

Spotlight on Northern Kentucky

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. This report presents the views expressed by respondents from the Northern Kentucky Area Development District. About 10% of Kentuckians live in this eight-county region (*please see "About the Kentucky Health Issues Poll" on page 12 for the list of counties*).

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

- Respondents named similar important health issues for Kentucky: cancer, heart disease, problems with health care or health insurance. Obesity was named as an important children's health issue.
- About 2 in 10 (24%) ate the recommended servings of fruits and vegetables.
- A clear majority reported being very or somewhat physically active (79%).
- Nearly 6 in 10 said they were very or somewhat familiar with needle exchange programs (57%).
- Opinion was split on support for needle exchange programs.
- A significant majority favored a statewide smoke-free law (73%).
- Half favored increasing the minimum age to purchase tobacco products to 21 years old.
- About half reported no impact from the health care reform act on themselves or their families.
- One in 10 adults ages 18 to 64 (11%) were uninsured at the time of KHIP.
- Nearly 2 in 10 (18%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it because of costs.
- Half said they knew someone they perceived to be depressed.
- More than 7 in 10 (72%) knew where to find depression services or treatment.

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

- Have a firearm in their home.
- Have household incomes less than 138% of the Federal Poverty Guidelines.

Adults in Northern Kentucky were **more likely** to:

- Report eating the recommended servings of fruits.
- Report easy access to healthy foods in their neighborhoods.
- Rate the conditions of their neighborhood sidewalks and shoulders as excellent, very good or good.
- Rate their neighborhood as a very safe place to walk, jog or bike.
- Know someone who has experienced problems as a result of heroin use.

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

Healthy Communities..... 2

Most Important Health Care Issue for the Commonwealth.....2

Eating Fruits and Vegetables, Food Access.....2

Exercise and Neighborhood Conditions.....3

Using Electronic Cigarettes.....3

Presence and Storage of Firearms in the Home.....4

Syringe Exchange Programs.....4

Tobacco-free Policies..... 5

Support for a Statewide Smoke-free Law5

Increasing the Minimum Age to Purchase Tobacco5

Health Insurance and Health Care..... 6

Opinions about the Patient Protection and Affordable Care Act (ACA)..... 6

ACA and Kentuckians.....7

Health Insurance.....8

Delayed Medical Care.....9

Depression and Awareness of Mental Health Support Services9

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers... 10

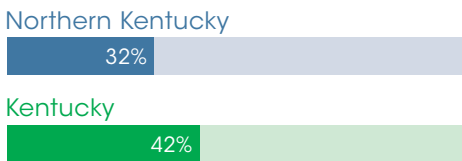
Demographic Profile 11

Overall Health Status.....11

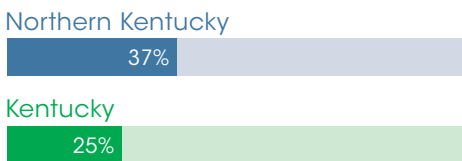
About the Kentucky Health Issues Poll 12

Percentage of Kentucky adults who meet dietary recommendations

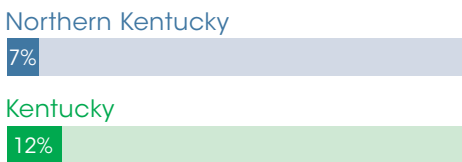
Does not meet either fruit or vegetable recommendations



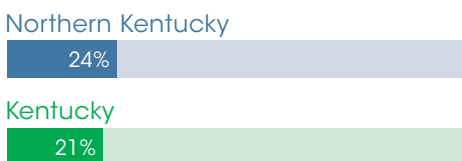
Meets fruit recommendation only



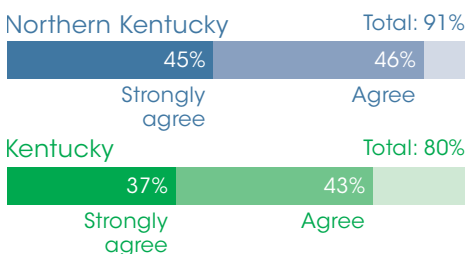
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables. (Graph show only those who strongly agreed or agreed.)



Healthy Communities

Building healthy communities across Kentucky can help Kentuckians engage in healthy activities throughout their day — at work, at school, at church, in the neighborhood, and at home. The Kentucky Health Issues Poll (KHIP) asked adults about their personal health behaviors as well as their opinions about statewide and local health policies.

Most Important Health Care Issue for the Commonwealth

This year’s KHIP asked Kentucky adults to identify the most important health care issue facing Kentucky’s men, women, and children. Respondents could provide any answer. One in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky’s men and women. The next most frequently reported issue, for adults and children alike, was problems with health care or health insurance, cited by about 1 in 10 respondents.

Like adults throughout Kentucky, Northern Kentucky respondents named cancer and heart disease as the state’s most important health care issues. In addition, about 1 in 10 Northern Kentucky adults said obesity was an important health issue for both men and women.

Eating Fruits and Vegetables, Food Access

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture offer dietary guidelines for healthy eating.¹ They suggest that half of each plate be made up of fruits and vegetables. Four in 10 adults (42%) did not eat the recommended amounts of both fruits *and* vegetables. Only 2 in 10 Kentucky adults (21%) ate the recommended amounts of fruits and vegetables.

Compared with adults statewide, Northern Kentucky adults were less likely to miss the recommendations for fruit and vegetable consumption (32%). The percentage of Northern Kentucky adults eating the recommended servings of fruits, but not vegetables, was higher (37%) than for the state as a whole (25%).

A clear majority of Kentucky adults (80%) agreed that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods.

Northern Kentucky adults (91%) were more likely to report easy access to healthy foods in their neighborhoods compared with the state.



¹ U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA). Dietary Guidelines for Americans 2010 and 2015. Retrieved from <https://health.gov/dietaryguidelines/>.

Exercise and Neighborhood Conditions

Being physically active is one of the most valuable things a person can do to maintain good health. The U.S. Office of Disease Prevention and Health Promotion states, “All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.”² KHIP asked, “In general, would you say you are very, somewhat, not very or not at all physically active?” Eight in 10 Kentucky adults (79%) said they were very physically active (30%) or somewhat physically active (49%).



In Northern Kentucky, residents reported similarly high levels of physical activity with 28% being very physically active and 51% being somewhat physically active.

Good neighborhood conditions are important for easily and safely engaging in physical activity. KHIP asked, “How would you rate the condition of sidewalks and shoulders in your neighborhood?” Half of Kentucky adults (51%) said sidewalks and shoulders were excellent, very good or good. About 4 in 10 (44%) said the conditions were fair or poor.

KHIP also asked, “How safe is it to walk, jog or bike in your neighborhood?” Nearly 5 in 10 Kentucky adults (46%) said it was very safe, and more than 3 in 10 (35%) said it was somewhat safe. About 2 in 10 adults (19%) said their neighborhood was somewhat unsafe or not at all safe for exercise.

Northern Kentucky adults rated the conditions of their neighborhood sidewalks higher than adults statewide. Relatedly, a larger proportion of Northern Kentucky adults said their neighborhoods were very safe for exercise (58%) compared with adults statewide.

Using Electronic Cigarettes

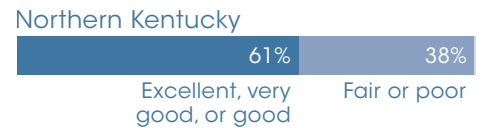
KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” One in 4 Kentucky adults (25%) reported ever using an e-cigarette. This is the same as in 2014 (24%).

In Northern Kentucky, nearly the same percentage reported ever using e-cigarettes (22%).

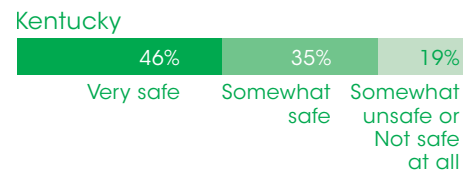
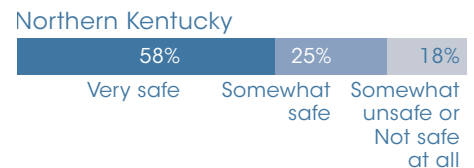
Percentage of adults who say that, in general, they are very or somewhat physically active



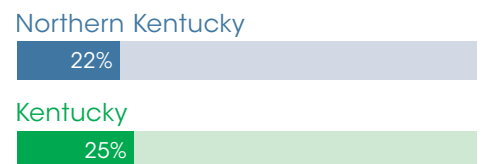
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



Have you ever used an electronic cigarette or e-cigarette? (Graph shows only those who said yes.)



² Office of Disease Prevention and Health Promotion. (2008). 2008 Physical Activity Guidelines for Americans (ODPHP Publication No. U0036). Washington DC: U.S. Government Printing Office. Retrieved from <https://health.gov/paguidelines/guidelines/>.



Presence and Storage of Firearms in the Home

Firearms that are not properly handled or stored can pose a significant threat to the health of adults, children, and the community. The 2016 KHIP asked about the presence and storage of firearms in the home.³ Fewer than 5 in 10 Kentucky adults (45%) said there was no firearm present in their home. Three in 10 Kentucky adults (30%) said they had an *unloaded* firearm around their home. KHIP also asked, “Are any of these loaded firearms also unlocked?” Ten percent of all adults in Kentucky had a loaded, *locked* firearm in or around their home and 15 percent had a loaded, *unlocked* firearm in their home.

More than 6 in 10 Northern Kentucky adults (62%) reported no firearm in their home; this is higher than for the state as a whole (45%).

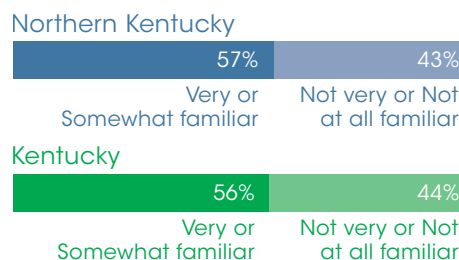
Syringe Exchange Programs

A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.⁴ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes. Research has shown that such programs can help reduce the spread of HIV and hepatitis C⁵ and do not increase the frequency or initiation of drug use.⁶ Currently 28 areas in Kentucky have syringe exchange programs.⁷

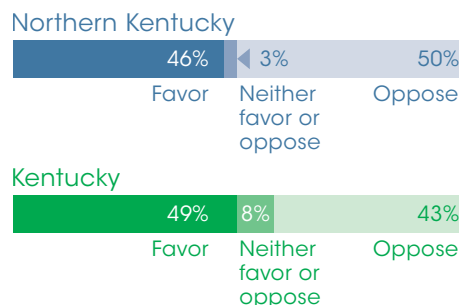
Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they oppose needle exchange programs (43%). About 1 in 10 (8%) said they neither opposed or favored, or were not sure.

In Northern Kentucky, about the same percentage said they were very or somewhat familiar with needle exchange programs (57%). Likewise, opinion about the programs was split in Northern Kentucky with 46% favoring and 50% opposing such programs.

Familiarity with with needle exchange programs



Do you favor or oppose needle exchange programs?



³ KHIP asked: “Are any firearms kept in or around your home? In your answers, please include weapons such as pistols, shotguns and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.”

⁴ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

⁵ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

⁶ Institute of Medicine. Preventing HIV infection among injecting drug users in high-risk countries: An assessment of the evidence. (2006). Washington, D.C.: National Academies Press. Retrieved from <https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>.

⁷ Kentucky Cabinet for Health and Family Services: Department for Public Health. (2017) HIV Prevention Program. Retrieved from <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>.

⁸ KHIP asked, “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?”

⁹ KHIP asked, “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies but most are not. The 2017 Kentucky legislature introduced a bill requiring school campuses be tobacco-free; however, it died in committee.

Support for a Statewide Smoke-free Law

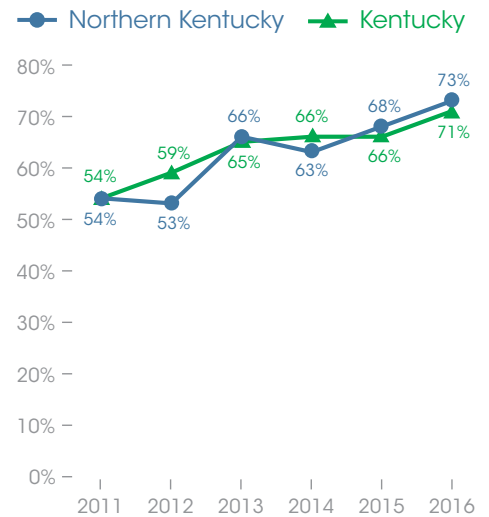
Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District of Columbia have adopted comprehensive smoke-free laws.¹¹ A comprehensive smoke-free law covers all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 people in Kentucky (33%) are covered by locally enacted comprehensive smoke-free ordinances.¹²

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law increased from 54% in 2011 to 71% in 2016.

In Northern Kentucky, about 7 in 10 (73%) adults favored a statewide smoke-free law in 2016, while 23% opposed a law, and 4% had no opinion. This is an increase in support from 2011, when just 54% of Northern Kentucky adults favored a statewide law. Support for the law in Northern Kentucky is similar to the state.

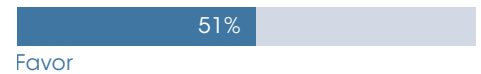


Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law.)

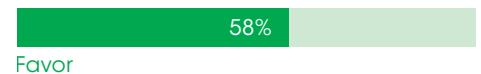


Increasing minimum legal age to purchase tobacco products to 21 years

Northern Kentucky



Kentucky



Increasing the Minimum Age to Purchase Tobacco

Raising the minimum legal age to purchase tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.¹³ Five states, Hawaii, California, New Jersey, Maine, and Oregon have increased the minimum legal age for buying tobacco products to 21.¹⁴ In Kentucky, nearly 6 in 10 adults (58%) favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.¹⁵

In Northern Kentucky, about the same percentage (51%) favored increasing the minimum legal age for purchasing tobacco products from 18 to 21.

