

Spotlight on
Western Kentucky

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Western Kentucky Region. About 27% of Kentuckians live in this 42-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- The majority of adults favored a statewide, smoke-free law (65%)
- A slim majority favored adding an excise tax to e-cigarettes (51%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (62%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (79%)
- Respondents were nearly evenly divided on the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs
- A majority favored adding a warning label to soda and other sugary drinks (73%)
- About 1 in 10 Western Kentucky adults aged 18 to 64 were uninsured (11%)
- A majority reported having a usual and appropriate source of healthcare (71%)
- A vast majority had not communicated with their doctor electronically via text, email or a website (80%)
- Less than 1 in 10 knew a friend or family member who has experienced problems because of heroin use (7%)
- One in 3 had trouble paying medical bills in the past 12 months (34%)
- About 1 in 3 reported a favorable opinion about the Affordable Care Act (35%)
- Four in 10 adults report “excellent” or “very good” health (42%)



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.5% and Western Kentucky estimates to ±5.5%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

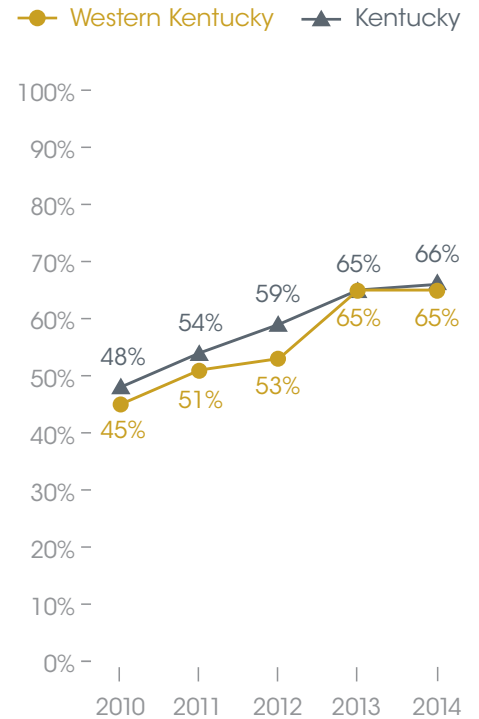
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Western Kentucky, more than 6 in 10 (65%) adults favored a statewide smoke-free law, while 27% opposed a law, and 8% had no opinion. This is an increase in support from 2010, when just 45% of Western Kentucky adults favored a statewide law. Support for the law in Western Kentucky is similar to results for the state.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars?

(Graph presents only those who favor a state law.)



¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

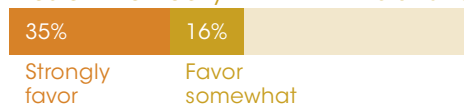
² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

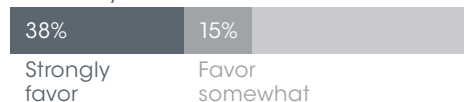
⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

Favor adding an excise tax to e-cigarettes

Western Kentucky Total: 51%



Kentucky Total: 53%



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA

Western Kentucky



Kentucky



Favor expanding the Kentucky law on domestic violence protection orders to include dating partners

Western Kentucky Total: 79%



Kentucky Total: 80%



Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a slim majority of adults living in Western Kentucky about half (51%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Western Kentucky 6 in 10 adults (62%) also said the FDA should regulate e-cigarettes.

Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Western Kentucky, a substantial majority of adults also favored this change (79%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Western Kentucky, views on a soda tax were similar to the state with 48% in favor and 51% opposed.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of Western Kentuckians (73%) also favored a soda warning label.

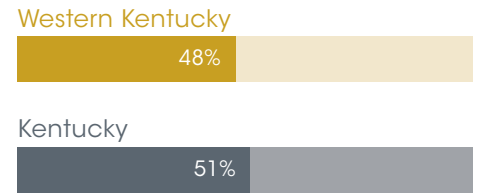


School Lunches

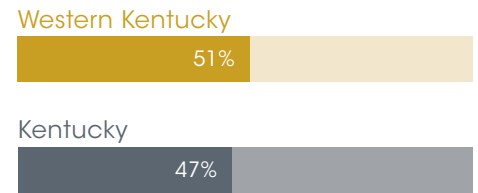
Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



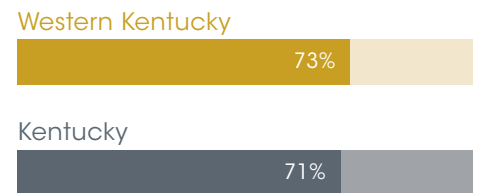
Oppose



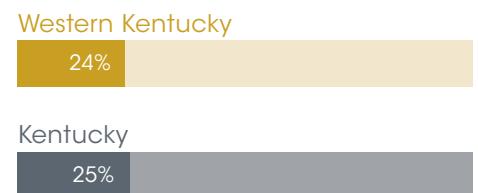
Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

