

INTERACT FOR HEALTH

A Catalyst for Health and Wellness



INCOME AND HEALTH IN GREATER CINCINNATI

Results from the 2013
Greater Cincinnati
Community Health
Status Survey

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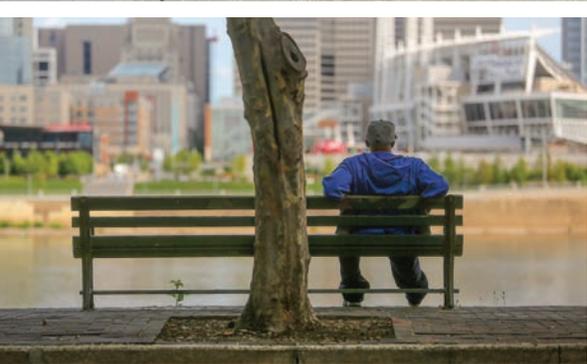
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Photos on pages 18 and 20 are from the Yale Rudd Center for Food Policy & Obesity.

ABOUT THE COMMUNITY



Health affects our relationships, energy level, productivity and sense of well-being. We achieve excellent or very good health not only because of our personal choices and family history, but also because of the resources we have and where we live. The 2013 Greater Cincinnati Community Health Status Survey lets us examine the health of people in our community who have different incomes. The data show that having less money and therefore fewer resources and fewer choices can have strong negative health effects.

Our region has many excellent resources, such as our parks and recreational facilities. Yet not everyone has access to these resources. Improved health is both a right and the responsibility of individuals and communities. Clearly, improving income levels for our region can be a catalyst for improving the health of our region. A rising tide lifts all boats but does not alone address and close the equity gaps.

I encourage you to ask if you can choose actions that will result in better health for yourself and others. Could you drink more water, walk around the block and eat an apple or sliced carrots for snacks? Could you meet a friend or relative to exercise three times a week with your children? Could you help a friend or relative refrain from smoking and limit your intake of alcohol? Could you participate in the current discussions about reducing childhood poverty in our region?

Some of our neighbors do not have the same opportunities to make these healthier choices. They may not have a safe place to walk or an accessible location to buy healthy foods. What changes in environment, policy or systems will help us open a pathway to better health for everyone in our community, regardless of income?

I believe we can do this individually and collectively. So let's start now.



Sister Sally Duffy, SC

President and Executive Director
SC Ministry Foundation

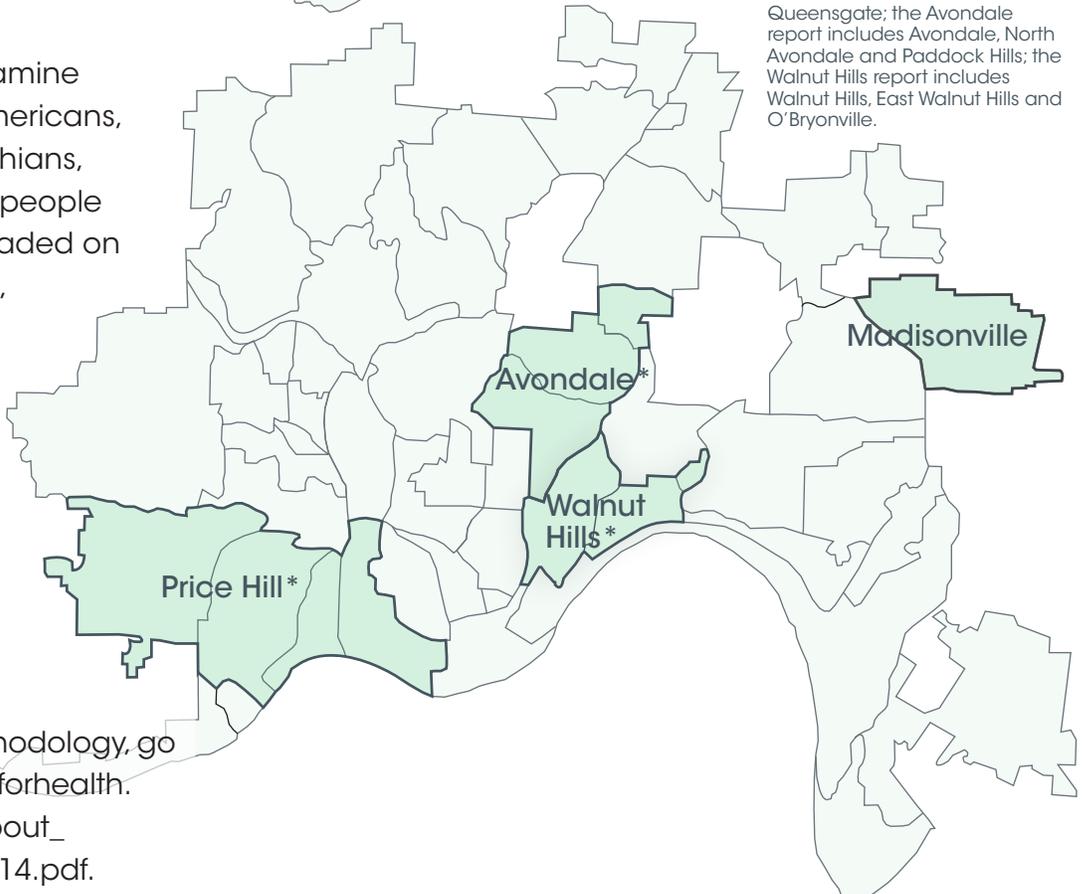
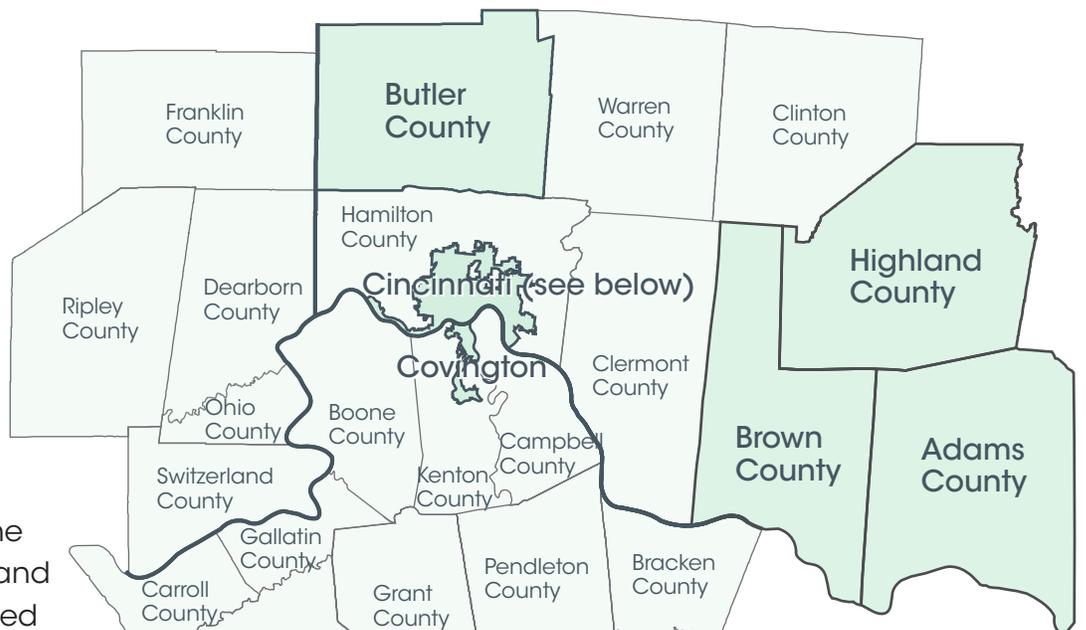
ABOUT THE SURVEY