¹⁰ 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.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *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 <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgaq2-kkcg>

¹² University of Kentucky, Center for Smoke-Free Policy (2017). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated May 11, 2017*. Lexington, KY: Author. Retrieved from <http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy>

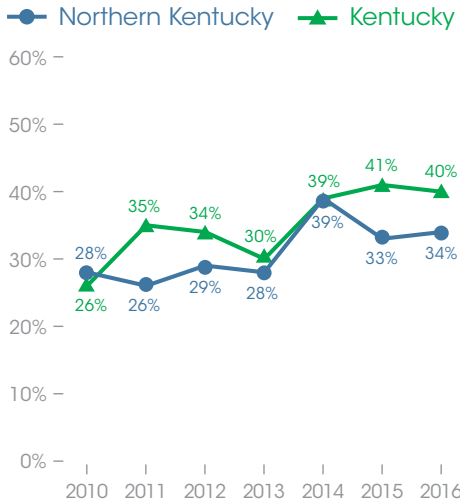
¹³ Institute of Medicine of the National Academies, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁴ Campaign for Tobacco-Free Kids, *Increasing the Minimum Legal Sale Age for Tobacco Products to 21, August 2017*. Retrieved from http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

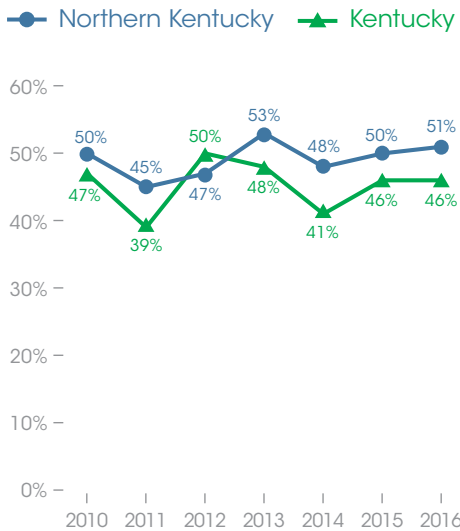
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

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

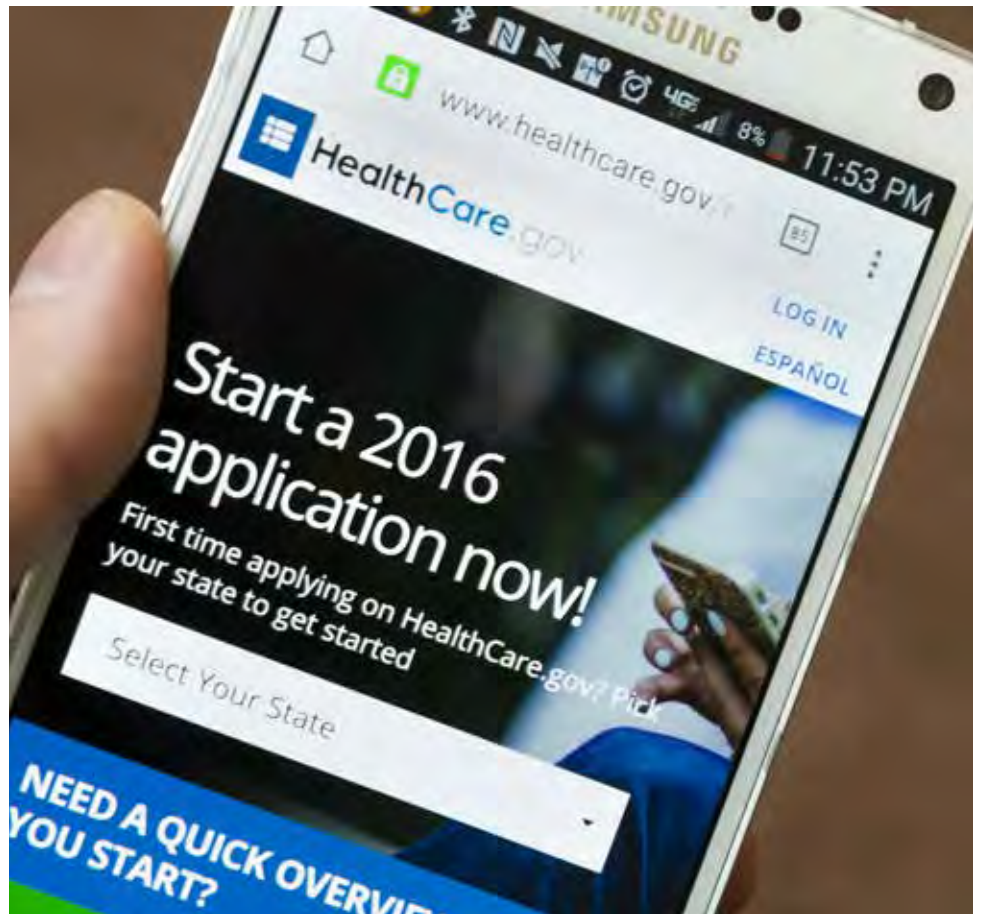


Health Insurance and Health Care

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults' 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 partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

About 1 in 3 Northern Kentucky adults (34%) reported having a generally favorable opinion of the ACA, and half (51%) had a generally unfavorable opinion of it. Northern Kentucky adults held slightly less favorable opinions about the Affordable Care Act compared with the state and the nation; however, this is not a significant difference.¹⁷



¹⁶ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁷ National results from the Kaiser Health Tracking Poll (Oct 2016): favor 45%, unfavorable 45%. Retrieved from <http://files.kff.org/attachment/Kaiser-Health-Tracking-Poll-October-2016>

ACA and Kentuckians

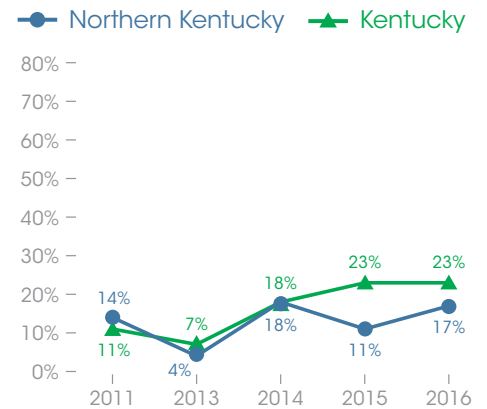
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact increased. More than 2 in 10 adults (23%) reported the law had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who reported that the law had a negative impact on their family has remained stable since 2013.



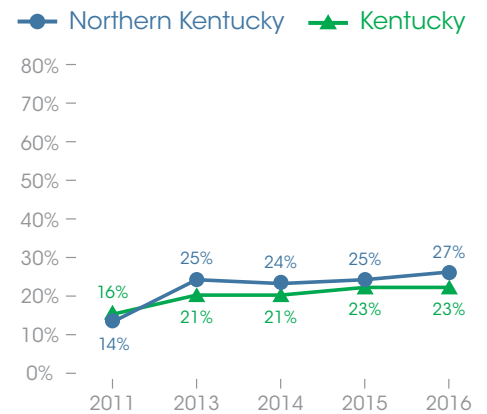
In Northern Kentucky, adults were more likely to report negative impacts than positive impacts from the Affordable Care Act. Like the state, a slim majority in Northern Kentucky (54%) reported no effects from the health reform law.

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.)

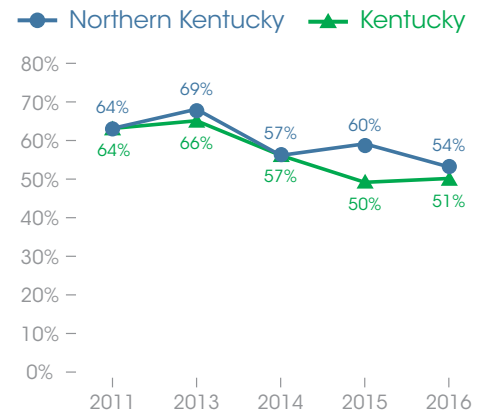
The health reform law has positively affected me and my family



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



Health Insurance

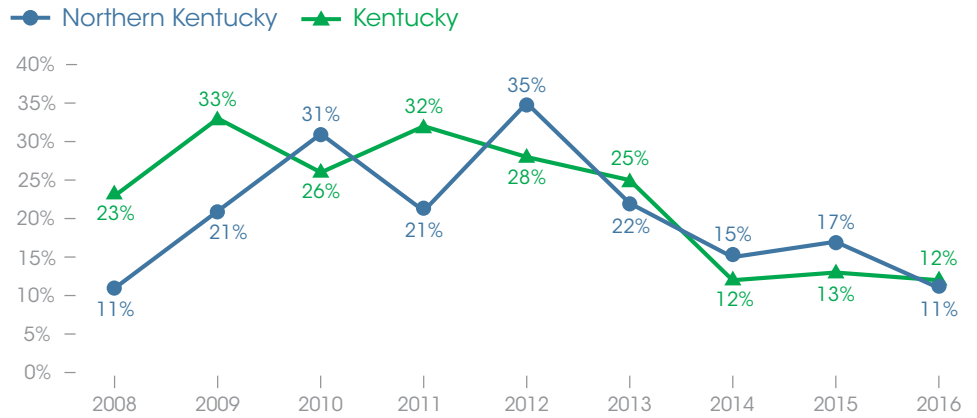
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Northern Kentucky adults (11%) ages 18 to 64 were uninsured at the time of KHIP. This is a significant decrease in the percentage of uninsured adults since 2012 when more than 1 in 3 adults (35%) were uninsured. In 2016, Northern Kentucky adults ages 18 to 64 reported similar rates of being uninsured when compared with the state as a whole (12%).

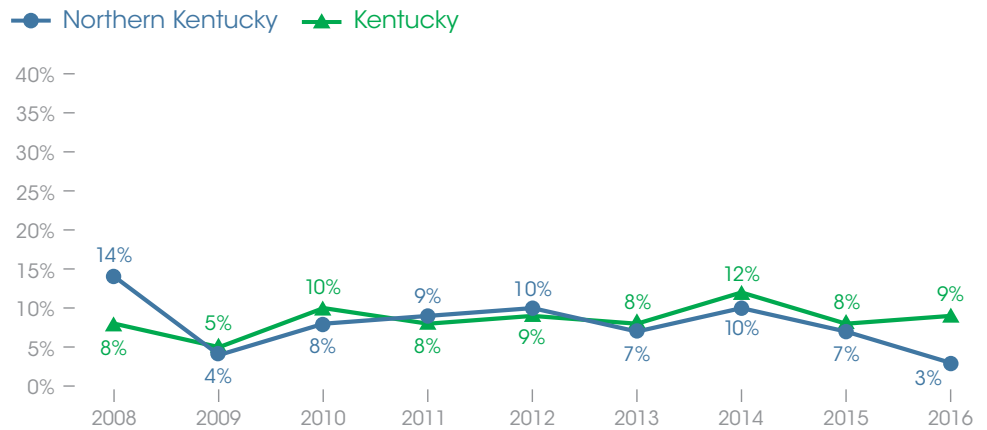
This decline in uninsurance is attributable to Kentucky’s expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy insurance as required by the ACA. In the initial enrollment period, 521,000 people enrolled through Kentucky’s insurance website known as kynect, 75% of whom were previously uninsured.¹⁸

Another factor in being able to get health care is the 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, 3% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, 1 in 7 Northern Kentucky adults ages 18 to 64 (14%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ 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>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 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 Northern Kentucky adults (18%) reported this.



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

18%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

Health care must include mental health care. According to the Centers for Disease Control and Prevention, nearly 1 in 5 Kentucky adults (19%) report ever being told by a health provider that they have a form of depression.¹⁹ In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive mental health treatment or counseling.²⁰

Half of Kentucky adults (49%) know a friend or family member they perceived to have a serious problem with depression according to the 2016 KHIP. In addition, KHIP asked, “Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?” Nearly 7 in 10 Kentucky adults reported knowing who to contact for services or treatment for depression (68%).

Results in Northern Kentucky were similar to those for the state as a whole; half (49%) of Northern Kentucky adults said they knew someone they perceived as depressed and 7 in 10 (72%) knew where to find depression services or treatments.

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

(Graph shows only those who said yes.)

Northern Kentucky

36%

Kentucky

17%

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

(Graph shows only those who said yes.)

Northern Kentucky

16%

Kentucky

17%

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.)

Northern Kentucky

27%

Kentucky

27%

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

Since 2013, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities. In addition, in 2013 and 2016, KHIP asked about use of methamphetamines.

Overall, nearly 2 in 10 Kentucky adults (17%) reported knowing family or friends who have experienced problems as a result of using heroin. However, the rate is much higher in some parts of the state. Nearly 4 in 10 Northern Kentucky adults (36%) knew someone who has experienced problems as a result of heroin use.

In Kentucky, nearly 2 in 10 (17%) adults reported that a family member or friend has experienced problems as a result of using methamphetamines. Northern Kentucky adults reported a similar percentage (16%) affected by methamphetamines.

About 3 in 10 Kentucky adults (27%) 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. That percentage was the same among Northern Kentucky adults (27%).



¹⁹ Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>.

²⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, 2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf.

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.)

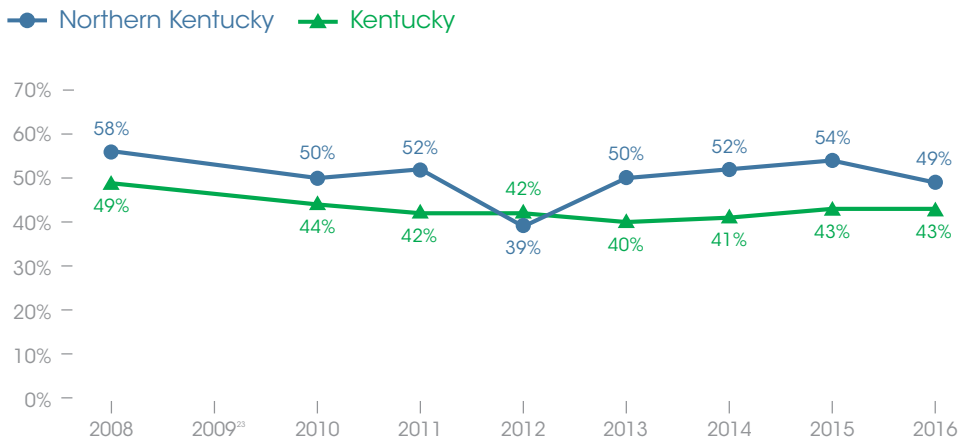
In Northern Kentucky, 16% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG).²¹ This is lower than for the state as a whole (31%). The percentage of Northern Kentucky adults who reported incomes between 138% and 200% FPG was about the same as for the state. In Northern Kentucky, 68% of adults reported income greater than 200% FPG, higher than the state (50%).

