

A medical home is a routine place to go for medical care. It can be a doctor's office, health center, clinic, or other place where a person usually goes when they are sick or have a medical question. People who do not have a medical home are less likely to seek appropriate and timely healthcare when they need it.

In 2010, 84% of Greater Cincinnati adults reported they had a medical home. This has stayed relatively stable since 1999. However, the region did not reach the Healthy People 2010 goal of 96% of adults having a medical home.¹

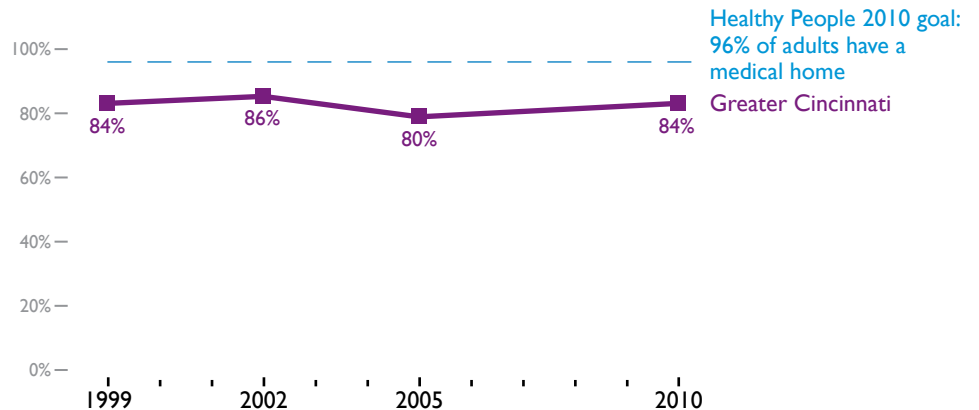
Age plays a factor in whether people have an identified medical home. As age increases, so does the likelihood of having a medical home. Only 69% of Greater Cincinnati adults ages 18–29 reported having a medical home, while 96% of adults ages 65 and over had a medical home.

Only 2 in 3 Unemployed or Uninsured Adults Have a Medical Home

Adults who are currently unemployed or uninsured were the least likely to report having a medical home. About 2 in 3 unemployed or laid-off adults

¹ The Healthy People 2020 goal for having a medical home remained at 96% of adults have a medical home. For more information about Healthy People 2010 and 2020, please visit www.healthypeople.gov.

Adults in Greater Cincinnati who have a medical home



(64%) or uninsured adults (62%) had a medical home. This is compared to 82% of employed adults and 89% of insured adults.

Insurance status may be a factor in adults of different age groups having a medical home. Almost all adults ages 65 and older in our region (98%) have insurance, and 96% have a medical home. In contrast, only 63% of young adults in our region have insurance and only 69% have a medical home

8 in 10 Adults Have an Appropriate Medical Home

The type of medical home a person has is important as well. An appropriate medical home is more than just a regular place to go; it is a place where the patient and his or her health history are known to the provider. The staff

provide regular and preventive care and can help catch minor problems before they become serious.

About 8 in 10 Greater Cincinnati adults (79%) reported having an appropriate medical home. As age, level of education, and household income increased, the percentage of adults with an appropriate medical home also increased.

African Americans and Adults with Lower Incomes, No Insurance Report Higher Use of Inappropriate Medical Homes

Emergency rooms (ERs) and urgent care facilities are not appropriate medical homes because providers in ERs and

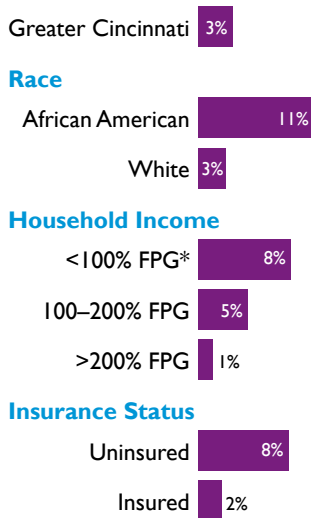
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urgent care facilities often do not know the patient's history. Primary care delivered in these settings is much more costly than care through a community health center, clinic, doctor's office, or other primary care setting. It also clogs the system with non-emergency cases, making it more difficult to provide care to those truly in need of emergency services.

Only 3% of Greater Cincinnati adults reported that their usual source of care was an ER or urgent care facility, which are not appropriate medical homes. Adults more likely to report an inappropriate medical home included Greater Cincinnati adults who:

- were African American (11%)
- live below 100% of the federal poverty guidelines (FPG; 8%),²
- were uninsured (8%)

Adults who reported using an emergency room or urgent care facility as their usual source of care, or medical home



* 100% of the federal poverty guidelines (FPG) in 2009 was a household income of \$22,050 for a family of 4.

² In 2009, 100% FPG was an annual income of \$22,050 for a family of 4.

According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), 18% of adults in the U.S. were current smokers in 2009,¹ down from previous years but still higher than the Healthy People 2010 goal of 12%.²

While the regional rate of adults who smoke is decreasing, it is still higher than the national average. In 2010, 29% of Greater Cincinnati adults were current smokers, compared to 30% in 2005, 32% in 2002, and 35% in 1999.

Smoking Rates Highest in Rural Counties in Kentucky and Ohio

Smoking rates in the rural Kentucky counties in our region³ have steadily risen the last few years, going from 33% in 2002 to 43% in 2010. In the mostly rural, southeastern Ohio counties⁴ of our region, 37% of adults reported they were current smokers, which has held relatively steady the last few years.

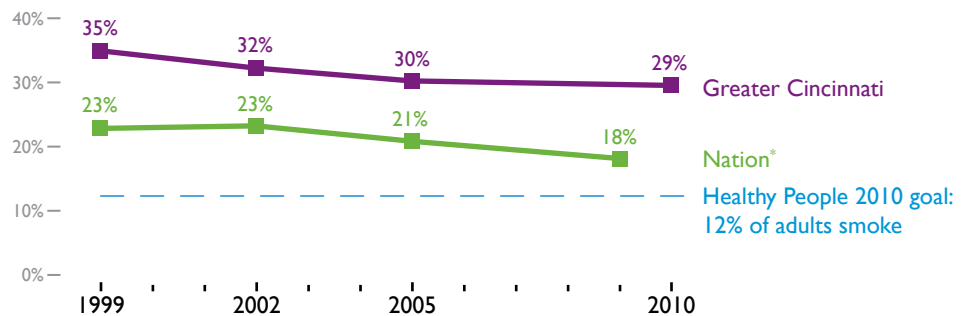
¹ National data are from the 1999, 2002, 2005, and 2009 Behavioral Risk Factor Surveillance System, available at www.cdc.gov/brfss/.

² The Healthy People 2020 goal for smoking remained at 12% of adults smoke. For more information about Healthy People 2010 and 2020, please visit www.healthypeople.gov.

³ The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

⁴ The southeastern Ohio counties in the region are Adams, Brown, Clermont, and Highland.

Adults ages 18 and over who are current smokers



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) from 1999, 2002, 2005, and 2009, the most recent year for which data are available.

Smoking Rates Highest among Low-Income Adults

Half of Greater Cincinnati adults (49%) living below 100% of the federal poverty guidelines (FPG)⁵ and 38% of adults living between 100–200% FPG reported being current smokers. This is double the 20% of adults living above 200% FPG who reported being current smokers.

6 in 10 Young Adults Have Never Smoked

On a positive note, 60% of young adults ages 18–29 reported that they have never smoked, up from 51% in 2005.⁶ At the same time, the

⁵ In 2009, 100% FPG was an annual income of \$22,050 for a family of 4.

⁶ People classified as "never smoked" are respondents who indicated that they have not smoked at least 100 cigarettes in their entire life.

rate of young adults who currently smoke went down, going from 38% in 2005 to 30% in 2010.

One possible reason for this is there have been a number of community- and school-based campaigns targeted toward children and young adults to encourage them not to start smoking. Taxes on cigarettes have also gone up, which has been shown to reduce smoking rates, especially among youth.⁷

⁷ See Raising Cigarette Taxes Reduces Smoking, Especially Among Kids available at www.tobaccofreekids.org/research/factsheets/pdf/0146.pdf

Half of adults in Greater Cincinnati (50%) had at least one alcoholic drink in the month prior to the *Greater Cincinnati Community Health Status Survey*, similar to the national rate of 54%.¹

In general, as income and level of education increased, the percentage of adults in Greater Cincinnati who had a drink in the last 30 days also increased. As age increased, however, the percentage of adults who had a drink decreased. Men (55%) were more likely to have had a drink than women (46%).

Drinking Rates Lowest in Rural Kentucky, among White Appalachians

About 1 in 3 adults (36%) in the rural Kentucky counties in our region² had a drink in the month prior to the *Survey*, the lowest reported rate of any section of Greater Cincinnati. Two of the counties in this section, Owen and Pendleton, have strict limits on the sale of alcohol, which may account for the lower rates of drinking.

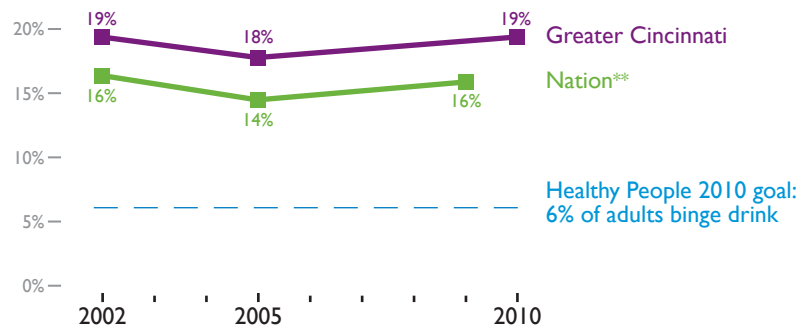
About 1 in 3 white Appalachian adults (35%)³ had a drink in the

¹ National data unless otherwise noted are from the 2009 Behavioral Risk Factor Surveillance Survey, available at www.cdc.gov/brfss/.

² The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

³ White Appalachian adults are adults who indicated they were white and that either

% of Adults reporting binge drinking* at least once in the last 30 days



*Prior to 2006, the standard for binge drinking was having 5 or more drinks on one occasion for both men and women. Since 2006, the standard has been revised to 5 or more drinks on one occasion for men and 4 or more drinks for women. These data reflect the definitions of binge drinking that were in place at the time of the surveys.

**National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) from 2002, 2005, and 2009, the most recent year for which data are available.

month prior to the *Survey*. This is compared to 56% of white non-Appalachian adults and 48% of African American adults in the region. Adults living in the Appalachian-designated Ohio counties in the region—Adams, Brown, Clermont, and Highland—also reported a lower rate of drinking at 43%.

