

Healthcare top priority regardless of court ruling

Challenges to the constitutionality of the Patient Protection and Affordable Care Act (ACA), better known as the healthcare reform law, were heard before the U.S. Supreme Court in March 2012. Its decision is expected by the end of June. To understand how many Ohioans are following news about the case and how important affordable, quality healthcare is for Ohio adults, the 2012 **Ohio Health Issues Poll (OHIP)** included several questions about the law and the Supreme Court case.

Fewer than half closely following news about case

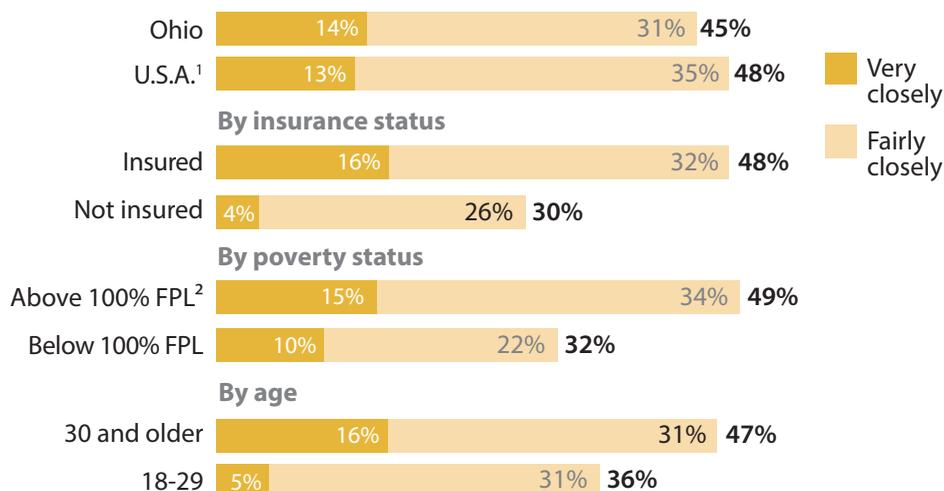
Nearly 4 million Ohio adults (45%) reported they are following news about the Supreme Court case very closely or fairly closely, a rate similar to national results (48%).¹ More Ohio adults, nearly 5 million (55%), are not closely following news about the case.

Groups most likely to benefit from law not following news about case

The healthcare law aims to increase the affordability of and access to

¹National results are from the May 2012 Kaiser Health Tracking Poll, available at <http://www.kff.org/kaiserpolls/8315.cfm>.

How closely have you been following the news about the case before the Supreme Court challenging parts of the healthcare law? (Graph presents only those who said they were following very closely or fairly closely.)



health insurance for everyone, particularly those who are currently uninsured. Young adults and the poor are uninsured at much higher rates than other demographic groups.

However, few people in these groups are following news about the Supreme Court case, even though they could benefit if the healthcare law remains intact. Only 3 in 10 uninsured Ohio adults (30%) are following news about the case. Similarly, 32% of adults living below 100% of the federal poverty level

(FPL²) and 36% of adults ages 18-29 are following the case.

Large majority says quality healthcare should be priority for president, Congress

More than 8 in 10 Ohio adults (86%) said that if the healthcare law is ruled unconstitutional, providing access to affordable, quality

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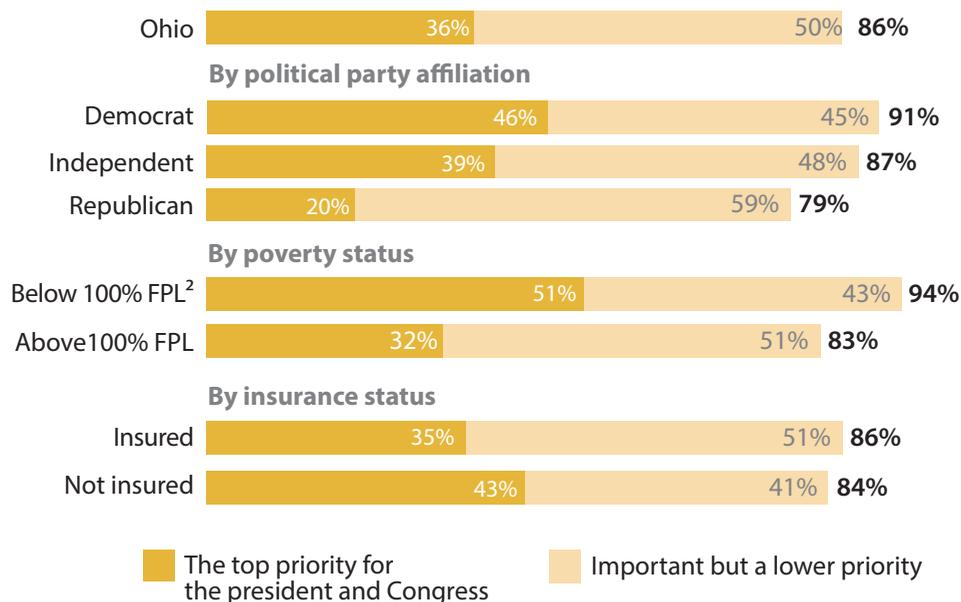
²100% of the federal poverty level (FPL) in 2011 was an annual household income of \$22,350 and 200% FPL was \$44,700, both for a family of four.

