



# Greater Lexington

## 2012 KENTUCKY HEALTH ISSUES POLL

June 2013 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2012, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati 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 Bluegrass Area Development District. About 18% of Kentuckians live in this 16-county region (*please see “About the Kentucky Health Issues Poll” on page 16 for the list of counties*).

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

- The majority favored integration of mental health and medical services (69%)
- The majority found health care costs to be a financial burden (61%)
- The majority of adults favored a statewide, smoke-free law (61%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (57%)

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

- Have dental insurance

Additionally, adults in Greater Lexington were **less likely** to:

- Have been prescribed a pain reliever that could not be purchased over the counter
- Change or limit their activities when they hear of an air quality alert being issued



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In 95 out of 100 cases, the statewide estimates will be accurate to  $\pm 2.5\%$  and Greater Lexington estimates to  $\pm 5.3\%$ . 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.

# Health and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

## Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

### Economic Outlook

More than half of Greater Lexington adults (51%) think their parents' generation was **better off** economically. Nearly 3 in 10 (28%) think the current generation of working adults is about the same economically as their parents' generation. Nearly 2 in 10 (19%) say their parents' generation was worse off.

KHIP also asked about the next generation of American workers – those who are children today. Half of Greater Lexington adults (50%) said the next generation will be **worse off** than the current generation of working adults. Three in ten adults in this region (32%) think the next generation will fare about the same economically, and less than 2 in 10 (16%) think the next generation will be better off than the current generation.

The economic outlook for past and future generations in Greater Lexington was similar to the state as a whole.

### Health Outlook

Four in ten Greater Lexington adults (41%) think their parents' generation was healthier than the current generation, while 2 in 10 (24%) think it was less healthy. More than 3 in 10 adults in this region (33%) think their parents' generation was about as healthy as the current generation.

When asked about the next generation, Greater Lexington adults were split. Three in ten Greater Lexington said they thought the next generation would be healthier than the current generation (31%), while the same number (31%) believe it will be less healthy. Additionally, nearly 4 in 10 (37%) think the next generation will be about as healthy.

The health outlook for past and future generations in Greater Lexington was similar to the state as a whole.

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

#### Parents' generation was...<sup>1</sup>

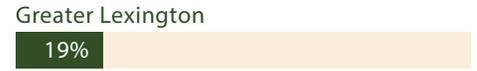
Better off



About the same



Worse off

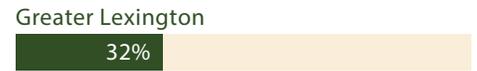


#### Next generation will be...<sup>2</sup>

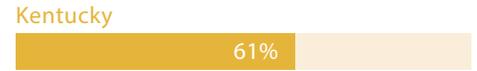
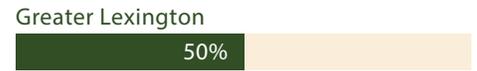
Better off



About the same



Worse off



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

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

How Kentucky adults think their health compares with other generations (Percentages do not add to 100% because the response “don’t know” is not included.)

Parents’ generation was...<sup>3</sup>

Healthier

Greater Lexington

41%

Kentucky

42%

About the same

Greater Lexington

33%

Kentucky

31%

Less healthy

Greater Lexington

24%

Kentucky

27%

Next generation will be...<sup>4</sup>

Healthier

Greater Lexington

31%

Kentucky

27%

About the same

Greater Lexington

37%

Kentucky

30%

Less healthy

Greater Lexington

31%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.<sup>5</sup>

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than half of Greater Lexington adults (61%) said that some aspect of their health care costs were a financial burden. This is similar to the percentage of all Kentucky adults who reported that health care was a financial burden (59%).

More than 3 in 10 Greater Lexington adults (35%) report that paying for health care and health insurance is not a financial burden. However, 2 in 10 (21%) report that the deductibles they pay before insurance kicks in were the greatest burden. A similar number said that co-pays for doctor visits and prescription drugs (20%) or insurance premiums (17%) were the greatest burden. Less than 1 in 10 report that some other source was a burden (3%) or they didn’t know (4%).