Overall Health Status

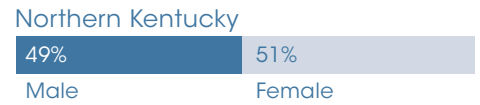
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length and quality of their lives.²² In 2016, more than 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and fewer than 3 in 10 (26%) said their health was fair or poor.

Nearly half of Northern Kentucky adults (49%) reported that their health was excellent or very good in 2016.

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



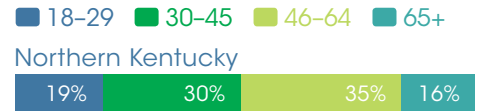
Sex



Kentucky



Age



Kentucky



Race

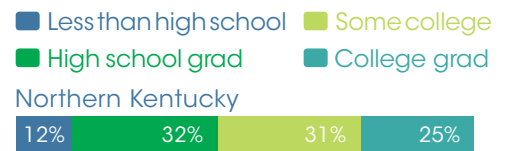


Kentucky



** Fewer than 10 respondents. Data not reported.

Level of Education



Kentucky



Poverty Status



Northern Kentucky



Kentucky



²¹ In 2015, 138% of the Federal Poverty Guidelines (FPG) was \$33,465 for a family of four. 200% FPG was \$45,500 for a family of four.

²² DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

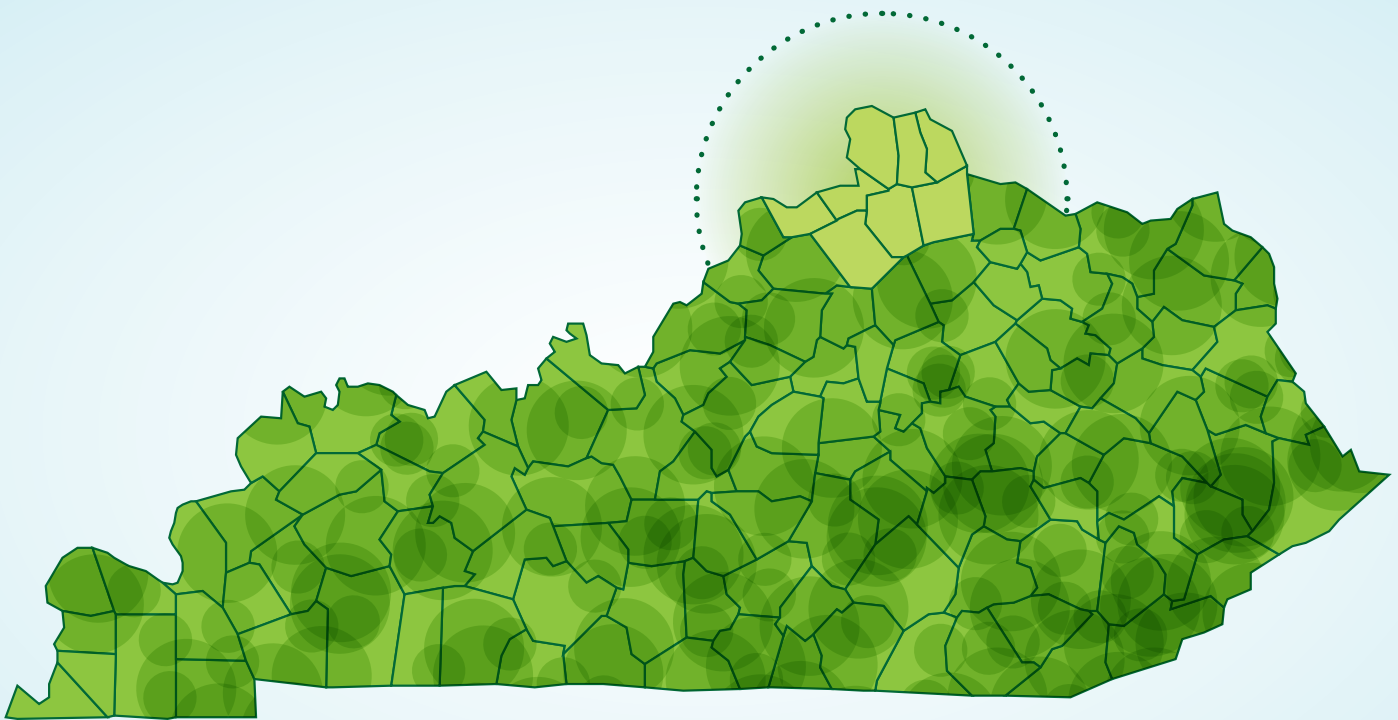
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

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 Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016-Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 318 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 Susan Sprigg, Research Officer, at Interact for Health (ssprigg@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 (2017). Results from the *2016 Kentucky Health Issues Poll: Spotlight on Northern Kentucky*. Louisville, KY: Authors.

Spotlight on Greater Lexington

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. 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 adults were comparable to the state as a whole. Like the statewide results, in Greater Lexington:

- Cancer and heart disease were named as the state’s most important health care issues for adults.
- Four in 10 did not eat the recommended servings of both fruits and vegetables while more than 2 in 10 did.
- Eight in 10 reported easy access to healthy foods in their neighborhoods.
- Eight in 10 said they were very or somewhat physically active.
- Half said their neighborhoods were very safe for exercise.
- About 6 in 10 said they were somewhat or very familiar with needle exchange programs.
- Half reported favoring needle exchange programs.
- A slim majority favored raising the legal age to purchase tobacco products from 18 to 21 years old.
- Opinions on the Affordable Care Act were split with 48% opposing and 44% favoring the law.
- Half said they experienced no impact from the health reform law on themselves and their families.
- Two in 10 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 half said they knew some they perceived as depressed.
- Seven in 10 knew where to find depression services or treatments.
- About 2 in 10 knew a family member or friend who has experienced problems as a result of heroin use.
- Nearly 2 in 10 knew a family member or friend who has experience problems as a result of methamphetamines use.
- About 3 in 10 knew a family member or friend who has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine.

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:

- Rate the condition of sidewalks and shoulders in their neighborhood as excellent, very good or good.
- Favor a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars.

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Lexington estimates to $\pm 5.6\%$. 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

Healthy Communities..... 2

- Most Important Health Care Issue for the Commonwealth.....2
- Eating Fruits and Vegetables, Food Access.....2
- Exercise and Neighborhood Conditions.....3
- Using Electronic Cigarettes.....3
- Presence and Storage of Firearms in the Home.....4
- Syringe Exchange Programs.....4

Tobacco-free Policies..... 5

- Support for a Statewide Smoke-free Law5
- Increasing the Minimum Age to Purchase Tobacco5

Health Insurance and Health Care..... 6

- Opinions about the Patient Protection and Affordable Care Act (ACA)..... 6
- ACA and Kentuckians.....7
- Health Insurance.....8
- Delayed Medical Care.....9
- Depression and Awareness of Mental Health Support Services9
- Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers... 10

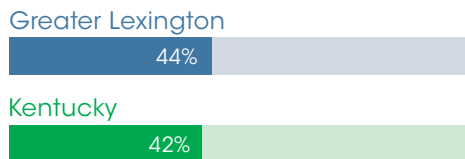
Demographic Profile 11

- Overall Health Status..... 11

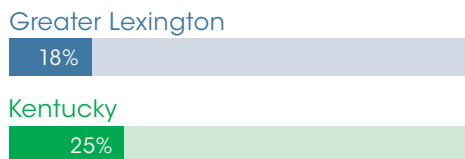
About the Kentucky Health Issues Poll 12

Percentage of Kentucky adults who meet dietary recommendations

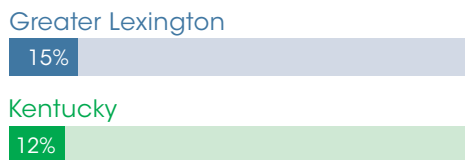
Does not meet either fruit or vegetable recommendations



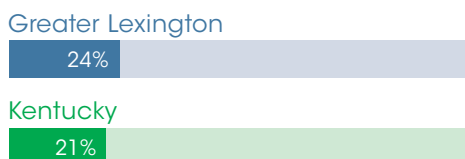
Meets fruit recommendation only



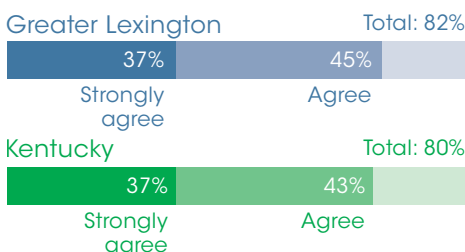
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables. (Graph show only those who strongly agreed or agreed.)



Healthy Communities

Building healthy communities across Kentucky can help Kentuckians engage in healthy activities throughout their day — at work, at school, at church, in the neighborhood, and at home. The Kentucky Health Issues Poll (KHIP) asked adults about their personal health behaviors as well as their opinions about statewide and local health policies.

Most Important Health Care Issue for the Commonwealth

This year’s KHIP asked Kentucky adults to identify the most important health care issue facing Kentucky’s men, women, and children. Respondents could provide any answer. One in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky’s men and women. The next most frequently reported issue, for adults and children alike, was problems with health care or health insurance, cited by about 1 in 10 respondents.

Like adults throughout Kentucky, Greater Lexington respondents named cancer and heart disease as the state’s most important health care issues for adults. In addition, about 1 in 10 Greater Lexington adults said obesity was an important health issue for both men and women.

Eating Fruits and Vegetables, Food Access

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture offer dietary guidelines for healthy eating.¹ They suggest that half of each plate be made up of fruits and vegetables. Four in 10 adults (42%) did not eat the recommended amounts of both fruits and vegetables. Only 2 in 10 Kentucky adults (21%) ate the recommended amounts of fruits *and* vegetables.

Compared with adults statewide, a similar portion of Greater Lexington adults missed the recommendations for fruit and vegetable consumption (24%). The percentage of Greater Lexington adults eating the recommended servings of fruits, but not vegetables, was slightly lower (18%) than for the state as a whole (25%).

A clear majority of Kentucky adults (80%) agreed that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods.

Likewise, adults in Greater Lexington (82%) also reported easy access to healthy foods in their neighborhoods.



¹ U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA). Dietary Guidelines for Americans 2010 and 2015. Retrieved from <https://health.gov/dietaryguidelines/>.

Exercise and Neighborhood Conditions

Being physically active is one of the most valuable things a person can do to maintain good health. The U.S. Office of Disease Prevention and Health Promotion states, “All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.”² KHIP asked, “In general, would you say you are very, somewhat, not very or not at all physically active?” Eight in 10 Kentucky adults (79%) said they were very physically active (30%) or somewhat physically active (49%).



In Greater Lexington, residents reported similarly high levels of physical activity with 31% being very physically active and 50% being somewhat physically active.

Good neighborhood conditions are important for easily and safely engaging in physical activity. KHIP asked, “How would you rate the condition of sidewalks and shoulders in your neighborhood?” Half of Kentucky adults (51%) said sidewalks and shoulders were excellent, very good or good. About 4 in 10 (44%) said the conditions were fair or poor.

KHIP also asked, “How safe is it to walk, jog or bike in your neighborhood?” Nearly 5 in 10 Kentucky adults (46%) said it was very safe, and more than 3 in 10 (35%) said it was somewhat safe. About 2 in 10 adults (19%) said their neighborhood was somewhat unsafe or not at all safe for exercise.

Greater Lexington adults rated the conditions of their neighborhood sidewalks and shoulders higher than adults statewide. However, a similar proportion of Greater Lexington adults said their neighborhoods were very safe for exercise (52%) compared with adults statewide (46%).

Using Electronic Cigarettes

KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” One in 4 Kentucky adults (25%) reported ever using an e-cigarette. This is the same as in 2014 (24%).

In Greater Lexington, a similar percentage reported ever using e-cigarettes (31%).

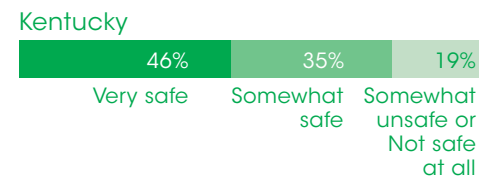
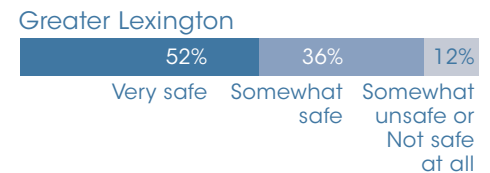
Percentage of adults who say that, in general, they are very or somewhat physically active



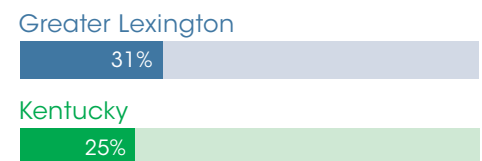
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



Have you ever used an electronic cigarette or e-cigarette? (Graph shows only those who said yes.)



² Office of Disease Prevention and Health Promotion. (2008). 2008 Physical Activity Guidelines for Americans (ODPHP Publication No. U0036). Washington DC: U.S. Government Printing Office. Retrieved from <https://health.gov/paguidelines/guidelines/>.



Presence and Storage of Firearms in the Home

Firearms that are not properly handled or stored can pose a significant threat to the health of adults, children, and the community. The 2016 KHIP asked about the presence and storage of firearms in the home.³ Fewer than 5 in 10 Kentucky adults (45%) said there was no firearm present in their home. Three in 10 Kentucky adults (30%) said they had an *unloaded* firearm around their home. KHIP also asked, “Are any of these loaded firearms also unlocked?” Ten percent of all adults in Kentucky had a loaded, *locked* firearm in or around their home and 15 percent had a loaded, *unlocked* firearm in their home.

In Greater Lexington, 5 in 10 adults (50%) reported no firearm in their home.

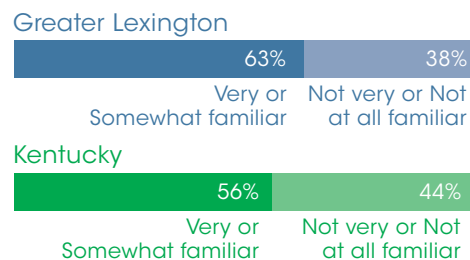
Syringe Exchange Programs

A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.⁴ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes. Research has shown that such programs can help reduce the spread of HIV and hepatitis C⁵ and do not increase the frequency or initiation of drug use.⁶ Currently 28 areas in Kentucky have syringe exchange programs.⁷

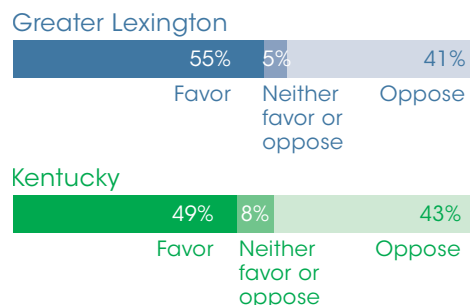
Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they oppose needle exchange programs (43%). About 1 in 10 (8%) said they neither opposed or favored, or were not sure.