healthcare for all Americans should be a priority for the president and Congress.

The healthcare reform debate has been politically divisive. However, regardless of political affiliation, large majorities said providing access to affordable, quality healthcare should be a priority. More than 9 in 10 Democrats (91%) said healthcare access should be a top or important priority, similar to nearly 9 in 10 Independents (87%) and 8 in 10 Republicans (79%).

Additionally, large majorities of the groups most likely to benefit said providing affordable, quality healthcare should be a priority. More than 9 in 10 Ohio adults living below 100% FPL (94%) and 8 in 10 uninsured adults (84%) said healthcare should be a priority.

If the Supreme Court rules that the entire healthcare law is unconstitutional, do you think providing access to affordable, quality healthcare for all Americans should be ...
(Graph presents only those who said it should be the top priority for the president and Congress or an important but lower priority.)





Understanding of healthcare law still low

President Obama signed the Patient Protection and Affordable Care Act (ACA), better known as the healthcare reform law, in early 2010. Challenges to the constitutionality of the law were heard before the U.S. Supreme Court in March 2012. Its decision is expected by the end of June. To understand how many Ohio adults understand the new law and what they think about providing access to affordable, quality healthcare for all Americans, the 2012 **Ohio Health Issues Poll (OHIP)** included several questions about the law and support for increased healthcare access.

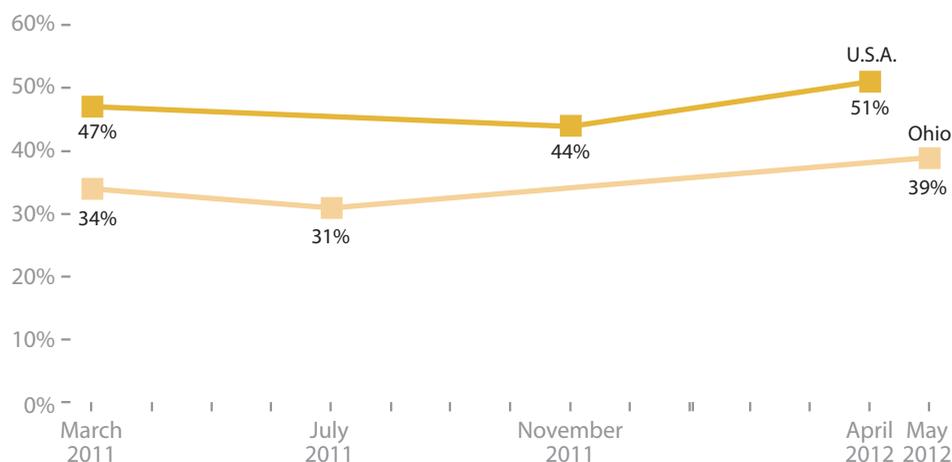
Ohio adults lag nation in understanding healthcare law

Only 4 in 10 Ohio adults (39%) report that they have enough information about the new health reform law to understand how the law will affect them personally. This is up slightly from 3 in 10 (34%) in March 2011. However, Ohioans' understanding of how the law will affect them personally has been consistently lower than the nation.¹

¹National results are from the Kaiser Health Tracking Polls from March and November 2011 and April 2012. For more details visit: <http://www.kff.org/kaiserpolls/trackingpoll.cfm>

Do you feel you have enough information about the new health reform law to understand how it will impact you personally, or not?

(Graph presents only those who responded "yes.")



Uninsured most likely to benefit but least informed

The healthcare law aims to increase the affordability of and access to health insurance for everyone, particularly those who are currently uninsured. However, among all groups measured by OHIP, uninsured adults reported the least understanding about the potential impact of the law. Fewer than 3 in 10 uninsured Ohioans (27%) reported that they had enough information to understand the impact of the law on them personally, compared with more than 4 in 10 insured Ohioans (41%).

Large majorities support increased access for all

More than 8 in 10 Ohio adults (83%) favor providing access to affordable, quality healthcare for all Americans. Support for access was consistently high regardless of age, income, education, insurance status or political affiliation. Large majorities of Democrats (90%), Independents (88%) and Republicans (71%) favor providing access to affordable, quality healthcare for all Americans.