Among those in Greater Lexington who reported some financial burden from health care costs, 4 in 10 (39%) report that it makes it hard to pay for things they need, and 3 in 10 (29%) report it makes it hard to pay for things they want. Less than 2 in 10 (16%) report it is a burden but they haven’t had to adjust spending in other areas, while a similar number report that it’s costly, but they can afford it (15%). Responses in Greater Lexington were similar to the state as a whole.

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

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

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

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



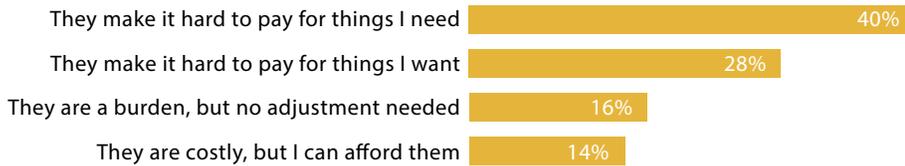
**How much of a burden are your health care costs?\*** (Asked only of those who reported a financial burden. N = 198)



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



**How much of a burden are your health care costs?\*** (Asked only of those who reported a financial burden. N = 981)



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

### Putting Off Care Due to the Cost

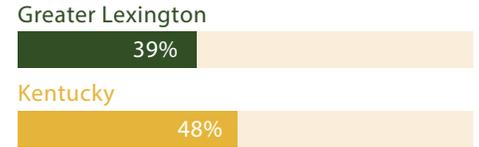
For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Greater Lexington specifically, 4 in 10 adults (41%) have put off or postponed getting health care they needed. A similar number of respondents (39%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than 3 in 10 said they had skipped dental care or check-ups (37%), not filled a prescription for medicine (36%), or skipped a recommended medical test or treatment (30%) because of the cost. Nearly 3 in 10 reported that they had cut pills in half or skipped doses of medicine (26%), and nearly 2 in 10 adults in Greater Lexington said they have had problems getting mental health care (18%) because of the cost.

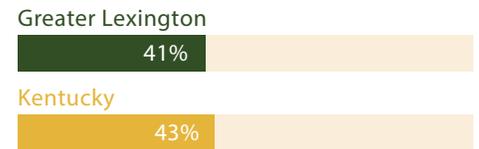
In general, responses in Greater Lexington adults were similar to the state as a whole.

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

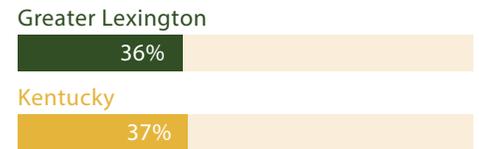
Rely on home remedies or over-the-counter drugs instead of going to see a doctor



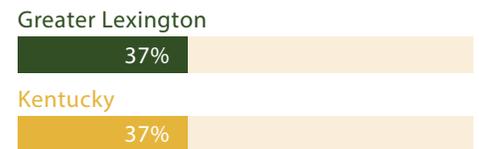
Put off or postpone getting health care you needed



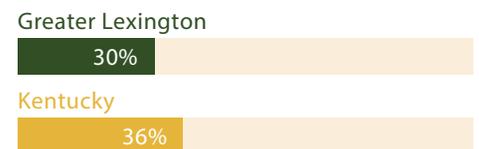
Not fill a prescription for medicine



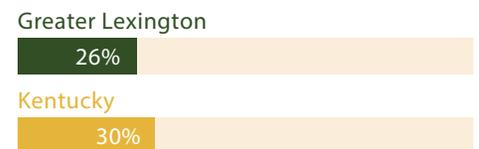
Skip dental care or check-ups



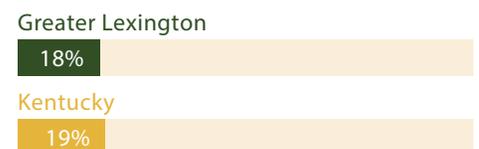
Skip a recommended medical test or treatment



Cut pills in half or skip doses of medicine



Have problems getting mental health care



## Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

### Utilization of Oral Health Care Services

According to KHIP, more than 6 in 10 Greater Lexington adults (64%) visited the dentist within the past year, compared to 70% nationwide. Nearly 2 in 10 Greater Lexington adults (17%) reported that it had been more than five years since they last visited the dentist.

