

Spotlight on Northern Kentucky



2010 KENTUCKY HEALTH ISSUES POLL

September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the *Kentucky Health Issues Poll*, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Northern Kentucky Area Development District. About 10% of Kentuckians live in this 8-county region (please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties).

In general, responses from Northern Kentucky residents were comparable to the state as a whole. Like the statewide results, adults in Northern Kentucky:

- Find eating in a smoke-free restaurant more enjoyable (53%),
- Support smoke-free school campuses (83%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (76%) or nonviolent crimes while under the influence of alcohol (73%),
- Support a complete ban on cell phone use while driving (67%),
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (70%), and
- Are always, usually, or sometimes stressed about having enough money to pay the rent or mortgage (60%).

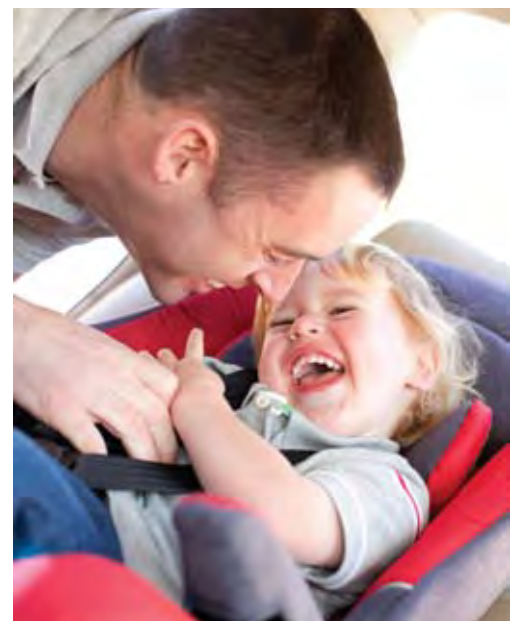
There were a few key differences in Northern Kentucky, as compared to the rest of the state. Adults in Northern Kentucky were **more likely** to:

- Report that there are sidewalks or shoulders on streets that allow for safe walking, jogging or biking in their community.

Additionally, adults in Northern Kentucky were **less likely** to:

- Support a statewide smoke-free law,
- Support a law banning all cell phone use while driving,
- Live below 100% of the Federal Poverty Guideline (FPG).¹

This Spotlight on Northern Kentucky presents these and other findings from the *2010 Kentucky Health Issues Poll (KHIP)*.



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¹In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Northern Kentucky estimates to ±5.4%. 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Cancer Leading Concern, Heart Disease Leading Cause of Death for Men

Four in ten Northern Kentucky adults (40%) listed cancer as the most important health issue for men, followed by heart disease (23%), and obesity (9%). Another 13% of Northern Kentuckians said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.² In Northern Kentucky, the leading causes of death for men were heart disease, cancer, and chronic lung disease.

Cancer Leading Concern and Leading Cause of Death for Women

More than 6 in 10 Northern Kentucky adults (62%) said that cancer in general was the most important health issue facing women, with more than half of all adults (53%) specifying breast cancer as the most important issue. These were followed by heart disease (9%), and obesity (7%) and another 10% of Northern Kentuckians said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women,³ nearly tied by second-ranked heart disease, and followed by chronic lung diseases. The leading causes of death for women in Northern Kentucky were the same as for the state as a whole.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

MEN	WOMEN	CHILDREN**
1. Cancer	1. Cancer*	1. Obesity
2. Heart Disease*	2. Heart Disease	2. Diabetes
3. Obesity	3. Obesity	3. Cancer

*Actual leading cause of death.

**Unintentional injuries are the actual leading cause of death for children (ages 1-17).



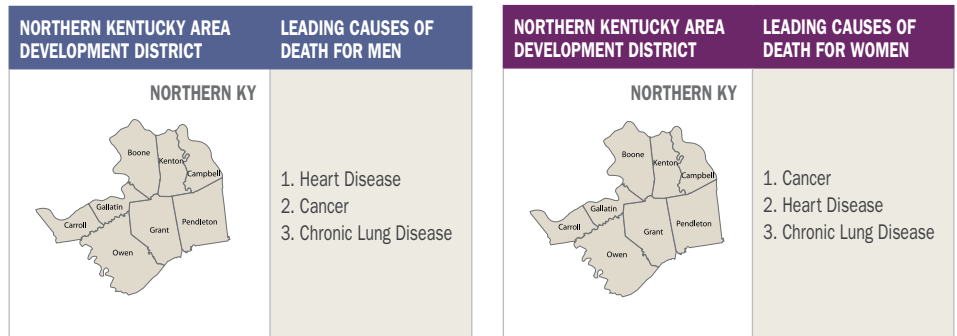
Obesity Leading Concern, Injuries Leading Cause of Death for Children

Northern Kentucky adults identified obesity (30%), diabetes (11%), the common cold (10%), and cancer (7%) as the most important health care issues facing children. Another 17% of Northern Kentuckians said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky.⁴ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.

Leading Causes of Death for Men and Women in Northern Kentucky by Area Development District⁶



Actual Causes of Death in Kentucky

MEN	WOMEN
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Injuries	3. Chronic Lung Disease

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁵



Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Northern Kentucky residents on a number of community health issues.

Access to Healthy Foods

Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁷ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

While the majority of Kentuckians have access to fresh produce in their communities, 1 in 6 Northern Kentucky adults (17%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is similar to the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.

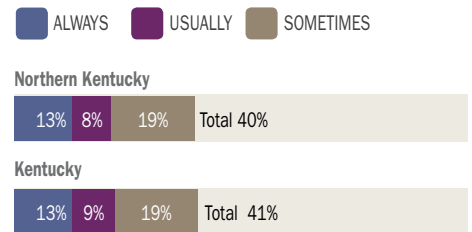


Affording Nutritious Meals is a Source of Stress

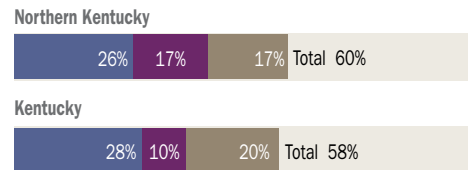
The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many Northern Kentuckians. Four in ten Northern Kentucky adults (40%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

Six in ten Northern Kentucky adults (60%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. In both cases, Northern Kentucky respondents reported similar levels of stress to the state as a whole.

How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?
(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?



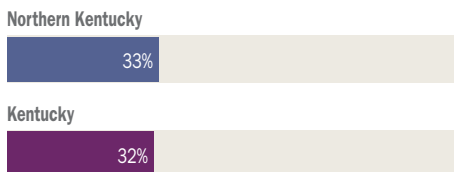
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Northern Kentucky respondents indicated their communities were less walkable than other regions in the state. Only about 1 in 3 Northern Kentucky adults (33%) felt there were many destinations to go within an easy walking distance from their home.

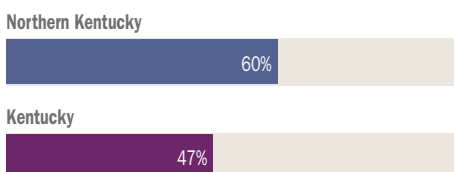
More than half of adults in Northern Kentucky (60%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. This is better than the state as a whole, where less than half of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community.



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. (Graphs present the combined percentage of Kentucky adults who said they “strongly agreed” or “somewhat agreed” with the statement.)



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



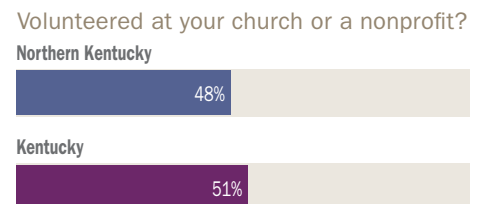
Civic Engagement

Much has been written about the public and personal benefits of community involvement.⁸ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁹

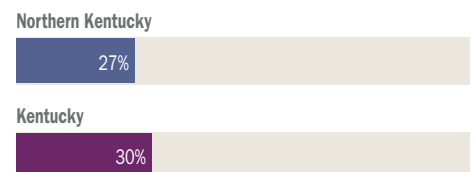
Community Service

Northern Kentucky adults volunteer more than adults in the nation and about as often as all Kentucky adults. Nearly half of Northern Kentucky adults (48%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. More than 1 in 4 adults (27%) had worked on a community project and 1 in 10 (10%) had donated blood in the previous year.

In the past 12 months have you... (Graphs present percentage of adults who answered “yes” they have done the specified activity.)



Worked on a community project?



Donated blood?



Political Process

As policymakers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

As was observed across the state, fewer Northern Kentuckians reported participating in parts of the political process compared to community service activities. In Northern Kentucky, about 3 in 10 adults (30%) had contacted an elected official or candidate for office by phone or email, and 1 in 6 (18%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Northern Kentucky, about 1 in 4 (23%) had signed a petition; 1 in 6 (16%) had attended a political meeting or rally; and 1 in 20 adults (5%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Northern Kentucky are similar to the state as a whole.

In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

Contacted an elected official or candidate via phone or email?



Visited an elected official or candidate?



Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

Health policy is an important tool for changing how Kentuckians experience the health environment. This section will present the opinions of Northern Kentucky residents on a number of current health policy issues.

Smoke-Free Policies

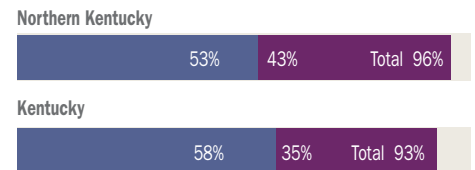
While 17% of U.S. adults are current smokers,¹⁰ the 2010 KHIP found that 35% of Kentucky adults – and 34% of Northern Kentucky adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

Smoke-Free Restaurants

The majority of Northern Kentucky adults (53%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Northern Kentuckians indicated that it made their experience less enjoyable (5%), but more than 9 in 10 said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Northern Kentucky were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference? *(Graph presents only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)*

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

More than 8 in 10 Northern Kentucky adults (83%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹¹

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?
 (Graph presents only the percentage of respondents who indicated they favored this.)

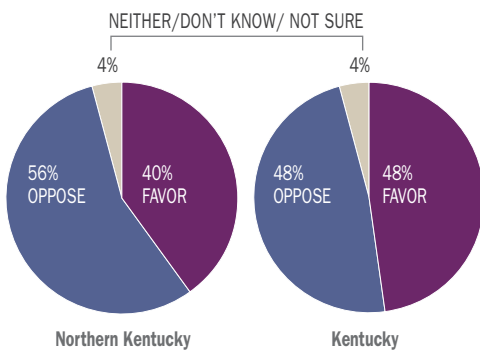


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. Less than half of Northern Kentucky respondents (40%) favored a smoke-free law, while slightly more opposed the law (56%).¹²

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?
 (Percentages may not add to 100 due to rounding)



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last 3 years. In comparison, the U.S. state prison system as a whole grew by 13% since 2000.¹³

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹⁴

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁵ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law.

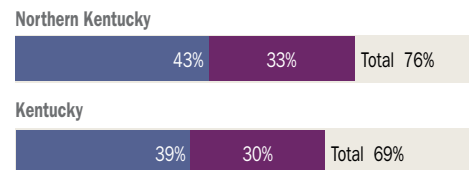
Community-based treatment can also be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Northern Kentucky, more than 3 out of 4 adults (76%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁶ Similarly, more than 7 in 10 (73%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.

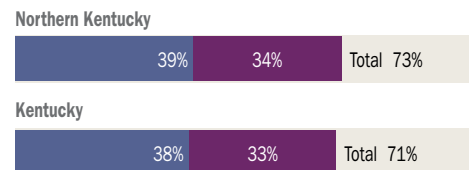
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
 (Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

STRONGLY FAVOR SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including more than 8 in 10 adults in Northern Kentucky (83%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.¹⁷

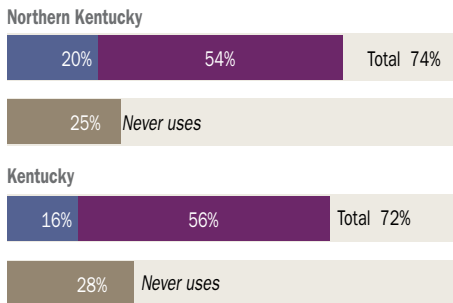
Talking or Texting While Driving

Adults in Northern Kentucky reported similar cell phone use, both talking and texting, as the state as a whole. Over half (54%) of Northern Kentucky adults reported they talk on their phone occasionally or almost never, and 20% reported they talk on their phone every time or almost every time they drive. One in four Northern Kentuckians (25%) reported they never use their cell phone to talk while driving.

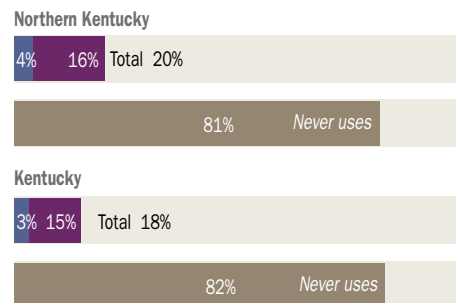
About 1 in 6 (16%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (4%) reported texting or emailing every time or almost every time they drive. More than 8 in 10 Northern Kentucky adults (81%) reported that they never use their cell phone to write text messages or email while driving.

■ EVERY TIME OR ALMOST EVERY TIME
 ■ OCASSIONALLY OR ALMOST NEVER
 ■ NEVER

How often do you use your cell phone while driving to talk?



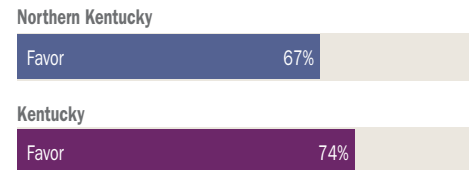
How often do you use your cell phone while driving to write text messages or emails?



Law to Prevent Phone Use while Driving

Two out of three Northern Kentucky adults (67%) favor a law making it illegal to use a cell phone while driving. About 3 in 10 (29%) opposed the law, and the remaining 5% were not sure.

Do you favor or oppose a law making it illegal to use a cell phone while driving?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

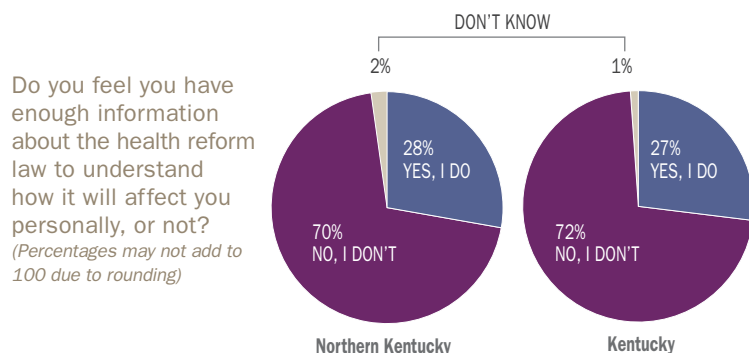
Fewer than 3 in 10 Northern Kentucky adults (28%) felt they had enough information about the PPACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. Fewer than 3 in 10 Northern Kentucky adults (28%) reported having a generally favorable opinion of the PPACA, while 1 in 2 adults had a generally unfavorable opinion of it (50%). Almost 1 in 4 Northern Kentucky adults (23%) expressed no opinion about the law. The views expressed in Northern Kentucky are similar to the rest of the state, but were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁸

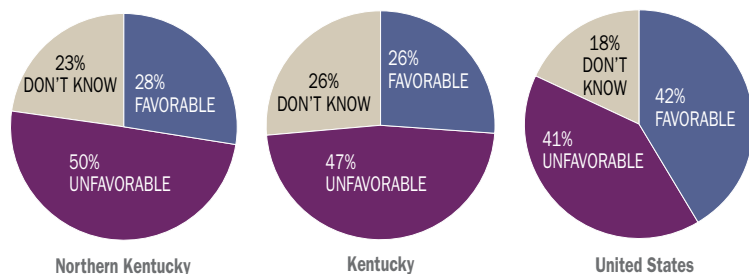
Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Northern Kentucky, respondents felt most favorably toward the law because of these elements:

- Small business tax credits (78%)
- Access to preventive services without co-payment (75%)
- Closing the Medicare donut hole over time (74%)
- Creating a high-risk pool for those with pre-existing conditions (69%)



Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? (Percentages may not add to 100 due to rounding)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

Tax credits to small businesses that offer coverage to their employees.



Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.

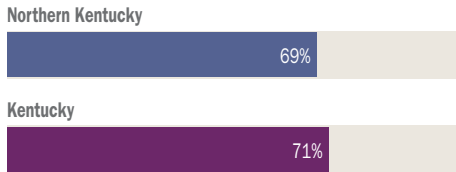


Gradually closing the Medicare prescription donut hole or coverage gap.

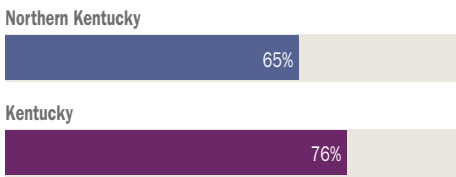


Kentuckians feel more favorable toward the PPACA because it includes the following elements (continued):

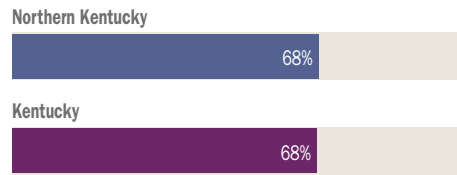
Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



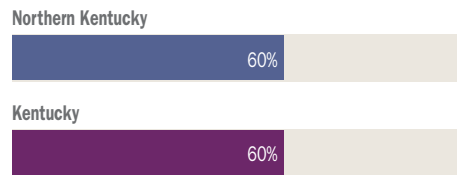
Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.



Children can stay on their parents' health insurance plan until age 26.



