



Spotlight on Northern Kentucky

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health 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 12 for the list of counties*).

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

- The majority of adults favored a statewide, smoke-free law (63%)
- A slim majority favored adding an excise tax to e-cigarettes (54%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (61%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (81%)
- Respondents were nearly evenly divided on the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs
- A majority favored adding a warning label to soda and other sugary drinks (65%)
- About 1 in 10 Northern Kentucky adults aged 18 to 64 were uninsured (15%)
- A majority reported having a usual and appropriate source of healthcare (79%)
- One in 3 had trouble paying medical bills in the past 12 months (33%)
- About 4 in 10 reported a favorable opinion about the Affordable Care Act (39%)

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

- Rate their child’s school lunch as nutritious
- Communicate with their doctor electronically via text, email or a website
- Know a friend or family member who has experienced problems because of heroin use
- Report “excellent” or “very good” health



Contents

| | |
|--|-----------|
| Opinions on Health Policies | 2 |
| Statewide Smoke-free Law | 2 |
| Taxing and Regulating e-cigarettes | 3 |
| Dating Violence Legislation..... | 3 |
| Taxes and Warning Labels for Soda | 4 |
| School Lunches | 4 |
| Insurance Rates | 5 |
| Health Insurance and Healthcare | 6 |
| Insurance | 6 |
| Source of Care, Delayed Care, and Medical Bills | 7 |
| Healthcare Communication | 8 |
| Opinions about the Patient Protection and Affordable Care Act..... | 8 |
| kynect, Kentucky’s Healthcare Connection..... | 9 |
| ACA and Kentuckians | 10 |
| Drug Misuse: Heroin and Prescription Pain Relievers..... | 10 |
| Demographic Profile | 11 |
| Overall Health Status | 11 |
| About the Kentucky Health Issues Poll | 12 |

In 95 out of 100 cases, the statewide estimates will be accurate to ±2.5% and Northern Kentucky estimates to ±5.5%. 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.

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

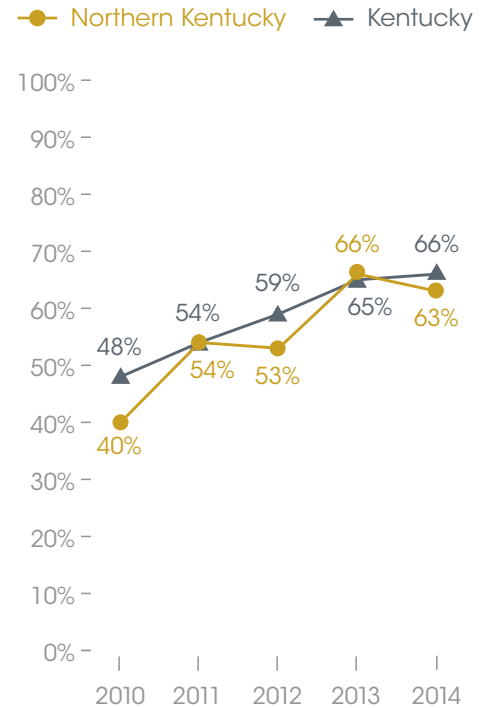
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Northern Kentucky, more than 6 in 10 (63%) adults favored a statewide smoke-free law, while 35% opposed a law, and 2% had no opinion. This is an increase in support from 2010, 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.

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.)



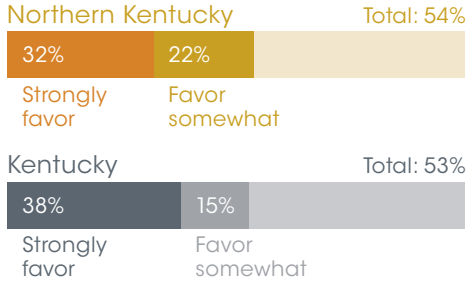
¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

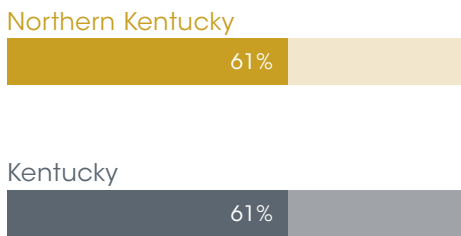
³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

Favor adding an excise tax to e-cigarettes



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA



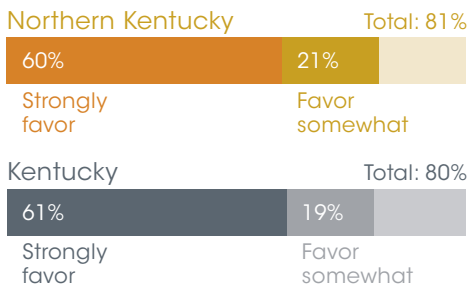
Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a slim majority of adults living in Northern Kentucky (54%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Northern Kentucky 6 in 10 adults (61%) also said the FDA should regulate e-cigarettes.

Favor expanding the Kentucky law on domestic violence protection orders to include dating partners



Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Northern Kentucky, a substantial majority of adults also favored this change (81%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Northern Kentucky, views on a soda tax were similar to the state with 48% in favor and 50% opposed.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of Northern Kentuckians (65%) also favored a soda warning label.



School Lunches

Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor

Northern Kentucky

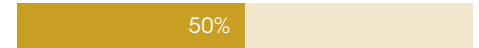


Kentucky



Oppose

Northern Kentucky



Kentucky



Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor

Favor

Northern Kentucky

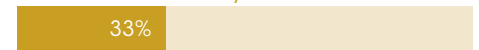


Kentucky



Oppose

Northern Kentucky



Kentucky



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

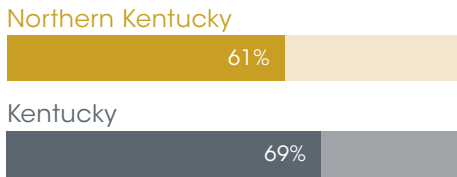
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

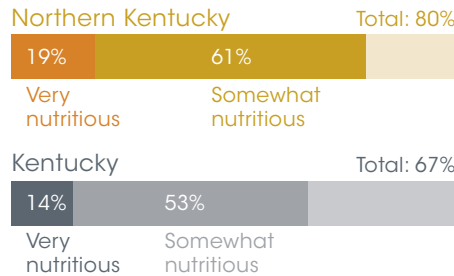
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Northern Kentucky nearly 8 in 10 (80%) parents felt the school lunches were nutritious; this is higher than reports for the state as a whole but not significantly different. Northern Kentucky parents reported slightly lower agreement (61%) that schools should offer more lunch options made from scratch than that reported for Kentucky.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Adults in Northern Kentucky reported similar opinions on setting higher insurance rates for smokers with 53% saying it would be justified, 42% unjustified, and 6% undecided.

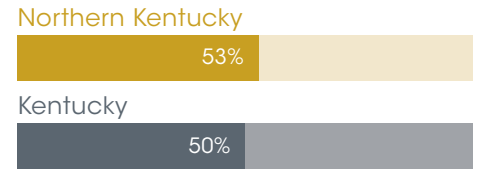
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Opinions in Northern Kentucky were similar to the opinions for the state as a whole. In Northern Kentucky, 32% thought it would be justified to set higher insurance rates for people who are significantly overweight while 63% thought it unjustified, and 4% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

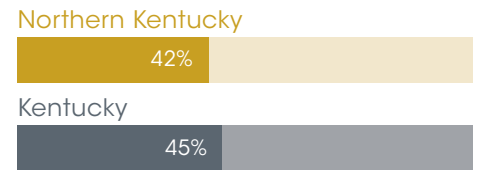
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

Justified



Unjustified



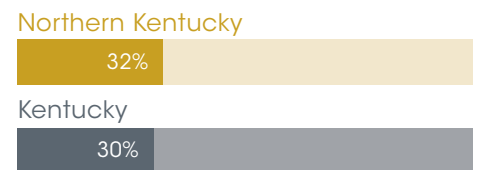
Don't know



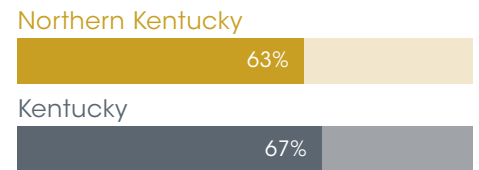
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

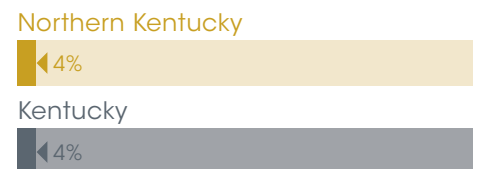
Justified



Unjustified

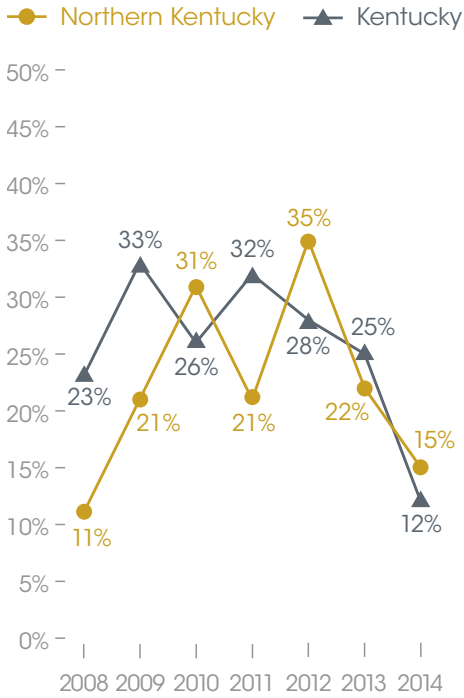


Don't know

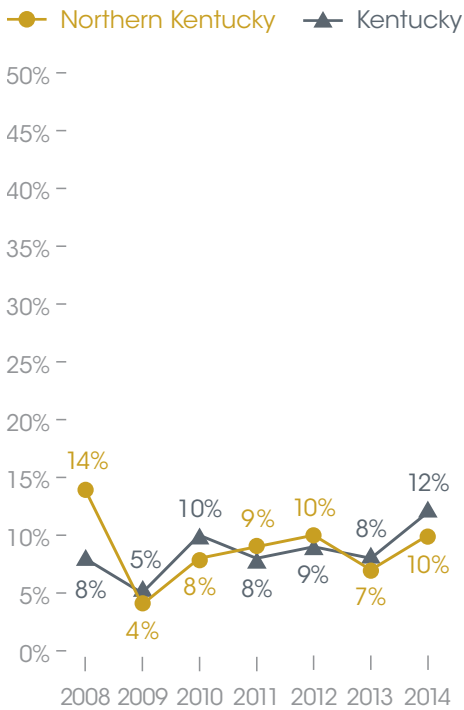


¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

No current insurance, adults ages 18-64



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



Health Insurance and Healthcare

Insurance

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Less than 2 in 10 Northern Kentucky adults (15%) aged 18 to 64 were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2013, although this difference is not statistically significant. Adults 18 to 64 living in Northern Kentucky reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Northern Kentucky, 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. In total, 1 in 4 Northern Kentucky adults age 18-64 (25%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. In Northern Kentucky, a similar rate, nearly 8 in 10 adults (79%) reported a usual and appropriate source of healthcare.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. Nearly 3 in 10 Kentuckians living in Northern Kentucky (28%) reported the same; this is slightly higher but not significantly different from the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Northern Kentucky (33%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Northern Kentucky



Kentucky

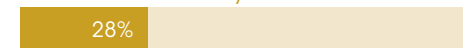


*For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Northern Kentucky



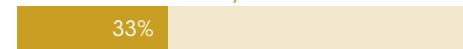
Kentucky



In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Northern Kentucky



Kentucky



Kentucky adults who have had no electronic communication with their personal doctor in the past year

Northern Kentucky



Kentucky

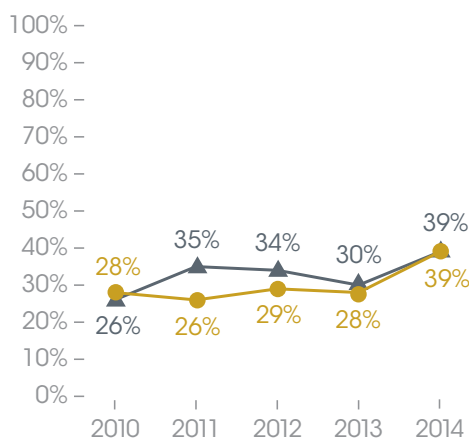


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

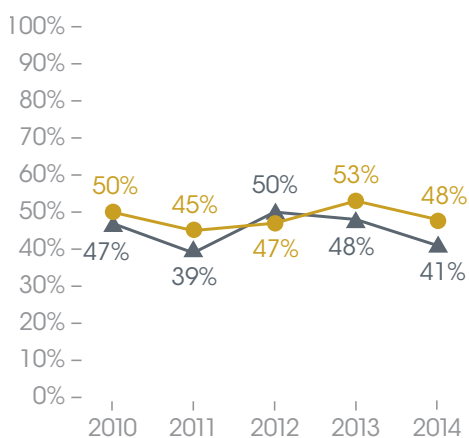
Favorable

● Northern Kentucky ▲ Kentucky



Unfavorable

● Northern Kentucky ▲ Kentucky



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

In Northern Kentucky, only about 5 in 10 adults (53%) reported no electronic communication with their doctor. This is significantly lower than the rate reported for the state as a whole.

Opinions about the 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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 4 in 10 Northern Kentucky adults (39%) reported having a generally favorable opinion of the ACA, and 5 in 10 (48%) had a generally unfavorable opinion of it. Northern Kentucky respondents reported slightly more unfavorable opinions about the Affordable Care Act as compared to the state and the nation, however this is not a significant difference.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Northern Kentucky, more than 2 in 10 adults (23%) said they had heard a lot about the new health insurance marketplace called kynect and more than 5 in 10 (53%) had heard something or only a little. More than 2 in 10 (24%) Northern Kentucky adults reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.

