

Spotlight on

Northern Kentucky



FOUNDATION FOR A
HEALTHY
KENTUCKY

The
Health
Foundation
of Greater Cincinnati

2012 KENTUCKY HEALTH ISSUES POLL

June 2013 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2012, 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 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 16 for the list of counties).

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

- The majority favored integration of mental health and medical services (66%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (63%)
- The majority of adults lacked dental insurance (55%)
- The majority of adults favored a statewide, smoke-free law (53%)
- One in three adults knew someone who had experienced problems as a result of abusing prescription pain relievers (32%)

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 health care costs were a burden
- Favor legalizing marijuana in Kentucky

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

- Have visited a dentist in the past year
- Have a favorable view of the Patient Protection and Affordable Care Act
- Have discussed HIV testing with their health care provider



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Northern Kentucky estimates to $\pm 5.3\%$. 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 and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

Economic Outlook

More than half of Northern Kentucky adults (51%) think their parents’ generation was **better off** economically. More than 3 in 10 (32%) think the current generation of working adults is about the same economically as their parents’ generation. Less than 2 in 10 (15%) say their parents’ generation was worse off.

KHIP also asked about the next generation of American workers – those who are children today. The majority of Northern Kentucky adults (60%) said the next generation will be **worse off** than the current generation of working adults. More than 2 in 10 adults in this region (25%) think the next generation will fare about the same economically, and just over 1 in 10 (14%) think the next generation will be better off than the current generation.

The economic outlook for past and future generations in Northern Kentucky was similar to the state as a whole.

Health Outlook

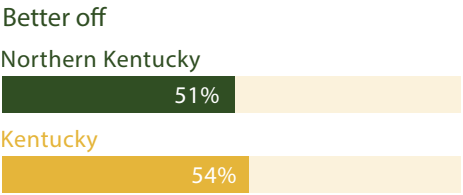
Nearly 4 in 10 Northern Kentucky adults (37%) think their parents’ generation was healthier than the current generation, while nearly 3 in 10 (28%) think it was less healthy. About 3 in 10 adults in this region (33%) think their parents’ generation was about as healthy as the current generation.

When asked about the next generation, just 3 in 10 Northern Kentuckians (30%) said they thought it would be healthier than the current generation, while nearly 4 in 10 (37%) believe it will be less healthy. An additional 3 in 10 (31%) think the next generation will about as healthy.

In both cases, findings for Northern Kentucky were similar to the state as a whole.

How Kentucky adults think their economic situation compares with other generations *(Percentages do not add to 100% because the response “don’t know” is not included.)*

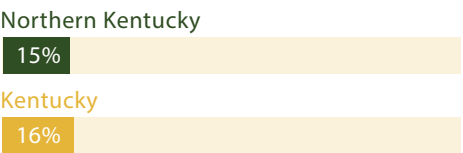
Parents’ generation was...¹



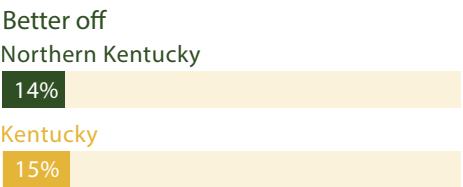
About the same



Worse off



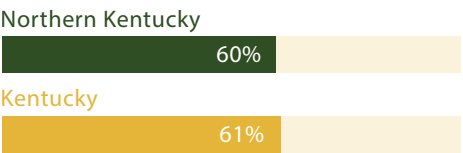
Next generation will be...²



About the same



Worse off



1 KHIP asked, “Thinking about your parents’ generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?”

2 KHIP asked, “Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?”

How Kentucky adults think their health compares with other generations (Percentages do not add to 100% because the response "don't know" is not included.)

Parents' generation was...³

Healthier

Northern Kentucky

37%

Kentucky

42%

About the same

Northern Kentucky

33%

Kentucky

31%

Less healthy

Northern Kentucky

28%

Kentucky

27%

Next generation will be...⁴

Healthier

Northern Kentucky

30%

Kentucky

27%

About the same

Northern Kentucky

31%

Kentucky

30%

Less healthy

Northern Kentucky

37%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.⁵

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than 6 in 10 Northern Kentucky adults (64%) said that some aspect of their health care costs were a financial burden. This is slightly higher than the percentage of all Kentucky adults who reported that health care was a financial burden (59%), but this difference is not statistically significant.

Fewer than 3 in 10 Northern Kentucky adults (28%) report that paying for health care and health insurance is not a financial burden. However, about 2 in 10 (19%) report that the deductibles they pay before insurance kicks in were the greatest burden. Similar numbers said that co-pays for doctor visits and prescription drugs (17%) and insurance premiums (22%) were the greatest financial burden. Less than 1 in 10 report that some other source was a burden (5%) or they didn't know (9%).

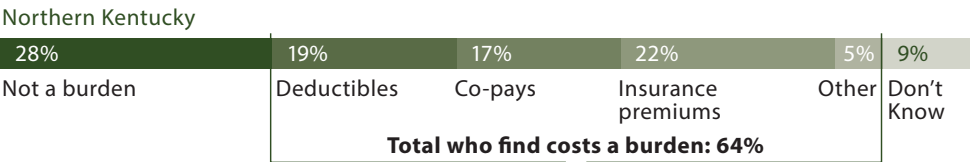
Among those in Northern Kentucky who reported some financial burden from health care costs, 3 in 10 (32%) report that it makes it hard to pay for things they need. Additionally, 3 in 10 (30%) report it makes it hard to pay for things they want. About 2 in 10 (22%) report it is a burden but they haven't had to adjust spending in other areas, and more than 1 in 10 (16%) report it's costly, but they can afford it. Compared to the state as a whole, Northern Kentucky respondents were less likely to say health care costs made it hard to pay for needed items, and more likely to say they did not need to adjust their spending in other areas.

3 KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy, or about the same as the current generation of working adults?"

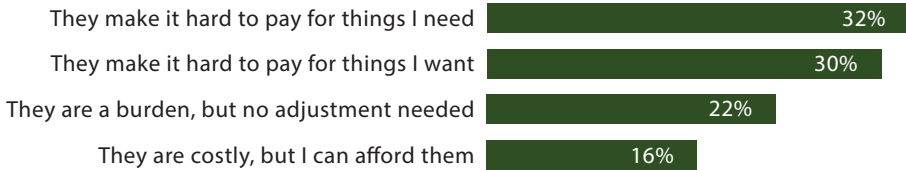
4 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think they will be healthier, less healthy or about the same as the current generation of working adults?"

5 Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

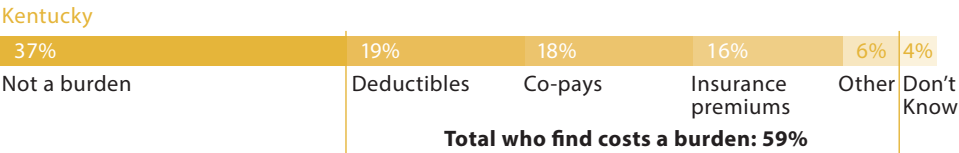
Thinking about your health care costs, which of the following do you find to be the greatest financial burden?



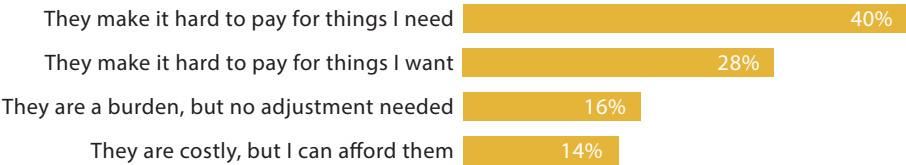
How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 213)



*Does not add to 100% because the response "don't know" is not included.



How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 981)



*Does not add to 100% because the response "don't know" is not included.

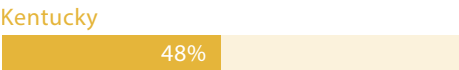
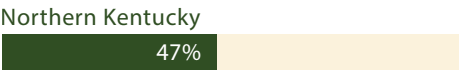
Putting Off Care Due to the Cost

For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Northern Kentucky specifically, nearly half of respondents (47%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. A similar number (46%) have put off or postponed getting health care they needed. About 4 in 10 said they had not filled a prescription for medicine (41%) or skipped dental care or check-ups (38%). More than 3 in 10 said they had skipped a recommended medical test or treatment (35%) or cut pills in half or skipped doses of medicine (30%). About 2 in 10 adults in this region (22%) said they have had problems getting mental health care because of the cost. These results are similar to the state as a whole.

Percentage of respondents who say they or another family member living in their household have done each of the following in the past 12 months because of the cost

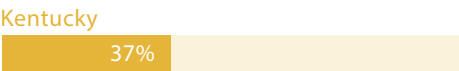
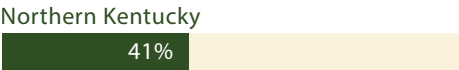
Rely on home remedies or over-the-counter drugs instead of going to see a doctor



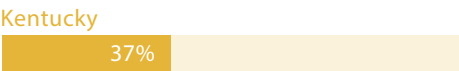
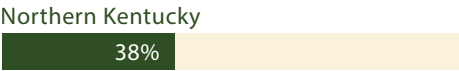
Put off or postpone getting health care you needed



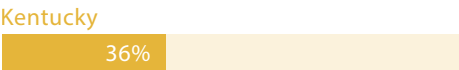
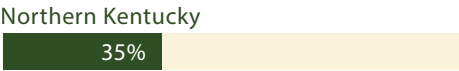
Not fill a prescription for medicine



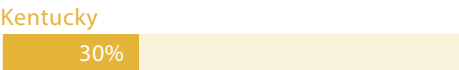
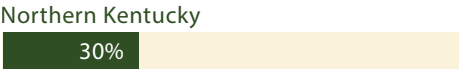
Skip dental care or check-ups



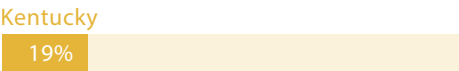
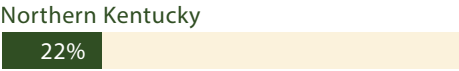
Skip a recommended medical test or treatment



Cut pills in half or skip doses of medicine



Have problems getting mental health care



Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

Utilization of Oral Health Care Services

According to KHIP, fewer than 6 in 10 Northern Kentucky adults (56%) visited the dentist within the past year, compared to 70% nationwide. Nearly 2 in 10 Northern Kentucky adults (18%) reported that it had been more than five years since they last visited the dentist.

Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. Slightly more than half of Northern Kentucky adults (56%) reported having a personal dentist or oral health provider. This means that more than 4 in 10 Northern Kentucky adults (43%) said they do not have a personal dentist or oral health provider.

Affording Oral Health Care

Having dental insurance is an important factor in being able to get oral health care. More than half of Northern Kentucky adults (55%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Northern Kentucky adults (88%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, nearly 4 in 10 adults in the region (38%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.

Northern Kentucky

56%

Kentucky

61%

United States⁶

70%

Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Northern Kentucky

56%

Kentucky

61%

No

Northern Kentucky

43%

Kentucky

39%

Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Northern Kentucky

45%

Kentucky

48%

No

Northern Kentucky

55%

Kentucky

51%

⁶ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Opinions about the Affordable Care Act

Fewer than 4 in 10 (37%) of Northern Kentucky adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that 6 in 10 adults in the region (63%) need more information.

Despite the need for more information about the law, about 3 in 10 Northern Kentucky adults (29%) reported having a generally favorable opinion of the ACA, while more than 4 in 10 had a generally unfavorable opinion of it (47%). More than 2 in 10 Northern Kentucky adults (24%) expressed no opinion about the law. The Northern Kentucky respondents reported similar views to the state or the nation.

Opinions on the Future of the Law

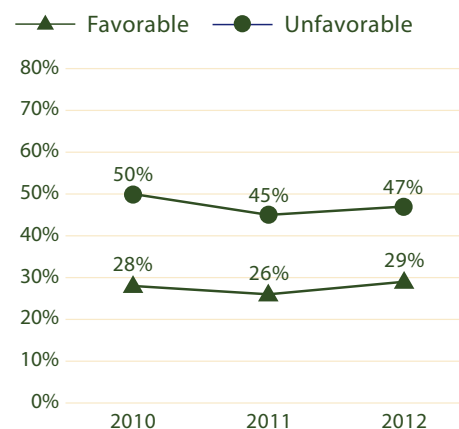
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems. In Northern Kentucky, more than 4 in 10 adults (44%) said opponents of

the ACA should continue their efforts to block the law, and nearly 4 in 10 (39%) said opponents should stop their efforts and move on to other national problems. Nearly 2 in 10 (17%) did not express an opinion. Northern Kentuckians were more likely to want opponents of the law to stay the course and continue efforts to block the law than the state as a whole.

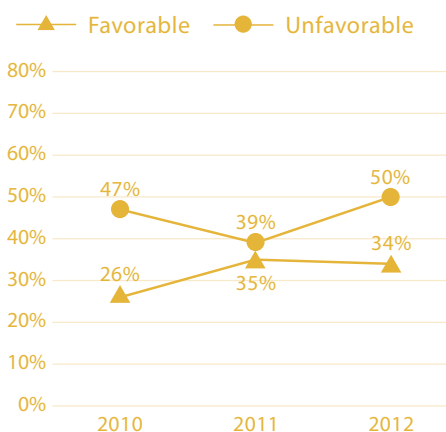
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Northern Kentucky, 1 in 4 adults (25%) said Congress should expand the law, and a similar number (23%) wanted to keep the law as it is. More than 1 in 10 (15%) said Congress should repeal the law, and 2 in 10 (20%) wanted to repeal the law and replace it with a Republican-sponsored alternative. In each case, these results are similar to the state and the nation.

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Northern Kentucky



Kentucky



What would you like to see Congress do when it comes to the health care law?

	Northern Kentucky	Kentucky	United States ⁷
Expand the law	25%	28%	26%
Keep the law as is	23%	19%	23%
Repeal the law and not replace it	15%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	20%	19%	20%
Don't know	17%	11%	11%



Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"⁸ of improving people's quality of care, improving the health of the population and reducing costs.

More than 6 in 10 Northern Kentucky adults (66%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Northern Kentuckians who supported integrated care declined slightly from the 2009 KHIP. In 2009, 79% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

Stop their efforts to block the law from being implemented/move on to other national problems

Northern Kentucky

39%

Kentucky

55%

Continue their efforts to block the law from being implemented

Northern Kentucky

44%

Kentucky

35%

Don't know

Northern Kentucky

17%

Kentucky

10%

Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Northern Kentucky

34%	32%	66%
Strongly favor	Somewhat favor	Total

Kentucky

35%	34%	69%
Strongly favor	Somewhat favor	Total

⁷ National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

⁸ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

Types of Providers

Research has shown that so-called “midlevel” clinicians⁹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

After hearing a brief description of the profession¹⁰, more than 7 in 10 Northern Kentucky adults said they would be comfortable seeing a nurse practitioner (75%), physician assistant (78%) or advanced dental hygiene practitioner (70%) for routine care. In each case, the proportion of Northern Kentucky adults who were comfortable seeing a “midlevel” clinician for routine care was slightly lower than the state average, but these differences were not statistically significant.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



Adults very or somewhat comfortable with certain types of health care providers (Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total due to rounding.)

Nurse practitioner

Northern Kentucky		
47%	27%	75%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

Physician assistant

Northern Kentucky		
41%	37%	78%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

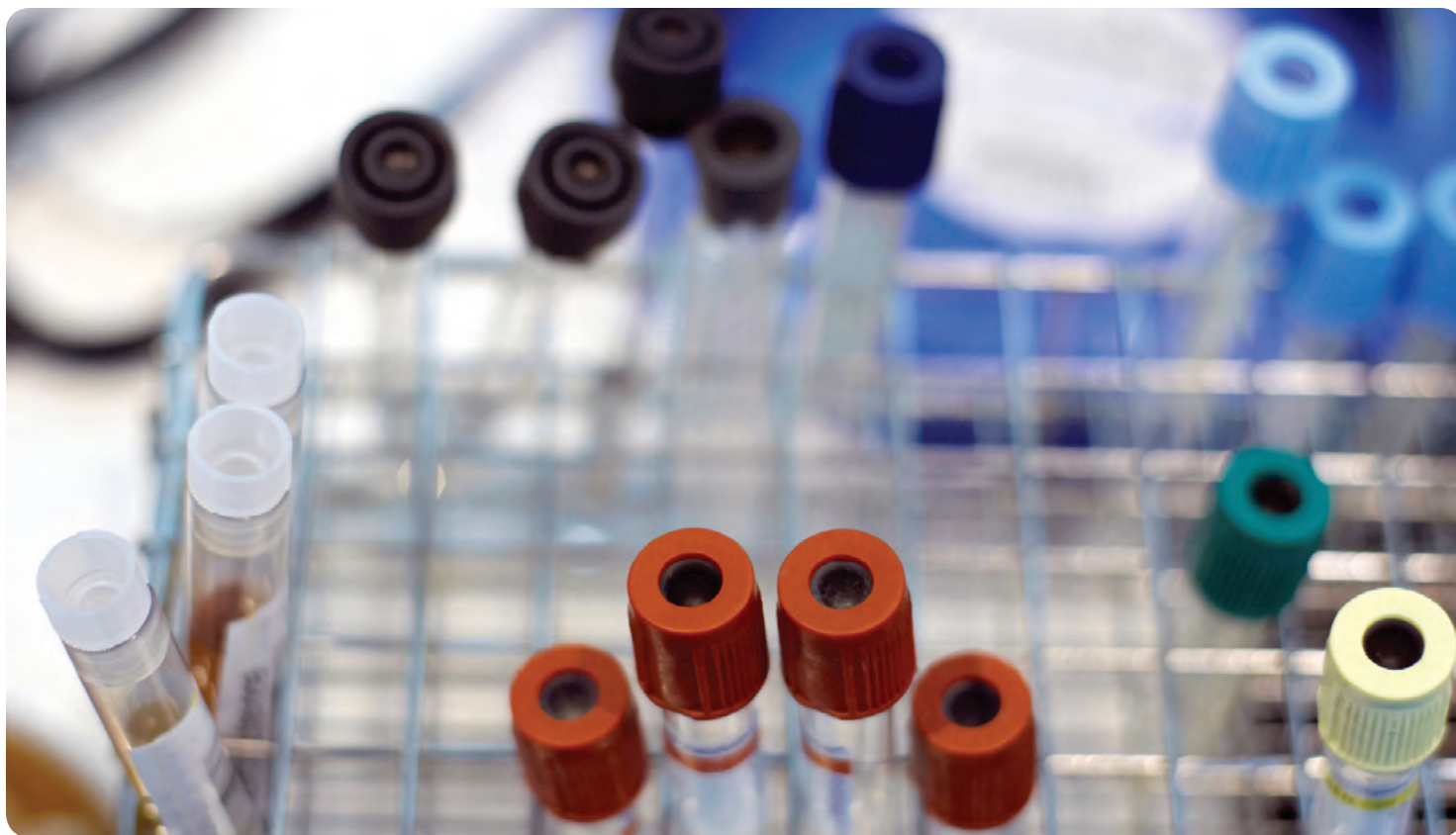
Advanced Dental Hygiene Practitioners

Northern Kentucky		
35%	35%	70%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

9 The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

10 Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed health care professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.



HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.¹¹ However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.¹² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.¹³ Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.¹⁴

Slightly more than half of Northern Kentucky adults ages 18-64 (54%) said they had been tested for HIV in the past. This means that more than 4 in 10 (46%) reported they have never been tested.

Provider Recommendations

Just 1 in 4 Northern Kentucky adults ages 18-64 (26%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is slightly less than the state average (32%), however this difference is not statistically significant.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

(Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Northern Kentucky

26%

Kentucky

32%

No

Northern Kentucky

74%

Kentucky

66%

11 Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

12 Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

13 Brandon BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

14 The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.¹⁵ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.¹⁶

Use of Prescription Pain Relievers

More than half of Northern Kentucky adults (61%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is slightly higher than the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

Abuse of Prescription Pain Relievers

Northern Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. Nearly 1 in 10 (8%) said they had done so.