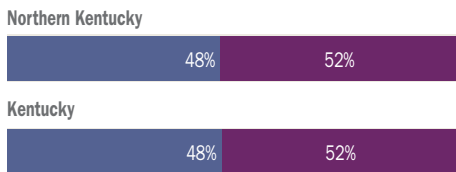
Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.



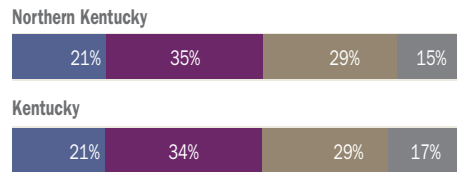
Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.

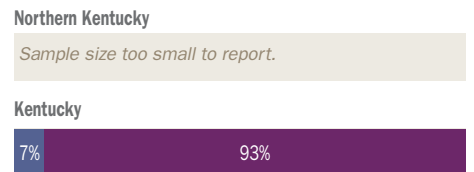
Sex
 MALE FEMALE



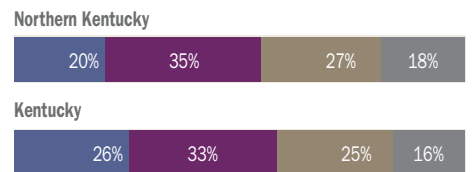
Age
 18 TO 29 30 TO 45 46 TO 64 65+



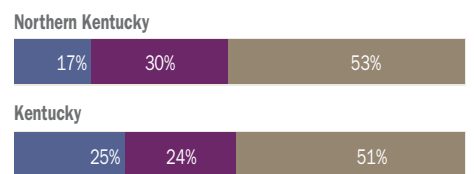
Race
 AFRICAN AMERICAN WHITE



Level of Education
 LESS THAN HIGH SCHOOL HIGH SCHOOL GRADUATE
 SOME COLLEGE COLLEGE GRADUATE



Household Income¹⁹
 BELOW 100% FPG BETWEEN 100% AND 200% FPG
 ABOVE 200% FPG



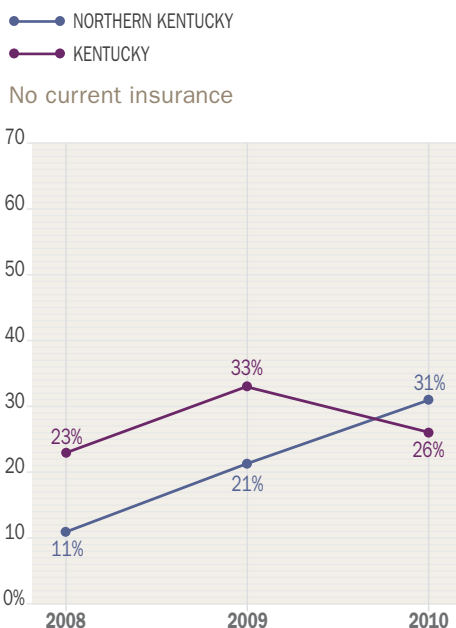
Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

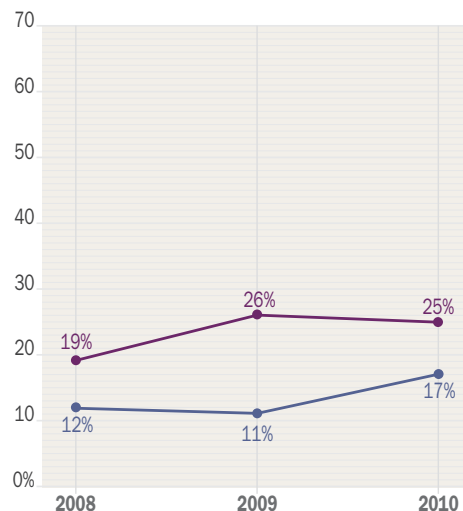
Not Having Health Insurance Coverage

The percent of Northern Kentucky adults ages 18-64 who lack health insurance increased since 2009, going from 21% in 2009 to 31% in 2010. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



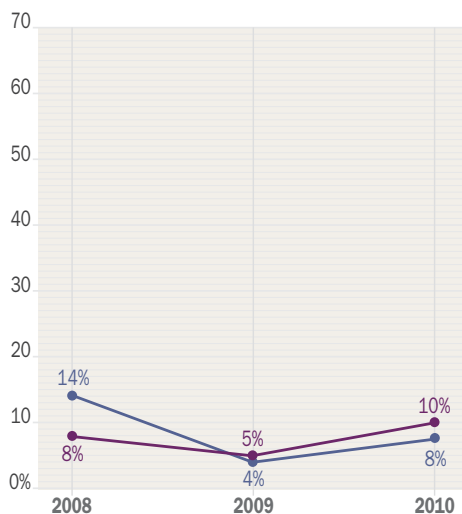
Adults living at less than 100% FPG



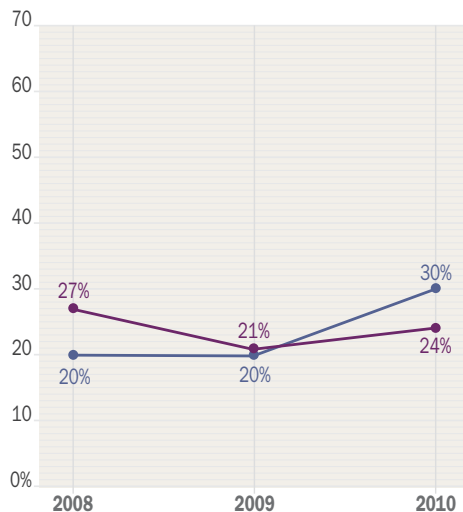
Gaps in Health Insurance Coverage

Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured Northern Kentuckians had stable insurance coverage over the past year. However, 1 in 12 insured Northern Kentucky adults ages 18-64 (8%) had been uninsured at some point in the past 12 months.

Currently insured but uninsured at some point in the last 12 months

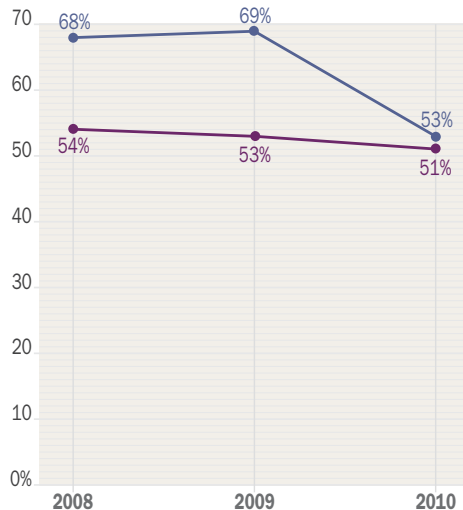


Adults living between 100% – 200% FPG



Therefore, 4 in 10 Northern Kentucky adults ages 18-64 (39%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.

Adults living at more than 200% FPG



Poverty Status

Adults living in Northern Kentucky have higher household incomes than adults in the state as a whole. A greater percentage of Northern Kentucky adults lived above 100% of the federal poverty guidelines (FPG)²⁰ than elsewhere in the state, although this number has decreased. Between 2009 and 2010, the number of Northern Kentucky adults living in poverty increased, narrowing the gap between Northern Kentucky and the rest of the state.



End Notes

(1)In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(2)**The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(3)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(4)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-I. Retrieved from <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm>. **(5)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved from <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(6)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(7)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR-108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(8)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(9)**Bureau of Labor Statistics (2011). Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/news.release/volun.toc.htm. **(10)**National data are from the 2009 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(11)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: "Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events." **(12)**The remaining 4% responded that they didn't have an opinion or weren't sure or didn't know whether they favored or opposed a smoke-free law. **(13)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(14)**Ibid. **(15)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(16)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(17)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(18)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(19)**In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(20)**Ibid.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 339 respondents resided in the Northern Kentucky Area Development District. The counties included in this region are:

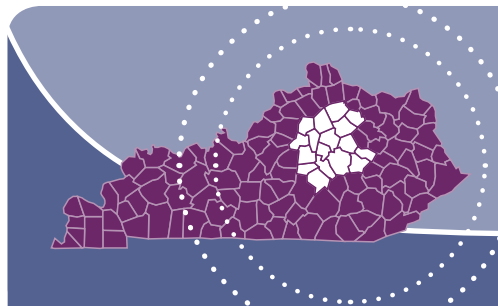
Boone County
Campbell County
Carroll County
Gallatin County
Grant County
Kenton County
Owen County
Pendleton County

This report presents a selection of questions with data specific to Northern Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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Spotlight on Greater Lexington



2010 KENTUCKY HEALTH ISSUES POLL

September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the *Kentucky Health Issues Poll*, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Bluegrass Area Development District. About 18% of Kentuckians live in this 16-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Greater Lexington residents were comparable to the state as a whole. Like the statewide results, adults in Greater Lexington:

- Find eating in a smoke-free restaurant more enjoyable (58%),
- Support smoke-free school campuses (83%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (62%) or nonviolent crimes while under the influence of alcohol (62%),
- Support a complete ban on cell phone use while driving (69%), and
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (76%).

There were a few key differences in Greater Lexington, as compared to the rest of the state. Adults in Greater Lexington were more likely to:

- Agree there are sidewalks or shoulders on streets that allow for safe walking, jogging and biking in their community,
- Contact their elected officials, or candidates for office, by phone or email,
- Talk and text or send email messages on their cell phones while driving,
- Earn more than 100% of the Federal Poverty Guideline(FPG).¹

This Spotlight on Greater Lexington presents these and other findings from the *2010 Kentucky Health Issues Poll (KHIP)*.



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¹In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Greater Lexington estimates to ±5.4%. 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Heart Disease Concern and Leading Cause of Death for Men

One in three Greater Lexington adults (32%) listed heart disease as the most important health issue for men, this was followed by cancer (30%), and obesity (15%). Another 9% of Greater Lexington residents said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.² In Greater Lexington, the order varied: the leading cause of death for men was cancer, followed by heart disease and injuries.

Cancer Leading Concern and Leading Cause of Death for Women

More than half of Greater Lexington adults (53%) said that cancer in general was the most important health issue facing women, with more than 4 in 10 (42%) specifying breast cancer as the most important issue. These were followed by obesity (11%), and heart disease (8%). Another 9% said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women,³ nearly tied by second-ranked heart disease, and followed by chronic lung disease. The leading causes of death for women in Greater Lexington were the same as for the state as a whole.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

MEN	WOMEN	CHILDREN**
1. Cancer	1. Cancer*	1. Obesity
2. Heart Disease*	2. Obesity	2. Diabetes
3. Obesity	3. Heart Disease	3. Cancer

*Actual leading cause of death.

**Unintentional injuries are the actual leading cause of death for children (ages 1-17).



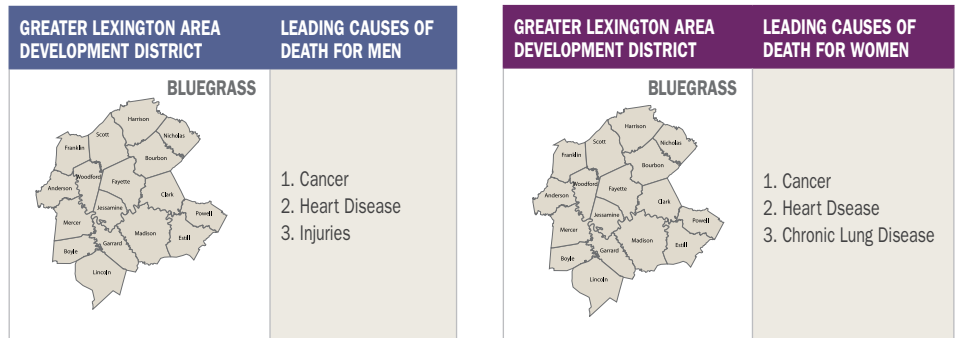
Obesity Leading Concern, Injuries Leading Cause of Death for Children

Greater Lexington adults identified obesity (38%), diabetes (9%), and cancer (8%) as the most important health care issues facing children. Another 18% said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky.⁴ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.

Leading Causes of Death for Men and Women in Greater Lexington by Area Development District⁶



Actual Causes of Death in Kentucky

MEN	WOMEN
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Injuries	3. Chronic Lung Disease

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁵



Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Greater Lexington residents on a number of community health issues.

Access to Healthy Foods

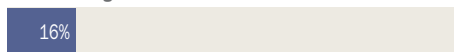
Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁷ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

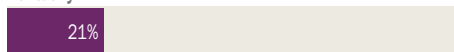
While the majority of Kentuckians have access to fresh produce in their communities, 1 in 6 Greater Lexington adults (16%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is similar to the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.

Greater Lexington



Kentucky



Affording Nutritious Meals is a Source of Stress

The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many in Greater Lexington. Nearly 4 in 10 Greater Lexington adults (37%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

More than half of Greater Lexington adults (55%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. In both categories tracked by KHIP, Greater Lexington respondents reported similar levels of stress to the state as a whole.

How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)

ALWAYS USUALLY SOMETIMES

Greater Lexington



Kentucky



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?

Greater Lexington



Kentucky



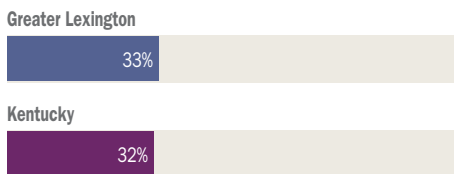
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Greater Lexington respondents indicated their communities were as walkable as other regions in the state. Only about 1 in 3 Greater Lexington adults (33%) felt there were many destinations to go within an easy walking distance from their home.

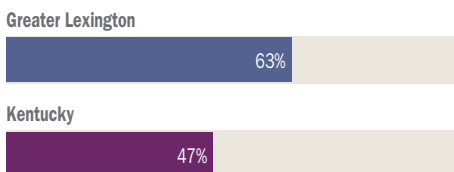
Nearly 2 in 3 adults in Greater Lexington (63%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. This is higher than the state as a whole, where less than half of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community.



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. (Graphs present the combined percentage of Kentucky adults who said they “strongly agreed” or “somewhat agreed” with the statement.)



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



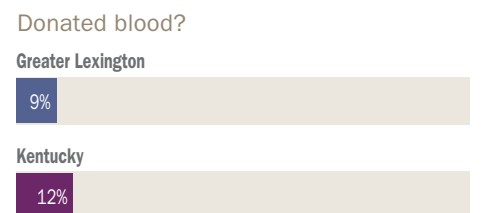
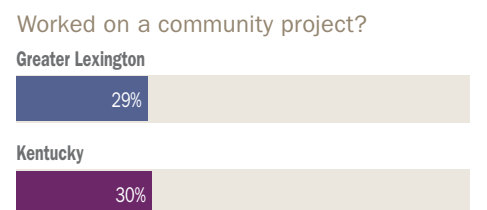
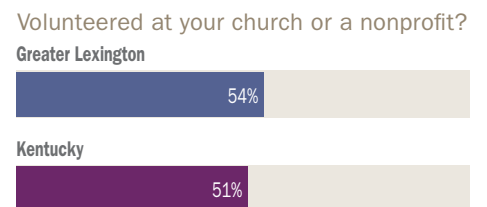
Civic Engagement

Much has been written about the public and personal benefits of community involvement.⁸ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁹

Community Service

Greater Lexington adults volunteer more than adults in the nation and about as often as all Kentucky adults. More than half of Greater Lexington adults (54%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. Nearly 3 in 10 adults (29%) had worked on a community project and 1 in 10 (9%) had donated blood in the previous year.

In the past 12 months have you... (Graphs present percentage of adults who answered “yes” they have done the specified activity.)



Political Process

As policymakers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

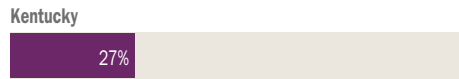
As was observed across the state, fewer Greater Lexington residents reported participating in parts of the political process compared to community service activities. In Greater Lexington, 1 in 3 adults (33%) had contacted an elected official or candidate for office by phone or email, and 1 in 5 (20%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Greater Lexington, more than 1 in 7 (14%) had signed a petition; 1 in 5 (19%) had attended a political meeting or rally; and fewer than 1 in 30 adults (3%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Greater Lexington are similar to the state as a whole.

In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

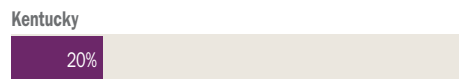
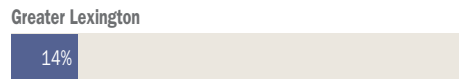
Contacted an elected official or candidate via phone or email?



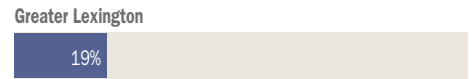
Visited an elected official or candidate?



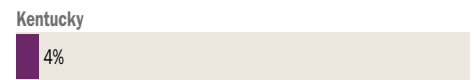
Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

Health policy is an important tool for changing how Kentuckians experience the health environment. This section will present the opinions of Greater Lexington residents on a number of current health policy issues.

Smoke-Free Policies

While 17% of U.S. adults are current smokers,¹⁰ the 2010 KHIP found that 35% of Kentucky adults – and 34% of Greater Lexington adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

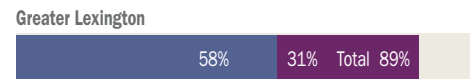
Smoke-Free Restaurants

Nearly 6 in 10 Greater Lexington adults (58%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Greater Lexington residents indicated that it made their experience less enjoyable (11%), but nearly nine in ten said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Greater Lexington were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference?

(Graphs present only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

More than 8 in 10 Greater Lexington adults (83%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹¹

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?
(Graph presents only the percentage of respondents who indicated they favored this.)

