Health of African Americans in Greater Cincinnati

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Introduction

Good health starts in our communities, our schools, and our workplaces, well before we have contact with the healthcare system. The African American community in our region faces particular economic an environmental challenges to health. The most recent data available from the American Community Survey (2010) show that more than a quarter of a million African Americans (258,458) live in the Cincinnati-Middletown OH-KY-IN Metropolitan Statistical Area (Cincinnati MSA), which represents about 12% of the MSA's total population.[1] Many of these African Americans are living in communities of higher poverty with poor environmental conditions, all of which contribute to poorer health outcomes.

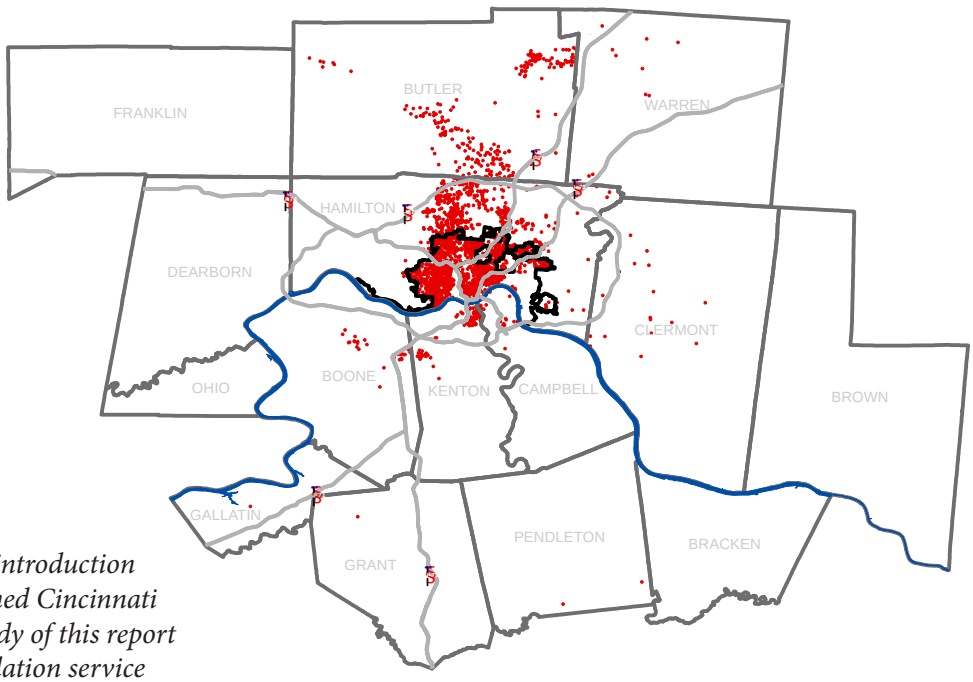
African Americans living in our region face challenges associated with lower incomes, higher rates of poverty, higher rates of unemployment, and lower levels of educational attainment:

- The median household income among African Americans is $29,705, more than $20,000 lower than the MSA median ($51,572).
- While about 14% of Cincinnati MSA residents live below the federal poverty line, nearly 1 in 3 African Americans (32%) live below the federal poverty line. The low-income African American community is heavily concentrated in our urban core (see map below).
- In 2010, the unemployment rate among African Americans was 20%, twice the unemployment rate for the Cincinnati MSA (10%).
- American Community Survey data show just 16% of African Americans ages 25 or older have obtained a bachelor's or graduate degree, while 29% of Cincinnati MSA residents ages 25 or older have the same level of educational attainment.

African Americans living in our region are also less healthy. For many of the health outcomes examined in this report, there are notable

Persons in Poverty, Black or African American

One dot=25 persons



Source: 5-year American Community Survey, 2006-2010

[1] *The demographic data presented in this introduction include the 15 counties in the census-defined Cincinnati MSA. The health data presented in the body of this report are from a larger 22-county Health Foundation service area (see pg. 31 of this report for the counties surveyed).*

differences in the health outcomes between the region's African Americans and whites. Please see the key findings below for a summary of these differences. Good health starts long before someone needs medical care, and the African American community in Greater Cincinnati is starting at a deficit.

Key Findings

The list below highlights the health indicators where rates for African Americans were significantly higher or lower than for whites, or where changes over time were worthy of note. Details about these findings can be found in this report on the pages indicated below.

- **Health status** *(page 5)*: African American adults reported lower rates of being in excellent or very good health compared to white adults.
- **Health limits activity** *(page 6)*: African American adults were more likely to report that their health limited their usual activities for two or more weeks of the last month.
- **Eyesight** *(page 7)*: African Americans reported higher rates of fair or poor eyesight than white adults.
- **High blood pressure or hypertension** *(page 9)*: African American adults were more likely to report they had ever been told they had high blood pressure or hypertension than white adults.
- **Obesity** *(page 13)*: African American adults were more likely than white adults to be obese.
- **Fast food consumption** *(page 16)*: African American adults were less likely than white adults to report eating fast food weekly.
- **Physical activity** *(page 18)*: African American adults reported higher rates of getting no vigorous or moderate exercise than white adults.
- **Safe sidewalks** *(page 18)*: African American adults were more likely than white adults to report they had safe sidewalks or shoulders on streets for walking, jogging, or biking in their community.
- **Usual source of care** *(page 23)*: The rate of African American adults who report having an appropriate usual source of primary care has been steadily decreasing, and is lower than that of white adults. African American adults also are more likely to report an inappropriate source of regular primary care, such as an emergency department or urgent care center, than white adults.
- **Health insurance** *(page 25)*: African American adults are more likely to be uninsured than white adults.
- **Access to reliable transportation** *(page 26)*: African American adults are less likely than white adults to have access to reliable transportation to medical care.
- **Going without medical care** *(page 27)*: The rates of all adults who reported going without or delaying getting a doctor's care, dental care, or prescription medication have increased since 2005, but are higher among African American adults than white adults.
- **Problems paying medical bills** *(page 28)*: African American adults were more likely than white adults to report they had trouble paying medical bills in the last year.
- **Community support** *(page 29)*: The most significant difference between African American and white adults was on their ratings of community support.

General Health

Our overall health affects our lives in many ways. If we feel healthy, we can work, exercise, enjoy hobbies, and do other activities. Poor health can interfere with our daily lives and make it more difficult to do what we normally do.

Health Status

African American adults typically reported lower rates of being in "excellent" or "very good" health compared to white adults, except in 2002 when the trend reversed.

Likewise, African American adults reported higher rates of being in "fair"

Adults reporting that, in general, their health is "excellent" or "very good"

or "poor" health, again except in 2002. Both groups of adults reported similar rates of being in "good" health *(not shown)*.

Unhealthy Days

Just over 4 in 10 African American and white adults reported that they had no unhealthy days in the last month, or days where their physical or mental health was not good *(not shown)*.

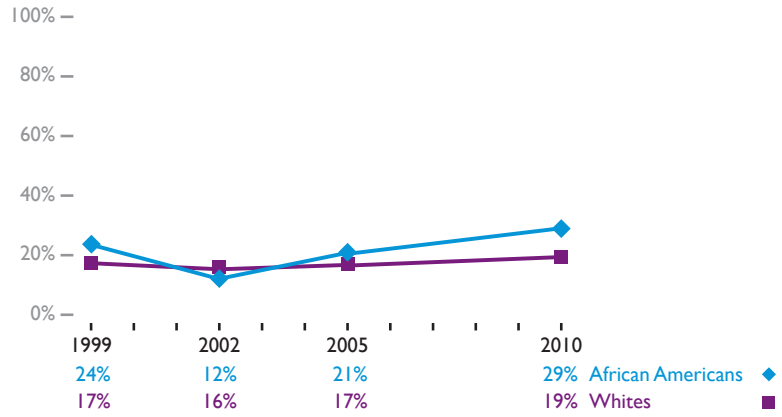
About 1 in 4 African American and white adults reported that they had 14 or more unhealthy days in the last 30 days, or more than half of the previous month.

Days when Health Limited Activity

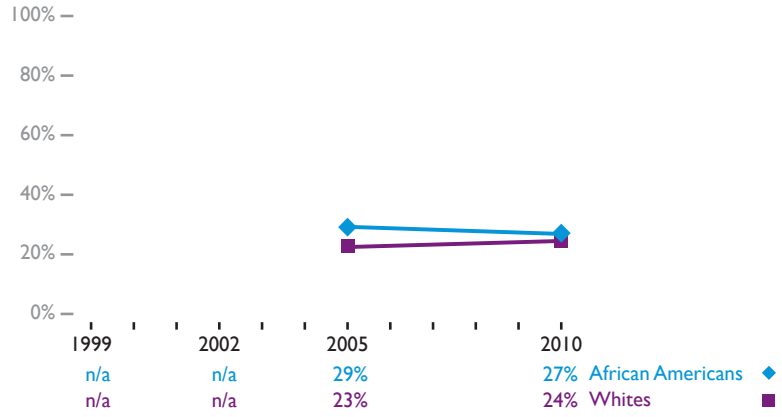
About 3 in 4 African American and white adults reported that their physical or mental health did not interfere with their usual activities in the past 30 days *(not shown)*.

About 1 in 10 African American and Greater Cincinnati adults reported that their physical or mental health limited their usual activities for 14 or more days in the last 30 days, or more than half of the previous month.

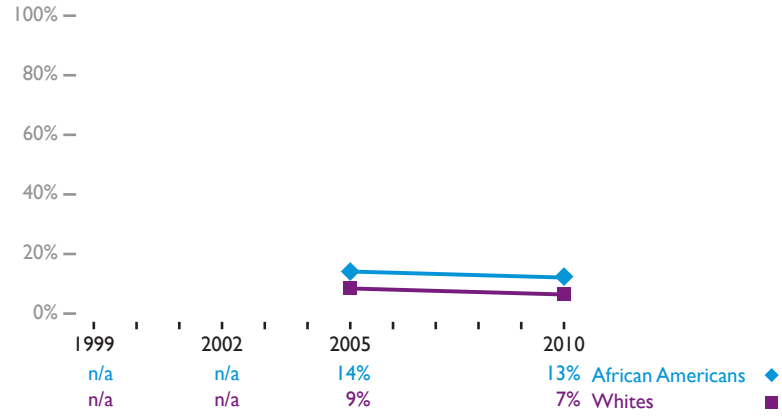
Adults reporting that, in general, their health is "fair" or "poor"



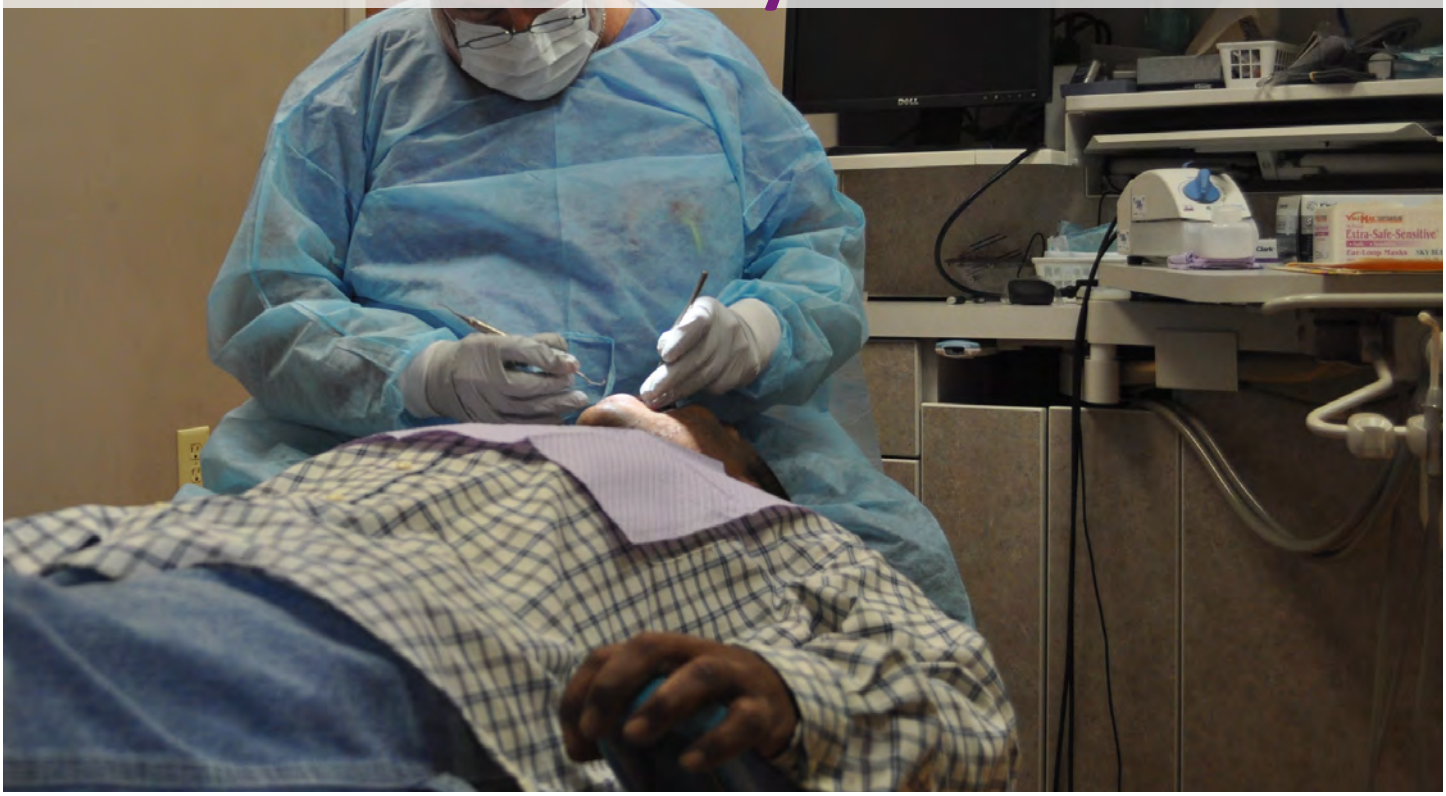
Adults who reported 14 or more unhealthy days–or days when their physical or mental health was not good–in the past 30 days



Adults who reported that their health limited their usual activities for 14 or more days in the past 30 days



Health of the Eyes and Teeth



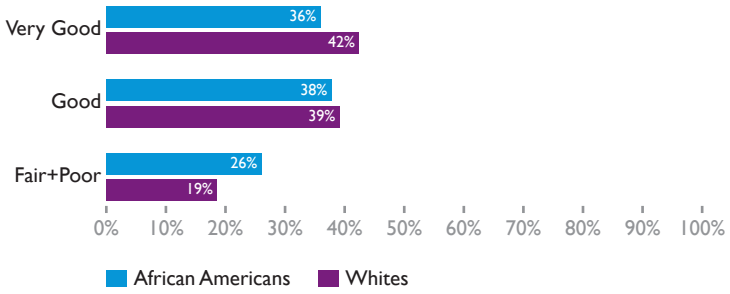
Taking care of your eyes and teeth is important for overall health. This includes getting regular check-ups, eating a proper diet, and daily care.

Eye Health

In general, African Americans reported slightly poorer eyesight than white adults. About 1 in 3 African American adults (36%) reported that their eyesight was very good, compared to 4 in 10 white adults (42%). About 1 in 4 African American adults (26%) and 1 in 5 white adults (19%) reported fair or poor eyesight.

Getting a regular, comprehensive eye exam is important for keeping the eyes healthy. This exam can help find diseases and problems before vision loss occurs. It is recommended that adults have a comprehensive eye exam every 2 years.

At the present time, would you say your eyesight, with glasses or contacts if you wear them, is...very good, good, fair, or poor? *(2010 data only)*



Over 60% of African American adults (61%) and white adults (63%) reported that they had had an eye exam in which their pupils were dilated within the past two years.

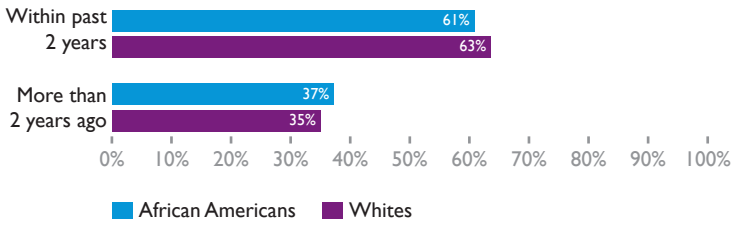
Oral Health

National data indicate large disparities in oral health related to education level, income, race, and ethnicity. However, in Greater Cincinnati, reported differences in oral health status based only on race are not significant.

About 1 in 3 African American adults (33%) and white adults (35%) reported that their mouth and teeth were in very good condition. These rates have stayed relatively consistent since 2002.

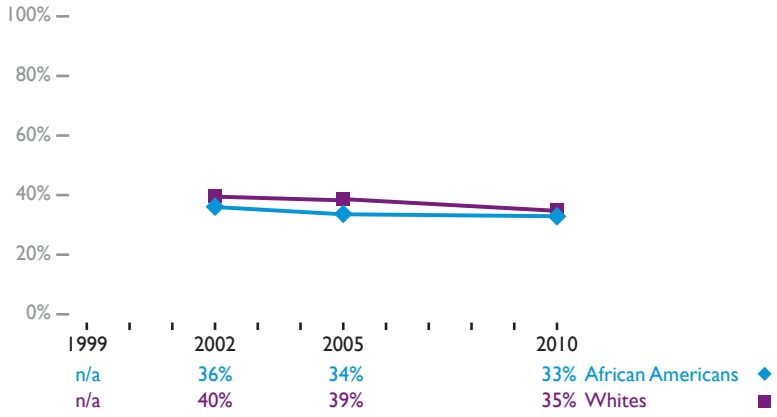
About 1 in 4 African American adults (27%) and white adults (27%) reported their mouth and teeth were in fair or poor condition. This rate has stayed relatively consistent for white adults since 2002. The rate for African American adults, however, went up between 2002 and 2005, then decreased again between 2005 and 2010.

When was the last time you had an eye exam in which the pupils were dilated? *(2010 data only)*

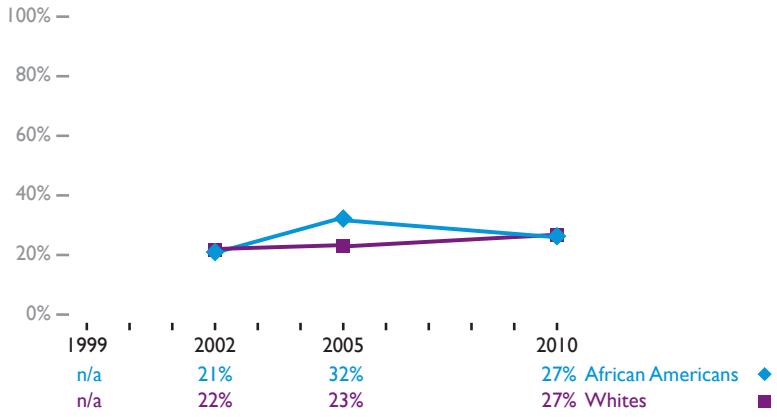


Percentages may not add to 100% because the percentage of adults who responded "don't know" are not included.

Adults reporting that the condition of their mouth and teeth, including false teeth or dentures, is "very good"



Adults reporting that the condition of their mouth and teeth, including false teeth or dentures, is "fair" or "poor"



Chronic Conditions

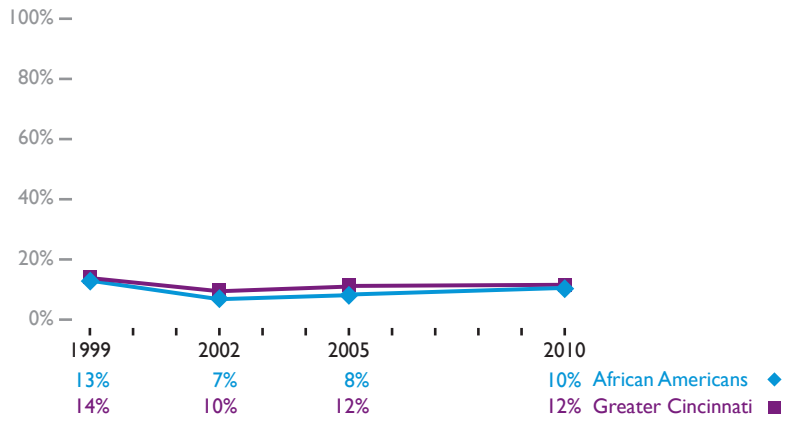
Some health problems are temporary, like a cold or sore throat. Some are longer lasting and require constant monitoring and treatment, like asthma, diabetes, or high blood pressure. These "chronic conditions" can last a lifetime.