However, almost 1 in 3 Northern Kentuckians (32%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

Deaths Due to Drug Overdose

In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same¹⁷ over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.¹⁸

In Northern Kentucky, 4 in 10 adults (41%) were aware that drug poisonings/overdoses were the leading cause of unintentional death in Kentucky. More than half of respondents (51%) mistakenly believed that traffic accidents were the leading cause of unintentional death.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*

Northern Kentucky

32%

Kentucky

33%

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? *(Total does not add to 100% because the response "don't know" is not included.)*

Drug poisonings **CORRECT ANSWER**

Northern Kentucky

41%

Kentucky

44%

Traffic accidents

Northern Kentucky

51%

Kentucky

43%

Firearms

Northern Kentucky

3%

Kentucky

7%

Falls

Northern Kentucky

2%

Kentucky

<1%

15 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. MMWR 60(43):1487-1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

16 *Ibid.*

17 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

18 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. Nearly half of Northern Kentucky adults (48%) said Kentucky voters should decide. More than 4 in 10 (45%) said lawmakers should decide (Kentucky 26%; federal 19%). A number of respondents (4%) said doctors should decide, even though this was not one of the response categories offered.

Should marijuana be legal under certain circumstances?

More than 8 in 10 Northern Kentucky adults (82%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. However, just 4 in 10 (43%) favor allowing residents to buy and use marijuana under any circumstances. Fewer than 4 in 10 Northern Kentuckians (38%) favor allowing residents to buy and use marijuana for recreational purposes.

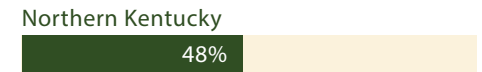
In general, views in Northern Kentucky were similar to the rest of the state, but adults in this region were more likely to favor allowing residents to buy and use marijuana for recreational purposes.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

(Percentages do not add to 100 because the response "don't know" is not included.)

Kentucky voters



Kentucky



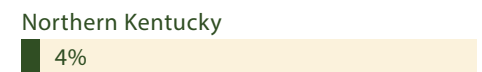
State and Federal lawmakers



Kentucky



Physicians¹⁹



Kentucky



Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it



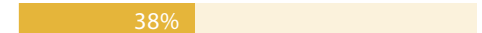
Kentucky



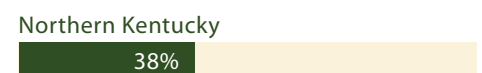
Under any circumstances



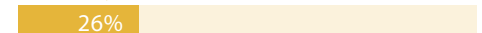
Kentucky



For recreational purposes



Kentucky



¹⁹ "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

Statewide Smoke-free Law

Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.²⁰ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.²¹ That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

More than half of Northern Kentucky adults favored a statewide smoke-free law (53%), while 40% opposed a law, and 6% had no opinion. This is not statistically different than the results from 2011, but an increase in support from 2010²², when just 40% of Northern Kentucky adults favored a statewide law. Support for the law in Northern Kentucky is similar to results for the state as a whole.

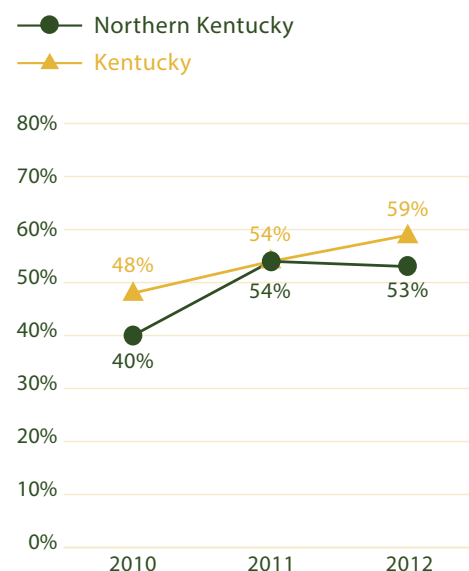
Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.²³

Concern about Air Quality

Nearly half of Northern Kentucky residents reported that they were somewhat (33%) or very (15%) concerned about the quality of air in their community. The majority of Northern Kentuckians (52%) said they were not at all concerned about air quality. This is the opposite of the results for the state as a whole, where just over half said they were concerned (51%) about air quality; however this difference is not statistically significant.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



How concerned are you with the quality of air in your community?

(Graph shows only those who said they were concerned.)

Northern Kentucky

15%	33%	48%
Very Concerned	Somewhat Concerned	Total

Kentucky

16%	34%	51%
Very Concerned	Somewhat Concerned	Total

20 U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

21 Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. MMWR 60(15); 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

22 In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

23 Air Quality Index data are available at www.airnow.gov

Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

More than half of Northern Kentucky adults (53%) indicated they change or limit their activities when they hear of an air quality alert being issued, including nearly 2 in 10 (16%) who said they change or limit their activities a lot. This is similar to results for the state as a whole, where nearly half (49%) reported changing or limiting their activities.

Actions to Reduce Emissions

People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving²⁴ to reduce the amount they pollute.

More than 6 in 10 Northern Kentucky adults (67%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 3 in 10 (29%) who said they never turn off their car engine. Responses in Northern Kentucky were similar to the state as a whole.



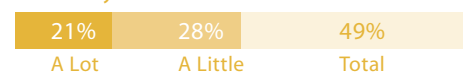
When you hear of an air quality alert being issued, how much do you change or limit your activities?

(Graph shows only those who said they changed or limited their behavior.)

Northern Kentucky



Kentucky



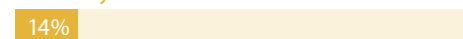
When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)

One minute

Northern Kentucky

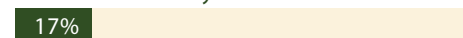


Kentucky

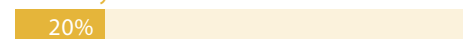


2-3 minutes

Northern Kentucky

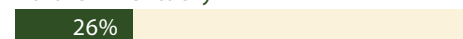


Kentucky

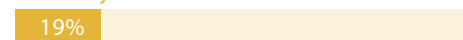


4-5 minutes

Northern Kentucky

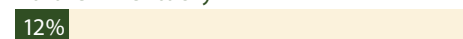


Kentucky

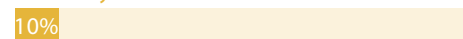


More than 5 minutes

Northern Kentucky

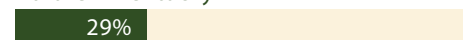


Kentucky

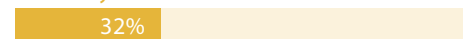


Never turn off the engine

Northern Kentucky



Kentucky



²⁴ Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)



Sex

Male Female

Northern Kentucky



Kentucky



Age

18–29 30–45 46–64 65+

Northern Kentucky



Kentucky



Race

African American White

Northern Kentucky



Kentucky



Level of Education

Less than High School High School Grad Some College College Grad

Northern Kentucky



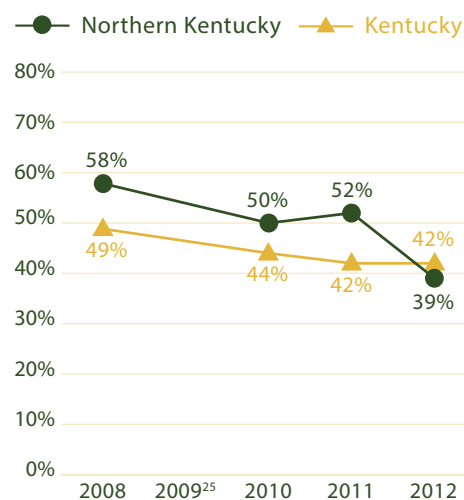
Kentucky



Overall Health Status

An important indicator of community health is overall health status. In 2012, about 4 in 10 Northern Kentucky adults (39%) described their health status as “excellent” or “very good,” similar to the proportion for the state as a whole (42%). This reflects a shift in Northern Kentucky, where in previous years respondents consistently reported better health status than the state average.

Kentucky adults reporting “excellent” or “very good” health

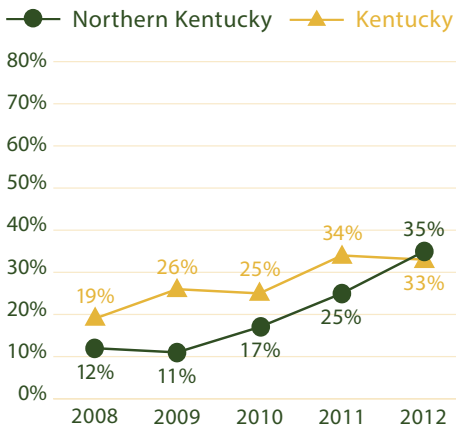


²⁵ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

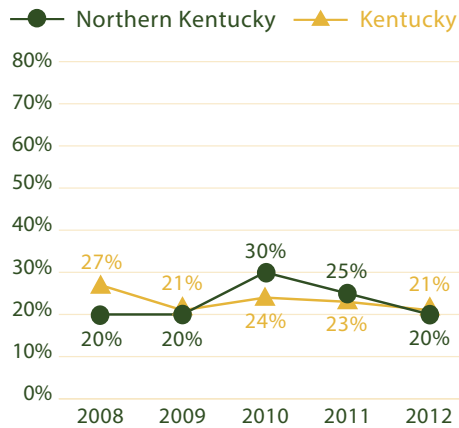
Poverty Status

The percentage of Northern Kentucky adults who lived above 100% of the federal poverty guidelines (FPG)²⁶ was similar to the state as a whole. In 2012, about 1 in 3 Northern Kentucky adults (35%) were living in poverty, a marked increase over previous years.

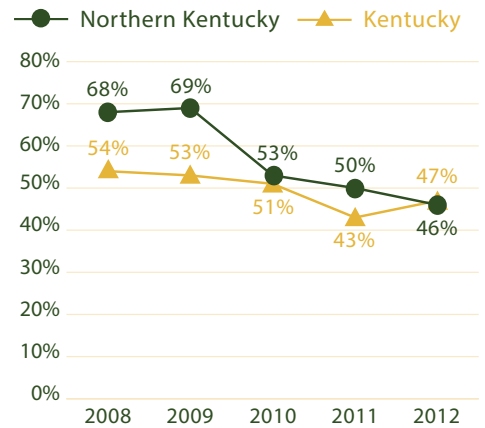
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Insurance Coverage

Not Having Health Insurance Coverage

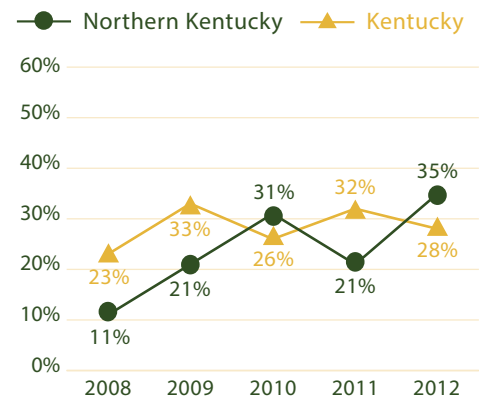
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

More than 1 in 3 working-age Northern Kentucky adults (35%) were uninsured at the time of the Poll. This is an increase in the number of uninsured adults since 2011, but is consistent with 2010 findings. Working-age adults in Northern Kentucky are more likely to be uninsured than the state average (28%), although this difference is not statistically significant.

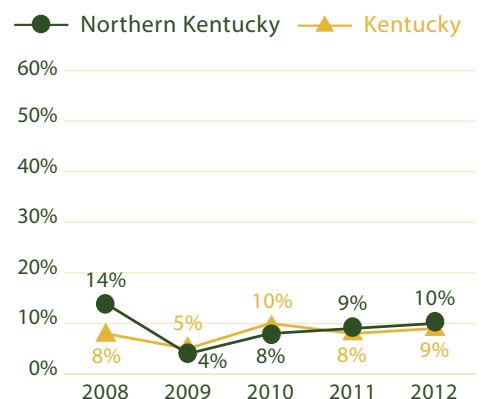
Gaps in Health Insurance Coverage

Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Northern Kentucky, 1 in 10 (10%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, more than 4 in 10 working-age Northern Kentucky adults (45%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



26 In 2011, 100% of the federal poverty guideline (FPG) was an annual income of \$22,350 and 200% FPG was an annual income of \$44,700, both for a family of four.



Complimentary copies of this report provided by:



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 September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 341 respondents resided in the Northern Kentucky Area Development District. The counties included in this region are:

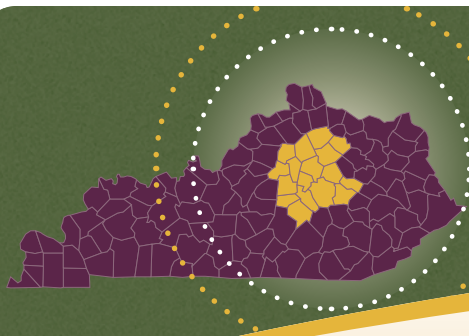
- Boone County
- Campbell County
- Carroll County
- Gallatin County
- Grant County
- Kenton County
- Owen County
- Pendleton County

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/kentucky-health-issues-poll). 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



FOUNDATION FOR A
HEALTHY
KENTUCKY

The
Health
Foundation
of Greater Cincinnati

2012 KENTUCKY HEALTH ISSUES POLL

June 2013 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2012, 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 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 16 for the list of counties*).

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

- The majority favored integration of mental health and medical services (69%)
- The majority found health care costs to be a financial burden (61%)
- The majority of adults favored a statewide, smoke-free law (61%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (57%)

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:

- Have dental insurance

Additionally, adults in Greater Lexington were **less likely** to:

- Have been prescribed a pain reliever that could not be purchased over the counter
- Change or limit their activities when they hear of an air quality alert being issued



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Lexington estimates to $\pm 5.3\%$. 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 and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

Economic Outlook

More than half of Greater Lexington adults (51%) think their parents' generation was **better off** economically. Nearly 3 in 10 (28%) think the current generation of working adults is about the same economically as their parents' generation. Nearly 2 in 10 (19%) say their parents' generation was worse off.

KHIP also asked about the next generation of American workers – those who are children today. Half of Greater Lexington adults (50%) said the next generation will be **worse off** than the current generation of working adults. Three in ten adults in this region (32%) think the next generation will fare about the same economically, and less than 2 in 10 (16%) think the next generation will be better off than the current generation.

The economic outlook for past and future generations in Greater Lexington was similar to the state as a whole.

Health Outlook

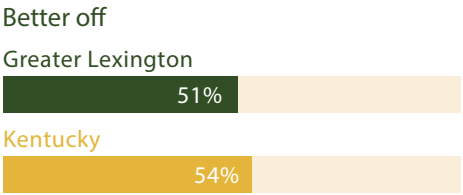
Four in ten Greater Lexington adults (41%) think their parents' generation was healthier than the current generation, while 2 in 10 (24%) think it was less healthy. More than 3 in 10 adults in this region (33%) think their parents' generation was about as healthy as the current generation.

When asked about the next generation, Greater Lexington adults were split. Three in ten Greater Lexington said they thought the next generation would be healthier than the current generation (31%), while the same number (31%) believe it will be less healthy. Additionally, nearly 4 in 10 (37%) think the next generation will be about as healthy.

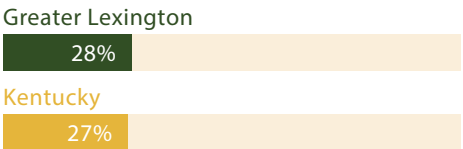
The health outlook for past and future generations in Greater Lexington was similar to the state as a whole.

How Kentucky adults think their economic situation compares with other generations *(Percentages do not add to 100% because the response "don't know" is not included.)*

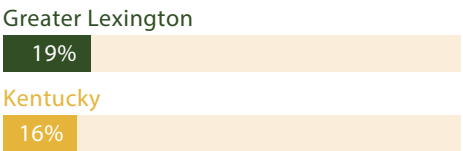
Parents' generation was...¹



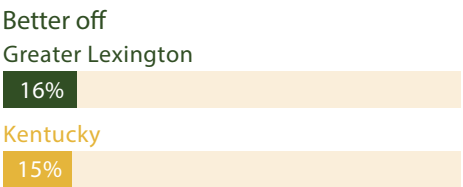
About the same



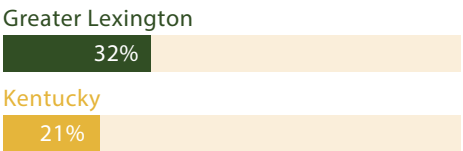
Worse off



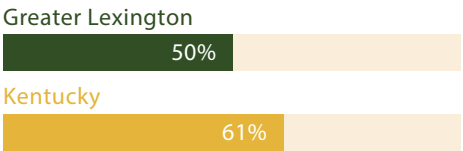
Next generation will be...²



About the same



Worse off



1 KHIP asked, "Thinking about your parents' generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?"

2 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?"

How Kentucky adults think their health compares with other generations (Percentages do not add to 100% because the response "don't know" is not included.)

Parents' generation was...³

Healthier

Greater Lexington

41%

Kentucky

42%

About the same

Greater Lexington

33%

Kentucky

31%

Less healthy

Greater Lexington

24%

Kentucky

27%

Next generation will be...⁴

Healthier

Greater Lexington

31%

Kentucky

27%

About the same

Greater Lexington

37%

Kentucky

30%

Less healthy

Greater Lexington

31%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.⁵

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than half of Greater Lexington adults (61%) said that some aspect of their health care costs were a financial burden. This is similar to the percentage of all Kentucky adults who reported that health care was a financial burden (59%).

More than 3 in 10 Greater Lexington adults (35%) report that paying for health care and health insurance is not a financial burden. However, 2 in 10 (21%) report that the deductibles they pay before insurance kicks in were the greatest burden. A similar number said that co-pays for doctor visits and prescription drugs (20%) or insurance premiums (17%) were the greatest burden. Less than 1 in 10 report that some other source was a burden (3%) or they didn't know (4%).

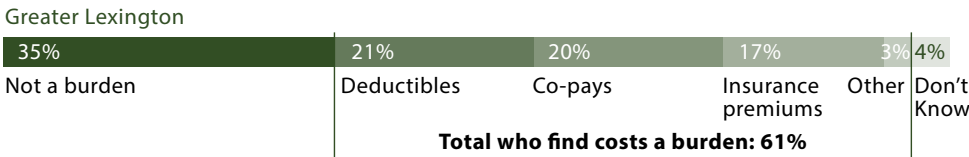
Among those in Greater Lexington who reported some financial burden from health care costs, 4 in 10 (39%) report that it makes it hard to pay for things they need, and 3 in 10 (29%) report it makes it hard to pay for things they want. Less than 2 in 10 (16%) report it is a burden but they haven't had to adjust spending in other areas, while a similar number report that it's costly, but they can afford it (15%). Responses in Greater Lexington were similar to the state as a whole.

³ KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy, or about the same as the current generation of working adults?"

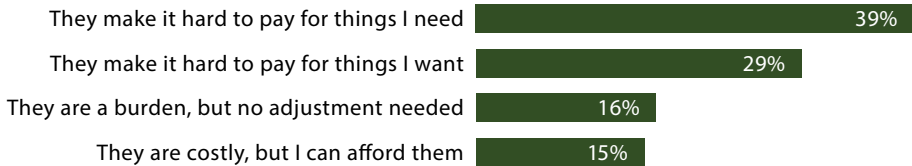
⁴ KHIP asked, "Thinking about the next generation of American workers who are children today, do you think they will be healthier, less healthy or about the same as the current generation of working adults?"

⁵ Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

Thinking about your health care costs, which of the following do you find to be the greatest financial burden?

