



Slight rise in uninsured adults, but stability of insurance improves

Most Americans rely upon health insurance coverage to pay for their healthcare. The **Ohio Health Issues Poll (OHIP)** asks about the insurance status of Ohio adults and their families. Because nearly all Ohio adults ages 65 or older are insured through Medicare, this summary focuses on Ohioans ages 18-64.

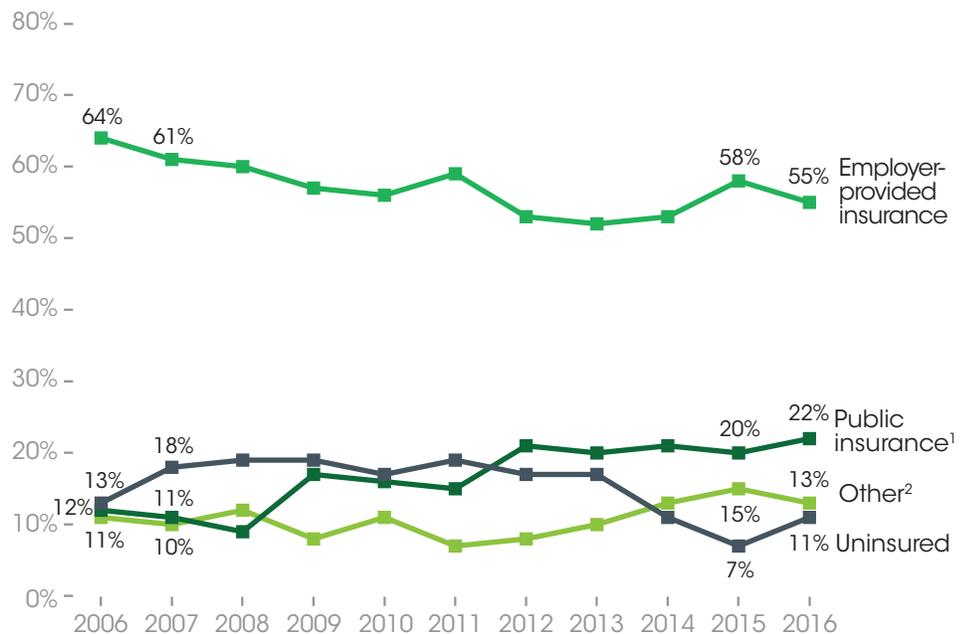
Percentage of uninsured rises slightly; still below pre-ACA levels

About 1 in 10 Ohio adults (11%) reported not having health insurance at the time of OHIP in 2016. This translates to nearly 800,000 uninsured Ohio adults. This is an increase from 2015, when 7% reported being uninsured. OHIP's finding is similar to national surveys. In early 2016, 12% of adults nationwide were uninsured.¹

The percentage of uninsured adults in both Ohio and the nation dropped significantly in 2014 when the major parts of the Affordable Care Act were implemented. The percentage

¹ Early Release of Selected Estimates Based on Data from the National Health Interview Survey, Released 9/27/2016. Retrieved from www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201609_01.pdf

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.
Visit www.interactforhealth.org/ohio-health-issues-poll-archive for complete data sets from each year.

of uninsured Ohio adults remains below the 17% to 19% reported between 2007 and 2013.

Adults ages 18-29 reported the largest increase in being uninsured. In 2016, more than 2 in 10 young adults (22%) were uninsured. That compares with fewer than 1 in 10 young adults (8%) in 2015.

Majority of adults insured through an employer

In 2016, more than half of Ohio adults (55%) received health insurance through their employer or a spouse's employer. This is about the same as in 2015. Adults ages 18-29 reported the largest change. In 2016 about 3

Continued on back

in 10 young adults (32%) had a plan through an employer. That compares with more than 4 in 10 young adults (46%) in 2015.

More than 2 in 10 Ohio adults (22%) reported that they received public insurance from Medicare, Medicaid, veteran benefits or a combination of the three. This is about the same as in 2015 and similar to the nation (20%).¹ About 1 in 10 Ohio adults (13%) had insurance from another source in 2016. This includes buying their own plan.