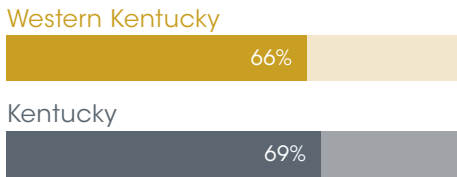
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

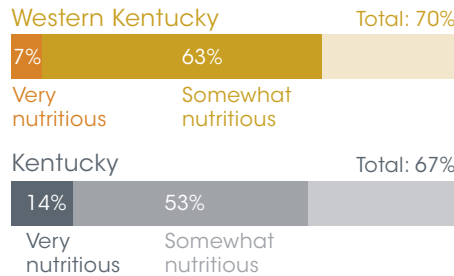
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Western Kentucky 7 in 10 (70%) parents felt the school lunches were nutritious; this is the same as for the state as a whole. Western Kentucky parents reported agreement (66%) that schools should offer more lunch options made from scratch.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Adults in Western Kentucky were also divided on setting higher insurance rates for smokers with 48% saying it would be justified, 48% unjustified, and 4% undecided.

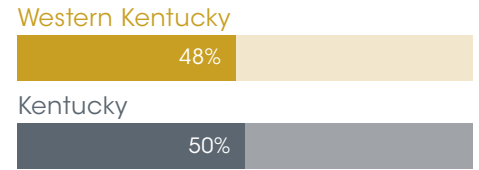
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Opinions in Western Kentucky were similar to the opinions for the state as a whole. In Western Kentucky, 30% thought it would be justified to set higher insurance rates for people who are significantly overweight while 67% thought it unjustified, and 3% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

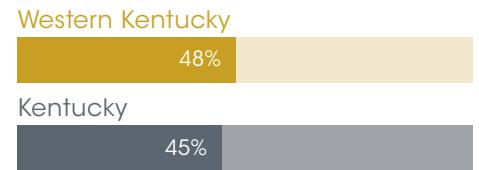
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

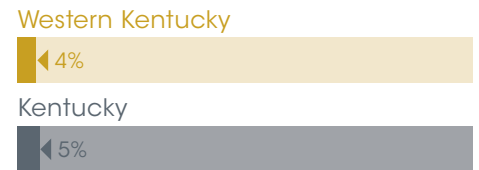
Justified



Unjustified



Don’t know



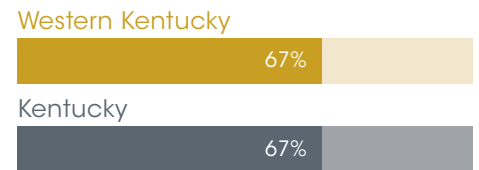
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