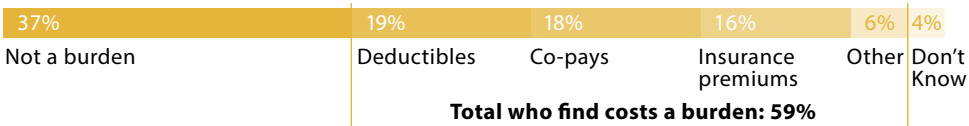


How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 198)

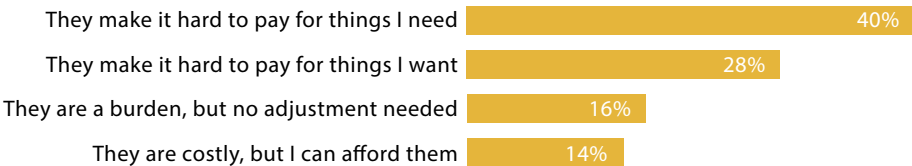


*Does not add to 100% because the response "don't know" is not included.

Kentucky



How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 981)



*Does not add to 100% because the response "don't know" is not included.

Putting Off Care Due to the Cost

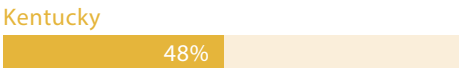
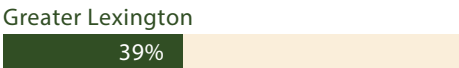
For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Greater Lexington specifically, 4 in 10 adults (41%) have put off or postponed getting health care they needed. A similar number of respondents (39%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than 3 in 10 said they had skipped dental care or check-ups (37%), not filled a prescription for medicine (36%), or skipped a recommended medical test or treatment (30%) because of the cost. Nearly 3 in 10 reported that they had cut pills in half or skipped doses of medicine (26%), and nearly 2 in 10 adults in Greater Lexington said they have had problems getting mental health care (18%) because of the cost.

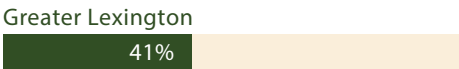
In general, responses in Greater Lexington adults were similar to the state as a whole.

Percentage of respondents who say they or another family member living in their household have done each of the following in the past 12 months because of the cost

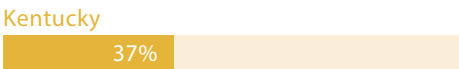
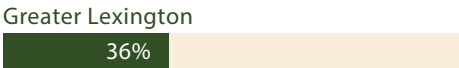
Rely on home remedies or over-the-counter drugs instead of going to see a doctor



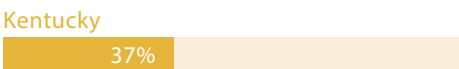
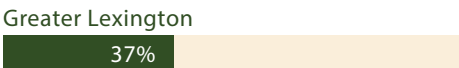
Put off or postpone getting health care you needed



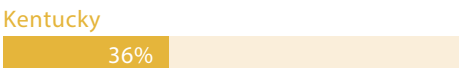
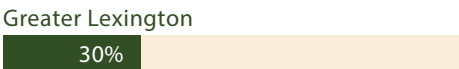
Not fill a prescription for medicine



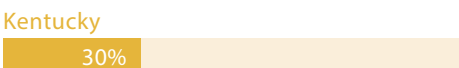
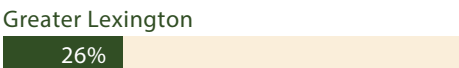
Skip dental care or check-ups



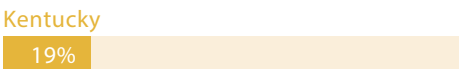
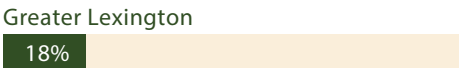
Skip a recommended medical test or treatment



Cut pills in half or skip doses of medicine



Have problems getting mental health care



Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

Utilization of Oral Health Care Services

According to KHIP, more than 6 in 10 Greater Lexington adults (64%) visited the dentist within the past year, compared to 70% nationwide. Nearly 2 in 10 Greater Lexington adults (17%) reported that it had been more than five years since they last visited the dentist.

Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. Six in ten Greater Lexington adults (60%) reported having a personal dentist or oral health provider. This means that more than 4 in 10 Greater Lexington adults (40%) said they do not have a personal dentist or oral health provider.

Affording Oral Health Care

Having dental insurance is an important factor in being able to get oral health care. More than 4 in 10 Greater Lexington adults (46%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Greater Lexington adults (89%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, nearly 4 in 10 adults in the region (37%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.

Greater Lexington

64%

Kentucky

61%

United States⁶

70%

Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Lexington

60%

Kentucky

61%

No

Greater Lexington

40%

Kentucky

39%

Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Lexington

54%

Kentucky

48%

No

Greater Lexington

46%

Kentucky

51%

⁶ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Opinions about the Affordable Care Act

More than 4 in 10 (42%) of Greater Lexington adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that the majority of adults in the region (57%) need more information.

Despite the need for more information about the law, about 4 in 10 Greater Lexington adults (38%) reported having a generally favorable opinion of the ACA, while slightly more had a generally unfavorable opinion of it (46%). Nearly 2 in 10 Greater Lexington adults (17%) expressed no opinion about the law. Support for the law in this region was similar to the state as a whole.

Opinions on the Future of the Law

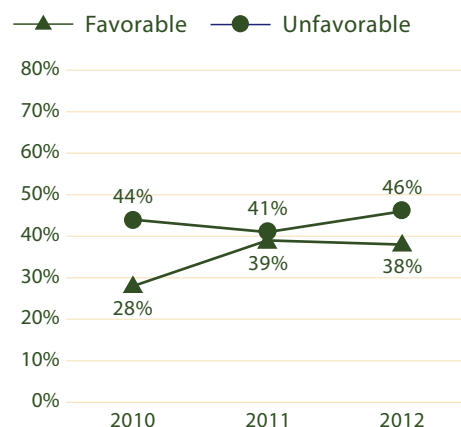
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems.

In Greater Lexington, nearly 4 in 10 adults (36%) said opponents of the ACA should continue their efforts to block the law, and nearly 6 in 10 (56%) said opponents should stop their efforts and move on to other national problems. About 1 in 10 (9%) did not express an opinion.

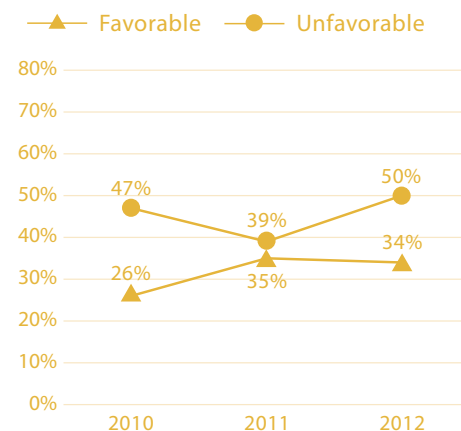
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Greater Lexington, 3 in 10 adults (30%) said Congress should expand the law, and 2 in 10 (22%) wanted to keep the law as it is. More than 2 in 10 (23%) said Congress should repeal the law but not replace it, and 2 in 10 (18%) wanted to repeal the law and replace it with a Republican-sponsored alternative. Greater Lexington adults expressed views similar to the state and the nation.

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Greater Lexington



Kentucky



What would you like to see Congress do when it comes to the health care law?

	Greater Lexington	Kentucky	United States ⁷
Expand the law	30%	28%	26%
Keep the law as is	22%	19%	23%
Repeal the law and not replace it	23%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	18%	19%	20%
Don't know	17%	11%	11%



Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"⁸ of improving people's quality of care, improving the health of the population and reducing costs.

More than 6 in 10 Greater Lexington adults (69%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Greater Lexington adults who supported integrated care declined slightly from the 2009 KHIP. In 2009, 75% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

Stop their efforts to block the law from being implemented/move on to other national problems

Greater Lexington

56%

Kentucky

55%

Continue their efforts to block the law from being implemented

Greater Lexington

36%

Kentucky

35%

Don't know

Greater Lexington

9%

Kentucky

10%

Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Greater Lexington

34%

Strongly favor

35%

Somewhat favor

69%

Total

Kentucky

35%

Strongly favor

34%

Somewhat favor

69%

Total

⁷ National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

⁸ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

Types of Providers

Research has shown that so-called “midlevel” clinicians⁹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

After hearing a brief description of the profession¹⁰, 8 in 10 Greater Lexington adults said they would be comfortable seeing a nurse practitioner (80%), or physician assistant (80%) for routine care. More than 7 in 10 said they would be comfortable seeing an advanced dental hygiene practitioner (75%). In each case, the proportion of Greater Lexington adults who were comfortable seeing a “midlevel” clinician for routine care was similar to the state average.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



Adults very or somewhat comfortable with certain types of health care providers (Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total due to rounding.)

Nurse practitioner

Greater Lexington		
49%	31%	80%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

Physician assistant

Greater Lexington		
43%	37%	80%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

Advanced Dental Hygiene Practitioners

Greater Lexington		
43%	32%	75%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

9 The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

10 Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed health care professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.



HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.¹¹ However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.¹² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.¹³ Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.¹⁴

More than half of Greater Lexington adults ages 18-64 (56%) said they had been tested for HIV in the past, yet more than 4 in 10 (43%) reported they have never been tested.

Provider Recommendations

Just 3 in 10 Greater Lexington adults ages 18-64 (31%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is similar to the state average of 32%.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

(Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Lexington

31%

Kentucky

32%

No

Greater Lexington

67%

Kentucky

66%

11 Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

12 Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

13 Brandon BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

14 The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.¹⁵ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.¹⁶

Use of Prescription Pain Relievers

Half of Greater Lexington adults (50%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is not significantly different from the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

Abuse of Prescription Pain Relievers

Greater Lexington residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. Fewer than 1 in 10 (8%) said they had done so.

However, nearly 4 in 10 Greater Lexington adults (37%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

Deaths Due to Drug Overdose

In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same¹⁷ over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.¹⁸

In Greater Lexington, about 4 in 10 adults (39%) were aware that drug poisonings/overdoses were the leading cause of unintentional death in Kentucky. Nearly half of respondents (47%) mistakenly believed that traffic accidents were the leading cause of unintentional death. Awareness of the death toll of drug poisonings and overdoses in Greater Lexington was similar to the state average.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*

Greater Lexington

37%

Kentucky

33%

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? *(Total does not add to 100% because the response "don't know" is not included.)*

Drug poisonings

CORRECT ANSWER

Greater Lexington

39%

Kentucky

44%

Traffic accidents

Greater Lexington

47%

Kentucky

43%

Firearms

Greater Lexington

7%

Kentucky

7%

Falls

Greater Lexington

<1%

Kentucky

<1%

15 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999–2008. MMWR 60(43):1487–1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

16 *Ibid.*

17 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

18 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. The majority of Greater Lexington adults (51%) said Kentucky voters should decide. Four in ten (39%) said lawmakers should decide (Kentucky 19%; federal 20%). A number of respondents (8%) said doctors should decide, even though this was not one of the response categories offered.

Should marijuana be legal under certain circumstances?

Nearly 8 in 10 Greater Lexington adults (77%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. More than 4 in 10 (41%) favor allowing residents to buy and use marijuana under any circumstances. About 2 in 10 Greater Lexington adults (24%) favor allowing residents to buy and use marijuana for recreational purposes. In each case, the views expressed were similar to the state average.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

(Percentages do not add to 100 because the response "don't know" is not included.)

Kentucky voters

Greater Lexington

51%

Kentucky

45%

State and Federal lawmakers

Greater Lexington

39%

Kentucky

46%

Physicians¹⁹

Greater Lexington

8%

Kentucky

6%

Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it

Greater Lexington

77%

Kentucky

78%

Under any circumstances

Greater Lexington

41%

Kentucky

38%

For recreational purposes

Greater Lexington

24%

Kentucky

26%

¹⁹ "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

Statewide Smoke-free Law

Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.²⁰ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.²¹ That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

Six in ten Greater Lexington adults favored a statewide smoke-free law (60%), while 36% opposed a law, and 3% had no opinion. This is consistent with results from 2011, but an increase in support from 2010²², when 50% of Greater Lexington adults favored a statewide law. Support for the law in Greater Lexington is similar to results for the state as a whole.

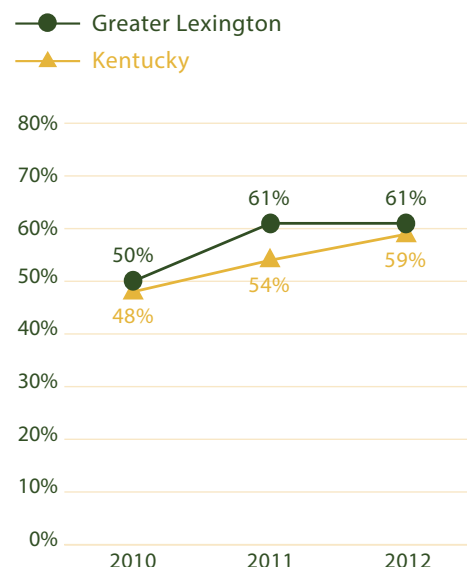
Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.²³

Concern about Air Quality

Nearly half of Greater Lexington residents reported that they were somewhat (35%) or very (13%) concerned about the quality of air in their community. The majority of Greater Lexington adults (51%) said they were not at all concerned about air quality. This is the opposite of the results for the state as a whole, where just over half said they were concerned (51%) about air quality; however this difference is not statistically significant.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



How concerned are you with the quality of air in your community?

(Graph shows only those who said they were concerned.)

Greater Lexington

13%	35%	49%
Very Concerned	Somewhat Concerned	Total

Kentucky

16%	34%	51%
Very Concerned	Somewhat Concerned	Total

20 U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

21 Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. MMWR 60(15); 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

22 In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

23 Air Quality Index data are available at www.airnow.gov

Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

Nearly 4 in 10 Greater Lexington adults (38%) indicated they change or limit their activities when they hear of an air quality alert being issued, including 1 in 10 (12%) who said they change or limit their activities a lot. This is lower than the results for the state as a whole, where nearly half (49%) reported changing or limiting their activities.

Actions to Reduce Emissions

People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving²⁴ to reduce the amount they pollute.

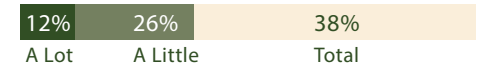
More than 6 in 10 Greater Lexington adults (67%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 4 in 10 (37%) who said they never turn off their car engine. Responses in Greater Lexington were similar to the state as a whole.



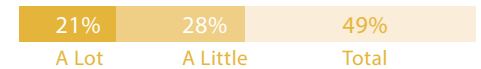
When you hear of an air quality alert being issued, how much do you change or limit your activities?

(Graph shows only those who said they changed or limited their behavior.)

Greater Lexington



Kentucky



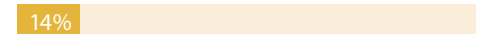
When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)

One minute

Greater Lexington

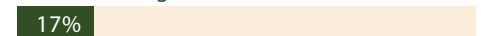


Kentucky



2-3 minutes

Greater Lexington

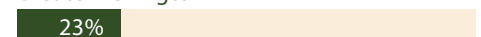


Kentucky



4-5 minutes

Greater Lexington

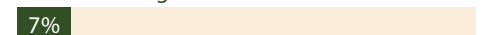


Kentucky



More than 5 minutes

Greater Lexington



Kentucky



Never turn off the engine

Greater Lexington



Kentucky



²⁴ Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)



Sex

Male Female

Greater Lexington

48% 52%

Kentucky

48% 52%

Age

18–29 30–45 46–64 65+

Greater Lexington

24% 33% 28% 15%

Kentucky

22% 32% 29% 17%

Race

African American White

Greater Lexington

18% 85%

Kentucky

17% 88%

Level of Education

Less than High School Some College
High School Grad College Grad

Greater Lexington

21% 30% 28% 22%

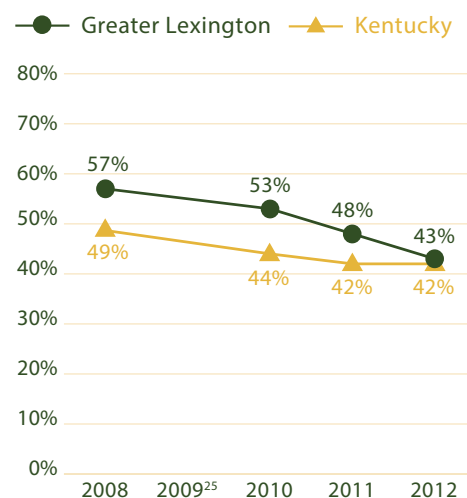
Kentucky

25% 34% 25% 16%

Overall Health Status

An important indicator of community health is overall health status. In 2012, more than 4 in 10 Greater Lexington adults (43%) described their health status as “excellent” or “very good,” similar to than the proportion for the state as a whole (42%). The proportion of Greater Lexington adults in “excellent” or “very good” health has decreased since KHIP began.

Kentucky adults reporting “excellent” or “very good” health

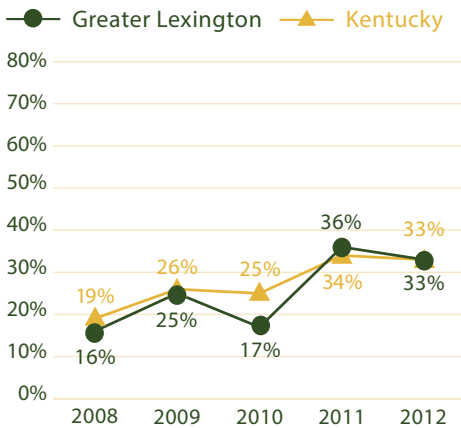


²⁵ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

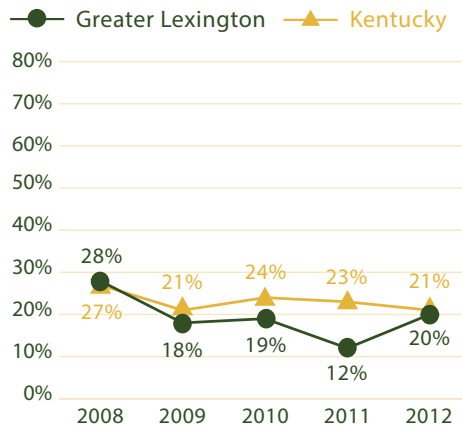
Poverty Status

The percentage of Greater Lexington adults who lived below 100% of the federal poverty guidelines (FPG)²⁶ was equal to the state as average. In 2012, about 3 in 10 Greater Lexington adults (33%) were living in poverty.

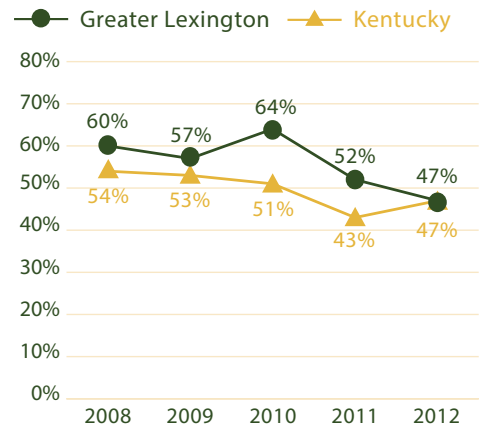
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Insurance Coverage

Not Having Health Insurance Coverage

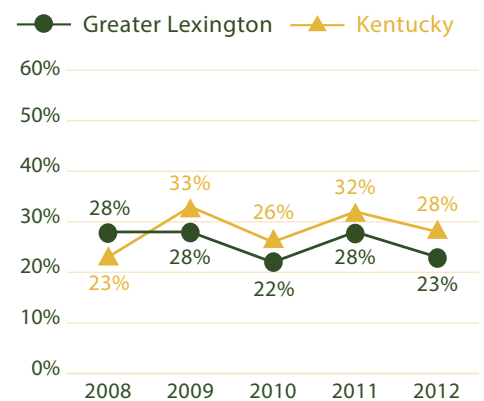
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

About 2 in 10 working-age Greater Lexington adults (23%) were uninsured at the time of the Poll. This is a decrease from 2011 but consistent with the number of uninsured adults in 2010. Working-age adults in Greater Lexington are somewhat less likely to be uninsured as the state average (28%), but this difference is not statistically significant.

