



What Kentuckians Think about *Providing Access to Healthcare for All Americans*

November 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



Healthcare reform is in the national news. However, the range of public opinion is not always being heard. To find out what Kentuckians think, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included specific questions about healthcare reform on the 2009 *Kentucky Health Issues Poll*.

To determine how the views of Kentuckians have changed as the national healthcare reform discussion has played out, the 2009 *Poll* repeated some questions previously asked in 2008. When looking at these results, it is important to note that the 2008 *Poll* results are from January and February 2008—before national healthcare reform efforts started—while the 2009 *Poll* results are from October and November 2009—when pro- and anti-reform efforts were in full swing.

Kentuckians Favor Access to Healthcare for All Americans

A solid majority of Kentuckians (81%) continued to favor providing access for all, despite the drop in support over the last year and a half. The decline in support was most dramatic among those who currently have the strongest health insurance safety net: Kentuckians over age 65 and those who currently have health insurance.

Do you favor or oppose providing access to affordable, quality healthcare for all Americans? *(Graph presents the percentage who said they favored this.)*



Do you favor or oppose providing access to affordable, quality healthcare for all Americans, even if it means raising taxes? *(Asked only of those who favor providing access to healthcare for all Americans. Graph presents only those who said they favored providing access to healthcare for all Americans even if it means raising taxes.)*



Do you favor or oppose providing access to affordable, quality healthcare for all Americans, even if it means a major role for the federal government? *(Asked only of those who favor providing access to healthcare for all Americans. Graph presents only those who said they favored providing access to healthcare for all Americans even if it means a major role for the federal government.)*



Kentuckians Favor Access for All Americans, Even if Taxes Increase

One major concern about the healthcare reform proposals currently before Congress is how to pay for them. The majority of Kentuckians who support providing access to healthcare for all Americans are also willing to accept the costs associated with that. Of those who favor providing access to healthcare for all Americans, nearly 2 out of 3 adults (64%) still favor providing that access even if it means raising taxes. This is down from 72% in early 2008.

Kentuckians Favor Access for All Americans, Even if the Government Has a Major Role

The majority of Kentuckians who support providing access to healthcare for all Americans are also willing to accept increased government involvement to do so. Of those who favor providing access to healthcare for all Americans, 6 in 10 (60%) still favor providing that access even if it means a major role for the federal government. This is down from 70% in early 2008. The decline in support for government involvement was most dramatic among Republicans, African Americans, and Kentuckians with less than a high school diploma.



What Kentuckians Think about Childhood Obesity

January 2010



Results From the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati



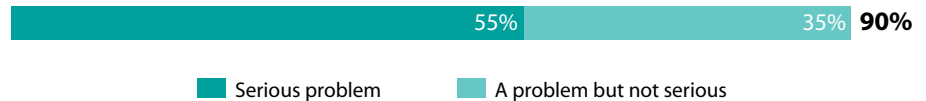
Children with a high body weight are more likely to be overweight as adults, and are at an increased risk of health problems such as heart disease and diabetes.

In Kentucky, 37% of children ages 10–17 are overweight or obese, compared to 32% of children ages 10–17 across the nation.¹ Kentucky has the second highest rate of childhood overweight and obesity in the U.S.

Do Kentucky’s adults think childhood obesity is a problem in their state? To find out, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included questions on the 2009 *Kentucky Health Issues Poll* about childhood obesity and one strategy—physical activity in school—to address it.

¹ *Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children’s Health, Data Resource Center for Child and Adolescent Health website. Retrieved 12/3/09 from www.nschdata.org. Children with a body mass index (BMI) between the 85th and 95th percentiles were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese. For more information on the methodology, please visit ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slats/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf.*

Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say childhood obesity is a serious problem, a problem but not serious, or not a problem? *(Graph presents only those who said it was a serious problem or a problem but not serious.)*



Do you favor or oppose requiring schools to provide 30 minutes a day of physical activity or physical education to students? *(Graph presents only those who said they strongly favor or somewhat favor this.)*



9 in 10 Kentuckians Think Childhood Obesity Is a Problem

Almost all adults in Kentucky reported that they thought childhood obesity was a problem in the state. The majority of Kentucky adults (55%) thought that childhood obesity was a serious problem. Another 35% thought that childhood obesity was a problem in the state, but that it was not serious.

9 in 10 Kentuckians Strongly Favor Physical Activity Requirements for Schools

One strategy to address childhood obesity is to increase children’s physical activity. Since children spend a lot of their time in school, schools can be one place to

increase that activity. However, a recent survey indicated that 7 in 10 Kentucky high school students (69%) do not attend physical education classes.²

Almost 9 in 10 Kentucky adults (87%) strongly favored requiring schools to provide 30 minutes of physical activity or physical education to students each day. Another 1 in 10 (9%) somewhat favored this requirement. Support for a physical activity requirement in schools was equally high among all subgroups surveyed.

² *Centers for Disease Control and Prevention. 2007 Youth Risk Behavior Survey Data. Retrieved 12/3/09 from www.cdc.gov/yrbss.*

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Kentuckians' Experiences with *Reductions in Salaries and Benefits*

December 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



2009 will be remembered as a difficult economic year for most of the country, and Kentucky is no exception. Unemployment in Kentucky exceeded 11% in 2009 and was consistently higher than the national average.¹ Even Kentuckians who have jobs may still have difficulty making ends meet because of reductions in salary or benefits. The 2009 *Kentucky Health Issues Poll* asked Kentucky adults about whether they or a member of their family had a cut in pay or benefits over the last year, and whether these cuts were a serious problem.