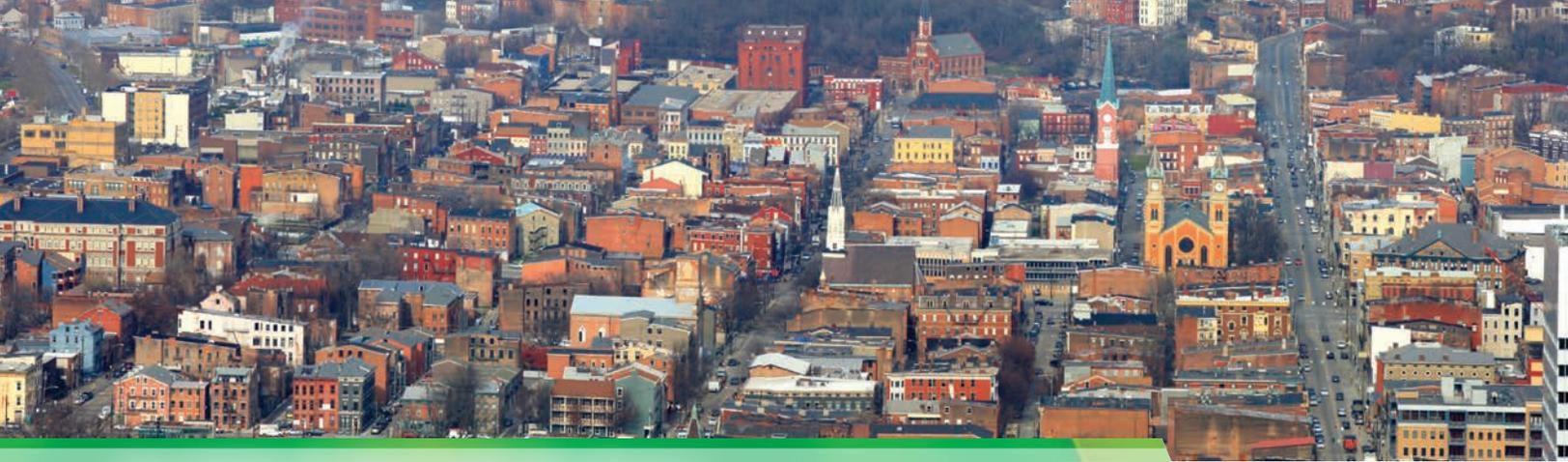
The Greater Cincinnati Community Health Status Survey (CHSS), a project of Interact for Health, is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 4,929 randomly selected adults residing in the counties at right were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline interviews and 605 cell phone interviews. The margin of error for the overall survey is $\pm 1.5\%$.

Reports in this series examine the health of African Americans, Hispanics and Appalachians, as well as the health of people who live in the areas shaded on the map: Adams, Brown, Butler and Highland counties and the Place Matters communities of Avondale, Covington, Madisonville, Price Hill and Walnut Hills.

For more information about the survey's methodology, go to https://www.interactforhealth.org/upl/CHSS_Facts_About_the_2013_Survey_up61714.pdf.

Survey region of the CHSS (darker regions indicate oversample areas)





INTRODUCTION

Research has shown a strong connection between wealth and health. For many health outcomes, as people’s income increases, their health also improves. Many factors contribute to this. For example, having more money can mean people have more time and more resources to put toward their health needs. Having less money may mean people have fewer resources and more stress, which can have strong negative health effects.

In this report we use results from the 2013 Greater Cincinnati Community Health Status Survey (CHSS) to examine the health of Greater Cincinnati adults by income level.¹ Adults were divided into three income groups: those earning 100% or less of the Federal Poverty Level (FPL), those earning between 100% and 200% FPL and those earning more than 200% FPL.

The Federal Poverty Level (FPL) is a threshold updated annually by the federal Department of Health and Human Services (HHS). HHS sets

People in Family/Household	100% Federal Poverty Level	200% Federal Poverty Level
1	\$11,170	\$22,340
2	\$15,130	\$30,260
3	\$19,090	\$38,180
4	\$23,050	\$46,100
5	\$27,010	\$54,020
6	\$30,970	\$61,940
7	\$34,930	\$69,860
8	\$38,890	\$77,780

For families/households with more than eight people, add \$3,960 for each additional person.

an income level specific to each family size that is considered 100% FPL. These income levels are used to determine eligibility for many federal programs. Respondents to the 2013 CHSS were asked to provide their total income in 2012, the last complete calendar year before the survey. This, along with their reported household size, was used to calculate their percentage of FPL. The poverty guidelines for 2012 are listed above.²

Having less money may mean people have fewer resources and more stress, which can have strong negative health effects.

¹ Counties included in the CHSS are Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren counties in Ohio; Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties in Kentucky; and Dearborn, Ohio, Franklin, Ripley and Switzerland counties in Indiana

² <http://aspe.hhs.gov/2012-hhs-poverty-guidelines>



In 2012, an adult who was part of a family of four and earned 100% FPL or less had an annual income of \$23,050 or less. If a family of four earned between 100% and 200% FPL, then it had an annual income between \$23,050 and \$46,100. A family of four earning more than 200% FPL had an annual income greater than \$46,100.

Some respondents chose not to report their income. Approximately 82% of the 4,926 respondents provided the information needed for us to calculate their percentage of FPL. The results in this survey reflect only responses from adults who provided this information.

According to the Census Bureau's 2013 American Community Survey, more than a quarter million adults and children (228,900) live below 100% FPL in the Cincinnati-Middletown Metropolitan Statistical Area (MSA). This is about 15% of the population in this 15-county area.³ More than a quarter million more (251,900) live between 100% and 200% FPL (16%). About 70% of MSA residents live above 200% FPL.