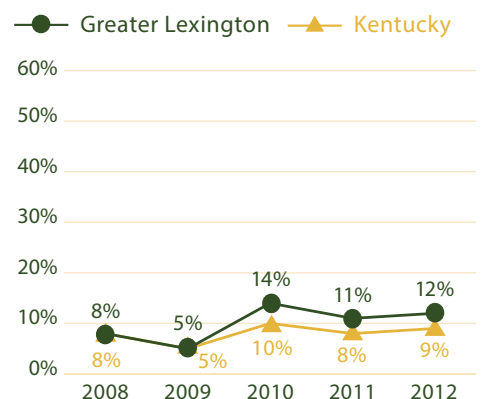
Gaps in Health Insurance Coverage

Another factor in being able to get health care is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 1 in 10 (12%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, more than 3 in 10 working-age Greater Lexington adults (35%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



26 In 2011, 100% of the federal poverty guideline (FPG) was an annual income of \$22,350 and 200% FPG was an annual income of \$44,700, both for a family of four.



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 September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 328 respondents resided in Greater Lexington Area. The counties included in this region are:

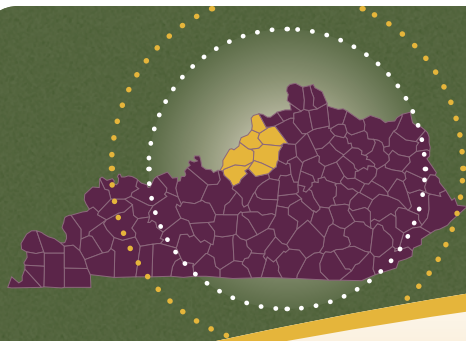
- Bourbon County
- Boyle County
- Clark County
- Estill County
- Fayette County
- Garrard County
- Harrison County
- Jessamine County
- Lincoln County
- Madison County
- Mercer County
- Nicholas County
- Powell County
- Scott County
- Woodford County

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 (<https://www.healthfoundation.org/kentucky-health-issues-poll>). 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



FOUNDATION FOR A
HEALTHY
KENTUCKY

The
Health
Foundation
of Greater Cincinnati

Greater Louisville

2012 KENTUCKY HEALTH ISSUES POLL

June 2013 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2012, 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 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 16 for the list of counties*).

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

- The majority favored integration of mental health and medical services (65%)
- The majority found health care costs to be a financial burden (62%)
- The majority of adults favored a statewide, smoke-free law (61%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (55%)

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:

- Have dental insurance
- Support the legalization of marijuana under any circumstances
- Be concerned about air quality in their community



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Louisville estimates to $\pm 5.3\%$. 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 and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

Economic Outlook

More than half of Greater Louisville adults (52%) think their parents' generation was **better off** economically. More than 2 in 10 (25%) think the current generation of working adults is about the same economically as their parents' generation. Nearly 2 in 10 (19%) say their parents' generation was **worse off**.

KHIP also asked about the next generation of American workers – those who are children today. The majority of Greater Louisville adults (57%) said the next generation will be **worse off** than the current generation of working adults. Two in ten adults in this region (19%) think the next generation will fare about the same economically, and a similar number (19%) think the next generation will be **better off** than the current generation.

The economic outlook for past and future generations in Greater Louisville was similar to the state as a whole.

Health Outlook

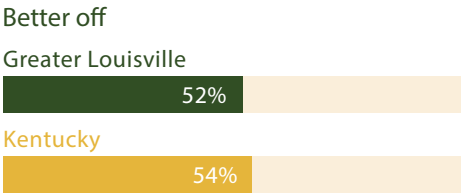
Three in ten Greater Louisville adults (35%) think their parents' generation was healthier than the current generation, while a similar number (32%) think it was less healthy. More than 3 in 10 adults in this region (33%) think their parents' generation was about as healthy as the current generation.

When asked about the next generation, fewer than 3 in 10 Greater Louisville adults (28%) said they thought it would be healthier than the current generation, while 3 in 10 (34%) believe it will be less healthy. Additionally, nearly 4 in 10 (37%) think the next generation will be about as healthy.

The health outlook for past and future generations in Greater Louisville was similar to the state as a whole.

How Kentucky adults think their economic situation compares with other generations *(Percentages do not add to 100% because the response "don't know" is not included.)*

Parents' generation was...¹



About the same



Worse off



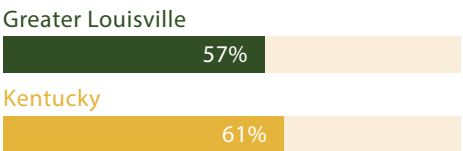
Next generation will be...²



About the same



Worse off



1 KHIP asked, "Thinking about your parents' generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?"

2 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?"

How Kentucky adults think their health compares with other generations (Percentages do not add to 100% because the response "don't know" is not included.)

Parents' generation was...³

Healthier

Greater Louisville

35%

Kentucky

42%

About the same

Greater Louisville

33%

Kentucky

31%

Less healthy

Greater Louisville

32%

Kentucky

27%

Next generation will be...⁴

Healthier

Greater Louisville

28%

Kentucky

27%

About the same

Greater Louisville

37%

Kentucky

30%

Less healthy

Greater Louisville

34%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.⁵

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than half of Greater Louisville adults (62%) said that some aspect of their health care costs were a financial burden. This is similar to the percentage of all Kentucky adults who reported that health care was a financial burden (59%).

More than 3 in 10 Greater Louisville adults (31%) report that paying for health care and health insurance is **not** a financial burden. However, 2 in 10 (23%) report that the deductibles they pay before insurance kicks in were the greatest burden. More than 1 in 10 said that insurance premiums (17%) or co-pays for doctor visits and prescription drugs (13%) were the greatest burden. Less than 1 in 10 report that some other source was a burden (9%) or they didn't know (7%).

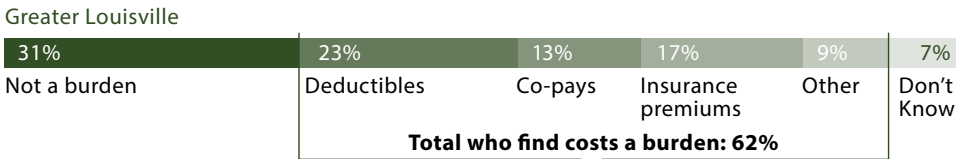
Among those in Greater Louisville who reported some financial burden from health care costs, 3 in 10 (33%) report that it makes it hard to pay for things they need, and a similar number (30%) report it makes it hard to pay for things they want. About 2 in 10 (19%) report it is a burden but they haven't had to adjust spending in other areas (19%), while 1 in 10 report that it's costly, but they can afford it (13%). Responses in Greater Louisville were similar to the state as a whole.

3 KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy, or about the same as the current generation of working adults?"

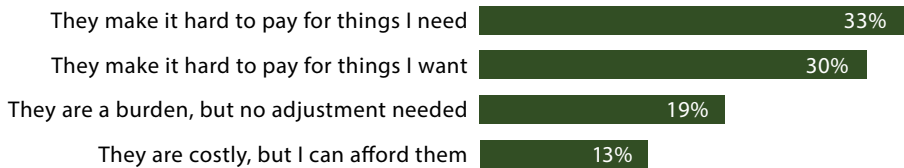
4 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think they will be healthier, less healthy or about the same as the current generation of working adults?"

5 Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

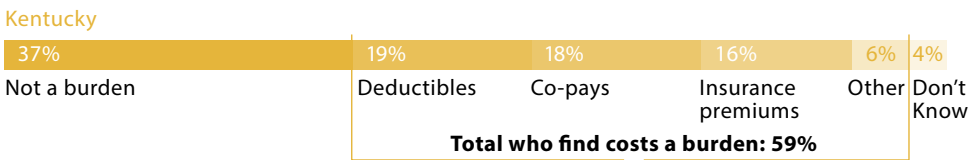
Thinking about your health care costs, which of the following do you find to be the greatest financial burden?



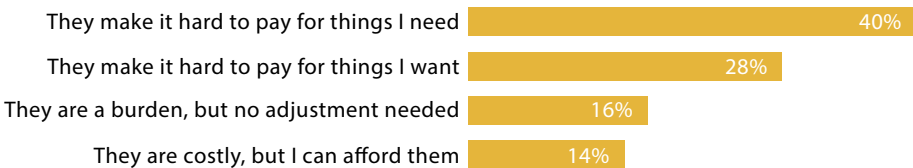
How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 210)



*Does not add to 100% because the response "don't know" is not included.



How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 981)



*Does not add to 100% because the response "don't know" is not included.

Putting Off Care Due to the Cost

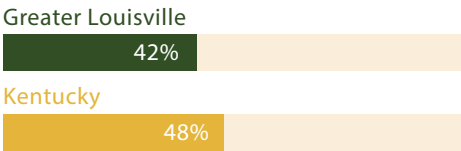
For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Greater Louisville specifically, more than 4 in 10 (44%) have put off or postponed getting health care they needed. A similar number of respondents (42%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than 3 in 10 said they had skipped dental care or check-ups (36%), skipped a recommended medical test or treatment (35%), not filled a prescription for medicine (35%), or cut pills in half or skipped doses of medicine (32%) because of the cost. More than 1 in 10 adults in Greater Louisville said they have had problems getting mental health care (15%) because of the cost.

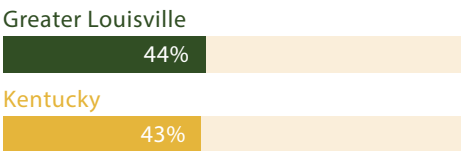
Responses in Greater Louisville adults were similar to the state as a whole.

Percentage of respondents who say they or another family member living in their household have done each of the following in the past 12 months because of the cost

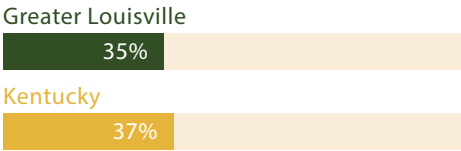
Rely on home remedies or over-the-counter drugs instead of going to see a doctor



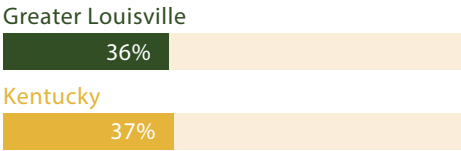
Put off or postpone getting health care you needed



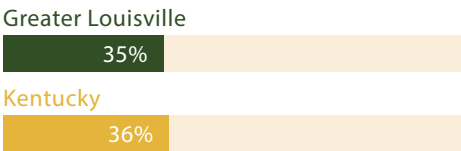
Not fill a prescription for medicine



Skip dental care or check-ups



Skip a recommended medical test or treatment



Cut pills in half or skip doses of medicine



Have problems getting mental health care



Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

Utilization of Oral Health Care Services

According to KHIP, 6 in 10 Greater Louisville adults (61%) visited the dentist within the past year, compared to 70% nationwide. More than 1 in 10 Greater Louisville adults (12%) reported that it had been more than five years since they last visited the dentist.

Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. Nearly 6 in 10 Greater Louisville adults (57%) reported having a personal dentist or oral health provider. This means that more than 4 in 10 Greater Louisville adults (43%) said they do not have a personal dentist or oral health provider.

Affording Oral Health Care

Having dental insurance is an important factor in being able to get oral health care. More than 4 in 10 Greater Louisville adults (43%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Greater Louisville adults (86%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, nearly 4 in 10 adults in the region (36%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.

Greater Louisville

61%

Kentucky

61%

United States⁶

70%

Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Louisville

57%

Kentucky

61%

No

Greater Louisville

43%

Kentucky

39%

Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Louisville

56%

Kentucky

48%

No

Greater Louisville

43%

Kentucky

51%

⁶ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Opinions about the Affordable Care Act

More than 4 in 10 (45%) of Greater Louisville adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that the majority of adults in the region (55%) need more information.

Despite the need for more information about the law, about 4 in 10 Greater Louisville adults (44%) reported having a generally favorable opinion of the ACA, while a similar number had a generally unfavorable opinion of it (44%). More than 1 in 10 Greater Louisville adults (12%) expressed no opinion about the law. Support for the law in this region has increased over time and Greater Louisville respondents were more likely to report favorable views of the law than the state average.

Opinions on the Future of the Law

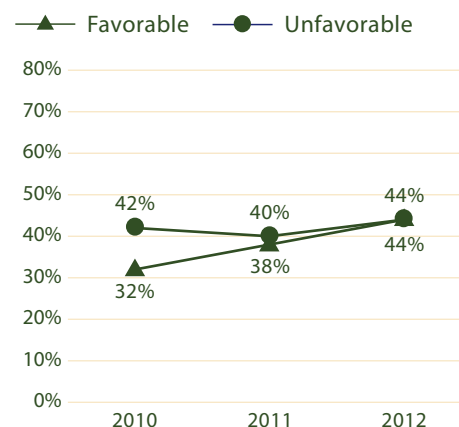
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems. In Greater Louisville, more than 3 in

10 adults (32%) said opponents of the ACA should continue their efforts to block the law, and more than 6 in 10 (64%) said opponents should stop their efforts and move on to other national problems. Less than 1 in 10 (4%) did not express an opinion. Greater Louisville respondents were more likely to want opponents of the law to move on to other national problems than the state as a whole.

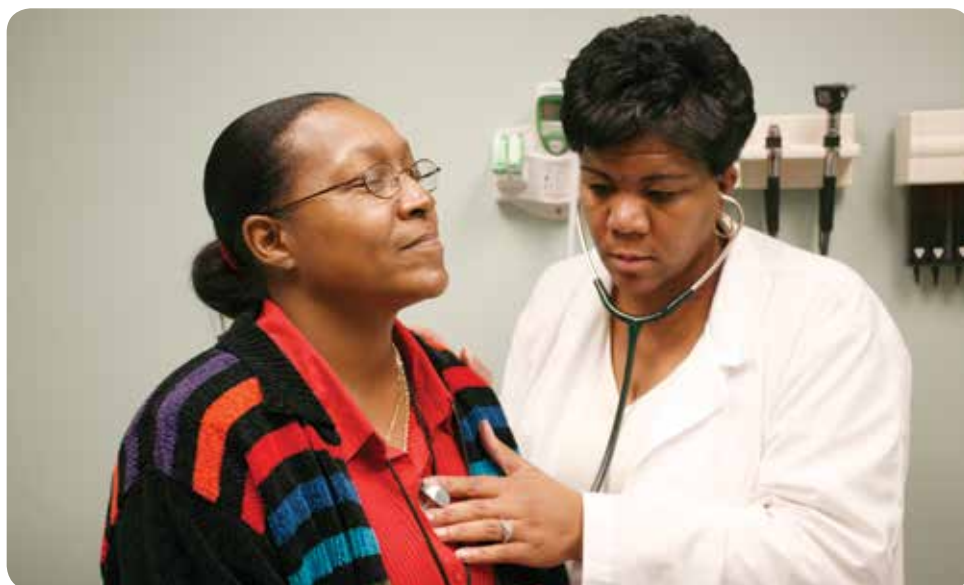
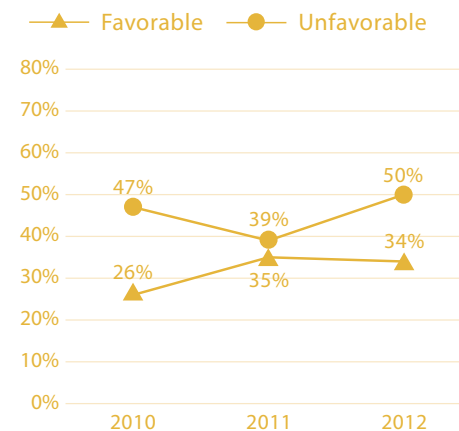
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Greater Louisville, nearly 3 in 10 adults (28%) said Congress should expand the law, and 2 in 10 (20%) wanted to keep the law as it is. More than 2 in 10 (26%) said Congress should repeal the law and replace it with a Republican-sponsored alternative, and 1 in 10 (14%) wanted to repeal the law but not replace it. Greater Louisville adults expressed views similar to the state and the nation.

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Greater Louisville



Kentucky



What would you like to see Congress do when it comes to the health care law?

	Greater Louisville	Kentucky	United States ⁷
Expand the law	28%	28%	26%
Keep the law as is	20%	19%	23%
Repeal the law and not replace it	14%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	26%	19%	20%
Don't know	12%	11%	11%



Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"⁸ of improving people's quality of care, improving the health of the population and reducing costs.

More than 6 in 10 Greater Louisville adults (65%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Greater Louisville adults who supported integrated care decreased slightly from the 2009 KHIP, however this change was not statistically significant. In 2009, 67% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

Stop their efforts to block the law from being implemented/move on to other national problems

Greater Louisville

64%

Kentucky

55%

Continue their efforts to block the law from being implemented

Greater Louisville

32%

Kentucky

35%

Don't know

Greater Louisville

4%

Kentucky

10%

Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Greater Louisville

36%

Strongly favor

29%

Somewhat favor

65%

Total

Kentucky

35%

Strongly favor

34%

Somewhat favor

69%

Total

⁷ National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

⁸ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

Types of Providers

Research has shown that so-called “midlevel” clinicians⁹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

After hearing a brief description of the profession¹⁰, about 8 in 10 Greater Louisville adults said they would be comfortable seeing a nurse practitioner (79%), or physician assistant (80%) for routine care. About 7 in 10 said they would be comfortable seeing an advanced dental hygiene practitioner (73%). In each case, the proportion of Greater Louisville adults who were comfortable seeing a “midlevel” clinician for routine care was similar to the state average.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



Adults very or somewhat comfortable with certain types of health care providers *(Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total due to rounding.)*

Nurse practitioner

Greater Louisville		
56%	23%	79%
Very Comfortable	Somewhat Comfortable	Total

Kentucky

50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

Physician assistant

Greater Louisville		
41%	40%	80%
Very Comfortable	Somewhat Comfortable	Total

Kentucky

42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

Advanced Dental Hygiene Practitioners

Greater Louisville		
43%	31%	73%
Very Comfortable	Somewhat Comfortable	Total

Kentucky

38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

9 The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

10 Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed health care professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.



HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.¹¹ However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.¹² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.¹³ Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.¹⁴

Six in ten Greater Louisville adults ages 18-64 (60%) said they had been tested for HIV in the past, and nearly 4 in 10 (39%) reported they have never been tested.

Provider Recommendations

Just 3 in 10 Greater Louisville adults ages 18-64 (34%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is similar to the state average of 32%.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

(Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Greater Louisville

34%

Kentucky

32%

No

Greater Louisville

64%

Kentucky

66%

11 Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

12 Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

13 Brandon BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

14 The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.¹⁵ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.¹⁶

Use of Prescription Pain Relievers

More than half of Greater Louisville adults (58%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

Abuse of Prescription Pain Relievers

Greater Louisville residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. Fewer than 1 in 10 (6%) said they had done so.

However, 3 in 10 Greater Louisville adults (31%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is similar to the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

Deaths Due to Drug Overdose

In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same¹⁷ over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.¹⁸

In Greater Louisville, about 3 in 10 adults (29%) were aware that drug poisonings/overdoses were the leading cause of unintentional death in Kentucky. More than half of respondents (51%) mistakenly believed that traffic accidents were the leading cause of unintentional death. Awareness of the death toll of drug poisonings and overdoses in Greater Louisville was lower than the state average.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*

Greater Louisville

31%

Kentucky

33%

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? *(Total does not add to 100% because the response "don't know" is not included.)*

Drug poisonings

CORRECT ANSWER

Greater Louisville

29%

Kentucky

44%

Traffic accidents

Greater Louisville

51%

Kentucky

43%

Firearms

Greater Louisville

14%

Kentucky

7%

Falls

Greater Louisville

<1%

Kentucky

<1%

15 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999–2008. MMWR 60(43):1487–1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

16 *Ibid.*

17 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

18 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. The majority of Greater Louisville adults (52%) said Kentucky voters should decide. Four in ten (41%) said lawmakers should decide (Kentucky 23%; federal 18%). A number of respondents (4%) said doctors should decide, even though this was not one of the response categories offered.

Should marijuana be legal under certain circumstances?