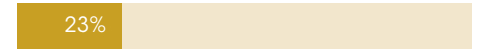


How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot

Northern Kentucky

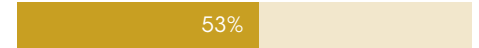


Kentucky



Some/Only a little

Northern Kentucky



Kentucky



Nothing at all

Northern Kentucky



Kentucky

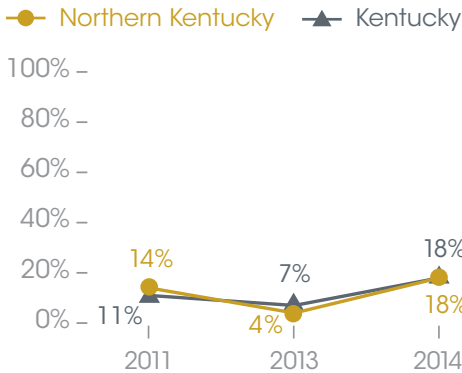


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

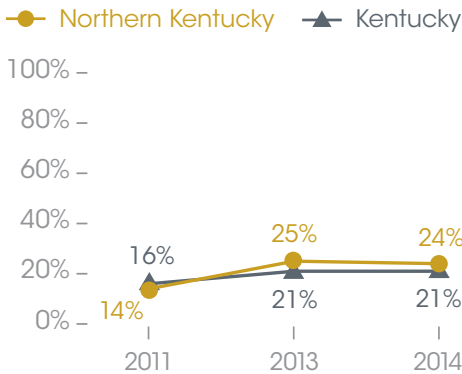
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

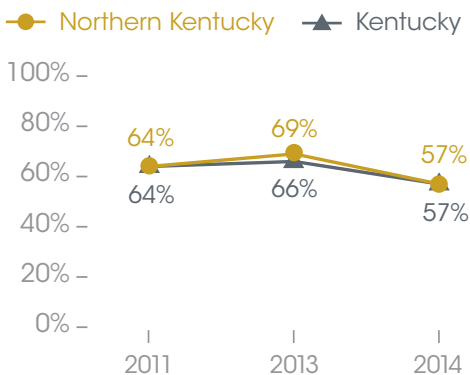
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Northern Kentucky, residents reported similar impacts of the Affordable Care Act. A majority (57%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

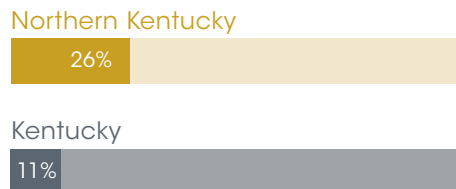
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. Three in 10 Northern Kentucky adults (26%) knew someone who has experienced problems as a result of heroin use. This is significantly higher than the rate reported for the state as a whole.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Likewise, in Northern Kentucky 28% of adults said a family member or friend has had problems as a result of abusing prescription pain medicine.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?

(Graph shows only those who said yes.)



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.)

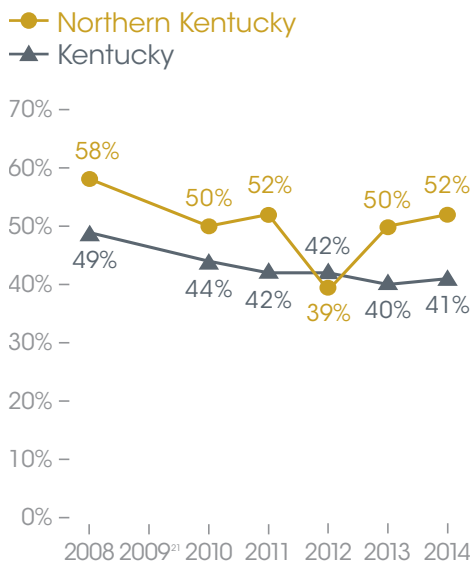


In Northern Kentucky, 21% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (32%). The percentage of Northern Kentucky adults who lived between 138% and 200% of FPL was similar to the state as a whole. In Northern Kentucky, 66% of adults reported income above 200% FPL, which is slightly higher than that reported for the state as a whole (50%).

Overall Health Status

An important indicator of community health is overall health status. In 2014, more than half the Northern Kentucky respondents (52%) described their health status as “excellent” or “very good.” This is significantly higher than the proportion for the state as a whole (41%).

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



Sex

Northern Kentucky



Kentucky



Age



Northern Kentucky



Kentucky



Race



Northern Kentucky



Kentucky



* Fewer than 10 respondents. Data not reported.

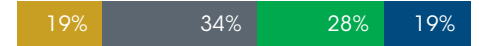
Level of Education



Northern Kentucky



Kentucky



Poverty Status



Northern Kentucky



Kentucky



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014-November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 317 respondents resided in the Northern Kentucky Area Development District. The counties included in this region are:

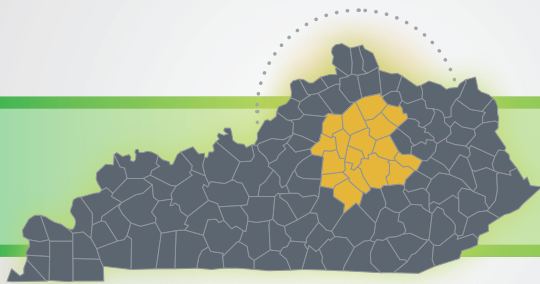
- Boone County
- Campbell County
- Carroll County
- Gallatin County
- Grant County
- Kenton County
- Owen County
- Pendleton County

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 Interact for Health (www.interactforhealth.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, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Northern Kentucky*. Louisville, KY: Authors.



Spotlight on Greater Lexington

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health 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 17-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- A majority favored adding an excise tax to e-cigarettes (61%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (66%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (83%)
- Respondents were nearly evenly divided on the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs
- A majority favored adding a warning label to soda and other sugary drinks (78%)
- About 1 in 10 Greater Lexington adults aged 18 to 64 were uninsured (11%)
- Most had not communicated with their doctor electronically via text, email or a website (71%)
- Nearly 1 in 3 had trouble paying medical bills in the past 12 months (27%)
- More than 4 in 10 reported a favorable opinion about the Affordable Care Act (46%)
- A majority rated their child’s school lunch as nutritious (73%)
- One in 10 adults know a friend or family member who has experienced problems because of heroin use (11%)

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

- Favor a statewide, smoke-free law (75%)

Adults in Greater Lexington were **less likely** to:

- Report having a usual and appropriate source of healthcare (65%)

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Lexington estimates to $\pm 5.4\%$. 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.



Contents

| | |
|---|-----------|
| Opinions on Health Policies | 2 |
| Statewide Smoke-free Law | 2 |
| Taxing and Regulating e-cigarettes | 3 |
| Dating Violence Legislation | 3 |
| Taxes and Warning Labels for Soda | 4 |
| School Lunches | 4 |
| Insurance Rates | 5 |
| Health Insurance and Healthcare | 6 |
| Insurance | 6 |
| Source of Care, Delayed Care, and Medical Bills | 7 |
| Healthcare Communication | 8 |
| Opinions about the Patient Protection and Affordable Care Act | 8 |
| kynect, Kentucky’s Healthcare Connection | 9 |
| ACA and Kentuckians | 10 |
| Drug Misuse: Heroin and Prescription Pain Relievers | 10 |
| Demographic Profile | 11 |
| Overall Health Status | 11 |
| About the Kentucky Health Issues Poll | 12 |

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

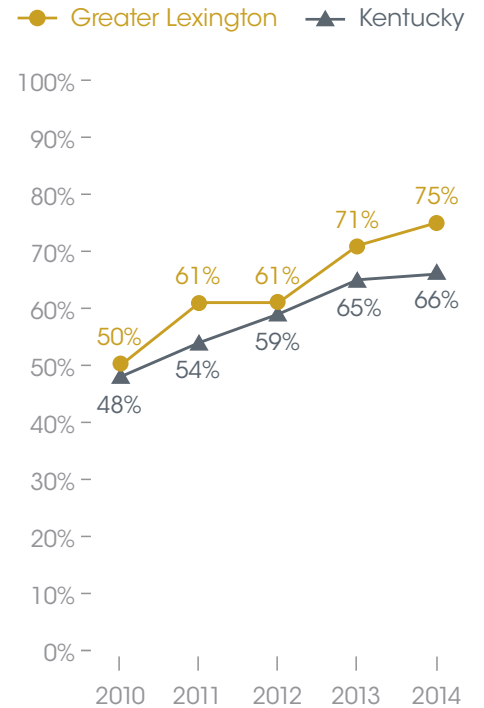
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Greater Lexington, more than 7 in 10 (75%) adults favored a statewide smoke-free law, while 23% opposed a law, and 1% had no opinion. This is an increase in support from 2010, when just 50% of Greater Lexington adults favored a statewide law. Support for the law in Greater Lexington is significantly higher than results for the state.

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.)



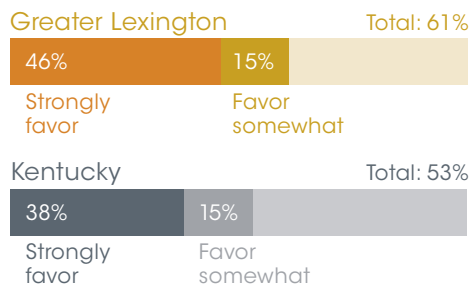
¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

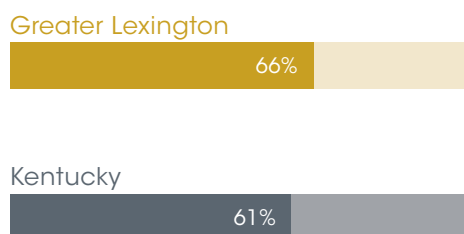
³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

Favor adding an excise tax to e-cigarettes



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA



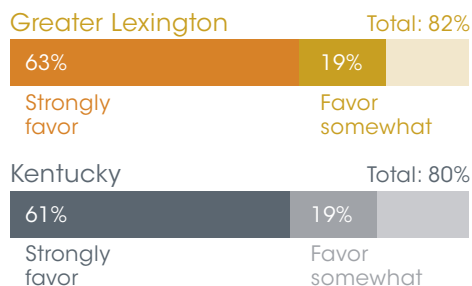
Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a majority of adults living in Greater Lexington (61%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Greater Lexington more than 6 in 10 adults (66%) also said the FDA should regulate e-cigarettes.

Favor expanding the Kentucky law on domestic violence protection orders to include dating partners



Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Greater Lexington, a substantial majority of adults also favored this change (82%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Greater Lexington, views on a soda tax were similar to the state with 57% in favor and 40% opposed.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of adults in the Greater Lexington area (78%) also favored a soda warning label.



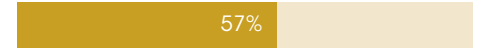
School Lunches

Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

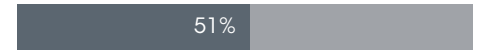
Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor

Greater Lexington

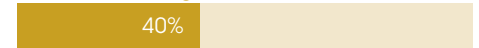


Kentucky



Oppose

Greater Lexington



Kentucky



Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor

Greater Lexington

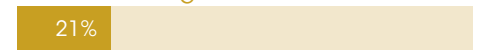


Kentucky



Oppose

Greater Lexington



Kentucky



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

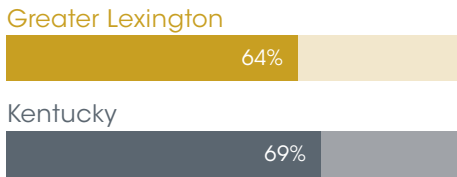
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

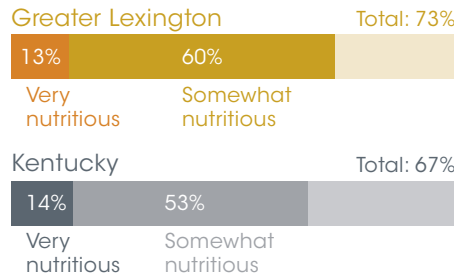
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Greater Lexington about 7 in 10 (73%) parents felt the school lunches were nutritious; this is slightly higher than reports for the state as a whole but not significantly different. Greater Lexington parents reported slightly lower agreement (64%) that schools should offer more lunch options made from scratch than that reported for Kentucky.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Adults in Greater Lexington reported significantly different opinions on setting higher insurance rates for smokers when compared to the state as a whole. In Greater Lexington, 6 in 10 adults (60%) said it would be justified, 35% unjustified, and 5% undecided.