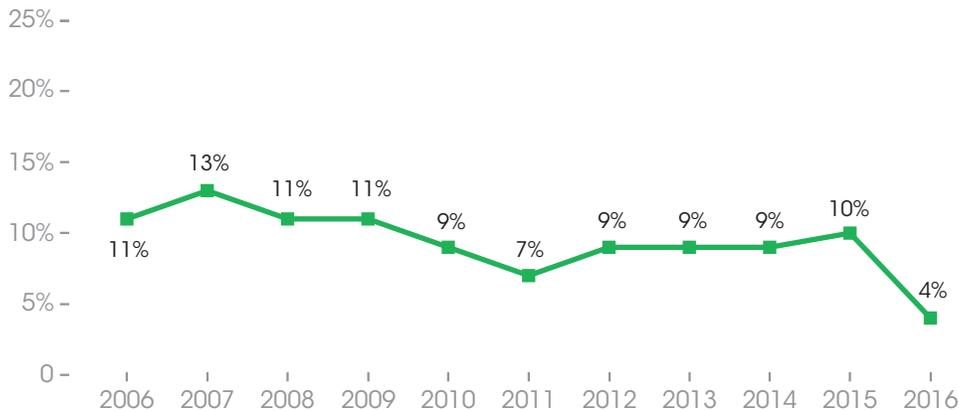
Stability of insurance improves

Stability of health insurance coverage is another factor in access to healthcare. A measure

of stability is whether a person has been covered continuously for the past 12 months. OHIP asked adults whether there had been any time in the past 12 months when they had been uninsured. In 2016, only 4% of Ohio adults who were insured at the time of OHIP had been uninsured at some point in the past 12 months. This is an improvement over 2015, when 10% of insured adults had been uninsured sometime in the past 12 months.

The stability of insurance among young adults also improved. In 2016, only 5% of adults ages 18-29 reported that they had been uninsured sometime in the past 12 months. This compares with 16% of young adults who reported this in 2015.

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





Misuse of prescription drugs and use of heroin by adults in Ohio

According to the Ohio Department of Health, more than 3,000 Ohioans died from an unintentional drug overdose in 2015, up from 2,500 in 2014. Drug overdose deaths are particularly high in Ohio. In 2014, the state had the fifth highest rate of drug overdose deaths in the nation.¹ In 2015, 85% of Ohio drug overdose deaths were from opioid use – either the misuse of prescribed opioids or the use of heroin.²

The 2016 **Ohio Health Issues Poll (OHIP)** asked Ohio adults about opioid misuse and overdose among their friends and family.

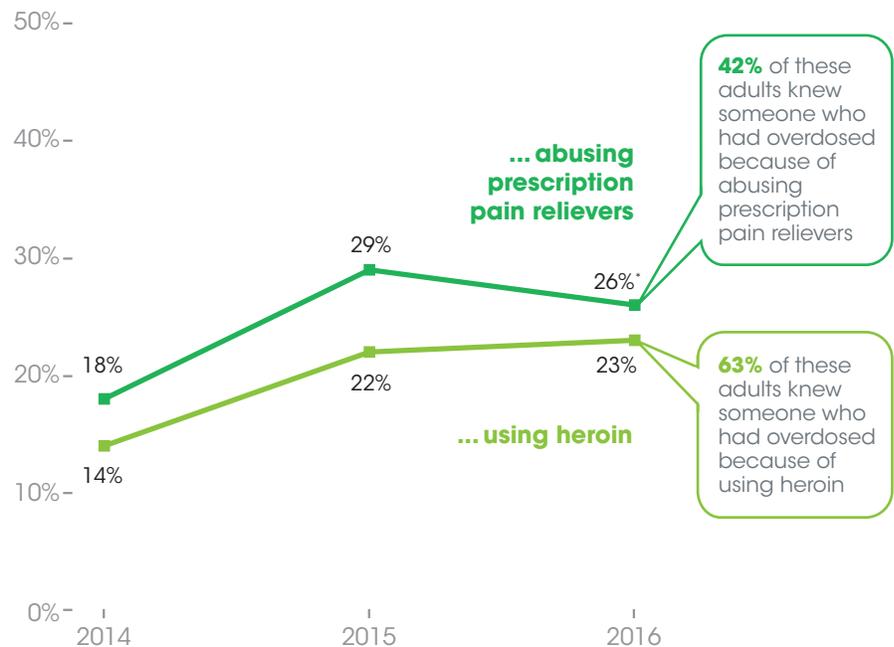
Nearly 3 in 10 know someone who has misused pain drug, steady since 2015

OHIP asked Ohio adults, “Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?” In 2016, nearly 3

¹ Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths – United States, 2000 to 2014. (January 2016). Accessed Nov. 2, 2016 from www.cdc.gov/drugoverdose/data/statedeaths.html.

² Ohio Department of Health. (August 2016). 2015 Ohio Drug Overdose Data – Full Report. Retrieved Oct. 28, 2016 from www.healthy.ohio.gov/vipp/data/rxdata.aspx.

Have any of your family members or friends experienced problems as a result of ...