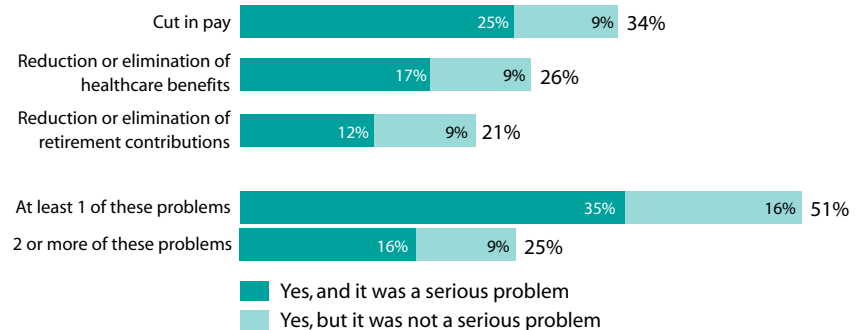
Over Half of Kentucky Adults Had a Cut in Salary or Benefits

The *Poll* asked Kentucky adults if they or their family members experienced one of three specific problems in the last 12 months:

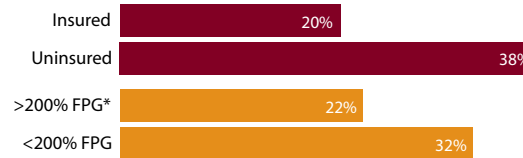
- a cut in pay,
- a reduction or elimination of healthcare benefits, and
- a reduction or elimination of retirement contributions.

Half of Kentucky's adults (51%) reported that they had at least one of these problems, and 1 in 4 (25%) said they had two or more

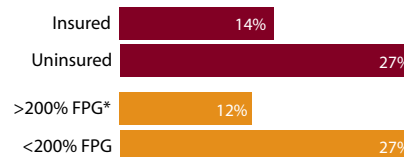
Have you or your family experienced any of the following problems in the past 12 months, or not? Was this a serious problem, or not? (Graphs present percentage of people reporting this was a problem only.)



Kentuckians reporting that a cut in pay was a serious problem, by subgroup



Kentuckians reporting that a reduction or elimination of healthcare benefits was a serious problem, by subgroup



* 200% of the federal poverty guidelines (FPG) in 2008 was a household income of \$42,400 for a family of 4.

of these problems. For the specific problems:

- 1 in 3 (34%) reported they or a family member experienced a cut in pay,
- 1 in 4 (26%) reported they or a family member experienced a reduction or elimination of healthcare benefits, and
- 1 in 5 (21%) reported that they or a family member experienced a reduction or

elimination of retirement contributions.

Uninsured and Low-Income Kentuckians Reported Serious Problems More Often

Uninsured Kentuckians and Kentuckians living below 200% of the federal poverty guidelines

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¹ Bureau of Labor Statistics, U.S. Department of Labor, *Local Area Unemployment Statistics, Jan–Oct 2009* [accessed December 2, 2009 from <http://www.bls.gov/lau/>].

(FPG)² reported higher rates of serious problems with cuts in pay and healthcare benefits:

- 4 in 10 uninsured Kentuckians (38%) reported a serious problem experiencing a cut in pay, compared to 1 in 5 insured Kentuckians (20%).
- 1 in 4 uninsured Kentuckians (27%) reported a serious problem experiencing a reduction or elimination of healthcare benefits, compared to 1 in 7 insured Kentuckians (14%).
- 1 in 3 Kentuckians living below 200% FPG (32%) reported a serious problem experiencing a cut in pay, compared to 1 in 5 Kentuckians living above 200% FPG (22%).
- 1 in 4 Kentuckians living below 200% FPG (27%) reported a serious problem experiencing a reduction or elimination of healthcare benefits, compared to 1 in 8 Kentuckians living above 200% FPG (12%).

Reduction or Elimination of Retirement Income

The economic downturn affected not only working adults, but retirees as well. One in five Kentucky adults (20%) reported that they or their family experienced a reduction or elimination of retirement income in the past year, and it was a serious problem for one in seven (14%).

² 200% of the federal poverty guidelines (FPG) in 2008 was a household income of less than \$42,400 for a family of 4.



Kentuckians' Experiences with *Delaying or Going without Care Due to Cost*

December 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



The cost of healthcare has been increasing for several decades. Some people delay getting care because the cost is too expensive. The 2009 *Kentucky Health Issues Poll* asked if Kentuckians had gone without or delayed needed medical care, dental care, or prescription medications in the last 12 months because of the cost.

