-violent crimes

About three-quarters of Ohioans (77.6%) favor replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses who are convicted of non-violent crimes. There were no differences between sexes or between African Americans and whites.

As education level or family income increased, the likelihood that Ohioans favor treatment  
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% of Ohioans reporting that they **strongly favor** or **favor somewhat** replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses who are convicted of a non-violent crime.



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



versus prison also increased. As age increased, the likelihood that Ohioans favor treatment versus prison also increased, until age 65. About 6 in 10 Ohioans ages 65 and over (63.9%) favored treatment over prison for people with severe mental illnesses who are convicted of non-violent crimes, compared to 8 in 10 Ohioans younger than age 65 (80.4%).

### Mental health treatment versus prison for people with severe mental illnesses who have no prior criminal record and who are convicted of non-violent crimes

The *Ohio Health Issues Poll* also asked Ohioans specifically about treatment instead of prison for people with severe mental illnesses who are convicted of a non-violent crime and *have no prior criminal record*.

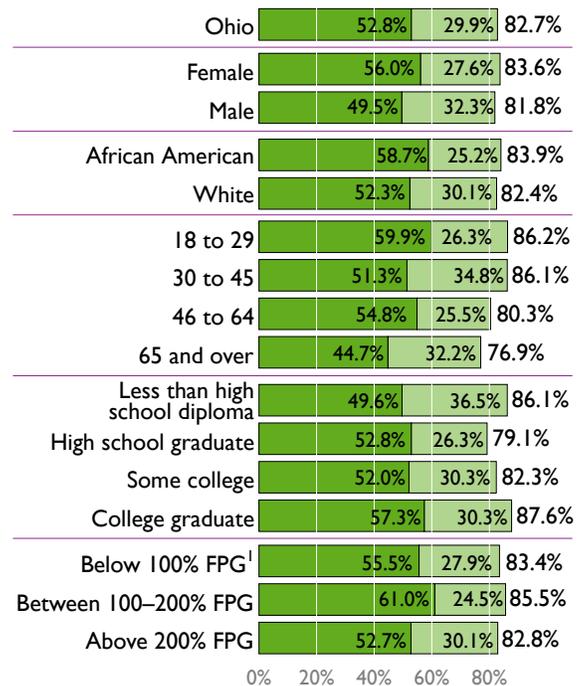
Slightly more Ohioans favored treatment over prison for people with severe mental illnesses *who have no prior criminal record* and who are convicted of non-violent crimes. Again, there were no differences between the sexes or between African Americans and whites. There were also no differences for this question among family income groups.

Although the likelihood that Ohioans favored treatment over prison in this case decreased as age increased, differences were not significant. For a first offense, Ohioans age 65 and over were more likely to favor treatment over prison than they were for offenders in general.

There were some differences among education levels. With the exception of Ohioans with less than a high

school education, as education level increased, the likelihood that Ohioans favored treatment over prison for people with severe mental illnesses *who have no prior criminal record* and who are convicted of non-violent crimes also increased. Ohioans with less than a high school education were about as likely as Ohioans who graduated from college to favor treatment over prison in this case.

% of Ohioans reporting that they **strongly favor** or **favor somewhat** replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses who have no prior criminal record and are convicted of a non-violent crime.



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

# What Ohioans Think About...

## Smoking Bans in Workplaces, Restaurants, and Bars

Results from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll 2006



The 2006 *Ohio Health Issues Poll* repeated a question from the 2005 poll about respondents' support for an Ohio state law that would make it illegal to smoke in all workplaces, restaurants, and bars. We also added questions about smoking status and restrictions on smoking in workplaces, restaurants, or bars separately from each other.



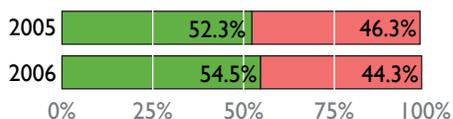
### Smokers in Ohio

According to the 2006 *Ohio Health Issues Poll*, 26.9% of Ohioans smoke, compared to 20.8% of the nation. In Ohio in general, as age, income, or education level increase, the number of people who smoke decreases. Geographically, smoking rates are highest in southern Ohio (30.6%). Smoking rates were slightly higher among residents of Ohio's urban (28.3%) and rural (27.4%) counties than of suburban (24.5%) counties.