Rates of Binge Drinking High among Young Adults, Men, and Unemployed or Laid Off Adults

While drinking in moderation poses no or low health risks for most adults, having more than one

themselves or one of their parents were born in any Appalachian-designated county in the U.S.

or two drinks per day increases the risk of health problems.⁴

The national and regional rates of binge drinking—or having 5 or more drinks on one occasion for men and 4 or more drinks for women⁵—are much higher than the Healthy People 2010 goal of 6%.⁶ Almost 1 in 5 Greater

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⁴ For more information on drinking and health effects of drinking, please see www.cdc.gov/alcohol/faqs.htm#moderateDrinking.

⁵ Prior to 2006, the standard for binge drinking was 5 or more drinks on one occasion for both men and women. In 2006, the standard was revised to 5 or more drinks on one occasion for men and 4 or more drinks for women. Therefore, making comparisons to previous surveys are more difficult.

⁶ The Healthy People 2020 goal for binge drinking was increased to 24%. For more information about Healthy People 2010 and 2020, please visit www.healthypeople.gov.

Cincinnati adults (19%) reported binge drinking in the 30 days prior to the *Survey*, compared to 16% of adults in the nation.

Some adults in our region were more likely to report binge drinking in the last month, including adults who:

- are unemployed or laid-off (39%)
- are ages 18–29 (31%)
- are uninsured (29%)
- are male (25%)

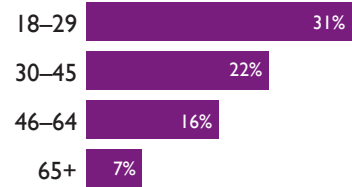
Drinking and Driving

In 2010, 2% of adults in the region reported that they had driven when they thought they had too much to drink in the month before the survey, compared to 4% in 1999. This might seem like a small percentage, until one considers that this means there were more than 36,000 adult drivers on the road in the month before the survey who thought they had too much to drink.

More men (4%) than women (1%) reported that they had driven at least once in the last month when they thought they had too much to drink.

Greater Cincinnati adults who reported binge drinking* at least once in the last 30 days

Age



Sex



Employment Status**



* Binge drinking is defined as having 5 or more alcoholic drinks on 1 occasion for men or 4 or more alcoholic drinks for women.

** Data presented here are only for respondents who indicated they were employed or were specifically unemployed or laid-off. People who reported they were retired, disabled, in school, or keeping house are not represented.

About 6 in 10 Greater Cincinnati adults (64%) have ever been told by a doctor or other healthcare provider that they have a chronic condition such as high blood pressure, high cholesterol, depression, severe allergies, asthma, or another condition, according to the 2010 *Greater Cincinnati Community Health Status Survey*.

Rates of High Blood Pressure, High Cholesterol, Depression Rise

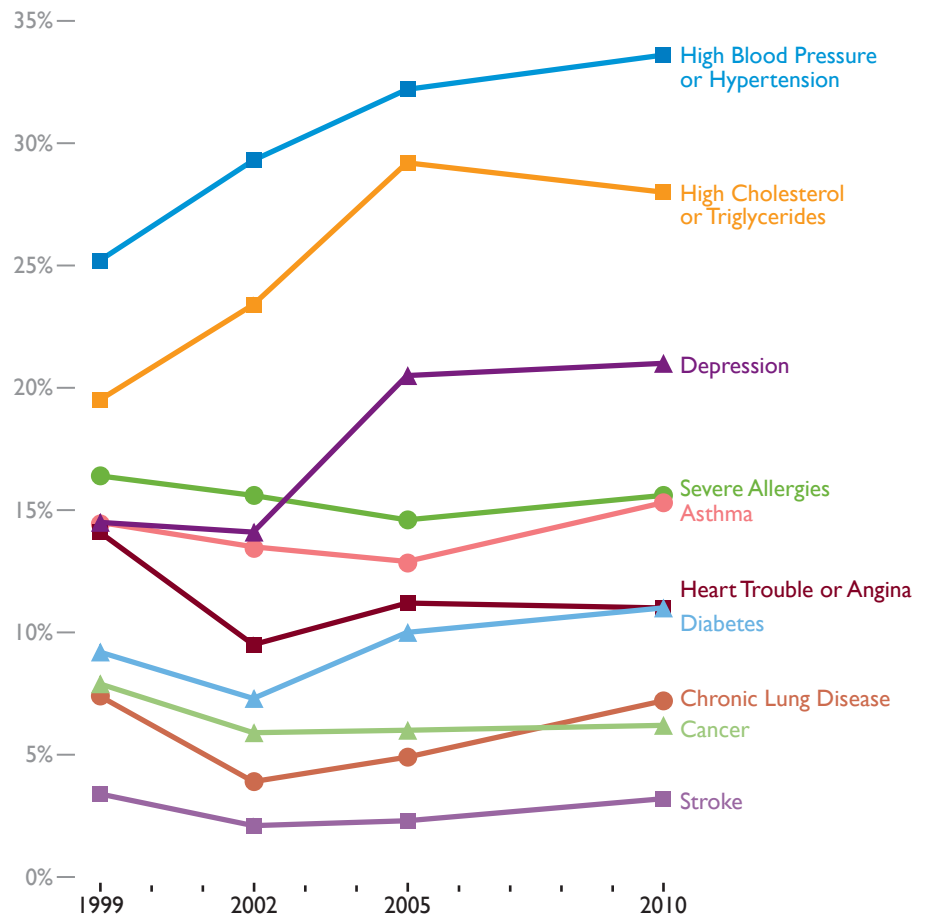
Although rates of most chronic conditions have stayed relatively consistent since 1999, the percent of Greater Cincinnati adults who have been told they have high blood pressure or hypertension, high cholesterol or triglycerides, and depression increased:

- High blood pressure rose from 25% to 34%.
- High cholesterol rose from 20% to 28%.
- Depression rose from 15% to 21%.

The increases in high blood pressure and high cholesterol are consistent with rising obesity rates in the region, which went from 22% in 1999 to 31% in 2010. People who are obese have higher risks of developing cardiovascular diseases like high blood pressure and high cholesterol.

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Adults in Greater Cincinnati reporting a doctor or other healthcare provider has ever told them they had one of the following health conditions.



% of Greater Cincinnati adults reporting a doctor or other healthcare provider has ever told them they have...	1999	2002	2005	2010
Asthma	15	14	13	15
Cancer	8	6	6	6
Chronic Lung Disease	7	4	5	7
Diabetes	9	7	10	11
Heart Trouble or Angina	14	10	11	11
High Blood Pressure or Hypertension	25	29	32	34
High Cholesterol or Triglycerides	20	23	29	28
Stroke	3	2	2	3
Severe Allergies	16	16	15	16
Depression	15	14	21	21

Often, increases in the rates of high blood pressure, high cholesterol or triglycerides, diabetes, and obesity lead to increased rates of heart disease. However, the rate of heart disease in our region has not increased, even though the common precursors to heart disease did.

A possible reason for this is that because more people are being diagnosed, more people are getting treatment, which can slow the progression of heart disease. The decrease in the rate of adults who smoke, with its accompanying reduction in exposure to second-hand smoke, may also be a factor in reducing heart disease. Or, we may see an increase in heart disease in the future as more people with the precursor conditions develop heart disease.

Although the percentage of adults who have ever been told they have depression increased since 1999, the rate between 2005 and 2010 remained stable. The rise between 1999 and 2005 was most likely due to better awareness of depression and decreasing stigma against the illness.

White Appalachians, African Americans More Likely to Have Been Told They Have High Blood Pressure, Diabetes

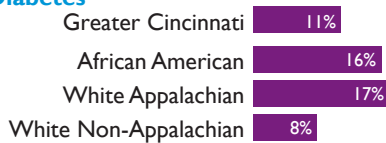
White Appalachians¹ and African Americans reported higher rates of being told they had high blood pressure or diabetes than white non-Appalachian adults.

Greater Cincinnati adults, by ethnicity, who reported a doctor or other healthcare provider ever told them they had...

High Blood Pressure



Diabetes

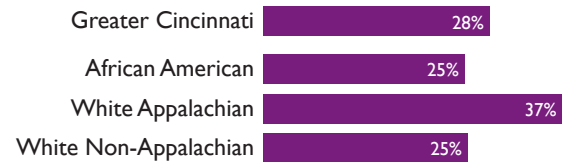


¹ White Appalachian adults are adults who indicated they were white and that either themselves or one of their parents were born in any Appalachian-designated county in the U.S.

White Appalachians More Likely to Have Been Told They Have High Cholesterol

White Appalachians (37%) reported higher rates of being told they had high cholesterol than African American adults (25%) or white non-Appalachian adults (25%).

Greater Cincinnati adults, by ethnicity, who reported a doctor or other healthcare provider ever told them they had high cholesterol or triglycerides



Adults Ages 46 and Older More Likely to Have Been Told They Have a Chronic Condition

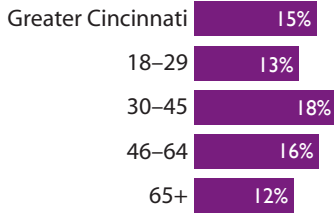
As age increased, the likelihood that a person was told they had a chronic condition also increased. Adults ages 65 and older had by far the highest rates of chronic conditions of any other age group, with the exceptions of asthma, depression, and severe allergies. For these three conditions, all age groups had similar rates (see graph on the next page).

Greater Cincinnati adults ages 46 and older were more than twice as likely as adults ages 18–45 to have been told by a doctor or other healthcare provider that they had one of the chronic conditions included in the *Survey*. Again, three exceptions were asthma, depression, and severe allergies.

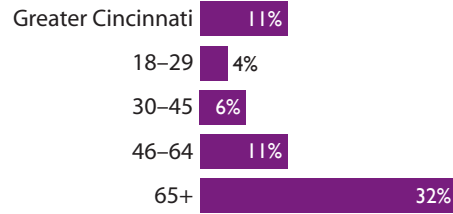
A fourth exception was stroke. Adults ages 46–64 (2%) were as likely as adults ages 30–45 (2%) to report having been told they had a stroke, while adults ages 65 and older (11%) were far more likely to report having been told they had a stroke.

Greater Cincinnati adults, by age, who reported a doctor or other healthcare provider ever told them they had...