Chronic Cardiovascular Conditions

Heart trouble, high blood pressure, high cholesterol, and stroke are conditions related to the cardiovascular system. Smoking, diabetes, and being overweight, among other factors, can lead to or worsen cardiovascular conditions.

In our region, African American adults have reported similar rates of heart trouble and stroke as white adults since 1999.

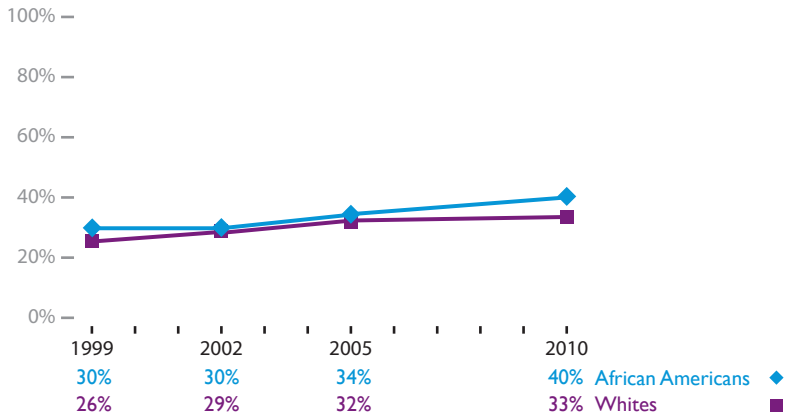
Has a doctor or other health professional ever told you that you had heart trouble or angina? *(Graph presents only the percentage of adults that responded "yes.")*



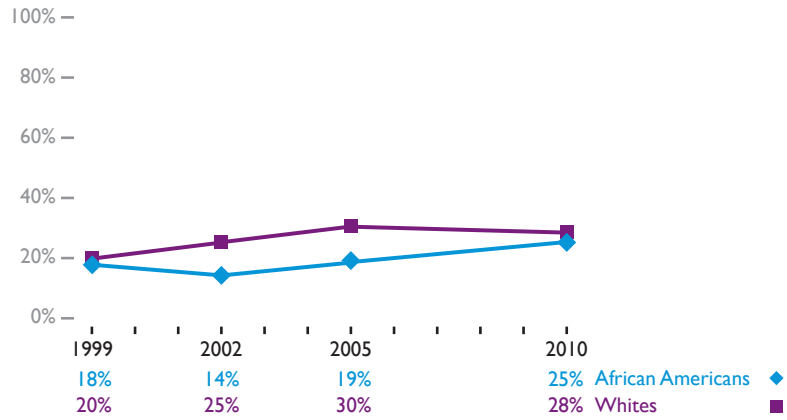
In 2010, African American adults reported slightly higher rates of high blood pressure or hypertension than white adults. In 1999, 2002, and 2005, the rates were similar. For both African Americans and white adults, the percentage of adults reporting high blood pressure has steadily increased since 1999.

In 1999 and 2010, African American adults reported similar rates of high cholesterol as white adults. In 2002 and 2005, the rate of white adults reporting high cholesterol was higher than for African American adults.

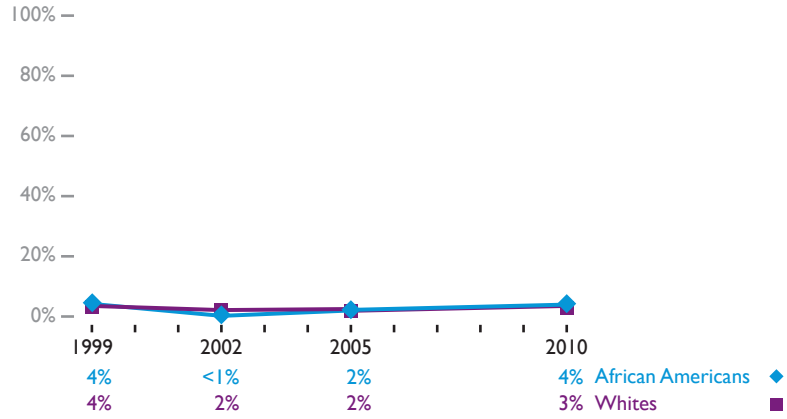
Has a doctor or other health professional ever told you that you had high blood pressure or hypertension? *(Graph presents only the percentage of adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had high cholesterol or triglycerides? *(Graph presents only the percentage of adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had had a stroke? *(Graph presents only the percentage of adults that responded "yes.")*



Chronic Respiratory Conditions

Chronic respiratory conditions, such as asthma and chronic lung disease, can be aggravated by environmental and personal factors. Air quality, allergens, and cigarette smoke, for example, can make it difficult for people with chronic respiratory conditions to manage these conditions.

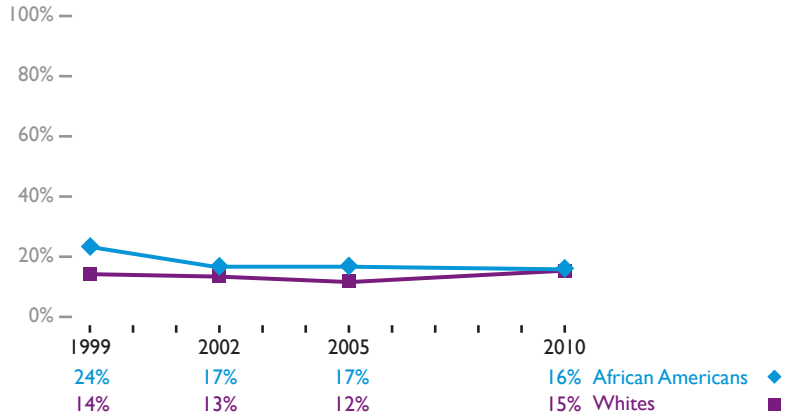
In 1999, the rate of African American adults who reported having asthma was higher than white adults. From 2002 through 2010, the rates were similar.

African American and white adults also reported similar rates of chronic lung disease.

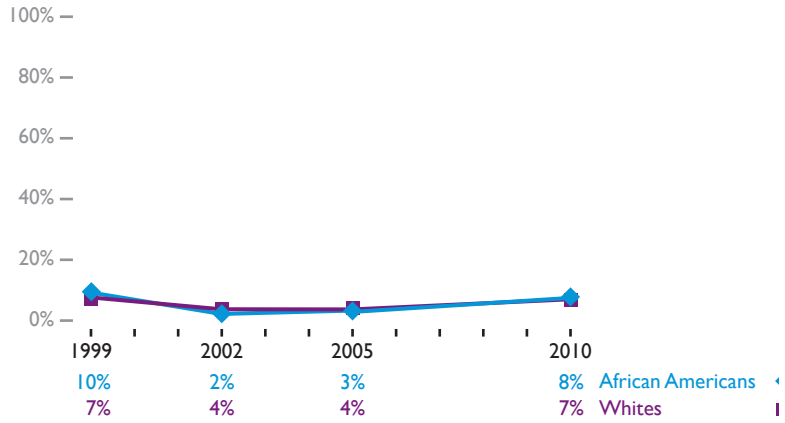
Other Chronic Conditions

African American adults reported similar rates of other chronic conditions such as cancer, depression, diabetes, and severe allergies as white adults in the Greater Cincinnati region.

Has a doctor or other health professional ever told you that you had asthma? *(Graph presents only the percentage of adults that responded "yes.")*

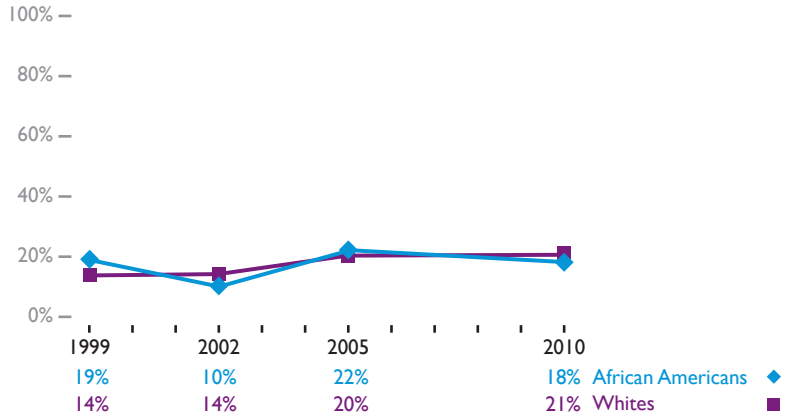


Has a doctor or other health professional ever told you that you had chronic lung disease? *(Graph presents only the percentage of adults that responded "yes.")*

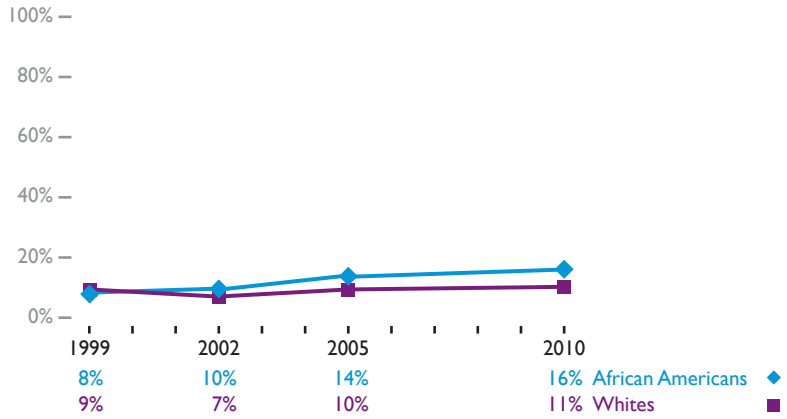


Has a doctor or other health professional ever told you that you had cancer? *(Graph presents only the percentage of adults that responded "yes.")*

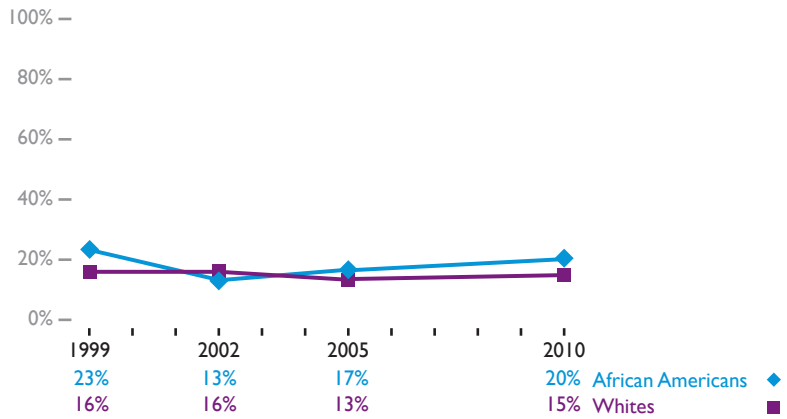
Has a doctor or other health professional ever told you that you had <u>depression</u>? *(Graph presents only the percentage of adults that responded "yes.")*



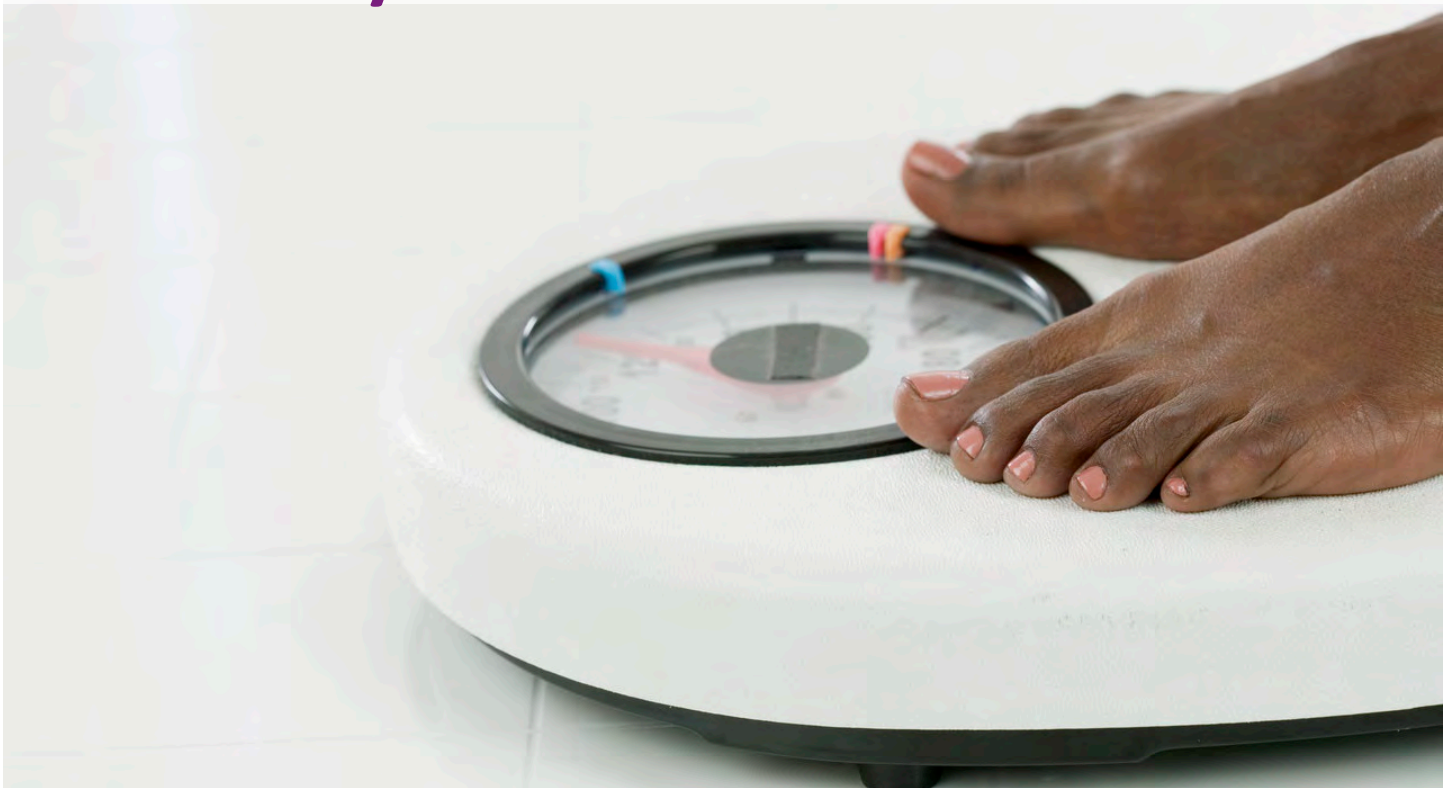
Has a doctor or other health professional ever told you that you had <u>diabetes</u>? *(Graph presents only the percentage of adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had <u>severe allergies</u>? *(Graph presents only the percentage of adults that responded "yes.")*



Obesity

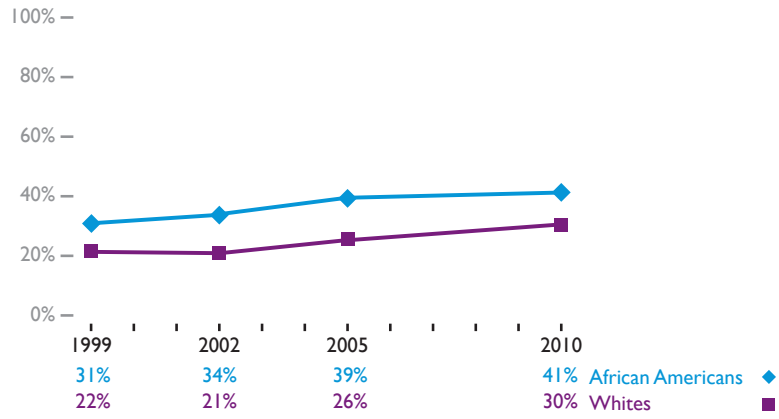


Obesity is a chronic condition which causes many health problems. Being obese increases the risk of heart disease, certain cancers, diabetes, and other problems. People can reduce these risks through diet and exercise.

Obesity is measured using the Body Mass Index (BMI).[1] According to the BMI, a person who is 5'4" would be considered overweight at 150 pounds and obese at 180 pounds. A person who is 6'0" would be considered overweight at 190 pounds and obese at 220 pounds.

The percentage of adults who are obese has been steadily increasing in Greater

Adults who are obese *(BMI ≥ 30.0)*

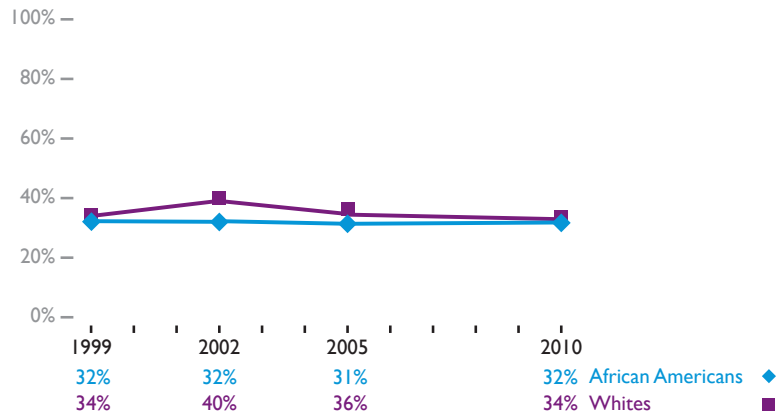


[1] *BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. Overweight is defined as a BMI of 25–29.9. Obesity is defined as a BMI of over 30.0. The GCCHSS asked for height and weight during the survey, and BMI was calculated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

Cincinnati. In 2010, 4 in 10 African American adults (41%) and 3 in 10 white adults (30%) were obese.

The rate of adults who are overweight but not obese has stayed relatively consistent since 1999. About 1 in 3 African American (32%) and white (34%) adults were overweight.

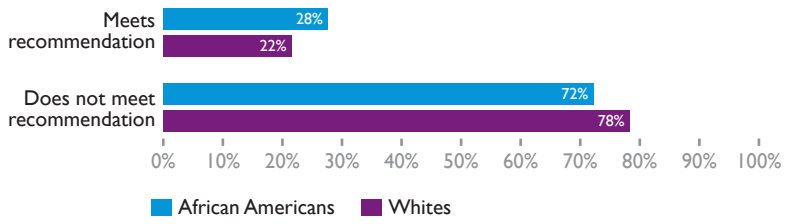
Adults who are overweight but not obese *(BMI = 25.0–29.9)*



Diet

According to the Centers for Disease Control and Prevention (CDC), unhealthy eating contributes to obesity and several chronic diseases. A healthy diet consists of balanced amounts of protein, carbohydrates, and fats, with plenty of fruits and vegetables and limited amounts of fat and salt.

Adults meeting the recommendation of eating at least 2 servings of fruits and 3 servings of vegetables per day *(2010 data only)*



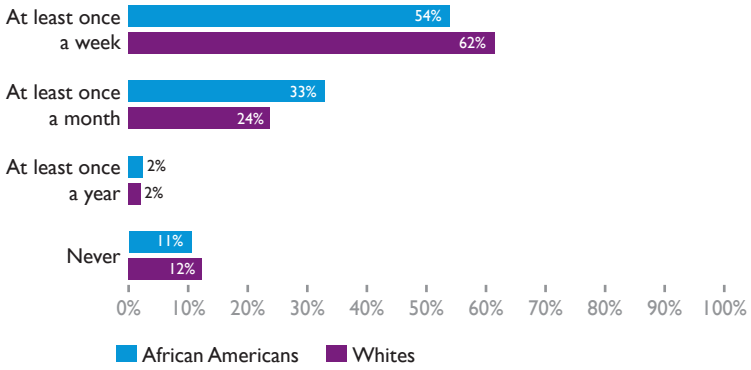
Fruit and Vegetable Consumption

The *Dietary Guidelines for Americans, 2010,* 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. This would be at least 2 servings of fruit AND 3 servings of vegetables per day.[2]

[2] *For more information on the Dietary Guidelines, please visit: http://www.health.gov/dietaryguidelines.*

African American adults were more likely than white adults to meet the recommendations for fruit and vegetable consumption. However, over 70% of African American adults (72%) and almost 80% of white adults (78%) did not meet the recommendations. Due to changes in dietary recommendations, we can not compare the data from the 2010 *Greater Cincinnati Community Health Status Survey* to data collected in previous years of the *Survey*.

How often do you eat fast food? *(2010 data only)*



Percentages may not add to 100% due to rounding.