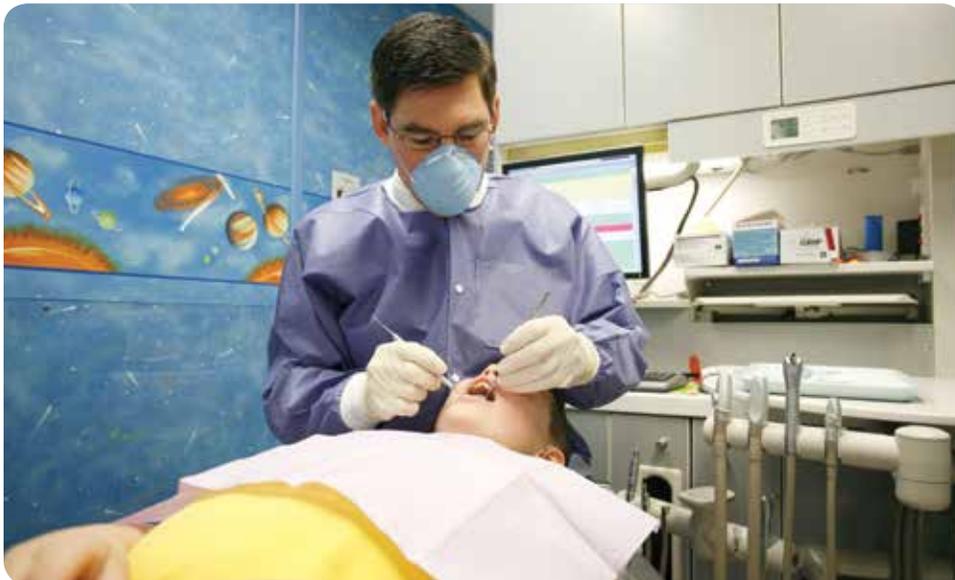
Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. Six in ten Greater Lexington adults (60%) reported having a personal dentist or oral health provider. This means that more than 4 in 10 Greater Lexington adults (40%) said they do not have a personal dentist or oral health provider.

### Affording Oral Health Care

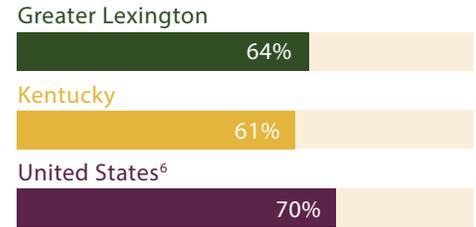
Having dental insurance is an important factor in being able to get oral health care. More than 4 in 10 Greater Lexington adults (46%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Greater Lexington adults (89%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, nearly 4 in 10 adults in the region (37%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

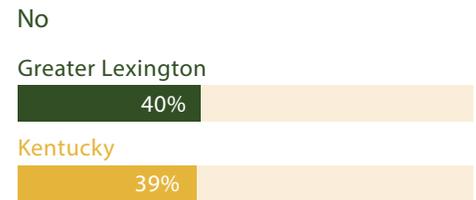
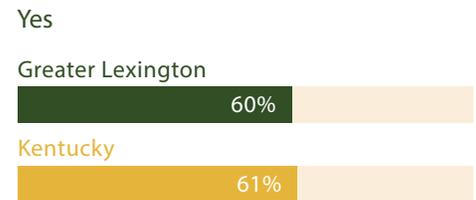
State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



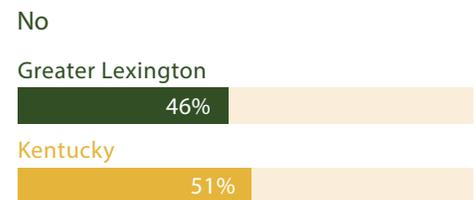
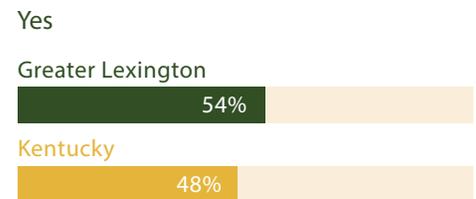
Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.



Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)



Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)



<sup>6</sup> Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

## Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

### 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. This year, KHIP asked Kentuckians about the future of the law.

#### Opinions about the Affordable Care Act

More than 4 in 10 (42%) of Greater Lexington adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that the majority of adults in the region (57%) need more information.

Despite the need for more information about the law, about 4 in 10 Greater Lexington adults (38%) reported having a generally favorable opinion of the ACA, while slightly more had a generally unfavorable opinion of it (46%). Nearly 2 in 10 Greater Lexington adults (17%) expressed no opinion about the law. Support for the law in this region was similar to the state as a whole.

#### Opinions on the Future of the Law

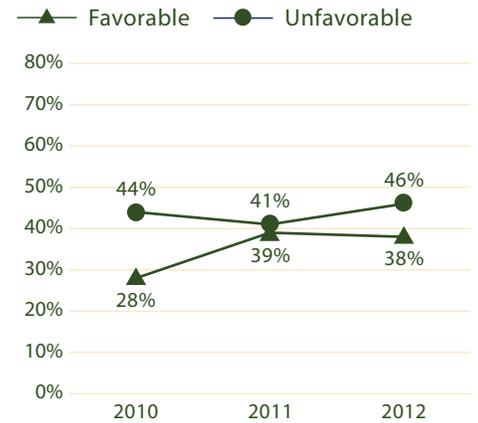
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems.

In Greater Lexington, nearly 4 in 10 adults (36%) said opponents of the ACA should continue their efforts to block the law, and nearly 6 in 10 (56%) said opponents should stop their efforts and move on to other national problems. About 1 in 10 (9%) did not express an opinion.

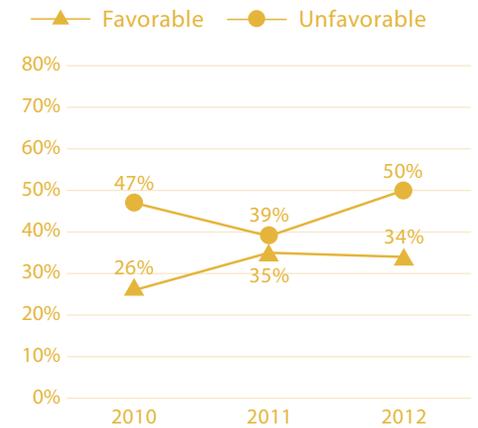
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Greater Lexington, 3 in 10 adults (30%) said Congress should expand the law, and 2 in 10 (22%) wanted to keep the law as it is. More than 2 in 10 (23%) said Congress should repeal the law but not replace it, and 2 in 10 (18%) wanted to repeal the law and replace it with a Republican-sponsored alternative. Greater Lexington adults expressed views similar to the state and the nation.

Given what you know about the new 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.)

#### Greater Lexington



#### Kentucky



What would you like to see Congress do when it comes to the health care law?

	Greater Lexington	Kentucky	United States <sup>7</sup>
Expand the law	30%	28%	26%
Keep the law as is	22%	19%	23%
Repeal the law and not replace it	23%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	18%	19%	20%
Don't know	17%	11%	11%



## Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"<sup>8</sup> of improving people's quality of care, improving the health of the population and reducing costs.

More than 6 in 10 Greater Lexington adults (69%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Greater Lexington adults who supported integrated care declined slightly from the 2009 KHIP. In 2009, 75% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

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

Greater Lexington



Kentucky



Continue their efforts to block the law from being implemented

Greater Lexington



Kentucky



Don't know

Greater Lexington



Kentucky



Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Greater Lexington



Kentucky



7 National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

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

## Types of Providers

Research has shown that so-called “midlevel” clinicians<sup>9</sup> such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

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

After hearing a brief description of the profession<sup>10</sup>, 8 in 10 Greater Lexington adults said they would be comfortable seeing a nurse practitioner (80%), or physician assistant (80%) for routine care. More than 7 in 10 said they would be comfortable seeing an advanced dental hygiene practitioner (75%). In each case, the proportion of Greater Lexington adults who were comfortable seeing a “midlevel” clinician for routine care was similar to the state average.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