*The difference between 2015 (29%) and 2016 (26%) is not statistically significant.

in 10 Ohio adults (26%) said yes. This is similar to 2015, but higher than in 2014, when only 2 in 10 Ohio adults (18%) said yes.

2 in 10 know someone who has used heroin

OHIP also asked Ohio adults if they had any family members or friends who had experienced problems as a result of using heroin. In 2016, more than 2 in 10 (23%) said yes. This is about the

same as in 2015, but higher than in 2014 when 14% said yes.

Percentage knowing someone who overdosed remains high

OHIP asked adults who knew someone who had problems from misusing these drugs if they had any friends or family members who had overdosed. More than 4 in 10 of these Ohio

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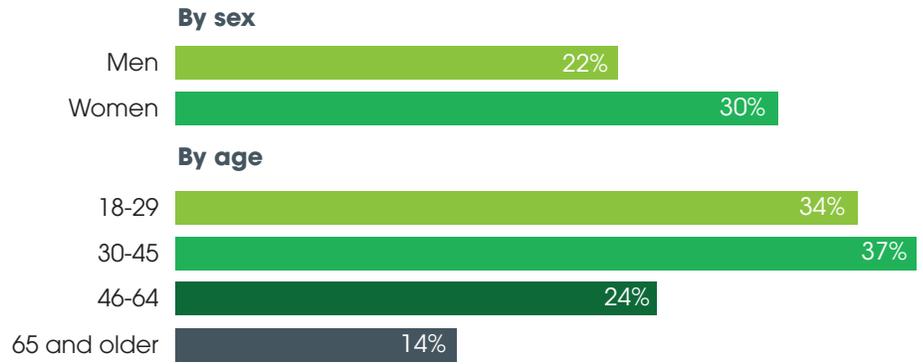
These findings unless otherwise noted are from Interact for Health’s Ohio Health Issues Poll (OHIP) conducted July 14-Aug. 5, 2016, by the Institute for Policy Research at the University of Cincinnati. A random sample of 863 adults throughout Ohio was interviewed by telephone. This included 439 landline telephone interviews and 424 cell phone interviews. In 95 of 100 cases, statewide estimates will be accurate to $\pm 3.3\%$. 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 www.interactforhealth.org/ohio-health-issues-poll. If you have questions about the data in this document, please contact Susan Sprigg, Research Associate, at 513-458-6609 or ssprigg@interactforhealth.org.

adults (42%) knew someone who had overdosed due to misusing a pain drug. For heroin, that percentage was more than 6 in 10 (63%). Both of these percentages are about the same as they were in 2015.

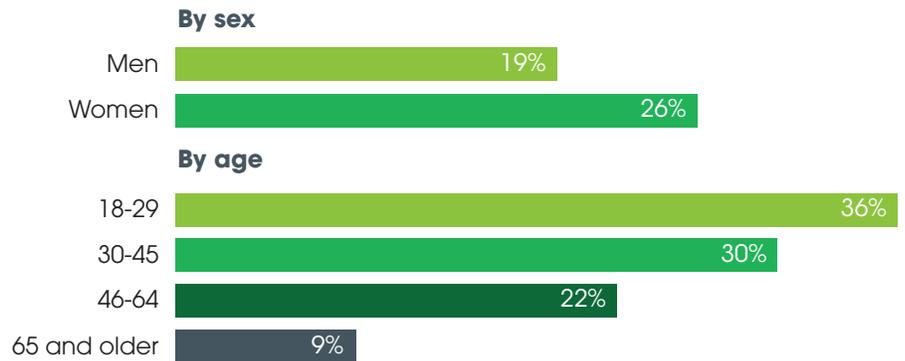
More women, younger adults know someone with opioid problems

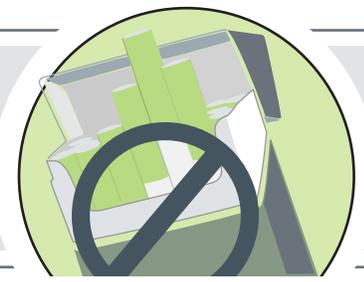
Women were more likely than men to know someone who had problems from opioid misuse or heroin use. Reported problems with drugs also varied by age. About 3 in 10 adults ages 18 to 45 knew someone who had problems from opioid misuse or heroin use. This compares with 2 in 10 adults ages 46 to 64 and about 1 in 10 adults older than 65.

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



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





Most support raising age to buy tobacco, smoke-free laws

While most people know that smoking is unhealthy, 18% of adults nationwide reported being smokers in 2014.¹ This is higher than the Healthy People 2020 goal of 12%.