INSURANCE

Ohio adults without health insurance

The **Ohio Health Issues Poll (OHIP)** includes questions about health insurance coverage of Ohio adults.

Because nearly all Ohioans ages 65 and older (99%) are insured, this summary focuses on Ohioans ages 18-64.

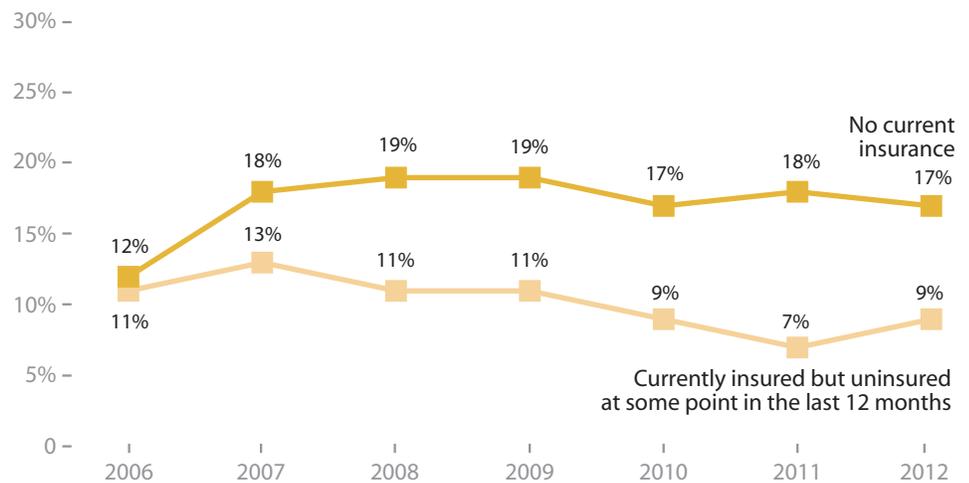
Uninsured rates stable

Health insurance is a critical factor in obtaining healthcare services. Nearly 2 in 10 Ohio adults (17%) did not have health insurance at the time of OHIP. This translates to 1.2 million uninsured Ohio adults. This is up from just more than 1 in 10 adults (12%) in 2006, but is consistent with recent results.

Uninsured at some point in last year also stable

The stability of health insurance coverage is also a factor in access to healthcare. A measure of stability is whether a person has been covered continuously for the past 12 months. Nearly 1 in 10 Ohioans ages 18-64 (9%) who were insured at the time of OHIP had been uninsured at some point in the past 12 months. This is down slightly

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



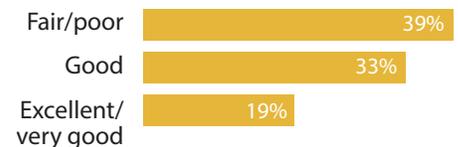
from a high of 13% in 2007, but consistent with recent results.

Strong connection between insurance status, self-reported health status¹

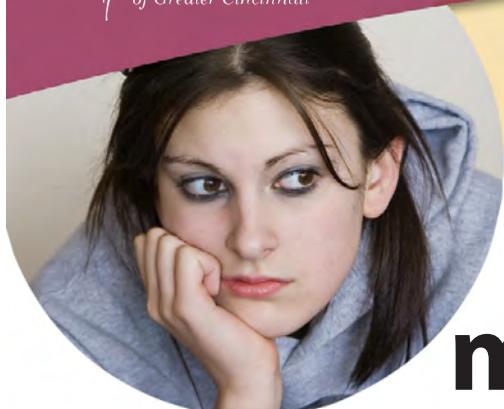
There is a strong connection between adults' self-reported health status and whether they have health insurance. Healthier adults reported lower rates of being uninsured at any point in the last year. Only about 2 in 10

adults (19%) who reported excellent or very good health were uninsured currently or at some point in the last year. By comparison, about 4 in 10 adults (39%) who reported fair or poor health were uninsured currently or at some point in the past year.

Health status¹ of Ohio adults currently uninsured or uninsured at some point in the last 12 months (ages 18-64)



¹OHIP asked "Would you say that in general your health is excellent, very good, good, fair or poor?"



Ohioans' access to mental health services

Mental health issues, including depression, are a significant public health issue in Ohio. In the past year, 1 in 5 adults (20%) in the United States experienced mental illness.¹ When people experience depression or other mental health issues, it is important that they be able to access the treatment and support services they need. To learn if Ohioans know how to find help, the **Ohio Health Issues Poll (OHIP)** included questions about access to mental health treatment services.