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

### Nurse practitioner

#### Greater Lexington

49%	31%	80%
Very Comfortable	Somewhat Comfortable	Total

#### Kentucky

50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

### Physician assistant

#### Greater Lexington

43%	37%	80%
Very Comfortable	Somewhat Comfortable	Total

#### Kentucky

42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

### Advanced Dental Hygiene Practitioners

#### Greater Lexington

43%	32%	75%
Very Comfortable	Somewhat Comfortable	Total

#### Kentucky

38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

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

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



## HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.<sup>11</sup> However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.<sup>12</sup> Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.<sup>13</sup> Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.<sup>14</sup>

More than half of Greater Lexington adults ages 18-64 (56%) said they had been tested for HIV in the past, yet more than 4 in 10 (43%) reported they have never been tested.

### Provider Recommendations

Just 3 in 10 Greater Lexington adults ages 18-64 (31%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is similar to the state average of 32%.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

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

#### Yes

Greater Lexington

31%

Kentucky

32%

#### No

Greater Lexington

67%

Kentucky

66%

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

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

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

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

## Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

### Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.<sup>15</sup> These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.<sup>16</sup>

### Use of Prescription Pain Relievers

Half of Greater Lexington adults (50%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is not significantly different from the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

### Abuse of Prescription Pain Relievers

Greater Lexington residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. Fewer than 1 in 10 (8%) said they had done so.

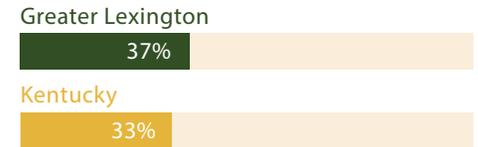
However, nearly 4 in 10 Greater Lexington adults (37%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

### Deaths Due to Drug Overdose

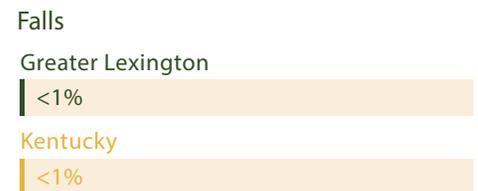
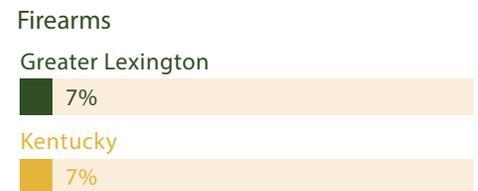
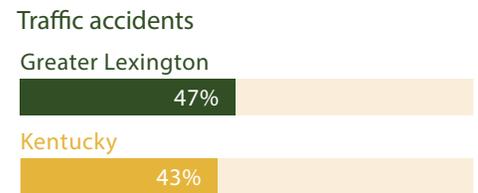
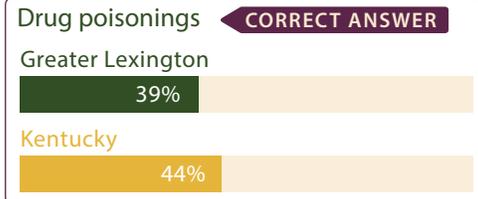
In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same<sup>17</sup> over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.<sup>18</sup>

In Greater Lexington, about 4 in 10 adults (39%) were aware that drug poisonings/overdoses were the leading cause of unintentional death in Kentucky. Nearly half of respondents (47%) mistakenly believed that traffic accidents were the leading cause of unintentional death. Awareness of the death toll of drug poisonings and overdoses in Greater Lexington was similar to the state average.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*



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



<sup>15</sup> Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. MMWR 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

<sup>16</sup> *Ibid.*

<sup>17</sup> Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

<sup>18</sup> Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

## Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

### Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. The majority of Greater Lexington adults (51%) said Kentucky voters should decide. Four in ten (39%) said lawmakers should decide (Kentucky 19%; federal 20%). A number of respondents (8%) said doctors should decide, even though this was not one of the response categories offered.