More than a quarter million adults and children (228,900) live below 100% FPL in the Cincinnati-Middletown Metropolitan Statistical Area (MSA).

³ The Cincinnati-Middletown MSA is smaller and slightly different from the CHSS region. The MSA counties are Brown, Butler, Clermont, Hamilton and Warren counties in Ohio; Boone, Bracken, Campbell, Gallatin, Grant, Kenton and Pendleton counties in Kentucky; and Dearborn, Ohio and Union counties in Indiana.



Key findings:

For most questions the CHSS found that adults' responses fell into **three levels**. For these questions, health status, outcomes and behaviors were best among adults earning more than 200% FPL, lower among adults earning between 100% and 200% FPL and worst among adults earning 100% FPL or less. Among other measures, this was true for self-rated health, smoking, health insurance, asthma, hypertension and depression. It was also true for adults' ratings of their own neighborhood as a healthy place to live or the condition of their own home.

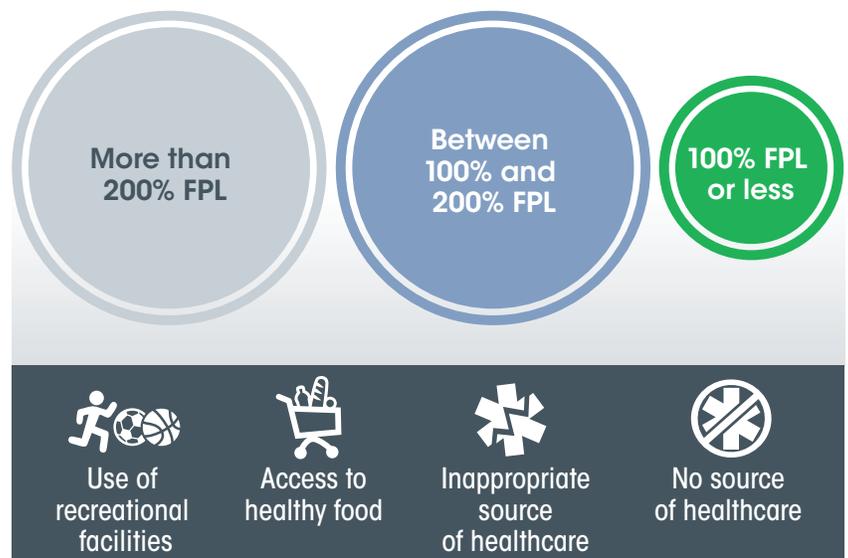
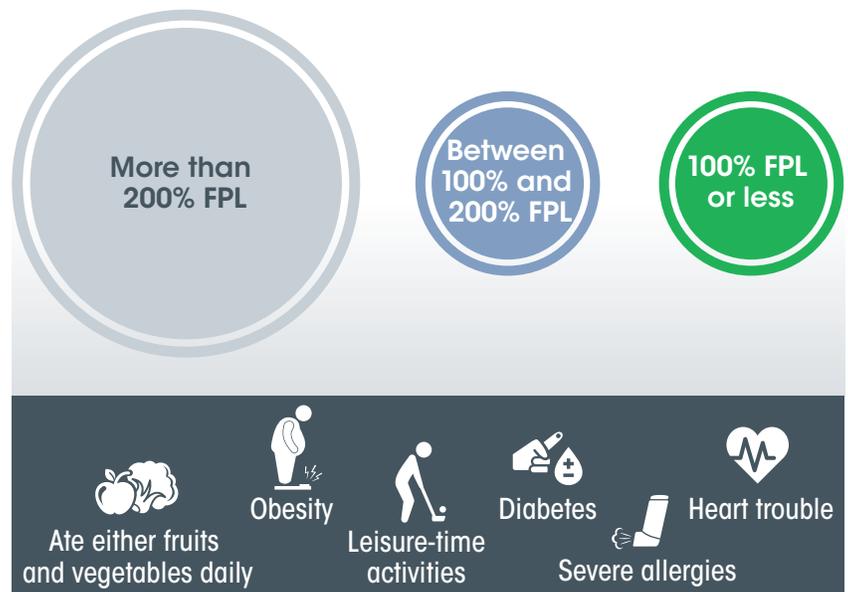
Larger circles indicate that income group was more likely to report better health status, outcomes and behaviors.





The CHSS also found that adults' responses to some questions fell into **two levels**. This could happen in two ways. Either health status, outcomes and behaviors were better among adults earning more than 200% FPL than among adults in the lower two income groups, who were about the same, or adults in the top two income groups earning more than 100% FPL did better than adults earning 100% FPL or less. This was true for obesity, access to healthy food, having no health care provider, diabetes and heart trouble.

Larger circles indicate that income group was more likely to report better health status, outcomes and behaviors.





For some questions, the CHSS found **no differences** between adults in the different income groups. This was the least common finding. The CHSS found no difference by income for heavy or binge drinking, having access to safe sidewalks and for reported diagnoses of cancer and high cholesterol. There was also no difference by income in the percentage of adults eating enough of both fruits and vegetables every day. Adults in all income groups did poorly on this.

In no case were health status, outcomes or behaviors better among adults with less income. The variation between each of the three income categories demonstrates how even a modest increase in income correlates with improved health.

Larger circles indicate that income group was more likely to report better health status, outcomes and behaviors.





GENERAL HEALTH

Adults' overall self-rated health status is an important indicator of well-being. To examine self-rated health status across our region, the CHSS asked, "In general, would you say your health is excellent, very good, good, fair or poor?" Research has made a strong and powerful link between a person's response to this question and their predicted length and quality of life. About half of Greater Cincinnati adults (52%) reported their own health as excellent or very good. However, responses to this question varied significantly between adults with different incomes.

In 2013, 6 in 10 adults earning more than 200% FPL (63%) reported excellent or very good health. Fewer than 5 in 10 adults earning between 100% and 200% FPL (46%) reported this. And only 3 in 10 of the poorest adults, those earning less than 100% FPL, reported excellent or very good health.

Self-reported health among adults earning less than 200% FPL improved since 2002. But those improvements did not close the gap with adults

Percentage of adults who rated their health as excellent or very good



earning more than 200% FPL. All three groups still do not meet the Community Bold Goal that 70% of adults will report excellent or very good health. (For more information about the Bold Goals for our community, see www.uwgc.org/community-impact/bold-goals-for-our-region)

Adults earning more than 200% FPL were twice as likely as adults earning 200% FPL or less to report excellent or very good health.



The CHSS also asked adults how many days during the past month they had been either physically or mentally unhealthy.