In Greater Lexington, about the same percentage said they were very or somewhat familiar with needle exchange programs (63%). A slim majority in Greater Lexington (55%) favored such programs.

Familiarity with with needle exchange programs



Do you favor or oppose needle exchange programs?



³ KHIP asked: “Are any firearms kept in or around your home? In your answers, please include weapons such as pistols, shotguns and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.”

⁴ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

⁵ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

⁶ Institute of Medicine. Preventing HIV infection among injecting drug users in high-risk countries: An assessment of the evidence. (2006). Washington, D.C.: National Academies Press. Retrieved from <https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>.

⁷ Kentucky Cabinet for Health and Family Services: Department for Public Health. (2017) HIV Prevention Program. Retrieved from <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>.

⁸ KHIP asked, “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?”

⁹ KHIP asked, “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies but most are not. The 2017 Kentucky legislature introduced a bill requiring school campuses be tobacco-free; however, it died in committee.

Support for a Statewide Smoke-free Law

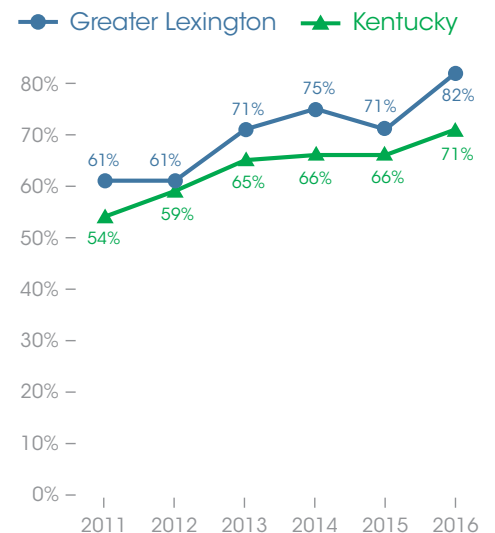
Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District of Columbia have adopted comprehensive smoke-free laws.¹¹ A comprehensive smoke-free law covers all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 people in Kentucky (33%) are covered by locally enacted comprehensive smoke-free ordinances.¹²

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law increased from 54% in 2011 to 71% in 2016.

In Greater Lexington, more than 8 in 10 (82%) adults favored a statewide smoke-free law in 2016, while 16% opposed a law, and 2% had no opinion. This is an increase in support from 2011, when just 61% of Greater Lexington adults favored a statewide law. Support for the law in Greater Lexington is higher than for the state as a whole.

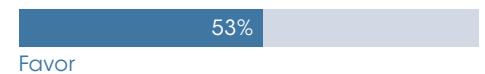


Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law.)

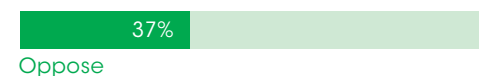


Increasing minimum legal age to purchase tobacco products to 21 years

Greater Lexington



Kentucky



Increasing the Minimum Age to Purchase Tobacco

Raising the minimum legal age to purchase tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.¹³ Five states, Hawaii, California, New Jersey, Maine, and Oregon have increased the minimum legal age for buying tobacco products to 21.¹⁴ In Kentucky, nearly 6 in 10 adults (58%) favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.¹⁵

In Greater Lexington, nearly the same percentage (53%) favored increasing the minimum legal age for purchasing tobacco products from 18 to 21.

¹⁰ 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.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *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 <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vga2-kkcg>

¹² University of Kentucky, Center for Smoke-Free Policy (2017). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated May 11, 2017. Lexington, KY: Author. Retrieved from <http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy>

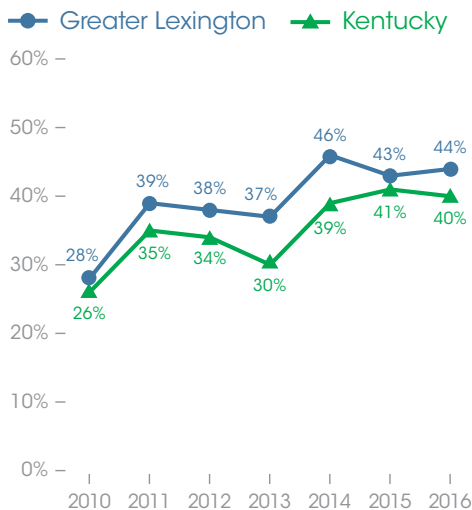
¹³ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁴ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, August 2017. Retrieved from http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

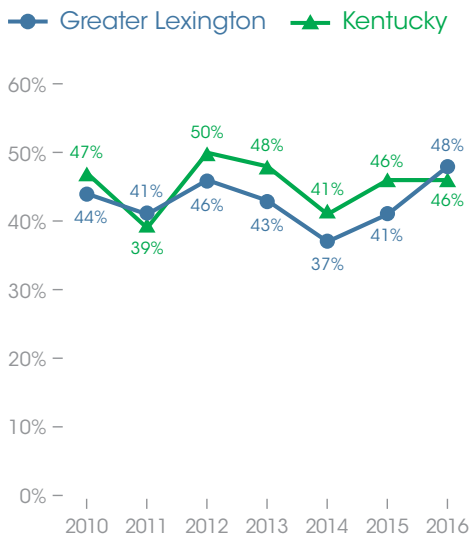
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

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

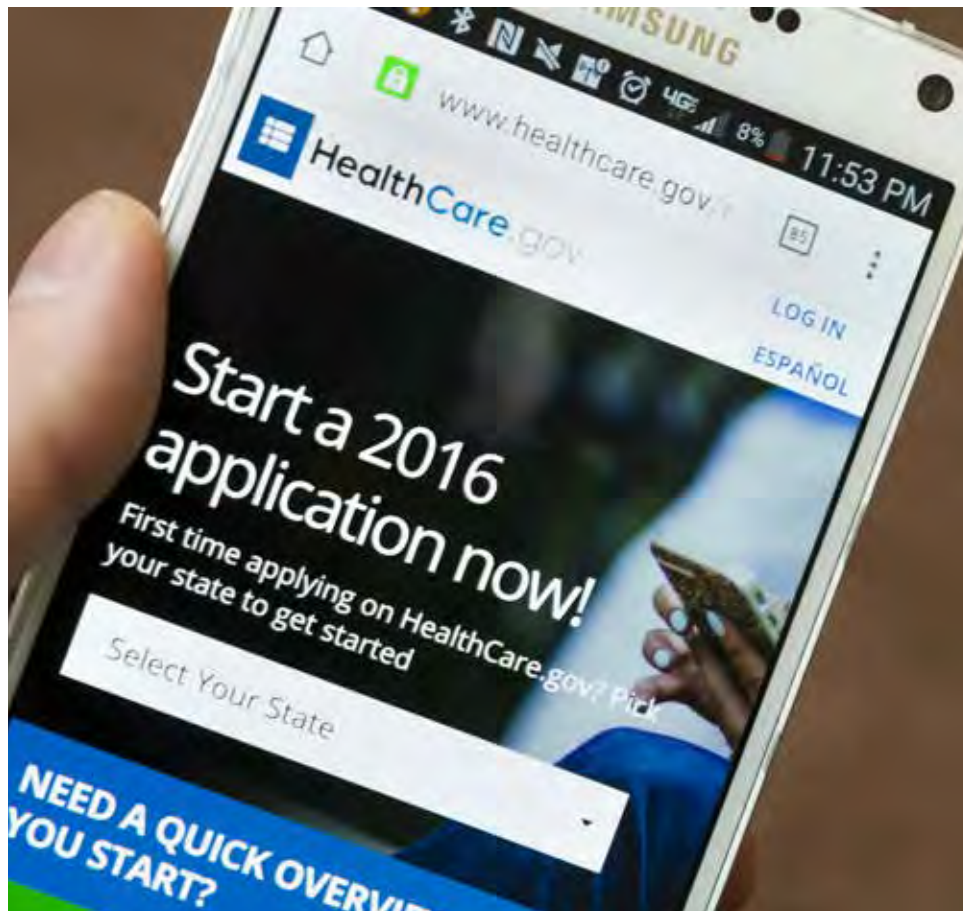


Health Insurance and Health Care

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults' 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 partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

More than 4 in 10 Greater Lexington adults (44%) reported having a generally favorable opinion of the ACA, and nearly half (48%) had a generally unfavorable opinion of it. Greater Lexington adults held similar opinions about the Affordable Care Act compared with the state and the nation.¹⁷



¹⁶ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁷ National results from the Kaiser Health Tracking Poll (Oct 2016): favor 45%, unfavorable 45%. Retrieved from <http://files.kff.org/attachment/Kaiser-Health-Tracking-Poll-October-2016>

ACA and Kentuckians

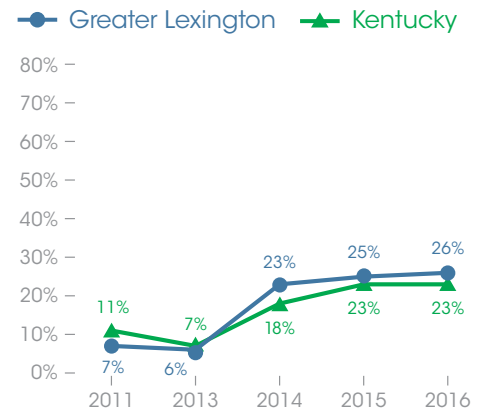
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact increased. More than 2 in 10 adults (23%) reported the law had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who reported that the law had a negative impact on their family has remained stable since 2013.



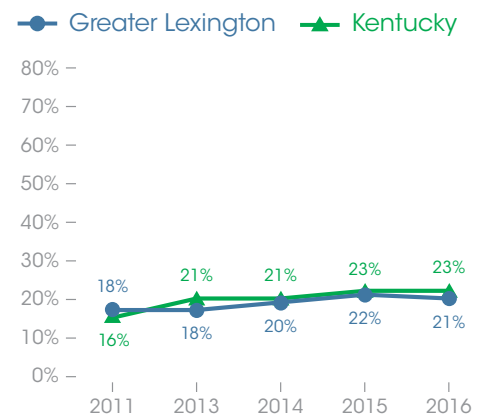
In Greater Lexington, adults reported some positive and some negative impacts from the Affordable Care Act. Like the state, half in Greater Lexington (50%) reported no effects from the health reform law.

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.)

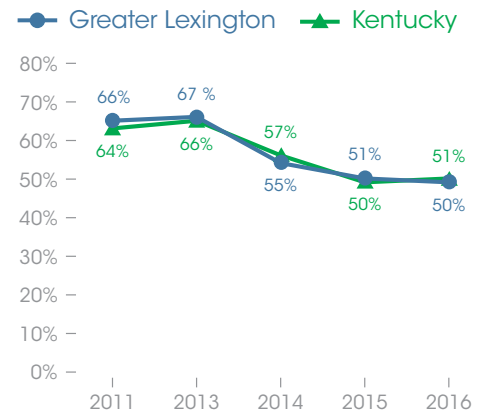
The health reform law has positively affected me and my family



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



Health Insurance

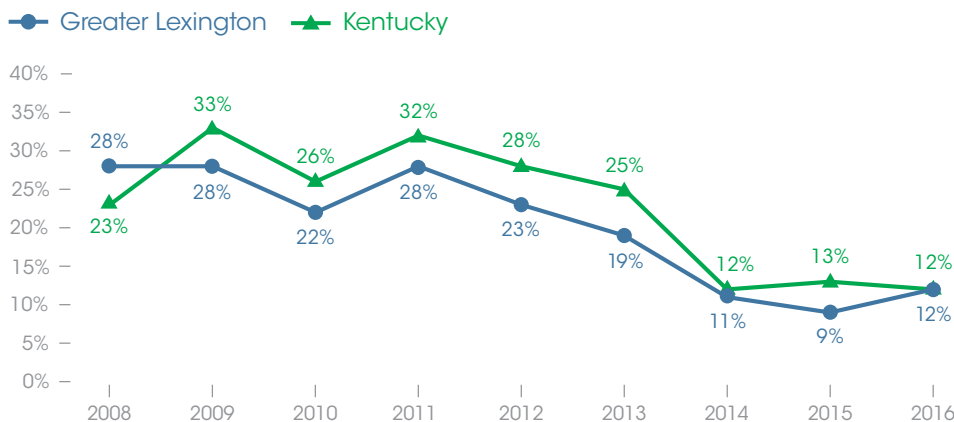
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Greater Lexington adults (12%) ages 18 to 64 were uninsured at the time of KHIP. This is a significant decrease in the percentage of uninsured adults since 2012 when nearly 3 in 10 adults (28%) were uninsured. In 2016, Greater Lexington adults ages 18 to 64 reported the same rate of being uninsured when compared with the state as a whole (12%).

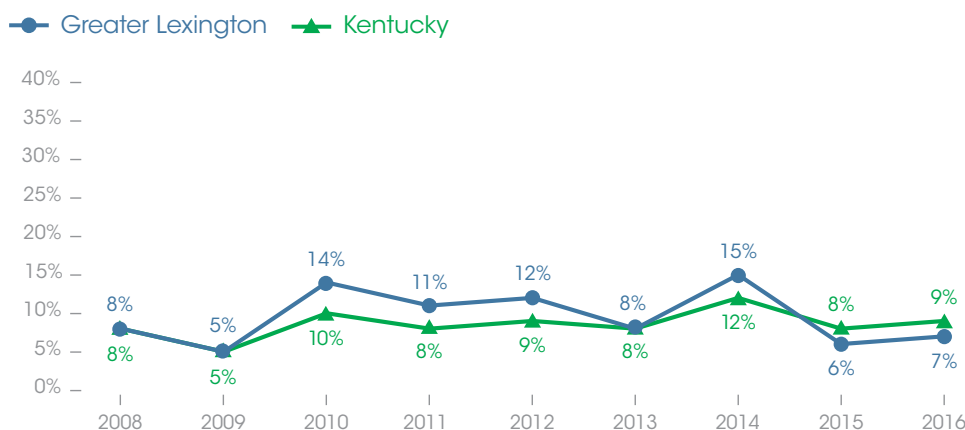
This decline in uninsurance is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy insurance as required by the ACA. In the initial enrollment period, 521,000 people enrolled through Kentucky's insurance website known as kynect, 75% of whom were previously uninsured.¹⁸

Another factor in being able to get health care is the 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, 7% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, nearly 2 in 10 Greater Lexington adults ages 18 to 64 (19%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ 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>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 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. Two in 10 Greater Lexington adults (20%) reported this.