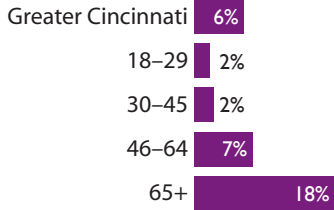
Asthma



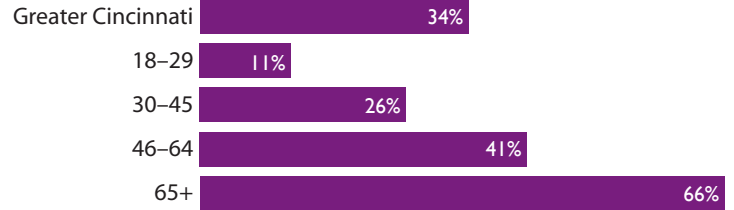
Heart Trouble or Angina



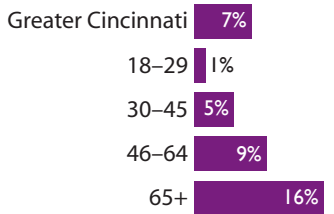
Cancer



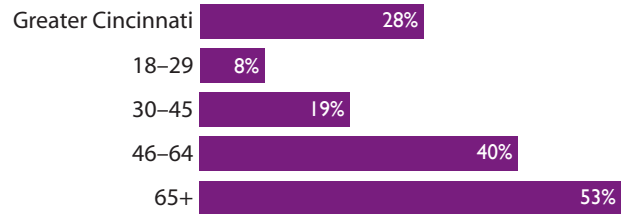
High Blood Pressure or Hypertension



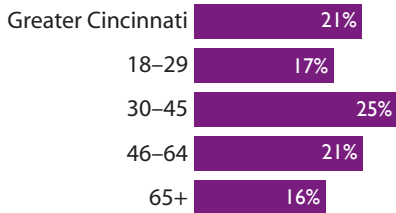
Chronic Lung Disease



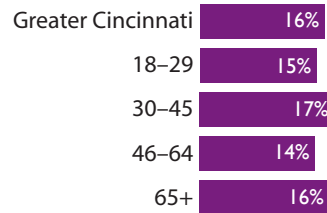
High Cholesterol or Triglycerides



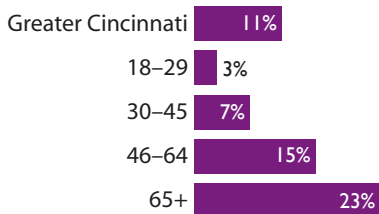
Depression



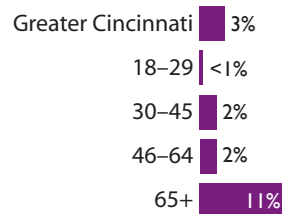
Severe Allergies



Diabetes



Stroke



According to the U.S. Department of Health and Human Services, 8% of the adult population currently experiences vision trouble.¹ This is defined as trouble seeing, even with glasses or contact lenses.

In Greater Cincinnati, 1 in 5 adults (19%) described their eyesight as either fair or poor, even with glasses or contact lenses. Adults more likely to report fair or poor eyesight included adults who:

- live below 100% of the federal poverty guidelines (FPG, 33%)²
- live between 100–200% FPG (26%)
- are ages 65 and older (24%)

African American, White Appalachian Adults Report Poorer Eyesight

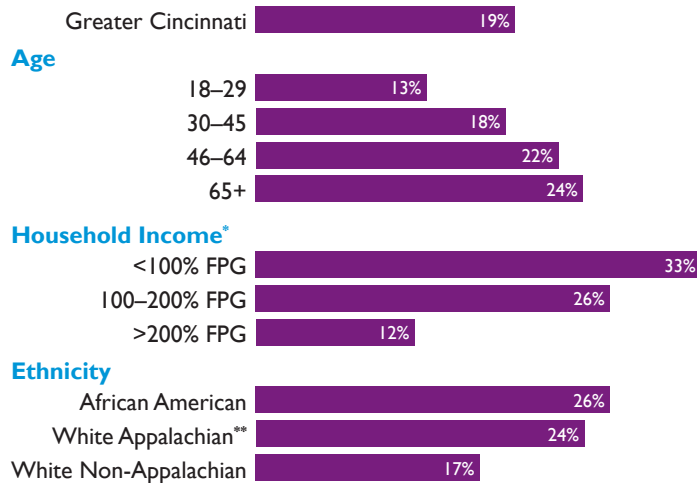
About 1 in 4 African American (26%) and white Appalachian (24%)³ adults reported fair or poor eyesight, compared to 1 in 6 white non-Appalachian adults (17%).

¹ Department of Health and Human Services. (2010). *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2009*. Baltimore: Department of Health and Human Services. Available at www.cdc.gov/nchs/data/series/sr_10/sr10_249.pdf.

² In 2009, 100% FPG was an annual income of \$22,050, and 200% FPG an annual income of \$44,100, both for a family of 4.

³ White Appalachian adults are adults who indicated they were white and that either themselves or one of their parents were born in any Appalachian-designated county in the U.S.

Greater Cincinnati adults reporting their eyesight, even with glasses or contact lenses if they wear them, is fair or poor



* In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050, and 200% FPG an annual income of \$44,100, both for a family of 4.

** White Appalachian adults are adults who indicated they were white and that either themselves or one of their parents were born in any Appalachian-designated county in the U.S.

Adults with Chronic Conditions Report Poorer Eyesight

Over 6 in 10 (64%) of Greater Cincinnati adults have been told by a doctor or other healthcare provider that they have a chronic condition.⁴

Nearly 1 in 4 (24%) of adults with a chronic condition reported that they had fair or poor eyesight, compared to 11% without a chronic condition.

⁴ For information, see “Chronic Conditions of Greater Cincinnati Adults,” available at www.healthfoundation.org/gcchss.html.

Importance of Eye Exams

Vision is an important, but an often overlooked, part of overall health. The U.S. Department of Health and Human Services recommends that adults ages 18–60 who have no risk factors for visual impairment have a comprehensive eye exam every two years.

Many eye diseases, such as glaucoma, have no obvious symptoms. A comprehensive eye exam, which includes having your pupils dilated, can detect common

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vision problems and eye diseases that cannot be detected in any other way.⁵

In Greater Cincinnati, 64% of adults have had an eye exam, during which their pupils were dilated, within the past two years. This exceeds the Healthy People 2010 goal of 58% of adults, and puts the region ahead of the Healthy People 2020 goal of 60.5% of adults having a comprehensive eye exam, including dilation, in the last two years.⁶

Another 1 in 4 Greater Cincinnati adults (25%) reported it had been more than two years since they had an eye exam in which their pupils were dilated, and 1 in 10 adults (10%) said they had never had one.

Low-Income and Younger Adults Less Likely to Have Had an Eye Exam

Just under half of adults living below 100% FPG (49%) reported having an eye exam in which their pupils were dilated in the last two years. This is compared to 70% of adults living above 200% FPG.

In addition, 15% of adults living below 100% FPG reported they had *never* had an eye exam in which their pupils were dilated. This is compared to 7% of adults living above 200% FPG.

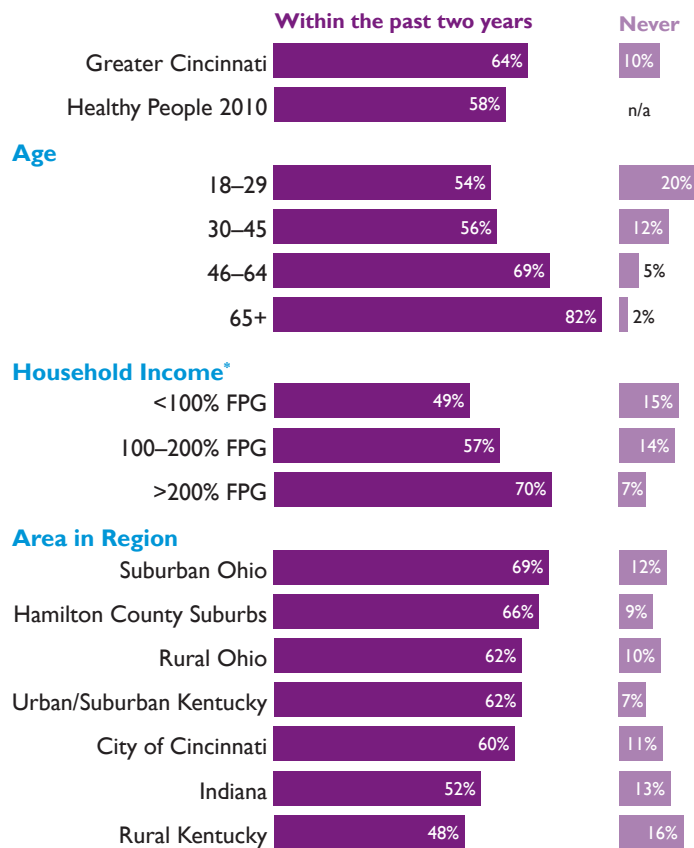
Just over half of adults ages 18–29 (54%) and adults ages 30–45 (57%) reported having an eye exam in which their pupils were dilated in the last two years. This is compared to 69% of adults ages 46–64 and 82% of adults ages 65 and older.

Adults ages 18–29 (20%) were also more likely to report they had *never* had an eye exam in which their pupils were dilated. This is compared to 12% of adults ages 30–45, 5% of adults ages 46–64, and 2% of adults ages 65 and older.

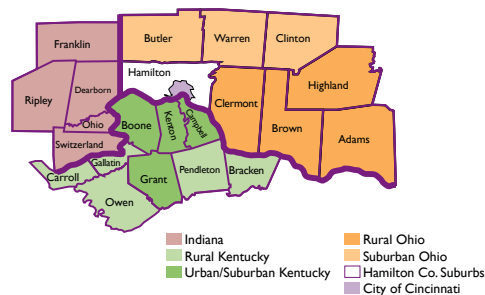
Adults in Indiana and Rural Kentucky Less Likely to Have Had an Eye Exam

About half of adults living in the Indiana⁷ (48%) and Rural Kentucky⁸ (52%) counties in Greater Cincinnati reported having an eye exam in which their pupils were dilated in the last two years. Adults living in other counties had rates similar to the region as a whole, with the exception of adults in Butler, Clinton, and Warren, who had a slightly higher rate (69%).

When was the last time you had an eye exam in which the pupils were dilated? (Graph presents only the percentage of Greater Cincinnati adults who said their exam was within the last two years or that they never had an exam.)



* In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050, and 200% FPG an annual income of \$44,100, both for a family of 4.



⁵ American Optometric Association. *Comprehensive Eye and Vision Examination*. Accessed February 9, 2011, from www.aoa.org/eye-exams.xml.