In 2013, more than half of adults in the lowest income group (52%) reported being unhealthy for two or more weeks in the past month. They were three times as likely as adults in the highest income group to report this. Among adults who reported physically or mentally unhealthy days, more than 3 in 10 earning 100% FPL or less (32%) said that their poor health kept them from doing their usual activities for two weeks or more in the past month.

About 3 in 10 adults earning between 100% and 200% FPL (31%) reported being unhealthy for two or more weeks in the past month. That's nearly double the percentage among adults earning more than 200% FPL (16%)

Percentage of adults who reported two or more weeks of unhealthy days in the past month (Lower is better)



More than half of adults earning less than 100% FPL reported being unhealthy for two or more weeks in the past month.



THE COMMUNITY

The health of the community in which people live can strongly influence their health. The CHSS asked adults how they would rate both Greater Cincinnati and their own neighborhood as a healthy place to live. Respondents were also asked to rate the condition of both neighborhood housing and their own house or apartment. Responses to all these questions varied significantly between adults with different incomes.

Just fewer than 6 in 10 adults earning 100% FPL or less (57%) said Greater Cincinnati was excellent, very good or good as a healthy place to live. This compares with nearly 7 in 10 adults earning between 100% and 200% FPL (67%) and nearly 8 in 10 adults earning more than 200% FPL (76%).

Similarly, more than 6 in 10 adults earning 100% FPL or less (64%) said their own neighborhood was excellent, very good or good as a healthy place to live. This compares with nearly 8 in 10 adults earning between 100% and 200% FPL (77%) and more than 8 in 10 adults earning more than 200% FPL (85%).

Adults who rated as excellent, very good, or good ...

Greater Cincinnati as a healthy place to live

100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



Their neighborhood as a healthy place to live

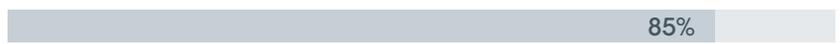
100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



Adults with higher incomes are more likely to rate their neighborhoods highly as a healthy place to live.

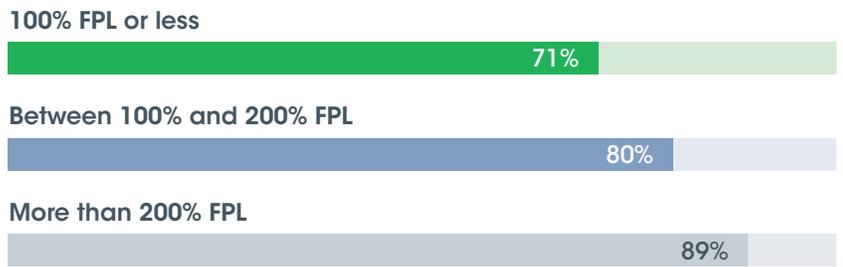


Results were similar when adults rated housing. About 7 in 10 adults earning 100% FPL or less (71%) rated neighborhood housing as excellent, very good or good. This compares with 8 in 10 (80%) adults earning between 100% and 200% FPL and 9 in 10 adults earning more than 200% FPL (89%).

Likewise, 8 in 10 adults earning 100% FPL or less (80%) rated their own home as excellent, very good or good. This compares with 9 in 10 adults earning between 100% and 200% FPL (89%) and nearly all adults earning more than 200% FPL (98%).

Adults who rated as excellent, very good, or good ...

The condition of houses and apartments in their neighborhood



The condition of their own house or apartment



Adults with higher incomes are more likely to rate their own homes highly.



Responses followed the same pattern when adults were asked about recreation facilities. Having access to parks, playgrounds, pools, soccer fields, bike trails and recreation centers can make active living easier. Six in 10 adults earning 100% FPL or less (60%) rated the availability of recreation facilities as excellent, very good or good. This compares with 7 in 10 adults earning between 100% and 200% FPL (72%) and 8 in 10 adults earning more than 200% FPL (81%).

Regardless of access, many adults in all income groups did not use recreation facilities regularly. Only about 3 in 10 adults earning more than 200% FPL (34%) or between 100% and 200% FPL (32%) used recreation facilities at least once a week. That percentage dropped to fewer than 3 in 10 adults in the lowest income group (25%).

Adults who ...

Agree they have good access to recreation facilities

100% FPL or less



Between 100% and 200% FPL

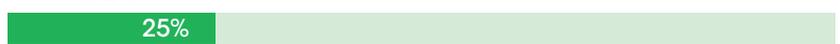


More than 200% FPL



Use recreation facilities once a week or more

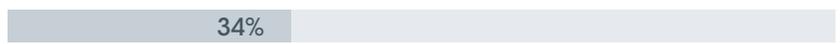
100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



Regardless of access, many adults in all income groups did not use recreation facilities regularly.



Getting outside and being active can be easier if a neighborhood has sidewalks and shoulders for safe walking, jogging or biking. Responses did not vary by income when adults were asked about the availability of safe shoulders and sidewalks. About 7 in 10 adults in each income group agreed that they had good access.

Adults who ...

Agree they have good access to safe sidewalks and shoulders

100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



7 in 10 adults in each income group agreed that they had good access to safe sidewalks and shoulders.

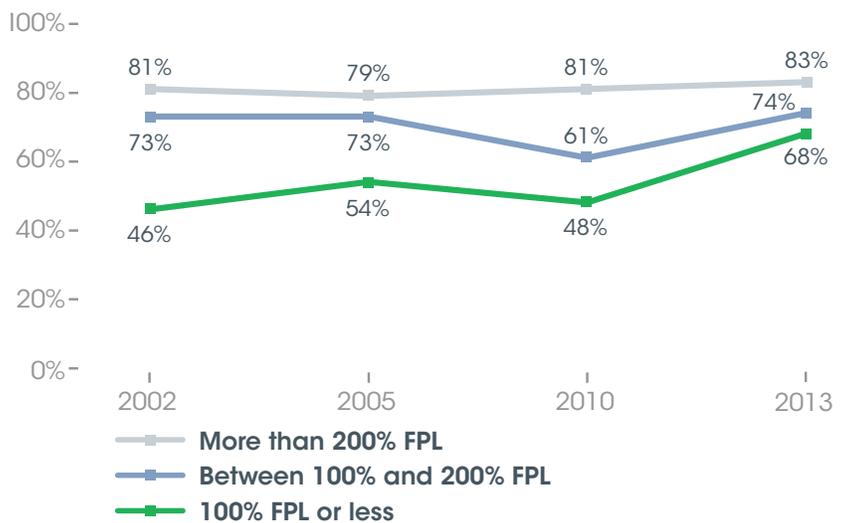


COMMUNITY SUPPORT

Research has shown strong ties between people's health and the social support they can find in their community. The CHSS asked adults whether they agreed or disagreed with three statements about social support in their community:

- People can depend on each other in my community
- Living in my community gives me a secure feeling
- People in my community know they can get help from the community if they are in trouble

People can depend on each other in my community



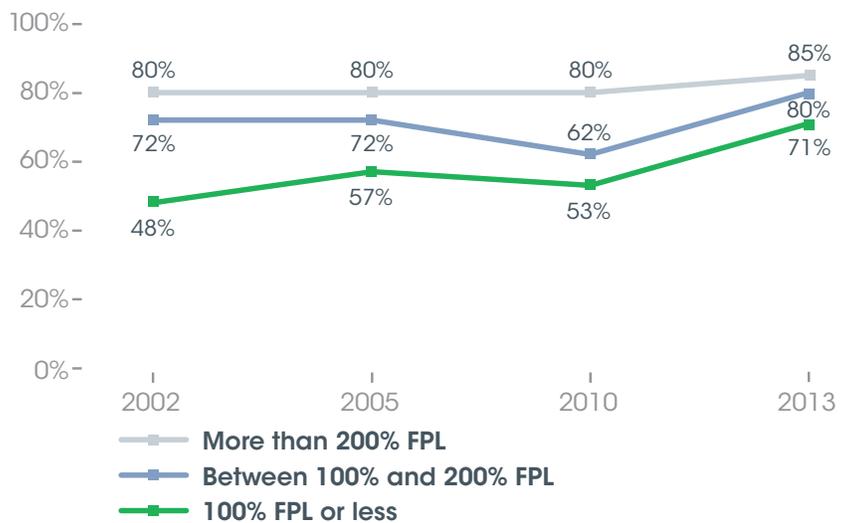
Living in my community gives me a secure feeling





Adults in the lowest income group were least likely to agree with all three statements. Adults in the middle income group were more likely to agree and adults in the highest income group were most likely to agree. But the percentage of adults in the lower two income groups who agreed with the statements has risen significantly since 2010. Adults in the highest income group were more likely to report in 2013 than in 2010 that they could get help from the community.

People in my community can get help from the community if they are in trouble



Adults earning 200% FPL or less were much more likely to report in 2013 than in 2010 that they could get help from the community.



DIET AND FOOD ACCESS

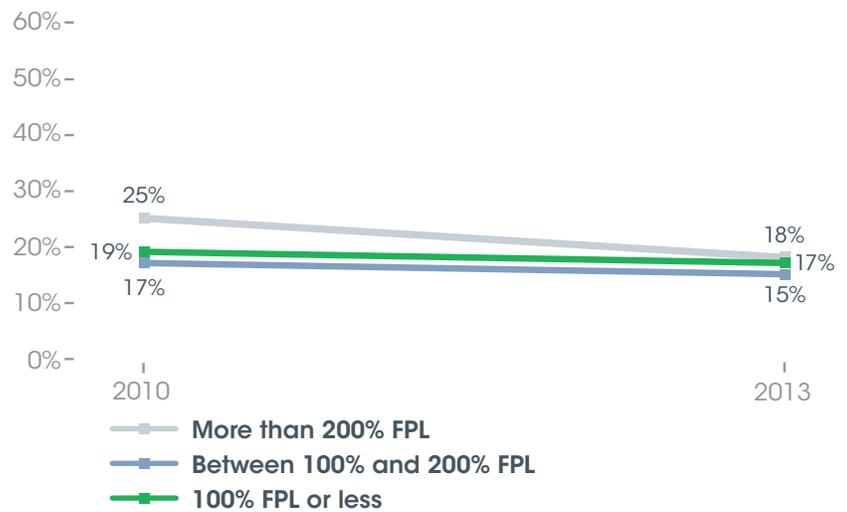
A healthy diet includes plenty of fruits and vegetables. The U.S. Departments of Agriculture and Health and Human Services recommend that each meal include half a plate of fruits and vegetables. Adults meeting this recommendation would eat at least two servings of fruits and three servings of vegetables each day.

Fewer than 2 in 10 Greater Cincinnati adults in all income groups eat the recommended amount of both fruits and vegetables every day.

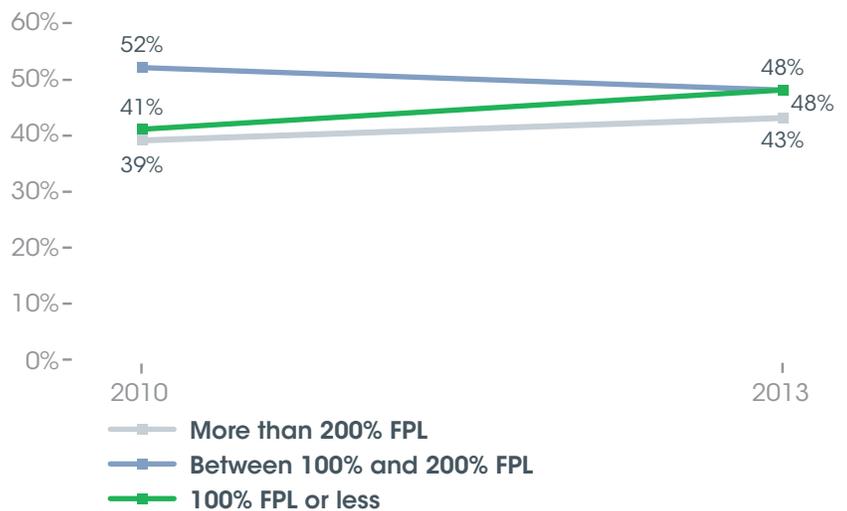
Fewer than 2 in 10 Greater Cincinnati adults in all income groups eat the recommended amount of both fruits and vegetables every day.

Adults who ...

Eat the recommended daily amount of both fruits and vegetables



Did not eat the recommended daily amount of either fruits or vegetables (Lower is better)





Nearly half of adults earning 100% FPL or less (48%) or between 100% and 200% FPL (48%) did not eat the recommended daily amount of either fruits or vegetables. Adults earning more than 200% FPL did slightly better. Only 4 in 10 adults in the highest income group (43%) did not eat the recommended daily amount of either fruits or vegetables. However, adults in this group have gotten worse on this measure since 2010.

Eating a healthy diet is more difficult if a person does not have a place nearby to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables. Adults in the lowest income group were less likely than adults with more income to report easy access to healthy foods. Only 7 in 10 adults earning 100% FPL or less (74%) agreed that it was easy to buy healthy foods in their neighborhood. That compares with 8 in 10 adults earning between 100% and 200% FPL (83%) or more than 200% FPL (83%)

Adults who ...