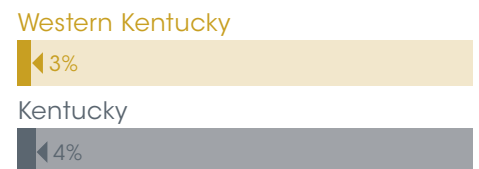
Justified



Unjustified

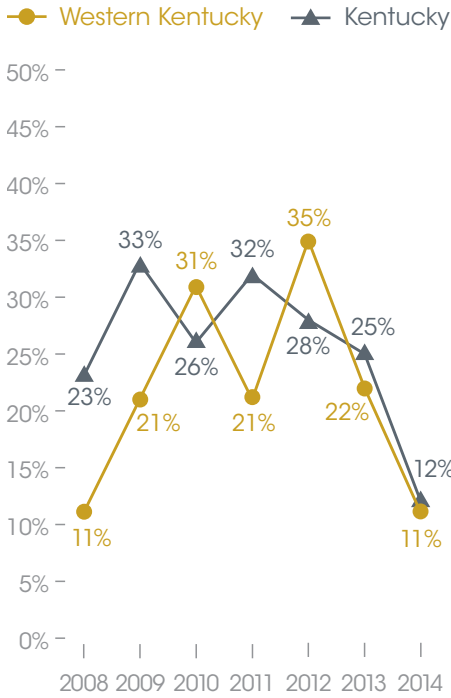


Don’t know

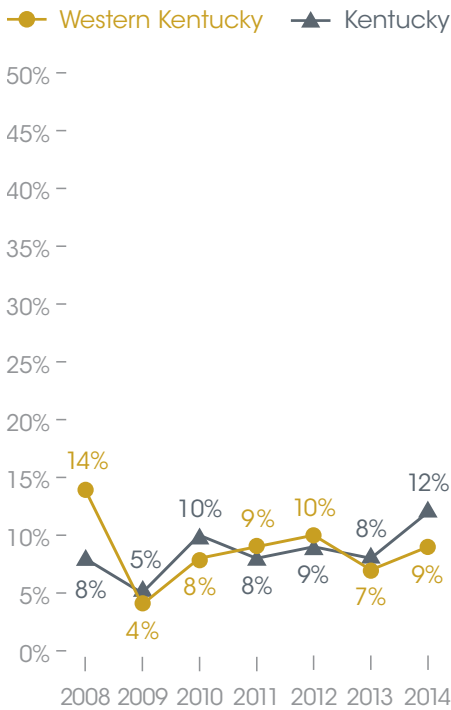


¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

No current insurance, adults ages 18-64



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



Health Insurance and Healthcare

Insurance

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

Only 1 in 10 Western Kentucky adults (11%) aged 18 to 64 were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2013, although this difference is not statistically significant. Adults 18 to 64 living in Western Kentucky reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Western Kentucky, 9% 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. In total, 1 in 5 Western Kentucky adults age 18-64 (20%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. Likewise in Western Kentucky, about 7 in 10 adults (71%) reported a usual and appropriate source of healthcare.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Western Kentucky (22%) reported the same; this is similar to results from the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Western Kentucky (34%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Western Kentucky

71%

Kentucky

75%

**For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.*

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

(Graph shows only those who said yes.)

Western Kentucky

22%

Kentucky

22%

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

(Graph shows only those who said yes.)

Western Kentucky

34%

Kentucky

31%

Kentucky adults who have had no electronic communication with their personal doctor in the past year

Western Kentucky



Kentucky

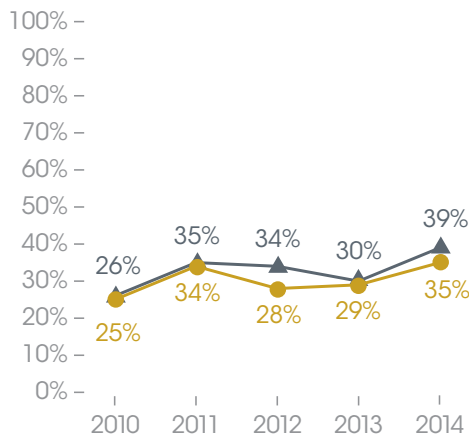


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

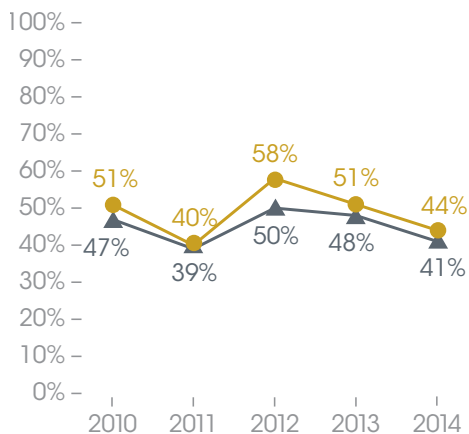
Favorable

● Western Kentucky ▲ Kentucky



Unfavorable

● Western Kentucky ▲ Kentucky



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

In Western Kentucky, about 8 in 10 adults (80%) reported no electronic communication with their doctor. This is higher than the rate reported for the state as a whole but not significantly different.

Opinions about the Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

More than 3 in 10 Western Kentucky adults (35%) reported having a generally favorable opinion of the ACA, and 4 in 10 (44%) had a generally unfavorable opinion of it. Western Kentucky respondents reported slightly more unfavorable opinions about the Affordable Care Act as compared to the state and the nation, however this is not a significant difference.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Western Kentucky, more than 2 in 10 adults (22%) said they had heard a lot about the new health insurance marketplace called kynect and more than 5 in 10 (55%) had heard something or only a little. About 2 in 10 (23%) Western Kentucky adults reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.



How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot

Western Kentucky



Kentucky



Some/Only a little

Western Kentucky



Kentucky



Nothing at all

Western Kentucky



Kentucky

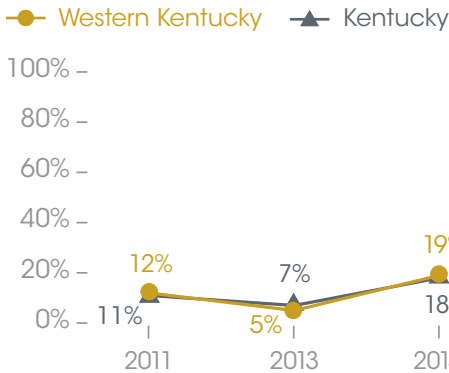


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

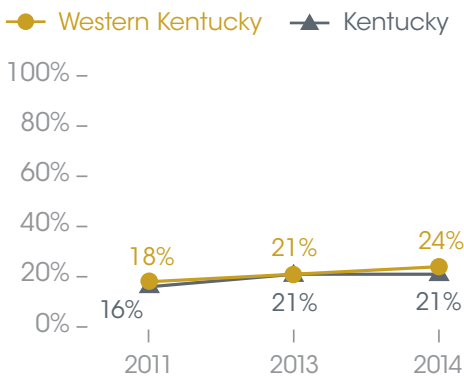
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