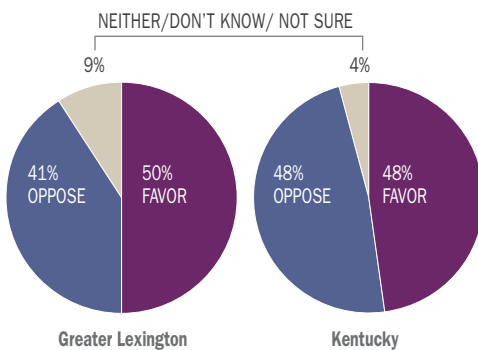


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. Half of Greater Lexington respondents (50%) favored a smoke-free law, while 4 in 10 opposed the law (41%).¹²

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?
(Percentages may not add to 100 due to rounding)



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last 3 years. In comparison, the U.S. state prison system as a whole grew by 13% since 2000.¹³

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹⁴

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁵ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law.

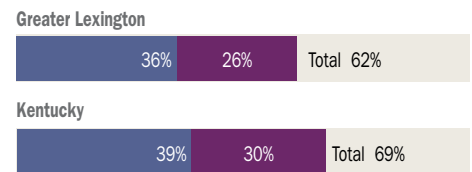
Community-based treatment can also be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Greater Lexington, more than 6 in 10 adults (62%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁶ Similarly, more than 2 in 3 (68%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.¹⁷

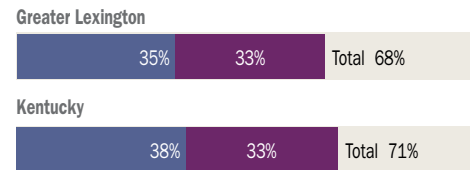
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
(Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

■ STRONGLY FAVOR ■ SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including more than 3 in 4 adults in Greater Lexington (78%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.

Talking or Texting While Driving

Compared to the state as a whole, Greater Lexington adults are more likely to use their cell phones to talk or text while driving.

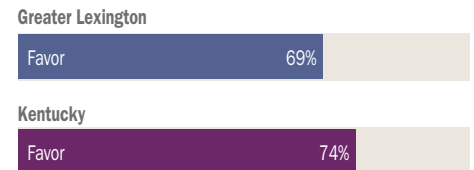
Over half (54%) of Greater Lexington adults reported they talk on their phone occasionally or almost never, and 24% reported they talk on their phone every time or almost every time they drive. One in four Greater Lexington residents (22%) reported they never use their cell phone to talk while driving.

About 1 in 6 (16%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (7%) reported texting or emailing every time or almost every time they drive. Most Greater Lexington adults (77%) reported that they never use their cell phone to write text messages or email while driving.

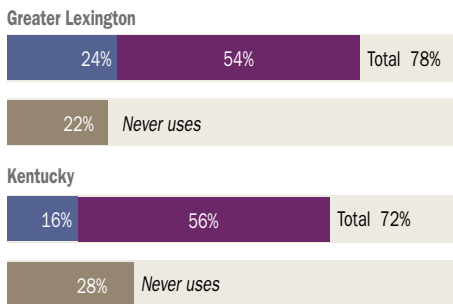
Law to Prevent Phone Use while Driving

Nearly 7 in 10 Greater Lexington adults (69%) favor a law making it illegal to use a cell phone while driving. About 1 in 4 (27%) opposed the law, and the remaining 4% were not sure.

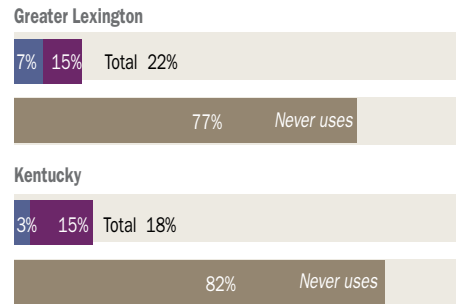
Do you favor or oppose a law making it illegal to use a cell phone while driving?



How often do you use your cell phone while driving to talk?



How often do you use your cell phone while driving to write text messages or emails?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

Just 1 in 4 Greater Lexington adults (24%) felt they had enough information about the PPACA to understand how it would affect them personally. This is similar to the state average, where just over one in four Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. One in four Greater Lexington adults (28%) reported having a generally favorable opinion of the PPACA, while 4 in 10 adults had a generally unfavorable opinion of it (44%). More than 1 in 4 Greater Lexington adults (27%) expressed no opinion about the law. The views expressed in Greater Lexington are similar to the rest of the state, but were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁸

Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Greater Lexington, respondents felt most favorably toward the law because of these elements:

- Prohibiting denying coverage for children with pre-existing conditions (81%)
- Small business tax credits (79%)
- Access to preventive services without co-payment (76%)
- Creating a high-risk pool for those with pre-existing conditions who cannot afford health insurance (72%)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

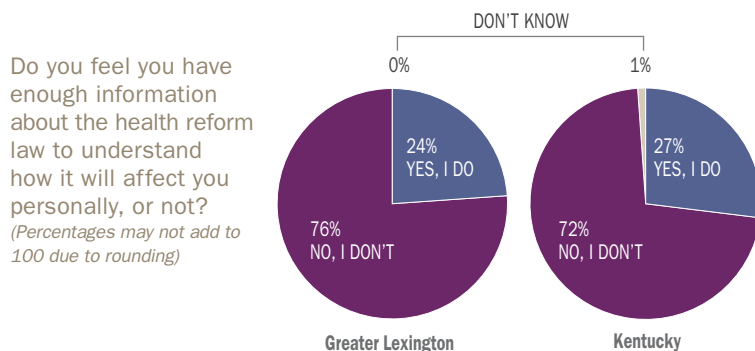
Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.



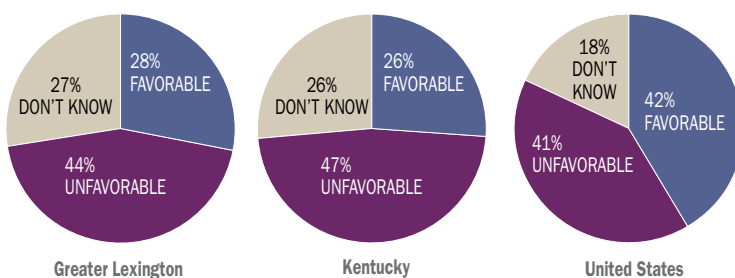
Tax credits to small businesses that offer coverage to their employees.



Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.

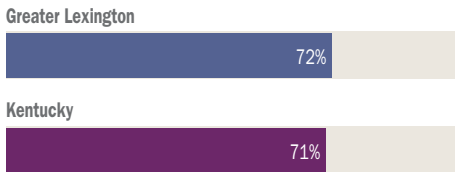


Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? *(Percentages may not add to 100 due to rounding)*

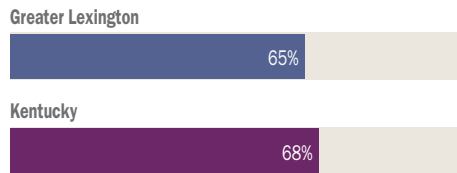


Kentuckians feel *more favorable* toward the PPACA because it includes the following elements (continued):

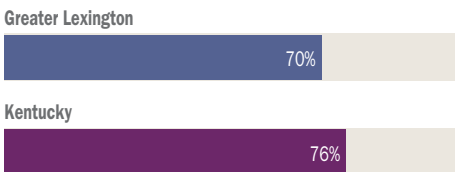
Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



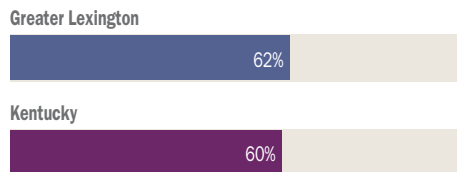
Children can stay on their parents' health insurance plan until age 26.



Gradually closing the Medicare prescription donut hole or coverage gap.

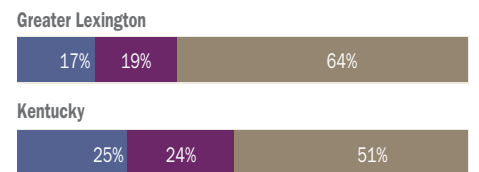
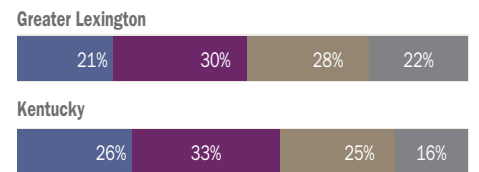
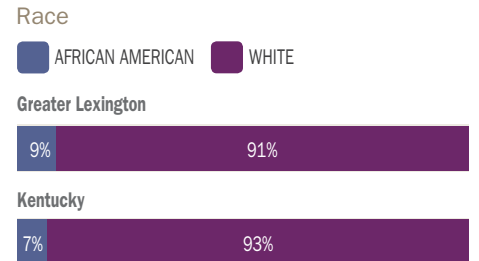
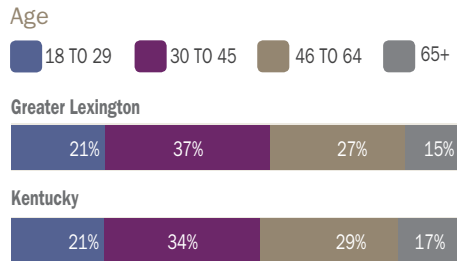
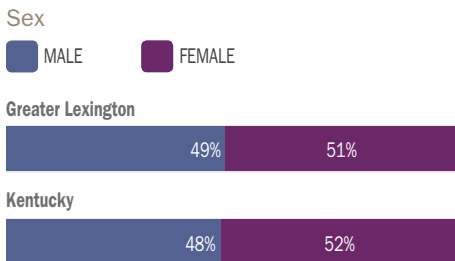


Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.



Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.



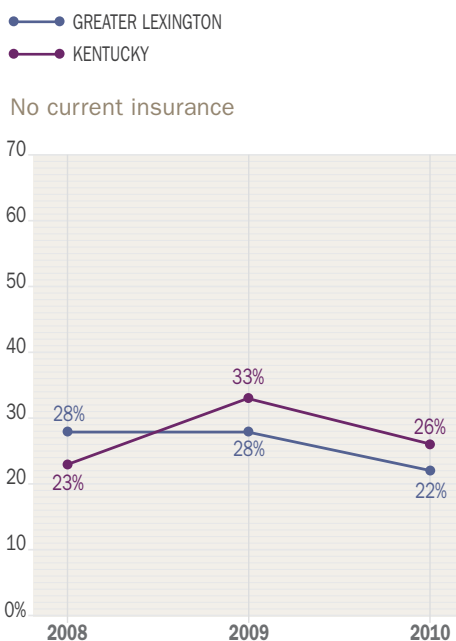
Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

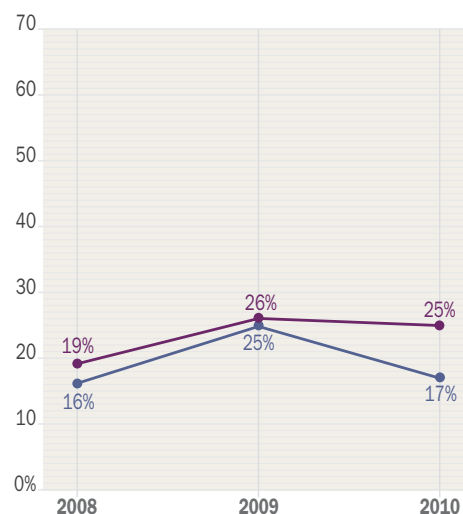
Not Having Health Insurance Coverage

The percent of Greater Lexington adults ages 18-64 who lack health insurance decreased slightly since 2009, going from 28% in 2009 to 22% in 2010. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



Adults living at less than 100% FPG

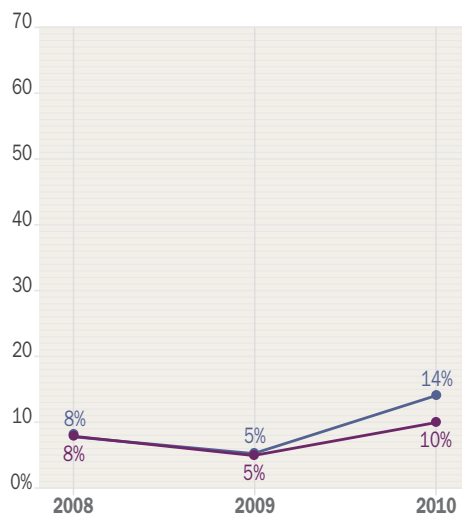


Gaps in Health Insurance Coverage

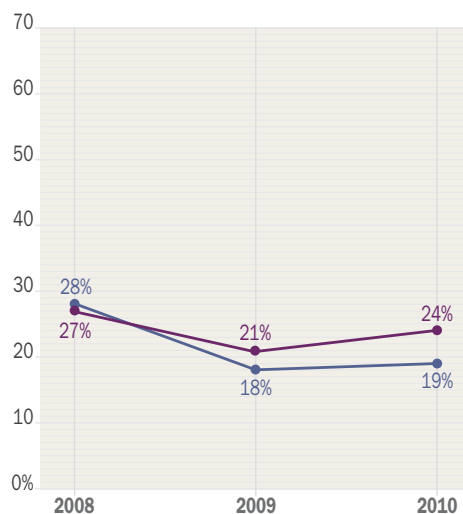
Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured adults in Greater Lexington had stable insurance coverage over the past year. However, 1 in 7 insured Greater Lexington adults ages 18-64 (14%) had been uninsured at some point in the past 12 months.

Therefore, more than 1 in 3 Greater Lexington adults ages 18-64 (36%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.

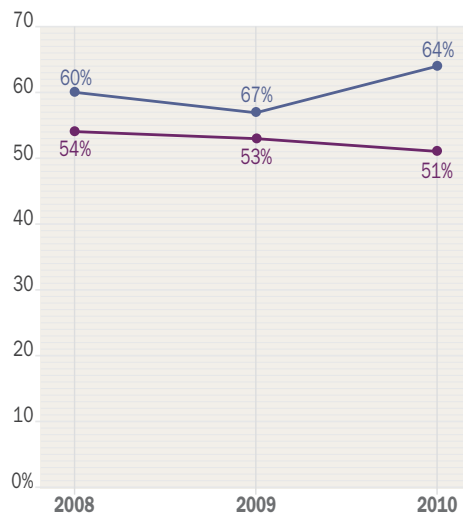
Currently insured but uninsured at some point in the last 12 months



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Poverty Status

Adults living in Greater Lexington have higher household incomes than adults in the state as a whole. A greater percentage of Greater Lexington adults lived above 100% of the federal poverty guidelines (FPG)²⁰ than elsewhere in the state. Between 2009 and 2010, the number of Greater Lexington adults earning less than 100% of the FPG decreased, widening the gap between Greater Lexington and the rest of the state.



End Notes

(1)In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(2)**The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(3)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(4)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-I. Retrieved from: <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+R+eports.htm>. **(5)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved at: <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(6)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(7)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR-108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(8)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(9)**Bureau of Labor Statistics (2011).

Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/news.release/volun.toc.htm. **(10)**National data are from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(11)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: "Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events." **(12)**The remaining 9% responded that they didn't have an opinion or weren't sure or didn't know whether they favored or opposed a smoke-free law. **(13)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(14)**Ibid. **(15)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(16)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(17)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(18)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(19)**In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(20)**Ibid.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 313 respondents resided in the Bluegrass Area Development District. The counties included in this region are:

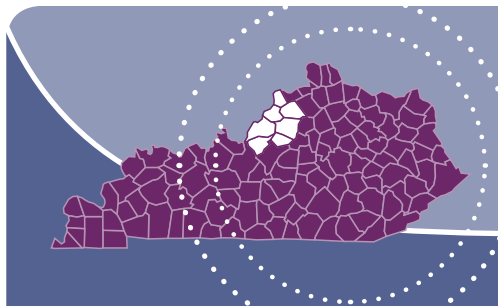
Anderson County	Jessamine County
Bourbon County	Lincoln County
Boyle County	Madison County
Clark County	Mercer County
Estill County	Nicholas County
Fayette County	Powell County
Garrard County	Scott County
Harrison County	Woodford County

This report presents a selection of questions with data specific to Greater Lexington. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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Spotlight on Greater Louisville

2010 KENTUCKY HEALTH ISSUES POLL

September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the *Kentucky Health Issues Poll*, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the KIPDA Area Development District. About 22% of Kentuckians live in this 7-county region (*please see "About the Kentucky Health Issues Poll" on page 12 for the list of counties*).

In general, responses from Greater Louisville residents were comparable to the state as a whole. Like the statewide results, adults in Greater Louisville:

- Find eating in a smoke-free restaurant more enjoyable (67%),
- Support smoke-free school campuses (89%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (76%) or nonviolent crimes while under the influence of alcohol (71%),
- Support a complete ban on cell phone use while driving (72%), and
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (75%).

There were a few key differences in Greater Louisville, as compared to the rest of the state. Adults in Greater Louisville were more likely to:

- Support a statewide smoke-free law,
- Support treatment over incarceration for people convicted of nonviolent illegal drug use,
- Have a favorable view of the Patient Protection and Affordable Care Act,
- Talk on their cell phones while driving.

This Spotlight on Greater Louisville presents these and other findings from the *2010 Kentucky Health Issues Poll (KHIP)*.



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Greater Louisville estimates to ±5.4%. 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Cancer Leading Concern, Heart Disease Leading Cause of Death for Men

One in three Greater Louisville adults (33%) listed cancer as the most important health issue for men, this was tied with heart disease (33%), and followed by obesity (11%). Another 9% of Greater Louisville residents said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.¹ In Greater Louisville, cancer was the leading cause of death for men, followed by heart disease and chronic lung disease.