Agree it is easy to buy healthy foods in their neighborhood

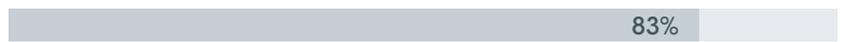
100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



Adults in the lowest income group were less likely than adults with more income to report easy access to healthy foods.



OBESITY AND EXERCISE

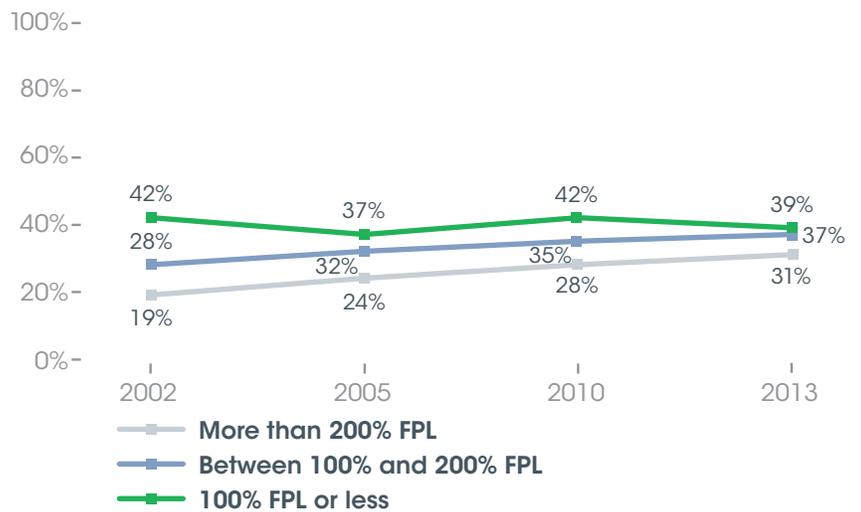
Obesity can increase a person's risk for diabetes, heart disease and some cancers. The CHSS asked adults their height and weight to determine if they were obese using the Body Mass Index (BMI).

Adults in the two lowest income groups had the highest obesity rates in 2013. Nearly 4 in 10 adults in those groups were obese. This compares with 3 in 10 adults earning more than 200% FPL.

The change in obesity rates over time was different for each group:

- Among adults earning less than 100% FPL, there has been no significant change since 2002.
- Among adults earning between 100% and 200% FPL, obesity has increased from 3 in 10 adults in 2002 to 4 in 10 adults in 2013.
- Among adults earning more than 200% FPL, obesity also increased since 2002. The percentage of obese adults in this income group increased from 19% in 2002 to 31% in 2013.

Adults who are obese (Lower is better)



The percentage of adults earning more than 200% FPL who are obese rose from 19% in 2002 to 31% in 2013.



Regular exercise is another important contributor to good health. According to the Centers for Disease Control and Prevention (CDC), exercise can help reduce the risk of cardiovascular disease, diabetes and some cancers, as well as improve mental health and increase a person's chance of living longer. The CHSS asked, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?" It also asked if respondents had done any exercises to strengthen their muscles in the past month. (Because these questions do not ask about intensity or duration, conclusions cannot be made about whether respondents met CDC guidelines for physical activity.)

Adults earning more than 200% FPL were more likely than adults with lower incomes to have exercised in the past month. About 8 in 10 adults in the highest income group (82%) did some physical activity outside

Percentage of adults who reported participating in physical activities in the past month

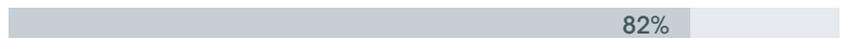
100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



Percentage of adults who reported doing any muscle-strengthening activity in past month

100% FPL or less



Between 100% and 200% FPL



More than 200% FPL



of work. That compares with about 7 in 10 adults in the lower two income groups. More than 4 in 10 adults earning more than 200% FPL (43%) did muscle-strengthening activities in the past month. That compares with fewer than 4 in 10 adults earning between 100% and 200% FPL (39%), and only 3 in 10 adults earning less than 100% FPL (28%).



SMOKING AND DRINKING

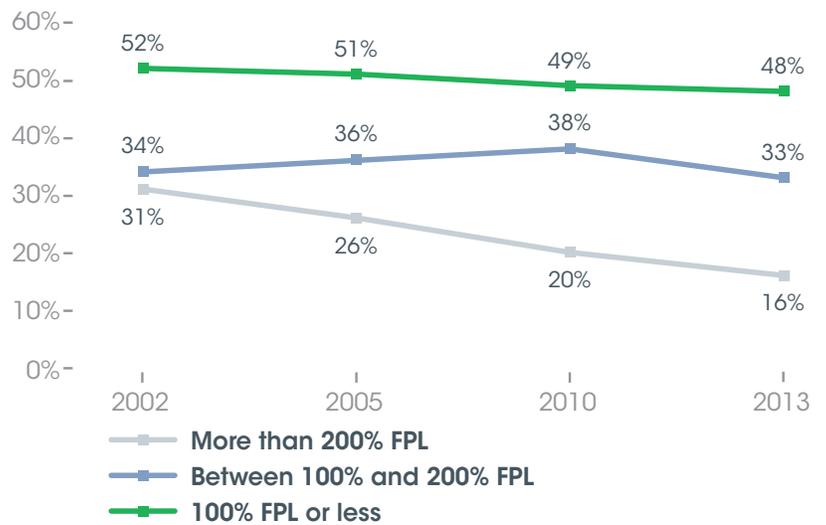
Smoking is harmful. Adults with lower incomes were more likely to report smoking. In 2013:

- Nearly half of adults earning 100% FPL or less (48%) were current smokers.
- About 3 in 10 adults earning between 100% and 200% FPL (33%) were current smokers.
- Fewer than 2 in 10 adults earning more than 200% FPL (16%) were current smokers.

Efforts to reduce smoking rates, including policy changes and education, have been extensive over the past decade. However, smoking has declined only among adults in the highest income group. In 2013, the smoking rate among adults earning more than 200% FPL (16%) was half of what it had been in 2002 (31%). The smoking rate for the lower two income groups did not change between 2002 and 2013.

Adults who are ...

Current smokers



Binge drinkers





Moderate alcohol use—having up to one drink a day for women and up to two drinks a day for men—poses no or low risk for most adults, but heavy drinking or binge drinking can be harmful. In 2013 adults in all three income groups reported similar drinking habits. About 2 in 10 adults in all income groups were binge drinkers, and fewer than 1 in 10 adults in all income groups were heavy drinkers. Adults earning between 100% and 200% FPL were more likely to binge drink in 2013 than in the past, but the rate has remained stable for the other two income groups.

Adults who are ...