### Comprehensive law making smoking illegal in all workplaces, bars, and restaurants

According to the 2006 *Ohio Health Issues Poll*, more than half of Ohioans (54.5%) would favor a state law that would make it illegal to smoke in all workplaces, restaurants, and bars.

Would you *favor* or *oppose* an Ohio state law that would make it illegal to smoke in all workplaces, restaurants, and bars?<sup>1</sup>



<sup>1</sup> Percent of respondents reporting "don't know" are not included in this chart. This can be calculated by subtracting the percent reporting "favor" and "oppose" from 100%.

Demographic groups with high numbers of current smokers would not necessarily oppose the law. For example, people with less than a high school education have the highest smoking rates among all education levels, but were among the top four demographic groups to favor a law making smoking illegal. Ohioans more and less likely to favor the law include:

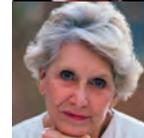
People <b>more</b> likely to favor the law <sup>1</sup>	% who favor the law	% who are current smokers
College graduates	66.3%	16.4%
Nonsmokers <sup>2</sup>	66.0%	0.0%
African Americans	63.4%	22.8%
People with less than a high school education	58.4%	41.2%
Republicans	58.1%	25.7%
People with incomes above 200% of poverty	57.6%	22.8%

People <b>less</b> likely to favor the law	% who favor the law	% who are current smokers
People ages 18-29	50.6%	29.1%
Independents	47.3%	39.0%
People with incomes below 100% of poverty	46.0%	45.0%
High school graduates	44.4%	29.2%
People who are not registered to vote	43.6%	49.0%
Current smokers	23.4%	100.0%

<sup>1</sup> For complete results, please visit [www.oasis.uc.edu](http://www.oasis.uc.edu). The *Ohio Health Issues Poll 2006* is included under *The Health Foundation of Greater Cincinnati's* collection.

<sup>2</sup> Nonsmokers include people classified as never having smoked and people classified as previous smokers (meaning they smoked at one time but were not current smokers).

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Across demographic groups, minor variations were seen in most groups between 2005 and 2006 with a few notable exceptions. Demographic groups that saw a large increase in the numbers supporting the state law include:

- white males (51.2% in 2006 compared to 43.9% in 2005),
- Ohioans ages 30–45 (56.3% in 2006 compared to 41.7% in 2005), and
- Ohioans with less than a high school education (58.4% in 2006 compared to 39.3% in 2005).

Demographic groups that saw a large decrease in the numbers supporting the state law include:

- high school graduates (44.4% in 2006 compared to 51.8% in 2005),
- Ohioans who are not registered to vote (43.6% in 2006 compared to 51.6% in 2005), and
- Ohioans ages 65 and older (53.3% in 2006 compared to 70.9% in 2005).

## Levels of smoking restrictions in workplaces, restaurants, or bars

Over half of Ohioans would favor a comprehensive state law that would make it illegal to smoke in all workplaces, restaurants, and bars. However, when given a choice about smoking in specific locations, fewer Ohioans say smoking should be banned in bars than in restaurants or workplaces. Half of Ohioans say smoking should be totally banned in restaurants (50.7%), one-third (36.8%) say smoking should be totally banned in workplaces, but only one-fifth (20.7%) say smoking should be totally banned in bars. These rates are slightly lower than the national rates found in the July 2005 Gallup Poll on smoking bans (see graph below).

Even smokers say there should be some restrictions on smoking in restaurants: 9 out of 10 Ohio smokers said smoking should be totally banned from restaurants (30.0%) or that there should be certain areas set aside for smoking in restaurants (63.1%). Smokers also support restrictions on smoking in the workplace, with 13.0% supporting a ban on smoking in the workplace and 80.4% supporting that certain areas be set aside for smoking in the workplace. However, two-thirds of Ohio smokers (63.7%) say there should be no restrictions on smoking in bars.



<sup>1</sup> Percent of respondents reporting "don't know" are not included in these charts.

<sup>2</sup> Nonsmokers include Ohio residents classified as never having smoked and people classified as previous smokers (meaning they smoked at one time but were not current smokers).