Fast Food Consumption

Part of a healthy diet is limiting salt intake. Too much salt can lead to high blood pressure, heart problems, or strokes. According to the CDC, the majority of sodium that we consume is in processed and restaurant foods.[3] African American adults reported eating fast food less frequently than white adults. Just over half of African American adults (54%) reported that they eat fast food at least once a week, compared to 62% of white adults.

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

Exercise

According to the CDC, physical activity reduces the risk of many chronic conditions, including type 2 diabetes and its complications, obesity, heart disease, colon cancer, and stroke.[4]

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.[5]

About 4 in 10 African American adults (41%) met the recommendations

Adults who meet recommendations for moderate and/or vigorous activity

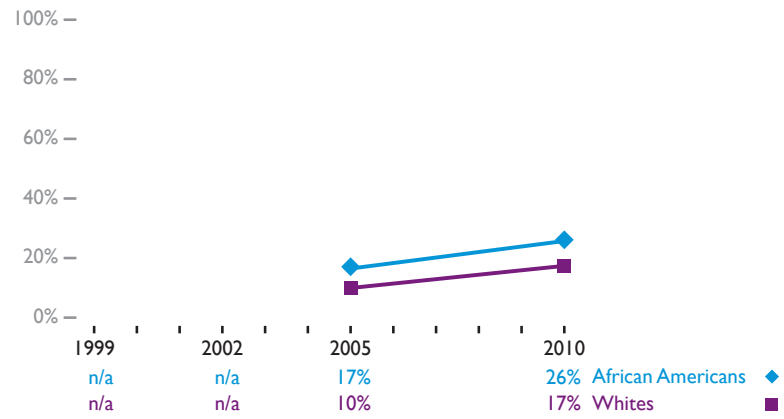
[4] *Centers for Disease Control and Prevention. Obesity, Diabetes Estimates by County, 2007. Available at www.cdc.gov/Features/dsObesityDiabetes/.*

[5] *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.*

for vigorous and moderate activity, compared to almost half of white adults (47%).

In 2010, 1 in 4 African American adults (26%) and 1 in 5 white adults (17%) reported no moderate or vigorous activity, up for both groups since 2005. This does not mean the adults were not active at all, it just means the activity they participated in did not meet the definitions of moderate or vigorous activity.

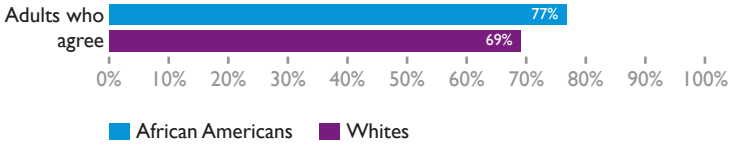
Adults who reported no moderate or vigorous activity



Safe Sidewalks

Walking, jogging, and biking are good forms of exercise, but they are only effective if people have a safe place to enjoy these activities. African American adults were more likely than white adults to agree that sidewalks or shoulders on streets in their community allowed for safe walking, jogging, or biking.

There are sidewalks or shoulders on streets in my community that allow for safe walking, jogging, or biking...do you agree or disagree?
(Graph shows only the percentage who said they agree; 2010 data only)

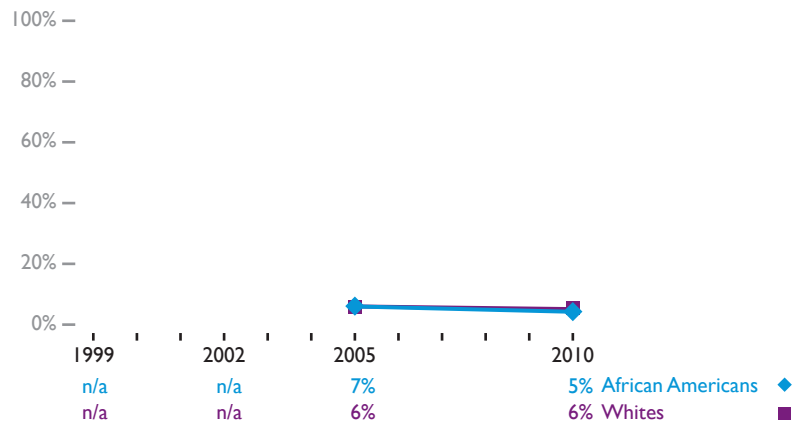


Alcohol Use

Drinking in moderation—or having no more than one alcoholic drink a day for women and no more than two alcoholic drinks a day for men—poses no or low risks for most adults.[6]

Drinking more than moderately increases the risk liver and kidney disease, some cancers, memory and cognitive problems, and many other health problems. It can also impair decision-making, which can lead to motor vehicle accidents, other accidents and injuries, aggressive behavior, and being the victim of such behavior.[7]

Adults who reported heavy drinking in the last 30 days, or more than an average of one drink per day for a woman and two drinks per day for a man



[6] *For more on low-risk drinking, visit www.lowriskdrinking.com or the NIAAA's site at http://rethinkingdrinking.niaaa.nih.gov.*

[7] *For more information about the health effects and risks of drinking, please see www.cdc.gov/alcohol/faqs.htm#healthProb or http://rethinkingdrinking.niaaa.nih.gov/WhatsTheHarm/WhatAreTheRisks.asp.*

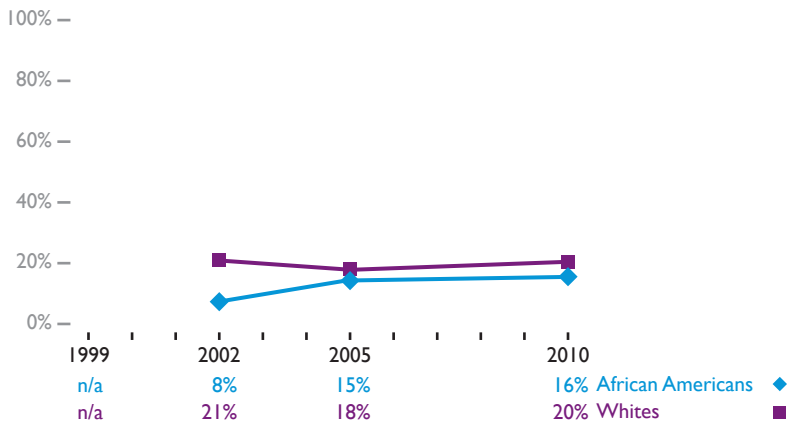
One standard alcoholic drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits or liquor.[8] Many cocktails and mixed drinks therefore contain more than one standard drink of alcohol.

Heavy drinking is defined as having more than an average of one drink per day for a woman and two drinks per day for a man.[9] About 1 in 20 African American adults (5%) and white adults (6%) drank heavily in the past 30 days.

Binge drinking is defined as having four or more drinks on one occasion for women and five or more drinks on one occasion for men. People who binge drink are not necessarily heavy drinkers. About 1 in 6 African American adults (16%) and 1 in 5 white adults (20%) reported that they had binge drank in the last 30 days.

Although this rate has stayed consistent for white adults since 2002, it almost doubled for African American adults between 2002 and 2005, then stayed consistent between 2005 and 2010.[10]

Adults who reported binge drinking 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.*

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

[9] *For more information about heavy drinking, see www.cdc.gov/alcohol/faqs.htm#heavyDrinking*

[10] *Note that the definition of binge drinking changed between 2005 and 2010. Prior to 2006, binge drinking was defined as having 5 or more drinks on one occasion for both men and women. In 2006, the standard was revised to include separate drinking amounts for men and women*

Tobacco & Other Drug Use

Tobacco, prescription drugs, and over-the-counter medications are legal drugs, but that doesn't mean they are harmless. Smoking and misuse of prescription and over-counter-drugs can cause many health problems.

Smoking Rates

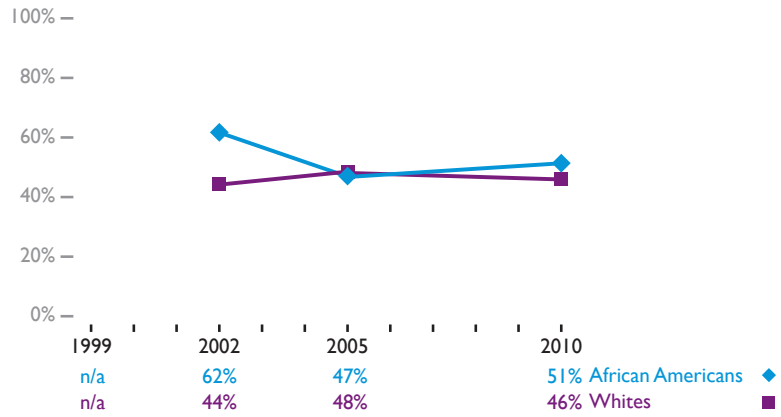
Studies have shown that any smoking is harmful to your health.[11] It can cause lung and heart disease, cancer, and other health problems. About 3 in 10 African American adults (32%) and white adults (29%) are current smokers.

Adults who are current smokers

[11] *For more information, see: http://articles.latimes.com/2010/aug/20/news/la-heb-smoking-20100820.*

About half of African American and white adults have never smoked.

Adults who have never smoked

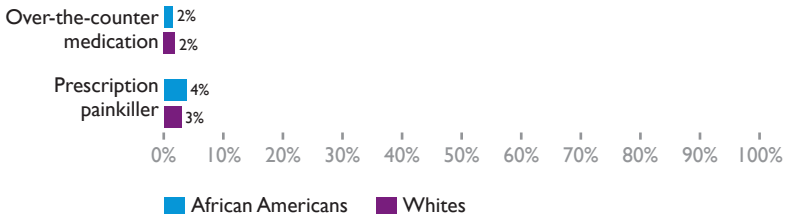


Misuse of Prescription, Over-the-Counter Drugs

While prescription and over-the-counter drugs are safe when used as directed, misuse of any medication—whether the medication is taken incorrectly or by someone other than the prescribed patient—can have serious adverse health effects. 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.[12]

About 2% of African American and white adults reported that they had used an over-the-counter drug like cold medicine, sleeping pills, or stay-awake pills when they didn't need it, but just to feel good. About 4% of African American adults and 3% of white adults reported that they had used a prescription painkiller like Vicodin®, OxyContin®, or Percocet® when they didn't need it, but just to feel good.

Have you ever used an over-the-counter drug or prescription painkiller when you didn't need it, but just to feel good? *(Graph presents only the percentage of adults that responded "yes," 2010 data only)*



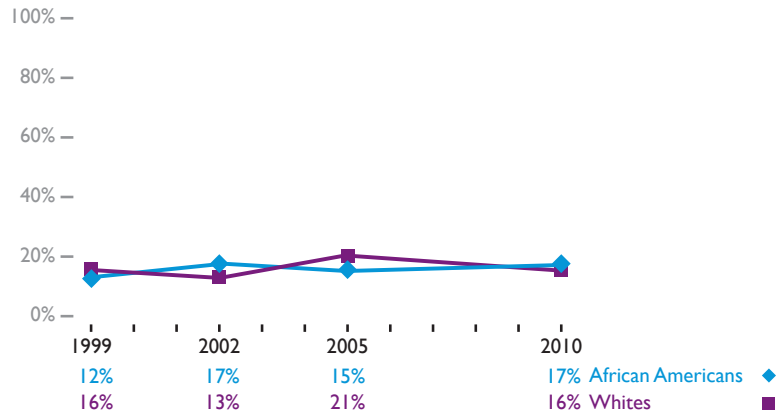
[12] *Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Drug Abuse Warning Network, 2007: National Estimates of Drug-Related Emergency Department Visits. Rockville, MD, 2010. Available at https://dawninfo.samhsa.gov/files/ED2007/DAWN2k7ED.pdf.*

Usual Source of Healthcare

When they are sick or need medical advice, most people have a usual source of care: a doctor's office, health center, clinic, or other place they usually go. People who do not have a usual place to go for care are less likely to seek appropriate and timely healthcare when they need it.

About 1 in 6 African American (17%) and white (16%) adults do not have a usual place to go to for care. This means that when they are sick or need medical advice, they either do not go anywhere, or they go to a different place each time.

Adults who have no usual source of primary health care where they go if they are sick or need medical advice



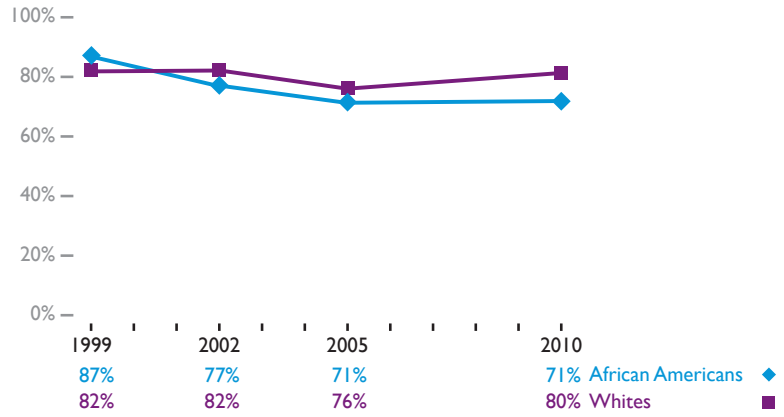
Appropriate Sources of Primary Care

The type of facility a person uses as his or her usual source of care is important. An appropriate source of care is more than just a regular place to go. It is a place where the patient and his or her

health history are known. The staff provide regular and preventive care and help catch minor problems before they become serious.

African American adults are less likely than white adults to report having an appropriate source of primary care. This rate has decreased for African Americans since 1999, when almost 9 in 10 African American adults (87%) reported having an appropriate source of primary care. In 2010, this had dropped to 71%.

Adults who usually go to a private doctor's office, public health clinic, community health center, hospital outpatient department, or other appropriate source of primary health care if they are sick or need medical advice

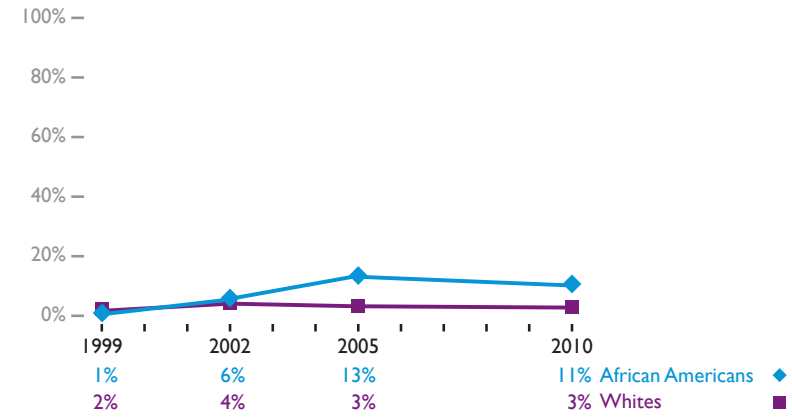


Inappropriate Sources of Primary Care

An urgent care center or hospital emergency department is not an appropriate usual source of care. Primary care delivered there is much more fragmented and costly than care through a doctor's office, health center, clinic, 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.

In 1999 and 2002, African American adults reported similar rates of using inappropriate sources of primary care as white adults. While the rate for white adults stayed relatively consistent over time, the rate for African Americans doubled between 2002 and 2005, then stayed consistent between 2005 and 2010.

Adults who usually go to a hospital emergency room, urgent care center, or other inappropriate source of primary health care if they are sick or need medical advice



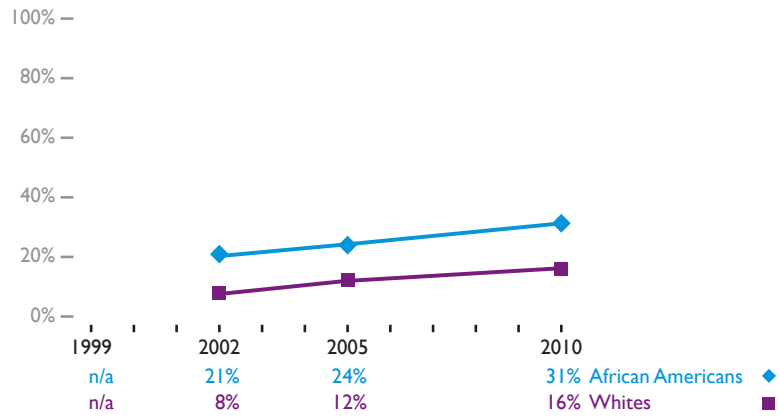
Paying for & Getting to Care

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

The rate of adults who are uninsured has steadily risen in the Greater Cincinnati region since 2002, with African Americans consistently reporting higher rates of being uninsured than white adults. In 2010, about 1 in 3 African American adults (31%) reported being uninsured, compared to 1 in 6 white adults (16%).

While having current insurance is a factor for getting healthcare, having stable insurance is also important. The rate of insured adults who had been without insurance at some time in

Adults who are currently uninsured



the past year has stayed consistent for white adults between 2005 and 2010. The rate for insured African American adults who had been without insurance sometime in the past year dropped slightly between 2005 and 2010.

Reliable Transportation

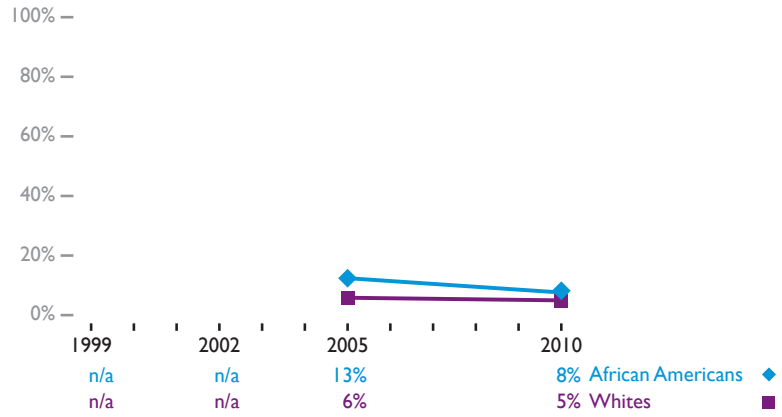
Even if people have insurance and a source of care, they can't get healthcare services unless they have reliable transportation, such as a personal car, shuttle service, taxi, or public transportation. Nearly all African American adults (85%) and white adults (96%) said they had reliable transportation to get to the doctor or pharmacy.

Routine Checkups

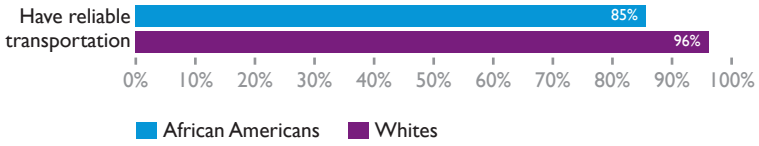
People who don't have insurance, a usual source of care, or reliable transportation are less likely to get a routine checkup. Depending on age, adults should have a routine checkup once every 1–2 years. These checkups help identify minor problems and start treatment before they get more serious.

About 9 in 10 African American adults (87%) and white adults (87%) have had a routine checkup in the last 2 years. This has dropped slightly for African Americans since 2002, but has stayed consistent for whites.

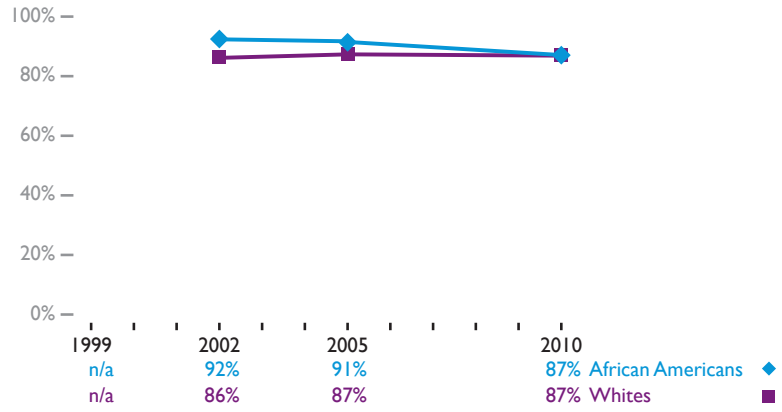
Adults who are currently insured but who were uninsured at some point in the last 12 months



Do you have some form of reliable transportation if you or a loved one need to go to the doctor or pharmacy? *(Graph presents only the percentage of adults that responded "yes;" 2010 data only)*



Adults who have personally visited a healthcare professional for a routine checkup in the past 2 years



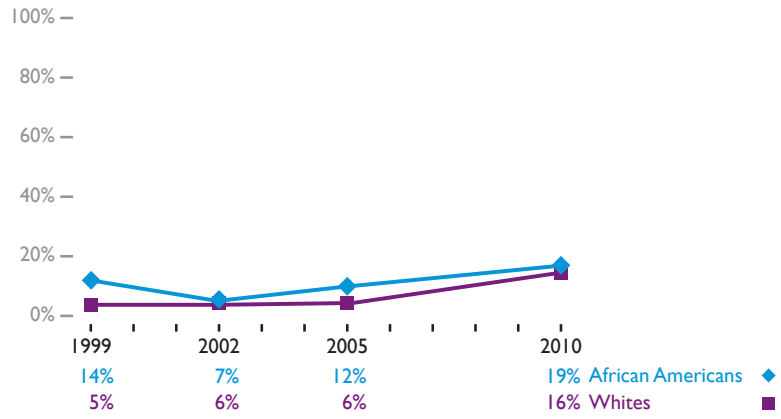
Going without Care

Even with insurance, healthcare can be expensive. People with insurance pay premiums each month. Then, they pay a part of their care or prescription costs. If people don't have insurance, they pay all of their costs. Sometimes, families need to make tough decisions about getting healthcare services or using that money to buy food or clothing or to pay for housing.