More than 8 in 10 Greater Louisville adults (81%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. More than half (51%) favor allowing residents to buy and use marijuana under any circumstances. About 4 in 10 Greater Louisville adults (37%) favor allowing residents to buy and use marijuana for recreational purposes. In general, adults in this region were more likely to favor allowing residents to buy and use marijuana under any circumstances.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

(Percentages do not add to 100 because the response "don't know" is not included.)

Kentucky voters

Greater Louisville

52%

Kentucky

45%

State and Federal lawmakers

Greater Louisville

41%

Kentucky

46%

Physicians¹⁹

Greater Louisville

4%

Kentucky

6%

Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it

Greater Louisville

81%

Kentucky

78%

Under any circumstances

Greater Louisville

51%

Kentucky

38%

For recreational purposes

Greater Louisville

37%

Kentucky

26%

¹⁹ "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

Statewide Smoke-free Law

Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.²⁰ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.²¹ That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

More than 6 in 10 Greater Louisville adults favored a statewide smoke-free law (61%), while 35% opposed a law, and 4% had no opinion. This an increase in support from 2011, but is not statistically different than the results from 2010²², when 58% of Greater Louisville adults favored a statewide law. Support for the law in Greater Louisville is similar to results for the state as a whole.

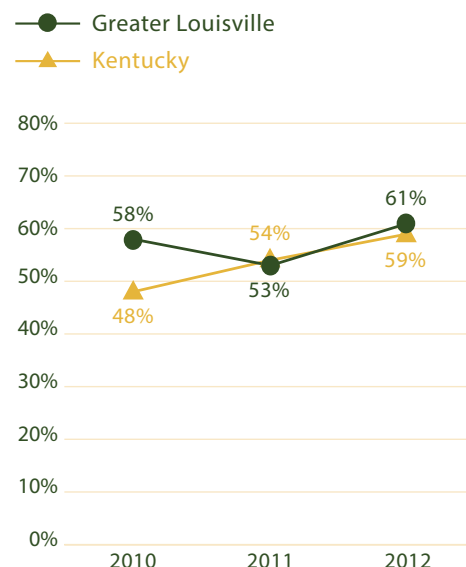
Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.²³

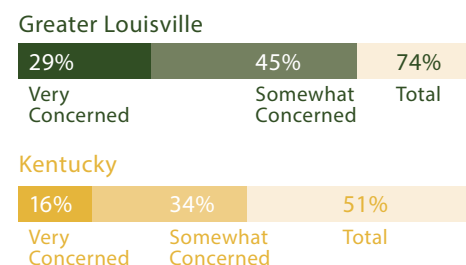
Concern about Air Quality

More than 7 in 10 Greater Louisville residents reported that they were somewhat (45%) or very (29%) concerned about the quality of air in their community. Fewer than 3 in 10 Greater Louisville adults (26%) said they were not at all concerned about air quality. Concern about air quality is markedly higher in Greater Louisville as compared to the state as a whole, where just over half said they were concerned (51%) about air quality.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



How concerned are you with the quality of air in your community? (Graph shows only those who said they were concerned.)



20 U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

21 Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. MMWR 60(15); 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

22 In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

23 Air Quality Index data are available at www.airnow.gov

Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

More than 6 in 10 Greater Louisville adults (62%) indicated they change or limit their activities when they hear of an air quality alert being issued, including 3 in 10 (28%) who said they change or limit their activities a lot. This is higher than the results for the state as a whole, where less than half (49%) reported changing or limiting their activities.

Actions to Reduce Emissions

People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving²⁴ to reduce the amount they pollute.

Nearly 5 in 10 Greater Louisville adults (45%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 26% who said they never turn off their car engine. In general, Greater Louisville adults turn off their car engines when stopped in traffic sooner than adults in the rest of the state.



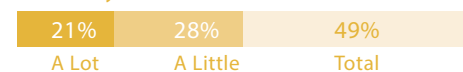
When you hear of an air quality alert being issued, how much do you change or limit your activities?

(Graph shows only those who said they changed or limited their behavior.)

Greater Louisville



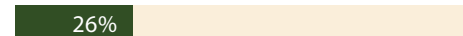
Kentucky



When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)

One minute

Greater Louisville

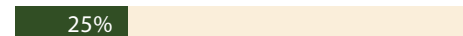


Kentucky



2-3 minutes

Greater Louisville

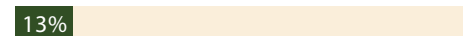


Kentucky

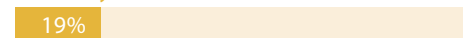


4-5 minutes

Greater Louisville



Kentucky

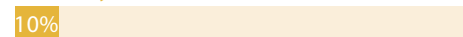


More than 5 minutes

Greater Louisville



Kentucky

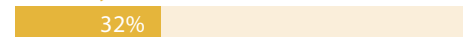


Never turn off the engine

Greater Louisville



Kentucky



²⁴ Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)



Sex

Male Female

Greater Louisville

47% 53%

Kentucky

48% 52%

Age

18–29 30–45 46–64 65+

Greater Louisville

24% 33% 28% 15%

Kentucky

22% 32% 29% 17%

Race

African American White

Greater Louisville

14% 81%

Kentucky

7% 88%

Level of Education

Less than High School Some College
High School Grad College Grad

Greater Louisville

19% 31% 28% 22%

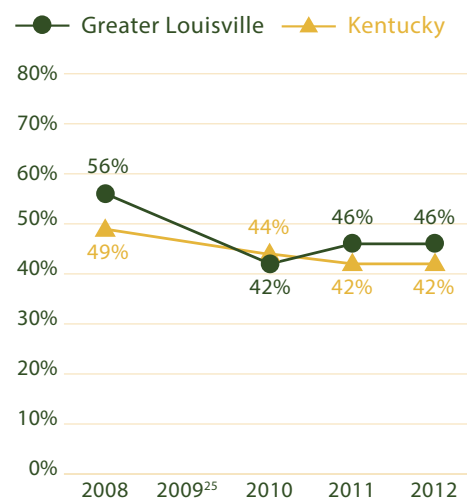
Kentucky

25% 34% 25% 16%

Overall Health Status

An important indicator of community health is overall health status. In 2012, more than 4 in 10 Greater Louisville adults (46%) described their health status as “excellent” or “very good,” similar to than the proportion for the state as a whole (42%). This is consistent with 2011 findings.

Kentucky adults reporting “excellent” or “very good” health

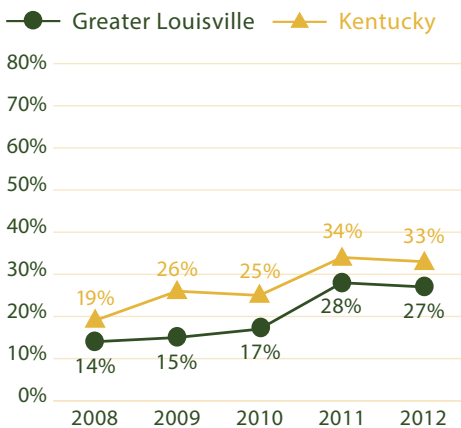


²⁵ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

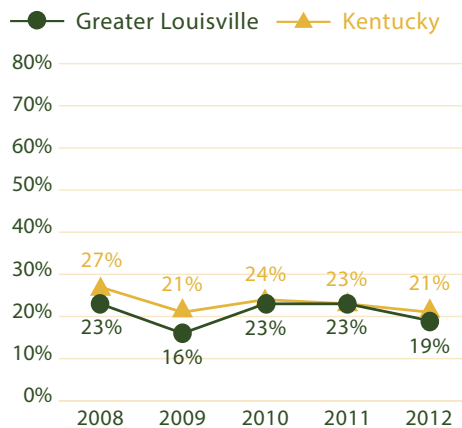
Poverty Status

The percentage of Greater Louisville adults who lived below 100% of the federal poverty guidelines (FPG) was slightly lower than the state as a whole. In 2012, about 3 in 10 Greater Louisville adults (27%) were living in poverty.

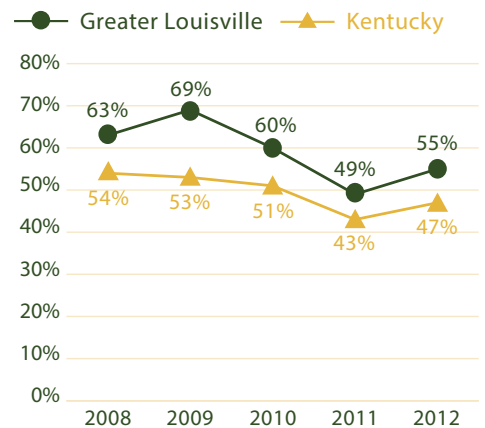
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Insurance Coverage

Not Having Health Insurance Coverage

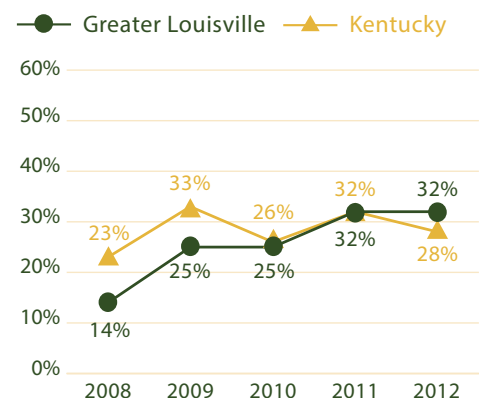
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

About 3 in 10 working-age Greater Louisville adults (32%) were uninsured at the time of the Poll. This is consistent with the number of uninsured adults in 2011. Working-age adults in Greater Louisville are about as likely to be uninsured as the state average (28%).

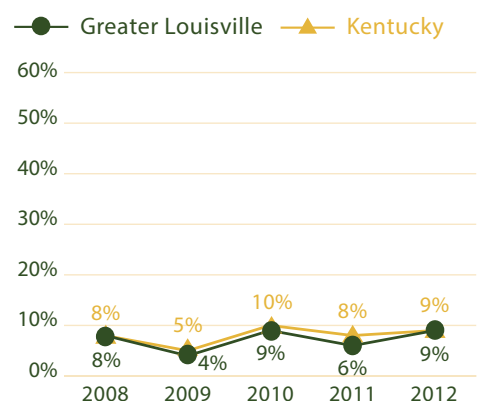
Gaps in Health Insurance Coverage

Another factor in being able to get health care is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Greater Louisville, 1 in 10 (9%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, 4 in 10 working-age Greater Louisville adults (41%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64





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 September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 344 respondents resided in Greater Louisville Area. The counties included in this region are:

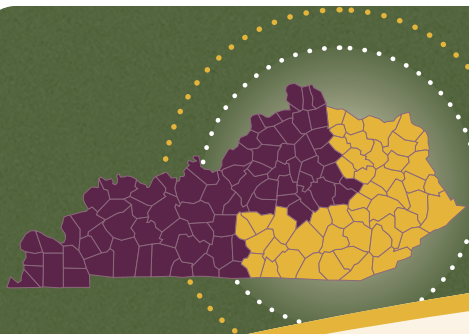
- Bullitt County
- Henry County
- Jefferson County
- Oldham County
- Shelby County
- Spencer County
- Trimble County

This report presents a selection of questions with data specific to 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 (<https://www.healthfoundation.org/kentucky-health-issues-poll>). 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



FOUNDATION FOR A
HEALTHY
KENTUCKY

The
Health
Foundation
of Greater Cincinnati

Eastern Kentucky

2012 KENTUCKY HEALTH ISSUES POLL

June 2013 | Results from the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati

In late 2012, 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 16 for the list of counties*).

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

- The majority favored integration of mental health and medical services (69%)
- The majority found health care costs to be a financial burden (62%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (61%)
- The majority of adults favored a statewide, smoke-free law (58%)

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:

- Rely on home remedies or over-the-counter drugs instead of going to the doctor
- Know someone who had experienced problems as a result of abusing prescription pain relievers
- Recognize that drug poisonings / overdoses were the leading cause of unintentional death in the state

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

- Have dental insurance
- Describe their health status as “excellent” or “very good”

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Eastern Kentucky estimates to $\pm 5.3\%$. 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.



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Health and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

Economic Outlook

More than half of Eastern Kentucky adults (52%) think their parents' generation was **better off** economically. More than 3 in 10 (33%) think the current generation of working adults is about the same economically as their parents' generation. More than 1 in 10 (14%) say their parents' generation was worse off.

KHIP also asked about the next generation of American workers – those who are children today. The majority of Eastern Kentucky adults (65%) said the next generation will be **worse off** than the current generation of working adults. More than 2 in 10 adults in this region (17%) think the next generation will fare about the same economically, and just over 1 in 10 (15%) think the next generation will be better off than the current generation.

The economic outlook for past and future generations in Eastern Kentucky was similar to the state as a whole.

Health Outlook

The majority of Eastern Kentucky adults (52%) think their parents' generation was healthier than the current generation, while just over 2 in 10 (23%) think it was less healthy. More than 2 in 10 adults in this region (25%) think their parents' generation was about as healthy as the current generation. Compared to the state as a whole, Eastern Kentucky adults were significantly more likely to describe the previous generation as healthier than the current generation of working adults.

When asked about the next generation, just 2 in 10 Eastern Kentuckians (23%) said they thought it would be healthier than the current generation, while nearly 5 in 10 (48%) believe it will be less healthy. Additionally, nearly 3 in 10 (26%) think the next generation will be about as healthy.

Eastern Kentucky adults were more likely to report that the next generation will be less healthy than the current generation of working adults, however this difference is not statistically significant.

How Kentucky adults think their economic situation compares with other generations (Percentages do not add to 100% because the response "don't know" is not included.)

Parents' generation was...¹

Better off

Eastern Kentucky

52%

Kentucky

54%

About the same

Eastern Kentucky

33%

Kentucky

27%

Worse off

Eastern Kentucky

14%

Kentucky

16%

Next generation will be...²

Better off

Eastern Kentucky

15%

Kentucky

15%

About the same

Eastern Kentucky

17%

Kentucky

21%

Worse off

Eastern Kentucky

65%

Kentucky

61%

1 KHIP asked, "Thinking about your parents' generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?"

2 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?"

How Kentucky adults think their health compares with other generations (Percentages do not add to 100% because the response "don't know" is not included.)

Parents' generation was...³

Healthier

Eastern Kentucky

52%

Kentucky

42%

About the same

Eastern Kentucky

25%

Kentucky

31%

Less healthy

Eastern Kentucky

23%

Kentucky

27%

Next generation will be...⁴

Healthier

Eastern Kentucky

23%

Kentucky

27%

About the same

Eastern Kentucky

26%

Kentucky

30%

Less healthy

Eastern Kentucky

48%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.⁵

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than 6 in 10 Eastern Kentucky adults (62%) said that some aspect of their health care costs were a financial burden. This is similar to the percentage of all Kentucky adults who reported that health care was a financial burden (59%).

Nearly 4 in 10 Eastern Kentucky adults (36%) report that paying for health care and health insurance is not a financial burden. However, more than 2 in 10 (26%) said that co-pays for doctor visits and prescription drugs were the greatest burden. More than 1 in 10 adults in this region (15%) report that the deductibles they pay before insurance kicks in were the greatest burden, and a similar number said insurance premiums (14%) were the greatest financial burden. Less than 1 in 10 report that some other source was a burden (7%) or they didn't know (3%).

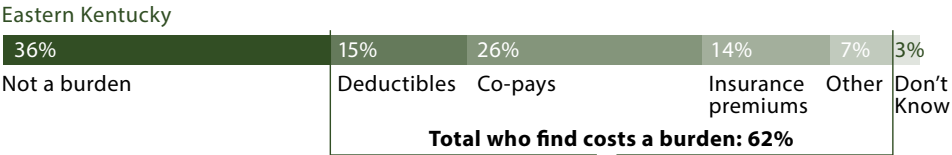
Among those in Eastern Kentucky who reported some financial burden from health care costs, half (50%) report that it makes it hard to pay for things they need. Additionally, 3 in 10 (28%) report it makes it hard to pay for things they want. About 1 in 10 (7%) report it is a burden but they haven't had to adjust spending in other areas, and more than 1 in 10 (12%) report it's costly, but they can afford it. Compared to the state as a whole, Eastern Kentucky respondents were more likely to say health care costs made it hard to pay for needed items, and less likely to say they did not need to adjust their spending in other areas.

3 KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy, or about the same as the current generation of working adults?"

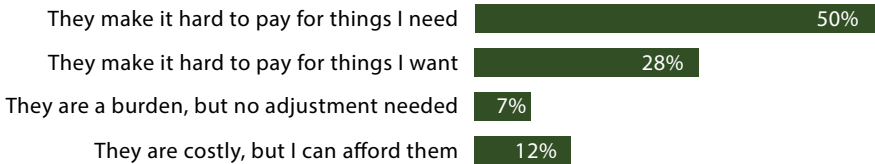
4 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think they will be healthier, less healthy or about the same as the current generation of working adults?"

5 Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

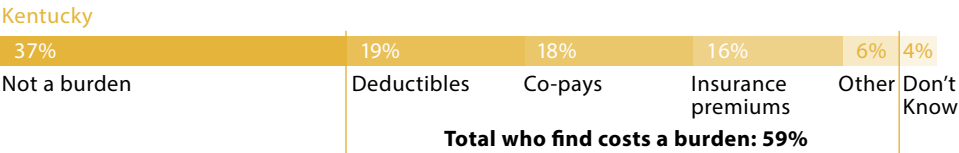
Thinking about your health care costs, which of the following do you find to be the greatest financial burden? (Percentages may not add to 100% due to rounding)



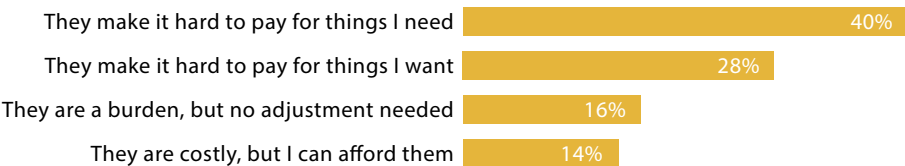
How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 206)



*Does not add to 100% because the response "don't know" is not included.



How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 981)



*Does not add to 100% because the response "don't know" is not included.

Putting Off Care Due to the Cost

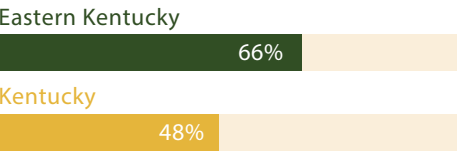
For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Eastern Kentucky specifically, more than 6 in 10 respondents (66%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than half (53%) have put off or postponed getting health care they needed. More than 4 in 10 said they had skipped a recommended medical test or treatment (48%), skipped dental care or check-ups (47%), not filled a prescription for medicine (45%), or cut pills in half or skipped doses of medicine (42%). About 2 in 10 adults in this region (23%) said they have had problems getting mental health care because of the cost.

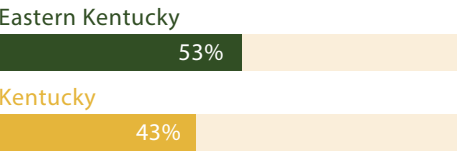
Overall, Eastern Kentucky adults were more likely to report that they had put off some form of health care because of the cost in the last 12 months.