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

20%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

Health care must include mental health care. According to the Centers for Disease Control and Prevention, nearly 1 in 5 Kentucky adults (19%) report ever being told by a health provider that they have a form of depression.¹⁹ In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive mental health treatment or counseling.²⁰

Half of Kentucky adults (49%) know a friend or family member they perceived to have a serious problem with depression according to the 2016 KHIP. In addition, KHIP asked, “Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?” Nearly 7 in 10 Kentucky adults reported knowing who to contact for services or treatment for depression (68%).

Results in Greater Lexington were similar to those for the state as a whole; about half (52%) of Greater Lexington adults said they knew someone they perceived as depressed and 7 in 10 (71%) knew where to find depression services or treatments.

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

(Graph shows only those who said yes.)

Greater Lexington

20%

Kentucky

17%

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

(Graph shows only those who said yes.)

Greater Lexington

19%

Kentucky

17%

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.)

Greater Lexington

33%

Kentucky

27%

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

Since 2013, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities. In addition, in 2013 and 2016, KHIP asked about use of methamphetamines.

Overall, nearly 2 in 10 Kentucky adults (17%) reported knowing family or friends who have experienced problems as a result of using heroin. However, the rate is much higher in some parts of the state. Two in 10 Greater Lexington adults (20%) knew someone who has experienced problems as a result of heroin use.

In Kentucky, nearly 2 in 10 (17%) adults reported that a family member or friend has experienced problems as a result of using methamphetamines. Greater Lexington adults reported a similar percentage (19%) affected by methamphetamines.

About 3 in 10 Kentucky adults (27%) 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. That percentage was similar for adults in Greater Lexington (33%).



¹⁹ Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>.

²⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, 2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf.

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.)

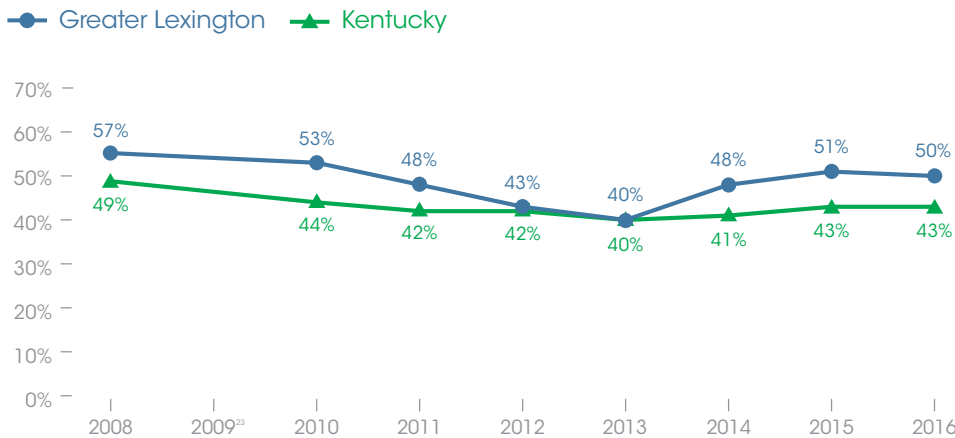
In Greater Lexington, 33% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). This is nearly the same as reported for the state as a whole (31%). The percentage of Greater Lexington adults who reported incomes between 138% and 200% FPG and more than 200% FPG were about the same as for the state.

Overall Health Status

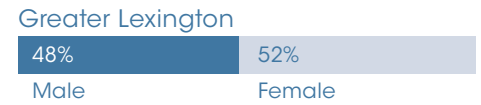
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length and quality of their lives.²² In 2016, more than 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and fewer than 3 in 10 (26%) said their health was fair or poor.

Half of Greater Lexington adults (50%) reported that their health was excellent or very good in 2016.

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



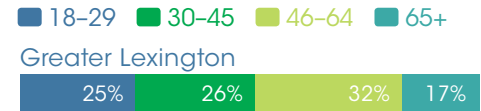
Sex



Kentucky



Age



Kentucky



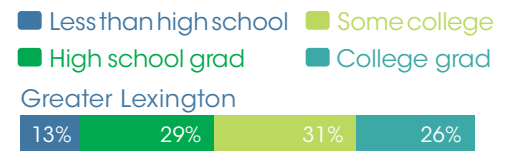
Race



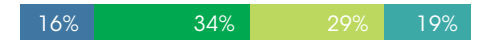
Kentucky



Level of Education



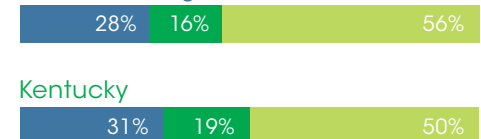
Kentucky



Poverty Status



Kentucky



²¹ In 2015, 138% of the Federal Poverty Guidelines (FPG) was \$33,465 for a family of four. 200% FPG was \$45,500 for a family of four.

²² DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

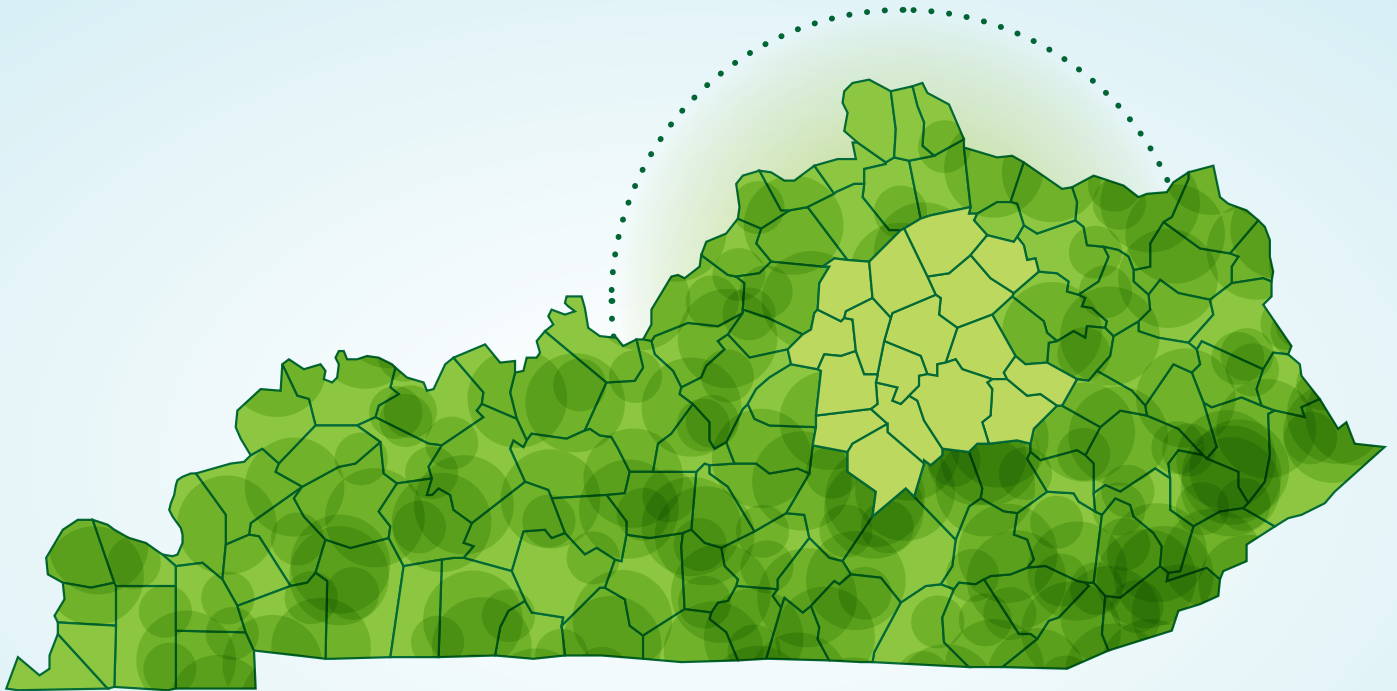
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

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 Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016 – Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 301 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 Susan Sprigg, Research Officer, at Interact for Health (ssprigg@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 (2017). Results from the *2016 Kentucky Health Issues Poll: Spotlight on Greater Lexington*. Louisville, KY: Authors.

Spotlight on Greater Louisville

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. This report presents the views expressed by respondents from the KIPDA Area Development District. About 23% of Kentuckians live in this seven-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- Heart disease and cancer were named the state’s most important health care issues for men and women respectively.
- About 4 in 10 adults did not eat the recommended amounts of fruits and vegetables.
- Nearly 8 in 10 adults said they were very or somewhat physically active.
- About 4 in 10 said the conditions of their neighborhood’s sidewalks and shoulders was fair or poor.
- Nearly 5 in 10 said their neighborhood was very safe to walk, jog or bike.
- Six in 10 adults favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.
- Half reported the Affordable Care Act has had no impact themselves and their families.
- Twelve percent of adults ages 18 to 64 were uninsured at the time of KHP.
- More than 2 in 10 reported a person in their household had delayed or forgone medical care in the past 12 months due to costs.
- Half said they knew some they perceived as depressed.
- A clear majority knew where to find depression services or treatments.
- About 2 in 10 adults knew someone who has experienced problems as a result of heroin use.
- Nearly 3 in 10 that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine.
- Nearly 2 in 10 reported that a family member or friend has experienced problems as a result of using methamphetamines.

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:

- Strongly agree that purchasing healthy foods in their neighborhoods was easy.
- Report being very or somewhat familiar with needle exchange programs.
- Favor a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars.



Contents

Healthy Communities..... 2

Most Important Health Care Issue for the Commonwealth.....2

Eating Fruits and Vegetables, Food Access.....2

Exercise and Neighborhood Conditions.....3

Using Electronic Cigarettes.....3

Presence and Storage of Firearms in the Home.....4

Syringe Exchange Programs.....4

Tobacco-free Policies..... 5

Support for a Statewide Smoke-free Law5

Increasing the Minimum Age to Purchase Tobacco5

Health Insurance and Health Care..... 6

Opinions about the Patient Protection and Affordable Care Act (ACA)..... 6

ACA and Kentuckians.....7

Health Insurance.....8

Delayed Medical Care.....9

Depression and Awareness of Mental Health Support Services9

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers... 10

Demographic Profile 11

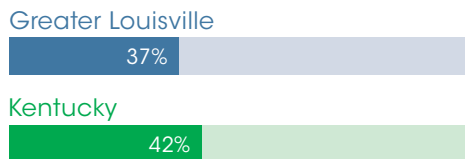
Overall Health Status.....11

About the Kentucky Health Issues Poll 12

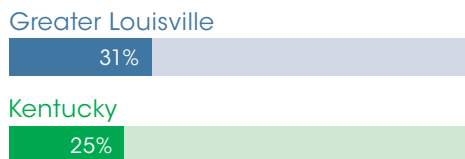
In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$ and Greater Louisville estimates to $\pm 5.6\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Percentage of Kentucky adults who meet dietary recommendations

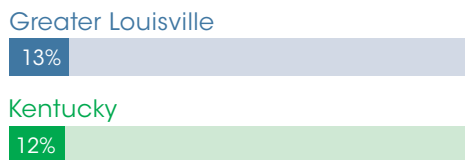
Does not meet either fruit or vegetable recommendations



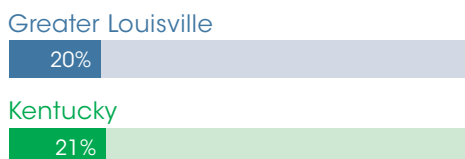
Meets fruit recommendation only



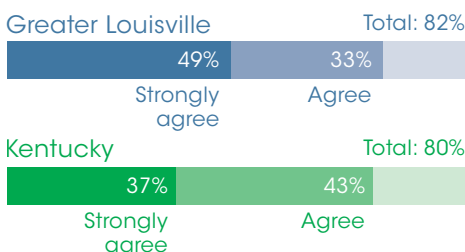
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables. (Graph show only those who strongly agreed or agreed.)



Healthy Communities

Building healthy communities across Kentucky can help Kentuckians engage in healthy activities throughout their day — at work, at school, at church, in the neighborhood, and at home. The Kentucky Health Issues Poll (KHIP) asked adults about their personal health behaviors as well as their opinions about statewide and local health policies.

Most Important Health Care Issue for the Commonwealth

This year’s KHIP asked Kentucky adults to identify the most important health care issue facing Kentucky’s men, women, and children. Respondents could provide any answer. One in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky’s men and women. The next most frequently reported issue, for adults and children alike, was problems with health care or health insurance, cited by about 1 in 10 respondents.

Like adults throughout Kentucky, Greater Louisville respondents named heart disease as the state’s most important health care issue for men and named cancer for women. One in 10 named heart disease for women and cancer for men as important health care issues. In addition, more than 1 in 10 Greater Louisville adults said obesity and problems with health insurance were important health issues for men and women.

Eating Fruits and Vegetables, Food Access

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture offer dietary guidelines for healthy eating.¹ They suggest that half of each plate be made up of fruits and vegetables. Four in 10 adults (42%) did not eat the recommended amounts of both fruits and vegetables. Only 2 in 10 Kentucky adults (21%) ate the recommended amounts of fruits *and* vegetables.

Compared with adults statewide, Greater Louisville adults ate nearly the same servings of fruits and vegetables. In Louisville, nearly 4 in 10 adults (37%) did not eat the recommended amount of fruits and vegetables while 2 in 10 (20%) ate the recommended amount.

A clear majority of Kentucky adults (80%) agreed that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods.

Greater Louisville adults (82%) also reported easy access to healthy foods in their neighborhoods; more strongly agreed (49%) to easy access than reported the same statewide (37%).



¹ U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA). Dietary Guidelines for Americans 2010 and 2015. Retrieved from <https://health.gov/dietaryguidelines/>.

Exercise and Neighborhood Conditions

Being physically active is one of the most valuable things a person can do to maintain good health. The U.S. Office of Disease Prevention and Health Promotion states, “All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.”² KHIP asked, “In general, would you say you are very, somewhat, not very or not at all physically active?” Eight in 10 Kentucky adults (79%) said they were very physically active (30%) or somewhat physically active (49%).