Cancer Leading Concern and Leading Cause of Death for Women

Nearly 6 in 10 Greater Louisville adults (57%) said that cancer in general was the most important health issue facing women, with more than half of all adults (52%) specifying breast cancer as the most important issue. These were followed by heart disease (15%), and obesity (9%) and 2% said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women,² nearly tied by second-ranked heart disease, and followed by chronic lung disease. The leading causes of death for women in Greater Louisville were the same as for the state as a whole.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

MEN	WOMEN	CHILDREN**
1. Cancer	1. Cancer*	1. Obesity
2. Heart Disease*	2. Heart Disease	2. Diabetes
3. Obesity	3. Obesity	3. Cancer

*Actual leading cause of death.

**Unintentional injuries are the actual leading cause of death for children (ages 1-17).



Obesity Leading Concern, Injuries Leading Cause of Death for Children

Greater Louisville adults identified obesity (32%), diabetes (10%), mental health issues (6%), cancer and asthma (both 5%) as the most important health care issues facing children. Another 14% said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky.³ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

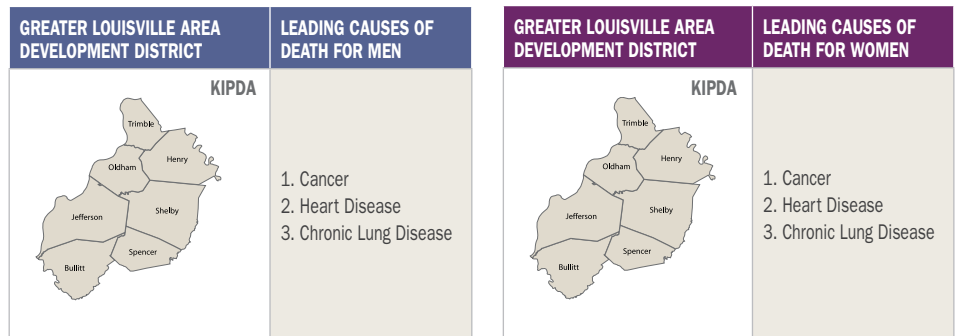
It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.

Actual Causes of Death in Kentucky

MEN	WOMEN
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Injuries	3. Chronic Lung Disease

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁴

Leading Causes of Death for Men and Women in Greater Louisville by Area Development District⁵



Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Greater Louisville residents on a number of community health issues.

Access to Healthy Foods

Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁶ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

While the majority of Kentuckians have access to fresh produce in their communities, nearly 1 in 5 Greater Louisville adults (18%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is similar to the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.

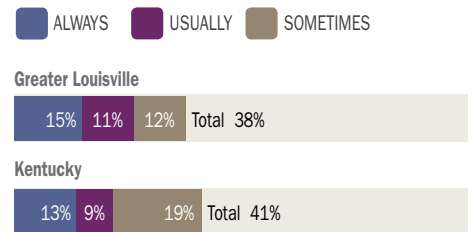


Affording Nutritious Meals is a Source of Stress

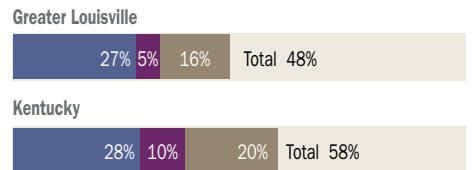
The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many in Greater Louisville. Nearly 4 in 10 Greater Louisville adults (38%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

Nearly half of Greater Louisville adults (48%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. While Greater Louisville respondents reported similar levels of stress about food to the state as a whole, they reported lower levels of stress about paying their rent or mortgage.

How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?
(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?



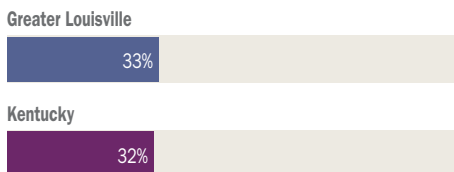
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Greater Louisville respondents indicated their communities were as walkable as other regions in the state. Only about 1 in 3 Greater Louisville adults (33%) felt there were many destinations to go within an easy walking distance from their home.

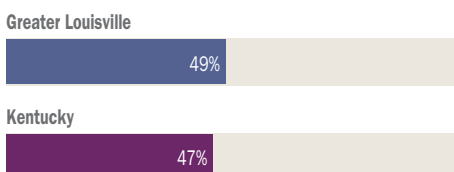
Half of the adults in Greater Louisville (49%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. This is similar to the state as a whole, where less than half of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community.



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. *(Graphs present the combined percentage of Kentucky adults who said they "strongly agreed" or "somewhat agreed" with the statement.)*



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



Civic Engagement

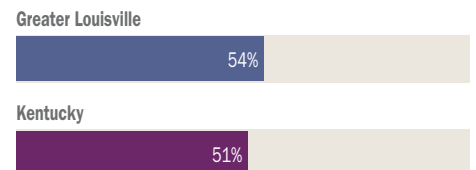
Much has been written about the public and personal benefits of community involvement.⁷ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁸

Community Service

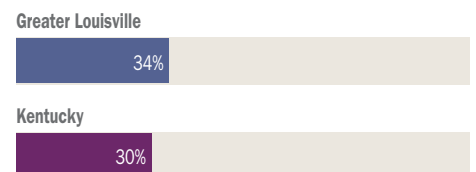
Greater Louisville adults volunteer more than adults in the nation and about as often as all Kentucky adults. More than half of Greater Louisville adults (54%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. More than 1 in 3 adults (34%) had worked on a community project and 1 in 10 (11%) had donated blood in the previous year.

In the past 12 months have you... *(Graphs present percentage of adults who answered "yes" they have done the specified activity.)*

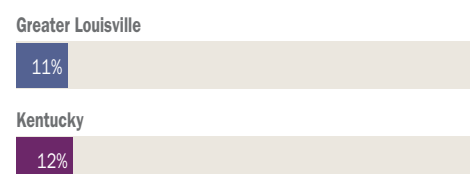
Volunteered at your church or a nonprofit?



Worked on a community project?



Donated blood?



Political Process

As policymakers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

As was observed across the state, fewer Greater Louisville residents reported participating in parts of the political process compared to community service activities. In Greater Louisville, more than 1 in 4 adults (27%) had contacted an elected official or candidate for office by phone or email, and 1 in 6 (17%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Greater Louisville, more than 1 in 4 (28%) had signed a petition; 1 in 7 (14%) had attended a political meeting or rally; and 1 in 20 adults (5%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Greater Louisville are similar to the state as a whole.

In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

Contacted an elected official or candidate via phone or email?



Visited an elected official or candidate?



Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

Health policy is an important tool for changing how Kentuckians experience the health environment. This section will present the opinions of Greater Louisville residents on a number of current health policy issues.

Smoke-Free Policies

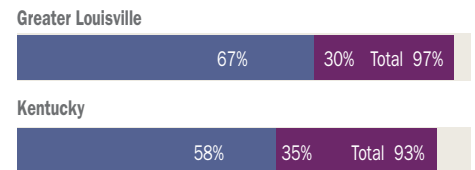
While 17% of U.S. adults are current smokers,⁹ the 2010 KHIP found that 35% of Kentucky adults – and 27% of Greater Louisville adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

Smoke-Free Restaurants

Two out of three Greater Louisville adults (67%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Greater Louisville residents indicated that it made their experience less enjoyable (4%), but more than 9 in 10 said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Greater Louisville were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference? (Graph presents only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

Nearly 9 in 10 Greater Louisville adults (89%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹⁰

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?
(Graph presents only the percentage of respondents who indicated they favored this.)

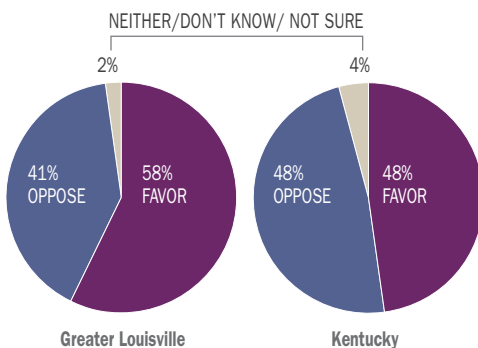


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. More than half of Greater Louisville respondents (58%) favored a smoke-free law, while 4 in 10 opposed the law (41%).¹¹

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?
(Percentages may not add to 100 due to rounding)



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last 3 years. In comparison, the U.S. state prison system as a whole grew by 13% since 2000.¹²

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹³

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁴ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law.

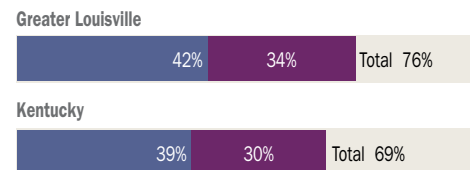
Community-based treatment can also be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Greater Louisville, more than 3 out of 4 adults (76%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁵ Similarly, more than 7 in 10 (71%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.

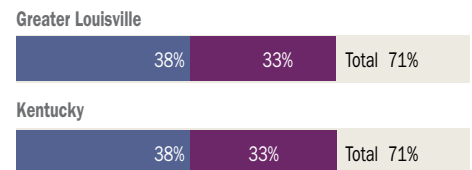
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
(Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

STRONGLY FAVOR SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including more than 8 in 10 adults in Greater Louisville (86%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.¹⁶

Talking or Texting While Driving

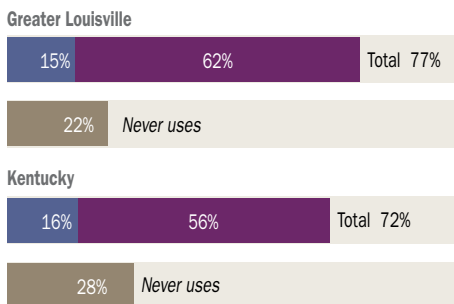
Compared to the state as a whole, Greater Louisville adults are equally likely to use their cell phones to talk or text while driving.

Over half (62%) of Greater Louisville adults reported they talk on their phone occasionally or almost never, and 15% reported they talk on their phone every time or almost every time they drive. One in four Greater Louisville residents (22%) reported they never use their cell phone to talk while driving.

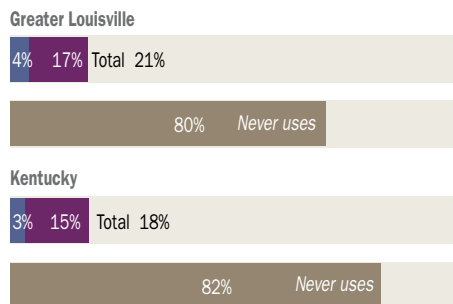
About 1 in 6 (17%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (4%) reported texting or emailing every time or almost every time they drive. Most Greater Louisville adults (80%) reported that they never use their cell phone to write text messages or email while driving.

EVERY TIME OR ALMOST EVERY TIME
 OCASSIONALLY OR ALMOST NEVER
 NEVER

How often do you use your cell phone while driving to talk?



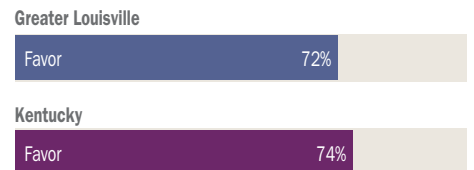
How often do you use your cell phone while driving to write text messages or emails?



Law to Prevent Phone Use while Driving

Nearly 3 in 4 Greater Louisville adults (72%) favor a law making it illegal to use a cell phone while driving. About 1 in 4 (25%) opposed the law, and the remaining 3% were not sure.

Do you favor or oppose a law making it illegal to use a cell phone while driving?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

Just 1 in 4 Greater Louisville adults (25%) felt they had enough information about the PPACA to understand how it would affect them personally. This is similar to the state average, where just over 1 in 4 Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. One in three Greater Louisville adults (32%) reported having a generally favorable opinion of the PPACA, while 4 in 10 adults had a generally unfavorable opinion of it (42%). About 1 in 4 Greater Louisville adults (26%) expressed no opinion about the law. Support for the law was higher in Greater Louisville than the rest of the state, but views expressed in Greater Louisville were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁷

Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Greater Louisville, respondents felt most favorably toward the law because of these elements:

- Small business tax credits (82%)
- Closing the Medicare donut hole over time (76%)
- Prohibiting denying coverage for children with pre-existing conditions (76%)
- Access to preventive services without co-payment (73%)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

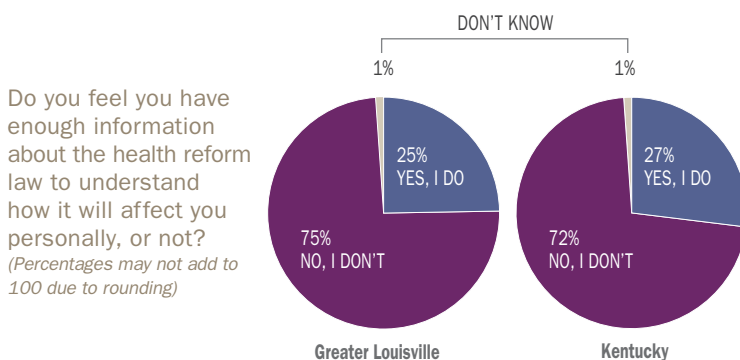
Tax credits to small businesses that offer coverage to their employees.



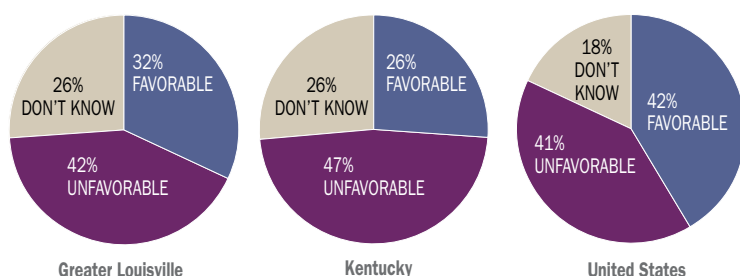
Gradually closing the Medicare prescription donut hole or coverage gap.



Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.

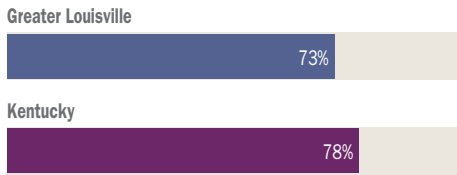


Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? (Percentages may not add to 100 due to rounding)

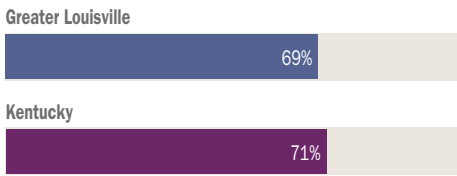


Kentuckians feel more favorable toward the PPACA because it includes the following elements (continued):

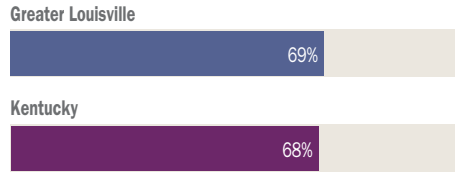
Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.



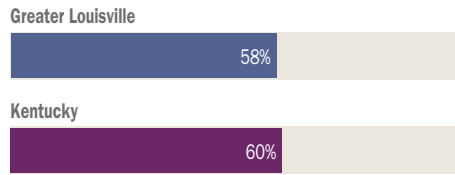
Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



Children can stay on their parents' health insurance plan until age 26.

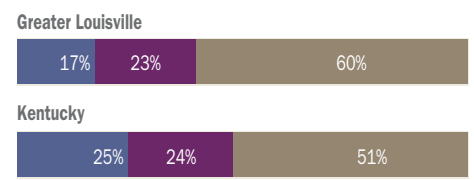
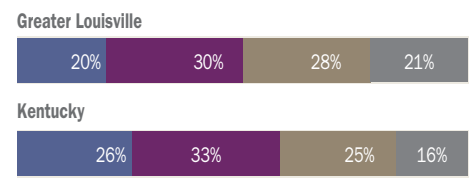
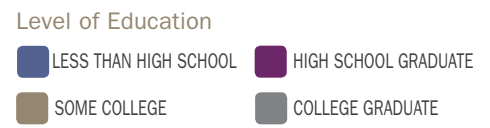
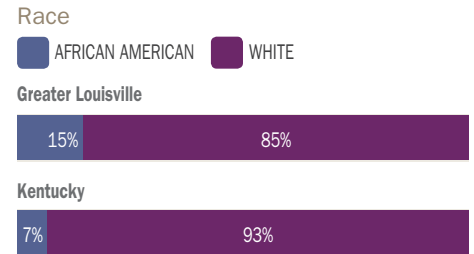
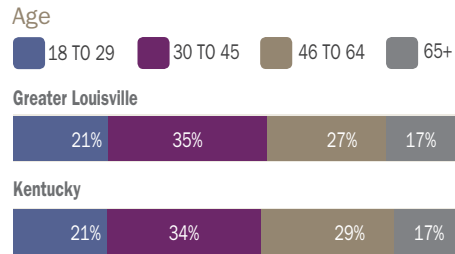
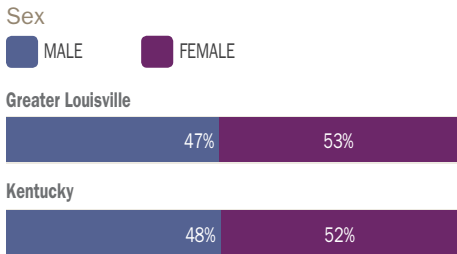


Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.



Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.



Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

Not Having Health Insurance Coverage

The percent of Greater Louisville adults ages 18-64 who lack health insurance has not changed since 2009, holding steady at 25%. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

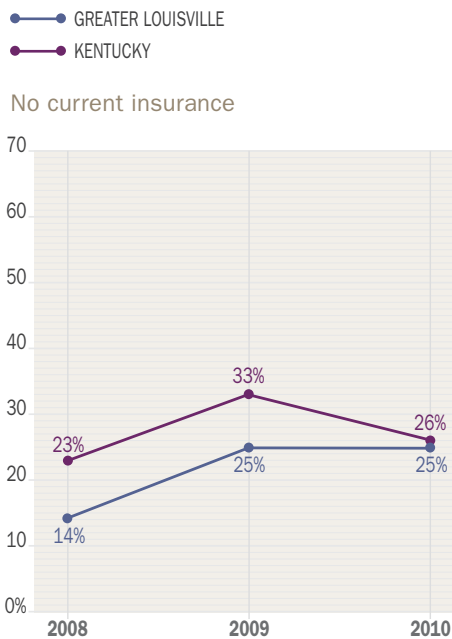
Gaps in Health Insurance Coverage

Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured adults in Greater Louisville had stable insurance coverage over the past year. However, 1 in 10 insured Greater Louisville adults ages 18-64 (9%) had been uninsured at some point in the past 12 months.

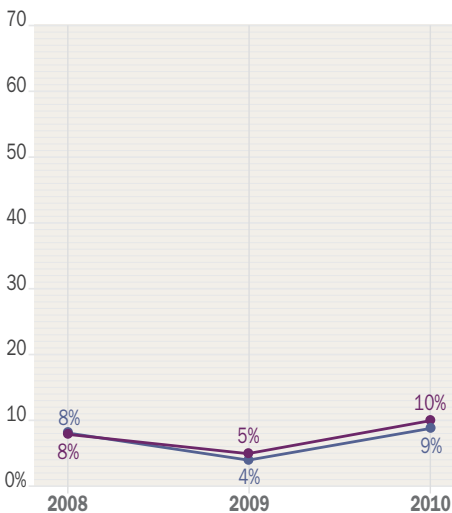
Therefore, 1 in 3 Greater Louisville adults ages 18-64 (34%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.



Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



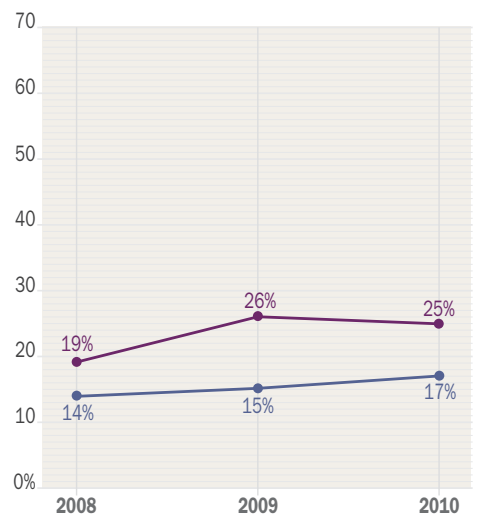
Currently insured but uninsured at some point in the last 12 months



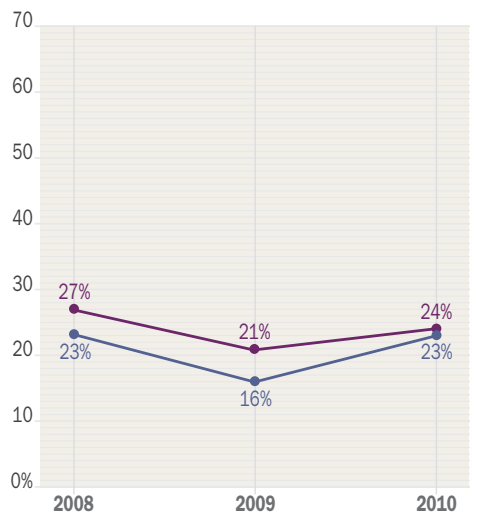
Poverty Status

Adults living in Greater Louisville have higher household incomes than adults in the state as a whole. A greater percentage of Greater Louisville adults lived above 100% of the federal poverty guidelines (FPG)¹⁹ than elsewhere in the state. Between 2009 and 2010, the number of Greater Louisville adults earning more than 200% of the FPG decreased, narrowing the gap between Greater Louisville and the rest of the state.

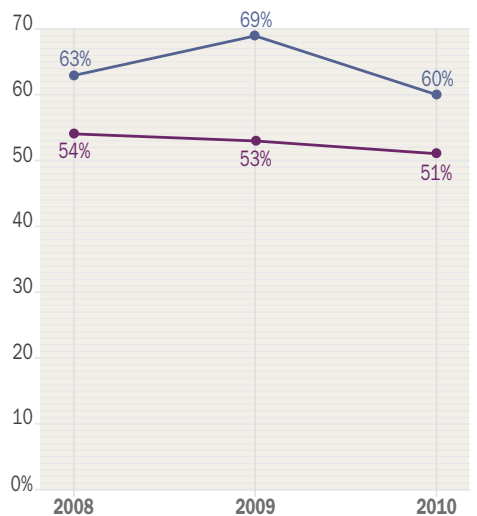
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



End Notes

(1)The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(2)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(3)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-I. Retrieved from <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm>. **(4)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved from <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(5)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(6)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR-108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(7)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(8)**Bureau of Labor Statistics (2011). Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/

[news.release/volun.toc.htm](http://www.bls.gov/news.release/volun.toc.htm). **(9)**National data are from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(10)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events.” **(11)**The remaining 2% responded that they didn’t have an opinion or weren’t sure or didn’t know whether they favored or opposed a smoke-free law. **(12)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(13)**Ibid. **(14)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America’s Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(15)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(16)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(17)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(18)**In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(19)**Ibid.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 334 respondents resided in the KIPDA Area Development District. The counties included in this region are:

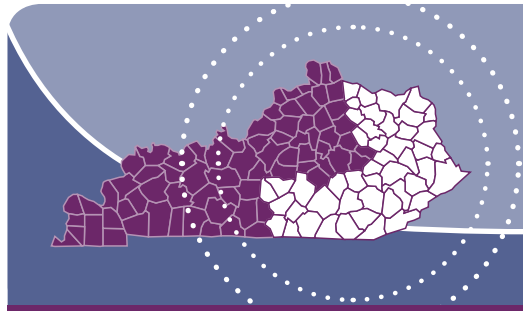
Bullitt County
Henry County
Jefferson County
Oldham County
Shelby County
Spencer County
Trimble County

This report presents a selection of questions with data specific to Greater Louisville. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

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Spotlight on

Eastern Kentucky

2010 KENTUCKY HEALTH ISSUES POLL



September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the *Kentucky Health Issues Poll* (KHIP), a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from Eastern Kentucky – including the Big Sandy, Buffalo Trace, Cumberland Valley, FIVCO, Gateway, Kentucky River and Lake Cumberland Area Development Districts. About 22% of Kentuckians live in this 46-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Eastern Kentucky residents were comparable to the state as a whole. Like the statewide results, adults in Eastern Kentucky:

- Find eating in a smoke-free restaurant more enjoyable (56%),
- Support smoke-free school campuses (88%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (66%) or nonviolent crimes while under the influence of alcohol (69%),
- Support a complete ban on cell phone use while driving (77%), and
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (66%).

There were a few key differences in Eastern Kentucky, as compared to the rest of the state. Adults in Eastern Kentucky were **more likely** to:

- Worry about having enough money to buy nutritious meals.

Additionally, adults in Eastern Kentucky were **less likely** to:

- Volunteer in their community,
- Have access to affordable fruits and vegetables,
- Live in walkable communities, with fewer sidewalks and shoulders for safe walking, jogging, or biking, and
- Use their cell phones to talk or text while driving.

This Spotlight on Eastern Kentucky presents these and other findings from the *2010 Kentucky Health Issues Poll* (KHIP).



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Eastern Kentucky estimates to ±5.4%. 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Cancer Leading Concern, Heart Disease Leading Cause of Death for Men

Nearly 4 in 10 Eastern Kentucky adults (38%) listed cancer as the most important health issue for men, followed by heart disease (30%), diabetes (3%) and obesity (3%). Another 13% of Eastern Kentuckians said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.¹ Heart disease was the leading cause of death for men in each of the seven Area Development Districts covered by this report.

Cancer Leading Concern and Leading Cause of Death for Women

Nearly 2 out of 3 Eastern Kentucky adults (64%) said that cancer in general was the most important health issue facing women, with more than half of all adults (56%) specifying breast cancer as the most important issue. These were followed by heart disease (8%), and another 13% of Eastern Kentuckians said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women², nearly tied by second-ranked heart disease, and followed by chronic lung disease. In Eastern Kentucky, heart disease was the leading cause of death for women in 5 of the 7 Area Development Districts covered by this report, with cancer being the leading cause of death in the others.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

MEN	WOMEN	CHILDREN**
1. Cancer	1. Cancer*	1. Obesity
2. Heart Disease*	2. Heart Disease	2. Diabetes
3. Diabetes/Obesity	3. Obesity	3. Cancer

*Actual leading cause of death.

**Unintentional injuries are the actual leading cause of death for children (ages 1-17).



Obesity Leading Concern, Injuries Leading Cause of Death for Children

Eastern Kentucky adults identified obesity (24%), diabetes (9%), and cancer (7%) as the most important health care issues facing children. Another 19% of Eastern Kentuckians said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky.³ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.

Actual Causes of Death in Kentucky

MEN	WOMEN
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Injuries	3. Chronic Lung Disease



Leading Causes of Death for Men and Women in Eastern Kentucky by Area Development District⁵

EASTERN KENTUCKY AREA DEVELOPMENT DISTRICT	LEADING CAUSES OF DEATH FOR MEN	EASTERN KENTUCKY AREA DEVELOPMENT DISTRICT	LEADING CAUSES OF DEATH FOR WOMEN
<p>BIG SANDY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease 	<p>BIG SANDY</p>	<ol style="list-style-type: none"> 1. Cancer 2. Heart Disease 3. Chronic Lung Disease
<p>BUFFALO TRACE</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Injuries 	<p>BUFFALO TRACE</p>	<ol style="list-style-type: none"> 1. Cancer 2. Heart disease 3. Diabetes
<p>CUMBERLAND VALLEY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Injuries 	<p>CUMBERLAND VALLEY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease
<p>GATEWAY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Injuries 	<p>GATEWAY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease
<p>FIVCO</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease 	<p>FIVCO</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease
<p>KENTUCKY RIVER</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Injuries 	<p>KENTUCKY RIVER</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease
<p>CUMBERLAND VALLEY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Injuries 	<p>CUMBERLAND VALLEY</p>	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lung Disease

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁴

Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Eastern Kentucky residents on a number of community health issues.

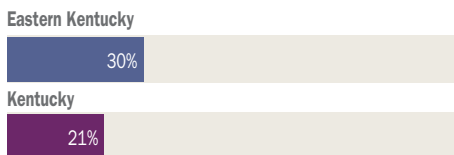
Access to Healthy Foods

Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁶ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

While the majority of Kentuckians have access to fresh produce in their communities, nearly 1 in 3 Eastern Kentucky adults (30%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is higher than the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.



Affording Nutritious Meals is a Source of Stress

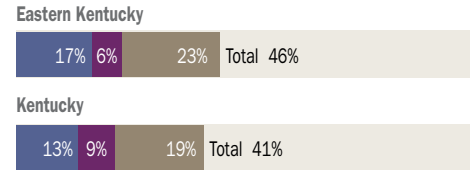
The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many Eastern Kentuckians. Nearly half of Eastern Kentucky adults (46%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

More than 6 in 10 Eastern Kentucky adults (62%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. In both cases, Eastern Kentucky respondents reported similar levels of stress to the state as a whole.

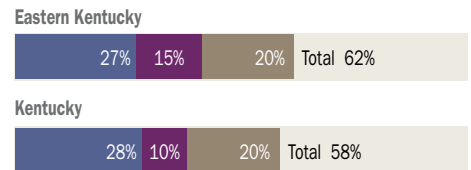
How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)

ALWAYS USUALLY SOMETIMES



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?



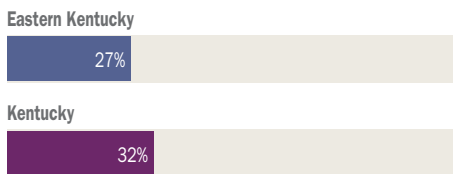
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Eastern Kentucky respondents indicated their communities were less walkable than other regions in the state. Only about 1 in 4 Eastern Kentucky adults (27%) felt there were many destinations to go within an easy walking distance from their home.

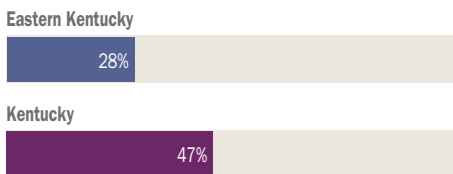
Fewer than 3 in 10 adults in Eastern Kentucky (28%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. For the state as a whole, nearly half of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community,



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. (Graphs present the combined percentage of Kentucky adults who said they “strongly agreed” or “somewhat agreed” with the statement.)



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



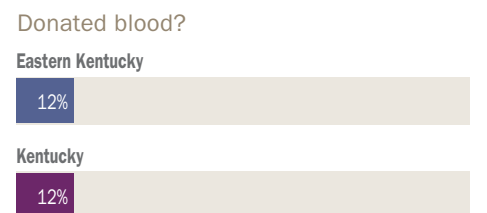
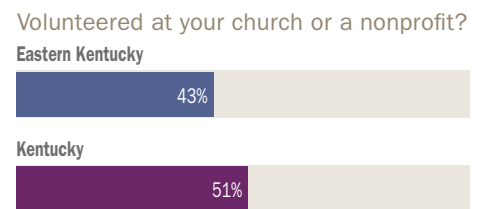
Civic Engagement

Much has been written about the public and personal benefits of community involvement.⁷ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁸

Community Service

Eastern Kentucky adults volunteer more than adults in the nation, but less than all Kentucky adults. About 4 in 10 Eastern Kentucky adults (43%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. More than 1 in 4 adults (26%) had worked on a community project and 1 in 8 (12%) had donated blood in the previous year.

In the past 12 months have you... (Graphs present percentage of adults who answered “yes” they have done the specified activity.)



Political Process

As policy makers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

As was observed across the state, fewer Eastern Kentuckians reported participating in parts of the political process compared to community service activities. In Eastern Kentucky, about 1 in 4 adults (25%) had contacted an elected official or candidate for office by phone or email, and 1 in 4 (24%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Eastern Kentucky, 1 in 6 (17%) had signed a petition; 1 in 6 (17%) had attended a political meeting or rally; and 1 in 30 adults (3%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Eastern Kentucky are similar to the state as a whole.

In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

Contacted an elected official or candidate via phone or email?



Visited an elected official or candidate?



Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

Health policy is an important tool for changing how Kentuckians experience the health environment. This section will present the opinions of Eastern Kentucky residents on a number of current health policy issues.

Smoke-Free Policies

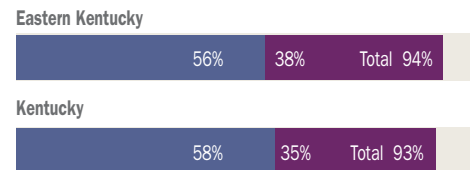
While 17% of U.S. adults are current smokers,⁹ the 2010 KHIP found that 35% of Kentucky adults – and 40% of Eastern Kentucky adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

Smoke-Free Restaurants

The majority of Eastern Kentucky adults (56%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Eastern Kentuckians indicated that it made their experience less enjoyable (5%), but more than 9 in 10 said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Eastern Kentucky were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference? *(Graph presents only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)*

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

Nearly 9 in 10 Eastern Kentucky adults (88%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹⁰

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?¹⁰
 (Graph presents only the percentage of respondents who indicated they favored this.)

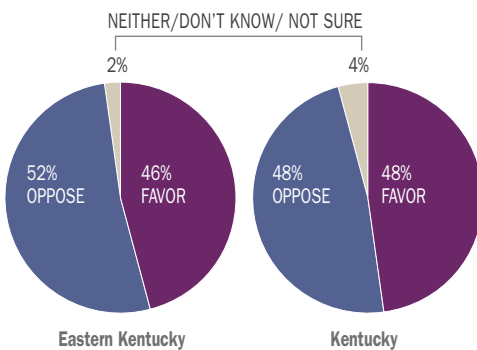


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. Less than half of Eastern Kentucky respondents (46%) favored a smoke-free law, while slightly more opposed the law (52%).¹¹

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last three years. In comparison, the U.S. state prison system as a whole grew by only 13% since 2000.¹²

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹³

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁴ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law. Community-based treatment can also

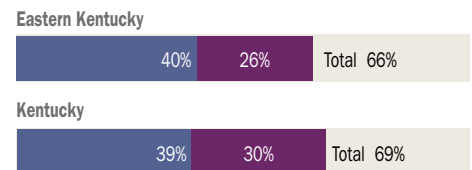
be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Eastern Kentucky, 2 out of 3 adults (66%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁵ Similarly, nearly 7 in 10 (69%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.

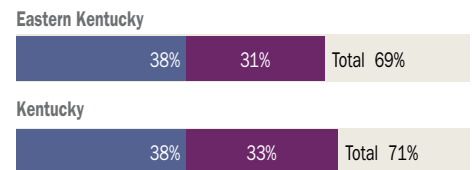
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
 (Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

STRONGLY FAVOR SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including more than 8 in 10 adults in Eastern Kentucky (82%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.¹⁶

Talking or Texting While Driving

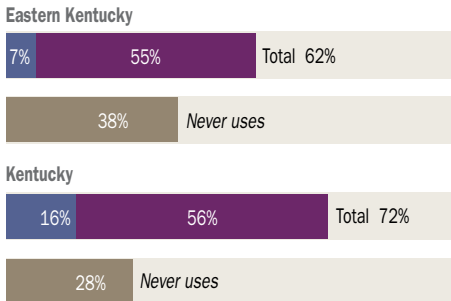
Compared to the state as a whole, Eastern Kentucky adults are less likely to use their cell phones to talk or text while driving.