Going without a Doctor's Care

Almost 1 in 5 African American adults (19%) and white adults (16%) said someone in their household went without a doctor's care because the family needed the money to buy food or clothing or pay for housing. This rate increased between 2005 and 2010 for African Americans, and almost tripled for whites.

During the last year, did any household member not receive a doctor's care because the household needed money to buy food or clothing or pay for housing? *(Graph presents only the percentage of adults that responded "yes.")*



Going without Prescription Medication

Another 1 in 5 African American adults (20%) and 1 in 7 white adults (13%) said someone in their household went without a doctor's care because the family needed the money to buy food or clothing or pay for housing.

Going without Dental Care

Dental care is not covered under most health insurance plans. People can buy dental insurance separately, but have to pay premiums and copays.

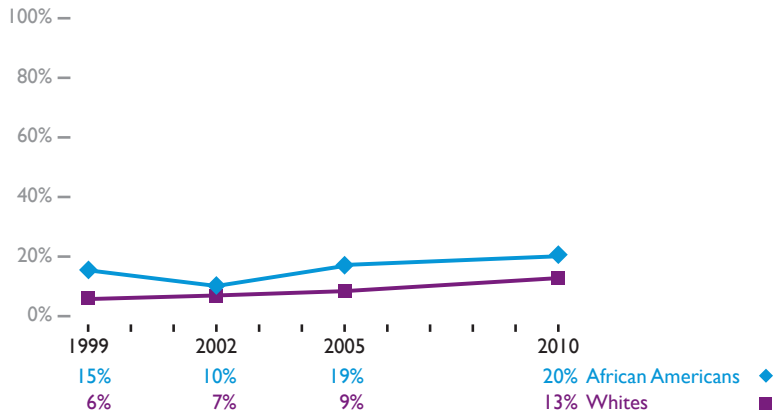
Almost half of African American adults (47%) said they went without or delayed getting dental care they thought they needed, compared to 1 in 3 white adults (30%). Although the *Survey* did not ask for the reason for not getting or delaying care, cost played a part in at least some people's decision. These rates have increased for both groups since 1999.

Problems Paying Medical Bills

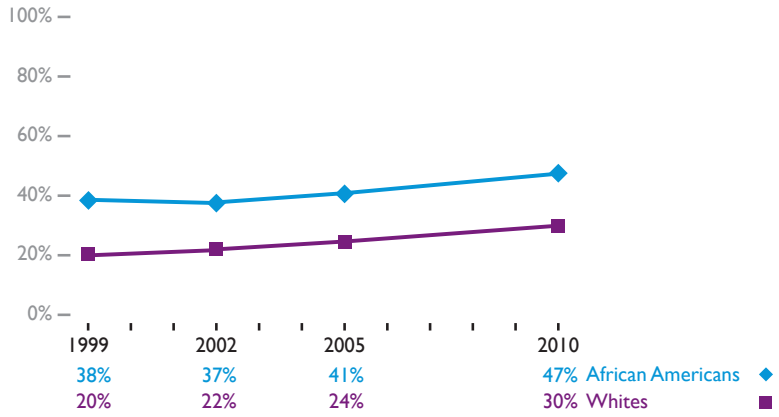
Premiums, copays, and other healthcare costs can add up for people who are insured, especially if there is an unexpected illness or injury. For the uninsured, even basic primary care can be expensive.

About 1 in 3 African American adults (36%) and 1 in 4 white adults (24%) reported that there were times in the last 12 months when they had problems paying or were unable to pay medical bills.

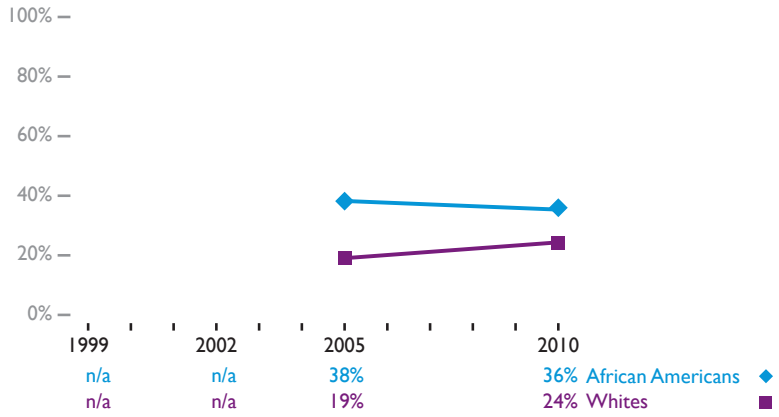
During the last year, did any household member not receive a prescription medication because the household needed money to buy food or clothing or pay for housing? *(Graph presents only the percentage of adults that responded "yes.")*



In the past 12 months, was there a time when you thought that you needed dental care but did not get it, or delayed getting it? *(Graph presents only the percentage of adults that responded "yes.")*



During the last 12 months, were there times when you had problems paying or were unable to pay for medical bills? *(Graph presents only the percentage of adults that responded "yes.")*

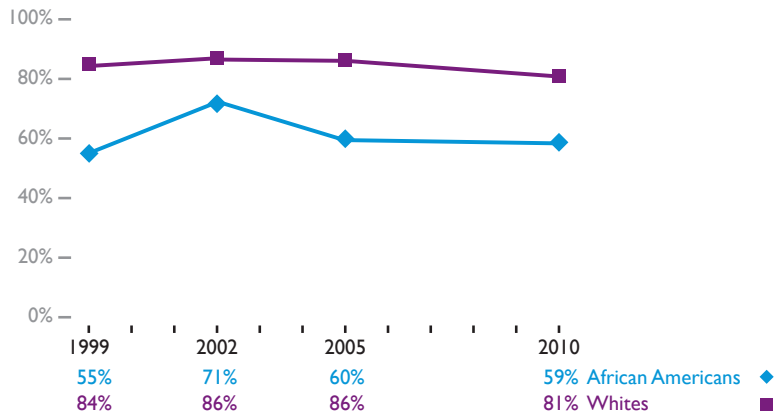


Community Support

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.[13]

African American adults were much less likely to feel positively about their communities than white adults on all community support questions on the survey. However, the majority agree that the community makes them feel secure, that people can get help from each other

Adults who agree that "living in my community gives me a secure feeling"



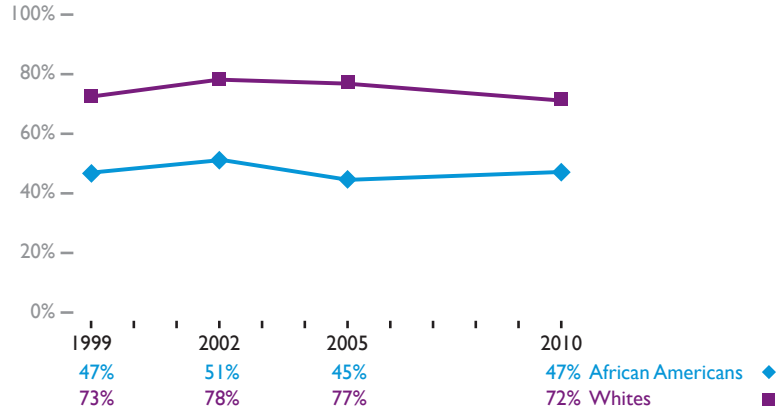
[13] *McCubbin H, Patterson J, Glynn T. Social Support Index. In H. McCubbin and A. Thompson (eds.). Family Assessment Inventories for Research and Practice. Madison, Wisconsin: Family Stress Coping and Health Project, University of Wisconsin-Madison, 1991.*

if they are in trouble, and that they can depend on each other. Only 6 in 10 African American adults reported feeling secure in their community, just over half said people can get help from the community if they are in trouble, and just under half said people can depend on each other.

In comparison, 8 in 10 white adults reported feeling secure in their community, and just over 7 in 10 white adults said people can get help from the community if they are in trouble and people can depend on each other.

Adults who agree that "people in the community know they can get help from the community if they are in trouble"

Adults who agree that "people can depend on each other in my community"



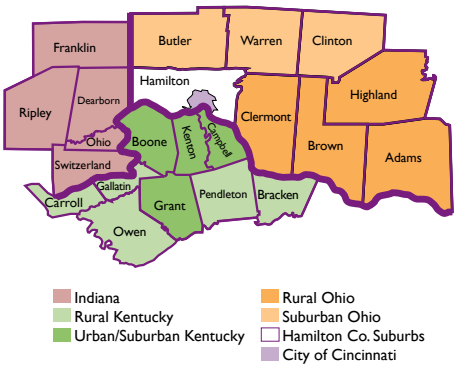
About the Survey

The data for this report come from the 2010 *Greater Cincinnati Community Health Status Survey.* Conducted since 1996, the *Survey* gives an in-depth look at the self-reported health of tri-state residents. The *Survey* lets us see how our region stacks up to the rest of the country. We can also see how our region's health changes over time. The results give organizations and agencies, policy makers, and residents the local data they need as they work to improve the overall health of the Greater Cincinnati area. To see survey results for the whole region, please visit web site at www.healthfoundation.org/gcchss.html.

The Health Foundation of Greater Cincinnati sponsors, analyzes, and shares the *Survey.* The Institute for Policy Research at the University of Cincinnati collects the data. For the complete survey dataset, visit www.oasisdataarchive.org.

How We Collect the Data

The *Survey* is a telephone survey of randomly selected adults. The Institute for Policy Research called 2,246 adults residing in a 22-county area (see map) between August 14 and September 27, 2010. This included 2,042 landline interviews and 204 cell phone interviews with people who did not have a landline telephone.



For the region-wide results, the sampling error is ±2.1%. This means that the actual rates may in reality be 2.1% higher or 2.1% lower than what we report. For the results for just the African Americans in our region, the sampling error is ±4.2%. For just the white adults in our region, the sampling error is ±2.2%.

About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over $120 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- Community Primary Care
- School-Aged Children's Healthcare
- Substance Use Disorders
- Severe Mental Illness

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission. We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.

Thanks to Our Community Partners

The Health Foundation gives special thanks to Karen Bankston and Vashti Rutledge for their help with this report.

The Health Foundation would also like to thank the following organizations for their input on the *Greater Cincinnati Community Health Status Survey*:

- Academy of Medicine
- ASAP Center
- Butler County Alcohol and Drug Addiction Services Board
- Butler County Mental Health Board
- Butler County United Way
- Center for Closing the Health Gap
- Child Policy Research Center
- City of Cincinnati Health Department
- Council on Aging
- Employers Health Coalition of Ohio
- Foundation for a Healthy Kentucky
- Health Improvement Collaborative
- Health Policy Institute of Ohio (HPIO)
- Northern Kentucky Health Department
- TriHealth
- United Way of Greater Cincinnati
- University of Cincinnati Department of Public Health Science
- University of Cincinnati Institute for Policy Research
- University of Cincinnati Planning Department
- Urban Appalachian Council
- Vision 2015
- Xavier University

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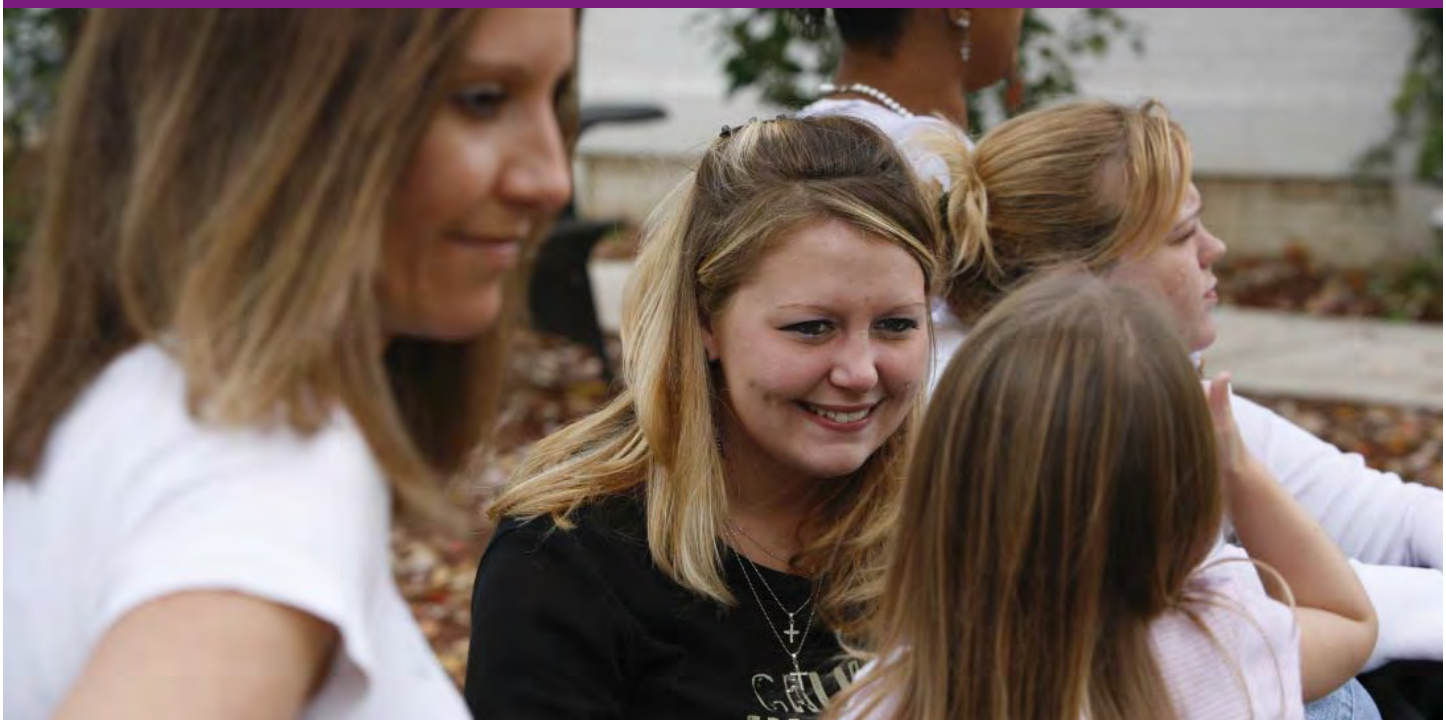
Health of Appalachians in Greater Cincinnati



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Health Foundation of Greater Cincinnati, The. (2012). Health of Appalachians in Greater Cincinnati. Cincinnati, OH: Author.

Introduction

The idea of "Appalachia" as a distinct region did not develop until the 19th century. In the 1890s, William Frost, the president of Berea College at that time, and geologist C. Willard Hayes outlined a region across eight states that they termed "Appalachian America." This defined area was based not only on geography, but also on economic divisions and Civil War loyalties. Frost and Hayes' Appalachia included parts of the Blue Ridge Mountains, the Piedmont Plateau, and the Tennessee Valley.

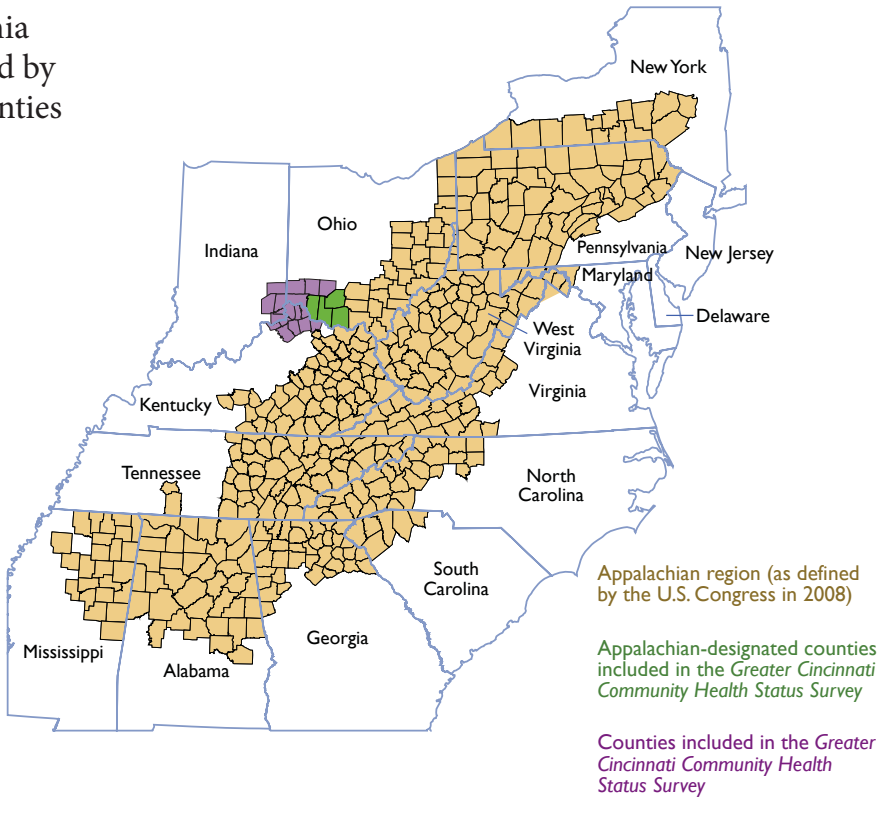
Subsequent attempts to define Appalachia featured the Appalachian mountain system's Great Valley. In 1965, Congress "created" Appalachia consisting of 360 counties in Alabama, the Carolinas, Georgia, Kentucky, Maryland, Ohio, Pennsylvania, Tennessee, Virginia, and West Virginia. Congress also formed the Appalachian Regional Commission (ARC) to increase economic development and quality of life in the Appalachian region. The federal government has expanded Appalachia several times. Today's Appalachia, as defined by the federal government, consists of 420 counties (see map).

Defining the Appalachian Population for this *Survey*

The data presented in this chart book compare the responses from adults designated as white Appalachian to adults who are white but not Appalachian. Not all Appalachians are white. However, because the geographic region for the *Greater Cincinnati Community Health Status Survey* is 85% white, the total number of non-white Appalachian adults who responded to the *Survey* was very small. As a result, we decided to focus on the white Appalachian community for this analysis. When this report uses the terms "Appalachian" and "non-Appalachian," it means adults who are white and are designated Appalachian or non-Appalachian.

For the 2005 and 2010 *Greater Cincinnati Community Health Status Surveys,* white Appalachians were defined as people who were white and were:

- 1st generation Appalachians, meaning they were born in one of the Appalachian-designated counties in the U.S. (see map), or
- 2nd generation Appalachians, meaning they had at least one parent who was born in one of the Appalachian-designated counties in the U.S.



The *Survey* was conducted in 1996, 1999, and 2002, but only tracked 1st generation Appalachians. Therefore, this report shows the trends between 2005 and 2010. Also, please note that Appalachian Regional Development Act Amendments of 2008 added 10 counties to the Appalachian region, including three in Northeastern Ohio. People who were born in these additional counties were designated as Appalachian in the 2010 *Survey,* but would not have been in the 2005 *Survey.*

For more information about the 2010 *Greater Cincinnati Community Health Status Survey,* including additional reports from the survey and a link to the full dataset, please visit our web site at http://www.healthfoundation.org/gcchss.html.

Limitations in Interpreting the Data in this Report

Throughout this chart book, we report and compare responses of first and second generation Appalachians and of non-Appalachians. Many health-related issues, however, are strongly influenced by demographics such as age, income, or area in which a person lives. For example, most cancers affect older people. General health also typically decreases with age. People in low-income families may not have proper nutrition or regular dental care, and these can lead to other health problems. According to the American Heart Association and the American Lung Association, exposure to air pollution can contribute to heart disease, stroke, asthma, and lung cancer.