### Should marijuana be legal under certain circumstances?

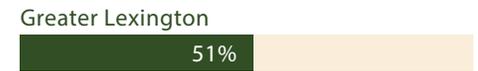
Nearly 8 in 10 Greater Lexington adults (77%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. More than 4 in 10 (41%) favor allowing residents to buy and use marijuana under any circumstances. About 2 in 10 Greater Lexington adults (24%) favor allowing residents to buy and use marijuana for recreational purposes. In each case, the views expressed were similar to the state average.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

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

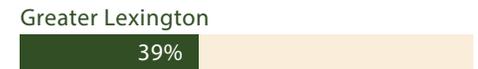
Kentucky voters



Kentucky



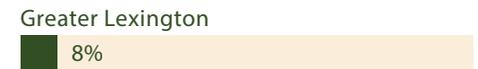
State and Federal lawmakers



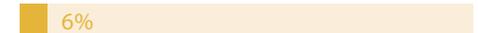
Kentucky



Physicians<sup>19</sup>



Kentucky



Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it



Kentucky



Under any circumstances



Kentucky



For recreational purposes



Kentucky



<sup>19</sup> "Physicians" was not one of the choices in the original question, but was offered by some respondents.

## Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

### 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.<sup>20</sup> To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.<sup>21</sup> That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

Six in ten Greater Lexington adults favored a statewide smoke-free law (60%), while 36% opposed a law, and 3% had no opinion. This is consistent with results from 2011, but an increase in support from 2010<sup>22</sup>, when 50% of Greater Lexington adults favored a statewide law. Support for the law in Greater Lexington is similar to results for the state as a whole.

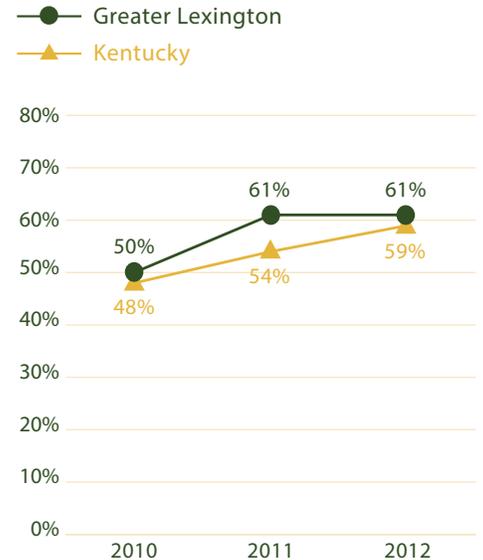
### Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.<sup>23</sup>

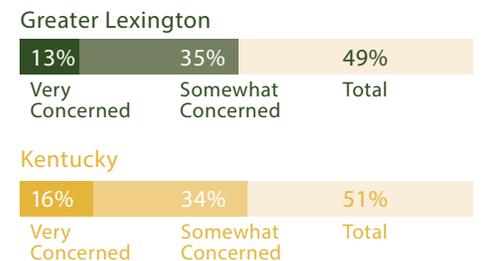
### Concern about Air Quality

Nearly half of Greater Lexington residents reported that they were somewhat (35%) or very (13%) concerned about the quality of air in their community. The majority of Greater Lexington adults (51%) said they were not at all concerned about air quality. This is the opposite of the results for the state as a whole, where just over half said they were concerned (51%) about air quality; however this difference is not statistically significant.

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)



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



20 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.surgeongeneral.gov/library/secondhandsmoke/>

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

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

23 Air Quality Index data are available at [www.airnow.gov](http://www.airnow.gov)

## Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

Nearly 4 in 10 Greater Lexington adults (38%) indicated they change or limit their activities when they hear of an air quality alert being issued, including 1 in 10 (12%) who said they change or limit their activities a lot. This is lower than the results for the state as a whole, where nearly half (49%) reported changing or limiting their activities.

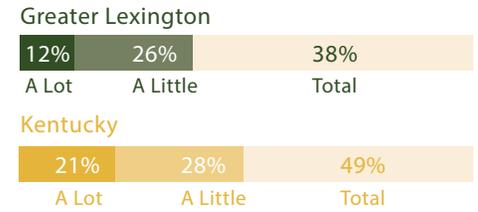
## Actions to Reduce Emissions

People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving<sup>24</sup> to reduce the amount they pollute.