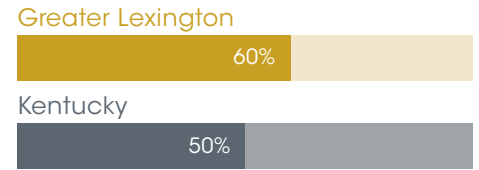
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Opinions in Greater Lexington were similar to the opinions for the state as a whole. In Greater Lexington, 36% thought it would be justified to set higher insurance rates for people who are significantly overweight while 60% thought it unjustified, and 4% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

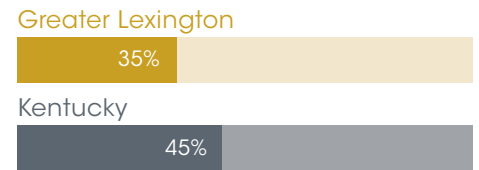
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

Justified



Unjustified



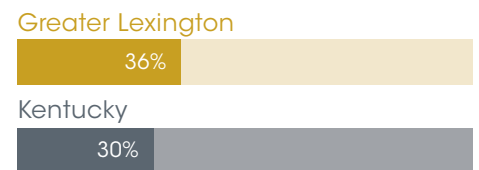
Don't know



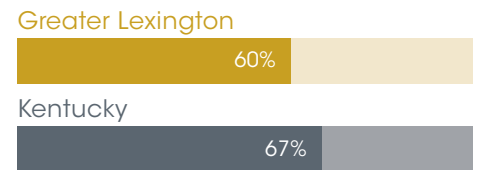
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

Justified



Unjustified

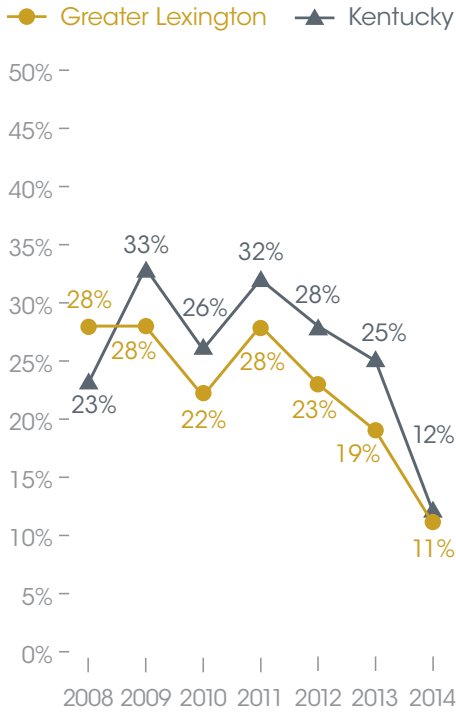


Don't know

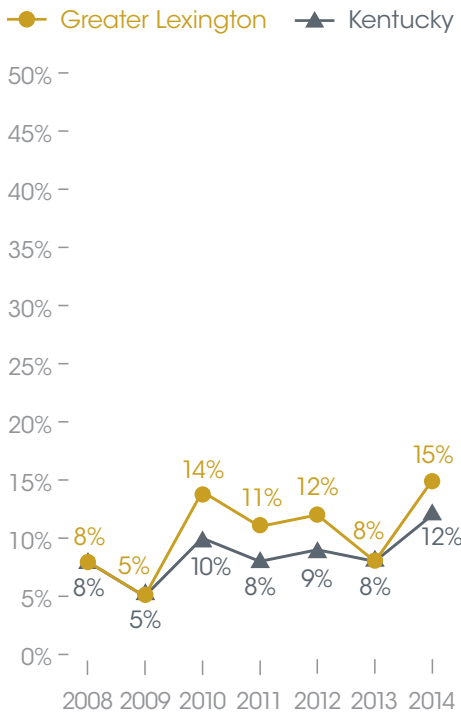


¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

No current insurance, adults ages 18-64



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



Health Insurance and Healthcare

Insurance

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Greater Lexington adults (11%) aged 18 to 64 were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2013, although this difference is not statistically significant. Adults 18 to 64 living in Greater Lexington reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 15% 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. In total, 1 in 4 Greater Lexington adults age 18-64 (26%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. In Greater Lexington, more than 6 in 10 adults (65%) reported a usual and appropriate source of healthcare which is significantly lower than that reported for the state as a whole.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. Nearly 2 in 10 Kentuckians living in Greater Lexington (19%) reported the same; this is slightly lower but not significantly different from the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Greater Lexington (27%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Greater Lexington

65%

Kentucky

75%

*For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Greater Lexington

19%

Kentucky

22%

In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Greater Lexington

27%

Kentucky

31%

Kentucky adults who have had no electronic communication with their personal doctor in the past year

Greater Lexington



Kentucky

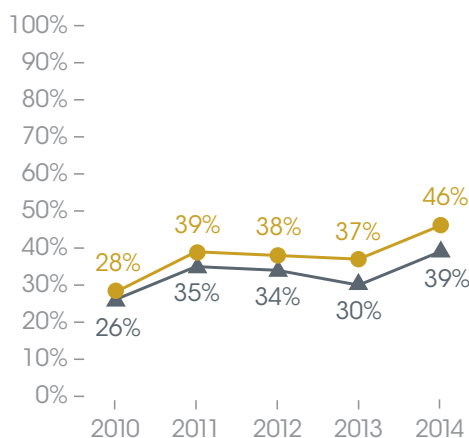


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

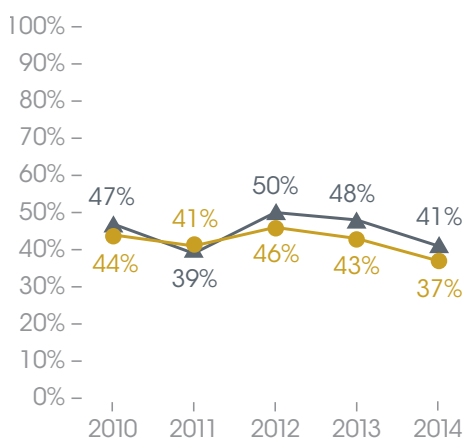
Favorable

● Greater Lexington ▲ Kentucky



Unfavorable

● Greater Lexington ▲ Kentucky



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

Likewise, in Greater Lexington about 7 in 10 adults (71%) reported no electronic communication with their doctor. This is similar to the rate reported for the state as a whole.

Opinions about the 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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

More than 4 in 10 Greater Lexington adults (46%) reported having a generally favorable opinion of the ACA, and nearly 4 in 10 (37%) had a generally unfavorable opinion of it. Greater Lexington respondents reported slightly more favorable opinions about the Affordable Care Act as compared to the state, and significantly more favorable when compared to the nation.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Greater Lexington, more than 3 in 10 adults (33%) said they had heard a lot about the new health insurance marketplace called kynect and nearly 5 in 10 (47%) had heard something or only a little. About 2 in 10 (19%) Greater Lexington adults reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.

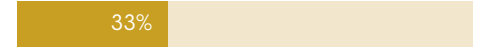


How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot

Greater Lexington



Kentucky

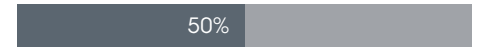


Some/Only a little

Greater Lexington



Kentucky



Nothing at all

Greater Lexington



Kentucky

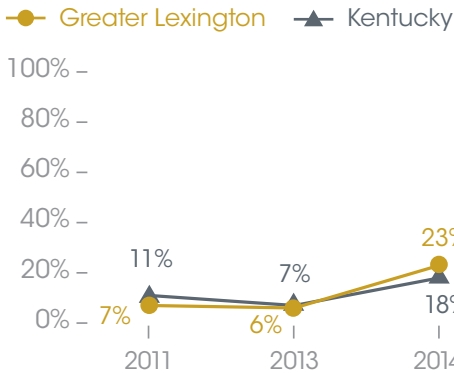


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

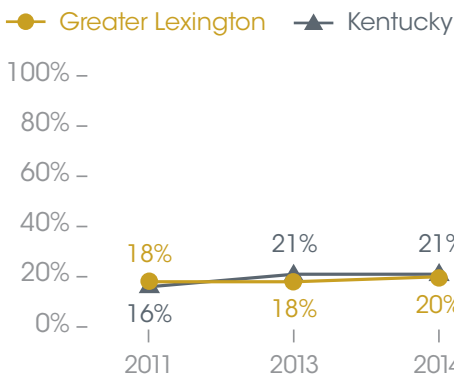
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

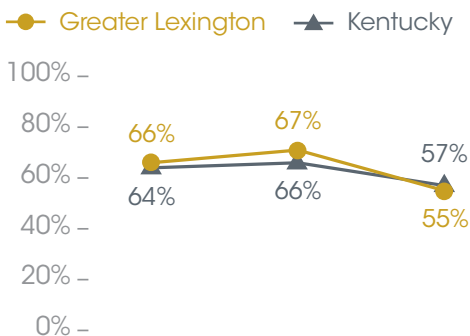
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Greater Lexington, residents reported similar impacts of the Affordable Care Act. A majority (55%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. Likewise, 1 in 10 Greater Lexington adults (11%) knew someone who has experienced problems as a result of heroin use.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Likewise, in Greater Lexington 25% of adults said a family member or friend has had problems as a result of abusing prescription pain medicine.

Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?

(Graph shows only those who said yes.)



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.)

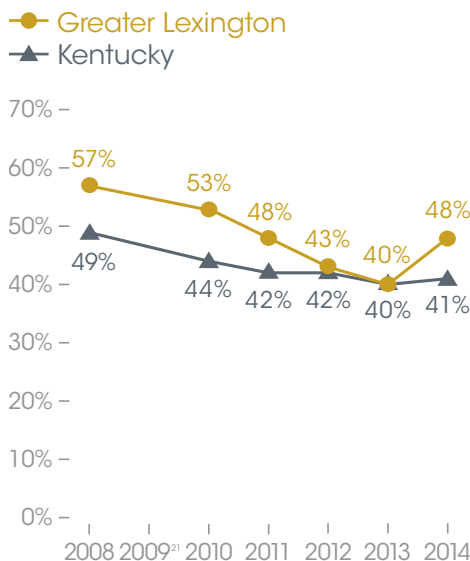


In Greater Lexington, 29% of adults reported income 138% and below the Federal Poverty Level (FPL),²⁰ 17% reported income between 138% and 200% of FPL, and 54% reported income above 200% FPL. This is similar to the distribution reported for the state as a whole.

Overall Health Status

An important indicator of community health is overall health status. In 2014, nearly half the Greater Lexington respondents (48%) described their health status as “excellent” or “very good.” This is slightly higher than the proportion for the state as a whole (41%) but not significantly different.

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



Sex

Greater Lexington



Kentucky



Age



Greater Lexington



Kentucky



Race



Greater Lexington



Kentucky



* Fewer than 10 respondents. Data not reported.

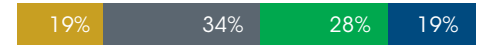
Level of Education



Greater Lexington



Kentucky



Poverty Status



Greater Lexington



Kentucky



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014–November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 323 respondents resided in the Bluegrass Area Development District. The counties included in this region are:

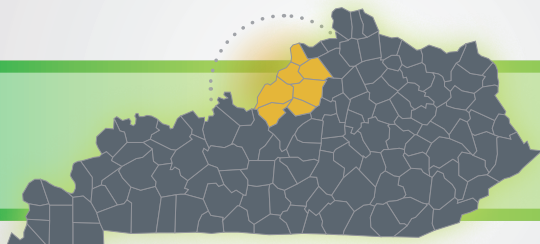
- Anderson County
- Bourbon County
- Boyle County
- Clark County
- Estill County
- Fayette County
- Franklin County
- Garrard County
- Harrison County
- Jessamine County
- Lincoln County
- Madison County
- Mercer County
- Nicholas County
- Powell County
- Scott County
- Woodford County

This report presents a selection of questions with data specific to Greater Lexington. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or Interact for Health (www.interactforhealth.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, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Greater Lexington*. Louisville, KY: Authors.



Spotlight on Greater Louisville

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health 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 12 for the list of counties*).

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

- A substantial majority favored a statewide, smoke-free law (74%)
- A slim majority favored adding an excise tax to e-cigarettes (55%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (67%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (84%)
- A majority favored adding a warning label to soda and other sugary drinks (76%)
- About 1 in 7 adults aged 18 to 64 were uninsured (14%)
- A majority reported having a usual and appropriate source of healthcare (71%)
- About 3 in 10 had trouble paying medical bills in the past 12 months (29%)
- Nearly 5 in 10 reported a favorable opinion about the Affordable Care Act (47%)
- About 6 in 10 report having no electronic communication with their doctor via text, email or a website (65%)
- A majority rate their child’s school lunch as nutritious (63%)
- More than 4 in 10 report “excellent” or “very good” health (46%)
- One in 10 know a friend or family member who has experienced problems because of heroin use (13%)

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

- Favor the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs (60%)
- Think it would be justified to set higher insurance rates for people who smoke (61%)

Adults in Greater Louisville were **less likely** to:

- Report a time in the past 12 months when someone in their household need medical care but did not get it or delayed getting it because of the cost (14%)

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Louisville estimates to $\pm 5.5\%$. 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.



Contents

| | |
|---|-----------|
| Opinions on Health Policies | 2 |
| Statewide Smoke-free Law | 2 |
| Taxing and Regulating e-cigarettes | 3 |
| Dating Violence Legislation | 3 |
| Taxes and Warning Labels for Soda | 4 |
| School Lunches | 4 |
| Insurance Rates | 5 |
| Health Insurance and Healthcare | 6 |
| Insurance | 6 |
| Source of Care, Delayed Care, and Medical Bills | 7 |
| Healthcare Communication | 8 |
| Opinions about the Patient Protection and Affordable Care Act | 8 |
| kynect, Kentucky’s Healthcare Connection | 9 |
| ACA and Kentuckians | 10 |
| Drug Misuse: Heroin and Prescription Pain Relievers | 10 |
| Demographic Profile | 11 |
| Overall Health Status | 11 |
| About the Kentucky Health Issues Poll | 12 |

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

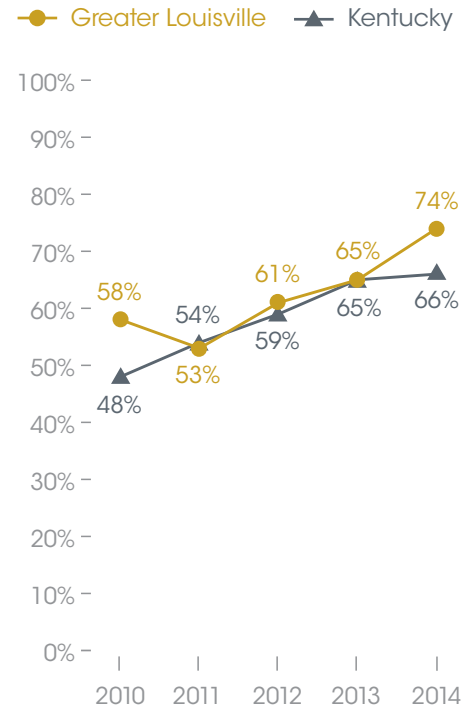
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Greater Louisville, more than 7 in 10 (74%) adults favored a statewide smoke-free law, while 22% opposed a law, and 5% had no opinion. This is an increase in support from 2010, when just 58% of Greater Louisville adults favored a statewide law. Support for the law in Greater Louisville higher but not significantly different than results for the state as a whole.