Over 1 in 3 Kentuckians Go without Care

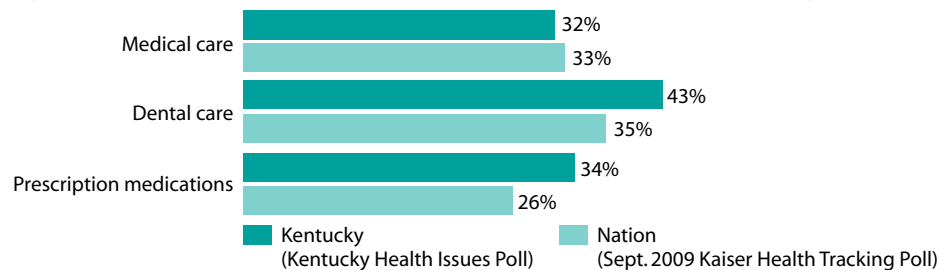
One-third of Kentucky's adults (32%) reported that they or a member of their household delayed or went without needed medical care; four in ten (43%) delayed or went without needed dental care; and one-third (34%) delayed filling or did not fill a needed prescription in the last year. These were about the same as or higher than rates for adults across the nation.¹

Uninsured and Low-Income Kentuckians Go without Care More Often

About 1 in 4 Kentuckians (28%) reported not having insurance in the *Poll*, 1 in 4 (26%) reported living in a household with an income below 100% of the federal poverty guidelines (FPG), and 1 in 5 (21%) reported living in a household with an income at

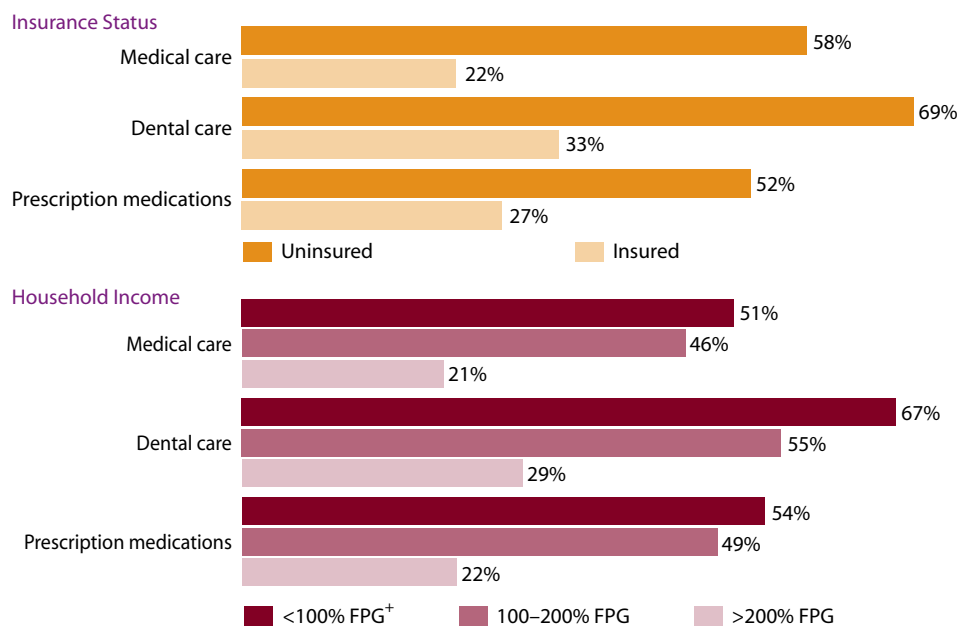
¹ National polling results come from the September 2009 Kaiser Health Tracking Poll available at: <http://www.kff.org/kaiserpolls/upload/7988.pdf>.

In the past 12 months, was there a time when you or another member of your household needed medical care, dental care, or a prescription medication but did not get it or delayed getting it because of the cost?* (Graph reflects the percentage answering "yes.")



* The question asked of national respondents was comparable, but slightly different: "In the past 12 months, have you or another family member living in your household put off or postponed getting health care you needed, not filled a prescription for medicine, or skipped dental care or checkups because of the cost, or not?"

Kentucky adults reporting they or a household member delayed getting or did not get care in the past 12 months, by group (Graph reflects the percentage answering "yes.")



⁺ 100% of the federal poverty guidelines (FPG) in 2008 was a household income of \$21,200 for a family of 4.

100–200% FPG.² These Kentuckians reported delaying or going

without care at much higher rates than other groups tracked by the *Poll*.

² 100% of the federal poverty guidelines (FPG) in 2008 was a household income of \$21,200 for a family of 4.

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What Kentuckians Think about *Ways to Increase the Number of Insured Americans*

November 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



Healthcare reform is in the national news. However, the range of public opinion is not always being heard. To find out what Kentuckians think, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included specific questions about healthcare reform on the 2009 *Kentucky Health Issues Poll*.

One stated goal of healthcare reform is to increase the number of Americans covered by health insurance. There are many ways to do that. The 2009 *Poll* asked Kentucky adults whether they favored or opposed specific strategies to increase the number of insured Americans.

Kentuckians Favor an Individual Mandate

All healthcare reform proposals currently being reviewed in Congress include an individual mandate. This would require that every American have some form of health insurance, either from an employer, from a public program like Medicare or Medicaid, or from another source. All proposals also provide financial assistance or exemptions for individuals and families with lower incomes.

A solid majority of Kentuckians (70%) favored requiring that all Americans have health insurance. This was slightly higher than the percentage of respondents

Do you favor or oppose the following strategies to help increase the number of Americans with health insurance? (Graph presents only those who said they strongly or somewhat favor each strategy.)