Percentage of respondents who say they or another family member living in their household have done each of the following in the past 12 months because of the cost

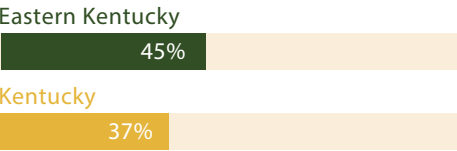
Rely on home remedies or over-the-counter drugs instead of going to see a doctor



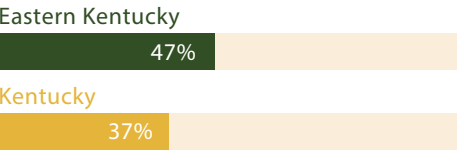
Put off or postpone getting health care you needed



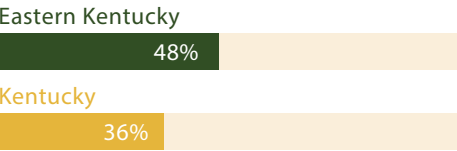
Not fill a prescription for medicine



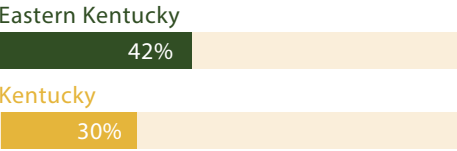
Skip dental care or check-ups



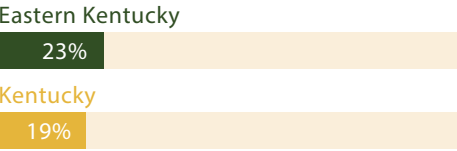
Skip a recommended medical test or treatment



Cut pills in half or skip doses of medicine



Have problems getting mental health care



Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

Utilization of Oral Health Care Services

According to KHIP, fewer than 6 in 10 Eastern Kentucky adults (54%) visited the dentist within the past year, compared to 70% nationwide. More than 2 in 10 Eastern Kentucky adults (21%) reported that it had been more than five years since they last visited the dentist.

Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. More than 6 in 10 Eastern Kentucky adults (62%) reported having a personal dentist or oral health provider. This means that nearly 4 in 10 Eastern Kentucky adults (36%) said they do not have a personal dentist or oral health provider.

Affording Oral Health Care

Having dental insurance is an important factor in being able to get oral health care. Nearly 6 in 10 Eastern Kentucky adults (59%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Eastern Kentucky adults (95%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, more than 4 in 10 adults in the region (47%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.

Eastern Kentucky

54%

Kentucky

61%

United States⁶

70%

Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Eastern Kentucky

62%

Kentucky

61%

No

Eastern Kentucky

36%

Kentucky

39%

Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Eastern Kentucky

40%

Kentucky

48%

No

Eastern Kentucky

59%

Kentucky

51%

⁶ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Opinions about the Affordable Care Act

Fewer than 4 in 10 (36%) of Eastern Kentucky adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that 6 in 10 adults in the region (61%) need more information (3% did not know if they had enough information).

Despite the need for more information about the law, about 3 in 10 Eastern Kentucky adults (31%) reported having a generally favorable opinion of the ACA, while more than 4 in 10 had a generally unfavorable opinion of it (48%). More than 2 in 10 Eastern Kentucky adults (21%) expressed no opinion about the law. The Eastern Kentucky respondents reported similar views to the state and the nation.

Opinions on the Future of the Law

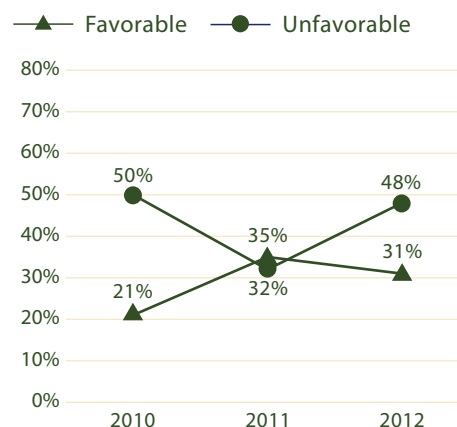
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems. In Eastern Kentucky, more than 3 in 10 adults (36%) said opponents of the

ACA should continue their efforts to block the law, and nearly half (47%) said opponents should stop their efforts and move on to other national problems. Nearly 2 in 10 (17%) did not express an opinion. Eastern Kentuckians were less likely to want opponents of the law to stop their efforts to block the law than the state as a whole and more likely to not know what opponents of the law should do next.

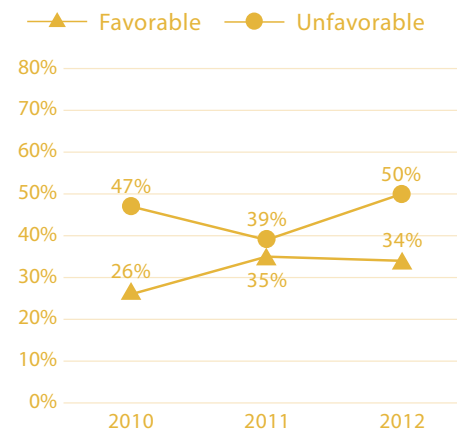
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Eastern Kentucky, 2 in 10 adults (22%) said Congress should expand the law, and a similar number (22%) wanted to keep the law as it is. More than 2 in 10 (23%) said Congress should repeal the law, and 2 in 10 (21%) wanted to repeal the law and replace it with a Republican-sponsored alternative. In each case, these results are similar to the state and the nation.

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Eastern Kentucky



Kentucky



What would you like to see Congress do when it comes to the health care law?

	Eastern Kentucky	Kentucky	United States ⁷
Expand the law	22%	28%	26%
Keep the law as is	22%	19%	23%
Repeal the law and not replace it	23%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	21%	19%	20%
Don't know	12%	11%	11%



Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"⁸ of improving people's quality of care, improving the health of the population and reducing costs.

More than 6 in 10 Eastern Kentucky adults (69%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Eastern Kentuckians who supported integrated care declined slightly from the 2009 KHIP, however this change was not statistically significant. In 2009, 73% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

Stop their efforts to block the law from being implemented/move on to other national problems

Eastern Kentucky

47%

Kentucky

55%

Continue their efforts to block the law from being implemented

Eastern Kentucky

36%

Kentucky

35%

Don't know

Eastern Kentucky

17%

Kentucky

10%

Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Eastern Kentucky

35%

Strongly favor

34%

Somewhat favor

69%

Total

Kentucky

35%

Strongly favor

34%

Somewhat favor

69%

Total

⁷ National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

⁸ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

Types of Providers

Research has shown that so-called “midlevel” clinicians⁹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

After hearing a brief description of the profession¹⁰, about 8 in 10 Eastern Kentucky adults said they would be comfortable seeing a nurse practitioner (79%), or physician assistant (81%) for routine care. Additionally, 7 in 10 said they would be comfortable seeing an advanced dental hygiene practitioner (70%). In each case, the proportion of Eastern Kentucky adults who were comfortable seeing a “midlevel” clinician for routine care was similar to the state average.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



Adults very or somewhat comfortable with certain types of health care providers *(Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total due to rounding.)*

Nurse practitioner

Eastern Kentucky		
47%	32%	79%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

Physician assistant

Eastern Kentucky		
41%	40%	81%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

Advanced Dental Hygiene Practitioners

Eastern Kentucky		
35%	37%	71%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

9 The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

10 Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed health care professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.



HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.¹¹ However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.¹² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.¹³ Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.¹⁴

Slightly more than half of Eastern Kentucky adults ages 18-64 (59%) said they had been tested for HIV in the past. This means that more than 4 in 10 (37%) reported they have never been tested.

Provider Recommendations

Just 1 in 4 Eastern Kentucky adults ages 18-64 (26%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is slightly less than the state average (32%), however this difference is not statistically significant.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

(Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Eastern Kentucky

30%

Kentucky

32%

No

Eastern Kentucky

68%

Kentucky

66%

11 Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

12 Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

13 Brandon BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

14 The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.¹⁵ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.¹⁶

Use of Prescription Pain Relievers

More than half of Eastern Kentucky adults (50%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

Abuse of Prescription Pain Relievers

Eastern Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. One in ten (10%) said they had done so.

However, more than 4 in 10 Eastern Kentuckians (45%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is significantly higher than the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

Deaths Due to Drug Overdose

In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same¹⁷ over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.¹⁸

In Eastern Kentucky, nearly 7 in 10 adults (69%) were aware that drug poisonings/ overdoses were the leading cause of unintentional death in Kentucky. 2 in 10 respondents (25%) mistakenly believed that traffic accidents were the leading cause of unintentional death.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*

Eastern Kentucky

45%

Kentucky

33%

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? *(Total does not add to 100% because the response "don't know" is not included.)*

Drug poisonings

CORRECT ANSWER

Eastern Kentucky

69%

Kentucky

44%

Traffic accidents

Eastern Kentucky

25%

Kentucky

43%

Firearms

Eastern Kentucky

2%

Kentucky

7%

Falls

Eastern Kentucky

<1%

Kentucky

<1%

15 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999–2008. MMWR 60(43):1487–1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

16 *Ibid.*

17 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

18 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. Four in ten Eastern Kentucky adults (40%) said Kentucky voters should decide. More than 4 in 10 (43%) said lawmakers should decide (Kentucky 19%; federal 24%). A number of respondents (10%) said doctors should decide, even though this was not one of the response categories offered.

Should marijuana be legal under certain circumstances?

Nearly 8 in 10 Eastern Kentucky adults (78%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. However, fewer than 4 in 10 (37%) favor allowing residents to buy and use marijuana under any circumstances. Fewer than 3 in 10 Eastern Kentuckians (26%) favor allowing residents to buy and use marijuana for recreational purposes. Views in Eastern Kentucky were similar to the rest of the state.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

(Percentages do not add to 100 because the response "don't know" is not included.)

Kentucky voters

Eastern Kentucky

40%

Kentucky

45%

State and Federal lawmakers

Eastern Kentucky

43%

Kentucky

46%

Physicians¹⁹

Eastern Kentucky

10%

Kentucky

6%

Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it

Eastern Kentucky

78%

Kentucky

78%

Under any circumstances

Eastern Kentucky

37%

Kentucky

38%

For recreational purposes

Eastern Kentucky

26%

Kentucky

26%

¹⁹ "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

Statewide Smoke-free Law

Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.²⁰ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.²¹ That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

More than half of Eastern Kentucky adults favored a statewide smoke-free law (58%), while 40% opposed a law, and 3% had no opinion. This is not statistically different than the results from 2011, but an increase in support from 2010²², when just 48% of Eastern Kentucky adults favored a statewide law. Support for the law in Eastern Kentucky is similar to results for the state as a whole.

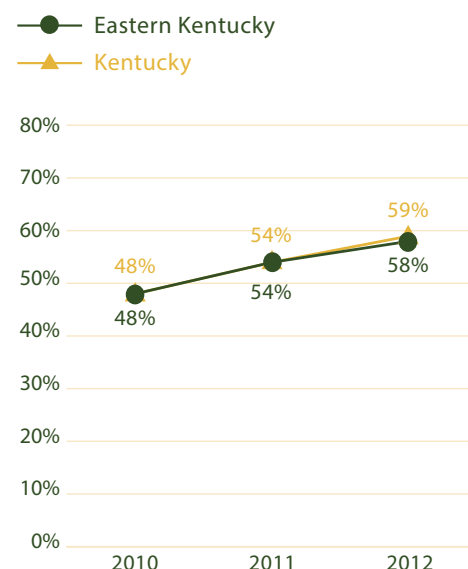
Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.²³

Concern about Air Quality

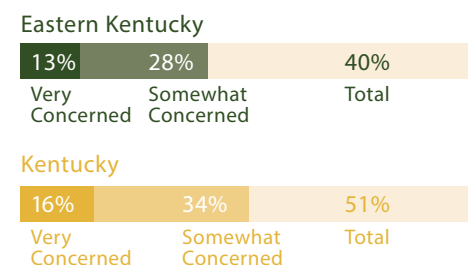
About 4 in 10 Eastern Kentucky residents reported that they were somewhat (28%) or very (13%) concerned about the quality of air in their community. The majority of Eastern Kentuckians (59%) said they were not at all concerned about air quality. This is the opposite of the results for the state as a whole, where just over half said they were concerned (51%) about air quality.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



How concerned are you with the quality of air in your community?

(Graph shows only those who said they were concerned. Totals reflect rounding.)



20 U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

21 Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. MMWR 60(15); 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

22 In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

23 Air Quality Index data are available at www.airnow.gov

Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

About 4 in 10 Eastern Kentucky adults (41%) indicated they change or limit their activities when they hear of an air quality alert being issued, including nearly 2 in 10 (18%) who said they change or limit their activities a lot. This is lower than results for the state as a whole, where nearly half (49%) reported changing or limiting their activities.

Actions to Reduce Emissions

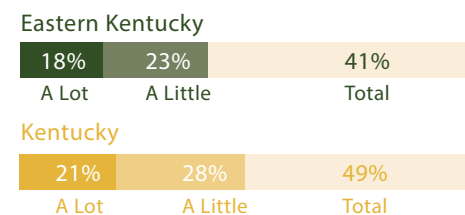
People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving²⁴ to reduce the amount they pollute.

More than 6 in 10 Eastern Kentucky adults (71%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 3 in 10 (32%) who said they never turn off their car engine. Responses in Eastern Kentucky were similar to the state as a whole.

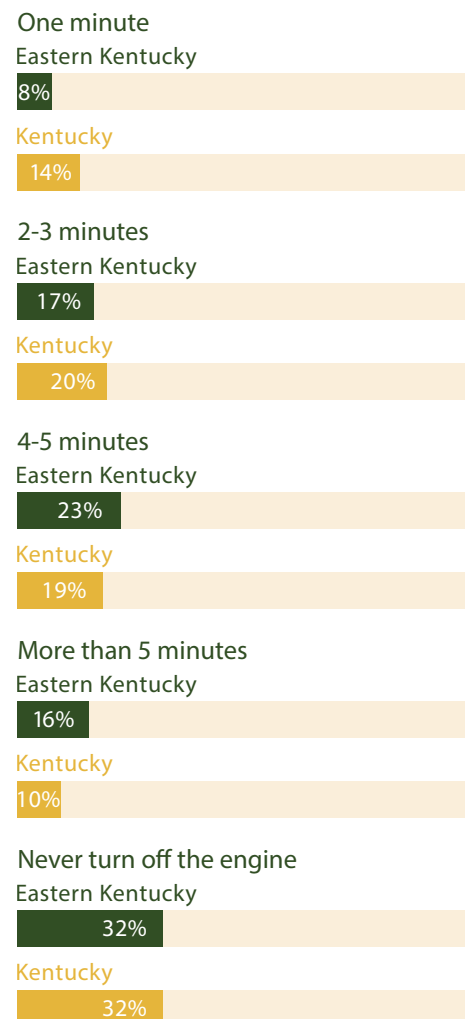


When you hear of an air quality alert being issued, how much do you change or limit your activities?

(Graph shows only those who said they changed or limited their behavior.)



When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)



²⁴ Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)



Sex

Male Female

Eastern Kentucky

48% 52%

Kentucky

48% 52%

Age

18–29 30–45 46–64 65+

Eastern Kentucky

20% 31% 31% 17%

Kentucky

22% 32% 29% 17%

Race

African American White

Eastern Kentucky

1% 97%

Kentucky

7% 88%

Level of Education

Less than High School Some College
High School Grad College Grad

Eastern Kentucky

37% 34% 20% 9%

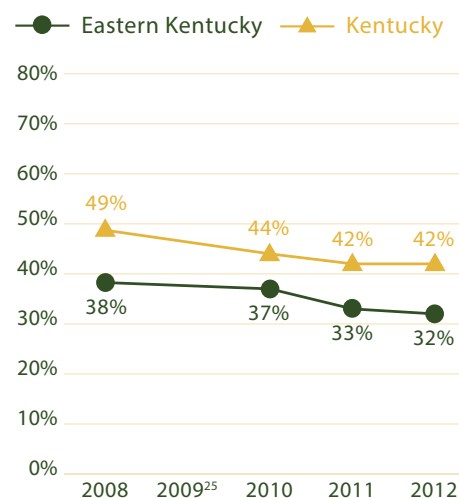
Kentucky

25% 34% 25% 16%

Overall Health Status

An important indicator of community health is overall health status. In 2012, about 3 in 10 Eastern Kentucky adults (32%) described their health status as “excellent” or “very good,” lower than the proportion for the state as a whole (42%). This is consistent with findings from 2011, but lower than in previous years.

Kentucky adults reporting “excellent” or “very good” health

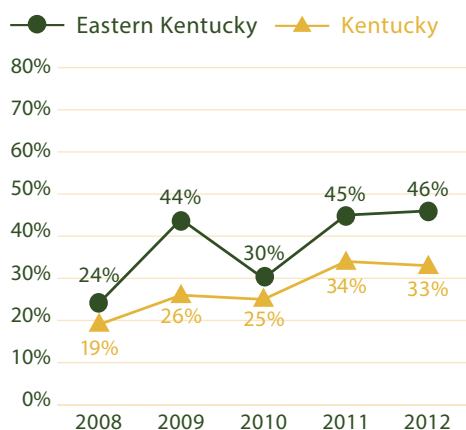


²⁵ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

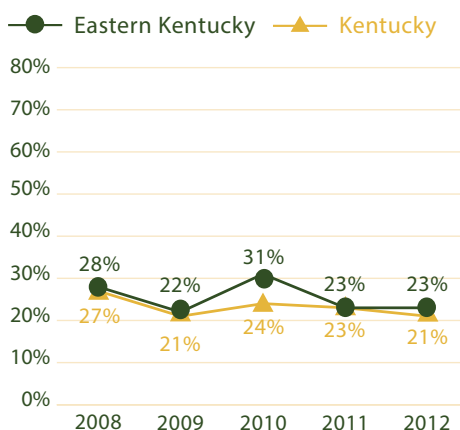
Poverty Status

The percentage of Eastern Kentucky adults who lived below 100% of the federal poverty guidelines (FPG)²⁶ was higher than the state as a whole. In 2012, about 4 in 10 Eastern Kentucky adults (46%) were living in poverty, consistent with 2011 findings.

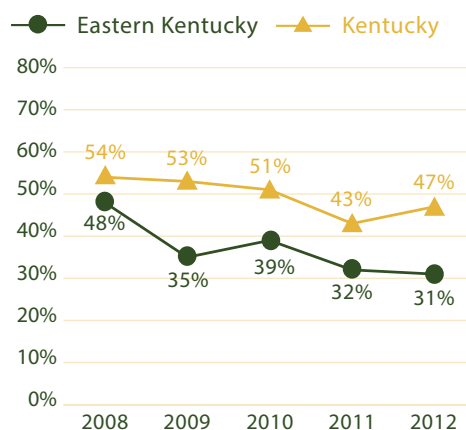
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Insurance Coverage

Not Having Health Insurance Coverage

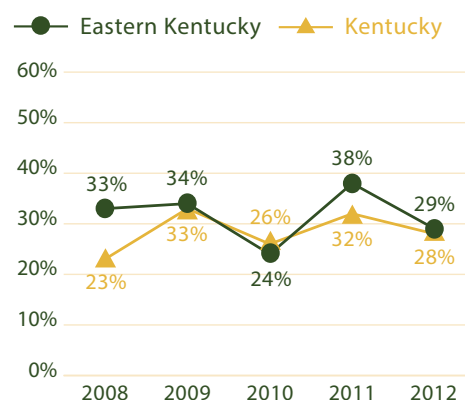
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

About 3 in 10 working-age Eastern Kentucky adults (29%) were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2011. Working-age adults in Eastern Kentucky are similarly likely to be uninsured as the state average (28%).

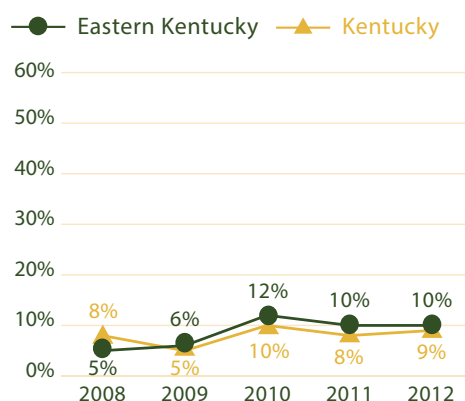
Gaps in Health Insurance Coverage

Another factor in being able to get health care is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Eastern Kentucky, 1 in 10 (10%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, 4 in 10 working-age Eastern Kentucky adults (39%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64



26 In 2011, 100% of the federal poverty guideline (FPG) was an annual income of \$22,350 and 200% FPG was an annual income of \$44,700, both for a family of four.



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 (<https://www.healthfoundation.org/kentucky-health-issues-poll>). 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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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 September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 343 respondents resided in the Eastern Kentucky Area Development District. The counties included in this region are:

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

In late 2012, 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 Western Kentucky - including the Barren River, Green River, Lincoln Trail, Pennyriple 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 16 for the list of counties*).