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

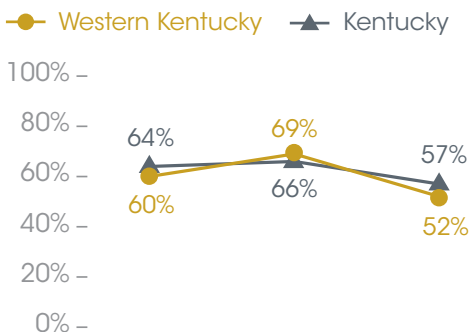
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



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



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Western Kentucky, residents reported similar impacts of the Affordable Care Act. A majority (52%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

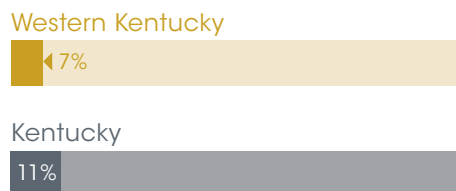
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. Less than 1 in 10 Western Kentucky adults (7%) knew someone who has experienced problems as a result of heroin use. This is similar to the rate reported for the state as a whole.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Likewise, in Western Kentucky 19% of adults said a family member or friend has had problems as a result of abusing prescription pain medicine.

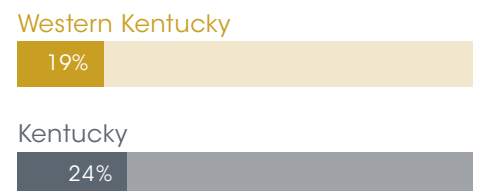
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



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

(Graph shows only those who said yes.)



Demographic Profile

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

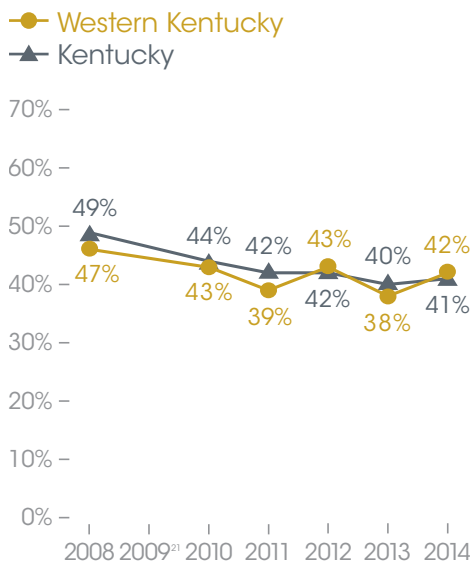


In Western Kentucky, 27% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (32%). The percentage of Western Kentucky adults who lived between 138% and 200% of FPL was similar to the state as a whole. In Western Kentucky, 58% of adults reported income above 200% FPL, which is slightly higher than that reported for the state as a whole (50%).

Overall Health Status

An important indicator of community health is overall health status. In 2014, about 4 in 10 Western Kentucky respondents (42%) described their health status as “excellent” or “very good.” This is similar to the proportion for the state as a whole (41%).

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



Sex

Western Kentucky



Kentucky



Age



Western Kentucky



Kentucky



Race



Western Kentucky



Kentucky



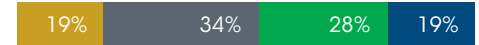
Level of Education



Western Kentucky



Kentucky



Poverty Status



Western Kentucky



Kentucky



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014-November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 313 respondents resided in the Western Kentucky Region which includes Barren River, Green River, Lincoln Trail, Pennyriple, and Purchase Area Development Districts. The counties included in this region are:

- Allen County
- Ballard County
- Barren County
- Breckenridge County
- Butler County
- Caldwell County
- Calloway County
- Carlisle County
- Christian County
- Crittenden County
- Daviess County
- Edmonson County
- Fulton County
- Graves County
- Grayson County
- Hancock County
- Hardin County
- Hart County
- Henderson County
- Hickman County
- Hopkins County
- LaRue County
- Livingston County
- Logan County
- Lyon County
- Marion County
- Marshall County
- McCracken County
- McLean County
- Meade County
- Metcalfe County
- Monroe County
- Muhlenberg County
- Nelson County
- Ohio County
- Simpson County
- Todd County
- Trigg County
- Union County
- Warren County
- Washington County
- Webster County

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

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Western Kentucky*. Louisville, KY: Authors.