Requiring all Americans to have health insurance, either from their employer or from another source, with financial help for those who can't afford it

43% 27% **70%**

Requiring employers to offer health insurance to their workers or pay money into a government fund that will pay to cover those without insurance

45% 25% **70%**

Creating a government-administered public health insurance option similar to Medicare to compete with private health insurance plans

30% 29% **59%**

Offering tax credits to help people buy private insurance

36% 36% **72%**

Strongly favor

Somewhat favor

nationally (66%) who favored the individual mandate.¹

Kentuckians Favor an Employer Mandate

Many healthcare reform proposals currently being reviewed in Congress include an employer mandate. This would require that every employer, with some subsidies and exceptions for small businesses, offer health insurance or pay a fine. The money would help provide low-income people

with financial assistance to pay their health insurance premiums.

A solid majority of Kentuckians (70%) favored requiring all employers to offer health insurance to their workers or pay a fine.

Kentuckians Favor a Public Option

Some healthcare reform proposals currently being reviewed in Congress include a public health insurance option, or an insurance plan offered by the federal government rather than a private insurance company.

¹ National data are from the October 2009 Kaiser Health Tracking Poll, available at: <http://www.kff.org/kaiserpolls/upload/7998.pdf>

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Nearly 6 in 10 Kentuckians (59%) favored creating a government-administered public health option similar to Medicare to compete with private health insurance plans. This was similar to the percentage of respondents nationally (57%) who favored a public option.

Kentuckians Favor Offering Tax Credits to Buy Private Health Insurance

Although some have proposed tax credits for buying health insurance as one way to increase the number of

people with insurance, none of the healthcare reform proposals currently being reviewed in Congress include these tax credits (*as of November 19, 2009*). The tax credits would offset the higher rates people who buy insurance on their own pay compared to those who get their health insurance through an employer. Over 7 in 10 Kentuckians (72%) favored offering tax credits for purchasing private health insurance.



Kentuckians' Experiences with *Not Having Health Insurance Coverage*

December 2009



Results From the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati



The difficult economic climate has led to increasing numbers of people losing their health benefits. To find out how Kentuckians currently fare, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included questions on the 2009 *Kentucky Health Issues Poll* asking about health insurance coverage.

As nearly all Kentuckians ages 65 and over (98%) are insured, this summary focuses on Kentuckians ages 18–64.

One-Third of Kentucky Adults ages 18–64 Are Currently Uninsured

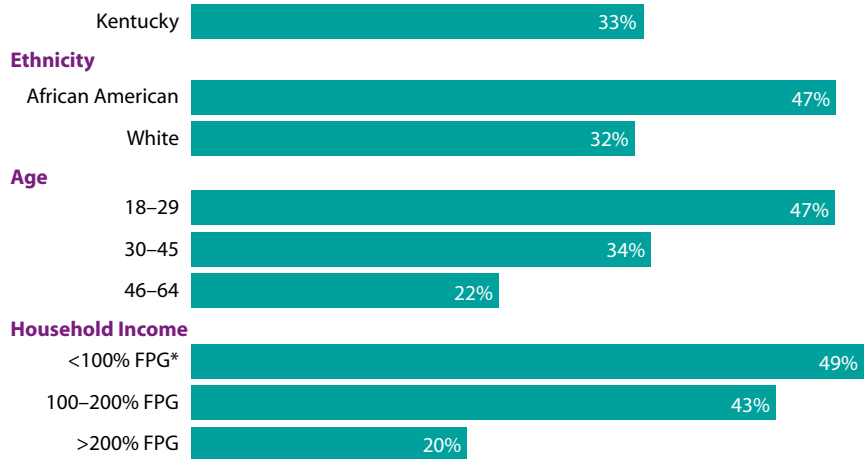
The number of Kentucky adults ages 18–64 who currently lacked health insurance increased 43% since early 2008, going from 23% in 2008 to 33% in 2009. In general, as age, education level, and income increased, the percentage of Kentuckians who were uninsured decreased. This is consistent with previous surveys.

Half of Low-Income, African American, and Young Adults Are Currently Uninsured

Certain subgroups were more likely to be uninsured at the time of the survey, including:

- Kentuckians ages 18–64 living in households with an income

Kentuckians ages 18–64 reporting not having health insurance at the time of the survey



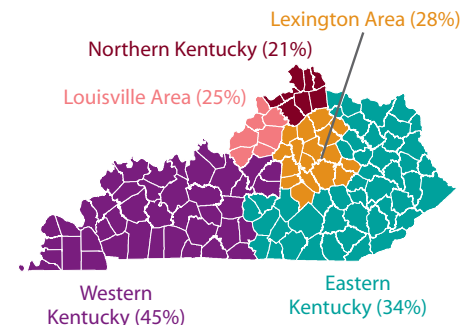
* 100% of the federal poverty guidelines (FPG) in 2008 was a household income of \$21,200 for a family of 4.

below 100% of the federal poverty guidelines (FPG)¹ (49%),

- African Americans ages 18–64 (47%), and
- Kentuckians ages 18–29 (47%).

Kentuckians also experience regional differences in health insurance coverage. Adults ages 18–64 living in rural areas were more likely to be uninsured than adults living near Louisville, Lexington, or Cincinnati (across the border from Northern Kentucky).