⁶ For more information about Healthy People 2010 and 2020, please visit www.healthypeople.gov.

⁷ The Indiana counties in the region are Dearborn, Franklin, Ohio, Ripley, and Switzerland.

⁸ The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

According to the Centers for Disease Control and Prevention (CDC), people who eat a healthy diet with substantial portions of fruits and vegetables have a reduced risk of chronic conditions such as stroke, cardiovascular diseases, and certain cancers compared to those who eat small amounts of fruits and vegetables.¹

The *Dietary Guidelines for Americans, 2010*,² a joint project of the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS), recommends that Americans make half their plate fruits and vegetables at every meal.

Besides increasing intake of fruits and vegetables, the *Dietary Guidelines for Americans, 2010*, recommends that people consume less sodium, or salt. Eating high levels of salt can increase blood pressure and the risk for heart disease and stroke.³ Heart disease and stroke are the first and third killers of adults in Ohio and Kentucky.⁴

Less than 1 in 4 Greater Cincinnati Adults Meet Recommendations

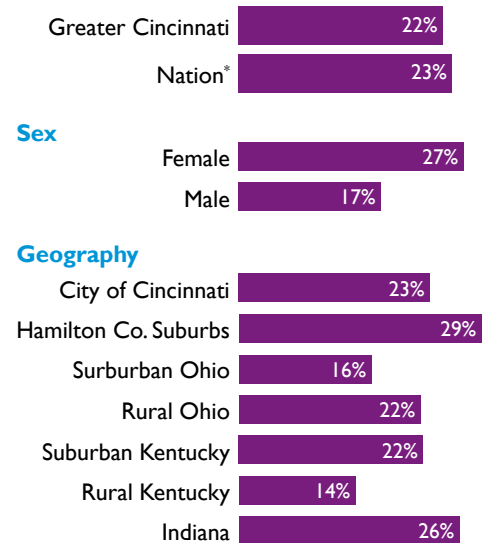
If half the plate should be fruits and vegetables, adults meeting this recommendation would be eating at least 2 servings of fruit AND 3 servings of vegetables per day. Adults locally and nationally are far short of meeting this recommendation.

Less than one-quarter of Greater Cincinnati adults (22%) and adults across the nation (23%) reported eating at least 2 servings of fruit AND 3 servings of vegetables per day.⁵

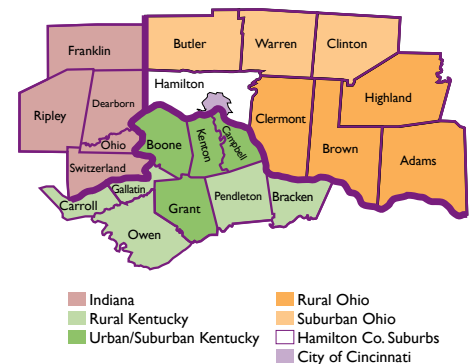
Adults in Hamilton County's suburbs (29%) have the highest rate in the region of meeting the recommendation, while adults in the region's rural Kentucky counties⁶ (14%) report the lowest rate. Women (27%) are doing better than men (17%) at meeting the requirements.

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Percent of adults who ate at least 2 servings of fruits AND 3 servings of vegetables per day



* Greater Cincinnati results are from the 2010 Greater Cincinnati Community Health Status Survey. National data come from the 2009 Behavioral Risk Factor Surveillance Survey (BRFSS), available at: <http://www.cdc.gov/BRFSS/>, the most recent national data on this topic. Question wording was slightly different between the two surveys.



¹ For more information about the benefits of fruits and vegetables, visit www.fruitsandveggiesmatter.gov/benefits/index.html

² For more information on the Dietary Guidelines, please visit: <http://www.health.gov/dietaryguidelines/>.

³ For more information about salt and the health effects of eating too much salt, please visit www.cdc.gov/salt/.

⁴ Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final Data for 2007. *National Vital Statistics Reports*; vol 58 no 19.

⁵ National data come from the 2009 Behavioral Risk Factor Surveillance Survey (BRFSS), available at: <http://www.cdc.gov/BRFSS/>. The BRFSS did not ask about fruit and vegetable consumption on the 2010 BRFSS, so the 2009 data are the most recent available. The BRFSS asks slightly different questions than the GCCHSS.

⁶ The rural Kentucky counties in our region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

Over Half of Greater Cincinnati Adults Eat Fast Food at Least Once a Week

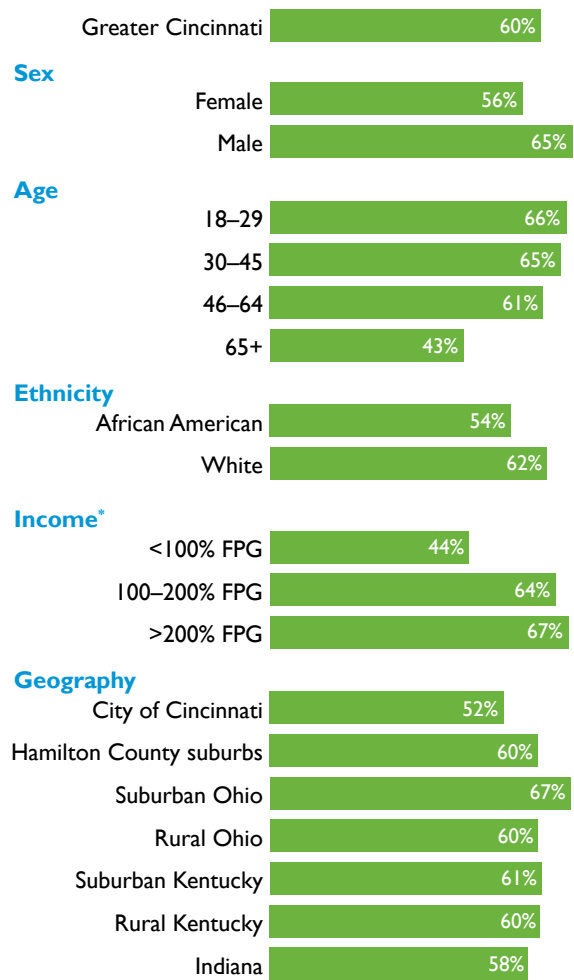
According to the CDC, the majority of sodium that we consume is in processed and restaurant foods.⁷ In Greater Cincinnati, 60% of adults eat fast food at least once a week. Adults more likely to eat fast food at least once a week include adults who:

- Live in Butler, Clinton, and Warren Counties (67%)
- Live above 100% of the federal poverty guidelines (FPG; 66%)⁸
- Are male (65%)
- Are ages 18–64 (64%)
- Are white (62%)

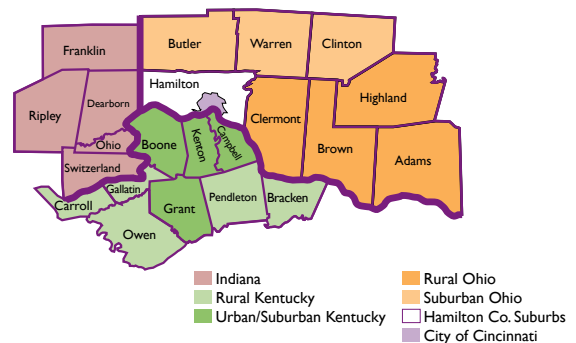
⁷ Centers of Disease Control and Prevention (no date). Salt. Accessed at www.cdc.gov/salt/ on June 22, 2011.

⁸ In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

Percent of Greater Cincinnati adults who eat fast food at least once a week



* In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.



The costs of medical care and health insurance have been increasing for many years. This has meant that some people go without care because they can't afford it or they go into debt to get the care they need.

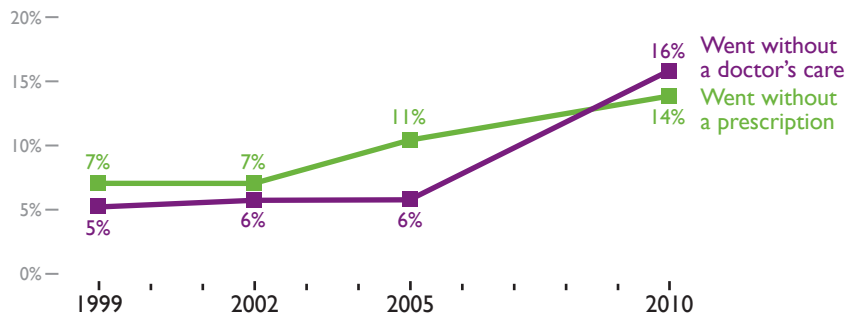
In 2010, about 1 in 7 Greater Cincinnati adults said that someone in their household went without a doctor's care (16%) or a prescription medication (14%) in the last year because the household needed the money to buy food or clothing or pay for housing. While the percentage of people who went without a prescription increased consistently over time, the percentage of people who went without a doctor's care increased almost three-fold since the last survey.

Getting the right care, including a doctor's care or prescription medication, at the right time helps prevent minor health conditions from becoming more serious. It also helps control costs, as early treatment sometimes prevents worse conditions and is usually cheaper than treatment in later stages of a condition.

Uninsured and Low-Income Adults More Likely to Report Going without Care

Adults in Greater Cincinnati more likely to report that a member of their household

Greater Cincinnati adults who reported that someone in their household went without a doctor's care or prescription medication during the last year because the household needed the money for food, clothing, or housing



went without a doctor's care or prescription medication in the last year because the household needed money for food, clothing, or housing included (see graph to the right):

- Currently uninsured adults
- Adults living in households under 200% of the federal poverty guidelines (FPG)¹

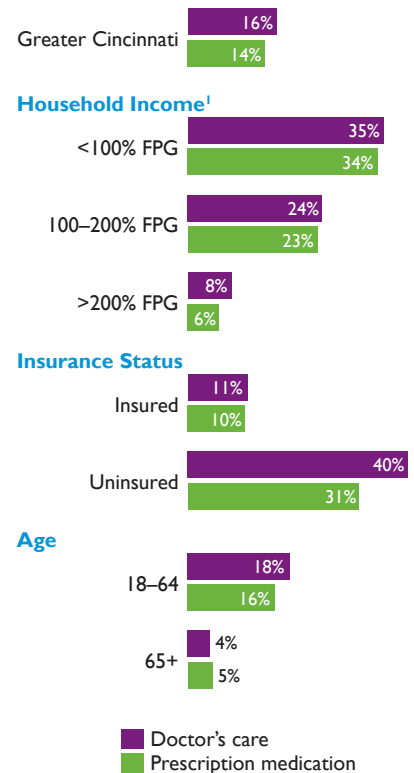
Older Adults Less Likely to Report Going without Care

Only about 1 in 20 Greater Cincinnati adults ages 65 and older reported a member of their household went without a doctor's care or prescription medication in the last year because of cost. This is compared to about 1 in 6 adults ages 18–64 (see graph to the right).