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.)



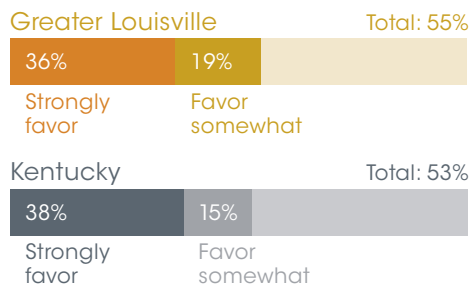
¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

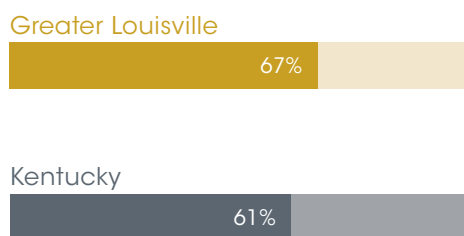
³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

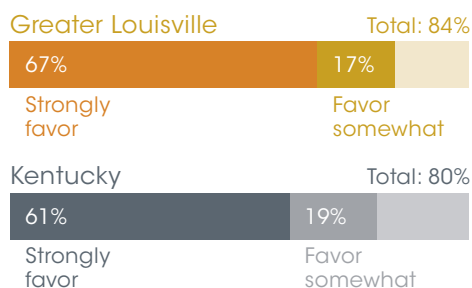
Favor adding an excise tax to e-cigarettes



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA



Favor expanding the Kentucky law on domestic violence protection orders to include dating partners



Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a slim majority of adults living in Greater Louisville (55%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Greater Louisville more than 6 in 10 adults (67%) also said the FDA should regulate e-cigarettes.

Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Greater Louisville, a substantial majority of adults also favored this change (84%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Greater Louisville, views on a soda tax were significantly more favorable, 60% favor, than that reported by the state as a whole.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of respondent in Greater Louisville (76%) also favored a soda warning label.

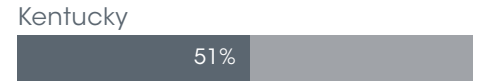
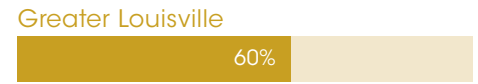


School Lunches

Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

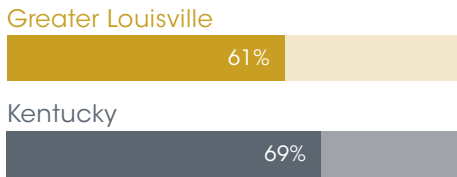
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

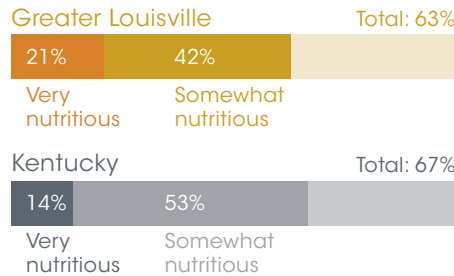
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Greater Louisville about 6 in 10 (63%) parents felt the school lunches were nutritious; this is similar to reports for the state as a whole. Greater Louisville parents reported slightly lower agreement (61%) that schools should offer more lunch options made from scratch than that reported for Kentucky.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Significantly more Greater Louisville respondents thought it would be justified to set higher insurance rates for smokers when compared to the opinions for the state as a whole. In Greater Louisville, 61% said it would be justified, 36% unjustified, and 3% undecided.

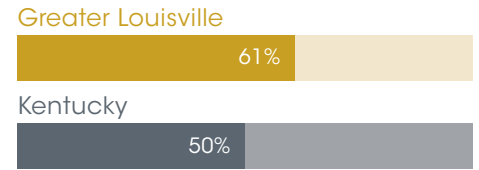
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Similarly, in Greater Louisville 33% thought it would be justified to set higher insurance rates for people who are significantly overweight, while 65% thought it unjustified, and 2% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

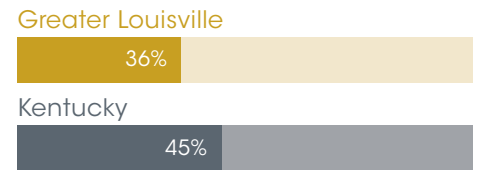
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

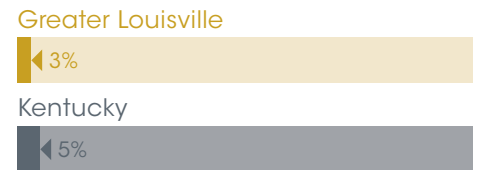
Justified



Unjustified



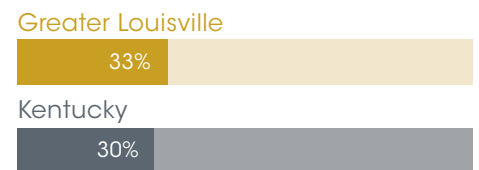
Don't know



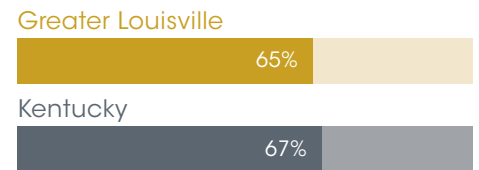
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

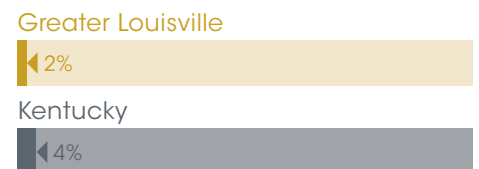
Justified



Unjustified

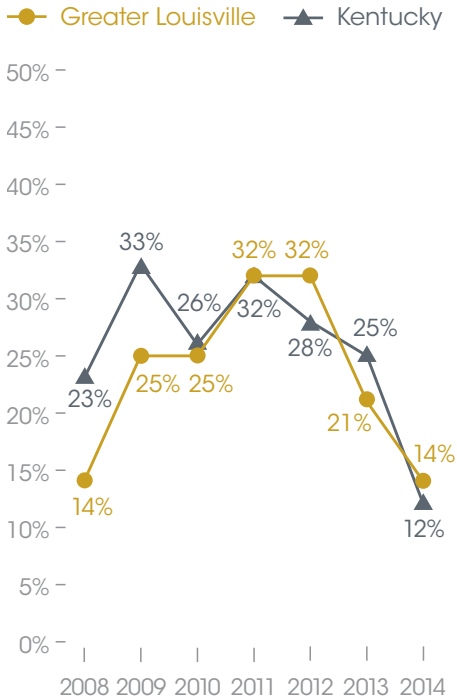


Don't know

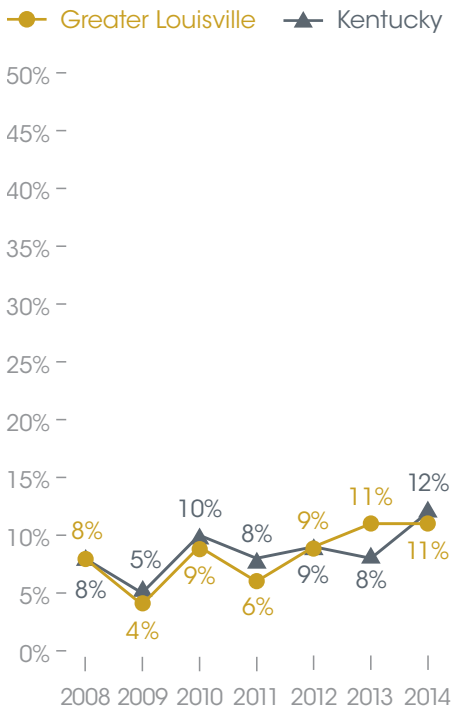


¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

No current insurance, adults ages 18-64



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



Health Insurance and Healthcare

Insurance

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

About 1 in 7 Greater Louisville adults (14%) aged 18 to 64 were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2013, although this difference is not statistically significant. Adults 18 to 64 living in Greater Louisville reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Louisville, 11% 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. In total, 1 in 4 Greater Louisville adults age 18-64 (25%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. In Greater Louisville, a similar rate, 7 in 10 adults (71%) reported a usual and appropriate source of healthcare.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. Only about 1 in 7 Kentuckians living in Greater Louisville (14%) reported the same; this is significantly lower than that reported for the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Greater Louisville (29%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Greater Louisville

71%

Kentucky

75%

*For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Greater Louisville

14%

Kentucky

22%

In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Greater Louisville

29%

Kentucky

31%

Kentucky adults who have had no electronic communication with their personal doctor in the past year

Greater Louisville



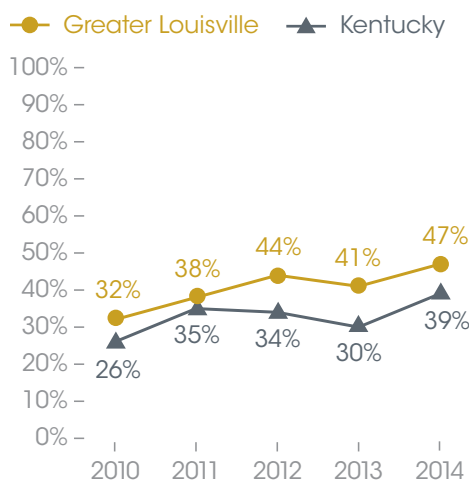
Kentucky



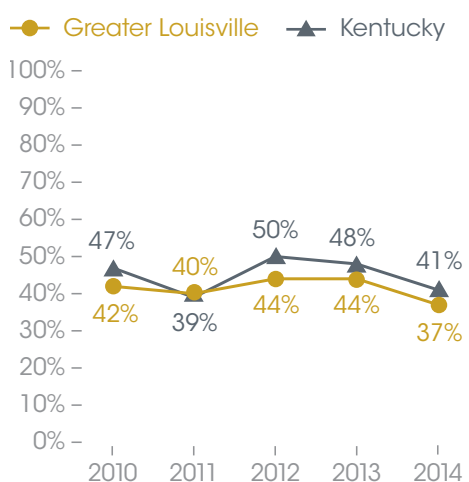
Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

Favorable



Unfavorable



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

In Greater Louisville, more than 6 in 10 adults (65%) reported no electronic communication with their doctor. This is similar to the rate reported for the state as a whole.

Opinions about the 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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

Nearly 5 in 10 Greater Louisville adults (47%) reported having a generally favorable opinion of the ACA, and nearly 4 in 10 (37%) had a generally unfavorable opinion of it. Greater Louisville respondents reported slightly more favorable opinions about the Affordable Care Act as compared to the state however this is not a significant difference. National results show 36% favorable and 43% unfavorable opinions of the ACA.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Greater Louisville, more than 3 in 10 adults (33%) said they had heard a lot about the new health insurance marketplace called kynect and more than 5 in 10 (51%) had heard something or only a little. Less than 2 in 10 (16%) Greater Louisville adults reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.



How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot

Greater Louisville

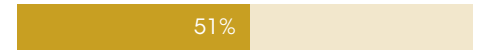


Kentucky



Some/Only a little

Greater Louisville

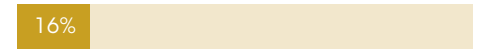


Kentucky



Nothing at all

Greater Louisville



Kentucky

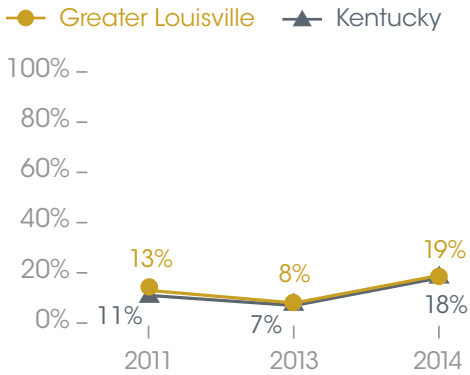


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

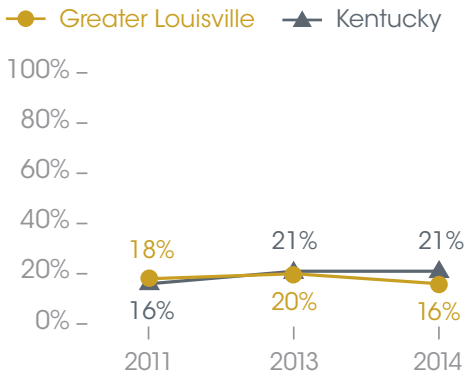
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

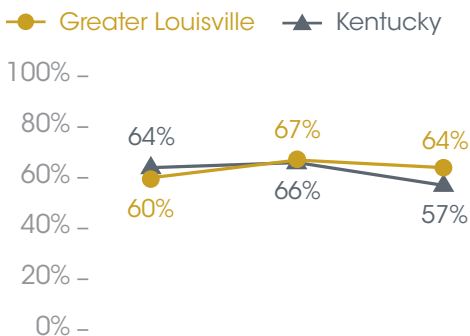
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Greater Louisville, residents reported similar impacts of the Affordable Care Act. A majority (64%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

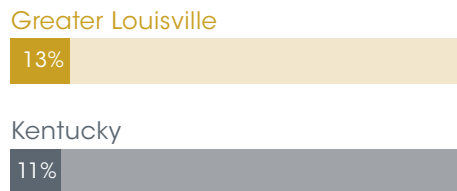
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. About 1 in 10 Greater Louisville adults (13%) knew someone who has experienced problems as a result of heroin use. This is similar to the rate reported for the state as a whole.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Likewise, in Greater Louisville 20% of adults said a family member or friend has had problems as a result of abusing prescription pain medicine.

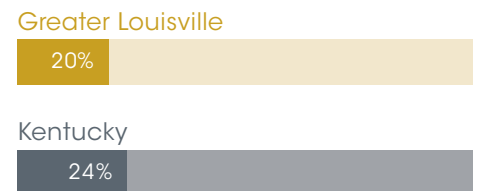
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?