The results of the *Greater Cincinnati Community Health Status Survey* have not been adjusted to control for these influences. This should be kept in mind while reviewing and analyzing the results presented in this report.

About the Appalachians in this *Survey*

When compared to the white non-Appalachian adults, the white Appalachian adults who responded to this *Survey* were more likely to be older; disabled or retired; living in households with incomes below 200% of the federal poverty guidelines (FPG); and living in Adams, Brown, Clermont, and Highland Counties, all of which are designated Appalachian counties. Appalachian adults were less likely to have graduated from high school or college than non-Appalachian adults.

For more about the demographics of the Appalachian and non-Appalachian adults, please see the Appendix on page 35.

Key Findings

The list below highlights some key findings on the health of white Appalachians compared to white non-Appalachians. Details about these findings can be found in this report on the pages indicated below.

- **Health status** *(page 7)*: Appalachian adults were less likely than non-Appalachian adults to report being in "excellent" or "very good" health. Between 2005 and 2010, the percentage of non-Appalachian adults who reported being in "excellent" or "very good" health remained the same, while the percentage of Appalachian adults who reported being in "excellent" or "very good" decreased.
- **Eyesight** *(page 9)*: Appalachian adults were less likely than non-Appalachian adults to report their eyesight was "very good."
- **Health of mouth and teeth** (*page 10*): In 2005, Appalachians and non-Appalachians reported similar percentages of having their mouth and teeth in "very good" condition mouth and teeth. Between 2005 and 2010, the percentage for non-Appalachians stayed consistent, while the percentage for Appalachians decreased.
- **Chronic cardiovascular conditions** (*page 11*): Appalachians were more likely than non-Appalachians to report they had high blood pressure and high cholesterol. These percentages stayed consistent for both groups between 2005 and 2010.
- **Obesity** (*page 15*): Appalachians were more likely to be obese than non-Appalachians. The percentage of adults who were obese increased for both groups between 2005 and 2010.
- **Physical activity** (*page 19*): In 2005, Appalachians and non-Appalachians reported similar percentages of meeting recommendations for physical activity.

Between 2005 and 2010, the percentage for non-Appalachians stayed consistent, while the percentage for Appalachians decreased.

- **Appropriate usual source of primary care** (*page 26*): In 2005, Appalachians and non-Appalachians were equally likely to report having an appropriate usual source of primary care, such as a private doctor's office, community health center, or hospital outpatient clinic. Between 2005 and 2010, the percentage of Appalachians with an appropriate usual source of primary care increased, while the percentage for non-Appalachians stayed consistent.
- **Going without needed doctor's care** (*page 29*): In 2005, Appalachians and non-Appalachians were equally likely to report that someone in their household had gone without needed doctor's care because the household needed the money to pay for food, clothing, or housing. The percentages for both groups nearly tripled between 2005 and 2010.

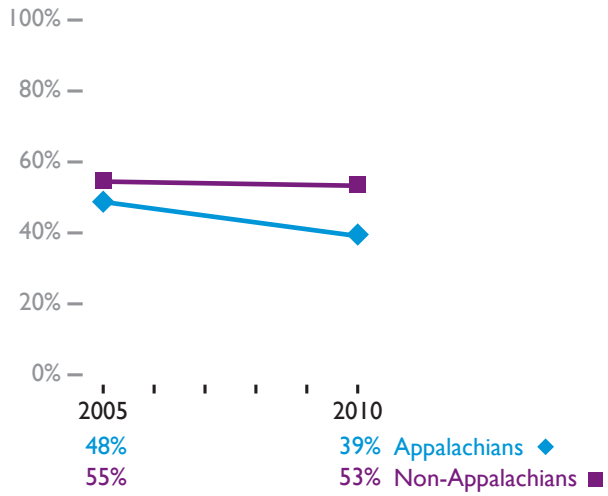
General Health

Overall health affects people's lives in many ways. If they feel healthy, they can work, exercise, enjoy hobbies, and do other activities. Poor health can interfere with daily life and make it more difficult to do what people normally do.

Health Status

Just under half of white Appalachian adults (48%) reported being in "excellent" or "very good" health in 2005, compared to just over half of white non-Appalachian adults (55%). However, while the percentage for non-Appalachian adults stayed the same between 2005 and 2010, the percentage of Appalachian adults who reported being in "excellent" or "very good" health decreased.

White adults reporting that, in general, their health is "excellent" or "very good"

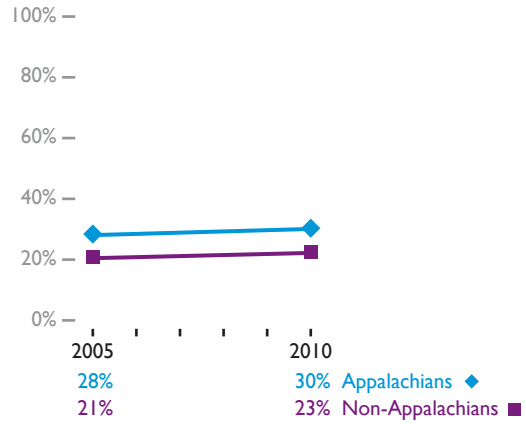


Unhealthy Days

Just over 4 in 10 Appalachian and non-Appalachian adults reported that they had no days in the last month where their physical or mental health was not good *(not shown)*. These percentages remained consistent between 2005 and 2010 for both groups.

In 2010, 3 in 10 Appalachian adults (30%) and just over 2 in 10 non-Appalachian adults (23%) reported that their physical or mental health was not good for 14 or more days in the last 30 days, or more than half of the previous month. These percentages also remained consistent between 2005 and 2010 for both groups.

White adults who reported that their physical or mental health was not good for 14 or more days in the past 30 days

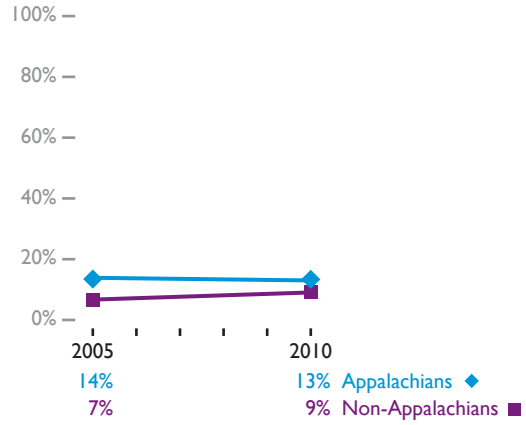


Days when Health Limited Activity

About 3 in 4 Appalachian and non-Appalachian adults reported that their physical or mental health did not interfere with their usual activities in the past 30 days *(not shown)*. These percentages remained consistent between 2005 and 2010 for both groups.

About 1 in 10 Appalachian (13%) and non-Appalachian adults (9%) reported that their physical or mental health limited their usual activities for 14 or more days in the last 30 days, or more than half of the previous month. These percentages also remained consistent between 2005 and 2010 for both groups.

White adults who reported that their health limited their usual activities for 14 or more days in the past 30 days



Health of the Eyes and Teeth

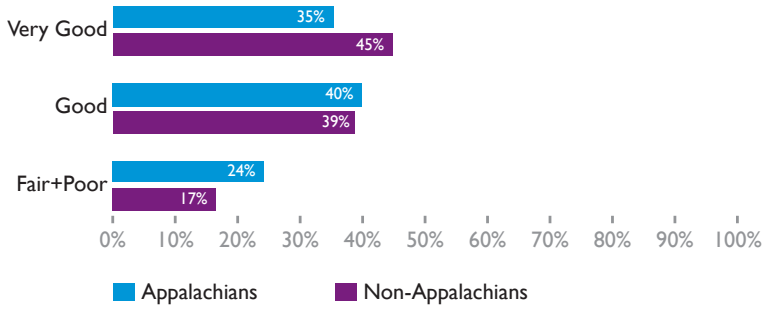
Regular care of eyes and teeth is important for overall health. This includes getting regular check-ups, eating a proper diet, and daily care.

Eye Health

About 1 in 3 white Appalachian adults (35%) reported that their eyesight was very good, lower than for white non-Appalachian adults (45%). About 1 in 4 Appalachian adults (24%) reported fair or poor eyesight, compared to 1 in 6 non-Appalachian adults (17%).

Getting a regular, comprehensive eye exam is important for keeping the eyes healthy. This exam can help find diseases and problems before vision loss occurs. It is recommended that adults have a comprehensive eye exam every 2 years.

At the present time, would you say your eyesight, with glasses or contacts if you wear them, is...very good, good, fair, or poor? *(Graph shows percentage of white adults; 2010 data only)*



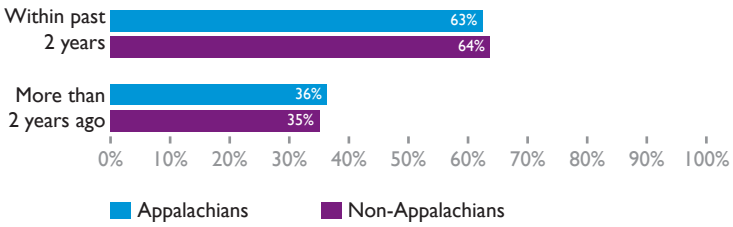
Percentages may not add to 100% due to rounding.

About 2 in 3 Appalachian adults (63%) and non-Appalachian adults (64%) reported that they had had an eye exam in which their pupils were dilated within the past two years.

Oral Health

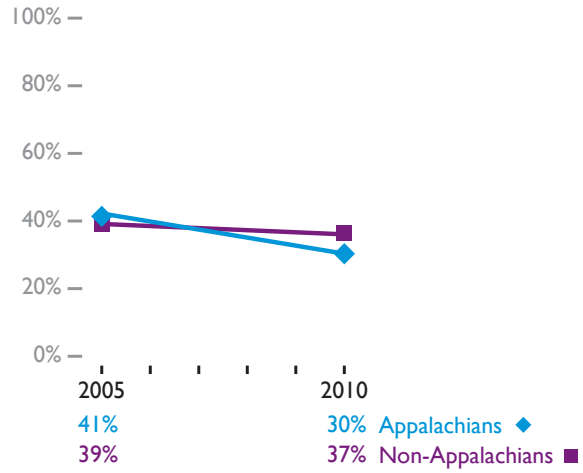
In 2010, 3 in 10 Appalachian adults (30%) and almost 4 in 10 non-Appalachian adults (37%) reported that their mouth and teeth were in very good condition. This percentage stayed consistent for the non-Appalachian adults but decreased among Appalachian adults between 2005 and 2010.

When was the last time you had an eye exam in which the pupils were dilated? *(Graph shows percentage of white adults; 2010 data only)*

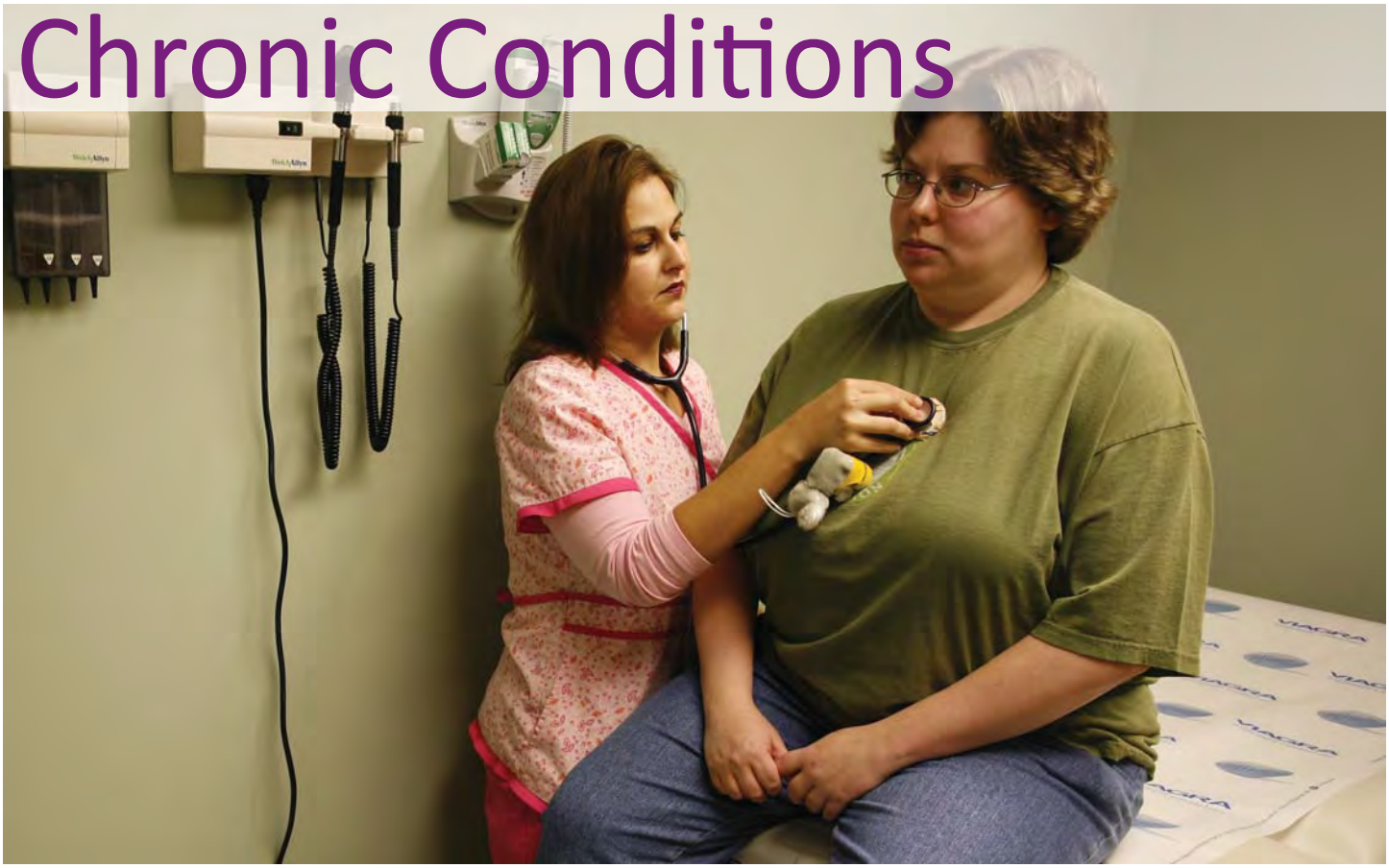


Percentages may not add to 100% because the percentage of adults who responded "don't know" are not included.

White adults reporting that the condition of their mouth and teeth, including false teeth or dentures, is "very good"



Chronic Conditions



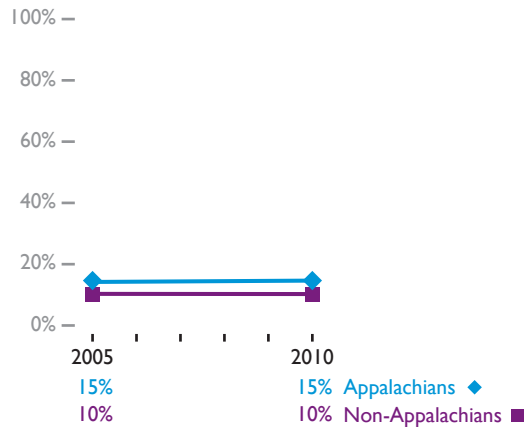
Some health problems are temporary, like a cold or sore throat. Some are longer lasting and require constant monitoring and treatment, like asthma, diabetes, or high blood pressure. These "chronic conditions" can last a lifetime.

Chronic Cardiovascular Conditions

Heart trouble, high blood pressure, high cholesterol, and stroke are conditions related to the cardiovascular system.

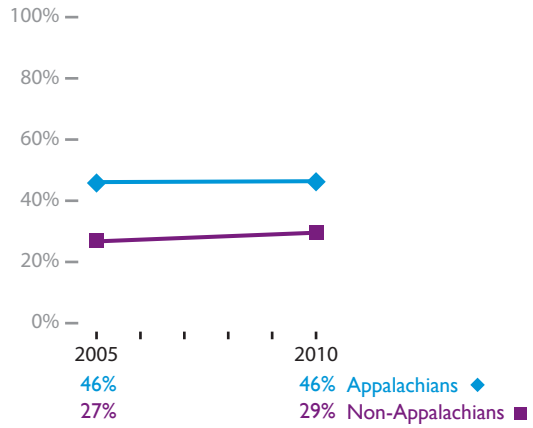
White Appalachian adults reported similar percentages of having heart trouble or angina and of having a stroke as white non-Appalachian adults. However, Appalachian adults reported higher percentages of having high blood pressure or hypertension and of high

Has a doctor or other health professional ever told you that you had heart trouble or angina? *(Graph presents only the percentage of white adults that responded "yes.")*

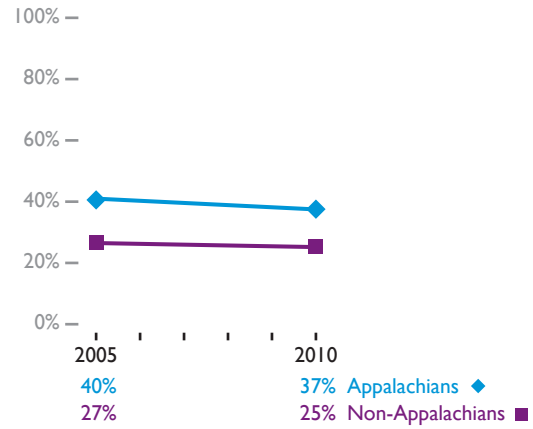


cholesterol and triglycerides than non-Appalachian sadults. These percentages remained consistent between 2005 and 2010 for both groups.

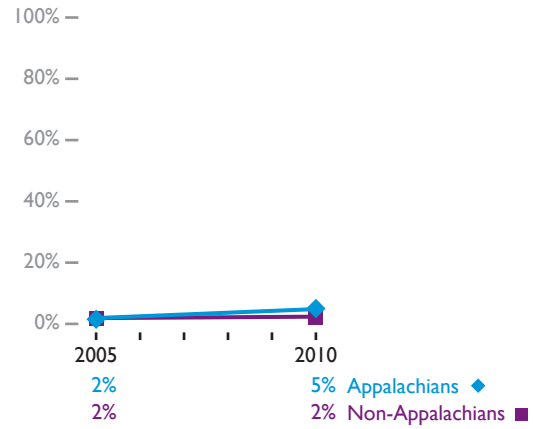
Has a doctor or other health professional ever told you that you had <u>high blood pressure or hypertension</u>? *(Graph presents only the percentage of white adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had <u>high cholesterol or triglycerides</u>? *(Graph presents only the percentage of white adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had <u>had a stroke</u>? *(Graph presents only the percentage of white adults that responded "yes.")*

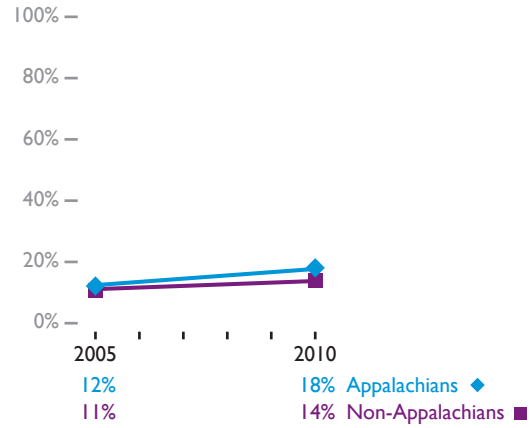


Chronic Respiratory Conditions

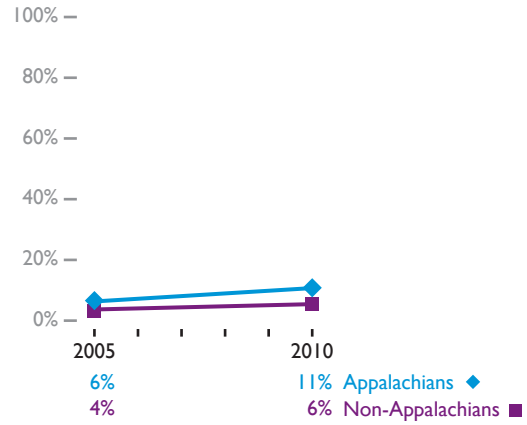
Chronic respiratory conditions, such as asthma and chronic lung disease, can be aggravated by environmental and personal factors. Air quality, allergens, and cigarette smoke, for example, can make it difficult for people with chronic respiratory conditions to manage these conditions.

Appalachian and non-Appalachian adults reported similar percentages of having asthma and chronic lung disease, two chronic conditions affecting the respiratory system.