(continued on back)

¹ In 2009, 100% FPG was an annual income of \$22,050 and 200% FPG an annual income of \$44,100, both for a family of 4.

Greater Cincinnati adults who reported that someone in their household went without care in the last year because the household needed the money for food, clothing, or housing



Nearly 1 in 2 Uninsured and Low-Income Adults Have Problems Paying Medical Bills

Besides going without care because they needed the money for basic necessities, Greater Cincinnati adults also reported problems paying medical bills. In 2010, 1 in 4 Greater Cincinnati adults (25%) reported having problems paying or being unable to pay for medical bills in the last year, consistent from 2005.

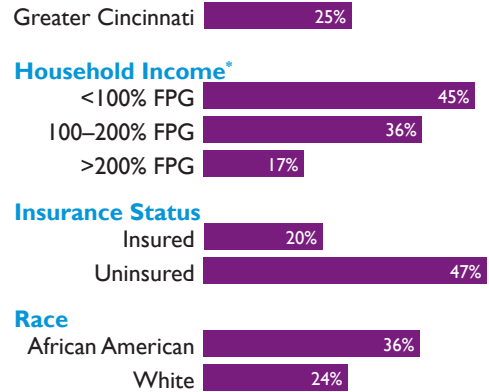
The cost of medical care hits some people harder, especially uninsured or low-income adults. Nearly half of Greater Cincinnati adults who are uninsured (47%) reported that they had problems paying or were unable to pay medical bills, compared to 20% of insured adults.

Nearly half of Greater Cincinnati adults living below 100% FPG (45%) and one-third of adults living between 100–200% FPG (36%) reported that they had problems paying or were unable to pay medical bills, compared to 17% of adults living above 200% FPG.

1 in 3 African American Adults Have Problems Paying Medical Bills

Over 1 in 3 African American adults (36%) reported they had problems paying or were unable to pay medical bills, compared to 1 in 4 white adults (24%).

Greater Cincinnati adults who reported that they had trouble paying or were unable to pay medical bills in the last 12 months



* In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of 44,100, both for a family of 4.

How people feel about their community—if they can depend on others, if they feel safe, if community members help each other—can be a protective factor for their health status. People who feel more positively about their community receive health-related information faster, are more likely to adopt health behaviors, and exert social control over health-related behaviors.¹

The 2010 *Greater Cincinnati Community Health Status Survey* asked adults in Greater Cincinnati three questions to see how positively they feel about their community. In general, large majorities of Greater Cincinnatians felt very positively about their community, although they felt less positively than they did in previous years.

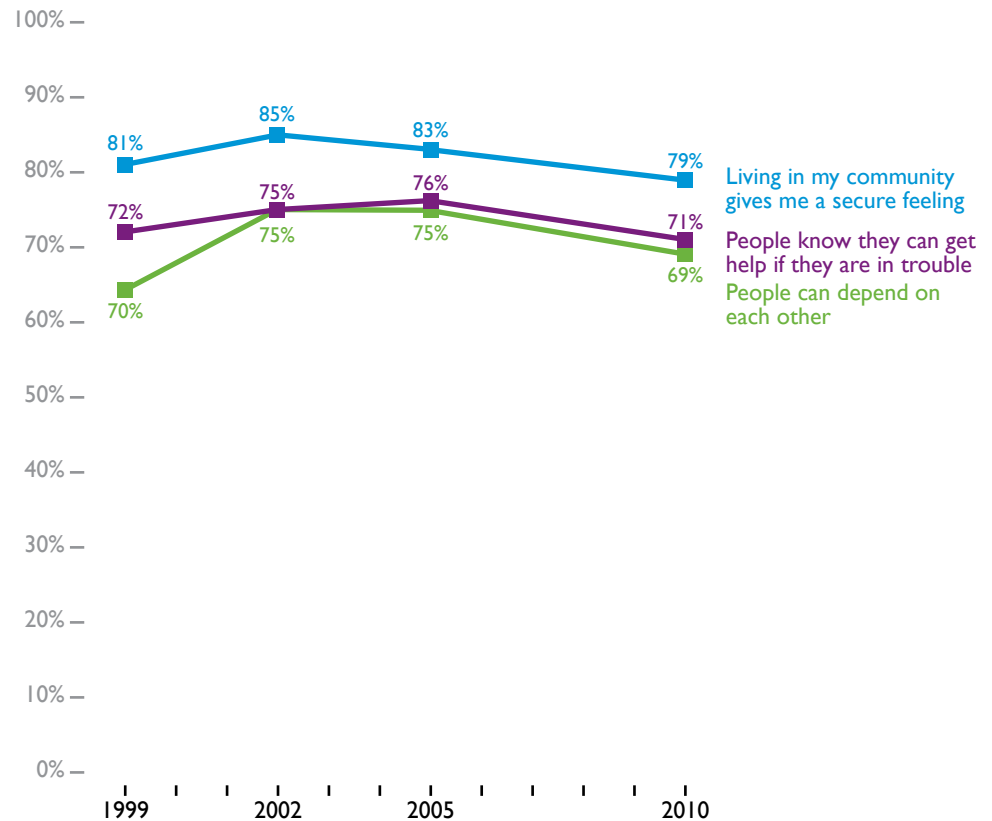
How Adults Feel about their Community Differs by Income, Ethnicity, Geography

There were wide variations among income, ethnic, and geographic groups in how likely adults were to feel positively about their communities:

- **Income:** As income increased, the likelihood that a person

¹ McCubbin H, Patterson J, Glynn T. *Social Support Index*. In H. McCubbin and A. Thompson (eds.). *Family Assessment Inventories for Research and Practice*. Madison, Wisconsin: Family Stress Coping and Health Project, University of Wisconsin-Madison, 1991.

Percent of Greater Cincinnati adults who reported that they agreed with the following statements about their community. (Graph presents the combined total of adults who said they agreed strongly, agreed somewhat, or leaned toward agreeing with the statement.)



felt positively about their community also increased (see graph on the back).

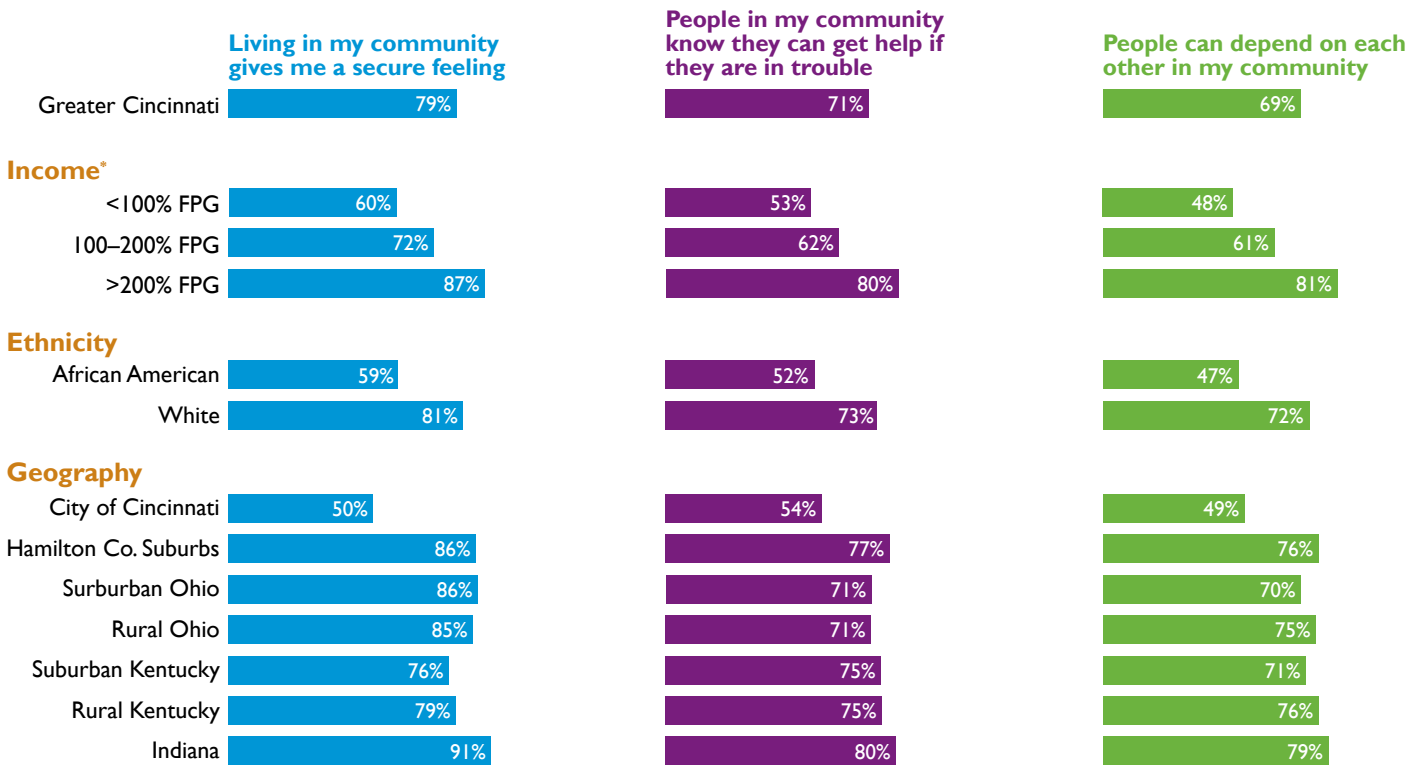
- **Ethnicity:** Whites reported feeling more positively about their community than African Americans (see graph on the back).

- **Geography:** Adults living in the Indiana counties in our region felt the most positively about their community,² and adults living in the City of Cincinnati felt the least positively (see graph on the back).