Over half (55%) of Eastern Kentucky adults reported they talk on their phone occasionally or almost never, and 7% reported they talk on their phone every time or almost every time they drive. Nearly 4 in 10 Eastern Kentuckians (38%) reported they never use their cell phone to talk while driving.

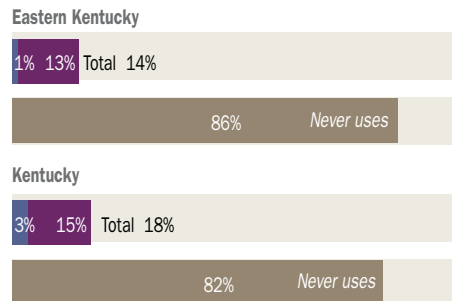
About 1 in 8 (13%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (1%) reported texting or emailing every time or almost every time they drive. Nearly 9 in 10 Eastern Kentucky adults (86%) reported that they never use their cell phone to write text messages or email while driving.

■ EVERY TIME OR ALMOST EVERY TIME
 ■ OCASSIONALLY OR ALMOST NEVER
 ■ NEVER

How often do you use your cell phone while driving to talk?



How often do you use your cell phone while driving to write text messages or emails?



Law to Prevent Phone Use while Driving

More than 3 in 4 Eastern Kentucky adults (77%) favor a law making it illegal to use a cell phone while driving. About 1 in 5 (22%) opposed the law, and the remaining 1% were not sure.

Do you favor or oppose a law making it illegal to use a cell phone while driving?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

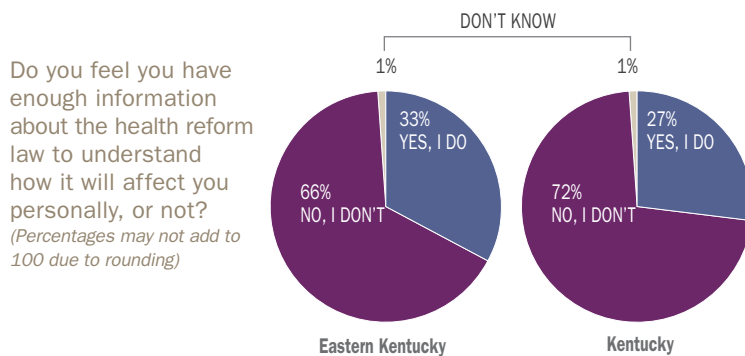
Only 1 in 3 Eastern Kentucky adults (33%) felt they had enough information about the PPACA to understand how it would affect them personally. This is slightly higher than the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. One in five Eastern Kentucky adults (21%) reported having a generally favorable opinion of the PPACA, while 1 in 2 adults had a generally unfavorable opinion of it (50%). Another 3 in 10 Eastern Kentucky adults (29%) expressed no opinion about the law. The views expressed in Eastern Kentucky are similar to the rest of the state, but were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁷

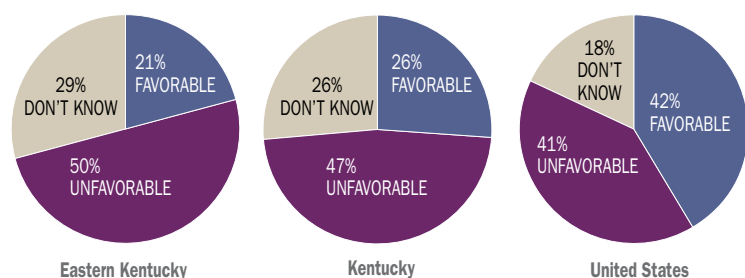
Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Eastern Kentucky, respondents felt most favorably toward the law because of these elements:

- Access to preventive services without co-payment (82%)
- Small business tax credits (81%)
- Closing the Medicare donut hole over time (76%)
- Prohibiting denying coverage for children with pre-existing conditions (74%)



Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? (Percentages may not add to 100 due to rounding)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.



Tax credits to small businesses that offer coverage to their employees.

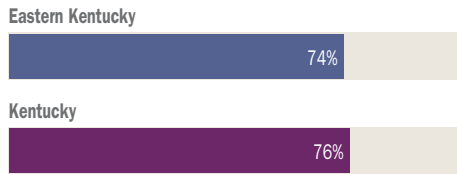


Gradually closing the Medicare prescription donut hole or coverage gap.

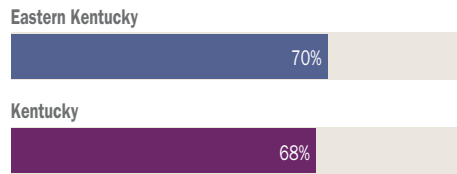


Kentuckians feel *more favorable* toward the PPACA because it includes the following elements (continued):

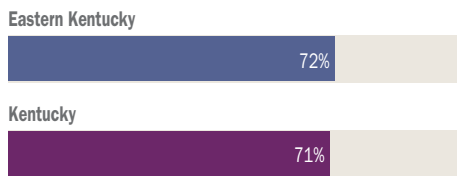
Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.



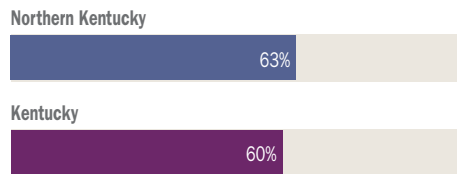
Children can stay on their parents' health insurance plan until age 26.



Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.

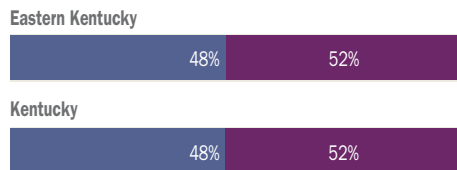


Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.

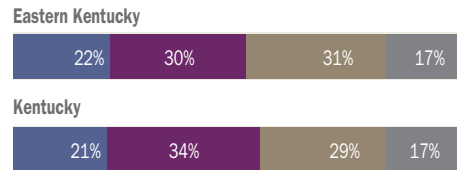
Sex

MALE FEMALE



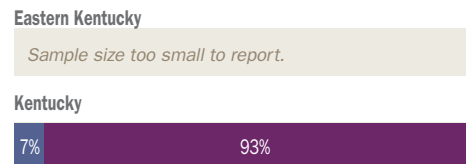
Age

18 TO 29 30 TO 45 46 TO 64 65+



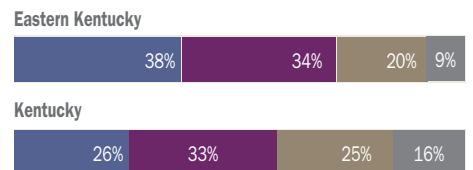
Race

AFRICAN AMERICAN WHITE



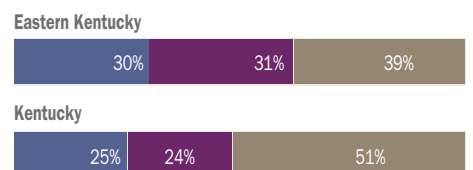
Level of Education

LESS THAN HIGH SCHOOL HIGH SCHOOL GRADUATE
SOME COLLEGE COLLEGE GRADUATE



Household Income¹⁸

BELOW 100% FPG BETWEEN 100% AND 200% FPG
ABOVE 200% FPG



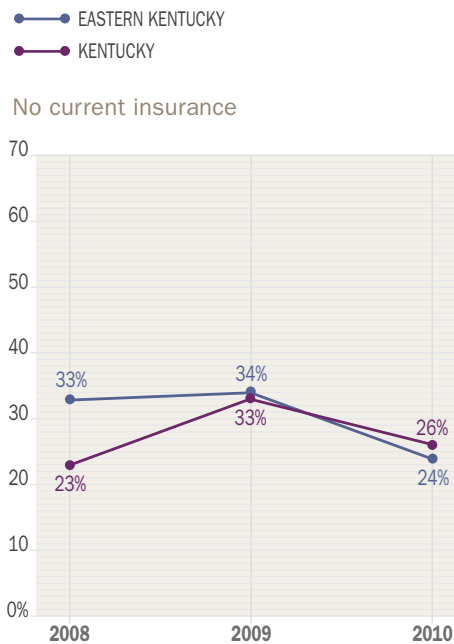
Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

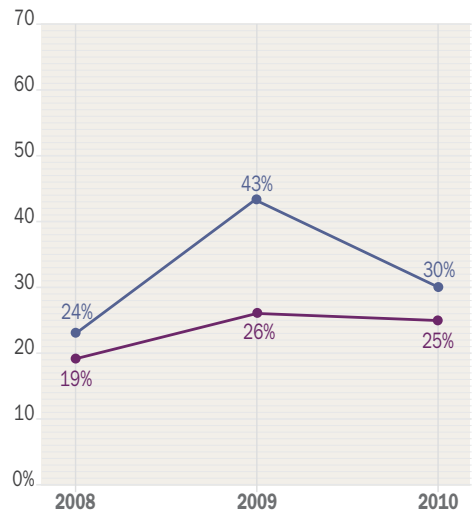
Not Having Health Insurance Coverage

The percent of Eastern Kentucky adults ages 18-64 who lack health insurance decreased since 2009, going from 34% in 2009 to 24% in 2010. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



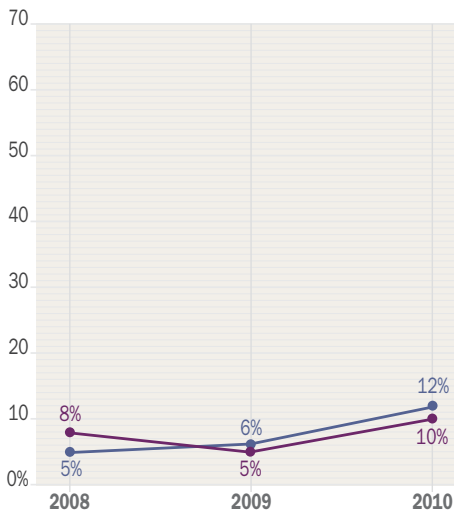
Adults living at less than 100% FPG



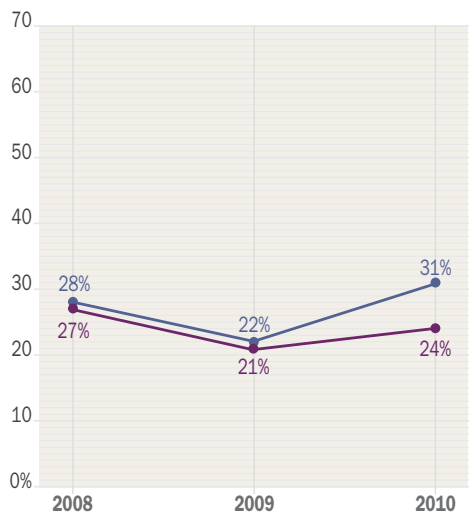
Gaps in Health Insurance Coverage

Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured Eastern Kentuckians had stable insurance coverage over the past year. However, 1 in 8 insured Eastern Kentucky adults ages 18-64 (12%) had been uninsured at some point in the past 12 months.

Currently insured but uninsured at some point in the last 12 months

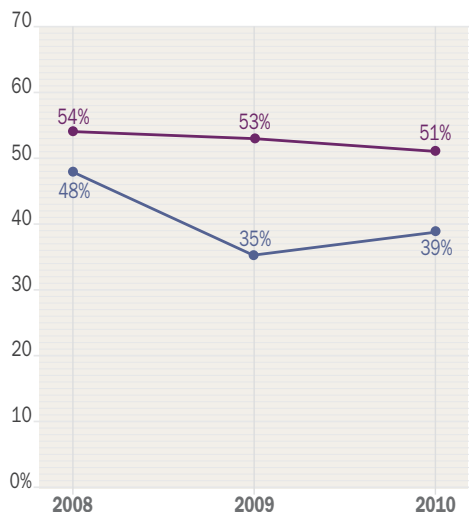


Adults living between 100% – 200% FPG



Therefore, One in three Eastern Kentucky adults ages 18-64 (36%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.

Adults living at more than 200% FPG



Poverty Status

Adults living in Eastern Kentucky have lower household incomes than adults in the state as a whole. A greater percentage of Eastern Kentucky adults lived below 100% of the federal poverty guidelines (FPG)¹⁹ and fewer earned more than 200% of the FPG, than elsewhere in the state. Between 2009 and 2010, this gap narrowed, bringing Eastern Kentucky incomes closer to the state average.

This report presents a selection of questions with data specific to Eastern Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

To cite this work, please use the following: Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati (2011). *Kentucky Health Issues Poll Spotlight on Eastern Kentucky*. Louisville, KY: Authors.

End Notes

(1)The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(2)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(3)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-1. Retrieved from <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm>. **(4)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved from <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(5)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(6)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR-108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(7)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(8)**Bureau of Labor Statistics (2011). Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/

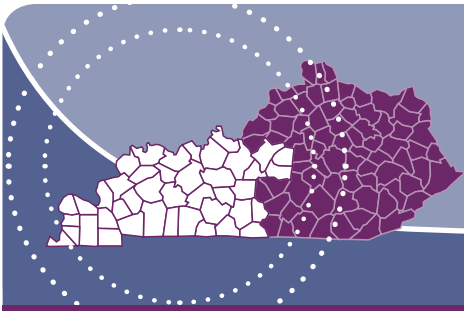
news.release/volun.toc.htm. **(9)**National data are from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(10)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: "Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events." **(11)**The remaining 2% responded that they didn't have an opinion or weren't sure or didn't know whether they favored or opposed a smoke-free law. **(12)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(13)**Ibid. **(14)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(15)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(16)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(17)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(18)**In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(19)**Ibid.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 331 respondents resided in the Eastern Kentucky region comprised of the Big Sandy, Buffalo Trace, Cumberland Valley, Gateway, FIVCO, Kentucky River and Lake Cumberland Area Development Districts. The counties included in this region are:

Adair County	Lee County
Bath County	Leslie County
Bell County	Letcher County
Boyd County	Lewis County
Bracken County	Magoffin County
Breathitt County	Martin County
Carter County	Mason County
Casey County	McCreary County
Clay County	Menifee County
Clinton County	Montgomery County
Cumberland County	Morgan County
Elliott County	Owsley County
Fleming County	Perry County
Floyd County	Pike County
Green County	Pulaski County
Greenup County	Robertson County
Harlan County	Rockcastle County
Jackson County	Rowan County
Johnson County	Russell County
Knott County	Taylor County
Knox County	Wayne County
Laurel County	Whitley County
Lawrence County	Wolfe County



Spotlight on Western Kentucky

2010 KENTUCKY HEALTH ISSUES POLL

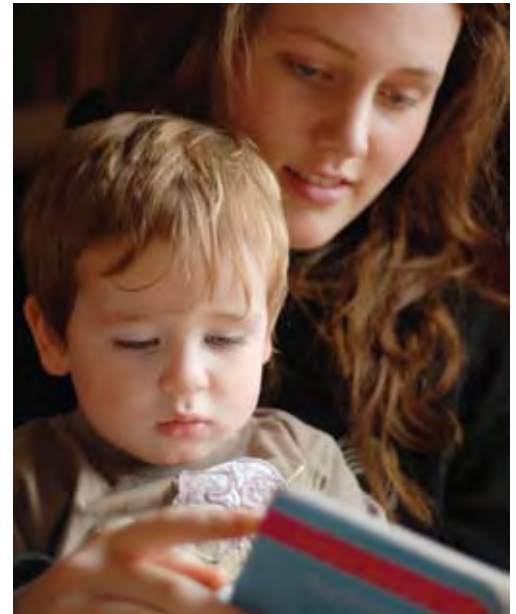
September 2011 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2010, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati sponsored the *Kentucky Health Issues Poll*, a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from Western Kentucky – including the Barren River, Green River, Lincoln Trail, Pennyryle, and Purchase Area Development Districts. About 27% of Kentuckians live in this 42-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

In general, responses from Western Kentucky residents were comparable to the state as a whole. Like the statewide results, adults in Western Kentucky:

- Find eating in a smoke-free restaurant more enjoyable (55%),
- Support smoke-free school campuses (85%),
- Support treatment over incarceration for people convicted of nonviolent illegal drug use (69%) or nonviolent crimes while under the influence of alcohol (71%),
- Support a complete ban on cell phone use while driving (79%), and
- Need more information to understand how the Patient Protection and Affordable Care Act will affect them and their families (74%).

This Spotlight on Western Kentucky presents these and other findings from the *2010 Kentucky Health Issues Poll (KHIP)*.



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In 95 out of 100 cases, the statewide estimates will be accurate to ±2.4% and Western Kentucky estimates to ±5.4%. 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.

Health Priorities

To gain a better understanding of Kentuckians' perceptions, KHIP asked individuals what they thought were the most important health issues for men, women, and children in the Commonwealth.

Most Important Health Issues

Cancer Leading Concern, Heart Disease Leading Cause of Death for Men

Four in ten Western Kentucky adults (40%) listed cancer as the most important health issue for men, followed by heart disease (31%), and obesity (5%). Another 7% of Western Kentuckians said they didn't know what the most important health issue was.

In 2009, heart disease was the leading cause of death for men in Kentucky, followed closely by cancer and injuries.¹ In Western Kentucky, heart disease was the leading cause of death for men in 3 of the 5 Area Development Districts covered by this report, with cancer being the leading cause of death in the others.

Cancer Leading Concern and Leading Cause of Death for Women

Nearly 2 out of 3 Western Kentucky adults (65%) said that cancer in general was the most important health issue facing women, with more than half of all adults (56%) specifying breast cancer as the most important issue. These were followed by heart disease (7%), and obesity (4%) and another 11% of Western Kentuckians said they didn't know what the most important health issue was.