Has a doctor or other health professional ever told you that you had asthma? *(Graph presents only the percentage of white adults that responded "yes.")*



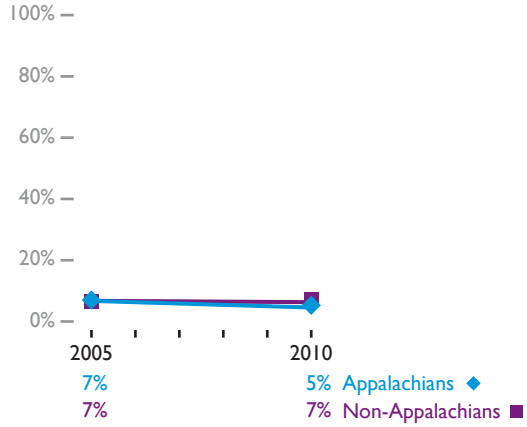
Has a doctor or other health professional ever told you that you had chronic lung disease? *(Graph presents only the percentage of white adults that responded "yes.")*



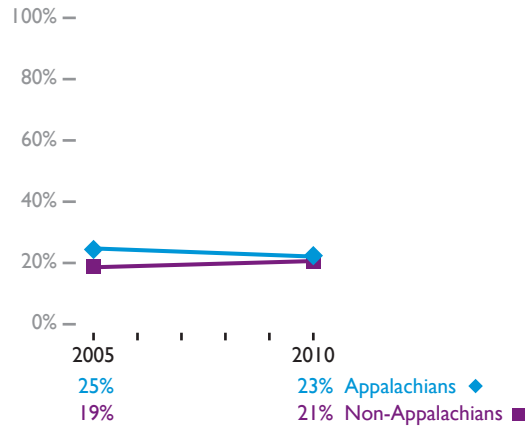
Other Chronic Conditions

Appalachian adults reported similar percentages of having other chronic conditions such as cancer, depression, and severe allergies as non-Appalachian adults. Percentages of diabetes were twice as high among Appalachian adults as among non-Appalachian adults.

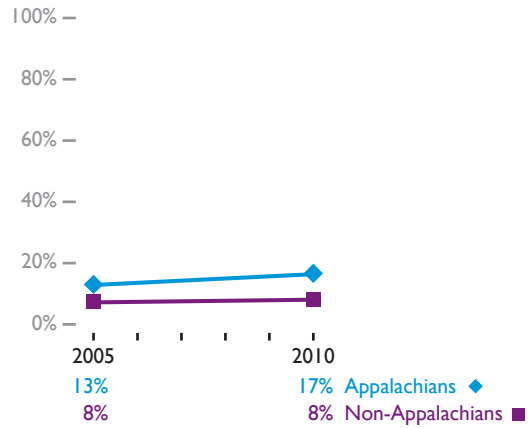
Has a doctor or other health professional ever told you that you had cancer? *(Graph presents only the percentage of white adults that responded "yes.")*



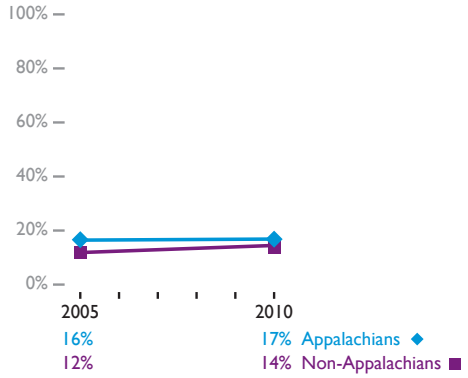
Has a doctor or other health professional ever told you that you had <u>depression</u>? *(Graph presents only the percentage of white adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had <u>diabetes</u>? *(Graph presents only the percentage of white adults that responded "yes.")*



Has a doctor or other health professional ever told you that you had <u>severe allergies</u>? *(Graph presents only the percentage of white adults that responded "yes.")*



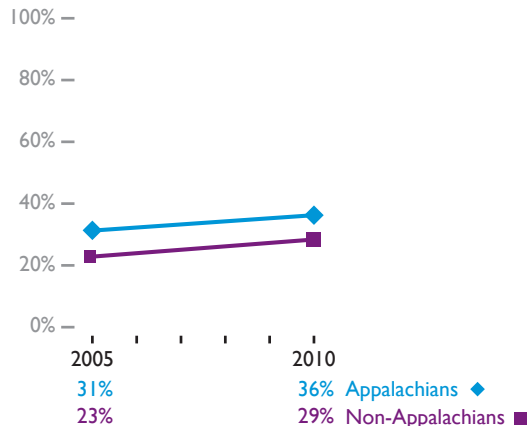
Obesity

Obesity is a chronic condition which causes many health problems. Being obese increases the risk of heart disease, certain cancers, diabetes, and other problems. People can reduce these risks through diet and exercise.

Obesity is measured using the Body Mass Index (BMI).[1] According to the BMI, a person who is 5'4" would be considered overweight at 150 pounds and obese at 180 pounds. A person who is 6'0" would be considered overweight at 190 pounds and obese at 220 pounds.

Based on BMI, over 1 in 3 white Appalachian adults (36%) and almost

White adults who are obese *(BMI ≥ 30.0)*

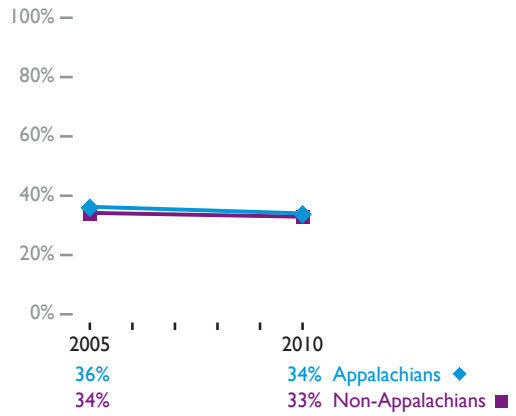


[1] *BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. Overweight is defined as a BMI of 25–29.9. Obesity is defined as a BMI of over 30.0. The GCCHSS asked for height and weight during the survey, and BMI was calculated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

3 in 10 white non-Appalachian adults (29%) are obese. These percentages increased for both groups between 2005 and 2010.

Another 1 in 3 Appalachian adults (34%) and non-Appalachian adults (33%) are overweight but not obese. These percentages stayed consistent for both groups between 2005 and 2010.

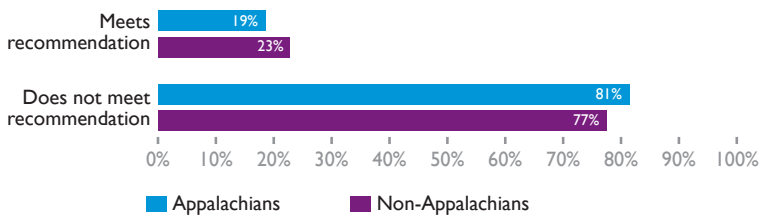
White adults who are overweight *(BMI = 25.0–29.9)*



Diet

According to the Centers for Disease Control and Prevention (CDC), unhealthy eating contributes to obesity and several chronic diseases. A healthy diet consists of balanced amounts of protein, carbohydrates, and fats, with plenty of fruits and vegetables and limited amounts of fat and salt.

White adults meeting the recommendation of eating at least 2 servings of fruits and 3 servings of vegetables per day *(2010 data only)*



Fruit and Vegetable Consumption

The *Dietary Guidelines for Americans, 2010,* 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. This would be at least 2 servings of fruit AND 3 servings of vegetables per day.[2]

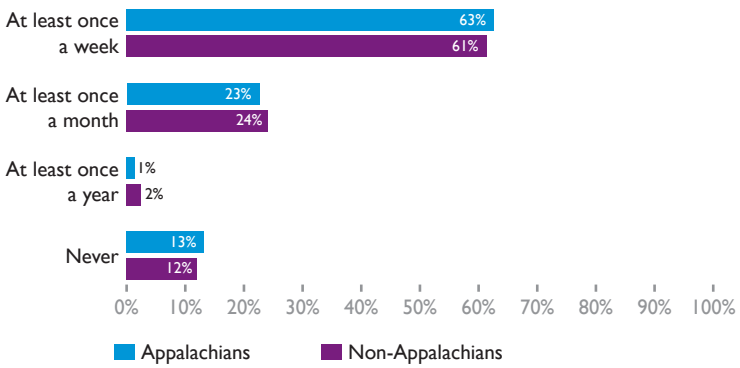
[2] *For more information on the Dietary Guidelines, please visit: http://www.health.gov/dietaryguidelines*

Only 1 in 5 white Appalachian adults (19%) and 1 in 4 white non-Appalachian adults (23%) met the recommendation for fruits and vegetables. The majority of white adults in both groups met neither recommendation. Due to changes in dietary recommendations, we can not compare the data from the 2010 *Greater Cincinnati Community Health Status Survey* to data collected in previous years of the *Survey*.

Fast Food Consumption

Part of a healthy diet is limiting salt intake. Too much salt can lead to high blood pressure, heart problems, or strokes. According to the CDC, the majority of sodium that we consume is in processed and restaurant foods.[3] Over 6 in 10 Appalachian adults (63%) and non-Appalachian adults (61%) reported that they eat fast food at least once a week.

How often do you eat fast food? *(Graph shows percentage of white adults; 2010 data only)*



Percentages may not add to 100% due to rounding.

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

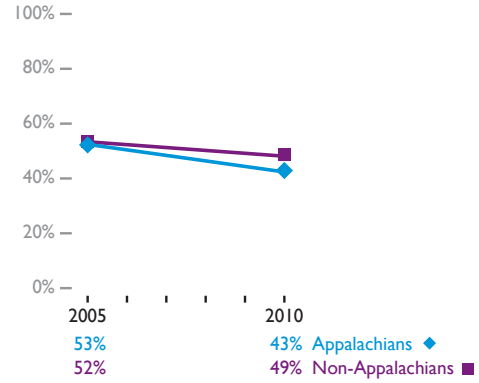
Exercise

According to the CDC, physical activity reduces the risk of many chronic conditions, including type 2 diabetes and its complications, obesity, heart disease, colon cancer, and stroke.[4]

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.[5]

In 2010, less than half of white Appalachian and white non-

White adults who met recommendations for moderate and/or vigorous activity



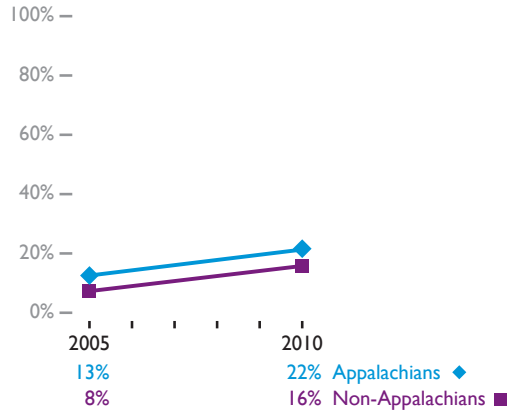
[4] *Centers for Disease Control and Prevention. Obesity, Diabetes Estimates by County, 2007. Available at www.cdc.gov/Features/dsObesityDiabetes/.*

[5] *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.*

Appalachian adults reported meeting the recommendations for exercise. This percentage decreased for both groups between 2005 and 2010, but the decrease was greater among Appalachian adults.

In 2010, about 1 in 5 Appalachian adults (22%) and 1 in 6 non-Appalachian adults (16%) reported that they participated in no moderate or vigorous activity. These percentages nearly doubled for both groups between 2005 and 2010. This does not mean the adults were not active at all. It just means the activity they participated in did not meet the definitions of moderate or vigorous activity.

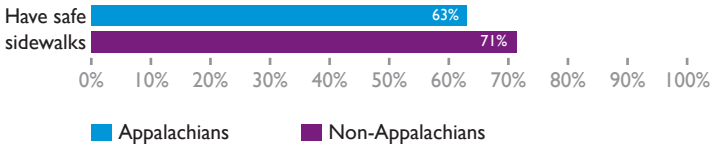
White adults who reported no moderate or vigorous activity



Safe Sidewalks

Walking, jogging, and biking are good forms of exercise, but they are only effective if people have a safe place to enjoy these activities. Just over 6 in 10 Appalachian adults (63%) agreed that sidewalks or shoulders on streets in their community allowed for safe walking, jogging, or biking, compared to 7 in 10 non-Appalachian adults (71%).

There are sidewalks or shoulders on streets in my community that allow for saft walking, jogging, or biking...do you agree or disagree?
(Graph presents only the percentage of white adults that agreed; 2010 data only)

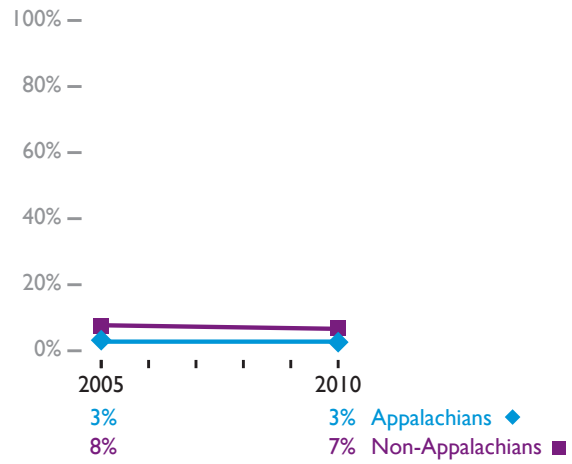


Alcohol Use

Drinking in moderation—or having no more than one alcoholic drink a day for women and no more than two alcoholic drinks a day for men—poses no or low risks for most adults.[6]

Having more than that increases the risk of health problems such as liver and kidney disease, some cancers, memory and cognitive problems, and many others. It can also impair decision-making, which can lead to motor vehicle accidents, other accidents and injuries, aggressive behavior, and being the victim of such behavior.[7]

White adults who reported heavy drinking in the last 30 days, or more than an average of one drink per day for a woman and two drinks per day for a man



[6] *For more on low-risk drinking, visit www.lowriskdrinking.com or the NIAAA's site at http://rethinkingdrinking.niaaa.nih.gov.*

[7] *For more information about the health effects and risks of drinking, please see www.cdc.gov/alcohol/faqs.htm#healthProb or http://rethinkingdrinking.niaaa.nih.gov/WhatsTheHarm/WhatAreTheRisks.asp*

One standard alcoholic drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits or liquor.[8] Many cocktails and mixed drinks therefore contain more than one standard drink of alcohol.

Heavy Drinking

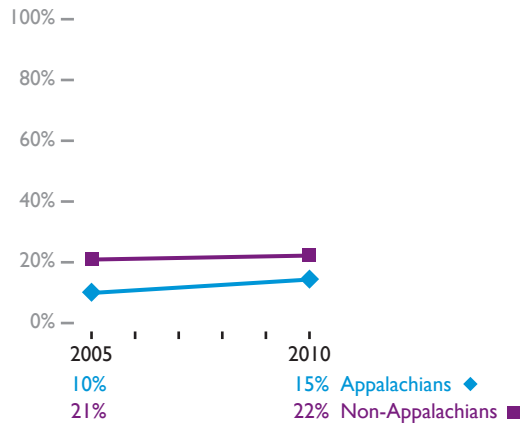
Heavy drinking is defined as having more than an average of one drink per day for a woman and two drinks per day for a man.[9] About 3% of white Appalachian adults and 7% of white non-Appalachian adults drank heavily in the past 30 days. These percentages stayed the same for both groups between 2005 and 2010.

Binge Drinking

Binge drinking is defined as having four or more drinks on one occasion for women and five or more drinks on one occasion for men. People who binge drink are not necessarily heavy drinkers. About 1 in 6 Appalachian adults (15%) and 1 in 5 non-Appalachian adults (22%) reported that they binge drank in the last 30 days.

Although this percentage slightly increased for Appalachians since 2005, the definition of binge drinking changed during that time. Prior to 2006, binge drinking was defined as having 5 or more drinks on one occasion for both men and women. In 2006, the standard was revised to include separate drinking amounts for men and women.

White adults who reported binge drinking 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.*

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

[9] *For more information about heavy drinking, see www.cdc.gov/alcohol/faqs.htm#heavyDrinking*

Tobacco & Other Drug Use

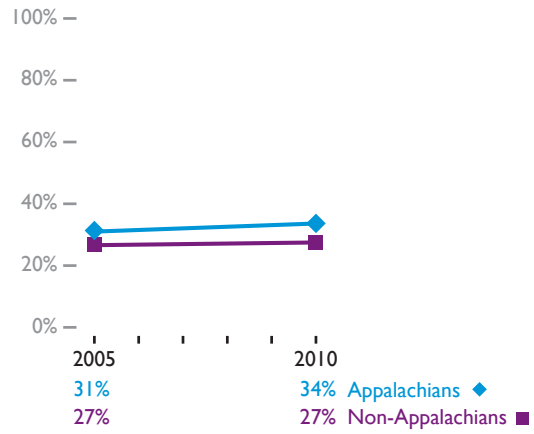
Tobacco, prescription drugs, and over-the-counter medications are legal drugs, but that doesn't mean they are harmless. Smoking and misuse of prescription and over-counter-drugs can cause many health problems.

Smoking Rates

Studies have shown that any smoking is harmful to your health.[10] It can cause lung disease, cancer, and other health problems.

About 1 in 3 white Appalachian adults (34%) and 1 in 4 white non-Appalachian adults (27%) are current smokers. These percentages have been relatively consistent for both groups since 2005.

White adults who are current smokers



[10] *For more information, see: http://articles.latimes.com/2010/aug/20/news/la-heb-smoking-20100820*

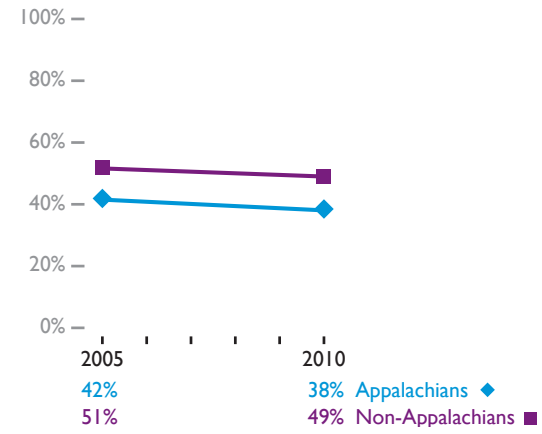
About half of non-Appalachian adults (49%) have never smoked. This is higher than the percentage of Appalachian adults (38%) who have never smoked.

Misuse of Prescription, Over-the-Counter Drugs

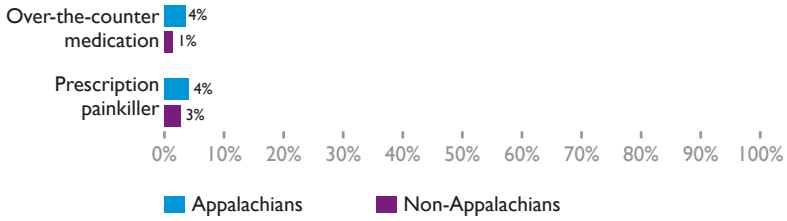
While prescription and over-the-counter drugs are safe when used as directed, misuse of any medication—whether the medication is taken incorrectly or by someone other than the prescribed patient—can have serious adverse health effects. According to the Drug Abuse Warning Network, emergency room visits related to nonmedical use of prescription and over-the-counter medicines increased 60% between 2004 and 2007.[11]

About 4% of Appalachian adults and 1% of non-Appalachian adults reported that they had used an over-the-counter drug like cold medicine, sleeping pills, or stay-awake pills when they didn't need it, but just to feel good. About 4% of Appalachians and 3% of non-Appalachians reported that they had used a prescription painkiller like Vicodin®, OxyContin®, or Percocet® when they didn't need it, but just to feel good.

