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The challenges Ohio adults face to improve their health

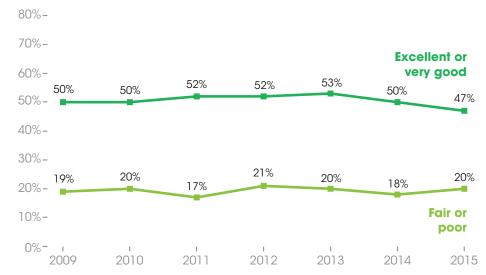
There are many ways to assess a person's health. One way is to ask people to evaluate their own health. The *Ohio Health Issues Poll* (OHIP) asked Ohio adults, "Would you say that, in general, your health is excellent, very good, good, fair or poor?" Research has found a powerful link between people's response to this question and the predicted length and quality of their lives.

To better understand health improvement, OHIP also asked Ohio adults to name the most important thing they could do to improve their health.

Half report excellent or very good health

In 2015, nearly half of Ohio adults (47%) reported that their health was excellent or very good. More than 3 in 10 (33%) said that their health was good. Two in 10 (20%) said their health was fair or poor. This is about the same as in 2014 and similar to the nation overall.¹





Exercise, better diet are most common changes named

OHIP asked respondents to name the *most important* thing they could do to improve their health status by one level (for example, from good to very good). Responses varied widely, but most could be placed into several broad categories.

Nearly 3 in 10 adults said they could **increase exercise** to improve their health. This was the most common response.

Respondents' specific answers in this category included activities such as walking, running or weightlifting, or simply saying they should be more active. According to the Centers for Disease Control and Prevention (CDC), regular exercise can help reduce the risk of cardiovascular disease, diabetes and some cancers, and increase a person's chance of living longer.²

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These findings unless otherwise noted are from Interact for Health's Ohio Health Issues Poll (OHIP) conducted July 15-28, 2015, by the Institute for Policy Research at the University of Cincinnati. A random sample of 811 adults throughout Ohio was interviewed by telephone. This included 448 landline telephone interviews and 363 cell phone interviews. In 95 of 100 cases, statewide estimates will be accurate to ±3.4%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about OHIP, please visit www.interactforhealth.org/ohio-health-issues-poll. If you have questions about the data in this document, please contact Jennifer Chubinski, Director of Community Research, at 513-458-6608 or ichabinski@interactforhealth.org.

¹ Centers for Disease Control and Prevention. (2015). BRFSS Prevalence and Trends Data. Retrieved from www.cdc.gov/brfss/brfssprevalence/.

² Centers for Disease Control and Prevention. (2015). *Physical Activity and Health*. Retrieved from www.cdc.gov/physicalactivity/everyone/health/index.html.

Nearly 2 in 10 adults said they could **improve dief** to improve their health. This was the second most common response. Respondents' specific answers included eating more vegetables, eating less fast food and eating less sugar.

Nearly 1 in 10 Ohio adults said one of the following actions was the most important they could take to improve their health:

- Losing weight
- Improving access to healthcare (such as getting better health insurance or medical care)
- Quitting smoking.

Current health status affects what's needed to improve health

The most common changes identified to improve health differed based on respondents' current health status. Adults with excellent, very good or good health cited exercise most frequently, followed by improved diet.

On the other hand, adults with fair or poor health identified no single change more frequently than the others. Exercise and diet were cited, but losing weight, improving a health problem and getting improved access to healthcare

Percentage of adults who reported it would be difficult or very difficult to make the health change they had identified



were named just as often. Specific answers about improving a health problem included needing better pain management; needing to recover from diabetes, cancer, depression or another medical condition; or generally needing to "get well." Responses about improved access to healthcare included needing more frequent doctor's visits, better health insurance or better medical care.

Motivation, time, money among the most common barriers to improving health

Next OHIP asked, "What is the *greatest* barrier to making that change?"

More than 2 in 10 adults said they did not have the necessary willpower, motivation or attitude to make the needed health change. More than 1 in 10 adults said time was the greatest barrier. They either did not have enough time or were too busy to make the change.

About 1 in 10 adults said they could not afford to make the change that would improve their health. Another 1 in 10 said a current health condition was the greatest barrier.

Most see health change as difficult

OHIP also asked Ohio adults how difficult it would be to make the health change they had identified. About 6 in 10 adults (61%) said the change would be difficult or very difficult. Nearly 4 in 10 (38%) said it would be easy or very easy.

Making a positive health change was seen as more difficult among adults with less income. Nearly 7 in 10 adults earning 200% or less of the Federal Poverty Level (FPL)³ (69%) said making a positive health change would be difficult or very difficult. More than 5 in 10 adults earning more than 200% FPL (55%) said this.

³ In 2014, 200% of the Federal Poverty Level (FPL) was \$47,700 for a family of four.