In 2009, cancer was the leading cause of death for Kentucky women,² nearly tied by second-ranked heart disease, and followed by chronic lung disease. For women in Western Kentucky, cancer was the leading cause of death in 3 of the 5 Area Development Districts covered by this report, with heart disease being the leading cause of death in the others.

What would you say is the most important health care issue facing men, women, and children in Kentucky?

MEN	WOMEN	CHILDREN**
1. Cancer	1. Cancer*	1. Obesity
2. Heart Disease*	2. Heart Disease	2. Cancer
3. Obesity	3. Obesity	3. Common Cold

*Actual leading cause of death.

**Unintentional injuries are the actual leading cause of death for children (ages 1-17).

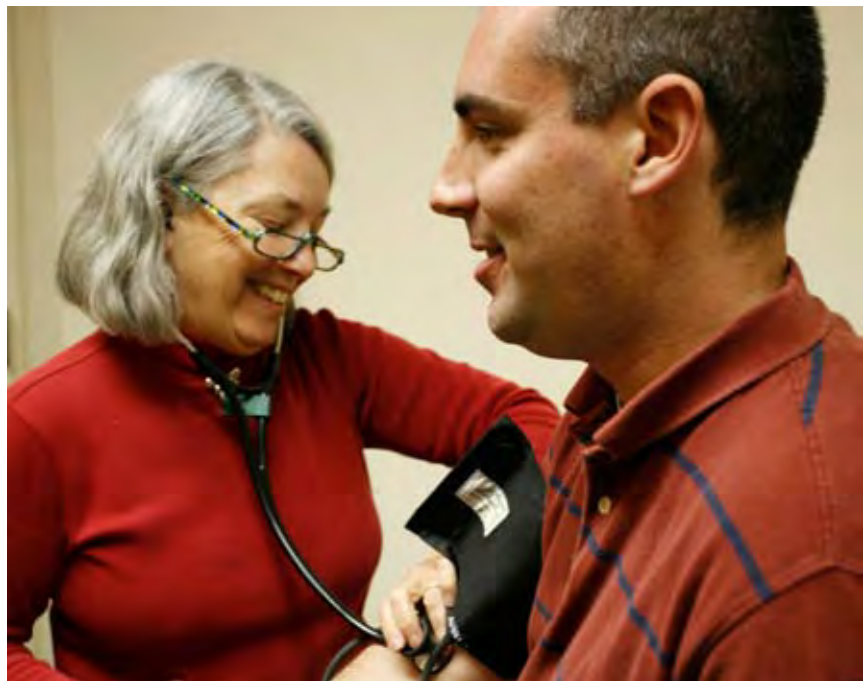


Obesity Leading Concern, Injuries Leading Cause of Death for Children

Western Kentucky adults identified obesity (27%), cancer (10%), the common cold (9%), and diabetes (8%) as the most important health care issues facing children. Another 11% of Western Kentuckians said they didn't know what the most important health issue was.

In 2005, 180 children ages 1-17 died in Kentucky. ³ Nearly half of those deaths were caused by unintentional injuries, followed by causes in the "other" category and cancer.

It is important to consider the lifelong health implications of children's health issues, because childhood mortality is relatively rare.



Leading Causes of Death for Men and Women in Western Kentucky by Area Development District⁵

Given the emphasis placed on chronic disease – particularly cancer – it is worth noting that according to the Centers for Disease Control and Prevention (CDC), avoiding tobacco, being physically active, and eating well greatly reduce a person's risk for developing chronic disease.⁴

Actual Causes of Death in Kentucky

MEN	WOMEN
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Injuries	3. Chronic Lung Disease

WESTERN KENTUCKY AREA DEVELOPMENT DISTRICT	LEADING CAUSES OF DEATH FOR MEN	WESTERN KENTUCKY AREA DEVELOPMENT DISTRICT	LEADING CAUSES OF DEATH FOR WOMEN
<p>BARREN RIVER</p>	<ol style="list-style-type: none"> Heart Disease Cancer Chronic Lung Disease 	<p>BARREN RIVER</p>	<ol style="list-style-type: none"> Cancer Heart Disease Chronic Lung Disease
<p>GREEN RIVER</p>	<ol style="list-style-type: none"> Cancer Heart Disease Chronic Lung Disease 	<p>GREEN RIVER</p>	<ol style="list-style-type: none"> Heart Disease Cancer Chronic Lung Disease
<p>LINCOLN TRAIL</p>	<ol style="list-style-type: none"> Cancer Heart Disease Chronic Lung Disease 	<p>LINCOLN TRAIL</p>	<ol style="list-style-type: none"> Cancer Heart Disease Chronic Lung Disease
<p>PENNYRILE</p>	<ol style="list-style-type: none"> Heart Disease Cancer Injuries 	<p>PENNYRILE</p>	<ol style="list-style-type: none"> Cancer Heart Disease Chronic Lung Disease
<p>PURCHASE</p>	<ol style="list-style-type: none"> Heart Disease Cancer Chronic Lung Disease 	<p>PURCHASE</p>	<ol style="list-style-type: none"> Heart Disease Cancer Chronic Lung Disease

Opinions on Community Health

Where we live affects our health in many ways. This section describes the current experiences of Western Kentucky residents on a number of community health issues.

Access to Healthy Foods

Buying Healthy Foods

The U.S. Department of Agriculture defines food security as having “access at all times to enough food for an active, healthy life for all household members.” In Kentucky, nearly 1 in 7 households (13%) lack food security.⁶ In part, food security means that nutritious foods are available in a community at a price that residents can afford. Access to affordable fresh produce is one critical part of food security.

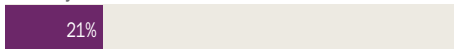
While the majority of Kentuckians have access to fresh produce in their communities, 1 in 5 Western Kentucky adults (20%) said it is not easy to get affordable fresh fruits and vegetables where they live. This is similar to the state average, where 1 in 5 Kentucky adults (21%) reported that it was not easy to get affordable fresh fruits and vegetables where they live.

Adults reporting it is not easy to get affordable fresh fruits and vegetables in the city or area where they live.

Western Kentucky



Kentucky



Affording Nutritious Meals is a Source of Stress

The economic downturn has forced many families to cut back. Many worry about meeting their family’s most basic needs, like shelter and food. While not as frequent a source of stress as paying one’s rent or mortgage, having enough money to buy nutritious meals worried many Western Kentuckians. More than 4 in 10 Western Kentucky adults (43%) indicated they were sometimes, usually, or always stressed about having enough money to buy nutritious meals.

Six in ten Western Kentucky adults (60%) reported being sometimes, usually, or always stressed about having enough money to pay their rent or mortgage. In both cases, Western Kentucky respondents reported similar levels of stress to the state as a whole.

How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

(Graphs present only the percentage of respondents who said they were “always,” “usually,” or “sometimes” stressed.)

ALWAYS USUALLY SOMETIMES

Western Kentucky



Kentucky



How often in the last 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?

Western Kentucky



Kentucky



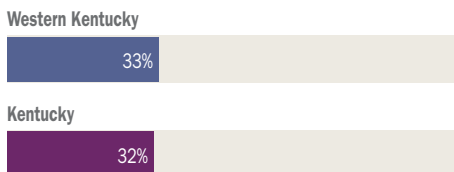
Walkable Communities

Residents of walkable communities have places to go within an easy walking distance of their home, and can often make quick trips or run errands without using a car or public transportation. Western Kentucky respondents indicated their communities were less walkable than other regions in the state. Only about 1 in 3 Western Kentucky adults (33%) felt there were many destinations to go within an easy walking distance from their home.

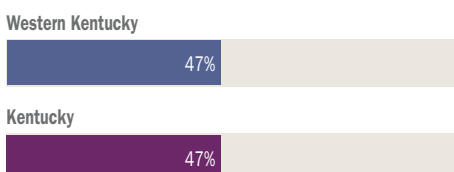
Less than half of adults in Western Kentucky (47%) live in communities with sidewalks and shoulders that allow for safe walking, jogging, or biking. For the state as a whole, a similar number of Kentucky adults (47%) reported there was access to safe places for walkers and cyclists in their community.



Kentucky adults who agree there are many destinations to go within easy walking distance from their homes. (Graphs present the combined percentage of Kentucky adults who said they “strongly agreed” or “somewhat agreed” with the statement.)



Kentucky adults who agree there are sidewalks or shoulders on streets that allow for safe walking, jogging, or biking in their community.



Civic Engagement

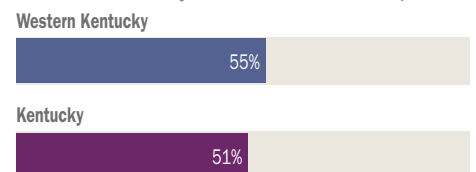
Much has been written about the public and personal benefits of community involvement.⁷ Between September 2009 and September 2010, 1 in 4 Americans ages 16 and older (26%) did some sort of volunteer work. On average, these Americans spent 52 hours a year – or 1 hour a week – volunteering.⁸

Community Service

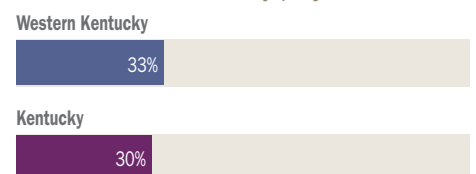
Western Kentucky adults volunteer more than adults in the nation and about as often as all Kentucky adults. The majority of Western Kentucky adults (55%) reported that they had volunteered at their place of worship or a local nonprofit in the past year. More than 1 in 3 adults (33%) had worked on a community project and 1 in 7 (14%) had donated blood in the previous year.

In the past 12 months have you... (Graphs present percentage of adults who answered “yes” they have done the specified activity.)

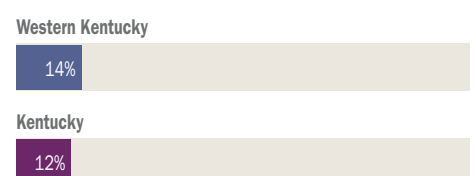
Volunteered at your church or a nonprofit?



Worked on a community project?



Donated blood?



Political Process

As policymakers across the Commonwealth and the nation are considering decisions that will affect the lives and health of Kentuckians, we are reminded that our democratic system works best when elected officials know what their constituents think about the issues.

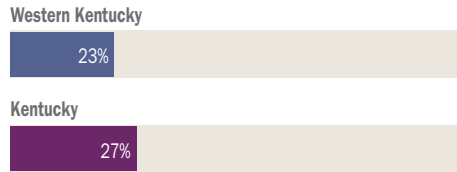
As was observed across the state, fewer Western Kentuckians reported participating in parts of the political process compared to community service activities. In Western Kentucky, about 1 in 4 adults (23%) had contacted an elected official or candidate for office by phone or email, and 1 in 5 (19%) had visited an elected official or candidate in the past year.

Similar to statewide results, other advocacy activities were less commonly reported. Of those surveyed in Western Kentucky, about 1 in 6 (18%) had signed a petition; 1 in 7 (15%) had attended a political meeting or rally; and 1 in 25 adults (4%) had participated in a demonstration, protest, boycott, or march. The rates of participation in the political process for Western Kentucky are similar to the state as a whole.

In the past 12 months have you...

(Graphs present percentage of adults who answered "yes" they have done the specified activity.)

Contacted an elected official or candidate via phone or email?



Visited an elected official or candidate?



Signed a petition?



Attended a political meeting or rally?



Participated in any demonstrations, protests, boycotts, or marches?



Opinions on Health Policy

Health policy is an important tool for changing how Kentuckians experience the health environment. This section will present the opinions of Western Kentucky residents on a number of current health policy issues.

Smoke-Free Policies

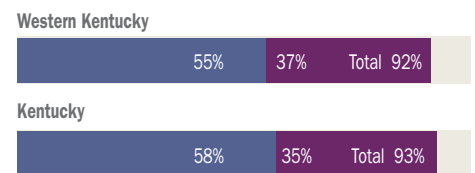
While 17% of U.S. adults are current smokers,⁹ the 2010 KHIP found that 35% of Kentucky adults – and 36% of Western Kentucky adults – are current smokers. Kentucky has one of the highest smoking rates in the country.

Smoke-Free Restaurants

The majority of Western Kentucky adults (55%) reported that eating in a smoke-free restaurant is more enjoyable. A small percentage of Western Kentuckians indicated that it made their experience less enjoyable (8%), but more than 9 in 10 said that smoke-free restaurants either improve their experience or don't make much difference. The findings for Western Kentucky were similar to the state as a whole.

Do you think eating in a smoke-free restaurant makes your experience more enjoyable, less enjoyable, or that it doesn't make much of a difference? *(Graph presents only the percentage of respondents who indicated it made their experience more enjoyable or made no difference.)*

■ MORE ENJOYABLE ■ NO DIFFERENCE



Tobacco-Free Schools

More than 8 in 10 Western Kentucky adults (85%) favored schools adopting tobacco-free campus policies. These policies prohibit the use of tobacco products by students, staff, parents or guests while on school property or at school-sponsored events.¹⁰

This is similar to findings from across the state: a large majority of Kentucky adults (86%) favored schools adopting tobacco-free campus policies.

Do you favor or oppose schools adopting tobacco-free campus policies in your community?
(Graph presents only the percentage of respondents who indicated they favored this.)

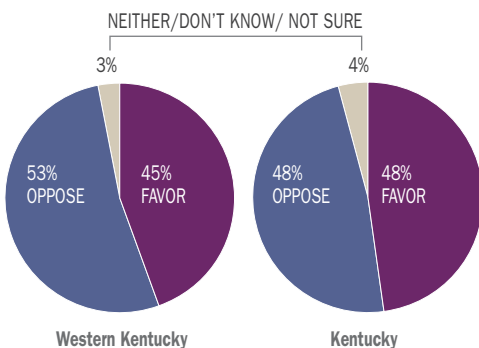


Statewide Smoke-Free Law

Because of the significant health risks of smoking, advocates have proposed legislation – known as the Smokefree Kentucky Act – which would prohibit smoking in all indoor public places and places of employment. Less than half of Western Kentucky respondents (45%) favored a smoke-free law, while slightly more opposed the law (53%).¹¹

Overall, Kentucky adults are split on a statewide smoke-free law, with 48% favoring it and 48% opposing it.

Do you favor or oppose a statewide, smoke-free law in Kentucky?
(Percentages may not add to 100 due to rounding)



Substance Use Disorders Treatment vs. Incarceration

Since 2000, Kentucky's prison population has been one of the fastest growing in the nation. The Commonwealth's inmate population is 45% larger than it was in 2000, despite a decline in population over the last 3 years. In comparison, the U.S. state prison system as a whole grew by 13% since 2000.¹²

There are several factors behind the growth in Kentucky's prison population, including a rise in the percentage of inmates who were drug offenders. In 2000, 30% of Kentucky inmates were drug offenders. This rose to 38% by 2009.¹³

Treatment vs. Incarceration for People with Substance Use Disorders

A study by the National Center on Addiction and Substance Abuse at Columbia University found that only 11% of inmates with an alcohol or drug use disorder had received professional treatment while in prison.¹⁴ For many people convicted of illegal drug or alcohol violations, community-based treatment can be more effective than prison for addressing their needs and preventing repeat run-ins with the law.

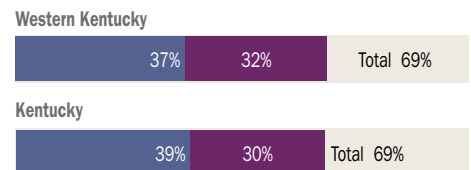
Community-based treatment can also be more cost-effective than prison, and offenders can be diverted to court-mandated treatment rather than to prison or jail.

In Western Kentucky, nearly 7 out of 10 adults (69%) favor replacing prison sentences with mandatory treatment and probation for people convicted of nonviolent illegal drug use.¹⁵ Similarly, more than 7 in 10 (71%) favored replacing prison sentences with mandatory treatment and probation for people convicted of committing nonviolent crimes under the influence of alcohol.

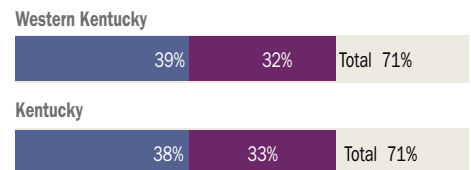
Would you favor or oppose replacing prison sentences with mandatory drug treatment and probation for...
(Graph presents only those who said they strongly or somewhat favor replacing prison sentences with treatment.)

STRONGLY FAVOR SOMEWHAT FAVOR

People convicted of nonviolent illegal drug use.



People convicted of nonviolent crimes under the influence of alcohol.



Using Cell Phones While Driving

According to KHIP, most Kentucky adults (81%) have cell phones, including nearly 8 in 10 adults in Western Kentucky (78%). On January 1, 2011, a new state law took effect in Kentucky that bans texting for all drivers and all cell phone use for drivers under age 18.¹⁶

Talking or Texting While Driving

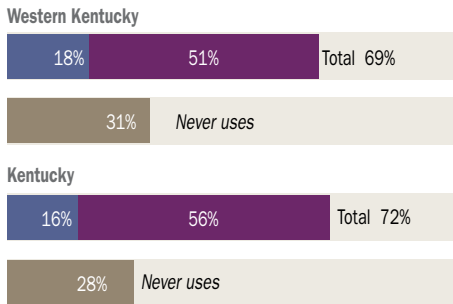
Compared to the state as a whole, Western Kentucky adults are equally likely to use their cell phones to talk or text while driving.

Over half (51%) of Western Kentucky adults reported they talk on their phone occasionally or almost never, and 18% reported they talk on their phone every time or almost every time they drive. Nearly 1 in 3 Western Kentuckians (31%) reported they never use their cell phone to talk while driving.