This percentage is even higher in Ohio. The 2016 **Ohio Health Issues Poll (OHIP)** found that 22% of Ohio adults reported that they were current smokers. OHIP asked Ohio adults their opinions about issues that may affect access to and the use of cigarettes and e-cigarettes.

Majority favors raising the minimum age to buy tobacco to 21

Raising the minimum legal age to buy tobacco products is likely to delay young adults from starting to smoke and, in the long run, reduce smoking-related health problems.² As of September 2016, two states and 200 local jurisdictions in 17 states, including

¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Prevalence and Trends Data. Retrieved from www.cdc.gov/brfss/data_tools.htm.

² Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, March 2015. Retrieved from <http://bit.ly/1NIIGxj>.

Do you favor or oppose raising the minimum legal age to purchase tobacco products from 18 years to 21 years of age? (Percentages do not add to 100 because the response "don't know" is not included.)



Do you favor or oppose laws that create smoke-free environments in most outdoor places, including parks, pools, playgrounds and other outdoor recreation areas? (Percentages do not add to 100 because the response "don't know" is not included.)



Cleveland, had raised the legal age to buy tobacco to 21.³

OHIP asked Ohio adults whether they favored or opposed raising the minimum legal age to purchase tobacco products from 18 to 21 years of age. Statewide, 53% of adults favored raising the age to 21. This support was consistent among men and women and across education and income levels. Smoking status did not affect support. About half of current smokers (51%), previous smokers (54%) and adults who had never smoked (53%) favored raising the age to 21.

³ Campaign for Tobacco-Free Kids. States and Localities that have Raised the Minimum Legal Sale Age for Tobacco Products to 21, September 2016. Retrieved from www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf.

Most support laws to create smoke-free outdoor environments

More than half of Ohio adults (55%) favored laws that would create smoke-free environments in most outdoor public places, including parks, pools, playgrounds and other outdoor recreation areas.

Support for such laws did not vary by age. However, about 6 in 10 adults who never smoked (64%) supported smoke-free outdoor environments, while only 5 in 10 previous smokers (50%) and 4 in 10 current smokers (38%) supported them.

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Smoke-free indoor policies remain popular after 10 years

In November 2006 Ohio prohibited smoking in any public place or place of employment.⁴ Support for indoor smoke-free environments remains high 10 years later, with more than 8 in 10 Ohio adults (82%) in favor. Adults ages 18 to 29 were most likely to support smoke-free indoor environments (94%). The law has been in place for all of their adult lives.

2 in 10 Ohio adults have used an e-cigarette

Nicotine can also be delivered through an electronic system known as an electronic cigarette or e-cigarette. Such a device uses a battery and a heating element to deliver nicotine vapor to the user. This is widely known as “vaping.”

Two in 10 Ohio adults (19%) reported that they had ever used

⁴ Ohio Department of Health. Smoke-free Workplace Program, October 2008. Retrieved from www.odh.ohio.gov/smokefree/sf1/.

an e-cigarette. Men (23%) were more likely than women (15%) to report this. Young adults ages 18-29 (38%) were also more likely than adults 65 and older (7%) to have used an e-cigarette. (See graph.)

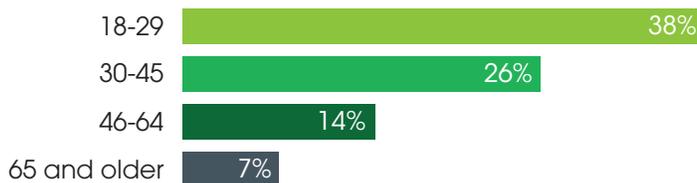
The relationship between tobacco use and e-cigarette use remains unclear, as does whether one of those activities leads to the other. However, OHIP found that 51% of current smokers reported having ever used an e-cigarette. Only 18% of former smokers and 7% of adults who have never smoked reported doing so.

Opinions vary about safety of e-cigarettes

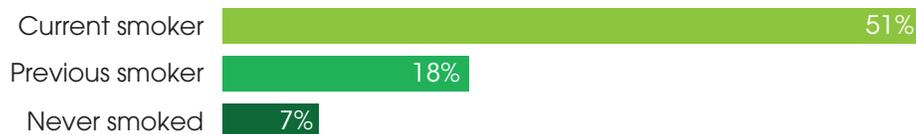
OHIP also asked respondents if they would say that e-cigarettes were safer or less safe than tobacco cigarettes, or whether there was no difference. About 3 in 10 Ohio adults (28%) thought they were safer. About 1 in 10 (13%) thought they were less safe. Nearly half (47%) thought there was no difference, and another 1 in 10 (12%) reported that they did not know.