(Graph shows only those who said yes.)



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.)

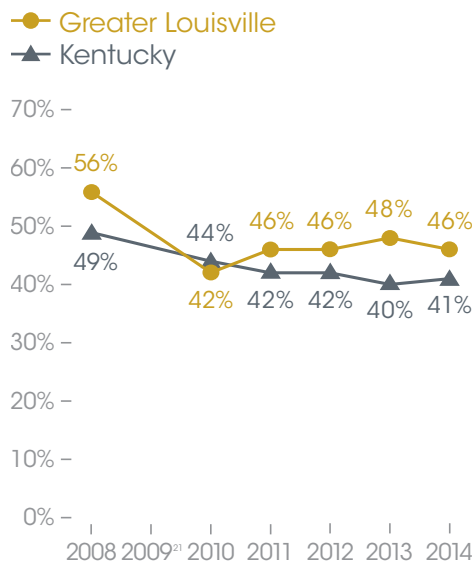


In Greater Louisville, 17% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is significantly lower than that reported for the state as a whole (32%). The percentage of Greater Louisville adults who lived between 138% and 200% of FPL was similar to the state as a whole. In Greater Louisville, 58% of adults reported income above 200% FPL, which is slightly higher than that reported for the state as a whole (50%).

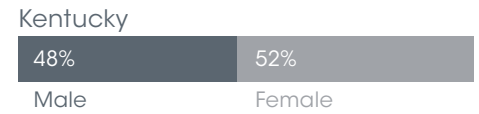
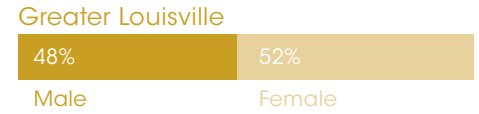
Overall Health Status

An important indicator of community health is overall health status. In 2014, nearly 5 in 10 Greater Louisville respondents (46%) described their health status as “excellent” or “very good.” This is slightly higher but not significantly different than the proportion for the state as a whole (41%).

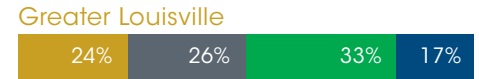
Kentucky adults reporting “excellent” or “very good” health



Sex



Age

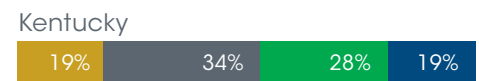


Race

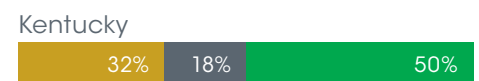


* Fewer than 10 respondents. Data not reported.

Level of Education



Poverty Status



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014-November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 319 respondents resided in the KIPDA Area Development District. The counties included in this region are:

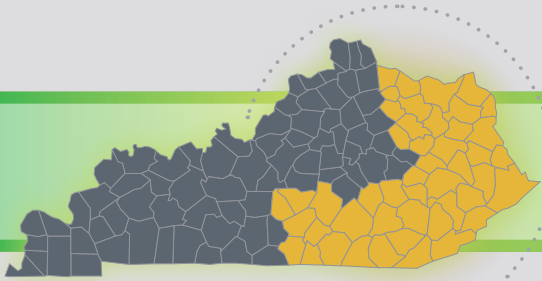
- Bullitt County
- Henry County
- Jefferson County
- Oldham County
- Shelby County
- Spencer County
- Trimble County

This report presents a selection of questions with data specific to Greater Louisville area. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or Interact for Health (www.interactforhealth.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, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Greater Louisville*. Louisville, KY: Authors.



Spotlight on Eastern Kentucky

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from Eastern Kentucky including the Big Sandy, Buffalo Trace, Cumberland Valley, FIVCO, Gateway, Kentucky River, and Lake Cumberland Area Development Districts. About 22% of Kentuckians live in this 46-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- A slim majority favored adding an excise tax to e-cigarettes (52%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (59%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (77%)
- Respondents were nearly evenly divided on the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs
- A majority favored adding a warning label to soda and other sugary drinks (70%)
- About 1 in 10 Eastern Kentucky adults aged 18 to 64 were uninsured (14%)
- A majority reported having a usual and appropriate source of healthcare (76%)
- One in 3 had trouble paying medical bills in the past 12 months (36%)
- About 1 in 3 reported a favorable opinion about the Affordable Care Act (33%)
- About 2 in 10 communicate with their doctor electronically via text, email or a website (22%)
- Less than one in 10 Eastern Kentucky adults reported knowing a friend or family member who has experienced problems because of heroin use (8%)

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

- Think setting higher insurance rates for smokers is unjustified
- Delay or forgo needed medical care because of the cost
- Know a friend or family member who has experienced problems because of abusing prescription pain relievers

Adults in Eastern Kentucky were **less likely** to:

- Favor a statewide, smoke-free law (54%)

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Eastern Kentucky estimates to $\pm 5.4\%$. 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.



Contents

| | |
|---|-----------|
| Opinions on Health Policies | 2 |
| Statewide Smoke-free Law | 2 |
| Taxing and Regulating e-cigarettes | 3 |
| Dating Violence Legislation | 3 |
| Taxes and Warning Labels for Soda | 4 |
| School Lunches | 4 |
| Insurance Rates | 5 |
| Health Insurance and Healthcare | 6 |
| Insurance | 6 |
| Source of Care, Delayed Care, and Medical Bills | 7 |
| Healthcare Communication | 8 |
| Opinions about the Patient Protection and Affordable Care Act | 8 |
| kynect, Kentucky's Healthcare Connection | 9 |
| ACA and Kentuckians | 10 |
| Drug Misuse: Heroin and Prescription Pain Relievers | 10 |
| Demographic Profile | 11 |
| Overall Health Status | 11 |
| About the Kentucky Health Issues Poll | 12 |

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

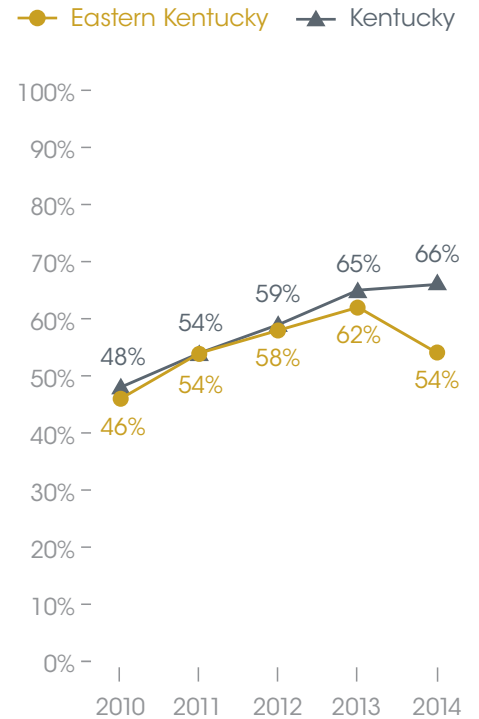
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Eastern Kentucky, more than 5 in 10 (54%) adults favored a statewide smoke-free law, while 43% opposed a law, and 3% had no opinion. This is an increase in support from 2010, when just 46% of Eastern Kentucky adults favored a statewide law. Support for the law in Eastern Kentucky is significantly lower than results for the state.

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.)



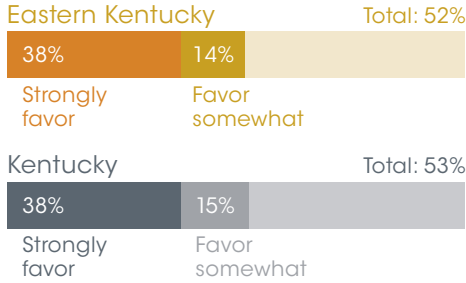
¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

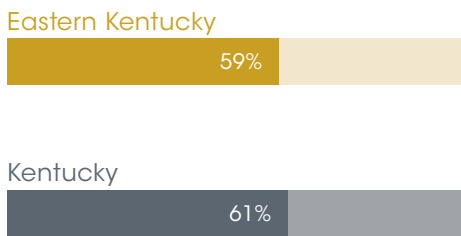
³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

Favor adding an excise tax to e-cigarettes



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA



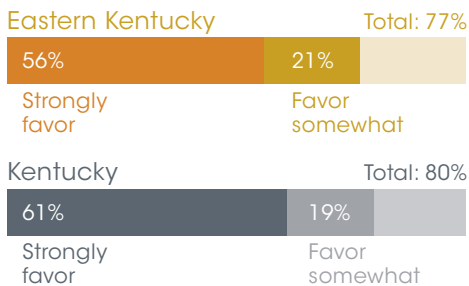
Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a slim majority of adults living in Eastern Kentucky (52%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Eastern Kentucky 6 in 10 adults (59%) also said the FDA should regulate e-cigarettes.

Favor expanding the Kentucky law on domestic violence protection orders to include dating partners



Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Eastern Kentucky, a substantial majority of adults also favored this change (77%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Eastern Kentucky, views on a soda tax were similar to the state with 52% in favor and 44% opposed.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of Eastern Kentuckians (70%) also favored a soda warning label.

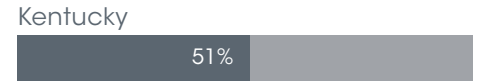
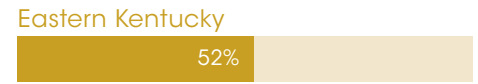


School Lunches

Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

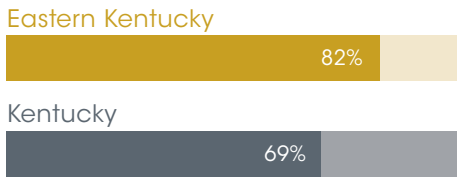
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

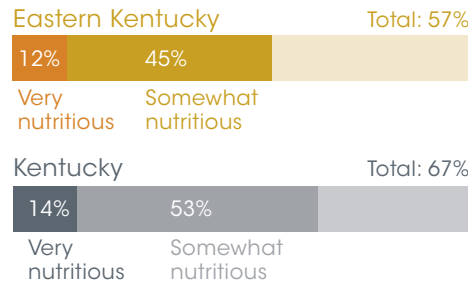
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Eastern Kentucky nearly 6 in 10 (57%) parents felt the school lunches were nutritious; this is lower than reports for the state as a whole. Eastern Kentucky parents also reported higher agreement (82%) that schools should offer more lunch options made from scratch than that reported for Kentucky. These differences in Eastern Kentucky are not significantly different from the state as a whole.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Adults in Eastern Kentucky reported significantly different opinions on setting higher insurance rates for smokers, only 40% saying it would be justified, 57% unjustified, and 3% undecided.

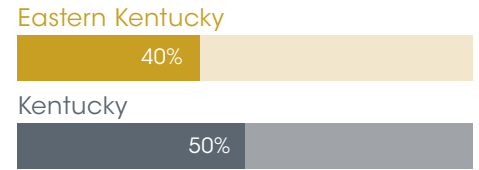
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Opinions in Eastern Kentucky were similar to the opinions for the state as a whole. In Eastern Kentucky, 24% thought it would be justified to set higher insurance rates for people who are significantly overweight while 72% thought it unjustified, and 4% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

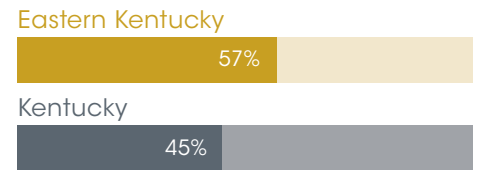
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

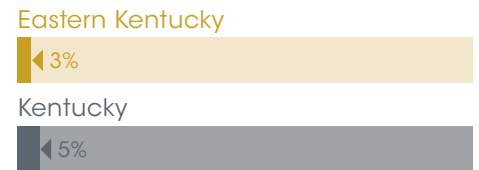
Justified



Unjustified



Don't know



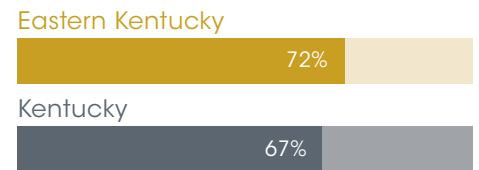
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

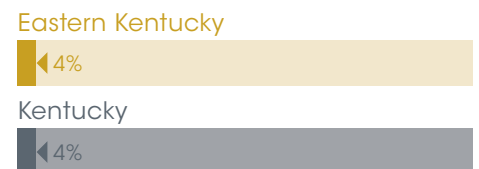
Justified



Unjustified

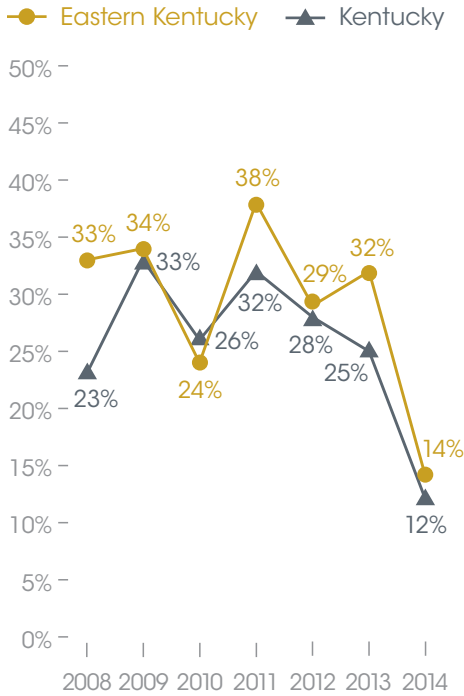


Don't know

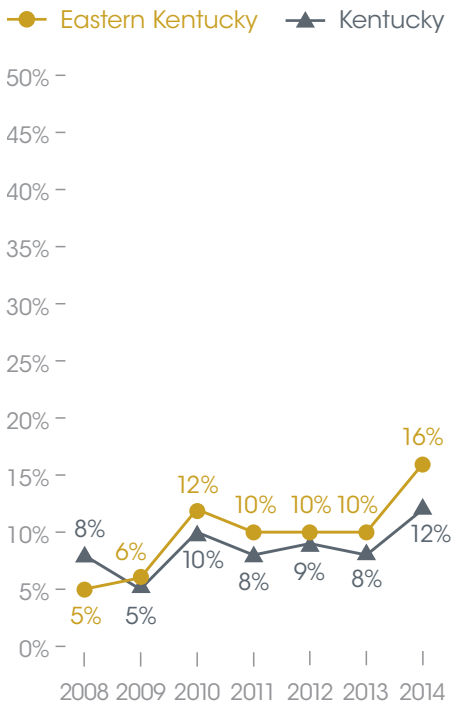


¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

No current insurance, adults ages 18-64



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



Health Insurance and Healthcare

Insurance

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Less than 2 in 10 Eastern Kentucky adults (14%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured Eastern Kentucky since 2013. In 2014, adults 18 to 64 living in Eastern Kentucky reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Eastern Kentucky, 16% 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. In total, 3 in 10 Eastern Kentucky adults age 18-64 (30%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. In Eastern Kentucky, a similar rate, nearly 8 in 10 adults (76%) reported a usual and appropriate source of healthcare.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. More than 3 in 10 Kentuckians living in Eastern Kentucky (32%) reported the same; this is significantly higher than that reported for the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Eastern Kentucky (36%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Eastern Kentucky