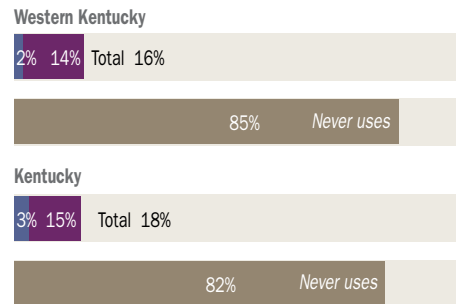
About 1 in 7 (14%) reported using their cell phone to text or write email messages occasionally or almost never while driving, and a small minority (2%) reported texting or emailing every time or almost every time they drive. More than 8 in 10 Western Kentucky adults (85%) reported that they never use their cell phone to write text messages or email while driving.

■ EVERY TIME OR ALMOST EVERY TIME
 ■ OCCASSIONALLY OR ALMOST NEVER
 ■ NEVER

How often do you use your cell phone while driving to talk?



How often do you use your cell phone while driving to write text messages or emails?



Law to Prevent Phone Use while Driving

Nearly 8 in 10 Western Kentucky adults (79%) favor a law making it illegal to use a cell phone while driving. About 1 in 5 (19%) opposed the law, and the remaining 2% were not sure.

Do you favor or oppose a law making it illegal to use a cell phone while driving?



Patient Protection and Affordable Care Act

After much debate in Congress about healthcare reform, the Patient Protection and Affordable Care Act (PPACA) became law in early 2010. Some provisions of the law took effect immediately, and some will be phased in through 2014.

Kentuckians Need More Information about the PPACA

Only 1 in 4 Western Kentucky adults (26%) felt they had enough information about the PPACA to understand how it would affect them personally. This is similar to the state average, where just 1 in 4 Kentucky adults (27%) felt they had enough information about the PPACA.

Despite the need for more information about how it would affect them, Kentuckians still had opinions on the law. One in four Western Kentucky adults (25%) reported having a generally favorable opinion of the PPACA, while 1 in 2 adults had a generally unfavorable opinion of it (51%). Another 1 in 4 Western Kentucky adults (25%) expressed no opinion about the law. The views expressed in Western Kentucky are similar to the rest of the state, but were less favorable than the nation. A national poll conducted at the same time as the 2010 KHIP found that 42% of adults in the U.S. had a favorable view and 41% of adults had an unfavorable view of it.¹⁷

Support for Components of the Law

The majority of Kentuckians – regardless of political affiliation – said that the inclusion of certain elements of the law made them more favorable toward the law. In Western Kentucky, respondents felt most favorably toward the law because of these elements:

- Small business tax credits (85%)
- Access to preventive services without co-payment (81%)
- Closing the Medicare donut hole over time (80%)
- Prohibiting denying coverage for children with pre-existing conditions (78%)



Kentuckians feel more favorable toward the Patient Protection and Affordable Care Act (PPACA) because it includes the following elements:

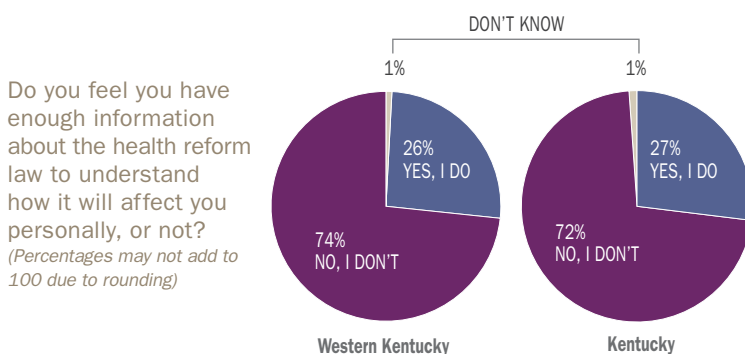
Tax credits to small businesses that offer coverage to their employees.



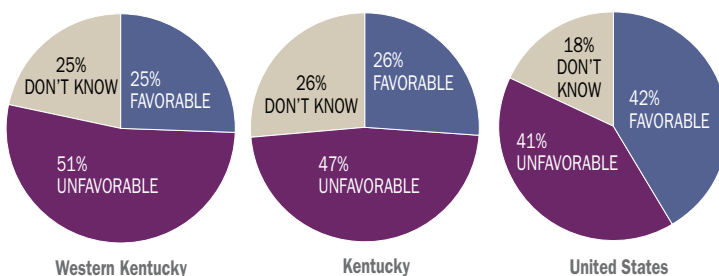
Requiring all new health plans to provide their customers access to basic preventive health care services without charging the customer any co-payment.



Gradually closing the Medicare prescription donut hole or coverage gap.



Given what you know about the new health reform law, do you have a generally favorable or unfavorable opinion of it? (Percentages may not add to 100 due to rounding)

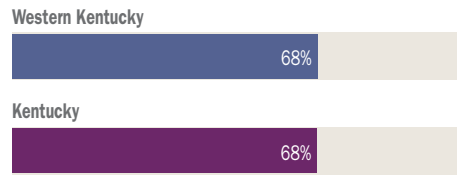


Kentuckians feel more favorable toward the PPACA because it includes the following elements (continued):

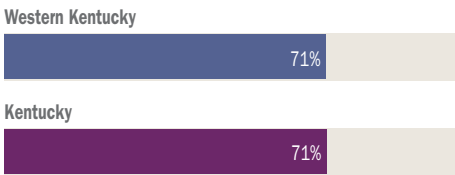
Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem.



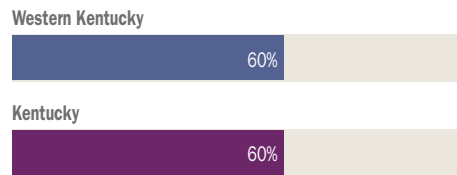
Children can stay on their parents' health insurance plan until age 26.



Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance.



Prohibiting insurance companies from setting lifetime limits on the total amount they will spend on a person's care.

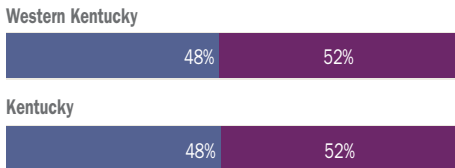


Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below.

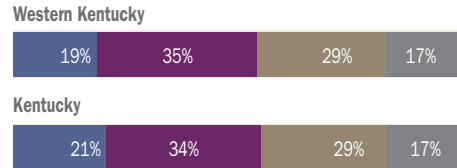
Sex

MALE FEMALE



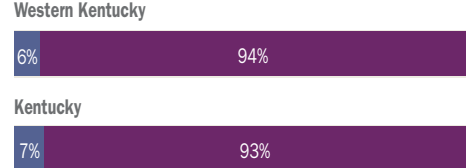
Age

18 TO 29 30 TO 45 46 TO 64 65+



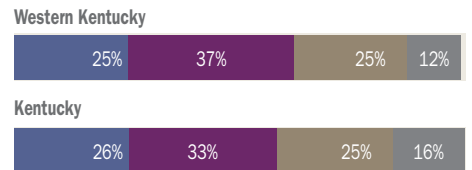
Race

AFRICAN AMERICAN WHITE



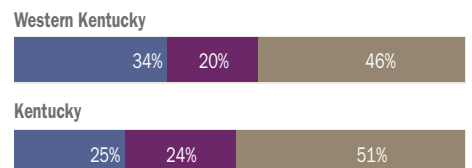
Level of Education

LESS THAN HIGH SCHOOL HIGH SCHOOL GRADUATE
SOME COLLEGE COLLEGE GRADUATE



Household Income¹⁸

BELOW 100% FPG BETWEEN 100% AND 200% FPG
ABOVE 200% FPG



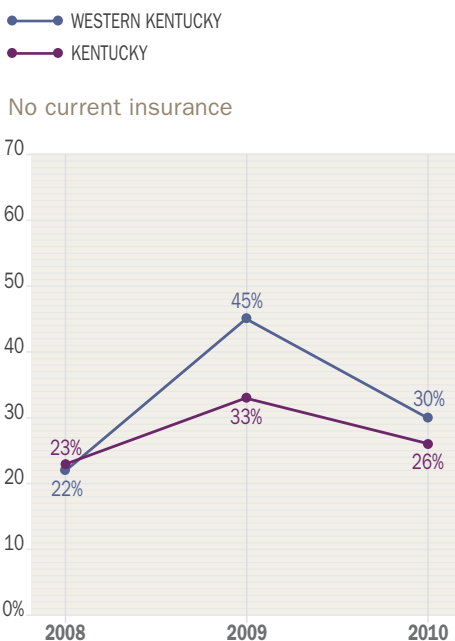
Insurance Status

Having health insurance is an important factor in being able to get needed healthcare. About 3 in 4 Kentucky adults of all ages (78%) had health insurance at the time of the 2010 KHIP. Because nearly all Kentucky adults ages 65 and older (94%) had health insurance, this section will focus on the insurance status of adults, ages 18-64.

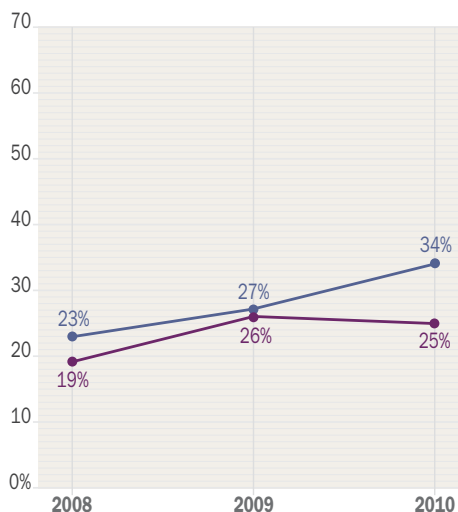
Not Having Health Insurance Coverage

The percent of Western Kentucky adults ages 18-64 who lack health insurance decreased since 2009, going from 45% in 2009 to 30% in 2010. This is similar to the findings for the state as a whole, about one in four (26%) Kentucky adults ages 18-64 were uninsured in 2010.

Kentuckians ages 18-64 who were uninsured at any time in the last 12 months, including currently.



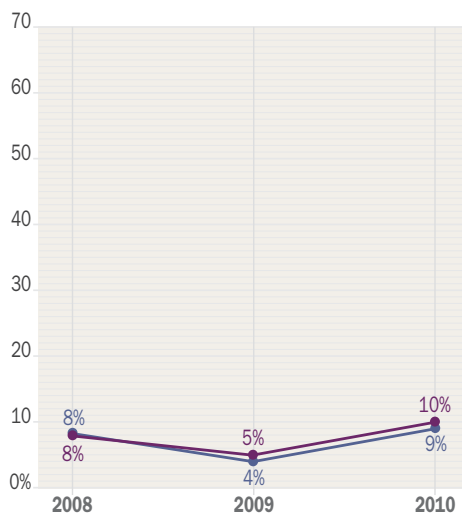
Adults living at less than 100% FPG



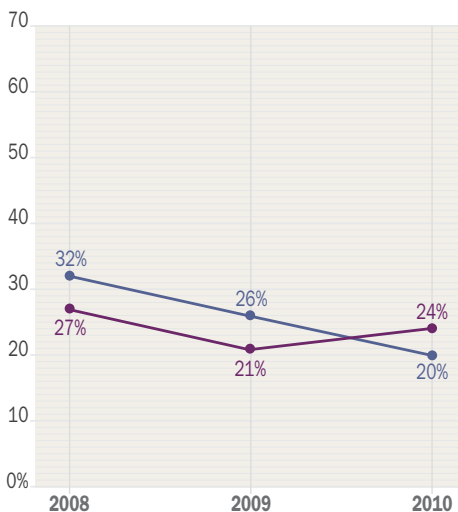
Gaps in Health Insurance Coverage

Having stable insurance is an important factor in being able to get healthcare services. One measure of this is whether a person has been covered continuously for the past 12 months. The majority of insured Western Kentuckians had stable insurance coverage over the past year. However, 1 in 10 insured Western Kentucky adults ages 18-64 (9%) had been uninsured at some point in the past 12 months.

Currently insured but uninsured at some point in the last 12 months

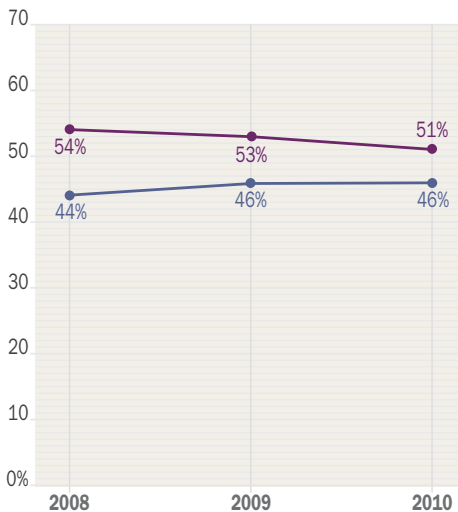


Adults living between 100% – 200% FPG



Therefore, 4 in 10 Western Kentucky adults ages 18-64 (39%) had been uninsured at some point in the past 12 months, including currently. This corresponds to the findings for the state, where 36% had been uninsured at some point in the past 12 months, including currently.

Adults living at more than 200% FPG



Poverty Status

Adults living in Western Kentucky have lower household incomes than adults in the state as a whole. A greater percentage of Western Kentucky adults lived below 100% of the federal poverty guidelines (FPG)¹⁹ than elsewhere in the state. Between 2009 and 2010, the number of Western Kentucky adults living in poverty increased, widening the gap between Western Kentucky and the rest of the state.

This report presents a selection of questions with data specific to Western Kentucky. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or The Health Foundation of Greater Cincinnati (www.healthfoundation.org/khip.html). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Jennifer Chubinski, Director of Community Research at The Health Foundation of Greater Cincinnati (jchubinski@healthfoundation.org) or Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

To cite this work, please use the following:

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End Notes

(1)The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(2)**More than twice as many women die from lung cancer as breast cancer. In 2007, 1410 Kentucky women died from lung cancer and 613 Kentucky women died from breast cancer. Source: Kentucky Cancer Registry. (2007). Age-Adjusted Cancer Mortality rates in Kentucky, Female Lung and Bronchus, 2007 and Female Breast, 2007. Retrieved from <http://www.kcr.uky.edu/>. **(3)**Kentucky Department for Public Health. (2005). Vital Statistics Reports, Leading Cause of Resident Deaths by Age Group Number and Age-Specific Rate: Kentucky, 2005 Table 2-1. Retrieved from <http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm>. **(4)**Centers for Disease Control and Prevention. (2008). Kentucky: Burden of Chronic Diseases. Retrieved from <http://www.cdc.gov/chronicdisease/states/pdf/kentucky.pdf>. **(5)** The data on leading causes of death for Kentucky and Area Development Districts for 2009 is still considered preliminary. Source: Sands, H. Hollie.Sands@ky.gov (2011, April 27). AAR by Leading Causes of Death, 2009 [personal email]. **(6)** Nord, M., Coleman-Jensen, A., and Carlson, S. (2010). Household Food Security in the United States, 2009. ERR- 108, U.S. Department of Agriculture, Econ. Res. Serv. Retrieved from www.ers.usda.gov/publications/err108/ **(7)** Corporation for National and Community Service, Office of Research and Policy Development (2007). The Health Benefits of Volunteering: A Review of Recent Research. Washington, DC: Author. Retrieved from www.nationalservice.gov/pdf/07_0506_hbr.pdf. **(8)**Bureau of Labor Statistics (2011). Volunteering in the United States. Washington, DC: Author. Retrieved from www.bls.gov/

news.release/volun.toc.htm. **(9)**National data are from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), retrieved from www.cdc.gov/brfss/. **(10)**Before respondents were asked if they favored school adoption of tobacco-free policies, they were told: "Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting smoke-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored events." **(11)**The remaining 3% responded that they didn't have an opinion or weren't sure or didn't know whether they favored or opposed a smoke-free law. **(12)** Pew Center on the States (2010). Kentucky: A Data-Driven Effort to Protect Public Safety and Control Corrections Spending. Retrieved from www.pewcenteronthestates.org/uploadedFiles/Kentucky_brief_updated.pdf. **(13)**Ibid. **(14)**The National Center on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and America's Prison Population. Retrieved from www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf. **(15)**This refers to people who were convicted of using illegal drugs, not people who committed other crimes – including violent crimes – while under the influence of or to get money to pay for illegal drugs. **(16)**Please note that the 2010 KHIP asked these questions after the state law passed but before it was enacted. **(17)**National polling results come from the December 2010 Kaiser Health Tracking Poll, retrieved from www.kff.org/kaiserpolls/upload/8127-T.pdf. **(18)**In 2009, 100% of the federal poverty guideline (FPG) was an annual income of \$22,050 and 200% FPG was an annual income of \$44,100, both for a family of four. **(19)**Ibid.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The Kentucky Health Issues Poll was conducted December 3-22 and 27-28, 2010, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,677 adults from throughout Kentucky was interviewed by telephone. This included 1,469 landline interviews and 208 cell phone interviews with people who did not have a landline telephone. Of these, 360 respondents resided in the Western Kentucky region comprised of the Barren River, Green River, Lincoln Trail, Pennyrite, and Purchase Area Development Districts. The counties included in this region are:

Allen County	LaRue County
Ballard County	Livingston County
Barren County	Logan County
Breckenridge County	Lyon County
Butler County	Marion County
Caldwell County	Marshall County
Calloway County	McCracken County
Carlisle County	McLean County
Christian County	Meade County
Crittenden County	Metcalfe County
Daviess County	Monroe County
Edmonson County	Muhlenberg County
Fulton County	Nelson County
Graves County	Ohio County
Grayson County	Simpson County
Hancock County	Todd County
Hardin County	Trigg County
Hart County	Union County
Henderson County	Warren County
Hickman County	Washington County
Hopkins County	Webster County