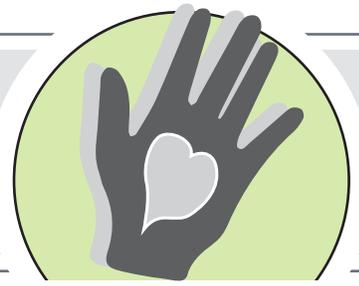
Percentage of Ohio adults who have ever used an e-cigarette

By age



By smoking status





Who provides and receives unpaid family caregiving in Ohio?

Older adults are the fastest-growing segment of Ohio's population and are living longer. They are also living in the community longer, rather than moving into assisted-living facilities or nursing homes. To remain in their homes for as long as possible, older adults rely on support from paid caregivers or services, and family members, who are often unpaid.

Half provided unpaid care to older adult

The 2016 **Ohio Health Issues Poll (OHIP)** found that half of Ohio adults (51%) have provided unpaid help in the last year to an older relative or friend who was age 60 or older. Men and women were equally likely to have provided unpaid help. But caregiving did vary by age and income. Ohioans ages 46 to 64 (61%) were more likely than Ohioans of other ages to report providing unpaid care. (See graph.) Unpaid caregiving was less likely among adults earning 138% of the Federal Poverty Level (FPL)¹ or less (40%) than among adults earning more than 138% FPL (58%).

¹ In 2015, 138% of the Federal Poverty Level was \$33,465 for a family of four.

In the past 12 months, have you provided unpaid help to an older relative or friend who was 60 years of age or older?

(Graph shows those saying "yes.")



Percentage of Ohio family caregivers who provided 9 or more hours of care per week



Most care for relatives; 4 in 10 report caring for ages 60-74

Care was most often provided to a parent or parent-in-law (43%) or to another relative (32%).

Four in 10 Ohio caregivers reported caring for someone ages 60 to 74 (40%). Three in 10 cared for someone ages 75 to 84 (34%) and 2 in 10 cared for someone 85 or older (24%).

Ohioans ages 46 and older were more likely to be taking care of the oldest group. Three in 10 caregivers age 46 or older (33%) reported that they gave care to a relative or friend age 85 or older.

Hours of help provided by family caregivers

Most family caregivers in Ohio provided one to eight hours of care per week (65%). Women

Continued on back

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(39%) were more likely than men (23%) to provide nine or more hours of care per week. (See graph on page 1.)

More than 6 in 10 Ohio family caregivers (64%) lived in the same household (12%) or less than 20 minutes away (52%) from the adult they helped. Two in 10 lived 20 minutes to one hour away (24%).

Caregivers balance work and family with caregiving

Ohio's family caregivers balance their own jobs and families with the unpaid care they provide. Six in 10 Ohio family caregivers work full or part time (61%). More than 3 in 10 family caregivers (36%) have children younger than 18 living in their household.

Kinds of help provided by family caregivers

Most Ohio family caregivers provided care that helps with the Instrumental Activities of Daily Living. These include

running errands, housework and transportation, among other activities. Ohio's family caregivers most often reported helping:

- with food and meals (21%), including grocery shopping and preparing meals;²
- around the house (21%), including home chores, yardwork, home repairs or maintenance, or running errands;
- with transportation (18%), including driving the older adult to an appointment or to shop or run an errand.

Men most often said they helped around the house. Women most often said they helped with food and meals.

Ohio adults also reported helping with finances and paying bills, providing company and emotional support, and assisting with self-care.

² Instrumental Activities of Daily Living as defined by National Alliance for Caregiving & AARP Public Policy Institute. (2015). *Research Report: Caregiving in the U.S. 2015 - Focused look at caregivers of adults age 50+*. Washington, DC: Authors.



Ohio adults cite drug use, insurance as top health problems

The 2016 **Ohio Health Issues Poll (OHIP)** asked Ohio adults how they feel about health in the state overall and about their personal health.