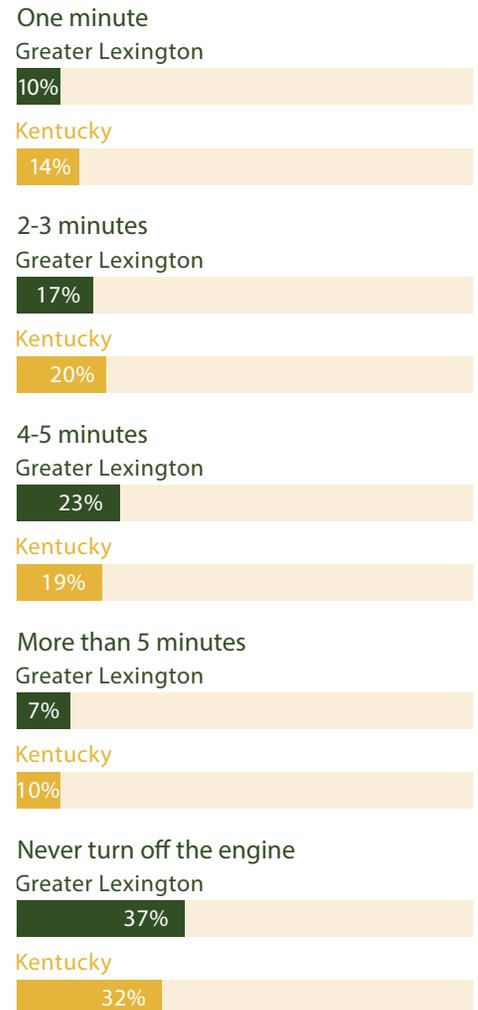
More than 6 in 10 Greater Lexington adults (67%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 4 in 10 (37%) who said they never turn off their car engine. Responses in Greater Lexington were similar to the state as a whole.



When you hear of an air quality alert being issued, how much do you change or limit your activities? (Graph shows only those who said they changed or limited their behavior.)



When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)



<sup>24</sup> Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

## 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.)



### Sex

Male Female

#### Greater Lexington



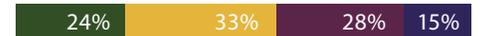
#### Kentucky



### Age

18-29 30-45 46-64 65+

#### Greater Lexington



#### Kentucky



### Race

African American White

#### Greater Lexington



#### Kentucky



### Level of Education

Less than High School High School Grad Some College College Grad

#### Greater Lexington



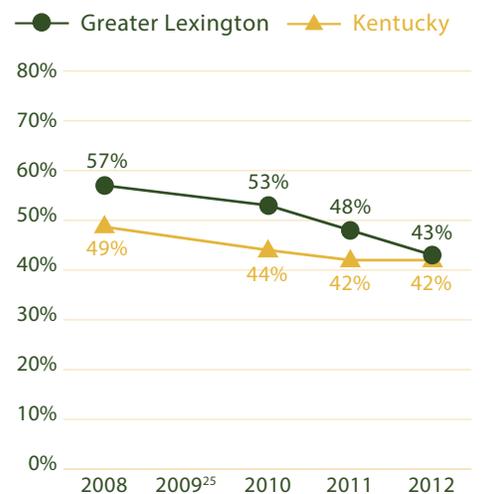
#### Kentucky



## Overall Health Status

An important indicator of community health is overall health status. In 2012, more than 4 in 10 Greater Lexington adults (43%) described their health status as “excellent” or “very good,” similar to than the proportion for the state as a whole (42%). The proportion of Greater Lexington adults in “excellent” or “very good” health has decreased since KHIP began.