Perceived need for treatment is high

Four in 10 Ohio adults (40%) reported that a friend or family member had ever behaved in a way that made them think that person had a serious problem with depression. This is slightly less than the 5 in 10 adults in Kentucky who reported that a family member or friend had ever behaved in a way that made them think that person had a serious problem with depression.²

¹Substance Abuse and Mental Health Services Administration (SAMHSA). (2012.) Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. Retrieved from www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.pdf

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

Most report knowing where to get help

If a friend or family member asked for help finding services or treatment for depression, nearly 7 in 10 Ohio adults (67%) reported they would know who to contact. This is similar to the 62% of Kentucky adults who reported knowing where to get help.²

Few turn to mental health specialists for help

Of those who said they knew where to get help for a friend or family member, OHIP asked where they would get that help. Only about 4 in 10 (38%) of those who knew where to get help would suggest contacting a mental health professional.³ Nearly half (46%) would recommend getting in touch with other healthcare providers⁴, such as a primary care doctor (32%), and 15% would turn to social services, clergy or another source.

² Kentucky results from the 2011 Kentucky Health Issues Poll available at: <https://www.healthfoundation.org/kentucky-health-issues-poll>

Has a family member or friend ever behaved in a way that made you think they had a serious problem with depression?

(Graph presents those who said "yes.")

Kentucky adults²



Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?

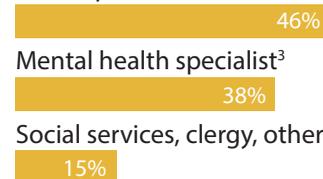
(Graph presents those who said "yes.")

Ohio adults



Suppose a family member or friend asked you for help finding treatment services for depression. Who would you tell them to contact? (Asked only of those who said they knew who to contact.)

Health provider⁴



³ Responses in this category included mental health hospitals and clinics, psychiatrists or psychologists.

⁴ Responses in this category included doctor or primary care physician, hospital, local health department and insurance provider.



What Ohio adults think about fracking

Fracking, or hydraulic fracturing, is a relatively new way to extract natural gas. Fracking injects water, sand and chemicals into rock formations to create cracks in the rocks, releasing oil or natural gas. Since December 2009, Ohio has issued 308 fracking permits, resulting in 105 wells being drilled.¹ Existing and planned wells are predominantly in Eastern Ohio.

Supporters of fracking see it as new revenue for the state and a chance to create high-paying jobs. Opponents are concerned about the impact of this type of drilling, including the chemicals used in the process, on the environment and the health of those living near fracking sites.

To understand Ohioans' opinions about fracking in the state, the 2012 **Ohio Health Issues Poll (OHIP)** asked Ohio adults a number of questions about their knowledge and concerns about fracking.

Most Ohioans know little about fracking

When asked how much they had heard about a drilling method called

¹Ohio Department of Natural Resources, accessed 7/19/2012: <http://www.ohiodnr.com/oil/shale/tabid/23174/Default.aspx>

How much, if anything, have you heard about a drilling method called hydraulic fracturing, sometimes called fracking?



hydraulic fracturing, more than 6 in 10 Ohio adults reported knowing a little (32%) or nothing at all (31%) while nearly 4 in 10 (37%) reported knowing a lot.

Majority thinks fracking is happening in their region

Of the 7 in 10 Ohio adults (69%) who had heard of fracking, more than half (51%) think that fracking is happening in their region. According to the Ohio Department of Natural Resources, fracking permits have been issued almost exclusively in Northeast and Southeast Ohio, with one permit in Central Ohio (Knox County). A majority of respondents in Northeast and Southeast Ohio knew that fracking is happening in their region. In other regions, a large minority of respondents also reported that fracking is happening in their part of the state.

Ohioans split on health concerns related to fracking

Ohioans familiar with fracking² were split when asked if they thought fracking poses a threat to the health of the general public. Nearly 4 in 10 (38%) said that fracking does not pose a threat. Similarly, nearly 4 in 10 (36%) said that it does pose a threat. A large percentage of Ohio adults (26%) familiar with fracking said they don't know if fracking poses a threat to the health of the general public.

Would you say the fracking drilling method ... ?³

Does not pose a threat to the health of the general public



Poses a threat to the health of the general public



Don't know



²Ohioans who reported knowing a lot or a little about fracking.

³OHIP asked "Some Ohioans think the fracking drilling method poses a threat to the health of the general public. Other Ohioans think the fracking drilling method does not pose a threat to the health of the general public. What about you ... would you say the fracking drilling method poses a threat to the health of the general public or does not pose a threat to the health of the general public?" (Asked only of those who have heard of fracking.)