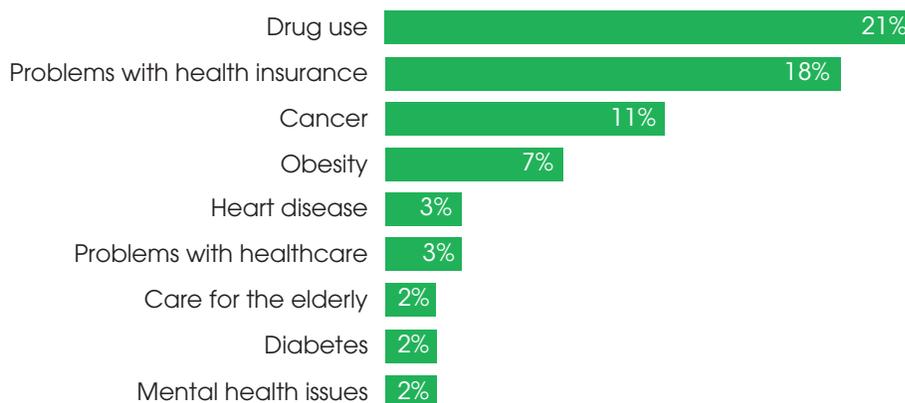
2 in 10 say drug use, health insurance are top health problems

OHIP asked Ohio adults: "What is the most urgent health problem facing the state of Ohio at the present time?" Respondents could provide any answer. **Drug use** (21%) and **problems with health insurance** (18%) were the most frequent responses. Concerns about health insurance included cost, coverage gaps when insured, accessibility to all groups, and general concerns about the Affordable Care Act, also known as Obamacare.

About 1 in 10 Ohio adults said **cancer** (11%) or **obesity** (7%) was the top health problem in the state. Other responses included heart disease (3%), problems with healthcare (3%), care for the elderly (2%), mental health issues (2%) and diabetes (2%).

OHIP's findings are similar to national surveys. In a November

What is the most urgent health problem facing the state of Ohio at the present time? (Percentages do not add to 100 because the responses "environmental issues," "don't know," "other" and "none" are not included.)



2015 Gallup poll, adults nationwide said the top four health problems in the nation were affordable healthcare/health insurance (22%), access to healthcare (20%), obesity (15%) and cancer (14%).¹

Self-rated health stable, varies by income, education

OHIP also asks adults to rate their general health as excellent, very good, good, fair or poor.

Research has found a powerful link between people's response to this question and the predicted length and quality of their lives.²

In 2016, half of Ohio adults (48%) reported that their health was excellent or very good. More than 3 in 10 adults (34%) said their health was good. Almost 2 in 10 adults (18%) said their health was fair or poor. This is about the same as in 2015.

Continued on back

¹ Riffkin, R. (2015). Americans again cite cost and access as top health issues. November 2015 Gallup Poll. Retrieved Nov. 22, 2016 from <http://bit.ly/2fE7kSR>.

² DeSalvo, K.B., et al. (2006). Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. *Journal of General Internal Medicine*, 21(3), 267-275.

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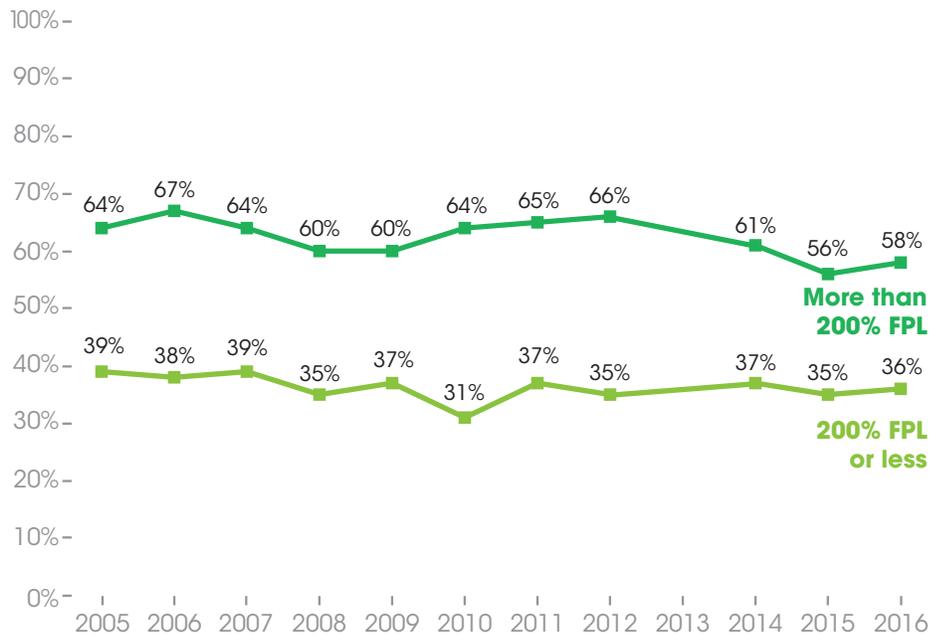
Adults with higher incomes were more likely to have better self-reported health. Among those earning more than 200% of the Federal Poverty Level (FPL)³, nearly 6 in 10 (58%) reported excellent or very good health. That compares with fewer than 4 in 10 adults earning 200% FPL or less (36%). This gap has been consistent over the past decade. (See graph.) These findings match national and international work that has identified economic stability as one of the key social factors that influence health⁴

Education is another factor that influences health. Six in 10 college graduates (61%) reported excellent or very good health. This compares with 5 in 10 adults with some college (51%), and only 4 in 10 adults with a high school diploma (39%) or less education (41%).