In Greater Louisville, residents reported similarly high levels of physical activity with 29% being very physically active and 48% being somewhat physically active.

Good neighborhood conditions are important for easily and safely engaging in physical activity. KHIP asked, “How would you rate the condition of sidewalks and shoulders in your neighborhood?” Half of Kentucky adults (51%) said sidewalks and shoulders were excellent, very good or good. About 4 in 10 (44%) said the conditions were fair or poor.

KHIP also asked, “How safe is it to walk, jog or bike in your neighborhood?” Nearly 5 in 10 Kentucky adults (46%) said it was very safe, and more than 3 in 10 (35%) said it was somewhat safe. About 2 in 10 adults (19%) said their neighborhood was somewhat unsafe or not at all safe for exercise.

Greater Louisville adults rated the conditions of their neighborhood sidewalks nearly the same as adults statewide. About the same proportion of Greater Louisville adults said their neighborhoods were very safe for exercise (47%) compared with adults statewide.

Using Electronic Cigarettes

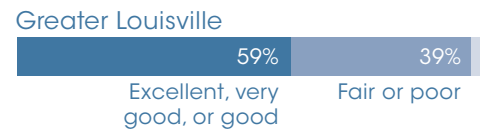
KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” One in 4 Kentucky adults (25%) reported ever using an e-cigarette. This is the same as in 2014 (24%).

In Greater Louisville, nearly the same percentage reported ever using e-cigarettes (22%).

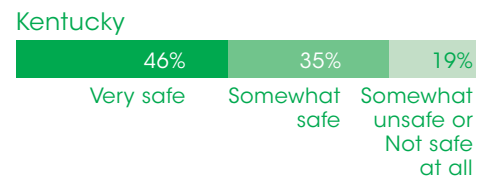
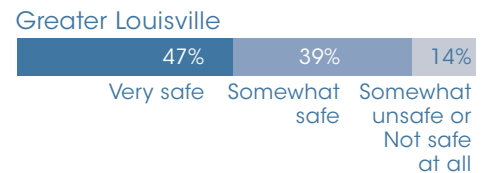
Percentage of adults who say that, in general, they are very or somewhat physically active



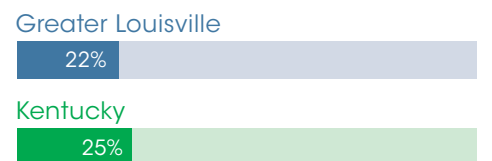
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



Have you ever used an electronic cigarette or e-cigarette? (Graph shows only those who said yes.)



² Office of Disease Prevention and Health Promotion. (2008). 2008 Physical Activity Guidelines for Americans (ODPHP Publication No. U0036). Washington DC: U.S. Government Printing Office. Retrieved from <https://health.gov/paguidelines/guidelines/>.



Presence and Storage of Firearms in the Home

Firearms that are not properly handled or stored can pose a significant threat to the health of adults, children, and the community. The 2016 KHIP asked about the presence and storage of firearms in the home.³ Fewer than 5 in 10 Kentucky adults (45%) said there was no firearm present in their home. Three in 10 Kentucky adults (30%) said they had an *unloaded* firearm around their home. KHIP also asked, “Are any of these loaded firearms also unlocked?” Ten percent of all adults in Kentucky had a loaded, *locked* firearm in or around their home and 15 percent had a loaded, *unlocked* firearm in their home.

More than 6 in 10 Greater Louisville adults (56%) reported no firearm in their home; this is higher than for the state as a whole (45%).

Syringe Exchange Programs

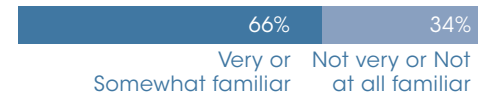
A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.⁴ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes. Research has shown that such programs can help reduce the spread of HIV and hepatitis C⁵ and do not increase the frequency or initiation of drug use.⁶ Currently 28 areas in Kentucky have syringe exchange programs.⁷

Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they oppose needle exchange programs (43%). About 1 in 10 (8%) said they neither opposed or favored, or were not sure.

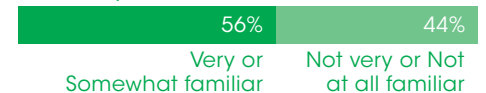
In Greater Louisville, a higher percentage said they were very or somewhat familiar with needle exchange programs (66%) than reported the same statewide. Opinion about the programs was slightly more favorable in Greater Louisville with 57% favoring and 38% opposing such programs.

Familiarity with with needle exchange programs

Greater Louisville

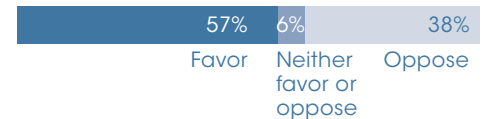


Kentucky

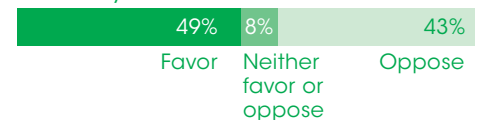


Do you favor or oppose needle exchange programs?

Greater Louisville



Kentucky



³ KHIP asked: “Are any firearms kept in or around your home? In your answers, please include weapons such as pistols, shotguns and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.”

⁴ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

⁵ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

⁶ Institute of Medicine. Preventing HIV infection among injecting drug users in high-risk countries: An assessment of the evidence. (2006). Washington, D.C.: National Academies Press. Retrieved from <https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>.

⁷ Kentucky Cabinet for Health and Family Services: Department for Public Health. (2017) HIV Prevention Program. Retrieved from <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>.

⁸ KHIP asked, “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?”

⁹ KHIP asked, “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies but most are not. The 2017 Kentucky legislature introduced a bill requiring school campuses be tobacco-free; however, it died in committee.

Support for a Statewide Smoke-free Law

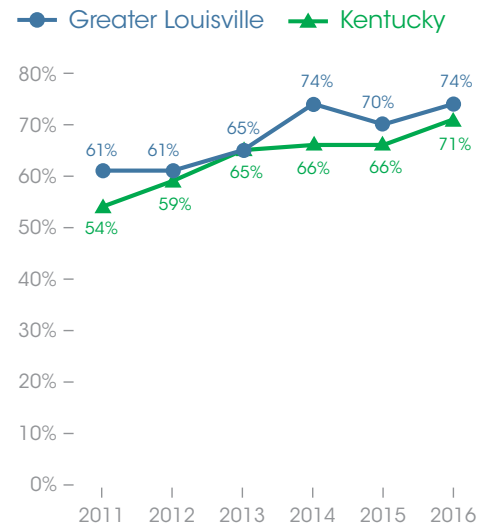
Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District of Columbia have adopted comprehensive smoke-free laws.¹¹ A comprehensive smoke-free law covers all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 people in Kentucky (33%) are covered by locally enacted comprehensive smoke-free ordinances.¹²

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law increased from 54% in 2011 to 71% in 2016.

In Greater Louisville, about 7 in 10 (74%) adults favored a statewide smoke-free law in 2016, while 61% opposed a law, and 2% had no opinion. This is an increase in support from 2011, when just 61% of Greater Louisville adults favored a statewide law. Support for the law in Greater Louisville is similar to the state.

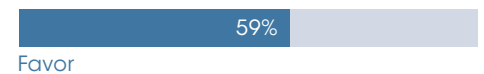


Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law.)



Increasing minimum legal age to purchase tobacco products to 21 years

Greater Louisville



Oppose

Kentucky



Oppose

Increasing the Minimum Age to Purchase Tobacco

Raising the minimum legal age to purchase tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.¹³ Five states, Hawaii, California, New Jersey, Maine, and Oregon have increased the minimum legal age for buying tobacco products to 21.¹⁴ In Kentucky, nearly 6 in 10 adults (58%) favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.¹⁵

In Greater Louisville, about the same percentage (59%) favored increasing the minimum legal age for tobacco products from 18 to 21.

¹⁰ 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.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *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 <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgaq2-kkcg>

¹² University of Kentucky, Center for Smoke-Free Policy (2017). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated May 11, 2017. Lexington, KY: Author. Retrieved from <http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy>

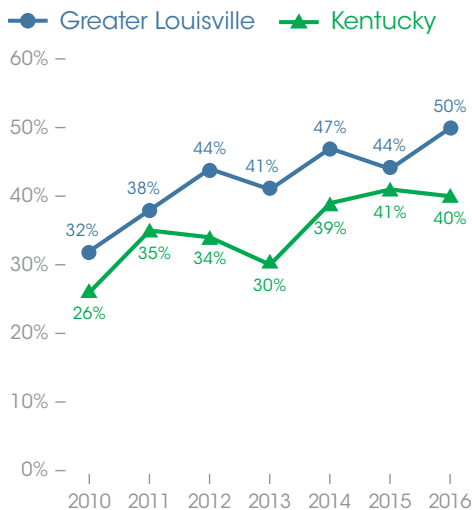
¹³ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁴ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, August 2017. Retrieved from http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

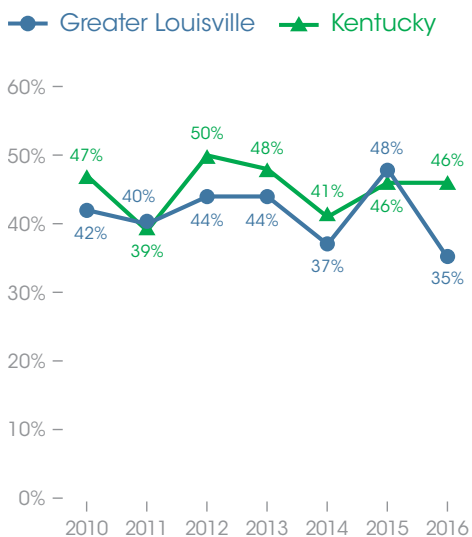
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

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

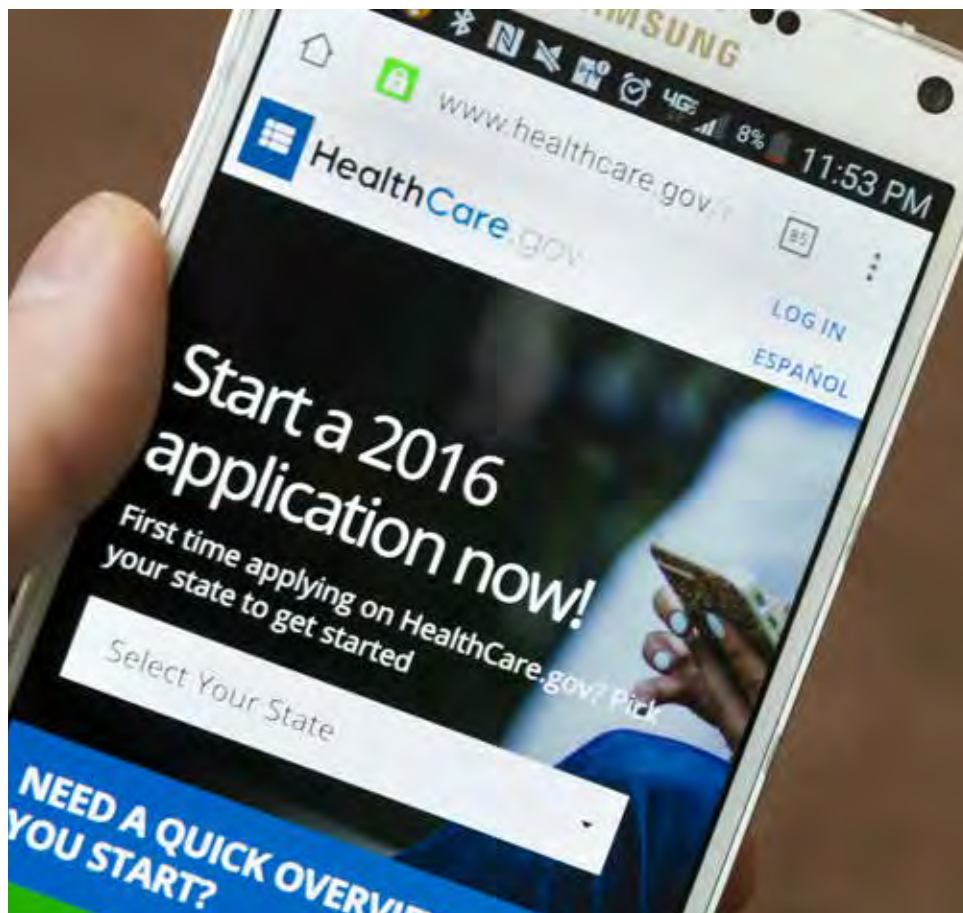


Health Insurance and Health Care

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults' 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 partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

Half in Greater Louisville (50%) reported having a generally favorable opinion of the ACA, and about 1 in 3 (35%) had a generally unfavorable opinion of it. Greater Louisville adults were more favorable opinions about the Affordable Care Act compared with the state.¹⁷



¹⁶ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁷ National results from the Kaiser Health Tracking Poll (Oct 2016): favor 45%, unfavorable 45%. Retrieved from <http://files.kff.org/attachment/Kaiser-Health-Tracking-Poll-October-2016>

ACA and Kentuckians

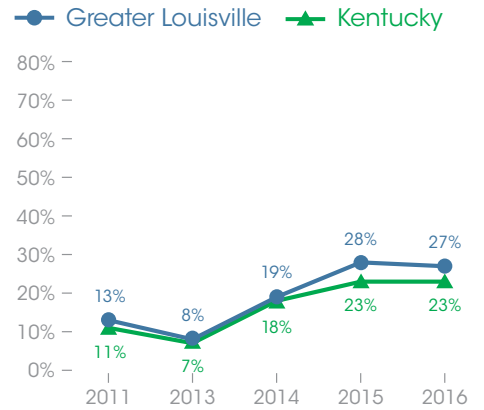
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact increased. More than 2 in 10 adults (23%) reported the law had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who reported that the law had a negative impact on their family has remained stable since 2013.