Going into debt to pay for healthcare in Ohio

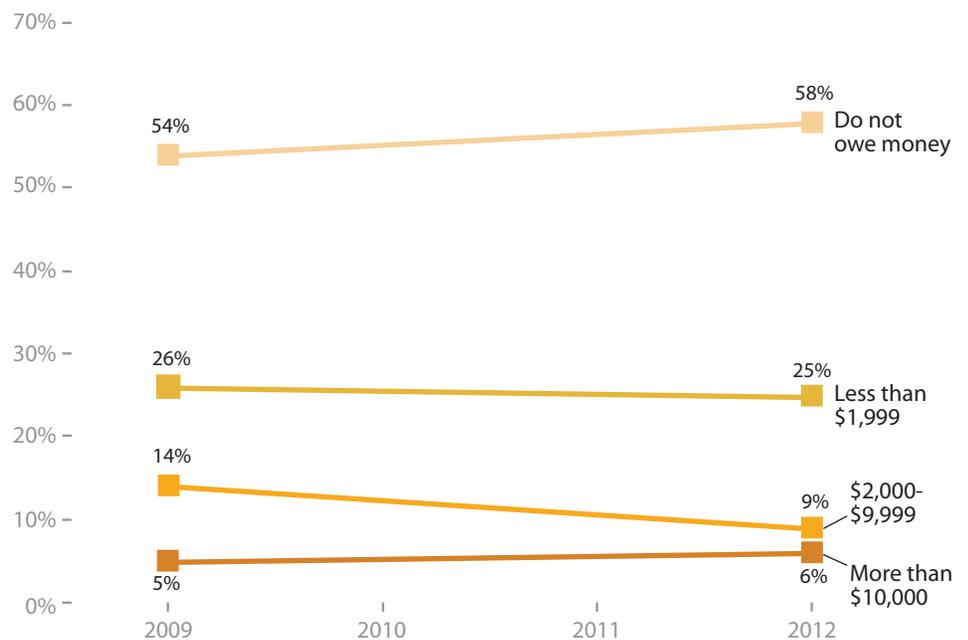
The cost of getting medical care and health insurance has increased annually for many years. These increases have meant that some people go without care because they can't afford it or they go into debt to get the care they need. More than 1.6 million Ohio adults (19%) reported that they had to change their life significantly in the last 12 months to pay medical bills, according to the 2012 **Ohio Health Issues Poll (OHIP)**. This is down slightly from 1 in 4 (24%) in 2009.

To learn how Ohioans are faring with medical debt, OHIP asked Ohio adults about their unpaid medical and healthcare bills. The majority of Ohio adults (58%) do not have any unpaid medical debt. Among people with medical debt, the largest percentage owes less than \$2,000 (25%). These percentages are similar to results from 2009.

Unpaid medical debt greater for some groups

The total amount of medical debt varies among demographic groups, with some reporting higher levels of medical debt:

How much would you say you currently owe on unpaid medical or healthcare bills?
(Percentages do not add to 100% because the response "don't know" is not included.)



- **The uninsured:** Nearly 6 in 10 uninsured Ohio adults (58%) have some medical debt, compared with fewer than 4 in 10 (38%) insured Ohio adults. A much higher percentage of uninsured Ohio adults (37%) had less than \$2,000 in medical debt compared with insured Ohio adults (23%).

- **People with fair or poor self-reported health status¹:** Ohio

adults who reported being in poor health also reported more medical debt. The rate of unpaid debt greater than \$2,000 was more than three times higher for Ohioans reporting fair or poor health status (33%) as it was for those reporting excellent or very good health (10%).

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¹OHIP asked "Would you say that in general your health is excellent, very good, good, fair or poor?"

These findings unless otherwise noted are from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll (OHIP) conducted May 29-June 6, 2012, by the Institute for Policy Research at the University of Cincinnati. A random sample of 834 adults throughout Ohio was interviewed by telephone. This included interviews conducted by both landline telephone and cell phone. In 95 of 100 cases, statewide estimates will be accurate to $\pm 3.4\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about OHIP, please visit <https://www.healthfoundation.org/ohio-health-issues-poll>. If you have questions about the data in this document, please contact Jennifer Chubinski, Director of Community Research, at 513-458-6608 or jchubinski@healthfoundation.org.

• **People living below 200% FPL:**

More than half of Ohio adults (51%) living below 100% of the federal poverty level (FPL²) reported having some medical debt. Similarly, 54% of Ohio adults living between 100% and 200% FPL had medical debt. That compares with only 35% of Ohio adults living above 200% FPL who reported having medical debt. The rate of unpaid debt greater than \$10,000 was more than four times as high for Ohioans living at or below 100% FPL (17%) as it was for Ohioans living above 200% FPL (4%).