Kentuckians ages 18–64 uninsured at the time of the survey, by region



Uninsured at Some Point in the Last 12 Months

Another important factor in being able to get healthcare is how stable a person's health insurance coverage is. One measure of that is whether a person has been covered continuously over the past

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12 months. Almost 4 in 10 Kentuckians ages 18–64 (38%) had been uninsured at some point in the last 12 months, including currently. This rose to over 5 in 10 for certain subgroups in the *Poll*, including Kentuckians ages 18–64 who:

- live in households with an annual income below 100% FPG (58%),
- are African American (55%),
- are young adults ages 18–29 (51%), and
- live in Western Kentucky (50%).



What Kentuckians Think about Integrating Mental and Physical Health Care

December 2009



Results From the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati



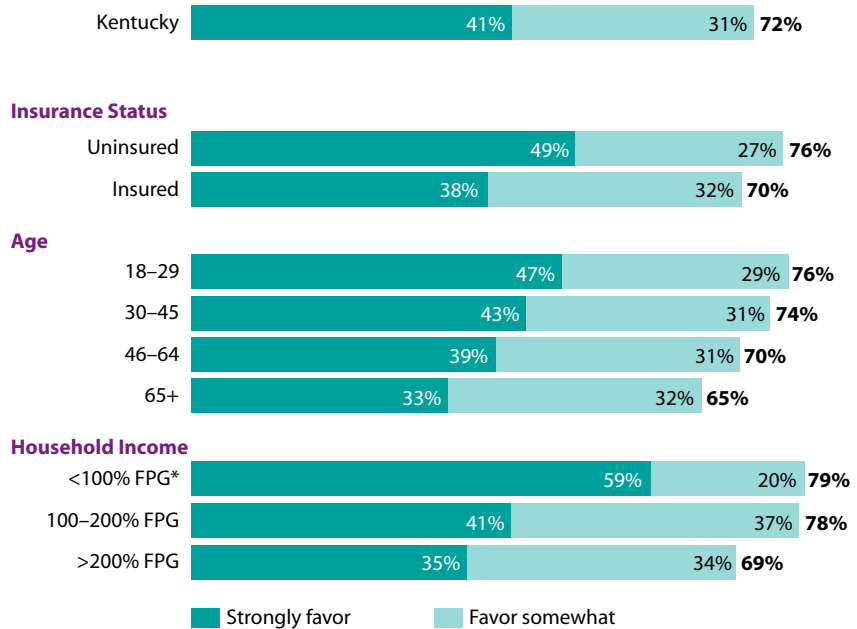
The current U.S. healthcare system separates treatment for physical and mental illnesses. Physical and mental health care are offered in different locations and by different healthcare providers. There are also different levels of insurance benefits for physical and mental health care. This can mean that people delay getting or don't get needed services because it is too difficult to go to more than one place or because of cost.

The current model—where physical health care is offered in primary care settings and mental health care is offered in mental health settings—assumes that:

- people have the resources and ability to get to and coordinate care in two places,
- the providers have the ability and resources to coordinate care across the systems, and
- people feel comfortable, safe, and respected in each place.

To find out what Kentuckians think about offering mental and physical health care in the same place, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati asked about the integration of care during the 2009 *Kentucky Health Issues Poll*.

Do you favor the integration of physical and mental health care, that is, having both types of services available in the same place? (Graph reflects the percentage answering "strongly favor" or "somewhat favor.")



* 100% of the federal poverty guidelines (FPG) in 2008 was a household income of \$21,200 for a family of 4.

Seven in Ten Kentuckians Favor Integrating Physical and Mental Health Services

The majority of Kentuckians strongly (41%) or somewhat (31%) favored offering physical and mental health services in the same location. Although there were differences among subgroups in how strongly they favored integration, the majority of Kentuckians strongly or somewhat favor integrating care.

Strongest Support for Integration among Young Adults, Poor, and Uninsured

The survey responses suggest that the current model of care may present more significant challenges for people with limited resources: the strongest support for integration was among young adults, the uninsured, and low-income Kentuckians.

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Kentuckians' Experiences with Having a Medical Home

July 2010



Results From the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati



Having a usual clinic, health center, doctor's office, or other place you go if you are sick or need medical advice is known as having a medical home. People who do not have a medical home are less likely to seek appropriate and timely healthcare when they need it.

According to the 2009 *Kentucky Health Issues Poll*, 82% of Kentuckians have a medical home. The *Poll* is conducted by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati.

One-Third of Uninsured, Young Adult, or African American Kentuckians Do Not Have Medical Home

About 1 in 5 Kentucky adults (18%) reported that they did not have a medical home. However, 1 in 3 uninsured Kentuckians (34%), young adults ages 18–29 (32%), and African Americans (31%) reported that they did not have a medical home. These groups typically report higher rates of not having a medical home in national and regional surveys.