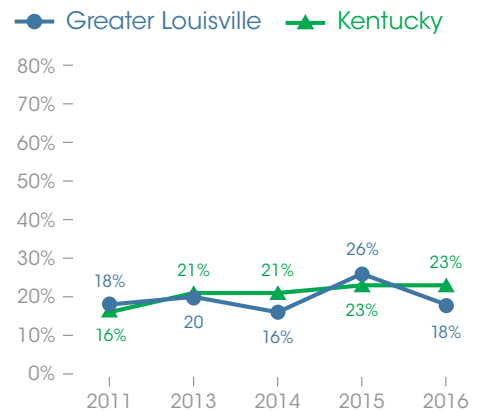
In 2016, nearly 3 in 10 adults in Greater Louisville (27%) reported positive impacts from the Affordable Care Act. Like the state, a slim majority in Greater Louisville (53%) reported no effects from the health reform law.

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.)

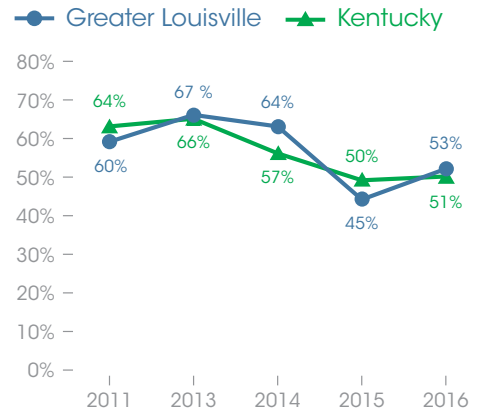
The health reform law has positively affected me and my family



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



Health Insurance

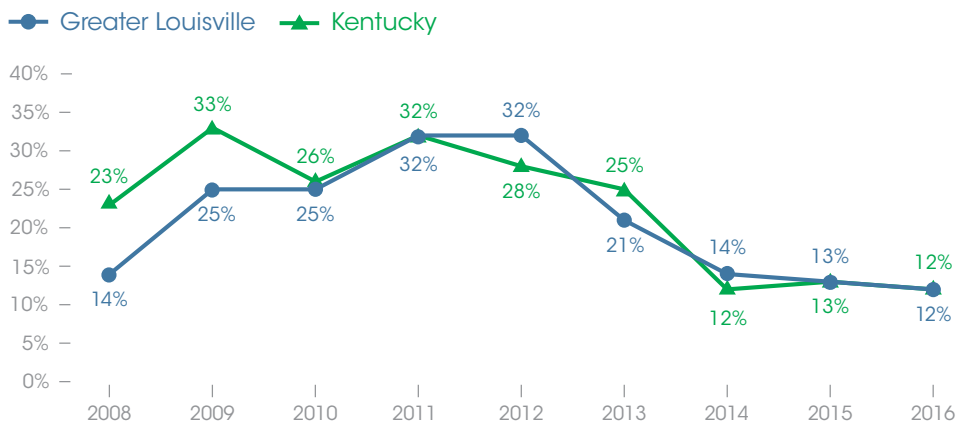
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Greater Louisville adults (12%) ages 18 to 64 were uninsured at the time of KHIP. This is a significant decrease in the percentage of uninsured adults since 2012 when about 3 in 10 adults (32%) were uninsured. In 2016, Greater Louisville adults ages 18 to 64 reported the same rate of being uninsured when compared with the state as a whole (12%).

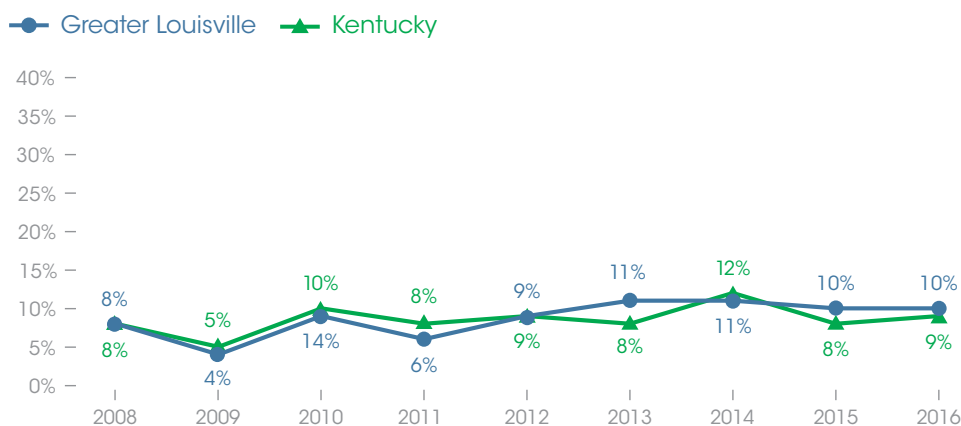
This decline in uninsurance is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy insurance as required by the ACA. In the initial enrollment period, 521,000 people enrolled through Kentucky's insurance website known as kynect, 75% of whom were previously uninsured.¹⁸

Another factor in being able to get health care is the 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, 10% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, more than 2 in 10 Greater Louisville adults ages 18 to 64 (22%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ 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>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 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 Greater Louisville adults (29%) reported this.



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

29%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

Health care must include mental health care. According to the Centers for Disease Control and Prevention, nearly 1 in 5 Kentucky adults (19%) report ever being told by a health provider that they have a form of depression.¹⁹ In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive mental health treatment or counseling.²⁰

Half of Kentucky adults (49%) know a friend or family member they perceived to have a serious problem with depression according to the 2016 KHIP. In addition, KHIP asked, “Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?” Nearly 7 in 10 Kentucky adults reported knowing who to contact for services or treatment for depression (68%).

Results in Greater Louisville were like those for the state as a whole; half (51%) of Greater Louisville adults said they knew someone they perceived as depressed and 7 in 10 (69%) knew where to find depression services or treatments.

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

(Graph shows only those who said yes.)

Greater Louisville

23%

Kentucky

17%

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

(Graph shows only those who said yes.)

Greater Louisville

15%

Kentucky

17%

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.)

Greater Louisville

26%

Kentucky

27%

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

Since 2013, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities. In addition, in 2013 and 2016, KHIP asked about use of methamphetamines.

Overall, nearly 2 in 10 Kentucky adults (17%) reported knowing family or friends who have experienced problems as a result of using heroin. However, the rate is much higher in some parts of the state. In Greater Louisville, about 2 in 10 adults (23%) knew someone who has experienced problems as a result of heroin use.

In Kentucky, nearly 2 in 10 (17%) adults reported that a family member or friend has experienced problems as a result of using methamphetamines. Greater Louisville adults reported nearly the same percentage (15%) affected by methamphetamines.

About 3 in 10 Kentucky adults (27%) 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. That percentage was also the same among Greater Louisville adults (26%).



¹⁹ Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>.

²⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, 2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf.

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.)

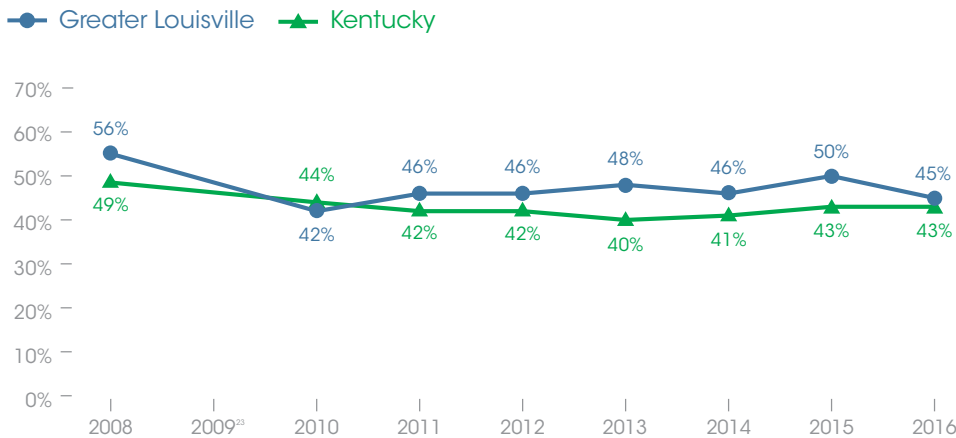
In Greater Louisville, 21% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). This is lower than for the state as a whole (31%). The percentage of Greater Louisville adults who reported incomes between 138% and 200% FPG was about the same as for the state. In Greater Louisville, 57% of adults reported income greater than 200% FPG.

Overall Health Status

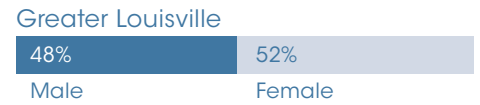
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length and quality of their lives.²² In 2016, more than 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and fewer than 3 in 10 (26%) said their health was fair or poor.

Less than half of Greater Louisville adults (45%) reported that their health was excellent or very good in 2016.

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



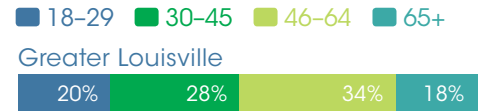
Sex



Kentucky



Age



Kentucky



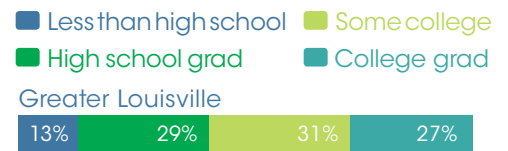
Race



Kentucky



Level of Education



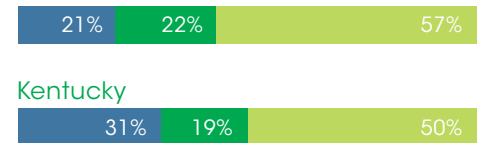
Kentucky



Poverty Status



Kentucky



²¹ In 2015, 138% of the Federal Poverty Guidelines (FPG) was \$33,465 for a family of four. 200% FPG was \$45,500 for a family of four.

²² DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

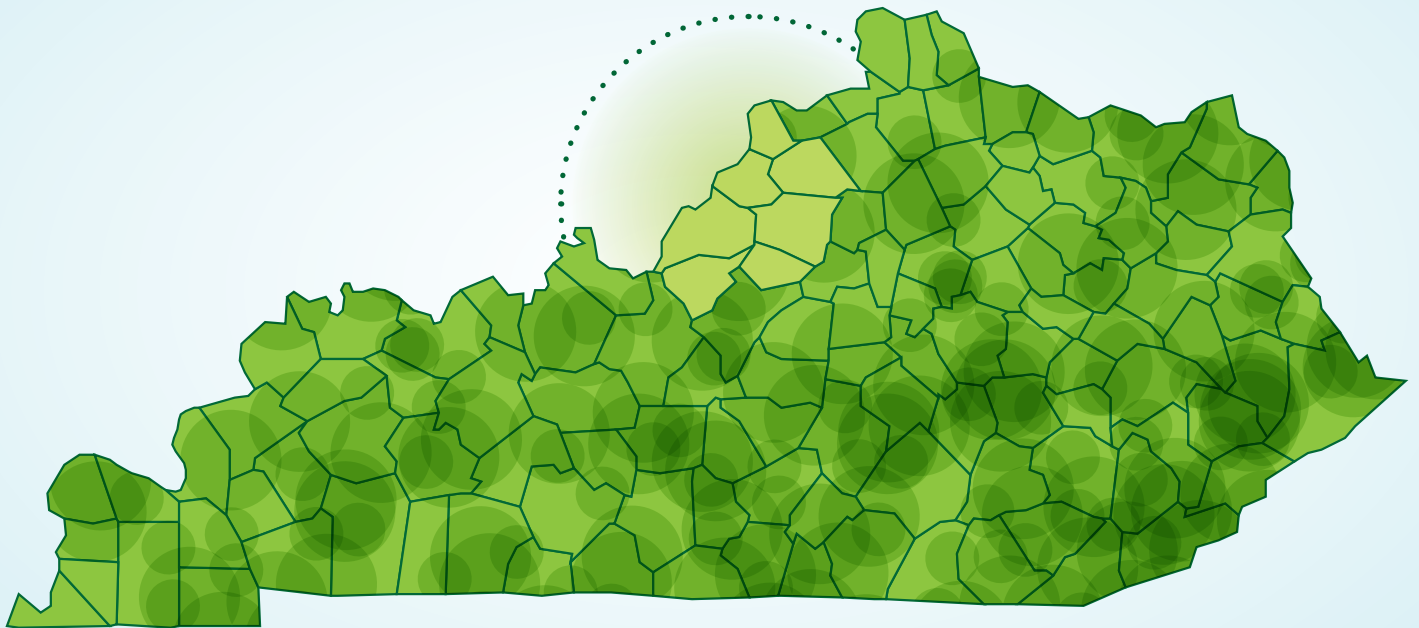
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

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 Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016 – Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 304 respondents resided in the KIPDA Area Development District. The counties included in this region are:

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



This report presents a selection of questions with data specific to Greater Louisville. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or 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 Susan Sprigg, Research Officer, at Interact for Health (ssprigg@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 (2017). Results from the *2016 Kentucky Health Issues Poll: Spotlight on Greater Louisville*. Louisville, KY: Authors.

Spotlight on Eastern Kentucky

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. This report presents the views expressed by respondents from the Eastern Kentucky area 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 adults were comparable to the state as a whole. Like the statewide results, in Eastern Kentucky:

- Two in 10 adults ate the recommended servings of both fruits and vegetables.
- A clear majority reported being very or somewhat physically active (81%).
- About 1 in 4 adults said they had used an electronic cigarette.
- Opinions were split on support for needle exchange programs.
- Seven in 10 supported a statewide smoke-free law in Kentucky.
- A majority (60%) favored raising the age to purchase tobacco products from 18 to 21 years old.
- About 2 in 10 knew a family member or friend who had experienced problems as a result of using methamphetamines.
- Nearly 2 in 10 knew a family member or friend who had experienced problems as a result of using heroin.
- Half reported no impact on themselves or their families from the Affordable Care Act.
- About 2 in 10 said someone in their household had delayed or forgone medical care in the past 12 months because of the cost.
- Half said they knew someone they perceived as depressed.
- Nearly 7 in 10 knew where to find depression services or treatments.

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

- Strongly agree that healthy foods are easy to access in their neighborhoods.
- Rate their neighborhoods as very safe places to walk, jog or bike.
- Report excellent or very good health.
- Have household incomes over 200% of the Federal Poverty Guidelines.

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

- Say drug use was an important health issue for Kentucky’s men.
- Report the conditions of the sidewalks and shoulders in their neighborhoods as poor.
- Know a family member or friend who has experienced problems as a result of abusing prescription pain relievers.
- Have a firearm in or around their home.