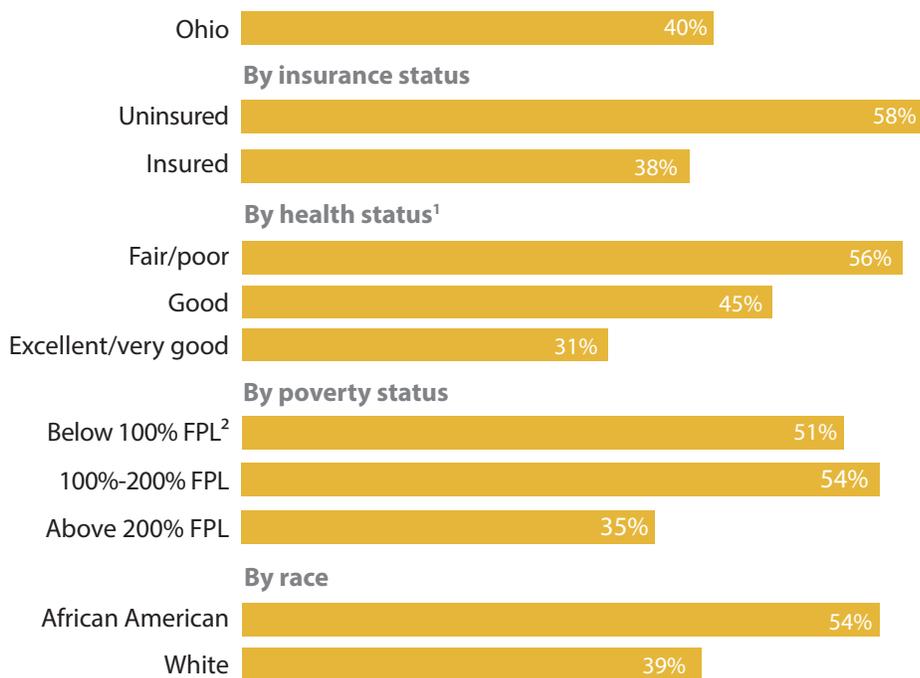
• **African Americans:** Ohio’s African Americans reported a higher percentage of medical debt than White respondents, with 54% of respondents stating that they have some medical debt compared with 39% of White respondents.

What do Ohioans owe money for?

Ohioans reported their largest percentage of unpaid medical debt was for tests and diagnostic

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

Percentage of Ohio adults who owe money for unpaid medical or healthcare bills



procedures (23%), in-hospital stays (20%) and emergency room visits (20%).

Medical debt for emergency room visits

African Americans (38%), young adults (36%) and the uninsured (31%) had significantly higher rates of medical debt for emergency room visits compared with all Ohioans

(20%). Other surveys have shown that these groups are less likely than other demographic groups to have an appropriate medical home – a doctor’s office, health center or other place they go when they are sick or need medical advice. Inappropriate medical homes, such as an emergency room or urgent care center, do not provide the kind of consistent care and follow-up that help people stay healthy.



Usual source of care and wait times in Ohio

Having a usual clinic, health center, doctor's office or other place to go if you are sick or need medical advice is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely healthcare when they need it.

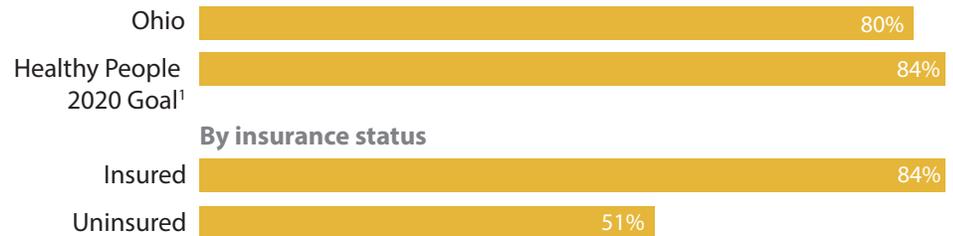
To understand if Ohio adults have a usual and appropriate source of care, the 2012 **Ohio Health Issues Poll (OHIP)** asked several questions about access to healthcare and difficulty making routine and sick care appointments.

Most have usual source of care, except uninsured

Eight in 10 Ohio adults (80%) report having a usual source of care. This is consistent with previous surveys in Ohio and the Healthy People 2020¹ goal of 84% of people having a usual primary care provider. However, only half of uninsured adults (51%) have a usual source of care, significantly lower than the rate of 8 in 10 insured adults (84%) who have a usual source of care.