Three-Fourths of Kentuckians Have Appropriate Medical Home

Having a usual place to get healthcare and medical advice is only part of the issue. The type

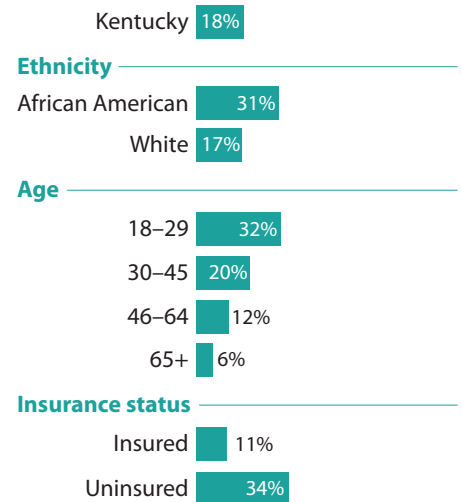
of medical home a person has is also important. An appropriate medical home is a place where the staff know your health history and provide regular and preventive care to help catch minor problems before they become serious.

Appropriate medical homes include private doctor's offices, public health clinics or community-based health centers, or hospital outpatient departments. About three-quarters of Kentucky adults (76%) reported they had an appropriate medical home.

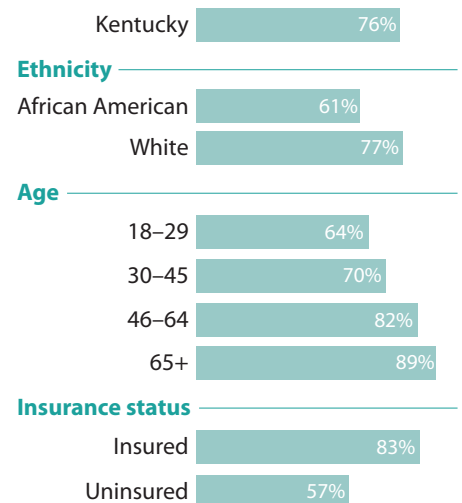
A hospital emergency room (ER) or urgent care center is not an appropriate medical home. About 5% of Kentuckians reported their medical home was an ER or urgent care center. This rate was slightly higher for Kentuckians with low incomes, the uninsured, and African Americans.

Staff at an ER or urgent care center are less likely to know an individual's health history. Primary care delivered in an ER or urgent care center is much more costly than care through an appropriate medical home. It also clogs the system, making it more difficult to provide care to those truly in need of emergency services.

Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (Graph presents only those respondents who said "no")



Kentuckians reporting an appropriate medical home, such as a private doctor's office, public health clinic or community-based health center, or hospital outpatient department



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What Kentuckians Think about *How Satisfied They Are with Their Health Insurance*

December 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



In Fall 2009, 72% of Kentucky adults reported that they had some type of healthcare coverage. With healthcare reform dominating the media, the 2009 *Kentucky Health Issues Poll* asked how satisfied these Kentuckians are with their current health insurance coverage.

Kentuckians Are Satisfied with Their Health Insurance Coverage

More than 8 in 10 insured Kentuckians (86%) reported that they were satisfied with their current health insurance. This includes the:

- 1 in 4 (26%) who said they were completely satisfied,
- 3 in 10 (31%) who were very satisfied, and
- 3 in 10 (29%) who were somewhat satisfied.

Insured people ages 65 and older, the majority of whom are covered by Medicare, a government-run, public health insurance program, are the most satisfied with their current insurance plan. Still, insured Kentuckians among various demographic groups showed high levels of satisfaction.

Insurance Company Has Refused to Pay for Care for 1 in 6 Insured Kentuckians

Having health insurance does not always mean that the insurance

How satisfied are you with your health insurance plan(s)? (Graph presents only the combined total of insured Kentuckians who said they were completely, very, or somewhat satisfied.)



Has your insurance company ever refused to pay for healthcare that your doctor advised you to get? (Graph presents only the insured Kentuckians who said yes or no.)



Satisfaction with insurance company of insured Kentuckians, by those who have or have not had claims denied (Graph presents only the combined total of insured Kentuckians who said they were completely, very, or somewhat satisfied.)



company will pay for all healthcare services a doctor advises a patient to get. According to the *Poll*, 1 in 6 insured Kentuckians (17%) reported that their health insurance company had refused to pay for healthcare services that their doctor advised them to get.

Insured adults ages 30-64 (21%) were nearly twice as likely to report their insurance company had refused to pay for healthcare services as insured young adults ages 18-29 (10%) or insured adults ages 65 and over (12%).

Kentuckians Whose Insurance Company Has Refused to Pay for Care Are Least Satisfied

Having a claim for care denied by an insurance company appears to decrease overall satisfaction with health insurance coverage: only 7 in 10 insured Kentuckians who had a claim denied by their insurance company reported being satisfied with that insurance plan.



What Kentuckians Think about *The Role of Schools in Children's Health*

January 2010



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



The overall health and well-being of students affect their academic achievement. In turn, students' academic achievement affects their health status in the future.¹ Schools, then, may be one place to help children be healthier.

To find out what Kentuckians think about the role of schools in children's health, the Foundation for a Healthy Kentucky and the Health Foundation of Greater Cincinnati included questions on the 2009 *Kentucky Health Issues Poll* about health education in schools and if schools should help families get healthcare.

Almost All Kentuckians Favor Health Education in Schools

Almost all Kentucky adults (98%) favored teaching health education topics—specifically nutrition, safety, and dental health—in schools, with more than 8 in 10 (85%) strongly favoring this. Support was similarly high among all subgroups surveyed by the *Poll*.