White adults who have never smoked

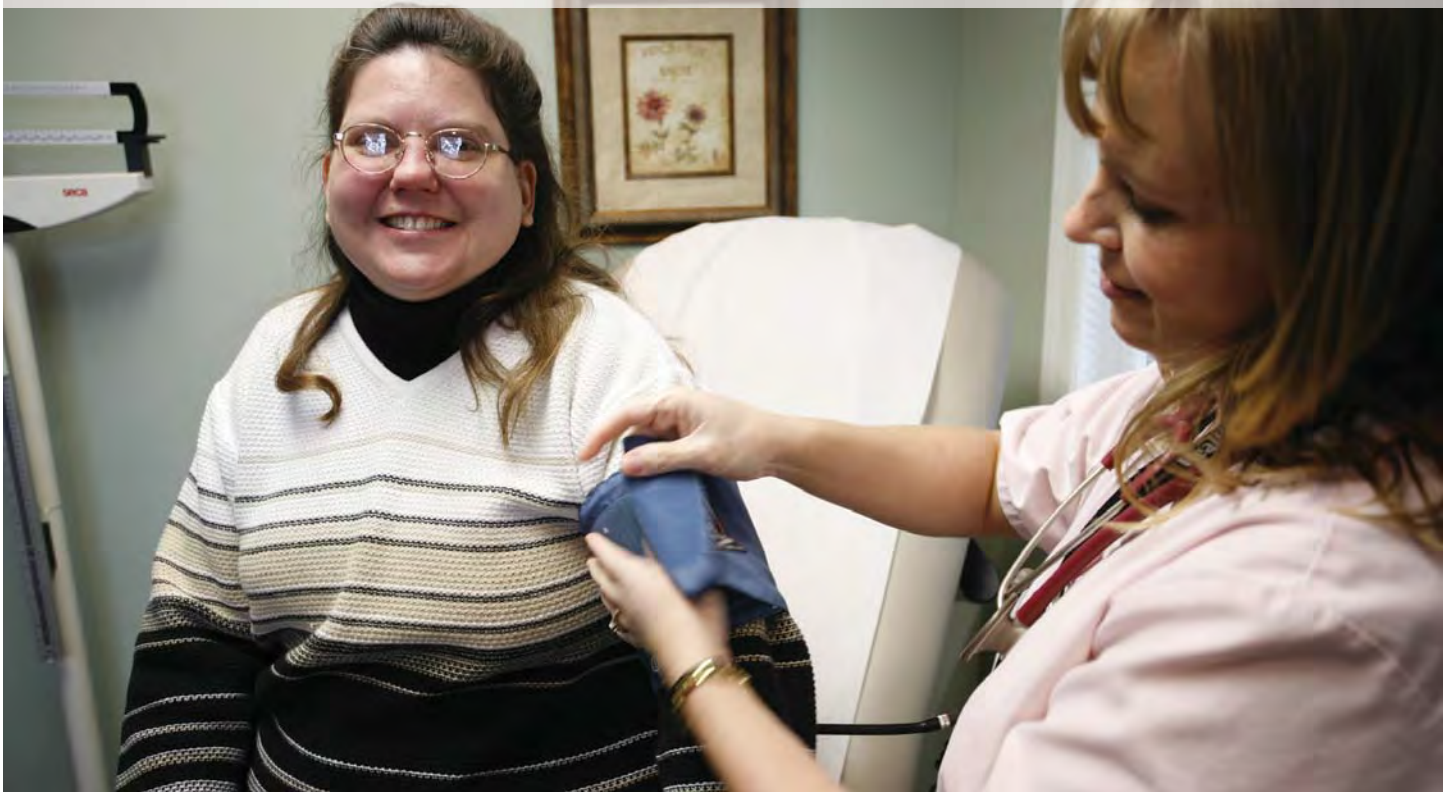


Have you ever used an over-the-counter drug or prescription painkiller when you didn't need it, but just to feel good? *(Graph presents only the percentage of white adults that responded "yes;" 2010 data only)*



[11] *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.*

Usual Source of Healthcare

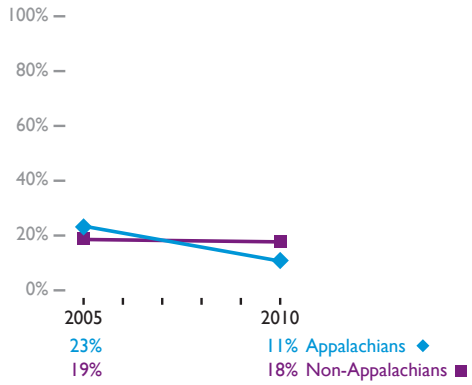


When they are sick or need medical advice, most people have a usual source of care: a doctor's office, health center, clinic, or other place they usually go. People who do not have a usual place to go for care are less likely to seek appropriate and timely healthcare when they need it.

In 2010, about 1 in 10 white Appalachian adults (11%) reported they did not have a usual place to go for care, compared to almost 2 in 10 white non-Appalachian adults (18%). This means that when they are sick or need medical advice, they either do not go anywhere, or they go to a different place each time.

The percentage for Appalachians decreased between 2005 and 2010, meaning more people found a usual source of care, while the percentage for non-Appalachians stayed the same.

White adults who have no usual source of primary health care where they go if they are sick or need medical advice

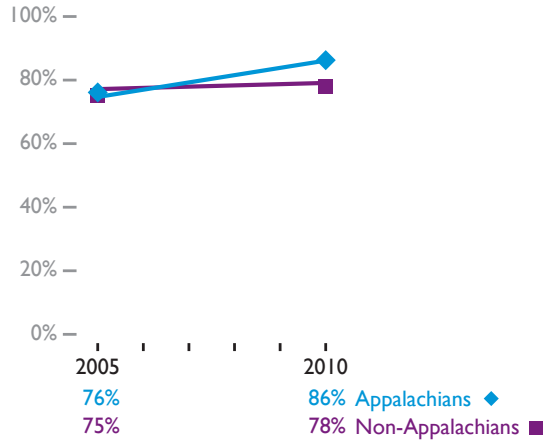


Appropriate Sources of Primary Care

The type of facility a person uses as his or her usual source of care is important. An appropriate source of care is more than just a regular place to go. It is a place where the patient and his or her health history are known. The staff provide regular and preventive care and help catch minor problems before they become serious.

The majority of Appalachian (86%) and non-Appalachian (78%) adults have an appropriate source or primary care. This percentage increased between 2005 and 2010 for Appalachians, but stayed the same for non-Appalachians.

White adults who usually go to a private doctor's office, public health clinic, community health center, hospital outpatient department, or other appropriate source of primary health care if they are sick or need medical advice

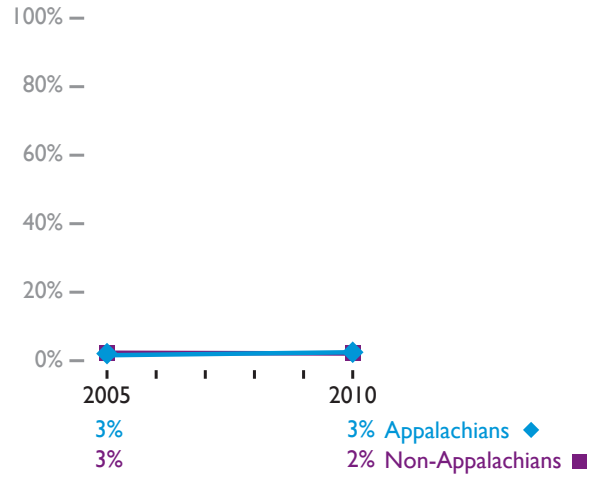


Inappropriate Sources of Primary Care

An urgent care center or hospital emergency department is not an appropriate usual source of care. Primary care delivered here is much more costly than care through a doctor's office, health center, clinic, 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 Appalachian and 2% of non-Appalachian adults reported that they used an inappropriate source of primary care as the usual place they go when they are sick or need advice about their health. These percentages stayed consistent between 2005 and 2010.

White adults who usually go to a hospital emergency room, urgent care center, or other inappropriate source of primary health care if they are sick or need medical advice



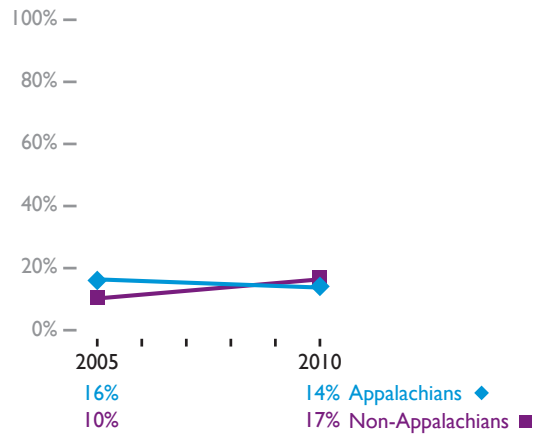
Paying for & Getting to Care

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

About 1 in 7 white Appalachian adults (14%) and 1 in 6 white non-Appalachian adults (17%) were currently uninsured. This percentage stayed consistent for Appalachian adults between 2005 and 2010, but increased for non-Appalachian adults.

While having current insurance is a factor for getting healthcare, having stable insurance is also important. About 1 in 20 insured Appalachian adults (5%) and insured non-Appalachian adults (5%) were without insurance

White adults who are currently uninsured



at some point in the past year. This percentage stayed consistent between 2005 and 2010 for non-Appalachian adults, but decreased for Appalachian adults.

Reliable Transportation

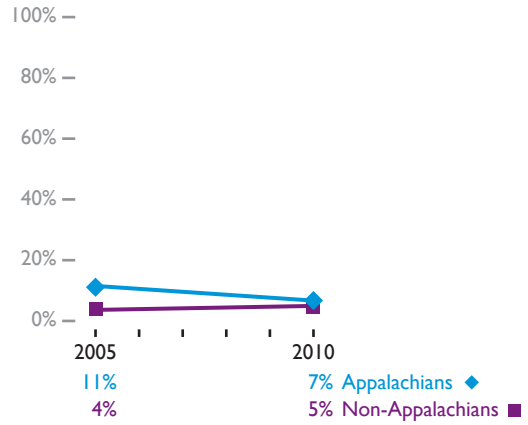
Even if people have insurance and a source of care, they can't get healthcare services unless they have reliable transportation, such as a personal car, shuttle service, taxi, or public transportation. Nearly all Appalachian and non-Appalachian adults said they had reliable transportation to get to the doctor or pharmacy.

Routine Checkups

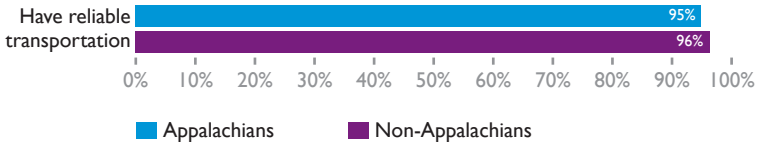
People who don't have insurance, a usual source of care, or reliable transportation are less likely to get a routine checkup. Depending on age, adults should have a routine checkup once every 1–2 years. These checkups help identify minor problems and start treatment before they get more serious.

Almost 9 in 10 Appalachian (88%) and non-Appalachian (86%) adults have had a routine checkup in the last 2 years. This percentage for both groups stayed consistent between 2005 and 2010.

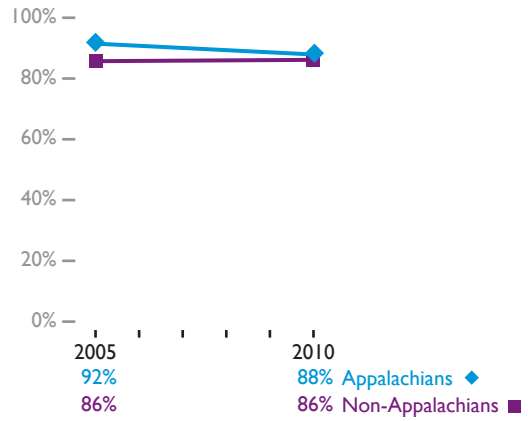
White adults who are currently insured but who were uninsured at some point in the last 12 months



Do you have some form of reliable transportation if you or a loved one need to go to the doctor or pharmacy? *(Graph presents only the percentage of white adults that responded "yes," 2010 data only)*



White adults who have personally visited a healthcare professional for a routine checkup in the past 2 years



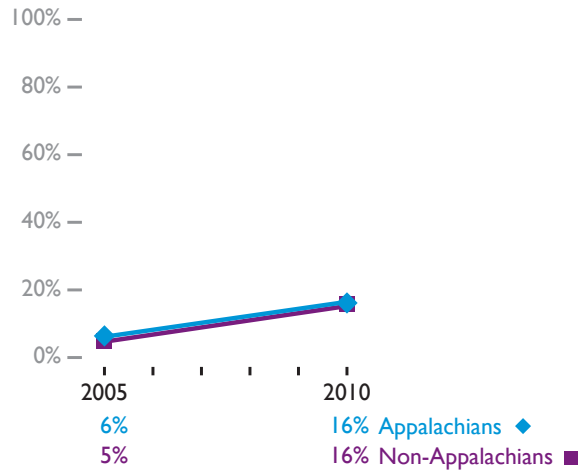
Going without Care

Even with insurance, healthcare can be expensive. People with insurance pay premiums each month. Then, they pay a part of their care or prescription costs. If people don't have insurance, they pay all of their costs. Sometimes, families need to make tough decisions about getting healthcare services or using that money to buy food or clothing or to pay for housing.

Going without a Doctor's Care

In 2010, 1 in 6 white Appalachian adults (16%) and white non-Appalachian adults (16%) said someone in their household went without a doctor's care because the family needed the money to buy food or clothing or pay for housing. These percentages have nearly tripled for both groups since 2005.

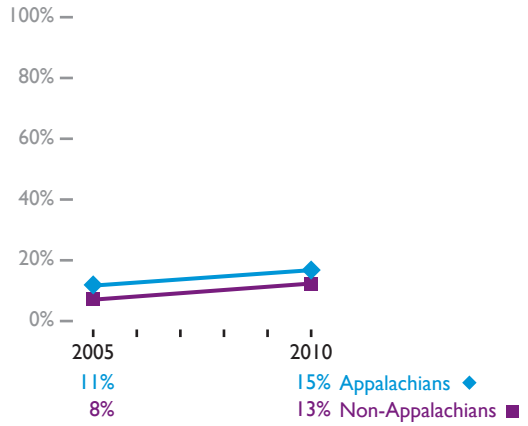
During the last year, did any household member not receive a doctor's care because the household needed money to buy food or clothing or pay for housing? *(Graph presents only the percentage of white adults that responded "yes.")*



Going without Prescription Medication

In 2010, 1 in 7 Appalachian (15%) and 1 in 8 non-Appalachian (13%) adults said someone in their household went without a doctor's care because the family needed the money to buy food or clothing or pay for housing. These percentages slightly increased for both groups between 2005 and 2010.

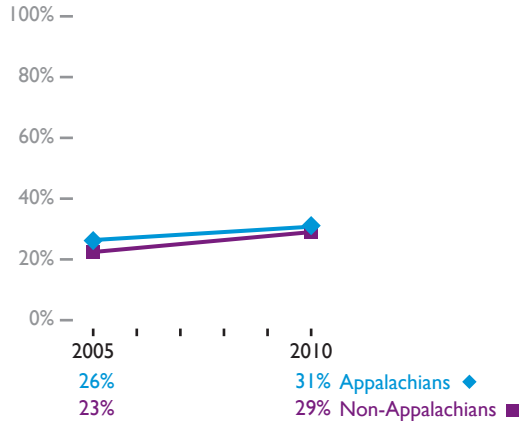
During the last year, did any household member not receive a prescription medication because the household needed money to buy food or clothing or pay for housing? *(Graph presents only the percentage of white adults that responded "yes.")*



Going without Dental Care

Dental care is not covered under most health insurance plans. People can buy dental insurance separately, but have to pay premiums and copays. About 3 in 10 Appalachian (31%) and non-Appalachian (29%) adults went without or delayed getting dental care they thought they needed. Although the *Survey* did not ask for the reason for not getting or delaying care, cost played a part in at least some people's decision. These percentages are up slightly for both groups since 2005.

In the past 12 months, was there a time when you thought that you needed dental care but did not get it, or delayed getting it? *(Graph presents only the percentage of white adults that responded "yes.")*

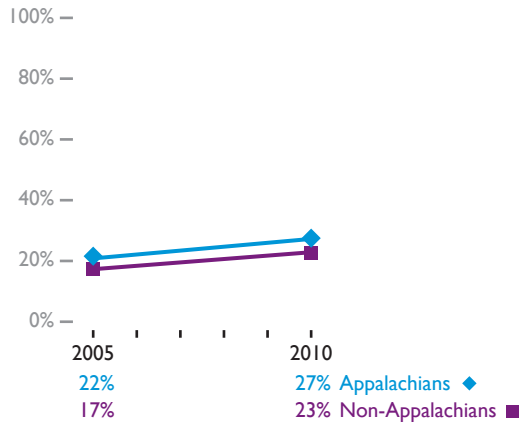


Problems Paying Medical Bills

Premiums, copays, and other healthcare costs can add up for people who are insured, especially if there is an unexpected illness or injury. For the uninsured, even basic primary care can be expensive.

About 1 in 4 Appalachian (27%) and non-Appalachian (23%) adults reported that there were times in the last 12 months when they had problems paying or were unable to pay medical bills. These percentages are up slightly for both groups since 2005.

During the last 12 months, were there times when you had problems paying or were unable to pay for medical bills? *(Graph presents only the percentage of white adults that responded "yes.")*

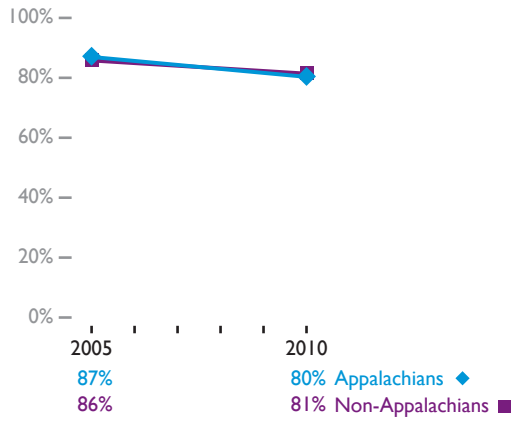


Community Support

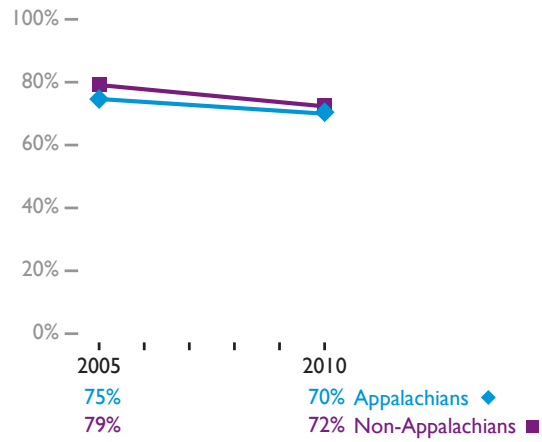
How people feel about their community—if they can depend on others, if they feel safe, if community members help each other—can be a protective factor for their health status. People who feel more positively about their community receive health-related information faster, are more likely to adopt health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

In general, the majority of white Appalachian and non-Appalachian adults feel positively about their communities. They agree that the community makes them feel secure, that people can get help from each other if they are in trouble, and that they can depend on each other. In 2010, though, Appalachian and non-Appalachian adults felt slightly less positively about their communities on all three measures than they did in 2005.

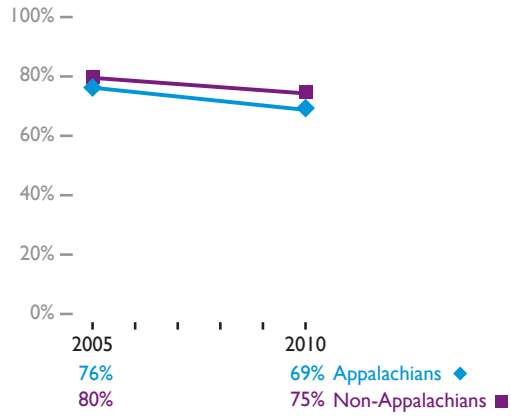
White adults who agree that "living in my community gives me a secure feeling"



White adults who agree that "people can depend on each other in my community"



White adults who agree that "people in the community know they can get help from the community if they are in trouble"



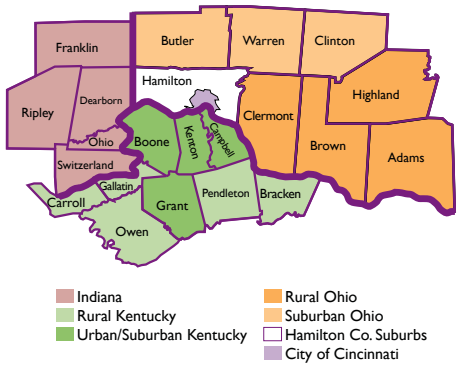
About the Survey

The data for this report come from the 2010 *Greater Cincinnati Community Health Status Survey.* Conducted since 1996, the *Survey* gives an in-depth look at the self-reported health of tri-state residents. The *Survey* lets us see how our region stacks up to the rest of the country. We can also see how our region's health changes over time. The results give organizations and agencies, policy makers, and residents the local data they need as they work to improve the overall health of the Greater Cincinnati area. To see survey results for the whole region, please visit our website at www.healthfoundation.org/gcchss.html.