³In 2015, 200% of the Federal Poverty Level was \$48,500 for a family of four.

⁴Healthy People 2020. (2016). Social Determinants of Health. Accessed Nov. 22, 2016, at <http://bit.ly/2fRBYX3>.

Percentage of Ohio adults reporting excellent or very good health





Fewer Ohioans go without medical or dental care due to cost

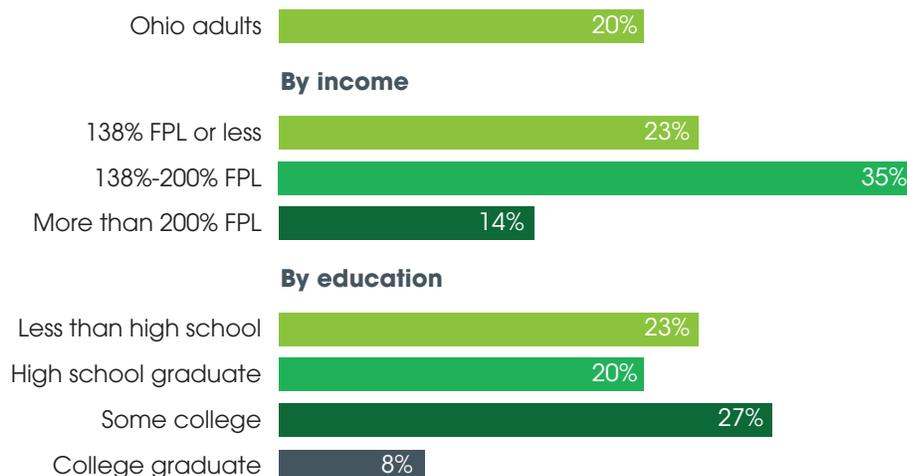
Most people rely on health insurance to help pay for medical visits and healthcare. However, even with health insurance, medical care can be expensive. According to the Kaiser Family Foundation, in the United States the average annual cost per person for out-of-pocket medical, dental, and pharmacy expenses¹ was \$1,036 in 2014.²

These out-of-pocket costs can become a barrier that prevents people from receiving the care they need. The 2016 **Ohio Health Issues Poll (OHIP)** asked about the financial burden of adults' medical and dental costs.

2 in 10 Ohio adults went without medical care due to cost

OHIP asked, "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

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 those saying "yes.")



getting it, because of the cost?" In 2016, 2 in 10 adults (20%) had delayed or gone without medical care due to cost in the previous year. This is better than in 2009 when 3 in 10 Ohio adults (29%) said yes.

Response to this question varied by income. Among adults earning less than 138% of the Federal Poverty Level,³ about 2 in 10 (23%) had delayed care in the previous year. Among adults earning between 138% and 200% FPL, more than 3 in 10 (35%) had

done so. Among adults earning more than 200% FPL, only 14% had delayed or gone without care. (See graph.)

Under the Affordable Care Act, Ohio expanded Medicaid eligibility for many adults earning up to 138% FPL. This may have contributed to the lower percentage of adults earning less than 138% FPL who delayed or went without care.

Responses also varied by education. Only 8% of college graduates had delayed or gone

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¹ Including coinsurance and deductibles.

² Kaiser Family Foundation. (2016). Peterson-Kaiser Health System Tracker. [Interactive tool providing up-to-date information on U.S. health spending by federal and local governments, private companies and individuals.] U.S. Health Expenditures 2000-2014 On All Types of Services by Out of Pocket (per capita \$ inflation adjusted). Retrieved Nov. 4, 2016 from www.healthsystem-tracker.org/interactive/health-spending-explorer.

³ In 2015, 138% of the Federal Poverty Level was \$33,465 for a family of four.

without medical care due to cost in the previous year, compared with between 20% and 30% for all other education levels. (See graph on first page.)