76%

Kentucky

75%

**For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.*

In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Eastern Kentucky

32%

Kentucky

22%

In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Eastern Kentucky

36%

Kentucky

31%

Kentucky adults who have had no electronic communication with their personal doctor in the past year

Eastern Kentucky



Kentucky

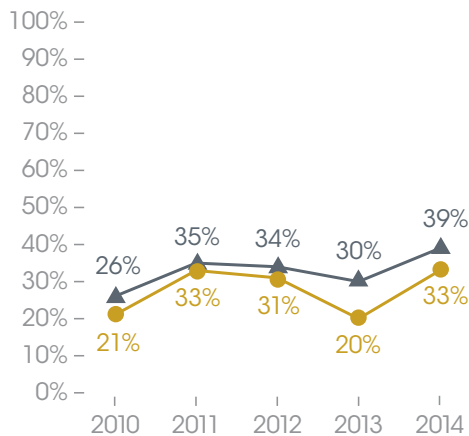


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

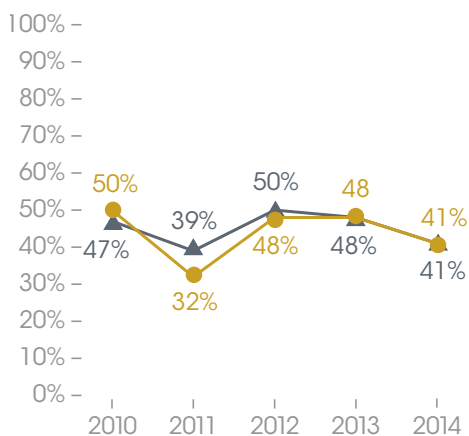
Favorable

● Eastern Kentucky ▲ Kentucky



Unfavorable

● Eastern Kentucky ▲ Kentucky



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

In Eastern Kentucky, about 8 in 10 adults (78%) reported no electronic communication with their doctor. This is similar to the rate reported for the state as a whole.

Opinions about the 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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 1 in 3 Eastern Kentucky adults (33%) reported having a generally favorable opinion of the ACA, and 4 in 10 (41%) had a generally unfavorable opinion of it. Eastern Kentucky respondents reported similar opinions about the Affordable Care Act as compared to the state and the nation.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Eastern Kentucky, more than 2 in 10 adults (24%) said they had heard a lot about the new health insurance marketplace called kynect and about 5 in 10 (49%) had heard something or only a little. Nearly 3 in 10 Eastern Kentucky adults (26%) reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.



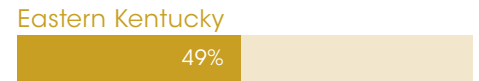
How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot



Some/Only a little



Nothing at all

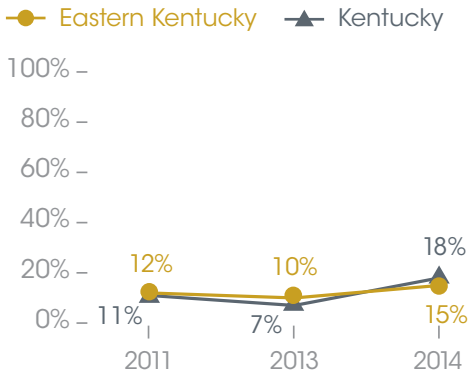


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

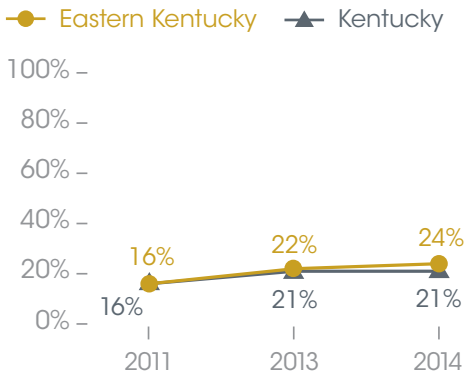
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

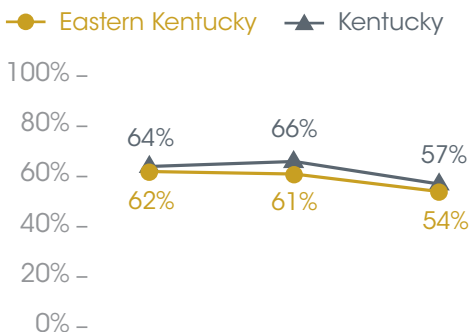
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Eastern Kentucky, residents reported similar impacts of the Affordable Care Act. A majority (54%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

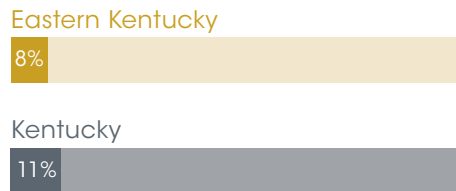
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. Less than one in 10 Eastern Kentucky adults (8%) knew someone who has experienced problems as a result of heroin use. This is similar to the rate reported for the state as a whole.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. However, in Eastern Kentucky more than 1 in 3 adults (34%) said a family member or friend has had problems as a result of abusing prescription pain medicine. This is significantly higher than that reported for the state as a whole.

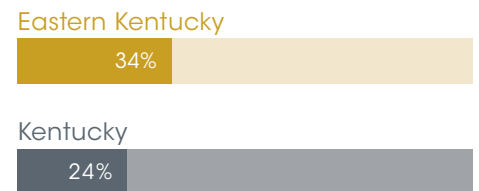
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?

(Graph shows only those who said yes.)



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.)

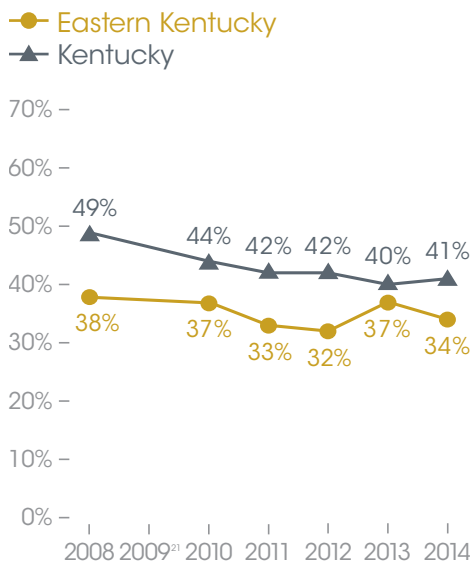


In Eastern Kentucky, 50% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is significantly higher than that reported for the state as a whole (32%). The percentage of Eastern Kentucky adults who lived between 138% and 200% of FPL was similar to the state as a whole. In Eastern Kentucky, 33% of adults reported income above 200% FPL, which is significantly lower than that reported for the state as a whole (50%).

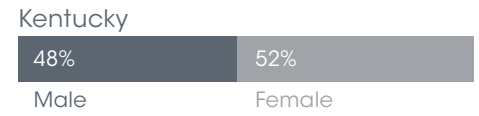
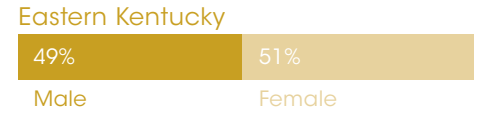
Overall Health Status

An important indicator of community health is overall health status. In 2014, one in 3 Eastern Kentucky respondents (34%) described their health status as “excellent” or “very good.” This is slightly lower than the proportion for the state as a whole (41%).

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



Sex



Age

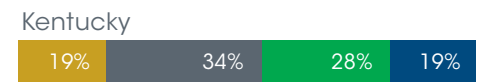
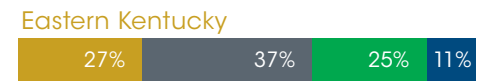


Race

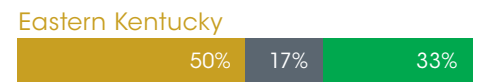


* Fewer than 10 respondents. Data not reported.

Level of Education



Poverty Status



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014-November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 325 respondents resided in the Eastern Kentucky region. 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

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 Interact for Health (www.interactforhealth.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, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachele Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Eastern Kentucky*. Louisville, KY: Authors.

Spotlight on Western Kentucky

2014 KENTUCKY HEALTH ISSUES POLL

June 2015 | Results from the Foundation for a Healthy Kentucky and Interact for Health

About the Kentucky Health Issues Poll

In Fall 2014, the Foundation for a Healthy Kentucky and Interact for Health 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 Western Kentucky Region. About 27% of Kentuckians live in this 42-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- The majority of adults favored a statewide, smoke-free law (65%)
- A slim majority favored adding an excise tax to e-cigarettes (51%)
- A majority said the U.S. Food and Drug Administration should regulate the sale and marketing of e-cigarettes (62%)
- A substantial majority favored expanding the Kentucky law on domestic violence protection orders to include dating partners (79%)
- Respondents were nearly evenly divided on the idea of taxing soda and other sugary drinks to pay for school nutrition and physical activity programs
- A majority favored adding a warning label to soda and other sugary drinks (73%)
- About 1 in 10 Western Kentucky adults aged 18 to 64 were uninsured (11%)
- A majority reported having a usual and appropriate source of healthcare (71%)
- A vast majority had not communicated with their doctor electronically via text, email or a website (80%)
- Less than 1 in 10 knew a friend or family member who has experienced problems because of heroin use (7%)
- One in 3 had trouble paying medical bills in the past 12 months (34%)
- About 1 in 3 reported a favorable opinion about the Affordable Care Act (35%)
- Four in 10 adults report “excellent” or “very good” health (42%)

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Western Kentucky estimates to $\pm 5.5\%$. 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.



Contents

Opinions on Health Policies 2

| | |
|---|---|
| Statewide Smoke-free Law..... | 2 |
| Taxing and Regulating e-cigarettes..... | 3 |
| Dating Violence Legislation..... | 3 |
| Taxes and Warning Labels for Soda..... | 4 |
| School Lunches..... | 4 |
| Insurance Rates..... | 5 |

Health Insurance and Healthcare 6

| | |
|--|----|
| Insurance..... | 6 |
| Source of Care, Delayed Care, and Medical Bills..... | 7 |
| Healthcare Communication..... | 8 |
| Opinions about the Patient Protection and Affordable Care Act..... | 8 |
| kynect, Kentucky’s Healthcare Connection..... | 9 |
| ACA and Kentuckians..... | 10 |
| Drug Misuse: Heroin and Prescription Pain Relievers..... | 10 |

Demographic Profile 11

| | |
|----------------------------|----|
| Overall Health Status..... | 11 |
|----------------------------|----|

About the Kentucky Health Issues Poll 12

Opinions on Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors. Kentucky Health Issues Poll (KHIP) measures opinions on these matters and in 2014 KHIP asked questions about a wide variety of current health policy issues.

Statewide Smoke-free Law

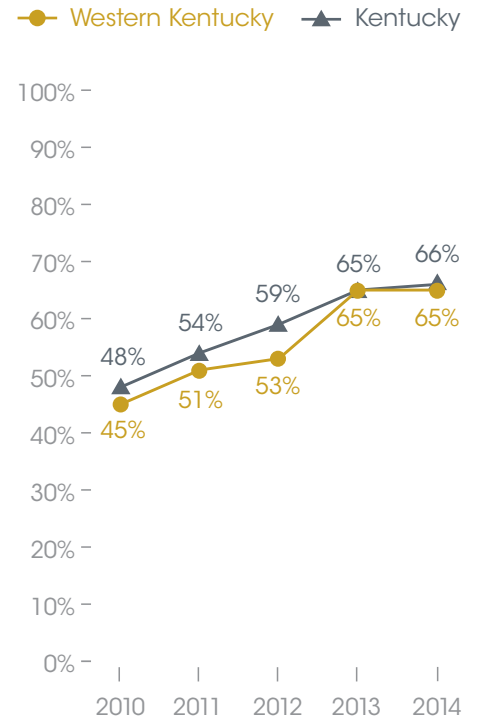
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces, including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.5%) are covered by a comprehensive smoke-free law.³ This year the Kentucky legislature again considered a statewide law eliminating smoking in all indoor public places. It passed the House but did not get any further.

In 2010, KHIP began asking Kentuckians their opinions on a statewide smoke-free law. For the state as a whole, support for this law has risen from 48% in 2010⁴ to 66% in 2014.

In Western Kentucky, more than 6 in 10 (65%) adults favored a statewide smoke-free law, while 27% opposed a law, and 8% had no opinion. This is an increase in support from 2010, 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.

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.)