Heavy drinkers

100% FPL or less

8%

Between 100% and 200% FPL

6%

More than 200% FPL

7%

Since 2002, smoking has declined only among adults earning more than 200% FPL.



ORAL HEALTH

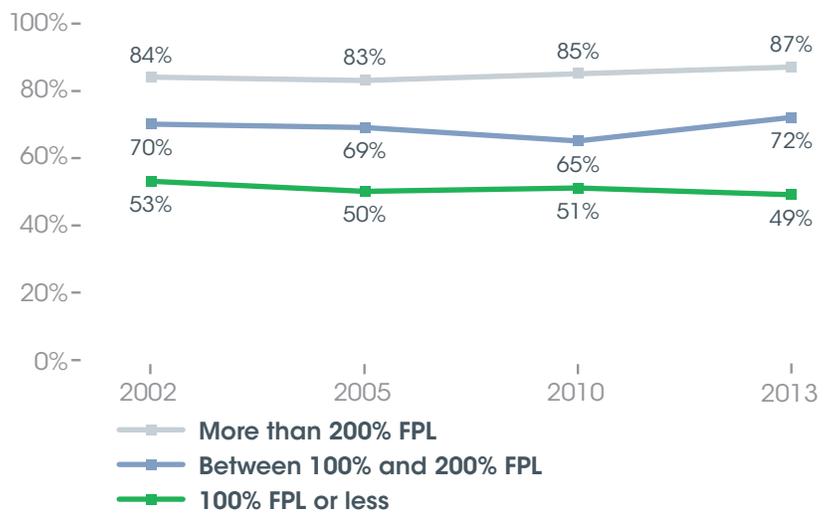
Oral health is an important part of overall health. The condition of people's teeth and gums can affect their quality of life, nutritional intake and some chronic diseases.

In 2013, adults with lower income were less likely to report good oral health.

- Fewer than half of adults earning 100% FPL or less (49%) reported that the condition of their teeth and gums was good or very good.
- About 7 in 10 adults earning between 100% and 200% FPL (72%) said that their oral health was good or very good.
- Nearly 9 in 10 adults earning more than 200% FPL (87%) said their oral health was good or very good.

Adults who ...

Say the condition of their mouth and teeth is good or very good



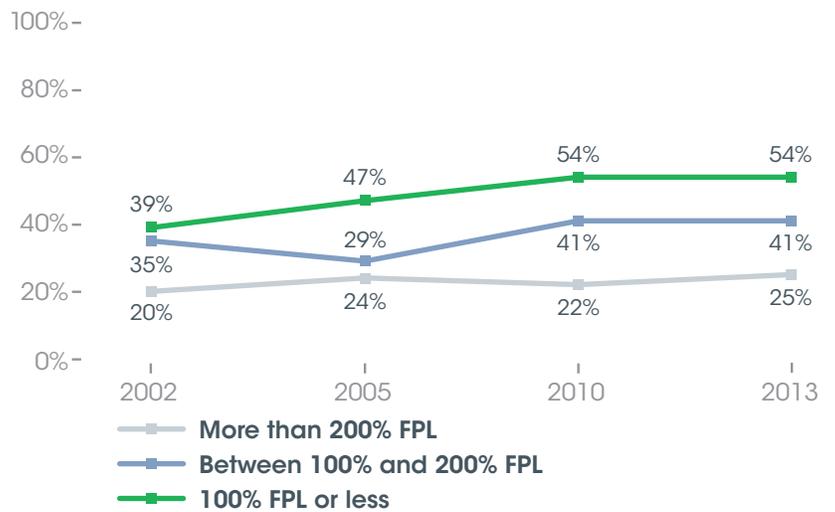
Fewer than half of adults earning 100% FPL or less reported that the condition of their teeth and gums was good or very good.



Regular visits with a dentist are an important part of oral health. The CHSS asked adults if there had been a time in the past year when they felt as if they needed dental care but did not get it or delayed getting it. Again, adults with lower income were more likely to report delaying or going without dental care. More than 5 in 10 adults earning 100% FPL or less (54%) said they delayed dental care. That compares with about 4 in 10 adults earning between 100% and 200% FPL (41%) and fewer than 3 in 10 adults earning more than 200% FPL (25%). The percentage of adults who reported delaying dental care has gotten worse since 2002 for all three groups

Adults who ...

Did not get or delayed getting dental care in the past 12 months
(Lower is better)



More than half of adults earning 100% FPL or less delayed dental care.



CHRONIC CONDITIONS

Chronic illness can be a heavy burden. This toll may be physical, emotional and financial, affecting many aspects of a person's life. The CHSS asked respondents if a doctor or other healthcare provider had ever told them that they had asthma, cancer, chronic lung disease, depression, diabetes, heart trouble or angina, high blood pressure, high cholesterol, severe allergies, or stroke.

For asthma, chronic lung disease, depression, high blood pressure and stroke, there were obvious differences between people in different income groups. Adults in the lowest income group, those earning 100% FPL or less, reported the condition most often, followed by adults earning between 100% and 200% FPL. Adults earning more than 200% FPL reported the condition least frequently.

Adults who had ever been told they had ...

Asthma

100% FPL or less

27%

Between 100% and 200% FPL

22%

More than 200% FPL

12%

Chronic lung disease

100% FPL or less

18%

Between 100% and 200% FPL

9%

More than 200% FPL

4%

Depression

100% FPL or less

41%

Between 100% and 200% FPL

28%

More than 200% FPL

14%

High blood pressure

100% FPL or less

40%

Between 100% and 200% FPL

35%

More than 200% FPL

30%

Stroke

100% FPL or less

8%

Between 100% and 200% FPL

4%

More than 200% FPL

2%



For diabetes, heart trouble and severe allergies, adults earning more than 200% FPL reported the condition less frequently than adults in the lower two income levels.

For cancer and high cholesterol, there were only minor or no differences between adults in different income groups.

Adults who had ever been told they had ...