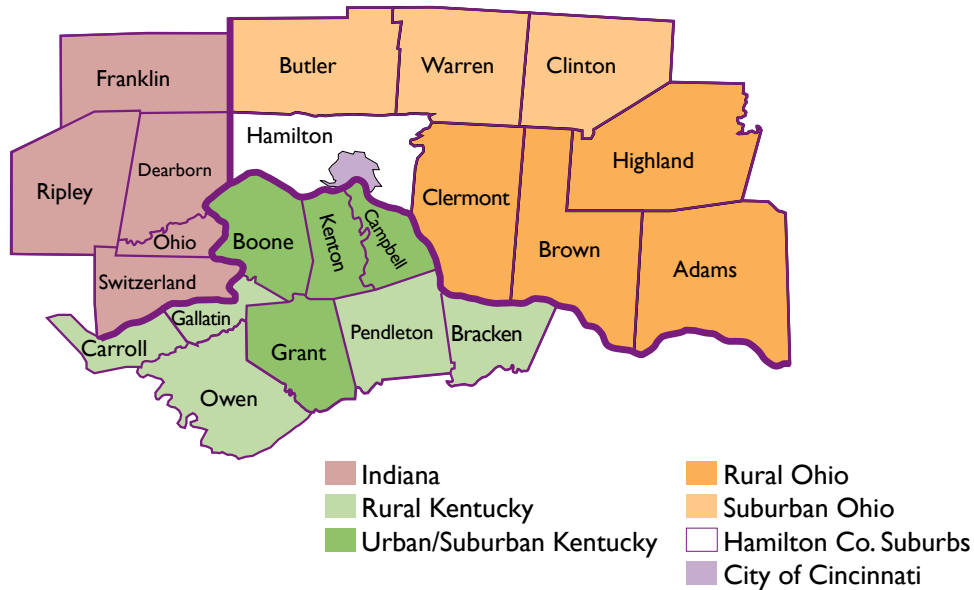
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² The Indiana counties in our region are Dearborn, Franklin, Ohio, Ripley, and Switzerland.

Percent of Greater Cincinnati adults who reported they agreed with the following statements about their community, by selected demographics. (Graph presents the combined total of adults who said they agreed strongly, agreed somewhat, or leaned toward agreeing with the statement.)



* In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.



Having health insurance is a main factor in whether someone seeks appropriate healthcare in a timely manner. Those without insurance are less likely to get care when they need it.

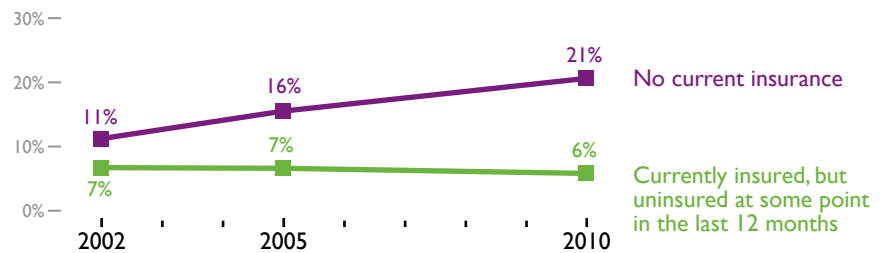
The *Greater Cincinnati Community Health Status Survey* collects information about insurance status through two questions. The first asks whether a person *currently* has health insurance. The second asks whether the person has been *without health insurance at any time during the past 12 months*, which is an indication of how stable his or her insurance is. These questions provide a more complete regional picture of insurance-related barriers to healthcare.

Since nearly all adults in our region ages 65 and over (98%) are insured, this summary focuses on adults ages 18–64.

Rate of Currently Uninsured Adults Increases

The percentage of adults in our region ages 18–64 who reported being uninsured at the time of the survey has steadily risen since 2002, going from 11% that year to 21% in 2010. About 22% of adults ages 18–64 across the

Adults ages 18–64 who have been uninsured at any point in the last 12 months, including currently



nation were currently uninsured in early 2010, according to the January–March 2010 *National Health Interview Survey* conducted by the Centers for Disease Control and Prevention (CDC).¹

- are African American (36%)
- live in the rural Kentucky counties in our region (31%)³
- are ages 18–29 (28%)

People with Lower Incomes, Less Education More Likely to Be Uninsured

Adults ages 18–64 in our region who were more likely to report being uninsured than other subgroups included those who:

- live below 100% of the federal poverty guidelines (FPG; 43%)²
- did not have a high school diploma or equivalent (40%)

¹ See www.cdc.gov/nchs/data/nhis/earlyrelease/insur201009.htm.

² In 2009, 100% FPG was an annual income of \$22,050 for a family of 4.

Rate of Insured Adults Who Were Uninsured at Some Point in the Last 12 Months Holds Steady

About 6% of insured adults ages 18–64 in our region reported that they had been without insurance at some point in the last 12 months. This is consistent with the rates found in the previous *Community Health Status Surveys*.

³ The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

According to the Drug Abuse Warning Network, emergency room visits related to nonmedical use of prescription and over-the-counter medicines increased 60% between 2004 and 2007.¹

Because prescription and over-the-counter medicines are legal and meant to be used to lessen symptoms and treat illnesses, people perceive them as less dangerous than illegal drugs. These medications are safe when used as directed. However, misuse of any medication—whether the medication is taken incorrectly or by someone other than the prescribed patient—can have serious adverse health effects.

The 2010 *Greater Cincinnati Community Health Status Survey* asked adults in our region a number of questions about misuse of prescription and over-the-counter drugs.

Most Use Prescription Painkillers, Over-the-Counter Drugs Correctly

The large majority of Greater Cincinnati adults said they have never used a prescription painkiller (97%)² or over-the-

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Drug Abuse Warning Network, 2007: National Estimates of Drug-Related Emergency Department Visits*. Rockville, MD, 2010. Available at <https://dawninfo.samhsa.gov/files/ED2007/DAWN2k7ED.pdf>.
² Prescription painkillers include Vicodin®, OxyContin®, Percocet®, and others.

Adults in Greater Cincinnati who used prescription painkillers or over-the-counter drugs when they didn't need them or they just wanted to feel good



counter drug (98%)³ when they didn't need it to control pain or they just wanted to feel good.

While only 2–3% of adults in the region reported they had ever used a prescription painkiller or over-the-counter drug when they didn't need it, adults in our region's rural Kentucky counties⁴ reported higher rates of misuse: 10% of rural Kentucky adults reported they had ever used a prescription painkiller and 6% reported they had ever used an over-the-counter drug when they didn't need it.

Current Misuse of Prescription Painkillers, Over-the-Counter Drugs

While misusing a prescription painkiller or over-the-counter drug once or twice may have adverse consequences, regular

³ Over-the-counter medications include cold medicines, sleeping pills, "stay-awake" pills, and others.

⁴ The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton.

misuse causes the most serious problems. This is measured by asking people if they have used a prescription painkiller or over-the-counter drug in the last month when they didn't need it or they just wanted to feel good.

About 1% of Greater Cincinnati adults said they had used a prescription painkiller (1%) or over-the-counter drug (<1%) in the last month when they didn't need to or they just wanted to feel good.

This is compared to 2% of adults nationally who had used a prescription painkiller recreationally in the last month.⁵ There are currently no national data on misuse of over-the-counter drugs by adults.

⁵ National data are from the Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Survey on Drug Use and Health, which can be found at <http://oas.samhsa.gov/nsduhLatest.htm>.



Number of Unhealthy Days for Greater Cincinnati Adults

April 2011

Results from the 2010 Greater Cincinnati Community Health Status Survey

In 1948, the World Health Organization (WHO) defined health as: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."¹ This definition has not changed since 1948.

The Centers for Disease Control and Prevention (CDC) created the Health-Related Quality of Life Index (HRQOL) to measure people's complete physical, mental, and social well-being. One part of this index is the Healthy Days Measures. These estimate the number of days in the last month when a person's physical or mental health was not good.²

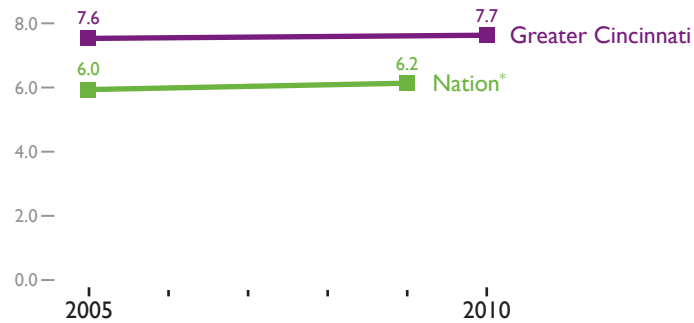
Half of Adults Reported No Unhealthy Days

Nearly 1 in 2 adults in the region (46%) reported no unhealthy days, either physical or mental, in the last month. Another 1 in 4 adults (25%) reported 14 or more physically or mentally unhealthy days in the last month.

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Available at www.who.int/about/definition/en/print.html

² Physical health includes physical illness or injury. Mental health includes stress, depression, or problems with emotions.

Number of days in the past 30 days that adults felt their physical or mental health was not good



* National data are from the Center for Disease Control and Prevention (CDC)'s Health-Related Quality of Life Index from 2005 and 2009, the most recent year for which data are available.

Average Adult Has One Week of Unhealthy Days Per Month

The average adult in Greater Cincinnati experienced 7.7 days—or just over one week—of poor mental or physical health per month. This is compared to just under a week (6.2 days) nationally.³ Both the national and regional rates have stayed relatively consistent since 2005.

Some groups of adults reported an average of nearly 2 weeks of poor physical or mental health in

³ National data are from the Center for Disease Control and Prevention (CDC)'s Health-Related Quality of Life Index from 2009, the most recent year for which data are available. The HRQOL can be accessed at <http://apps.nccd.cdc.gov/HRQOL/index.asp>.

the last 30 days, including adults (see graph on back):

- with less than a high school diploma (average of 14.9 days)
- on both Medicare and Medicaid⁴ (average of 13.9 days)
- living below 100% of the federal poverty guidelines⁵ (FPG; average of 13.4 days)

Poor Health Limits Activity for Some

Besides increasing quality of life, good health is important for self-

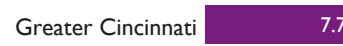
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⁴ People who are covered by both Medicaid and Medicare fall into two groups: 1) people under age 65 who are disabled and poor, or 2) people over age 65 who are poor.

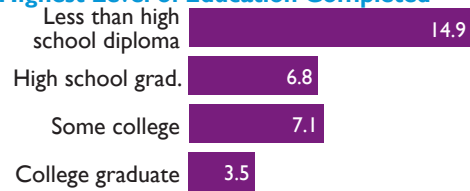
⁵ In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 for a family of 4.

care, work, recreation, and other daily activities. In Greater Cincinnati, 3 in 4 adults (76%) reported that they weren't limited at all in their usual activities because of poor physical or mental health. Another 1 in 10 adults (11%) reported that poor mental or physical health limited their usual activities for 2 weeks or more in the last month.