¹For more information on the Health People 2020 goals please visit: <http://www.healthypeople.gov/>

Ohio adults who report having a usual source of care



Most have appropriate usual source of care

Having a usual primary care provider is only part of the issue. The type of primary care provider is also important. An appropriate source of care is a place where the staff knows you and your health history. The staff provides regular and preventive care and can help catch minor problems before they become serious. More than 7 in 10 Ohio adults (72%) report having an appropriate source of care, such as a private doctor's office, public health clinic, community health center or hospital outpatient department. Young adults (58%), adults living below 100% of the federal poverty level (FPL²; 55%) and the uninsured

²100% of the federal poverty level (FPL) in 2011 was an annual household income of \$22,350 and 200% FPL was \$44,700, both for a family of four.

(46%) reported much lower rates of having an appropriate usual source of care.

Most can get a timely appointment for routine and urgent care

More than 9 in 10 Ohio adults (94%) report that the last time they needed a check-up or routine medical care they did not have difficulty getting an appointment with their doctor or clinic. Large majorities of all demographic groups tracked by OHIP reported no difficulty getting an appointment with their doctor or clinic. Most Ohio adults (74%) reported that it took less than a week to get a routine medical appointment with their doctor or clinic.

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Nearly 9 in 10 Ohio adults (86%) reported that the last time they were sick or needed medical care right away they did not have difficulty getting an appointment with their doctor or clinic. An additional 4% went to the emergency department. Uninsured adults (17%) reported having trouble getting an urgent appointment with their doctor or clinic at more than double the rate that insured Ohio adults (7%) reported having trouble getting an urgent appointment. Similarly, adults living below 200% FPL (13%) reported having trouble getting an urgent care appointment at nearly three times the rate of adults living above 200% FPL (5%). The large majority of Ohio adults (76%) were able to get an urgent care appointment with their doctors the same day (38%) or within one (26%) or two days (12%).



The link between income, health in Ohio

Since 2005, the **Ohio Health Issues Poll (OHIP)** has tracked health opinions and health status of adults in the state. An important indicator of well-being in the state is adults' overall self-rated health status.

OHIP asks "Would you say that, in general, your health is excellent, very good, good, fair or poor?"

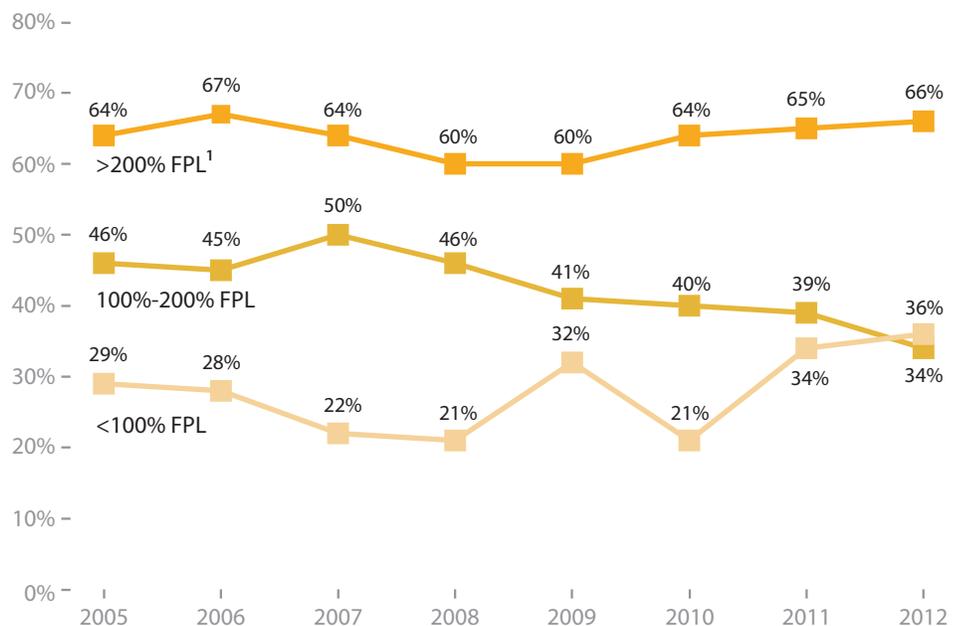
Ohioans living above 200% FPL¹ consistently report better health

In Ohio and in similar national surveys, adults with higher incomes report being in better health. Do healthy people make more money because they can work more days or at better jobs? Or are people who make more money healthier because they have resources to preserve and improve their health? It is not possible to clearly answer these questions because many factors affect both health status and income.

Since OHIP began, people with higher incomes have consistently reported better health status. Each

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

Ohio adults reporting "excellent" or "very good" health, by household income, 2005-2012



year since 2005 more than 6 in 10 Ohioans living above 200% of the federal poverty level (FPL)¹ reported being in "excellent" or "very good" health. This compares with between 2 in 10 and 3 in 10 Ohioans living below 100% FPL.