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

- The majority favored integration of mental health and medical services (72%)
- The majority needed more information about how the Patient Protection and Affordable Care Act would affect them personally (61%)
- The majority found health care costs to be a financial burden (55%)
- The majority of adults favored a statewide, smoke-free law (53%)

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

- Have discussed HIV screening with their medical provider

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

- Have dental insurance
- Know someone who had experienced problems as a result of abusing prescription pain relievers



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In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Western Kentucky estimates to $\pm 5.3\%$. 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 and the Economy

Rising health care costs and the economic downturn have created new challenges for many Americans. To better understand the relationship between health and the economy, KHIP included several questions about the costs associated with care and how this might impact future generations.

Past and Future Generations

The American Dream is the belief that every American has the opportunity to achieve success through hard work. More broadly defined, it is the belief that if we work hard, we will get ahead and life will be better for the next generation.

Economic Outlook

More than half of Western Kentucky adults (58%) think their parents' generation was **better off** economically. More than 2 in 10 (24%) think the current generation of working adults is about the same economically as their parents' generation. More than 1 in 10 (16%) say their parents' generation was worse off.

KHIP also asked about the next generation of American workers – those who are children today. The majority of Western Kentucky adults (64%) said the next generation will be **worse off** than the current generation of working adults. More than 2 in 10 adults in this region (21%) think the next generation will fare about the same economically, and just over 1 in 10 (13%) think the next generation will be better off than the current generation.

The economic outlook for past and future generations in Western Kentucky was similar to the state as a whole.

Health Outlook

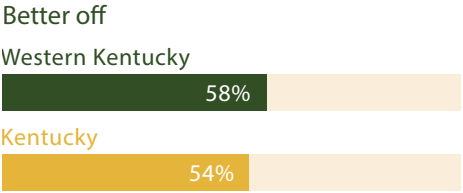
Four in ten Western Kentucky adults (40%) think their parents' generation was healthier than the current generation, while nearly 3 in 10 (27%) think it was less healthy. More than 3 in 10 adults in this region (32%) think their parents' generation was about as healthy as the current generation.

When asked about the next generation, fewer than 3 in 10 Western Kentuckians (29%) said they thought it would be healthier than the current generation, while 4 in 10 (44%) believe it will be less healthy. Additionally, fewer than 3 in 10 (26%) think the next generation will be about as healthy.

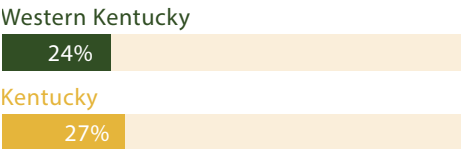
The health outlook for past and future generations in Western Kentucky was similar to the state as a whole.

How Kentucky adults think their economic situation compares with other generations *(Percentages do not add to 100% because the response "don't know" is not included.)*

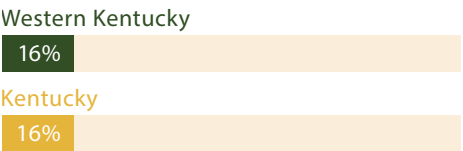
Parents' generation was...¹



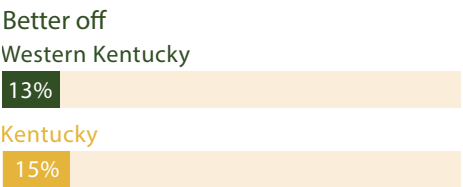
About the same



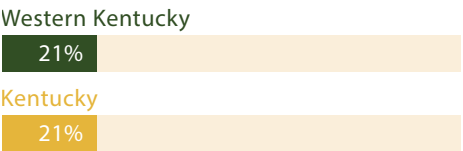
Worse off



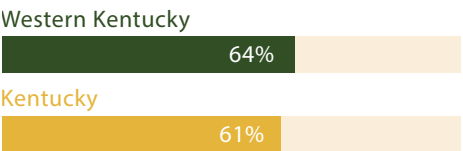
Next generation will be...²



About the same



Worse off



1 KHIP asked, "Thinking about your parents' generation, do you think economically they were better off, worse off or about the same as the current generation of working adults?"

2 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think economically they will be better off, worse off or about the same as the current generation of working adults?"

How Kentucky adults think their health compares with other generations *(Percentages do not add to 100% because the response "don't know" is not included.)*

Parents' generation was...³

Healthier

Western Kentucky

40%

Kentucky

42%

About the same

Western Kentucky

32%

Kentucky

31%

Less healthy

Western Kentucky

27%

Kentucky

27%

Next generation will be...⁴

Healthier

Western Kentucky

29%

Kentucky

27%

About the same

Western Kentucky

26%

Kentucky

30%

Less healthy

Western Kentucky

44%

Kentucky

40%



Financial Burden of Health Care

Nationally, the cost of health insurance has increased dramatically – this means most American families are spending a larger percentage of their income on co-pays and health insurance premiums. In Kentucky, health insurance costs for the average family now exceed \$15,000 per year.⁵

Health Care Cost Burden

When asked what (if any) part of health care costs are the greatest financial burden, more than half of Western Kentucky adults (55%) said that some aspect of their health care costs were a financial burden. This is similar to the percentage of all Kentucky adults who reported that health care was a financial burden (59%).

More than 4 in 10 Western Kentucky adults (44%) report that paying for health care and health insurance is not a financial burden. However, nearly 2 in 10 (18%) report that the deductibles they pay before insurance kicks in were the greatest burden. A similar number said that insurance premiums (16%) or co-pays for doctor visits and prescription drugs (15%) were the greatest burden. Less than 1 in 10 report that some other source was a burden (6%) or they didn't know (2%).

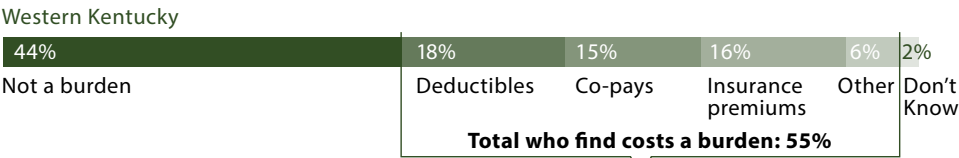
Among those in Western Kentucky who reported some financial burden from health care costs, nearly 4 in 10 (37%) report that it makes it hard to pay for things they need. Additionally, 2 in 10 (25%) report it makes it hard to pay for things they want. A similar proportion report it is a burden but they haven't had to adjust spending in other areas (19%), or that report it's costly, but they can afford it (18%). Responses in Western Kentucky were similar to the state as a whole.

3 KHIP asked, "Thinking about your parents' generation, do you think they were healthier, less healthy, or about the same as the current generation of working adults?"

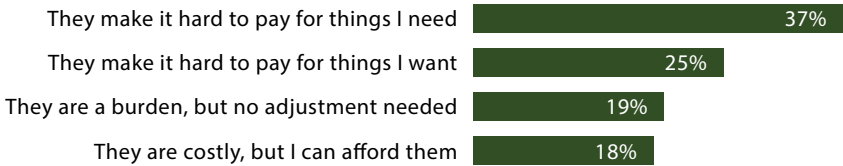
4 KHIP asked, "Thinking about the next generation of American workers who are children today, do you think they will be healthier, less healthy or about the same as the current generation of working adults?"

5 Average per family costs for employer-based health insurance in Kentucky are estimated at \$15,417 (\$3,610 employee, \$11,807 employer). Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2011 Medical Expenditure Panel Survey (MEPS) Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: <http://tinyurl.com/d72bf29>.

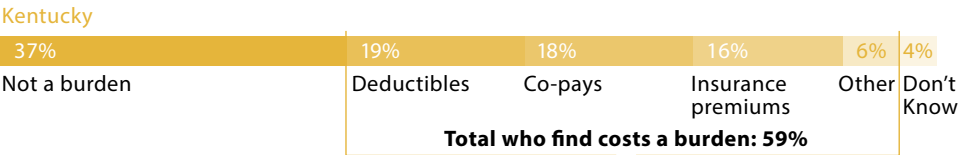
Thinking about your health care costs, which of the following do you find to be the greatest financial burden?



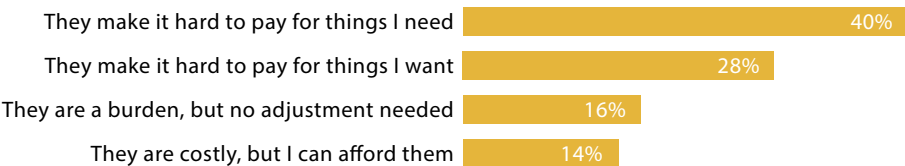
How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 176)



*Does not add to 100% because the response "don't know" is not included.



How much of a burden are your health care costs?* (Asked only of those who reported a financial burden. N = 981)



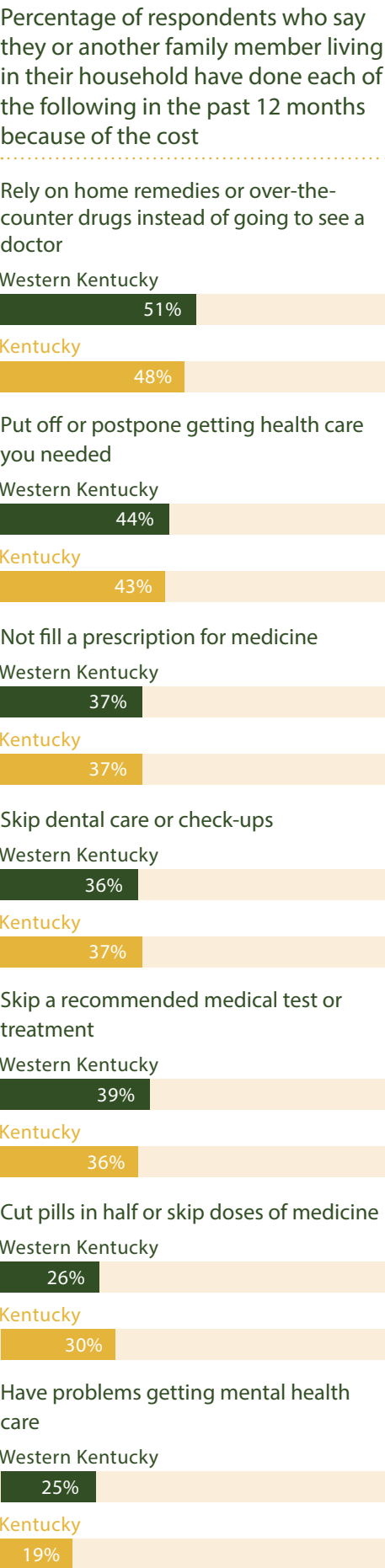
*Does not add to 100% because the response "don't know" is not included.

Putting Off Care Due to the Cost

For the state as a whole, more than 6 in 10 adults (64%) report that they or another family member living in their household have put off some form of health care because of the cost in the last 12 months.

In Western Kentucky specifically, more than half of respondents (51%) said they have relied on home remedies or over-the-counter drugs instead of going to see the doctor. More than 4 in 10 (44%) have put off or postponed getting health care they needed. More than 3 in 10 said they had skipped a recommended medical test or treatment (39%), not filled a prescription for medicine (37%), or skipped dental care or check-ups (36%). More than 2 in 10 adults in this region reported that they had cut pills in half or skipped doses of medicine (26%) or said they have had problems getting mental health care (25%) because of the cost.

Compared to the state average, Western Kentucky adults were as likely to report that they had put off some form of health care because of the cost in the last 12 months.



Oral Health Care

Routine dental care is essential for maintaining overall health and well-being. Regular and preventive care can help catch minor problems before they become serious.

Utilization of Oral Health Care Services

According to KHIP, fewer than 6 in 10 Western Kentucky adults (58%) visited the dentist within the past year, compared to 70% nationwide. More than 1 in 10 Western Kentucky adults (14%) reported that it had been more than five years since they last visited the dentist.

Having a usual dentist, clinic, health center, or other oral health care provider is known as a usual source of care. People who have a usual source of care are more likely to seek appropriate and timely health care when they need it. More than 5 in 10 Western Kentucky adults (55%) reported having a personal dentist or oral health provider. This means that more than 4 in 10 Western Kentucky adults (45%) said they do not have a personal dentist or oral health provider.

Affording Oral Health Care

Having dental insurance is an important factor in being able to get oral health care. Nearly 6 in 10 Western Kentucky adults (58%) reported having no dental insurance of any kind, compared to 51% of all Kentucky adults. We estimate that 1.7 million Kentucky adults lack dental insurance.

While most Western Kentucky adults (93%) report not owing money for dental bills, many are going without needed dental care. As noted in the previous section, nearly 4 in 10 adults in the region (36%) reported that they or someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

State-level results indicate that twice as many adults without dental insurance reported going without needed oral health care as did those with dental insurance.



Percentage of adults who last visited a dentist or dental clinic within the past year for any reason.

Western Kentucky

58%

Kentucky

61%

United States⁶

70%

Is there one person you think of as your personal dentist or oral health provider? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Western Kentucky

55%

Kentucky

61%

No

Western Kentucky

45%

Kentucky

39%

Do you have dental insurance of any kind? (Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Western Kentucky

42%

Kentucky

48%

No

Western Kentucky

58%

Kentucky

51%

⁶ Center for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS) 2010 [most recently available data] <http://apps.nccd.cdc.gov/brfss/dis-play.asp?state=UB&cat=OH&yr=0&qkey=6610&grp=0&SUBMIT4=Go>

Health Care System

The way that we seek and utilize health care services, obtain health information, and maintain our own health status is heavily influenced by the health care system. This section explores how the structures and policies of the U.S. health care system work for Kentuckians.

Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. This year, KHIP asked Kentuckians about the future of the law.

Opinions about the Affordable Care Act

Fewer than 4 in 10 (38%) of Western Kentucky adults reported having enough information about the ACA to understand how it would affect them personally. Although this is an increase from previous years, it means that 6 in 10 adults in the region (61%) need more information.

Despite the need for more information about the law, about 3 in 10 Western Kentucky adults (28%) reported having a generally favorable opinion of the ACA, while nearly 6 in 10 had a generally unfavorable opinion of it (58%). More than 1 in 10 Western Kentucky adults (14%) expressed no opinion about the law. The Western Kentucky respondents were more likely to report unfavorable views of the law than the state average.

Opinions on the Future of the Law

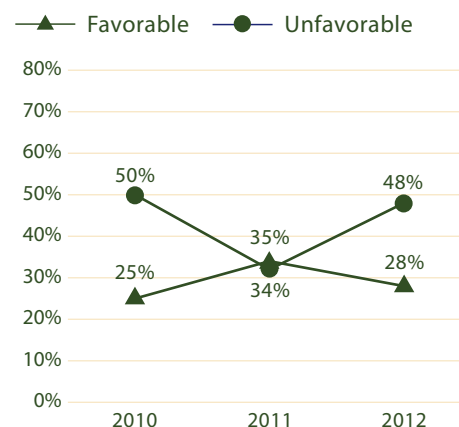
Kentuckians were asked if opponents of the law should continue efforts to block the law or stop their efforts and move on to other national problems. In Western Kentucky, more than 3 in 10 adults (31%) said opponents of

the ACA should continue their efforts to block the law, and more than half (59%) said opponents should stop their efforts and move on to other national problems. Just 1 in 10 (10%) did not express an opinion. Views in Western Kentucky were similar to findings for the state as a whole.

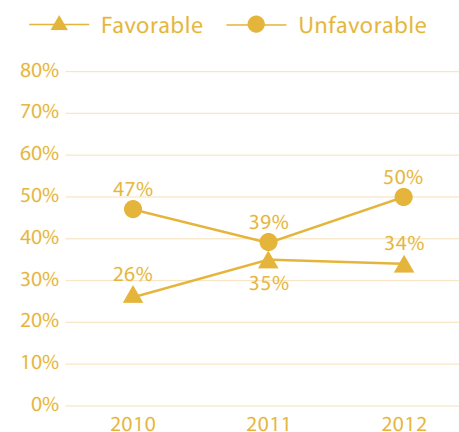
Kentuckians also had a variety of opinions when asked what Congress should do next with the ACA. In Western Kentucky, more than 3 in 10 adults (35%) said Congress should expand the law, and more than 1 in 10 (16%) wanted to keep the law as it is. More than 2 in 10 (26%) said Congress should repeal the law, and 1 in 10 (14%) wanted to repeal the law and replace it with a Republican-sponsored alternative. Western Kentucky adults were somewhat more likely to want Congress to expand the law than the state and the nation.

Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Western Kentucky



Kentucky



What would you like to see Congress do when it comes to the health care law?

	Western Kentucky	Kentucky	United States ⁷
Expand the law	35%	28%	26%
Keep the law as is	16%	19%	23%
Repeal the law and not replace it	26%	23%	20%
Repeal the law and replace it with a Republican-sponsored alternative	14%	19%	20%
Don't know	10%	11%	11%



Integrated Care

The current U.S. health care system separates treatment for physical and mental illnesses. This can mean people may delay or may not get needed care because it's too hard to go to more than one place or because the cost is too high.

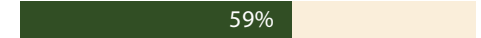
More and more, Kentucky health care providers are talking about and working toward an integrated system of care. Integrated care means that people's physical health and mental or behavioral health are treated in a coordinated, convenient and respectful way, often in the same place. Integrated care is an important tool in achieving the "Triple Aim"⁸ of improving people's quality of care, improving the health of the population and reducing costs.

More than 7 in 10 Western Kentucky adults (72%) strongly or somewhat favor offering physical and mental health services in the same place. The percentage of Western Kentuckians who supported integrated care increased slightly from the 2009 KHIP, however this change was not statistically significant. In 2009, 70% strongly or somewhat favored offering physical and mental health services in the same place.

Opponents of the health care law should...

Stop their efforts to block the law from being implemented/move on to other national problems

Western Kentucky

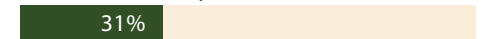


Kentucky

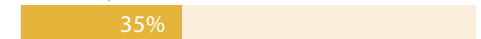


Continue their efforts to block the law from being implemented

Western Kentucky

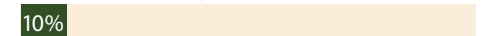


Kentucky

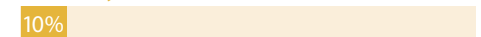


Don't know

Western Kentucky



Kentucky



Would you favor or oppose integration of physical and mental health care, that is, having both types of services available in one place? (Graph shows only those who favor integrated care; totals reflect rounding)

Western Kentucky

34%	39%	72%
Strongly favor	Somewhat favor	Total

Kentucky

35%	34%	69%
Strongly favor	Somewhat favor	Total

⁷ National results are from the August 2012 Kaiser Health Tracking Poll. Retrieved from <http://www.kff.org/kaiserpolls/8342.cfm>

⁸ Berwick DM, Nolan TW, Whittington J (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs* 27(3): 759-769.

Types of Providers

Research has shown that so-called “midlevel” clinicians⁹ such as nurse practitioners (NPs) and physician assistants (PAs) can increase health care access for rural and underserved populations while limiting costs – a critical issue for Kentucky.

Some experts want to add a new “midlevel” profession: Advanced Dental Hygiene Practitioners (ADHPs). An ADHP is a dental hygienist with additional education. An ADHP can provide diagnostic, preventive and therapeutic dental services, such as filling cavities. ADHPs are not currently licensed to practice in Kentucky.

After hearing a brief description of the profession¹⁰, about 8 in 10 Western Kentucky adults said they would be comfortable seeing a nurse practitioner (79%), or physician assistant (82%) for routine care. A similar number said they would be comfortable seeing an advanced dental hygiene practitioner (78%). In each case, the proportion of Western Kentucky adults who were comfortable seeing a “midlevel” clinician for routine care was similar to the state average.

In general, reported comfort was higher among those who received care from a NP or PA in the past year. We do not know from these data if personal experience with “midlevel” clinicians increases comfort with them, or if people who are more comfortable with “midlevel” clinicians are also more likely to seek care from them.