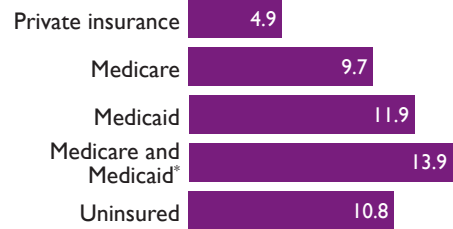
Average number of days Greater Cincinnati adults reported their physical or mental health was not good



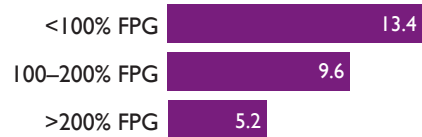
Highest Level of Education Completed



Insurance Status



Household Income**



* People who are covered by both Medicaid and Medicare fall into two groups: 1) people under age 65 who are disabled and poor, or 2) people over age 65 who are poor.

** In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

According to the Centers for Disease Control and Prevention (CDC), obesity is a major risk factor for certain types of cancer and preventable diseases such as cardiovascular disease and type 2 diabetes. Besides the negative health outcomes, being obese is costly to the public health system, especially Medicare and Medicaid. Researchers estimated that in 2000, Indiana, Kentucky, and Ohio spent a total of over \$3 billion dollars on health costs related to obesity.¹

Weight ranges for being overweight and obese are calculated using the Body Mass Index (BMI).² Based on BMI, a person who is 5'4" would be considered overweight at 150 pounds and obese at 180 pounds. Similarly, a person who is 6'0" would be considered overweight at 190 pounds and obese at 220 pounds.

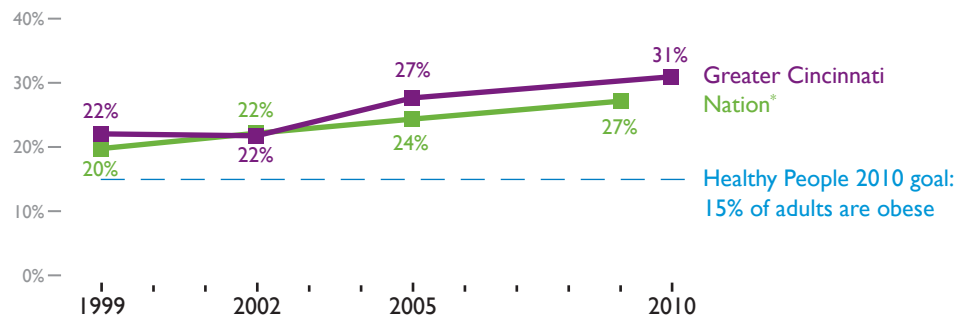
2 in 3 Cincinnati Adults Are Overweight or Obese

Almost 2 out of every 3 adults in Greater Cincinnati (64%) are

¹ Finkelstein, EA; Fiebelkorn, IC; Wang, G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004; 12(1): 18-24.

² BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. The GCCHSS asked for height and weight during the survey, and BMI was calculated for each respondent. Overweight is defined as a BMI of 25-29.9. Obesity is defined as a BMI of over 30.0.

Adults in Greater Cincinnati and the nation who are obese (BMI≥30)



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) from 1999, 2002, 2005, and 2009, the most recent year for which data are available.

overweight (33%) or obese (31%). This compares to 63% of the nation (36% overweight and 27% obese).³ Like the nation, local overweight and obesity rates have climbed in the last decade. Regionally, the rate has gone from 56% overweight or obese in 1999 to 64% in 2010.

1 in 3 Cincinnati Adults Are Obese

Most of the increase in the national and regional rates of people who are overweight or obese has been driven by an increase in the percentage of people who are obese (BMI≥30). In the U.S., the percentage of adults who are obese climbed from 20% in 1999 to 27% in 2009. In the Greater Cincinnati region, 22% of adults were obese

³ National data are from the 1999, 2002, 2005, and 2009 Behavioral Risk Factor Surveillance System, available at www.cdc.gov/brfss/.

in 1999 compared to 31% in 2010. These both far exceed the Healthy People 2010 goal of 15% of adults obese.⁴

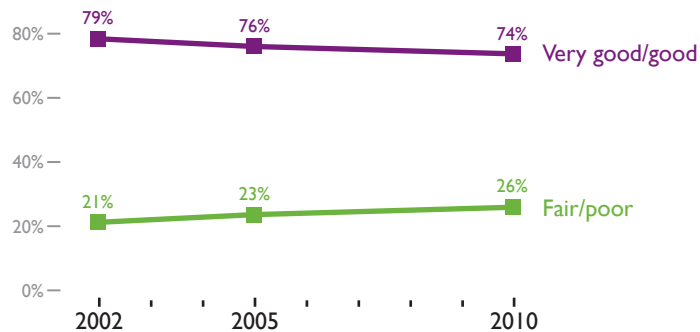
Highest Increases in the Most Obese Adults

The rate of adults in our region who are severely or very severely obese has nearly doubled since 1999, going from 8% in 1999 to 14% in 2010. These are adults with BMIs of 35.0 or greater. In order to have a BMI this high, a 5'4" adult would have to weigh more than 205 pounds and a 6'0" adult over 255 pounds.

⁴ The Healthy People 2020 goal for the percentage of obese Americans was increased to 31%. For more information about Healthy People 2010 and 2020, please visit www.healthypeople.gov.

About 3 in 4 Greater Cincinnati adults (74%) report that their mouth and teeth are in very good or good condition, according to the 2010 *Greater Cincinnati Community Health Status Survey*. This has dropped slightly since 2002, when 79% of adults reported very good or good oral health.

Adults reporting their mouth and teeth, including false teeth and dentures, were in very good/good or fair/poor condition



Low-Income, Publicly Insured, or Uninsured Adults Report Poorer Oral Health

About half of adults living in households with incomes below 100% of the federal poverty guidelines (FPG; 49%)¹ reported their teeth were in fair or poor condition (see graph on the back of this page). This is compared to 35% of adults living at 100–200% FPG and 16% of adults living above 200% FPG.

About 4 in 10 adults on Medicaid (42%), adults on both Medicaid and Medicare² (42%), or adults with no health insurance (37%) reported their teeth were in fair or poor condition, compared to 1 in 6 adults with private health insurance (17%).

¹ In 2009, 100% FPG was an annual income of \$22,050 for a family of 4.

² Medicare covers people ages 65 and over or people under age 65 who are disabled. Medicaid covers low-income parents and children. People who are covered by both Medicare and Medicaid fall into two groups: 1) people under age 65 who are disabled and poor, or 2) people over age 65 who are poor.

Adults in Rural Kentucky and Indiana Report Poorer Oral Health

About 1 in 3 adults living in the region's rural Kentucky counties (33%) and the region's Indiana counties (32%)³ reported their teeth were in fair or poor condition (see graph on the back of this page). This is compared to less than 1 in 4 adults in the suburban Ohio part of our region, which includes the Hamilton County suburbs (22%) and Butler, Clinton, and Warren Counties (24%).

1 in 3 Adults Delayed or Did Not Get Dental Care

The rate of Greater Cincinnati adults who reported they delayed or didn't get dental care in the past 12 months has risen from 22% in 1999 to 31% in 2010.

³ The rural Kentucky counties in the region are Bracken, Carroll, Gallatin, Owen, and Pendleton. The Indiana counties in the region are Dearborn, Franklin, Ohio, Ripley, and Switzerland.

Some groups reported higher rates of going without or delaying needed dental care, including adults who (see graph on the back of this page):

- live below 100% FPG (54%)
- are uninsured (54%)
- are African American (47%)
- are on Medicaid (40%)

These same groups, with the exception of African American adults, also reported higher rates of poor oral health.

There was also variation by geography. About 26% of adults in the suburban Ohio part of our region⁴ reported going without or delaying dental care. This is compared to approximately 37% in other parts of the region.

(continued on back)

⁴ The suburban Ohio part of our region includes the Hamilton County suburbs and Butler, Clinton, and Warren Counties.

Adults who reported their mouth and teeth were in fair or poor condition

Adults who reported they didn't get or delayed getting dental care in the past year

Race

Greater Cincinnati 26%

31%

White 27%

30%

African American 27%

47%

Household Income

<100% FPG 49%

54%

100--200% FPG 35%

41%

>200% FPG 16%

22%

Insurance Status

Medicaid 42%

40%

Both Medicare and Medicaid 39%

36%

Uninsured 37%

54%

Medicare 33%

24%

Private insurance 17%

24%

Geographic Region

Rural Kentucky 33%

39%

Indiana 32%

37%

City of Cincinnati 29%

36%

Urban/Suburban Kentucky 29%

34%

Rural Ohio 28%

37%

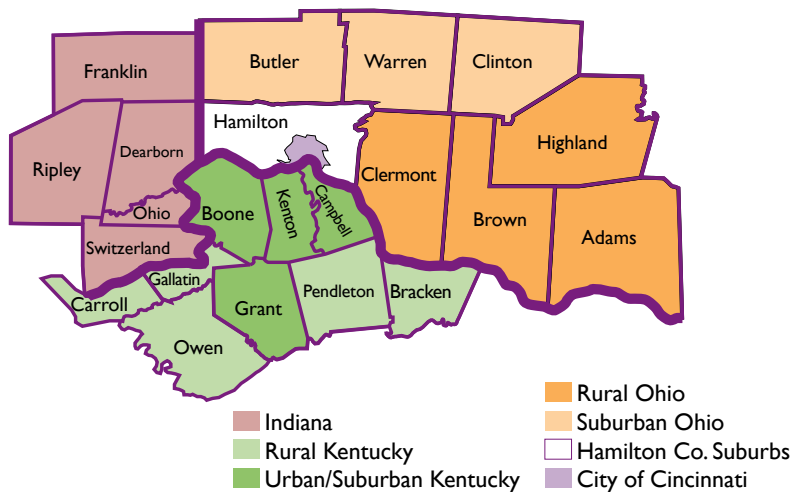
Suburban Ohio 24%

26%

Hamilton Co. suburbs 22%

27%

*In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of 44,100, both for a family of 4.
 ** Medicare covers people ages 65 and over or people under age 65 who are disabled. Medicaid covers low-income parents and children. People who are covered by both Medicare and Medicaid fall into two groups: 1) people under age 65 who are disabled and poor, or 2) people over age 65 who are poor.