Fewer than 3 in 10 went without dental care due to cost

OHIP also asked, "In the past 12 months was there a time when you or another member of your household needed dental care but did not get it, or delayed getting it, because of the cost?" In 2016, fewer than 3 in 10 adults (26%) had delayed or gone

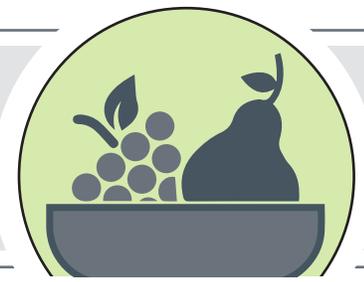
without dental care due to cost. This is better than in 2009 when 34% of adults said yes.

6 in 10 adults have dental insurance; some still delay care

About 6 in 10 Ohio adults (61%) reported that they had some form of dental insurance in 2016, the same as in 2013. Adults with higher incomes were more likely to have dental insurance. Among adults earning 200% FPL or more, 74% had dental insurance. That compares with only 43% of adults earning less than 200% FPL.

While dental insurance can help pay for dental care, costs can still be high. Among adults with dental insurance, about 2 in 10 (21%) had delayed or gone without dental care due to cost in the previous year. Among adults without dental insurance, more than 3 in 10 (34%) delayed or went without care.

OHIP also asked whether Ohio adults had delayed or gone without care for any other reason besides cost. About 1 in 10 adults (9%) said yes.



Most Ohio adults have used a farmers market in the past year

A farmers market is a place where a number of farmers gather on a regular basis, often weekly, to sell their products and produce. Items sold can include fruits and vegetables, as well as other locally produced products such as honey, eggs, cheese and meat.

Farmers markets improve access to locally grown produce. Because vegetables and fruits are sold there, farmers markets are seen as a way to promote a healthier diet.

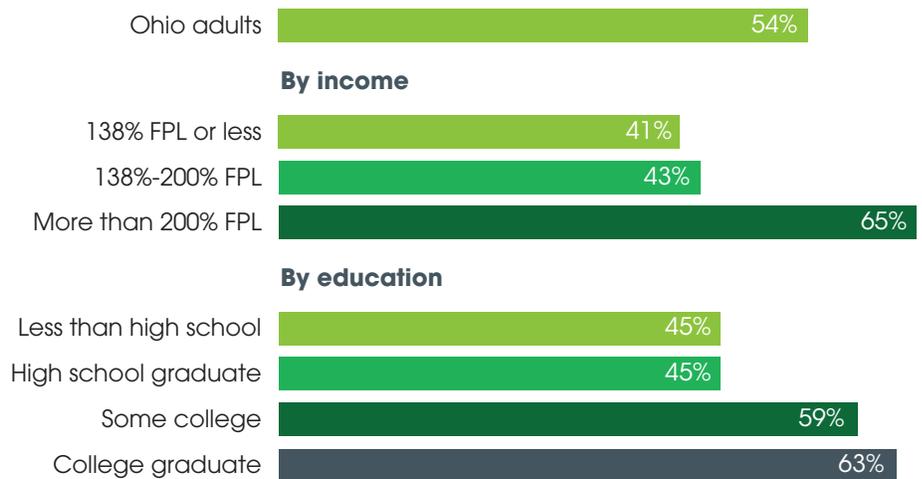
The 2016 **Ohio Health Issues Poll (OHIP)** asked Ohio adults about their use of farmers markets.

Most have bought food at farmers market

OHIP asked Ohio adults, "In the past 12 months, did you purchase food from a farmers market?" More than half (54%) said yes.

There were no differences by gender or age. However, adults with more education were more likely to have shopped at a farmers market. About 6 in 10 adults with at least some college said they had done so. That compares with only 4 in 10 adults with a high school diploma or less education. (See graph.)

In the past 12 months, did you purchase food from a farmers market?
(Graph shows those saying "yes.")



Adults with more income more likely to shop at farmers market

OHIP also found that adults with more income were more likely to shop at a farmers market. More than 6 in 10 adults earning more than 200% of the Federal Poverty Level (FPL)¹ (65%) said they had done so. This compares with only 4 in 10 adults earning 200% FPL or less.

In recent years, some farmers markets have been allowed to accept payment through the federal Supplemental Nutrition Assistance Program (SNAP). SNAP benefits help low-income

individuals and families buy food. As of November 2016, Ohio had 111 SNAP-authorized farmers markets.²

Most spent \$20 or less

OHIP also asked "On your last visit to a farmers market, approximately how much did you spend?" About 6 in 10 adults (58%) said they had spent \$20 or less. Among those, most spent between \$11 and \$20.

¹ In 2015, 200% of the Federal Poverty Level was \$48,500 for a family of four.

² U.S. Department of Agriculture, Food and Nutrition Service. Farmers markets accepting SNAP benefits nationwide, Nov. 2016. Retrieved from <http://bit.ly/2fmyoRo>