Self-reported health status improves for poorest

In 2012 more than 3 in 10 Ohio adults living below 100% FPL (36%)

reported being in "excellent" or "very good" health, up from lows of 2 in 10 in 2008 and 2010. The 2012 rate is the highest percentage of adults in this poverty category reporting "excellent" or "very good" health in OHIP history.

By contrast, 3 in 10 Ohioans living between 100% and 200% FPL (34%) reported being in "excellent"

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or “very good” health. This is down from a high of more than 5 in 10 adults (54%) in 2006 and is the lowest percentage of adults in this poverty category reporting “excellent” or “very good” health in OHIP history.

Although the difference in health status between adults living below 100% FPL and those living between 100% FPL and 200% FPL is not statistically significant, this is the first time in OHIP history that adults living below 100% FPL rate their health better than those living between 100% and 200% FPL. It is not clear why this shift has occurred, but it is clear that adults living above 200% FPL consistently rate their health much higher than those living below 200% FPL.



Where do Ohioans get their health insurance?

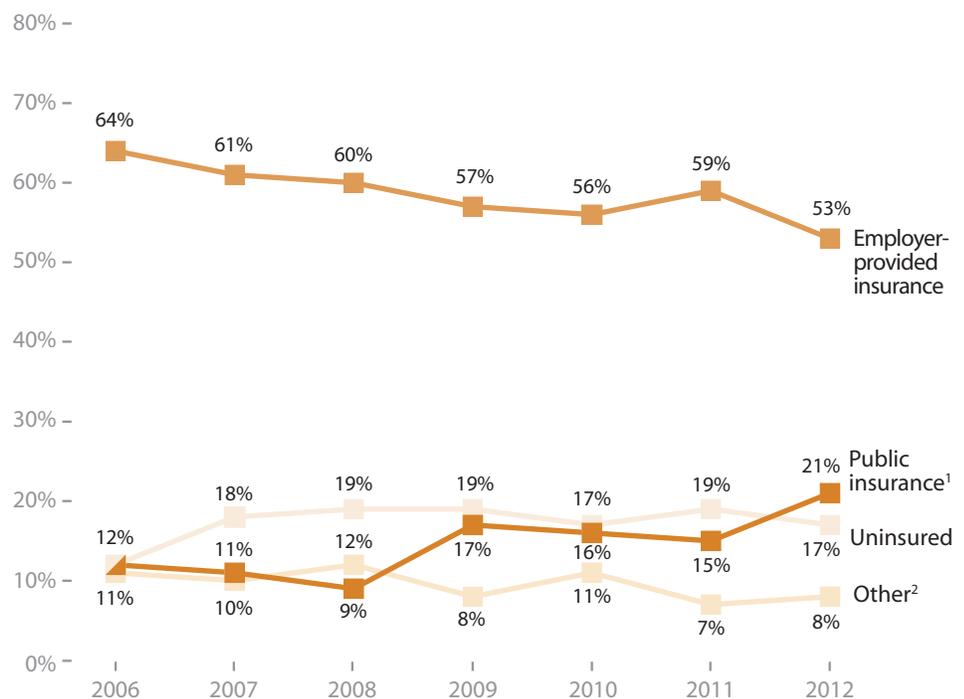
In Ohio, as in other states, more working-age adults are obtaining public health insurance. Nationally, there has been a reduction in employer-provided insurance and an accompanying shift to public insurance. Ohio has also experienced this trend.

The **Ohio Health Issues Poll (OHIP)** included a number of questions about health insurance coverage to provide a picture of the insurance status of Ohio adults and their family members. Because nearly all Ohio adults ages 65 or older (99%) are insured, this summary focuses on Ohioans ages 18-64.

More working-age adults have public insurance; uninsured stable

More working-age adults are receiving public insurance from Medicare, Medicaid, veteran benefits or a combination of the three. Currently, 2 in 10 (21%) Ohio adults ages 18-64 are covered by a form of public insurance, up from 1 in 10 adults ages 18-64 (12%) in 2006. The percentage of Ohio adults who are uninsured

Type of insurance coverage for Ohio adults ages 18-64 (Percentages may not add to 100% because of rounding.)



¹Public insurance includes Medicare, Medicaid, veteran benefits and combinations of the three.

²Other includes purchased own plan, somewhere else, other and don't know.

has remained relatively stable since 2007 at about 2 in 10 Ohio adults.

Fewer obtain insurance from employers

In 2006, more than 6 in 10 (64%) Ohio adults got their health

insurance through their employer or their spouse's employer. Since 2006 the percentage of Ohio adults getting their insurance from an employer has steadily declined to just more than 5 in 10 (53%) in 2012.

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