Adults very or somewhat comfortable with certain types of health care providers *(Graph shows only those who were comfortable seeing this type of provider for routine care. Combined values may not equal total due to rounding.)*

Nurse practitioner

Western Kentucky		
54%	25%	79%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
50%	29%	80%
Very Comfortable	Somewhat Comfortable	Total

Physician assistant

Western Kentucky		
48%	34%	82%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
42%	39%	81%
Very Comfortable	Somewhat Comfortable	Total

Advanced Dental Hygiene Practitioners

Western Kentucky		
37%	41%	78%
Very Comfortable	Somewhat Comfortable	Total

Kentucky		
38%	35%	74%
Very Comfortable	Somewhat Comfortable	Total

9 The term “midlevel” clinician is used by the U.S. Drug Enforcement Administration to help monitor how prescription medications are dispensed. We recognize that this term is a flawed descriptor for these independently licensed healthcare providers.

10 Before assessing the respondent’s comfort level for each profession, the interviewer read the following definitions: A **nurse practitioner** is a special type of nurse who has additional experience, has completed additional education, usually a master’s degree or more, and has a special license such that he or she can see patients, diagnose ordinary illnesses and prescribe medications. A **physician assistant** is a licensed health care professional who has specific experience, has completed additional education, usually a master’s degree or more, and has a special license, such that he or she can see patients, diagnose ordinary illnesses, provide some treatment and prescribe medications. An **advanced dental hygiene practitioner** is a new type of dental hygienist who has a specific license and has completed additional education, typically such that he or she can provide diagnostic, preventive and therapeutic oral health services, such as filling ordinary cavities.



HIV Testing

Approximately 4,500 Kentuckians are living with HIV infection.¹¹ However, it is estimated that 1 in 5 people who are HIV positive in the United States do not know they are infected.¹² Because of this, the Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13-64 unless the patient declines.¹³ Because the screening guidelines apply only to people younger than 65, this section focuses on Kentuckians ages 18-64.¹⁴

More than 6 in 10 of Western Kentucky adults ages 18-64 (64%) said they had been tested for HIV in the past, and more than 3 in 10 (35%) reported they have never been tested.

Provider Recommendations

Just 4 in 10 Western Kentucky adults ages 18-64 (43%) reported their medical provider has discussed HIV with them, as recommended by the CDC. This is higher than the state average of 32%.

The Centers for Disease Control and Prevention recommends HIV testing as part of routine care for those 13-64 years of age. Has your medical provider discussed this with you?

(Percentages do not add to 100% because the response "don't know" is not included.)

Yes

Western Kentucky

43%

Kentucky

32%

No

Western Kentucky

56%

Kentucky

66%

11 Kentucky Department for Public Health, HIV/AIDS Branch (2012). An Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2010. Frankfort, KY: Kentucky Cabinet for Health and Family Services. Available at <http://chfs.ky.gov/NR/rdonlyres/BF751C60-7BF3-47FF-A1A2-2C1105F5D4E3/0/FinalIEP.pdf>.

12 Centers for Disease Control and Prevention (2008). HIV Prevalence Estimates – United States, 2006. MMWR 57(39); 1073-1076.

13 Brandon BM et al. (2006). Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 55(RR14); 1-17.

14 The guidelines suggest services for patients younger than 18, but this poll surveys only adults.

Prescription Drug Use and Abuse

Prescription pain relievers are important for controlling pain in patients who need them, but these types of medication also carry the potential for abuse. KHIP asked respondents about their experiences with the prescription drug issue, and their views on legalizing the use of marijuana as a medication.

Prescription Pain Relievers

Kentucky ranks sixth in the nation for overdose deaths involving prescription pain relievers; in 2008, its rate was 17.9 deaths per 100,000 residents.¹⁵ These drug overdose deaths correspond to a steep increase in the sale of opioid prescription pain relievers (which include OxyContin, Vicodin, Percocet and codeine). Kentucky is in the top quarter of states in the rate of prescription pain relievers sold per capita.¹⁶

Use of Prescription Pain Relievers

More than half of Western Kentucky adults (54%) reported being prescribed a pain reliever that could not be bought over the counter, such as OxyContin, Vicodin, Percocet, or codeine, in the last five years. This is similar to the rate for the state, where 55% of Kentucky adults report being prescribed a pain reliever that could not be purchased over the counter.

Abuse of Prescription Pain Relievers

Western Kentucky residents were asked if they had ever, even once, used a pain reliever such as OxyContin, Vicodin, Percocet or codeine when not prescribed or for the experience or feeling it caused. About 1 in 10 (7%) said they had done so.

However, more than 2 in 10 Western Kentuckians (25%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers. This is less than the proportion of all Kentucky adults (33%) who reported knowing someone who had abused prescription pain relievers.

Deaths Due to Drug Overdose

In 2010, there were more deaths in Kentucky due to unintentional drug poisonings than motor vehicle collisions for the first time. While the number of traffic deaths has remained about the same¹⁷ over the past 11 years, the number of unintentional drug deaths has risen sharply, from 205 in 2000 to 857 in 2010.¹⁸

In Western Kentucky, about 4 in 10 adults (43%) were aware that drug poisonings/overdoses were the leading cause of unintentional death in Kentucky. More than 4 in 10 respondents (45%) mistakenly believed that traffic accidents were the leading cause of unintentional death. Awareness of the death toll of drug poisonings and overdoses in Western Kentucky was similar to the state.

Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers? *Graph presents those who said "yes"*

Western Kentucky

25%

Kentucky

33%

From what you've seen or heard, which of the following results in the highest number of deaths in Kentucky each year? *(Total does not add to 100% because the response "don't know" is not included.)*

Drug poisonings **CORRECT ANSWER**

Western Kentucky

43%

Kentucky

44%

Traffic accidents

Western Kentucky

45%

Kentucky

43%

Firearms

Western Kentucky

5%

Kentucky

7%

Falls

Western Kentucky

<1%

Kentucky

<1%

15 Paulozzi, LJ, Jones, CM, Mack, KA, Rudd, RA (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999–2008. MMWR 60(43):1487–1492. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>

16 Ibid.

17 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

18 Kentucky Cabinet for Health and Family Services (CHFS), personal e-mail from Victoria Hubbard, Epidemiologist, Administrative & Quality Assurance Section, CHFS Vital Statistics.

Medical Marijuana

In recent years, the Kentucky General Assembly has considered several bills about recreational and medicinal use of marijuana; however, none of these bills have passed.

Who should determine what is legal?

KHIP asked whether federal lawmakers, Kentucky lawmakers or Kentucky voters should decide whether marijuana is legal for medical purposes in Kentucky. Four in ten Western Kentucky adults (46%) said Kentucky voters should decide. More than 4 in 10 (42%) said lawmakers should decide (Kentucky 18%; federal 24%). A number of respondents (8%) said doctors should decide, even though this was not one of the response categories offered.

Should marijuana be legal under certain circumstances?

Nearly 8 in 10 Western Kentucky adults (79%) favor allowing residents to buy and use marijuana for medical purposes if it is recommended by their doctor. However, just 3 in 10 (31%) favor allowing residents to buy and use marijuana under any circumstances. About 2 in 10 Western Kentuckians (22%) favor allowing residents to buy and use marijuana for recreational purposes. Views in Western Kentucky about legalizing marijuana for medical purposes were similar to the rest of the state.



Who do you think should decide whether marijuana is legal for medical purposes in the Commonwealth of Kentucky?

(Percentages do not add to 100 because the response "don't know" is not included.)

Kentucky voters

Western Kentucky

46%

Kentucky

45%

State and Federal lawmakers

Western Kentucky

42%

Kentucky

46%

Physicians¹⁹

Western Kentucky

8%

Kentucky

6%

Do you favor or oppose the Commonwealth of Kentucky allowing residents to buy and use marijuana in the following situations? (Graph shows only those who favor this.)

For medical purposes if their doctor recommended it

Western Kentucky

79%

Kentucky

78%

Under any circumstances

Western Kentucky

31%

Kentucky

38%

For recreational purposes

Western Kentucky

22%

Kentucky

26%

¹⁹ "Physicians" was not one of the choices in the original question, but was offered by some respondents.

Healthy Environments

Where we live affects our health. The places where we live, work, play and pray – and the health policies governing those spaces – impact the things we do, the foods we eat, and even the air we breathe.

Statewide Smoke-free Law

Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.²⁰ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.²¹ That means the law covers all workplaces, including bars and restaurants. In recent years the Kentucky legislature has considered a statewide law eliminating smoking in all indoor public places, although this legislation has not yet passed.

More than half of Western Kentucky adults favored a statewide smoke-free law (53%), while 44% opposed a law, and 3% had no opinion. This is not statistically different than the results from 2011, but an increase in support from 2010²², when just 45% of Western Kentucky adults favored a statewide law. Support for the law in Western Kentucky is similar to results for the state as a whole.

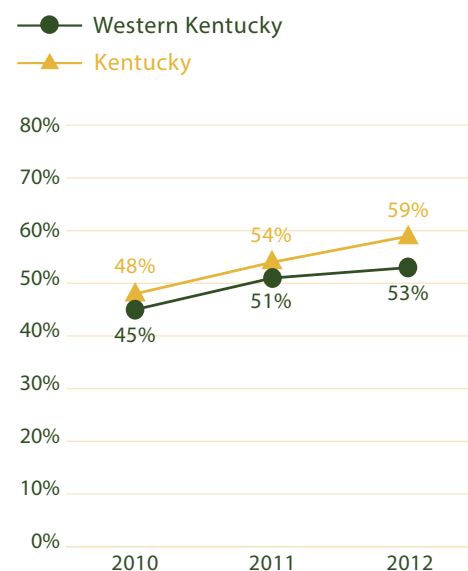
Air Quality Concerns and Responses

Air pollution can cause upper respiratory infections and allergic reactions, and can aggravate symptoms for people with asthma and emphysema. The U.S. Environmental Protection Agency monitors air quality in communities across the nation to protect the public's health, and it uses these data to report a daily Air Quality Index.²³

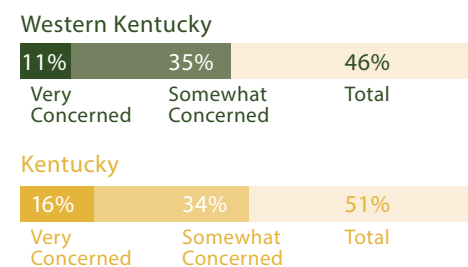
Concern about Air Quality

More than 4 in 10 Western Kentucky residents reported that they were somewhat (35%) or very (11%) concerned about the quality of air in their community. The majority of Western Kentuckians (54%) said they were not at all concerned about air quality. This is the opposite of the results for the state as a whole, where just over half said they were concerned (51%) about air quality.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law)



How concerned are you with the quality of air in your community? (Graph shows only those who said they were concerned.)



20 U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

21 Tynan M, Babb S, MacNeil A, Griffin M (2011). State Smoke-Free Laws for Worksites, Restaurants, and Bars – United States, 2000-2010. MMWR 60(15); 472-475. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>

22 In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

23 Air Quality Index data are available at www.airnow.gov

Actions to Limit Exposure

When air quality is at an unhealthy level, people can *protect themselves* by limiting outdoor activities or avoiding heavy exertion.

About 4 in 10 Western Kentucky adults (41%) indicated they change or limit their activities when they hear of an air quality alert being issued, including nearly 2 in 10 (18%) who said they change or limit their activities a lot. This is slightly lower than results for the state as a whole, where nearly half (49%) reported changing or limiting their activities.

Actions to Reduce Emissions

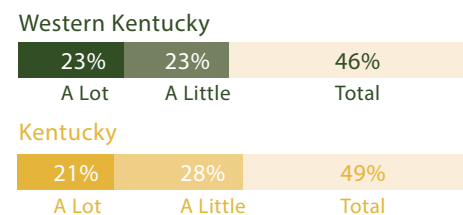
People can also help *protect others* from the effects of air pollution by combining short car trips and turning off their car engine when they are not moving²⁴ to reduce the amount they pollute.

Nearly 7 in 10 Western Kentucky adults (68%) said they would wait at least four minutes before turning off their car engine when in a waiting car and not moving, as in a traffic jam, at a train crossing or at a drive-through. This includes the 4 in 10 (40%) who said they never turn off their car engine. Responses in Western Kentucky were similar to the state as a whole.



When you hear of an air quality alert being issued, how much do you change or limit your activities?

(Graph shows only those who said they changed or limited their behavior.)



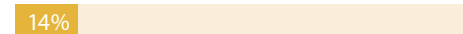
When you are waiting in your car and not moving... how long do you usually wait before turning off your car engine? (Percentages do not add to 100% because the response "don't know" is not included.)

One minute

Western Kentucky

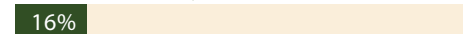


Kentucky

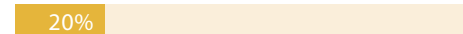


2-3 minutes

Western Kentucky

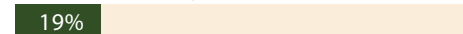


Kentucky

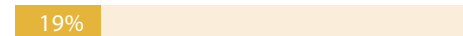


4-5 minutes

Western Kentucky

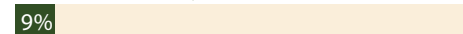


Kentucky

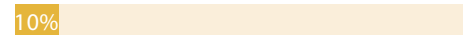


More than 5 minutes

Western Kentucky

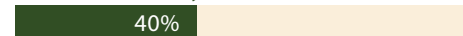


Kentucky

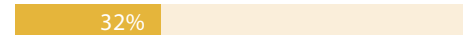


Never turn off the engine

Western Kentucky



Kentucky



²⁴ Experts recommend turning off a waiting car after 10 seconds to save gas and limit emissions.

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)



Sex

Male Female

Western Kentucky

48% 52%

Kentucky

48% 52%

Age

18–29 30–45 46–64 65+

Western Kentucky

27% 27% 29% 17%

Kentucky

22% 32% 29% 17%

Race

African American White

Western Kentucky

6% 89%

Kentucky

7% 88%

Level of Education

Less than High School Some College
High School Grad College Grad

Western Kentucky

25% 37% 25% 12%

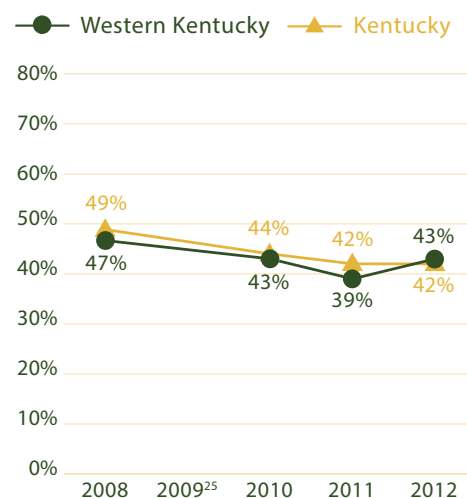
Kentucky

25% 34% 25% 16%

Overall Health Status

An important indicator of community health is overall health status. In 2012, about 4 in 10 Western Kentucky adults (43%) described their health status as “excellent” or “very good,” similar to than the proportion for the state as a whole (42%). This is higher than the findings from 2011, but consistent with previous years.

Kentucky adults reporting “excellent” or “very good” health

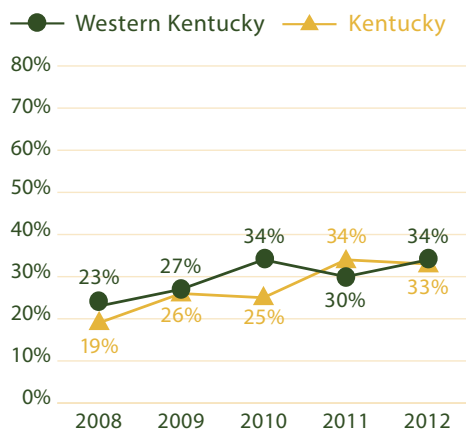


²⁵ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

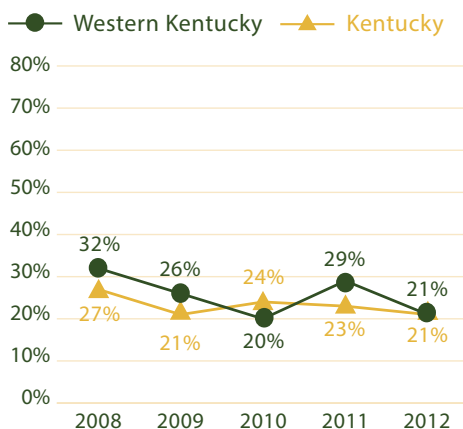
Poverty Status

The percentage of Western Kentucky adults who lived below 100% of the federal poverty guidelines (FPG) was similar to the state as a whole. In 2012, about 3 in 10 Western Kentucky adults (34%) were living in poverty.

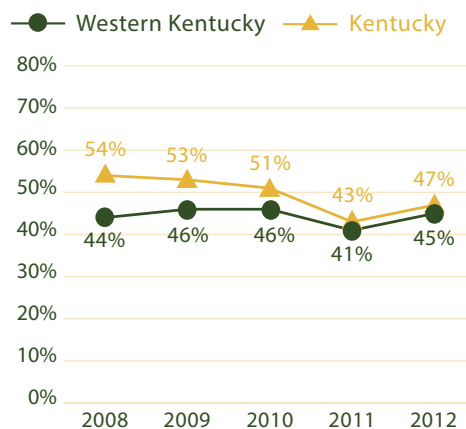
Adults living at less than 100% FPG



Adults living between 100% – 200% FPG



Adults living at more than 200% FPG



Insurance Coverage

Not Having Health Insurance Coverage

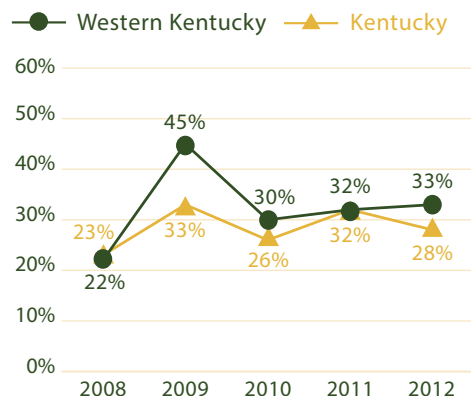
Having health insurance is an important factor in being able to get needed health care. Because nearly all Kentuckians older than 65 (98%) are insured, this section focuses on Kentuckians ages 18-64.

About 3 in 10 working-age Western Kentucky adults (33%) were uninsured at the time of the Poll. This is consistent with the number of uninsured adults in 2011. Working-age adults in Western Kentucky are similarly likely to be uninsured as the state average (28%).

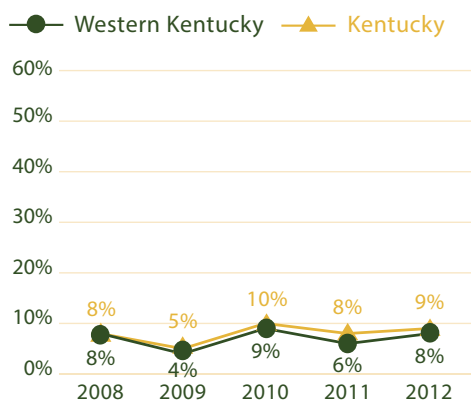
Gaps in Health Insurance Coverage

Another factor in being able to get health care is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. In Western Kentucky, 1 in 10 (8%) of adults ages 18-64 were insured at the time of the KHIP, but had been uninsured at some point in the past 12 months. Therefore, 4 in 10 working-age Western Kentucky adults (41%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

No current insurance, adults ages 18-64



Currently insured, but uninsured at some point in the last 12 months, adults ages 18-64





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 September 20 – October 14, 2012 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,680 adults from throughout Kentucky was interviewed by telephone. This included 1,360 landline interviews and 320 cell phone interviews. Of these, 323 respondents resided in Western Kentucky Area. The counties included in this region are:

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

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 (<https://www.healthfoundation.org/kentucky-health-issues-poll>). 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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