Do you favor or oppose teaching health education topics—specifically nutrition, safety, and dental health—in schools? (*Graph presents only those who said they strongly favor or somewhat favor this.*)



Do you favor or oppose schools taking a more active role in helping families get healthcare services for their children? (*Graph presents only those who said they strongly favor or somewhat favor this.*)



■ Strongly favor

■ Favor somewhat

Kentuckians Favor Schools Taking a More Active Role in Helping Children Get Healthcare

Three in four Kentucky adults (75%) favored schools taking a more active role in helping families get healthcare services for their children.

The subgroups more likely to favor schools taking a more active role in helping families get healthcare services for children included subgroups who typically have more difficulty getting healthcare services in general, including:

- Kentucky adults living below 100% of the federal poverty guidelines (FPG)² (91% favored schools taking a more

active role in helping families get healthcare services for children);

- Kentucky adults living in Eastern Kentucky, a rural, mostly Appalachian region of the state (86% favored schools taking a more active role); and
- Kentucky adults with less than a high school education (83% favored schools taking a more active role).

Finding affordable, quality healthcare is more of a challenge for some Kentucky families, and the *Poll* results indicate that these families might turn to schools to help them get healthcare services for their children.

¹ Cutler DM and Alleras-Muney. (2006) Education and Health: Evaluating Theories and Evidence. Cambridge, MA: National Bureau of Economic Research.

² 100% of the federal poverty guidelines (FPG) in 2008 was a household income of \$21,200 for a family of 4.



What Kentuckians Think about *Treatment vs. Prison for People with Severe Mental Illnesses*

March 2010



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



Many studies have estimated that about 10% of people in jails and prisons have **severe** mental illnesses. Many people with severe mental illnesses cycle between the community and criminal justice systems without getting treatment for their illnesses. Community-based treatment is more effective than prison in preventing repeated offenses for many people with severe mental illnesses.

What do Kentucky adults think about treatment versus incarceration for people with severe mental illness convicted of nonviolent crimes? The Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati asked adults questions about this topic on the 2009 *Kentucky Health Issues Poll*.

Three-Fourths of Kentuckians Favor Treatment over Incarceration

Assuming that both treatment and incarceration cost the same, 72% of Kentuckians favor replacing prison sentences with mandatory mental illness treatment programs for people with severe mental illnesses¹ who are convicted of nonviolent crimes.

Suppose that sending a severely mentally ill person to a mandatory mental illness treatment program cost the same amount as sending that person to prison.⁺

Would you favor or oppose replacing prison sentences with mandatory mental illness treatment programs for... (Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

People with severe mental illnesses who are convicted of non-violent crimes



People with severe mental illnesses who are convicted of non-violent crimes and who have no prior criminal record



Strongly favor

Somewhat favor

⁺ Treatment and incarceration costs vary dramatically and almost never cost the same. The question was worded this way so that respondents' perceptions of cost would not affect their answers.

The cost of treatment and incarceration vary dramatically depending on what is included in the calculation. They almost never cost the same amount, but the question was worded in this fashion so that respondents' perceptions of cost would not affect their answers.

An even larger percentage of Kentuckians (79%) favor treatment over incarceration when the person has no prior criminal record and if

both treatment and incarceration cost the same amount.

There was strong support for treatment over incarceration across all demographic groups tracked by the Poll.

¹ For the purposes of this poll, "severe mental illnesses" were described as "serious chronic illness that affect the brain. People with these illnesses may hear voices, have hallucinations or serious delusions,

experience profound depression or paralyzing anxiety, or have uncontrollable mood swings. These disorders can profoundly disrupt a person's thinking, ability to relate to others, and ability to cope with the demands of life.

When the illness is active, a person may lose touch with reality or may not be able to process information normally."



Kentuckians' Experiences with *Going into Debt to Pay for Healthcare*

December 2009



Results From the Foundation for a Healthy Kentucky
and The Health Foundation of Greater Cincinnati



The costs of getting medical care and health insurance have increased annually for many years. These increases have meant that some people have to go without care because they can't afford it or they go into debt to get the care they need. To get a picture of how Kentuckians are faring with medical debt, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included questions on the 2009 *Kentucky Health Issues Poll* asking about unpaid medical and healthcare bills.

Half of Kentuckians (50%) do not have any unpaid medical debt, and 29% owe less than \$2,000. This means that about 1 in 5 Kentuckians owes over \$2,000 in unpaid medical debt. While the total amount of medical debt varies among groups, in general as age, education, or income increases, the percentage of people who have medical debt decreases.