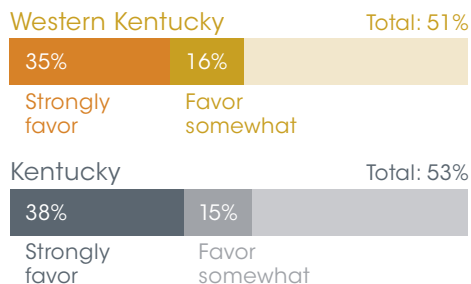
¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/>

² Centers for Disease Control and Prevention (2014). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <http://apps.nccd.cdc.gov/statesystem/default/Publications.aspx>

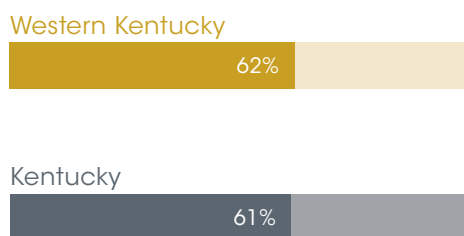
³ University of Kentucky, Center for Smoke-Free Policy (2015). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated January 1, 2015*. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Percent%20Smoke-Free%20Workplace%20Laws%20or%20Regulations%20-%20JAN2015.pdf>

⁴ In 2010, KHIP asked "Would you favor or oppose a statewide, smoke-free law in Kentucky?"

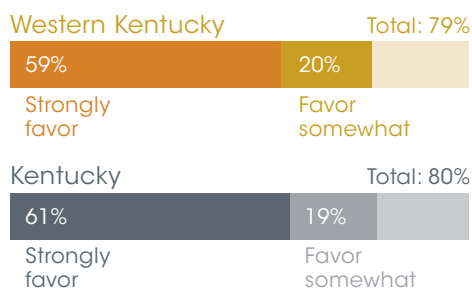
Favor adding an excise tax to e-cigarettes



Favor regulation of e-cigarettes sales and marketing by the U.S. FDA



Favor expanding the Kentucky law on domestic violence protection orders to include dating partners



Taxing and Regulating e-cigarettes

In April 2014, Kentucky became one of 40 states to prohibit the sale of electronic nicotine delivery systems, also known as alternative or vapor nicotine products and e-cigarettes, to minors.⁵

Currently, e-cigarettes are subject only to sales taxes. In Kentucky, traditional cigarettes sales incur both a sales tax and a 60 cent per pack excise tax. KHIP asked whether Kentucky adults favor or oppose adding an e-cigarette excise tax. More than half of Kentucky adults (53%) favored adding an excise tax on e-cigarettes so that they would be taxed at a rate similar to traditional cigarettes.⁶ Likewise, a slim majority of adults living in Western Kentucky about half (51%) also favored adding an excise tax to e-cigarettes.

Currently, e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). Six in 10 Kentucky adults (61%) said the FDA should regulate the sale and marketing of e-cigarettes.⁷ In Western Kentucky 6 in 10 adults (62%) also said the FDA should regulate e-cigarettes.

Dating Violence Legislation

In Kentucky, dating partners were not included in domestic violence civil protection orders. Under the 2014 Kentucky law, protections covered family members, members of an unmarried couple with a child in common, and members of an unmarried couple who are living together or have formerly lived together.

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that allows dating partners to be included in domestic violence civil protection orders. KHIP 2014 saw substantial support for this change to the law.

Eight in 10 Kentucky adults (80%) favor changing Kentucky law to allow people to file a domestic violence protection order against a current or former dating partner with whom they have not lived or do not share a child. In Western Kentucky, a substantial majority of adults also favored this change (79%).

⁵ Centers for Disease Control and Prevention (2014). State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. MMWR (63); 1145-1150.

⁶ KHIP asked, "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. E-cigarettes are ONLY subject to sales taxes. Do you favor or oppose the Commonwealth of Kentucky placing an excise tax on the sale of e-cigarettes so that e-cigarettes are taxed at a rate similar to a pack of cigarettes?"

⁷ KHIP asked, "The U.S. Food and Drug Administration, or FDA, currently regulates the sale and marketing of cigarettes, cigarette tobacco, roll-your own tobacco and smokeless tobacco. However, the FDA does not currently regulate the sale and marketing of e-cigarettes. Some people say the FDA should regulate the sale and marketing of e-cigarettes, while other people say the FDA should not regulate e-cigarettes. What about you? Would you say the FDA should regulate the sale and marketing of e-cigarettes or the FDA should not regulate the sale and marketing of e-cigarettes?"

Taxes and Warning Labels for Soda

A February 2015 report by the Dietary Guidelines Advisory Committee summarizes the strong evidence that eating a diet high in added sugars and drinking sugar-sweetened beverages increases a person’s chance of developing diabetes.⁸ To determine Kentuckians’ opinions on policies to reduce consumption of sugar-sweetened beverages, KHIP included two questions. The first asked Kentucky adults whether they favor or oppose taxing the sale of soda and other sugary drinks to pay for school nutrition and physical activity programs.⁹ Kentucky adults were nearly evenly divided on this question. For the state as a whole, 51% percent favored and 47% opposed taxing soda and other sugary drinks to pay for school nutrition and physical activity programs. In Western Kentucky, views on a soda tax were similar to the state with 48% in favor and 51% opposed.

For the second question, KHIP asked Kentucky adults whether they favor or oppose requiring health warning labels on soda and other sugary drinks. The sample warning label states, “Studies show that daily consumption of soda and other sugary drinks contributes to diabetes, obesity and tooth decay.” Seven in 10 Kentucky adults (71%) favored requiring this type of health warning label on soda and other sugary drinks. A substantial majority of Western Kentuckians (73%) also favored a soda warning label.

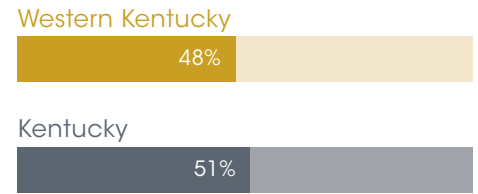


School Lunches

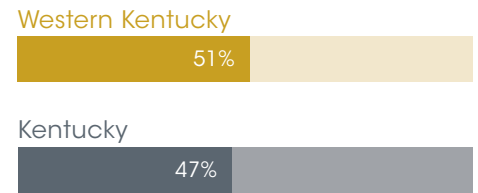
Many Kentucky school districts are working with the new United States Department of Agriculture (USDA) guidelines for nutrition, developing Farm to School programs with local farmers, and bringing fresh fruit and vegetable programs to the cafeterias. A nutritious diet can help students maintain a healthy body weight and develop healthy behaviors. Approximately 95% of public schools participate in the National School Lunch Program.¹⁰ In 2013, 532,791 Kentucky children participated in the program. On this topic, KHIP asked Kentucky adults with children living in their household about school lunches. For these questions, “parents” are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.¹¹

Opinions on taxing the sale of soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



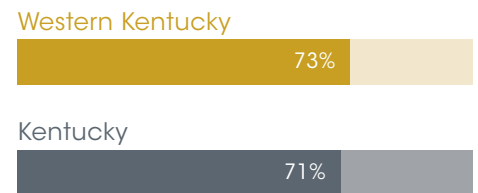
Oppose



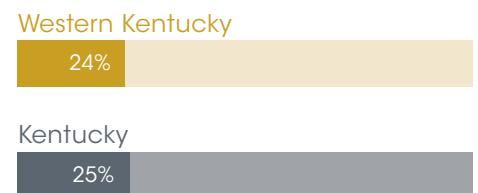
Opinions on adding a warning label to soda and other sugary drinks
(Percentages do not add to 100% because the response “don’t know” is not included.)

(Percentages do not add to 100% because the response “don’t know” is not included.)

Favor



Oppose



⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services (USDA/HHS). Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015. Washington (DC): USDA. Retrieved from <http://www.health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf>

⁹ KHIP asked, “I am going to read some actions that government and communities can take to try to reduce diabetes among children and residents in your community. For each, please tell me whether you favor or oppose . . . taxing the sale of soda and other sugary drinks and using the money for school nutrition and physical activity programs in the schools?”

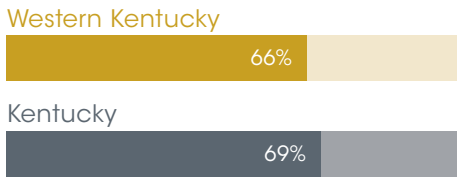
¹⁰ Data on the National School Lunch Program may be accessed here: www.fns.usda.gov/pd/child-nutrition-tables.

¹¹ Respondents were asked only about the school lunch of their oldest child younger than 18 who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all KHIP respondents. The margin of error for the statewide “parents” subgroup is ±4.7.

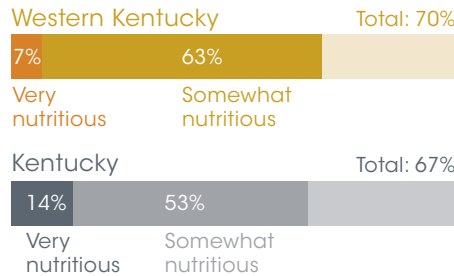
More than 6 in 10 Kentucky parents (67%) said their oldest child’s school lunch is very nutritious or somewhat nutritious. In some Kentucky schools, fresh whole foods are used to cook meals from scratch. About 7 in 10 Kentucky parents (69%) said their child’s school should offer more lunch options made from scratch.

In Western Kentucky 7 in 10 (70%) parents felt the school lunches were nutritious; this is the same as for the state as a whole. Western Kentucky parents reported agreement (66%) that schools should offer more lunch options made from scratch.

Percentage of parents who say their child’s school should offer more lunch options made from scratch



Percentage of parents who describe lunches served in their child’s school as very nutritious or somewhat nutritious



Insurance Rates

The Patient Protection and Affordable Care Act (ACA) allows insurance companies to charge up to 50% more for adults who self-identify as smokers, as long as those insurance companies provide smoking cessation aids at no additional charge. KHIP asked Kentucky adults their opinion on this topic, increased insurance rates for smokers and increased rates for people who are significantly overweight.

In Kentucky, 5 in 10 Kentucky adults (50%) think it would be justified to set higher insurance rates for people who smoke, while just under half (45%) think higher insurances rates for smokers would be unjustified, and less than 1 in 10 (5%) are undecided. Adults in Western Kentucky were also divided on setting higher insurance rates for smokers with 48% saying it would be justified, 48% unjustified, and 4% undecided.

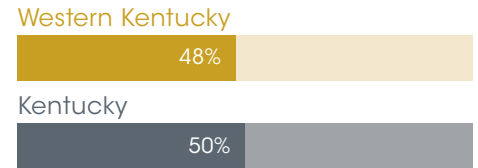
However, in Kentucky only 3 in 10 (30%) adults think it would be justified to set higher insurance rates for people who are significantly overweight, while 7 in 10 (67%) think higher insurance rates would be unjustified, and less than 1 in 10 (4%) are undecided. Opinions in Western Kentucky were similar to the opinions for the state as a whole. In Western Kentucky, 30% thought it would be justified to set higher insurance rates for people who are significantly overweight while 67% thought it unjustified, and 3% undecided.

A majority of adults in the U.S. (58%) feel it would be justified to set higher health insurance rates for smokers and only 39% of U.S. adults say higher rates would be justified for those who are significantly overweight.¹²

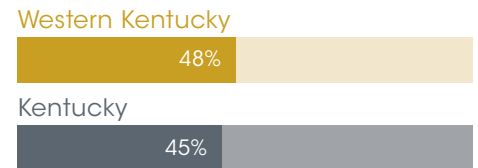
Do you think it would be justified or unjustified to set higher insurance rates for people who smoke?

(Percentages may not add to 100% due to rounding.)

Justified



Unjustified



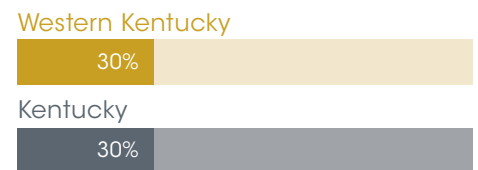
Don’t know



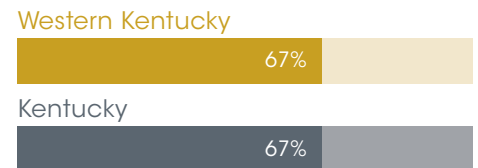
Do you think it would be justified or unjustified to set higher insurance rates for people who are significantly overweight?

(Percentages may not add to 100% due to rounding.)

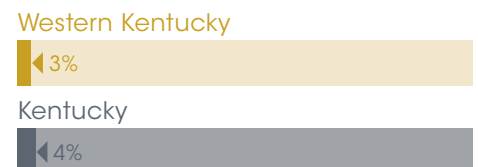
Justified



Unjustified



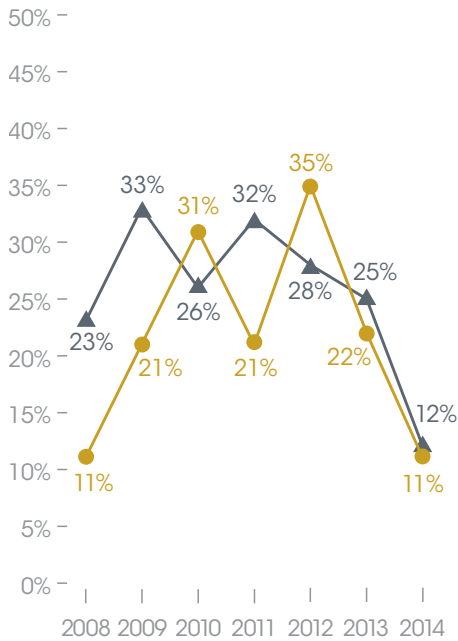
Don’t know



¹² National results from Gallup’s Consumption Habits survey (July 2014). Retrieved from www.gallup.com/poll/174035/hiring-discrimination-smokers-obese-rejected.aspx

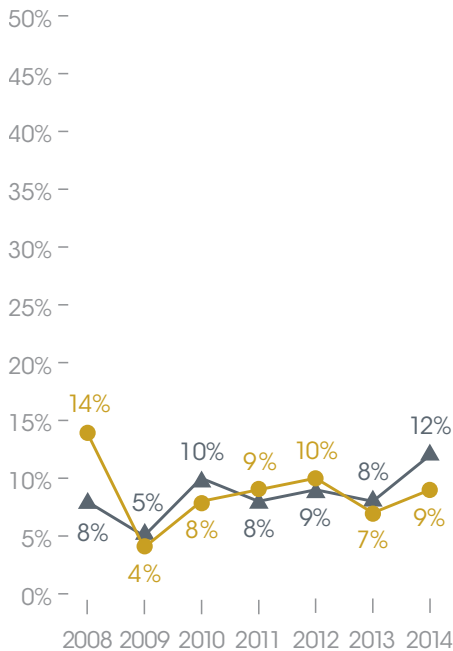
No current insurance, adults ages 18-64

● Western Kentucky ▲ Kentucky



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

● Western Kentucky ▲ Kentucky



Health Insurance and Healthcare

Insurance

Having health insurance is an important factor in being able to get needed healthcare. Because nearly all Kentucky adults 65 or older (99%) are insured, this section includes only the responses for Kentuckians ages 18 to 64.