The Health Foundation of Greater Cincinnati sponsors, analyzes, and shares the *Survey.* The Institute for Policy Research at the University of Cincinnati collects the data. For the complete survey dataset, visit www.oasisdataarchive.org.

How We Collect the Data

The *Survey* is a telephone survey of randomly selected adults. The Institute for Policy Research called 2,246 adults residing in a 22-county area (see map) between August 14 and September 27, 2010. This included 2,042 landline interviews and 204 cell phone interviews with people who did not have a landline telephone.



For the region-wide results, the sampling error is ±2.1%. This means that the actual percentages may in reality be 2.1% higher or 2.1% lower than what we report. For the results for just the white Appalachians in our region, the sampling error is ±4.4%.

About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over $120 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- Community Primary Care
- School-Aged Children's Healthcare
- Substance Use Disorders
- Severe Mental Illness

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission. We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.

Thanks to Our Community Partners

The Health Foundation gives special thanks to Bob Ludke, Ph.D., and Ann McCracken, Ph.D., members of the Urban Appalachian Council's Research Committee, for their valuable feedback and contributions to the report.

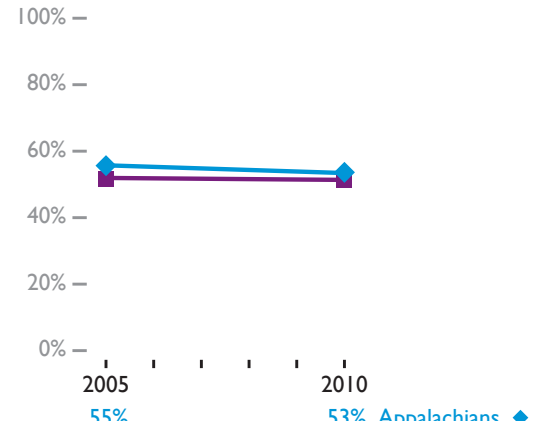
The Health Foundation would also like to thank the following organizations for their input on the *Greater Cincinnati Community Health Status Survey*:

- Academy of Medicine
- ASAP Center
- Butler County Alcohol and Drug Addiction Services Board
- Butler County Mental Health Board
- Butler County United Way
- Center for Closing the Health Gap
- Child Policy Research Center
- City of Cincinnati Health Department
- Council on Aging
- Employers Health Coalition of Ohio
- Foundation for a Healthy Kentucky
- Health Improvement Collaborative
- Health Policy Institute of Ohio (HPIO)
- Northern Kentucky Health Department
- TriHealth
- United Way of Greater Cincinnati
- University of Cincinnati Department of Public Health Science
- University of Cincinnati Institute for Policy Research
- University of Cincinnati Planning Department
- Urban Appalachian Council
- Vision 2015
- Xavier University

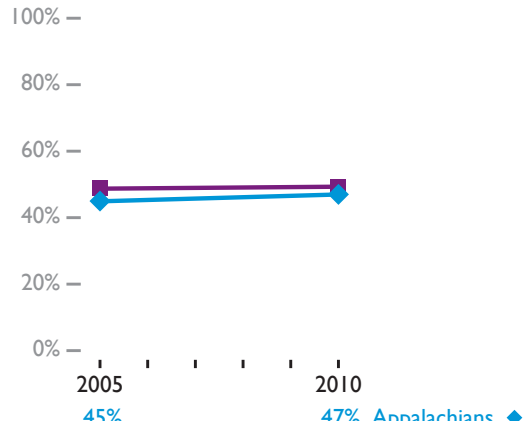
Appendix: Demographics

Sex

White female adults

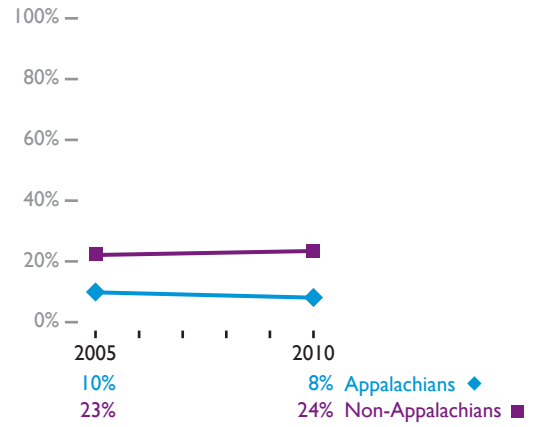


White male adults

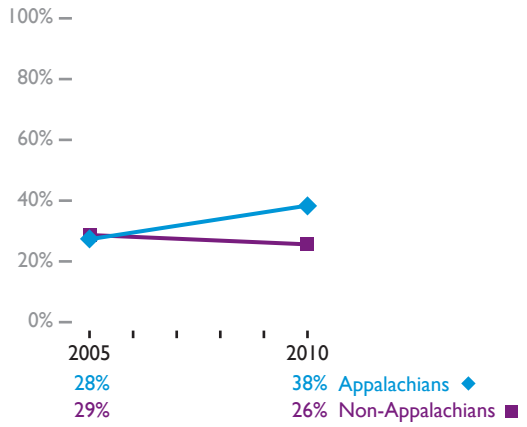


Age

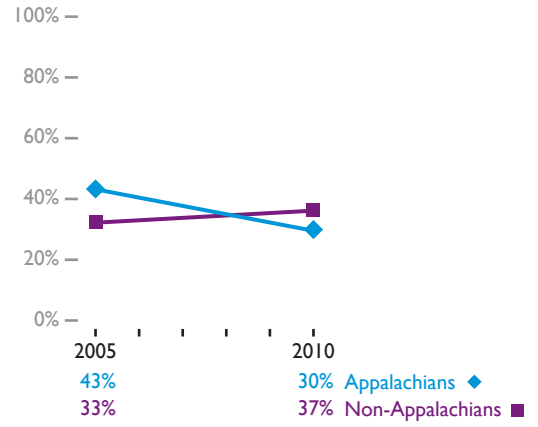
White adults ages 18–29 living in Greater Cincinnati



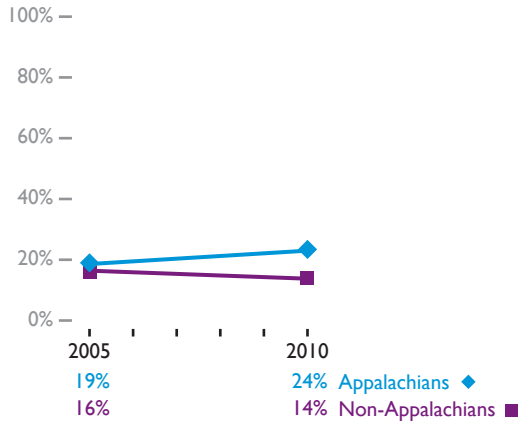
White adults ages 46–64 living in Greater Cincinnati



White adults ages 30–45 living in Greater Cincinnati

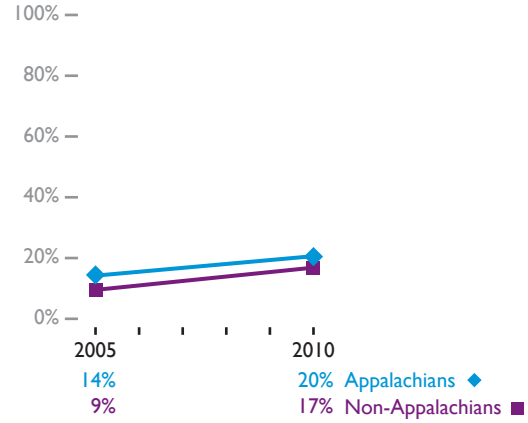


White adults ages 65+ living in Greater Cincinnati

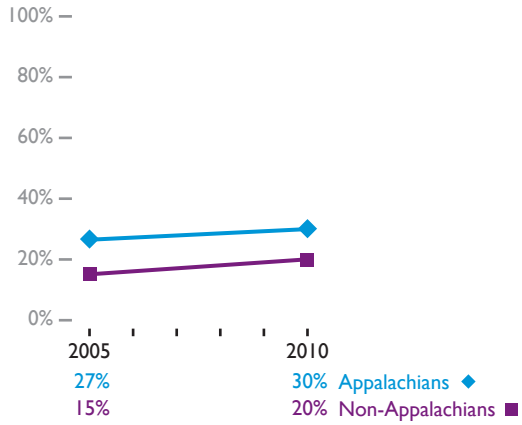


Household Income

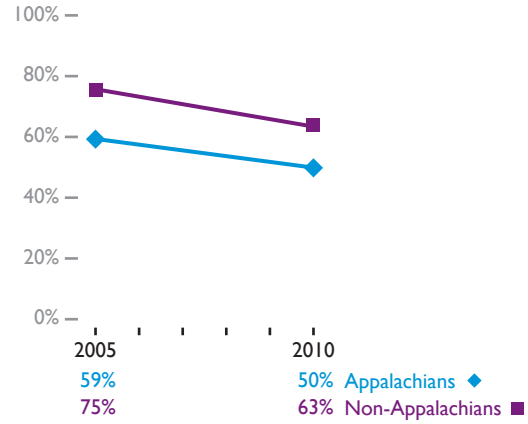
White adults living below 100% FPG*



White adults living between 100–200% FPG*



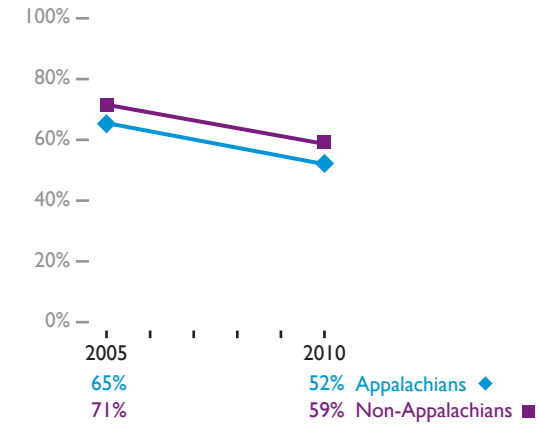
White adults living above 200% FPG*



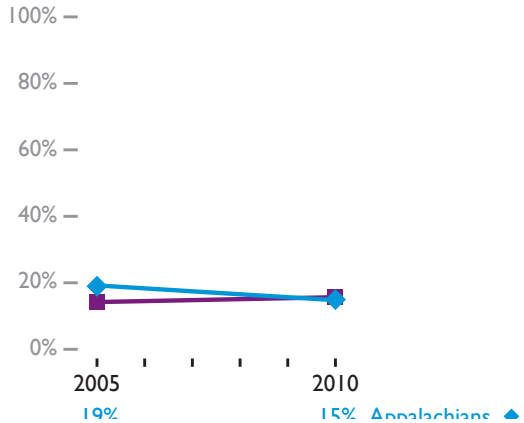
**The* Survey *asks for household income from the previous calendar year, and uses the corresponding federal poverty guidelines (FPG). The 2005* Survey *used 2004 FPG definitions, where 100% FPG was a household income of $18,850 and 200% FPG was $37,700, both for a family of 4. The 2010* Survey *used 2009 FPG definitions, where 100% FPG was a household income of $22,050 and 200% FPG was $44,100, both for a family of 4.*

Employment Status

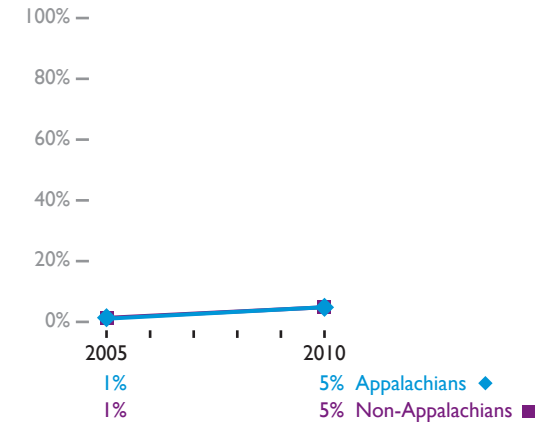
White adults who are employed *(Graph presents the percentage of adults that reported they were employed full-time or part-time, or were employed but not currently working.)*



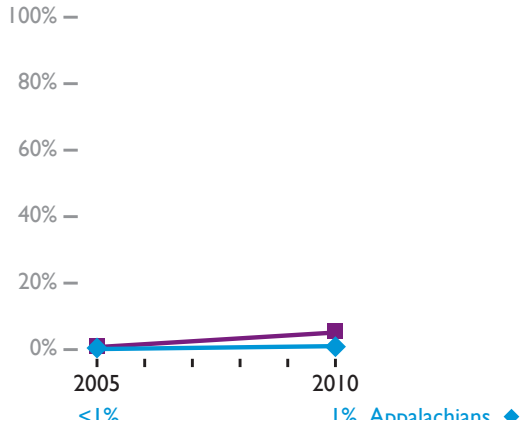
White adults who are keeping house



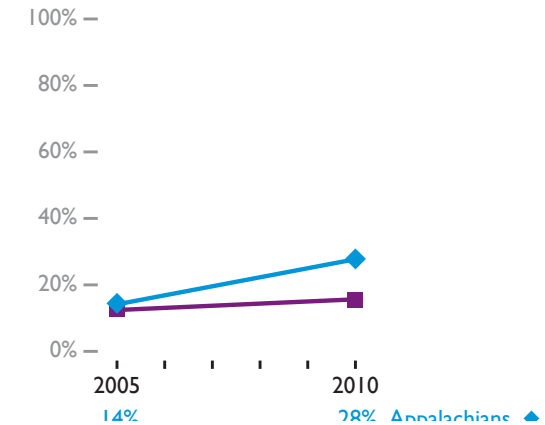
White adults who are unemployed *(Graph presents the percentage of adults that reported they were unemployed or laid off.)*



White adults who are in school

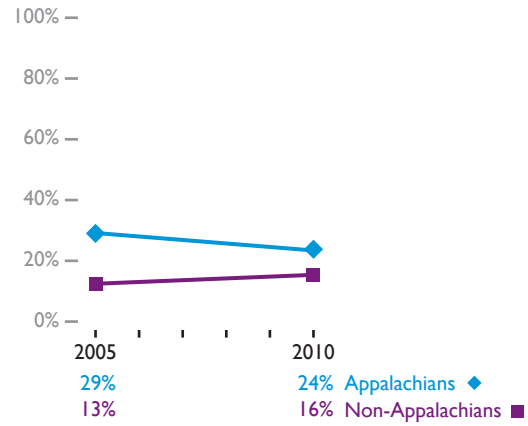


White adults who are disabled or retired

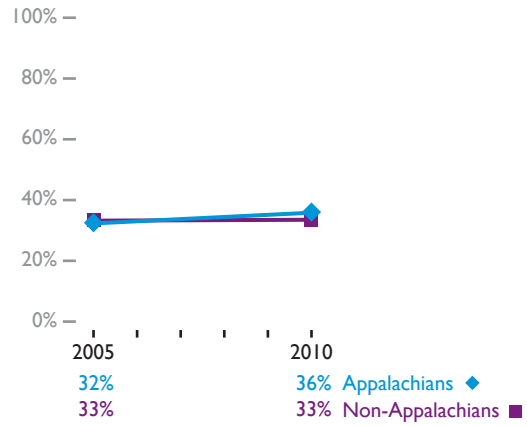


Highest Level of Education Attained

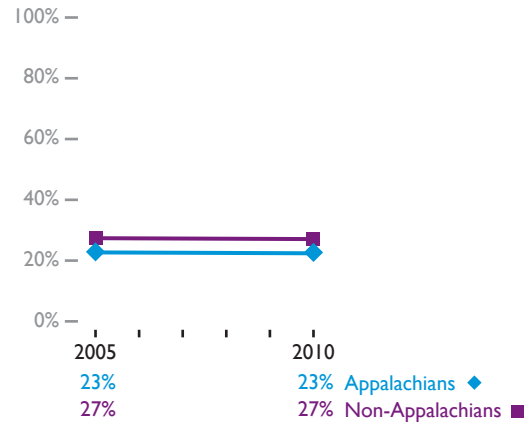
White adults whose highest level of education attained is less than a high school diploma



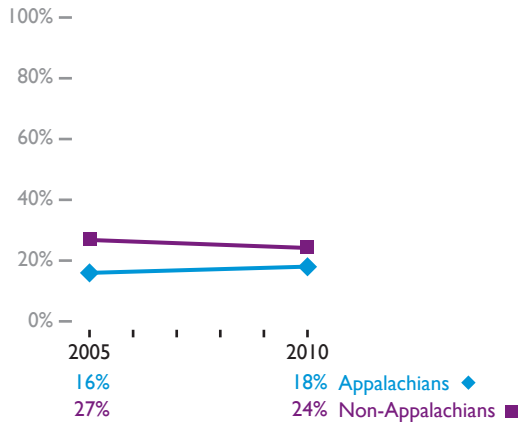
White adults whose highest level of education attained is a high school diploma or equivalent



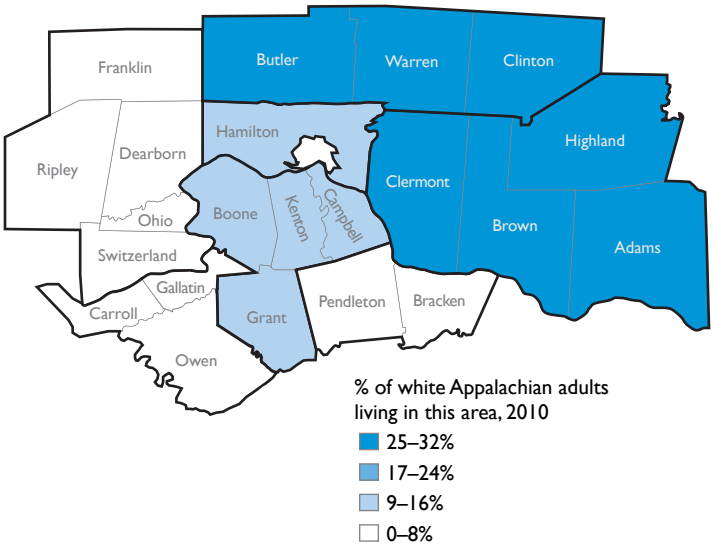
White adults whose highest level of education attained is some college but not a college degree

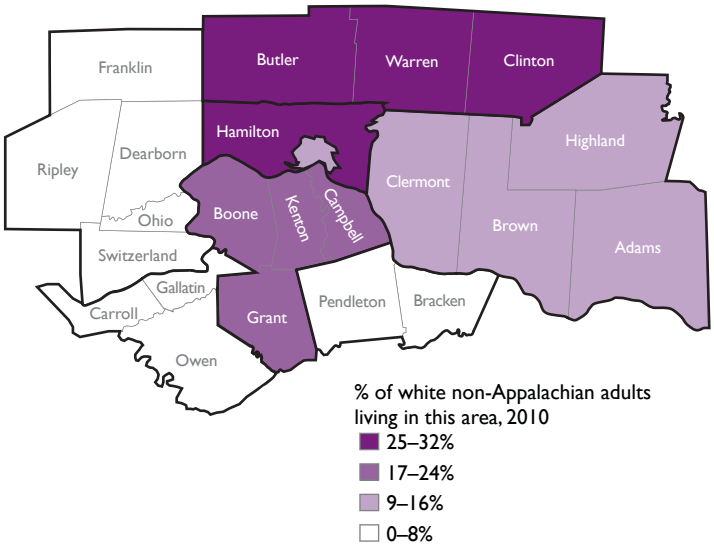


White adults whose highest level of education attained is a college degree



County of Residence





% of white Appalachian population living in the area

Area	2005	2010
Hamilton County suburbs	17%	16%
City of Cincinnati	6%	7%
Butler, Clinton, Warren Counties	26%	29%
Adams, Brown, Clermont, Highland Counties *(designated Appalachian)*	30%	31%
Boone, Campbell, Grant, Kenton Counties	16%	12%
Bracken, Carroll, Gallatin, Owen, Pendleton Counties	2%	2%
Dearborn, Franklin, Ohio, Ripley, Switzerland Counties	2%	4%

% of white non-Appalachian population living in the area

Area	2005	2010
Hamilton County suburbs	27%	26%
City of Cincinnati	11%	11%
Butler, Clinton, Warren Counties	27%	25%
Adams, Brown, Clermont, Highland Counties *(designated Appalachian)*	9%	9%
Boone, Campbell, Grant, Kenton Counties	17%	19%
Bracken, Carroll, Gallatin, Owen, Pendleton Counties	3%	3%
Dearborn, Franklin, Ohio, Ripley, Switzerland Counties	7%	6%

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