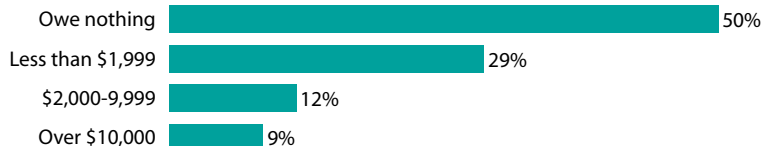
Unpaid Medical Debt is Higher Among Uninsured, Poor, and African American Kentuckians

The proportion of African American adults carrying some medical debt was the highest among the groups tracked by the *Poll*. Uninsured Kentuckians and those living in households with an annual income below 200% of the

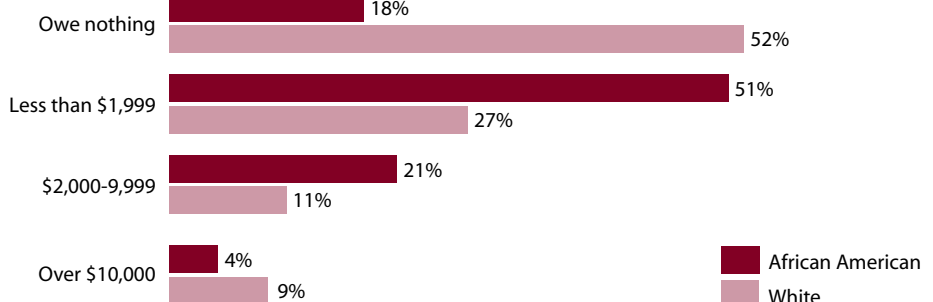
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How much would you say you currently owe on unpaid medical or healthcare bills? *(Percentages do not add to 100% because the percent who said "don't know" are not included.)*

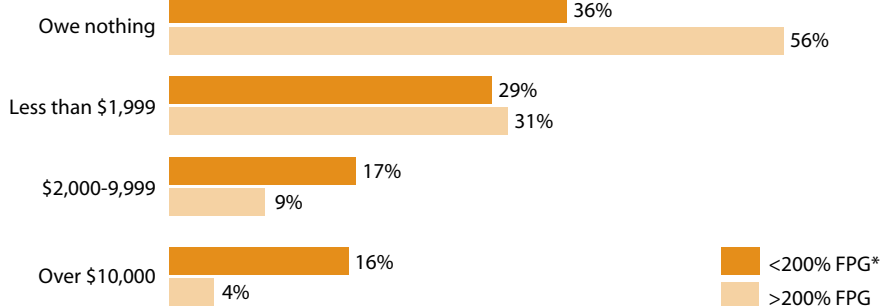
Kentucky



Ethnicity

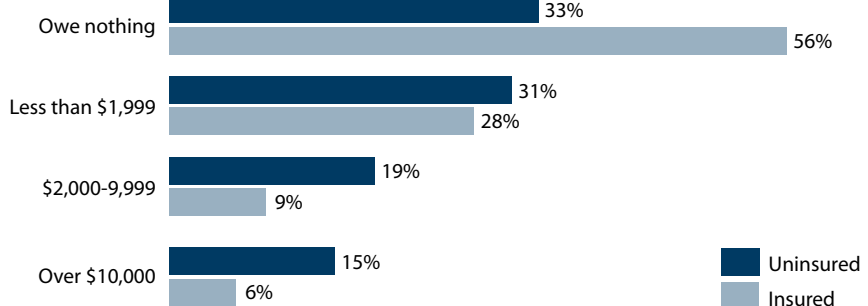


Household Income



* 200% of the Federal Poverty Guidelines (FPG) in 2008 was \$42,400 for a family of 4.

Insurance Status



These findings unless otherwise noted are from the 2009 Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati. The Kentucky Health Issues Poll was conducted October 8–November 6, 2009, by the Institute for Policy Research at the University of Cincinnati. A random sample of 1,669 adults from throughout Kentucky was interviewed by telephone. This included 1,464 landline interviews and 205 cell phone interviews with people who did not have a landline telephone. In 95 of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$. In addition to sampling error, there are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about the Kentucky Health Issues Poll, please visit www.healthy-ky.org or www.healthfoundation.org/khip.html.

federal poverty guidelines (FPG)¹ also had high proportions of people with medical debt:

- African American Kentuckians reported the highest percentage of medical debt, with 76% reporting some level of medical debt, compared to 46% for Whites. In addition African Americans reported higher percentages of debt under \$2,000 and between \$2,000 and \$9,999 than Whites.
- Over 6 in 10 Kentucky adults (62%) living below 200% FPG reported having some medical debt, compared to 43% of Kentuckians living above 200% FPG. Kentuckians living below 200% FPG reported about twice the percentage of medical debt between \$2,000 and \$9,999 and 4 times the percentage of debt over \$10,000 as Kentuckians living above 200% FPG.
- 65% of uninsured Kentuckians reported some level of medical debt, compared to 42% of insured Kentuckians. The uninsured also reported double the percentage of medical debt between \$2,000 and \$9,999 and over \$10,000 than insured Kentuckians.

What Do Kentuckians Owe the Money for?

Kentuckians reported their largest percentage of unpaid medical debt was for:

- tests and diagnostic procedures (21%),
- emergency room visits (21%),
- outpatient treatment and procedures (17%), and
- in-hospital stays (16%).

Medical Debt for Emergency Room Visits

The uninsured (36%), African Americans (36%), and young adults (35%) reported higher rates of medical debt for emergency room visits. These three groups are less likely than other groups to have an appropriate medical home—a doctor's office, health center, or other place they go when they are sick or need medical advice. They are also more likely to use an inappropriate medical home, such as an emergency room or urgent care center, as their usual source of care. Inappropriate medical homes do not provide the kind of consistent care and follow-up that help people stay healthy.

¹ 200% of the federal poverty guidelines (FPG) in 2008 was a household income of \$42,400 for a family of 4.