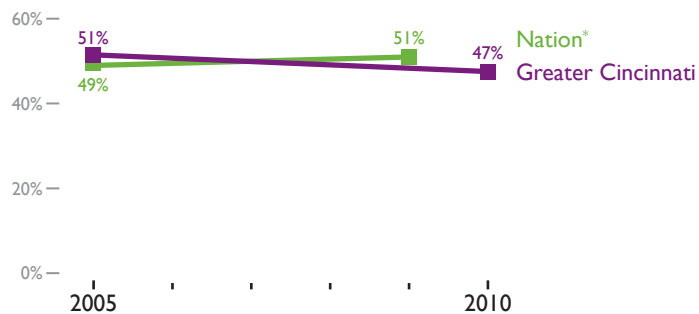


According to the Centers for Disease Control and Prevention (CDC), physical inactivity and unhealthy eating contribute to obesity and several chronic diseases. Physical activity reduces the risk of type 2 diabetes and its complications, as well as the risk of heart disease, colon cancer, and stroke.¹

The CDC's recommended guidelines for physical activity are at least 30 minutes, 5 days per week of moderate activity, or at least 20 minutes, 3 days per week of vigorous activity.² In Greater Cincinnati, just under half of adults (47%) meet these requirements, compared to 51% in the nation.³ These rates are consistent with rates from 2005.

While nearly half of adults in our community are meeting the recommended guidelines for physical activity, the other half are either not doing enough physical activity to meet the guidelines (35%) or are not doing

Adults who met the CDC's recommended guidelines for physical activity



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) from 2005 and 2009, the most recent year for which data are available.

any physical activity (18%).⁴ The rate of regional adults reporting no activity is higher than for adults in the nation (13%) and increased from 2005, when it was 11%.

are overweight but not obese (14%). This is not surprising, as people who are obese often have difficulty exercising or being physically active.

Obese Adults Report Less Physical Activity

Over 1 in 4 obese adults (28%)⁵ reported no moderate or vigorous physical activity in the past week. This is compared to about 1 in 8 adults who are not overweight or obese (13%) and adults who

Low-Income, Older, and African American Adults Report Less Physical Activity

As income decreases, the likelihood that a person reports no moderate or vigorous physical activity increases. About 1 in 10 Greater Cincinnati adults living in households above 200% of the federal poverty guidelines (FPG; 11%)⁶ reported no moderate or vigorous physical activity,

¹ Centers for Disease Control and Prevention. Obesity, Diabetes Estimates by County, 2007. Available at www.cdc.gov/Features/dsObesityDiabetes/.

² Moderate activity is defined as brisk walking, bicycling, vacuuming, gardening, or anything that causes some increase in breathing or heart rate. Vigorous activity is defined as running, aerobics, heavy yard work, or anything that causes large increases in breathing or heart rate.

³ National data are from the 2005 and 2009 Behavioral Risk Factor Surveillance System, available at <http://apps.nccd.cdc.gov/brfss/>.

⁴ This does not mean that these individuals are completely sedentary. It means that they do not engage in moderate or vigorous activities, as defined by the CDC, for more than 10 minutes at a time.

⁵ Obesity is defined as a body mass index (BMI) of over 30.0. Overweight is defined as a BMI of 25–29.9. BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703.

(continued on back)

⁶ In 2009, 200% FPG an annual income of \$44,100 and 100% FPG was an annual income of \$22,050, both for a family of 4.

compared to more than 1 in 4 adults living below 100% FPG (28%).

As age increases, the likelihood that a person reports no physical activity also increases. About 1 in 10 Greater Cincinnati adults ages 18–29 (11%) reported no moderate or vigorous physical activity, compared to almost 1 in 3 adults ages 65 and over (30%).

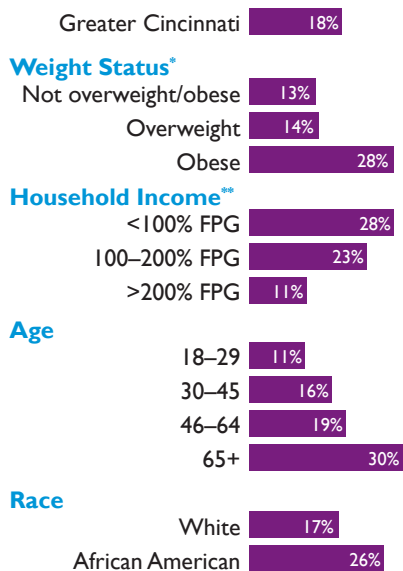
African American adults in Greater Cincinnati (26%) reported higher rates of no physical activity than white adults (17%).

Sidewalks and Streets not Safe for Walking, Jogging, or Biking in Region’s Rural Counties

The CDC suggests that brisk walking is a safe form of physical activity for most people. However, almost 1 in 3 Greater Cincinnati adults (29%) reported that the sidewalks or shoulders on streets in their communities did not allow for safe walking, jogging, or biking. Nearly 1 in 2 adults in Greater Cincinnati’s rural counties⁷ reported that the sidewalks or shoulders on streets in their communities did not allow for safe walking, jogging, or biking. This is compared to about 1 in 4 adults in the region’s urban and suburban areas.

⁷ Cincinnati’s rural counties include: Dearborn, Franklin, Ohio, Ripley, and Switzerland Counties in Indiana; Bracken, Carroll, Gallatin, Owen, and Pendleton Counties in Kentucky; and Adams, Brown, Clermont, and Highland Counties in Ohio.

Greater Cincinnati adults who reported no moderate or vigorous physical activity in a usual week

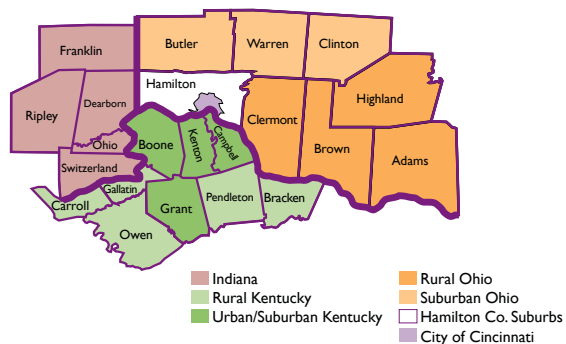
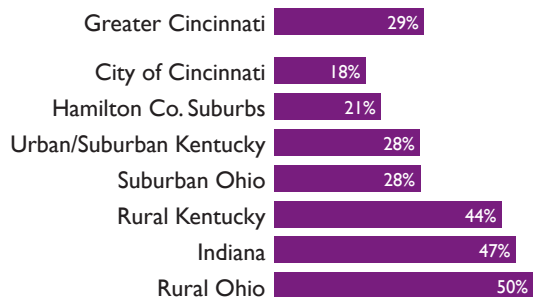


* Adults who are overweight have a body mass index (BMI) of 25.0–29.9. Adults who are obese have a BMI greater than 30.0.

** In 2009, 100% of the federal poverty guidelines (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of 44,100, both for a family of 4.

Greater Cincinnati adults who disagreed that sidewalks or shoulders on streets in their community allowed for safe walking, jogging, or biking

(graph presents only adults who strongly disagreed, disagreed somewhat, or leaned toward disagreeing that sidewalks or streets were safe)



More than half of Butler County adults (55%) had at least one alcoholic drink in the month prior to the *Greater Cincinnati Health Status Survey*, similar to the Greater Cincinnati region (50%) and the nation (54%).¹

In Butler County, like the region, as income and education levels increased, the percentage of adults who had a drink in the last 30 days also increased. The reverse was true with age: as age increased, the percentage of adults who had had a drink decreased.

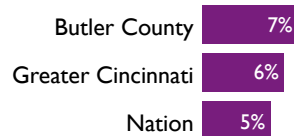
One standard alcoholic drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits or liquor.² Many cocktails and mixed drinks therefore contain more than one standard drink of alcohol.

While drinking in moderation poses no or low risks for most adults,³ having more than one or two drinks per day increases the

Adults reporting they had at least one alcoholic drink in the last 30 days



Adults reporting they drank heavily in the last 30 days, or had more than an average of one drink per day for women, or more than two drinks per day for men



Adults reporting they binge drank in the last 30 days, or had four or more drinks on one occasion for women, or five or more drinks on one occasion for men



risk of health problems.⁴ Risky drinking takes one of two forms: heavy drinking, which is the steady use of alcohol over time, or binge drinking, which is having four or five drinks or more on one occasion.

1 in 14 Adults in Butler County Reported Heavy Drinking

Heavy drinking is defined by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) as having more than an average

of one drink per day for a woman and two drinks per day for a man.⁵

Heavy drinking over time is associated with a range of medical problems including liver, kidney, and pancreas disease; cancers; ulcers and digestive problems; premature aging; memory and cognitive problems; and birth defects.⁶

(continued on back)

¹ National data unless otherwise noted are from the 2010 Behavioral Risk Factor Surveillance Survey, available at www.cdc.gov/brfss/.

² For more information on standard alcoholic drinks, please see www.cdc.gov/alcohol/faqs.htm#standDrink.

³ For more on low-risk drinking, visit www.lowriskdrinking.com, developed by the Alcohol and Chemical Abuse Council in Butler County, or the NIAAA's site at <http://rethinkingdrinking.niaaa.nih.gov>.

⁴ For more information on health effects of drinking, please see www.cdc.gov/alcohol/faqs.htm#healthProb or contact the Butler County Alcohol and Drug Addiction Services Board at 513.867.0777 or jbohley@adasbc.org.

⁵ For more information about heavy drinking, see www.cdc.gov/alcohol/faqs.htm#heavyDrinking.

⁶ For more information on drinking and health effects of drinking, please see www.cdc.gov/alcohol/faqs.htm#healthProb or contact the Butler County Alcohol and Drug Addiction Services Board at 513/867-0777 or jbohley@adasbc.org.

About 1 in 14 adults in Butler County (7%) reported heavy drinking in the last month. Butler County's heavy drinking rate was similar to the rate in the Greater Cincinnati region (6%) and the nation (5%).

More than 1 in 5 Adults in Butler County Reported Binge Drinking

Binge drinking is defined as five or more drinks on one occasion for men and four or more drinks on one occasion for women. Besides causing health problems, binge drinking can impair decision-making, which can lead to motor vehicle accidents and other accidents and injuries. It can also lead to aggressive behavior and to being the victim of such behavior.⁷ It should be noted that significant impairment can occur for some individuals before they have drunk enough alcohol to constitute binge drinking.

More than 1 in 5 adults (23%) in Butler County reported binge drinking in the month before the survey. This is similar to the Greater Cincinnati region (19%) and the nation (15%).

⁷ For more information about the risks of binge drinking, please visit <http://rethinkingdrinking.niaaa.nih.gov/WhatsTheHarm/WhatAreTheRisks.asp>