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

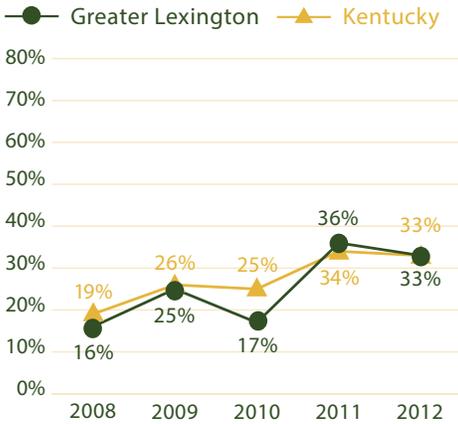


25 The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

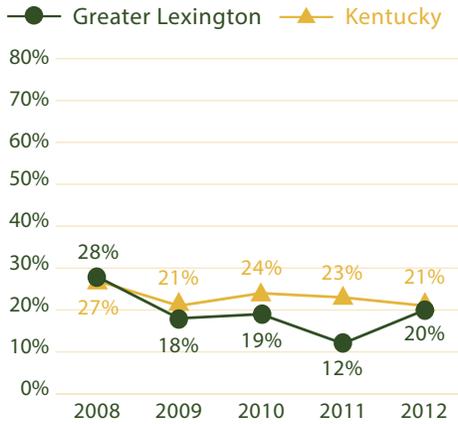
## Poverty Status

The percentage of Greater Lexington adults who lived below 100% of the federal poverty guidelines (FPG)<sup>26</sup> was equal to the state as average. In 2012, about 3 in 10 Greater Lexington adults (33%) were living in poverty.

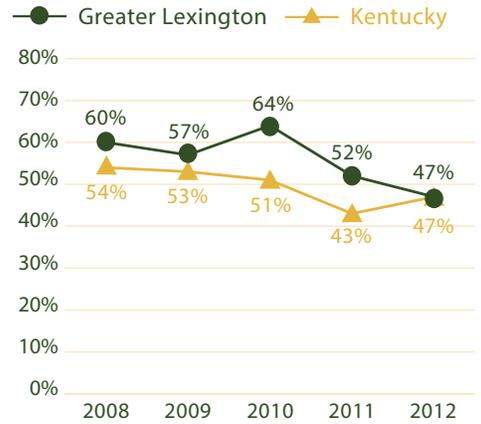
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



## Insurance Coverage

### Not Having Health Insurance Coverage

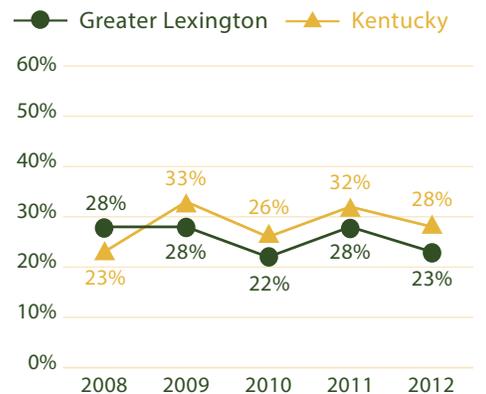
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

About 2 in 10 working-age Greater Lexington adults (23%) were uninsured at the time of the Poll. This is a decrease from 2011 but consistent with the number of uninsured adults in 2010. Working-age adults in Greater Lexington are somewhat less likely to be uninsured as the state average (28%), but this difference is not statistically significant.

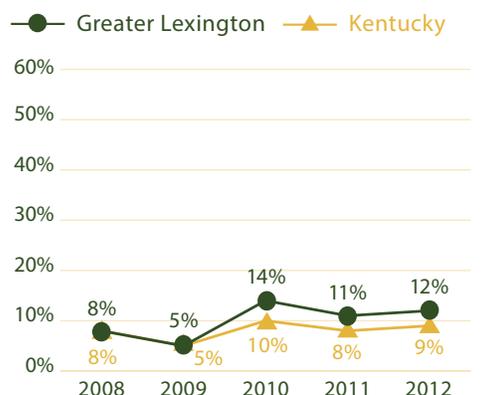
### Gaps in Health Insurance Coverage

Another factor in being able to get health care is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 1 in 10 (12%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, more than 3 in 10 working-age Greater Lexington adults (35%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



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



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



## About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 328 respondents resided in Greater Lexington Area. The counties included in this region are:

- Bourbon County
- Boyle County
- Clark County
- Estill County
- Fayette 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 Northern Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky ([www.healthy-ky.org](http://www.healthy-ky.org)) or The Health Foundation of Greater Cincinnati (<https://www.healthfoundation.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](http://www.oasisdataarchive.org).

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati ([jchubinski@healthfoundation.org](mailto:jchubinski@healthfoundation.org)) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky ([swalsh@healthy-ky.org](mailto:swalsh@healthy-ky.org)).

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