Diabetes

100% FPL or less

17%

Between 100% and 200% FPL

16%

More than 200% FPL

10%

Heart trouble or angina

100% FPL or less

15%

Between 100% and 200% FPL

12%

More than 200% FPL

9%

Severe allergies

100% FPL or less

25%

Between 100% and 200% FPL

23%

More than 200% FPL

12%

Cancer

100% FPL or less

6%

Between 100% and 200% FPL

8%

More than 200% FPL

9%

High cholesterol

100% FPL or less

26%

Between 100% and 200% FPL

25%

More than 200% FPL

28%



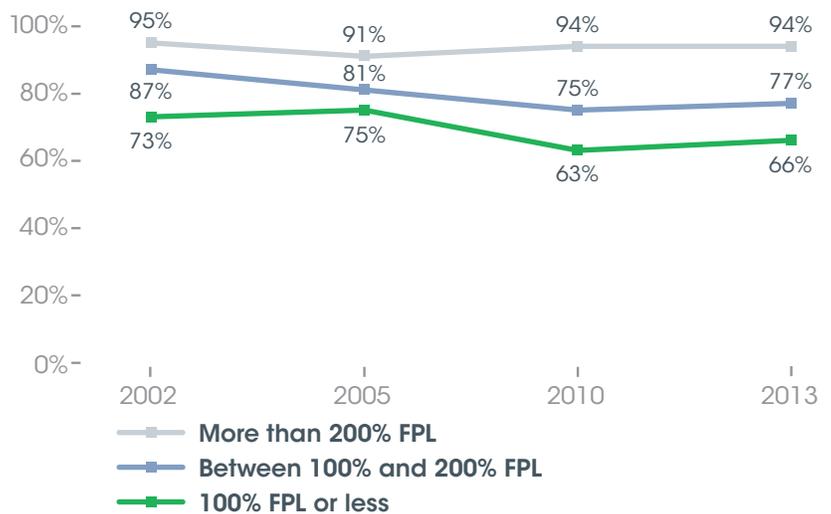
ACCESS TO CARE

Receiving regular care from a healthcare provider is important for maintaining good health. Several factors can impede getting regular care.

One factor is cost. Most people rely on insurance to afford healthcare. In 2013, adults with lower income were less likely to be insured than adults with higher income. Fewer than 7 in 10 adults earning 100% FPL or less (66%) were currently insured. That compares with fewer than 8 in 10 adults earning between 100% and 200% FPL (77%) and more than 9 in 10 adults earning more than 200% FPL (94%).

The CHSS was conducted before open enrollment for the Patient Protection and Affordable Care Act (ACA) ended. Therefore it does not include those who signed up for coverage under the ACA. It also does not include those who are now covered by Medicaid expansion in Ohio and Kentucky.

Adults who are currently insured



Fewer than 7 in 10 adults earning 100% FPL or less (66%) were currently insured.



Even with health insurance, care can be expensive. The CHSS asked if there had been a time in the past year when the respondent or any family member had gone without a doctor's care because they needed the money to buy food, clothing or to pay for housing. Again, adults with lower income were more likely to have gone without care than adults with higher income. And the percentage of adults who went without care was worse in 2013 than in 2002 for all income groups. In 2013:

- More than 3 in 10 adults earning 100% FPL or less (33%) went without a doctor's care due to cost.
- Fewer than 3 in 10 adults earning between 100% and 200% FPL (25%) went without a doctor's care due to cost.
- Fewer than 1 in 10 adults earning more than 200% FPL (6%) went without a doctor's care due to cost.

Adults who delayed or went without care because of cost (Lower is better)



Adults with lower income were more likely to have gone without care than adults with higher income.



Another factor necessary for effective healthcare is finding a usual and appropriate source of care such as a doctor's office or community health center. This should be a place where a provider gets to know patients, can see them regularly, and can help them manage and maintain their health. The CHSS asked if the respondent had a source of care, and if so, to identify that source. Appropriate sources of care are a private doctor's office, public health clinic, clinic at a retail store, or hospital outpatient department. An inappropriate source of care is the emergency room or an urgent care center.

The percentage of adults with an appropriate source of care was worse among those with lower incomes. Nearly 9 in 10 adults earning more than 200% FPL (86%) had an appropriate source of care. That compares with about 8 in 10 adults earning between 100% and 200% FPL (81%), and only 7 in 10 adults earning 100% FPL or less (71%). Adults in the lowest income group were most likely to have either an inappropriate source of care or no source of care.

Adults who have ...

An appropriate source of healthcare

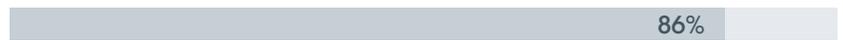
100% FPL or less



Between 100% and 200% FPL

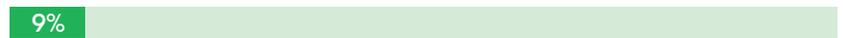


More than 200% FPL



An inappropriate source of healthcare

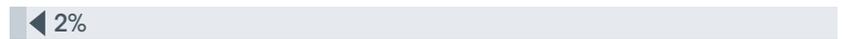
100% FPL or less



Between 100% and 200% FPL

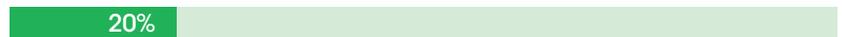


More than 200% FPL



No source of healthcare

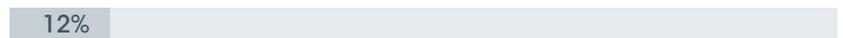
100% FPL or less



Between 100% and 200% FPL



More than 200% FPL

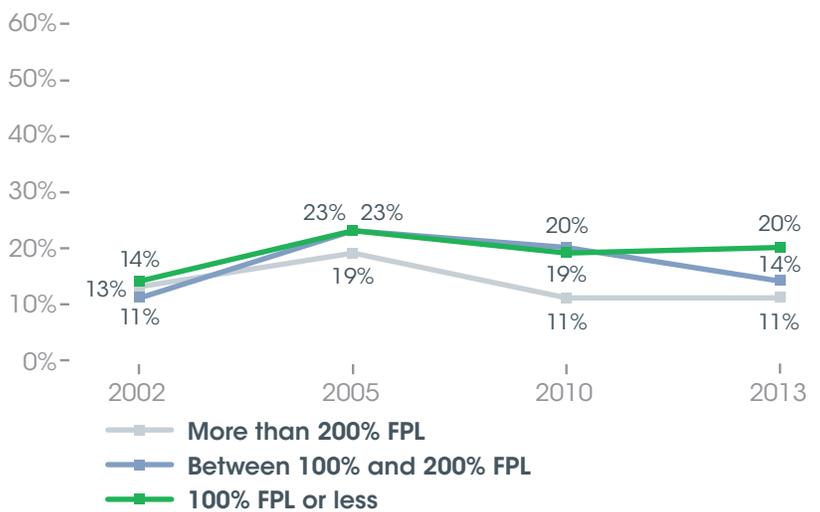




The percentage of adults with no usual source of healthcare increased for all groups between 2002 and 2005. It has improved since then among adults earning more than 200% FPL or between 100% and 200% FPL. But it has remained about the same among adults earning 100% FPL or less.

The percentage of adults using the emergency room or an urgent care center as their usual source of care has improved since 2002 among adults earning more than 200% FPL. It has remained about the same for the other two income groups.

Adults who have no source of medical care



Adults who go to a hospital emergency room or urgent care center when they are sick or need advice about their health