Only 1 in 10 Western Kentucky adults (11%) aged 18 to 64 were uninsured at the time of the Poll. This is a decrease in the number of uninsured adults since 2013, although this difference is not statistically significant. Adults 18 to 64 living in Western Kentucky reported similar rates of uninsured when compared to the state as a whole (12%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allows Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. Last year, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹³

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Western Kentucky, 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. In total, 1 in 5 Western Kentucky adults age 18-64 (20%) had been uninsured at some point in the last 12 months, including at the time of the Poll.



¹³ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>



Source of Care, Delayed Care, and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care and not having access to a usual and appropriate source of care may be additional barriers that can prevent someone from receiving healthcare. For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.

A usual and appropriate source of care provides more consistent care. This can help address health problems before they become more serious. More than 7 in 10 Kentucky adults (75%) said they have a usual and appropriate source of care. Likewise in Western Kentucky, about 7 in 10 adults (71%) reported a usual and appropriate source of healthcare.

Some people may forgo or delay medical care because they can't afford it. Two in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Western Kentucky (22%) reported the same; this is similar to results from the state as a whole.

Three in 10 Kentucky adults (31%) said they or another member of their household had trouble paying medical bills in the past 12 months. A similar number of adults living in Western Kentucky (34%) have had this experience.

When you are sick or need advice about your health, to which one of the following places do you usually go?

(Graph shows only those who said they went to a usual and appropriate place of care.)*

Western Kentucky

71%

Kentucky

75%

**For this report, private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered usual and appropriate sources of healthcare.*

In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost?

(Graph shows only those who said yes.)

Western Kentucky

22%

Kentucky

22%

In the past 12 months, did you or another family member in your household have any problems paying medical bills?

(Graph shows only those who said yes.)

Western Kentucky

34%

Kentucky

31%

Kentucky adults who have had no electronic communication with their personal doctor in the past year

Western Kentucky



Kentucky

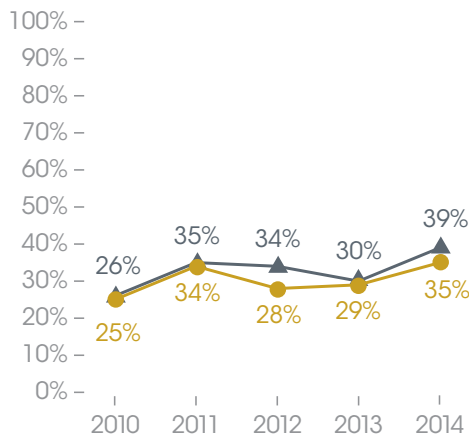


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

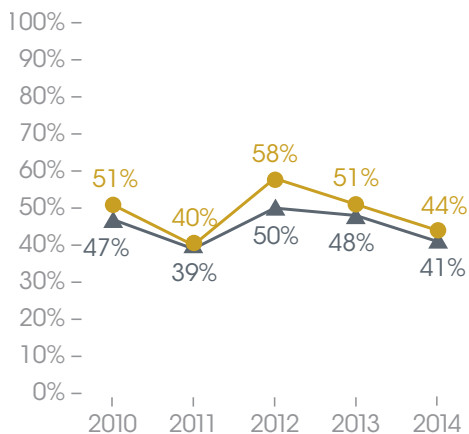
Favorable

● Western Kentucky ▲ Kentucky



Unfavorable

● Western Kentucky ▲ Kentucky



Healthcare Communication

Healthcare reform and innovations in the healthcare system are changing the way Kentucky adults receive care. Some of these changes are the result of ehealth, which is the intersection of health, healthcare, the Internet, and other electronic technologies. Nationally, nearly 9 in 10 adults in the United States said it is important to get their own medical information electronically.¹⁴ There is interest in electronic communication between patient and doctor because research has shown that patients are more engaged when they are provided more in-depth information about their health and they understand what their healthcare will cost.¹⁵ About 7 in 10 Kentucky adults (73%) report that they had not communicated with their doctor using text, email, or a website during the past year.¹⁶ Experiences in Kentucky were similar to those nationally. The 2013 Health Information National Trends Survey¹⁷ reported 7 in 10 U.S. adults (70%) have had no electronic communication with their doctor.

In Western Kentucky, about 8 in 10 adults (80%) reported no electronic communication with their doctor. This is higher than the rate reported for the state as a whole but not significantly different.

Opinions about the 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. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

More than 3 in 10 Western Kentucky adults (35%) reported having a generally favorable opinion of the ACA, and 4 in 10 (44%) had a generally unfavorable opinion of it. Western Kentucky respondents reported slightly more unfavorable opinions about the Affordable Care Act as compared to the state and the nation, however this is not a significant difference.¹⁸

¹⁴ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=737

¹⁵ Dentzer, S. (Ed.). (2013). New Era of Patient Engagement. Health Affairs, 32 (2).

¹⁶ KHIP asked, "Thinking about your communications with your doctor during the past year, has your doctor communicated with you about your medical care using electronic means such as texting, email or through information made available on a web site?"

¹⁷ U.S. National Institutes of Health, National Cancer Institute. (2013). Health Information National Trends Survey HINTS 4, Cycle 3. Retrieved from http://hints.cancer.gov/question-details.aspx?PK_Cycle=6&qid=761

¹⁸ National results from the Kaiser Health Tracking Poll (October 2014): favor 36%, unfavorable 43%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/>

kynect, Kentucky’s Healthcare Connection

At kynect, Kentuckians can learn whether they are eligible for Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP), shop for individual and small business insurance plans, and learn whether they are eligible for health premium subsidies and tax credits. Uninsured Kentuckians with incomes at or below 138% of the Federal Poverty Level are eligible for Medicaid and can access coverage through kynect. Kynect is viewed nationally as a very successful state insurance exchange. This success has been attributed to Kentucky’s state-run website; community outreach including kynectors, Kentucky’s navigators trained and certified to assist insurance shoppers; publicity and media campaigns; a call center; and website tools such as a “show me all my options” button. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁹

In Western Kentucky, more than 2 in 10 adults (22%) said they had heard a lot about the new health insurance marketplace called kynect and more than 5 in 10 (55%) had heard something or only a little. About 2 in 10 (23%) Western Kentucky adults reported hearing nothing at all about kynect. This is similar to the results for the state as a whole.

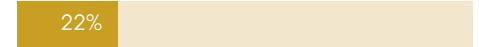


How much, if anything, have you heard about this new health insurance marketplace, also known as kynect, or Kentucky’s Healthcare Connection in your state?

(Percentages do not add to 100% because the response “don’t know” is not included.)

A lot

Western Kentucky



Kentucky



Some/Only a little

Western Kentucky



Kentucky



Nothing at all

Western Kentucky



Kentucky

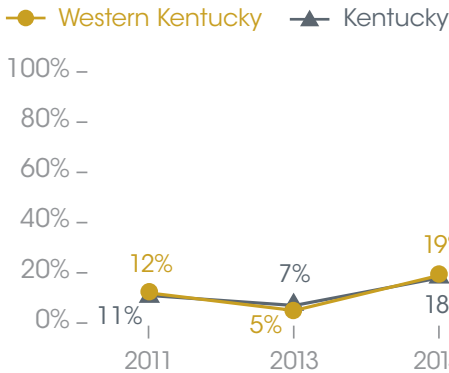


¹⁹ Governor Steve Beshear’s Communications Office. (2014). kynect Open Enrollment Going Strong. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20141121kynect.htm>

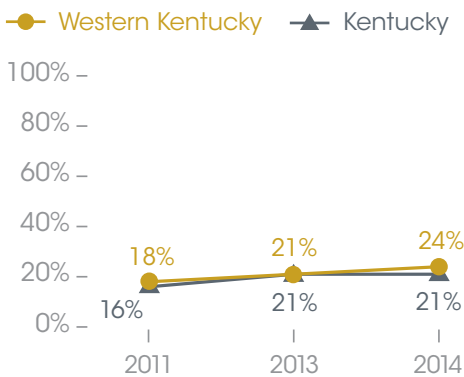
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

(Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

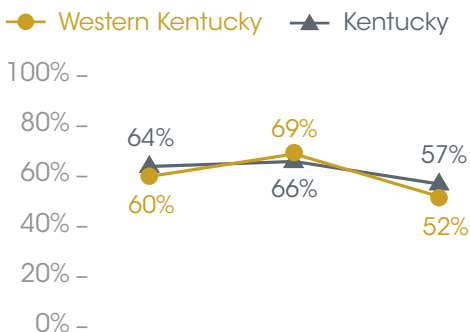
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



The health reform law has not had an impact on me and my family



ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Six in 10 Kentucky adults (57%) reported that the ACA has not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. Two in 10 adults (18%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2011 (11%) and 2013 (7%). The percentage of adults (21%) who report that the law had a negative impact on their family has remained stable.

In Western Kentucky, residents reported similar impacts of the Affordable Care Act. A majority (52%) reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

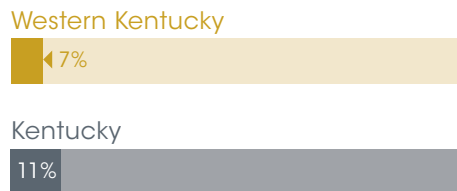
In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin. Since 2010, KHIP has been measuring the experiences of heroin and prescription pain reliever misuse in Kentucky communities.

Overall, 1 in 10 Kentucky adults (11%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. Less than 1 in 10 Western Kentucky adults (7%) knew someone who has experienced problems as a result of heroin use. This is similar to the rate reported for the state as a whole.

Nearly 1 in 4 Kentucky adults (24%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. Likewise, in Western Kentucky 19% of adults said a family member or friend has had problems as a result of abusing prescription pain medicine.

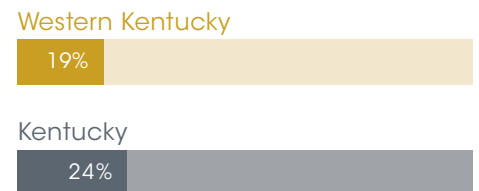
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)



Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?

(Graph shows only those who said yes.)



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.)

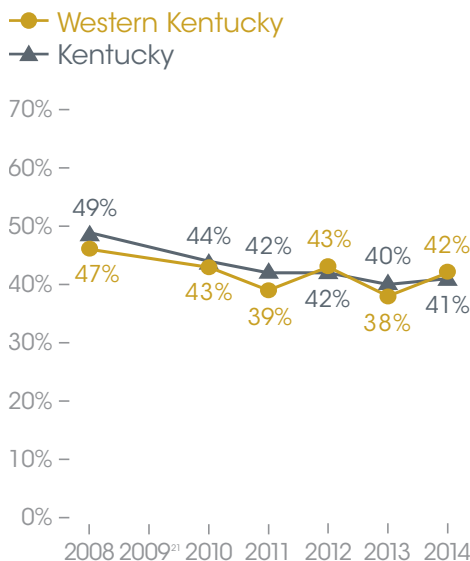


In Western Kentucky, 27% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (32%). The percentage of Western Kentucky adults who lived between 138% and 200% of FPL was similar to the state as a whole. In Western Kentucky, 58% of adults reported income above 200% FPL, which is slightly higher than that reported for the state as a whole (50%).

Overall Health Status

An important indicator of community health is overall health status. In 2014, about 4 in 10 Western Kentucky respondents (42%) described their health status as “excellent” or “very good.” This is similar to the proportion for the state as a whole (41%).

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



Sex

Western Kentucky



Kentucky



Age



Western Kentucky



Kentucky



Race



Western Kentucky



Kentucky



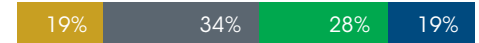
Level of Education



Western Kentucky



Kentucky



Poverty Status



Western Kentucky



Kentucky



²⁰ In 2013, 138% of the Federal Poverty Level (FPL) was \$32,499 for a family of four, 200% FPL was \$47,100 for a family of four.

²¹ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2014 Kentucky Health Issues Poll was conducted October 8, 2014-November 6, 2014 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,597 adults from throughout Kentucky was interviewed by telephone. This included 1,086 landline interviews and 511 cell phone interviews. Of these, 313 respondents resided in the Western Kentucky Region which includes Barren River, Green River, Lincoln Trail, Pennyriple, and Purchase Area Development Districts. 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 Interact for Health (www.interactforhealth.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, Vice President of Innovation and Learning at Interact for Health (jchubinski@interactforhealth.org), or Rachelle Seger, Community Health Research Officer at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health (2015). *Results from the 2014 Kentucky Health Issues Poll: Spotlight on Western Kentucky*. Louisville, KY: Authors.