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

Healthy Communities..... 2

Most Important Health Care Issue for the Commonwealth.....2

Eating Fruits and Vegetables, Food Access.....2

Exercise and Neighborhood Conditions.....3

Using Electronic Cigarettes.....3

Presence and Storage of Firearms in the Home.....4

Syringe Exchange Programs.....4

Tobacco-free Policies..... 5

Support for a Statewide Smoke-free Law5

Increasing the Minimum Age to Purchase Tobacco5

Health Insurance and Health Care..... 6

Opinions about the Patient Protection and Affordable Care Act (ACA)..... 6

ACA and Kentuckians.....7

Health Insurance.....8

Delayed Medical Care.....9

Depression and Awareness of Mental Health Support Services9

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers... 10

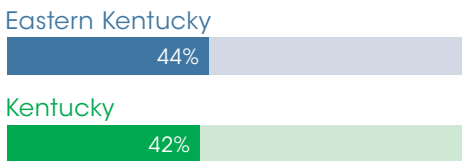
Demographic Profile 11

Overall Health Status.....11

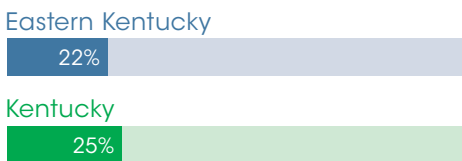
About the Kentucky Health Issues Poll 12

Percentage of Kentucky adults who meet dietary recommendations

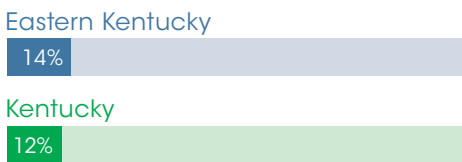
Does not meet either fruit or vegetable recommendations



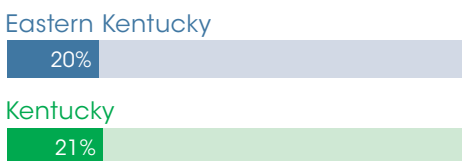
Meets fruit recommendation only



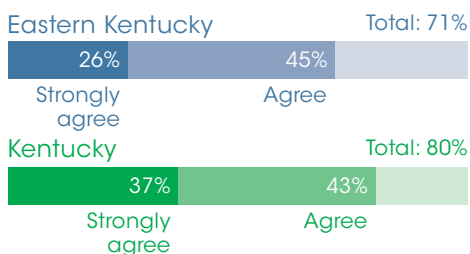
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables. (Graph show only those who strongly agreed or agreed.)



Healthy Communities

Building healthy communities across Kentucky can help Kentuckians engage in healthy activities throughout their day — at work, at school, at church, in the neighborhood, and at home. The Kentucky Health Issues Poll (KHIP) asked adults about their personal health behaviors as well as their opinions about statewide and local health policies.

Most Important Health Care Issue for the Commonwealth

This year’s KHIP asked Kentucky adults to identify the most important health care issue facing Kentucky’s men, women, and children. Respondents could provide any answer. One in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky’s men and women. The next most frequently reported issue, for adults and children alike, was problems with health care or health insurance, cited by 1 in 10 adults (10%).

Like adults throughout Kentucky, Eastern Kentucky respondents named cancer and heart disease as the state’s most important health care issues. In addition, about 1 in 10 Eastern Kentucky adults said drug use was an important health issue for men.

Eating Fruits and Vegetables, Food Access

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture offer dietary guidelines for healthy eating.¹ They suggest that half of each plate be made up of fruits and vegetables. Four in 10 adults (42%) did not eat the recommended amounts of both fruits *and* vegetables. Only 2 in 10 Kentucky adults (21%) ate the recommended amounts of fruits and vegetables.

Compared with adults statewide, Eastern Kentucky adults ate similar amounts of fruits and vegetables. Two in 10 met both the fruit and vegetable recommendations (20%) while more than 4 in 10 did not meet either recommendation (44%).

A clear majority of Kentucky adults (80%) agreed that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods.

Eastern Kentucky adults were less likely to strongly agree that healthy foods were easy to access in their neighborhoods (26%) compared with the state.



¹ U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA). Dietary Guidelines for Americans 2010 and 2015. Retrieved from <https://health.gov/dietaryguidelines/>.

Exercise and Neighborhood Conditions

Being physically active is one of the most valuable things a person can do to maintain good health. The U.S. Office of Disease Prevention and Health Promotion states, “All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.”² KHIP asked, “In general, would you say you are very, somewhat, not very or not at all physically active?” Eight in 10 Kentucky adults (79%) said they were very physically active (30%) or somewhat physically active (49%).



In Eastern Kentucky, residents reported similarly high levels of physical activity with 27% being very physically active and 54% being somewhat physically active.

Good neighborhood conditions are important for easily and safely engaging in physical activity. KHIP asked, “How would you rate the condition of sidewalks and shoulders in your neighborhood?” Half of Kentucky adults (51%) said sidewalks and shoulders were excellent, very good or good. About 4 in 10 (44%) said the conditions were fair or poor.

KHIP also asked, “How safe is it to walk, jog or bike in your neighborhood?” Nearly 5 in 10 Kentucky adults (46%) said it was very safe, and more than 3 in 10 (35%) said it was somewhat safe. About 2 in 10 adults (19%) said their neighborhood was somewhat unsafe or not at all safe for exercise.

Eastern Kentucky adults rated the conditions of their neighborhood sidewalks lower than adults statewide with 6 in 10 reporting fair or poor conditions (59%). Relatedly, a smaller proportion of Eastern Kentucky adults said their neighborhoods were very safe for exercise (31%) compared with adults statewide.

Using Electronic Cigarettes

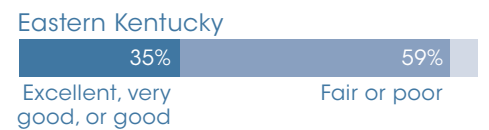
KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” One in 4 Kentucky adults (25%) reported ever using an e-cigarette. This is the same as in 2014 (24%).

In Eastern Kentucky, nearly the same percentage reported ever using e-cigarettes (28%).

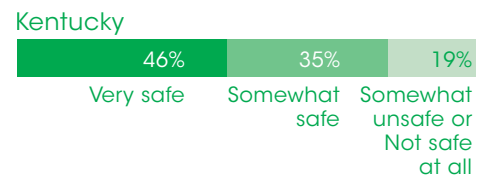
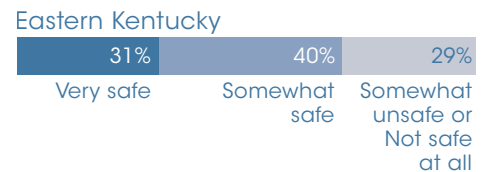
Percentage of adults who say that, in general, they are very or somewhat physically active



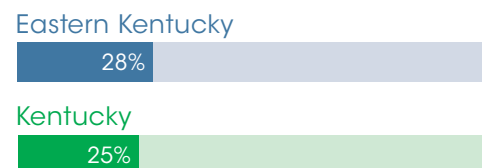
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



Have you ever used an electronic cigarette or e-cigarette? (Graph shows only those who said yes.)



² Office of Disease Prevention and Health Promotion. (2008). 2008 Physical Activity Guidelines for Americans (ODPHP Publication No. U0036). Washington DC: U.S. Government Printing Office. Retrieved from <https://health.gov/paguidelines/guidelines/>.



Presence and Storage of Firearms in the Home

Firearms that are not properly handled or stored can pose a significant threat to the health of adults, children, and the community. The 2016 KHIP asked about the presence and storage of firearms in the home.³ Fewer than 5 in 10 Kentucky adults (45%) said there was no firearm present in their home. Three in 10 Kentucky adults (30%) said they had an *unloaded* firearm around their home. KHIP also asked, “Are any of these loaded firearms also unlocked?” Ten percent of all adults in Kentucky had a loaded, *locked* firearm in or around their home and 15 percent had a loaded, *unlocked* firearm in their home.

About 3 in 10 Eastern Kentucky adults (32%) reported having no firearm in their home; this is lower than for the state as a whole (45%).

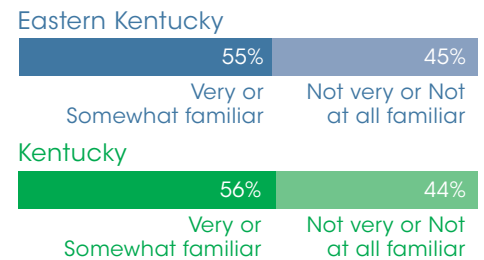
Syringe Exchange Programs

A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.⁴ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes. Research has shown that such programs can help reduce the spread of HIV and hepatitis C⁵ and do not increase the frequency or initiation of drug use.⁶ Currently 28 areas in Kentucky have syringe exchange programs.⁷

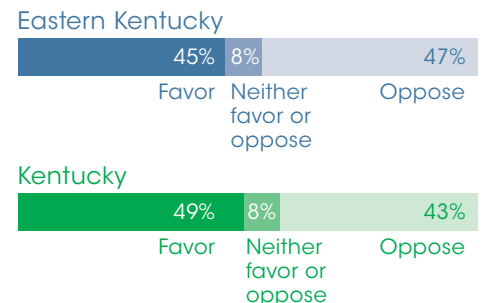
Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they oppose needle exchange programs (43%). About 1 in 10 (8%) said they neither opposed or favored, or were not sure.

In Eastern Kentucky, about the same percentage said they were very or somewhat familiar with needle exchange programs (55%). Likewise, opinion about the programs was split in Eastern Kentucky with 45% favoring and 47% opposing such programs.

Familiarity with with needle exchange programs



Do you favor or oppose needle exchange programs?



³ KHIP asked: “Are any firearms kept in or around your home? In your answers, please include weapons such as pistols, shotguns and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.”

⁴ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

⁵ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

⁶ Institute of Medicine. Preventing HIV infection among injecting drug users in high-risk countries: An assessment of the evidence. (2006). Washington, D.C.: National Academies Press. Retrieved from <https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>.

⁷ Kentucky Cabinet for Health and Family Services: Department for Public Health. (2017) HIV Prevention Program. Retrieved from <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>.

⁸ KHIP asked, “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?”

⁹ KHIP asked, “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies but most are not. The 2017 Kentucky legislature introduced a bill requiring school campuses be tobacco-free; however, it died in committee.

Support for a Statewide Smoke-free Law

Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District of Columbia have adopted comprehensive smoke-free laws.¹¹ A comprehensive smoke-free law covers all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 people in Kentucky (33%) are covered by locally enacted comprehensive smoke-free ordinances.¹²

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law increased from 54% in 2011 to 71% in 2016.

In Eastern Kentucky, about 7 in 10 (69%) adults favored a statewide smoke-free law in 2016, while 30% opposed a law, and 2% had no opinion. This is an increase in support from 2011, when just 54% of Eastern Kentucky adults favored a statewide law. Support for the law in Eastern Kentucky is similar to the state.

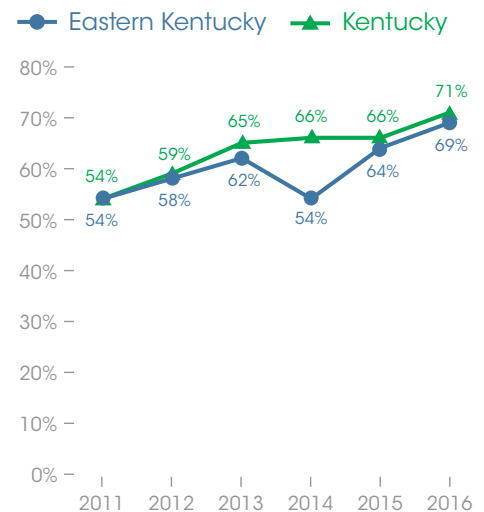


Increasing the Minimum Age to Purchase Tobacco

Raising the minimum legal age to purchase tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.¹³ Five states, Hawaii, California, New Jersey, Maine, and Oregon have increased the minimum legal age for buying tobacco products to 21.¹⁴ In Kentucky, nearly 6 in 10 adults (58%) favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.¹⁵

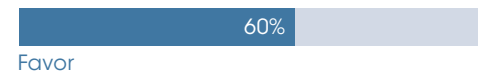
In Eastern Kentucky, about the same percentage (60%) favored increasing the minimum legal age for purchasing tobacco products from 18 to 21.

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.)



Increasing minimum legal age to purchase tobacco products to 21 years

Eastern Kentucky



Kentucky



¹⁰ 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.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *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 <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vga2-kkcg>

¹² University of Kentucky, Center for Smoke-Free Policy (2017). *Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated May 11, 2017*. Lexington, KY: Author. Retrieved from <http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy>

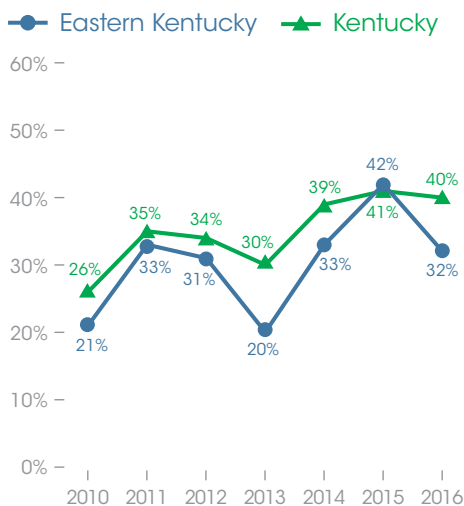
¹³ Institute of Medicine of the National Academies, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁴ Campaign for Tobacco-Free Kids, *Increasing the Minimum Legal Sale Age for Tobacco Products to 21, August 2017*. Retrieved from http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

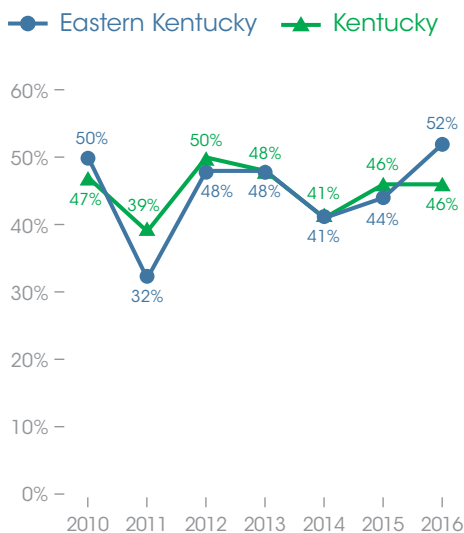
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

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

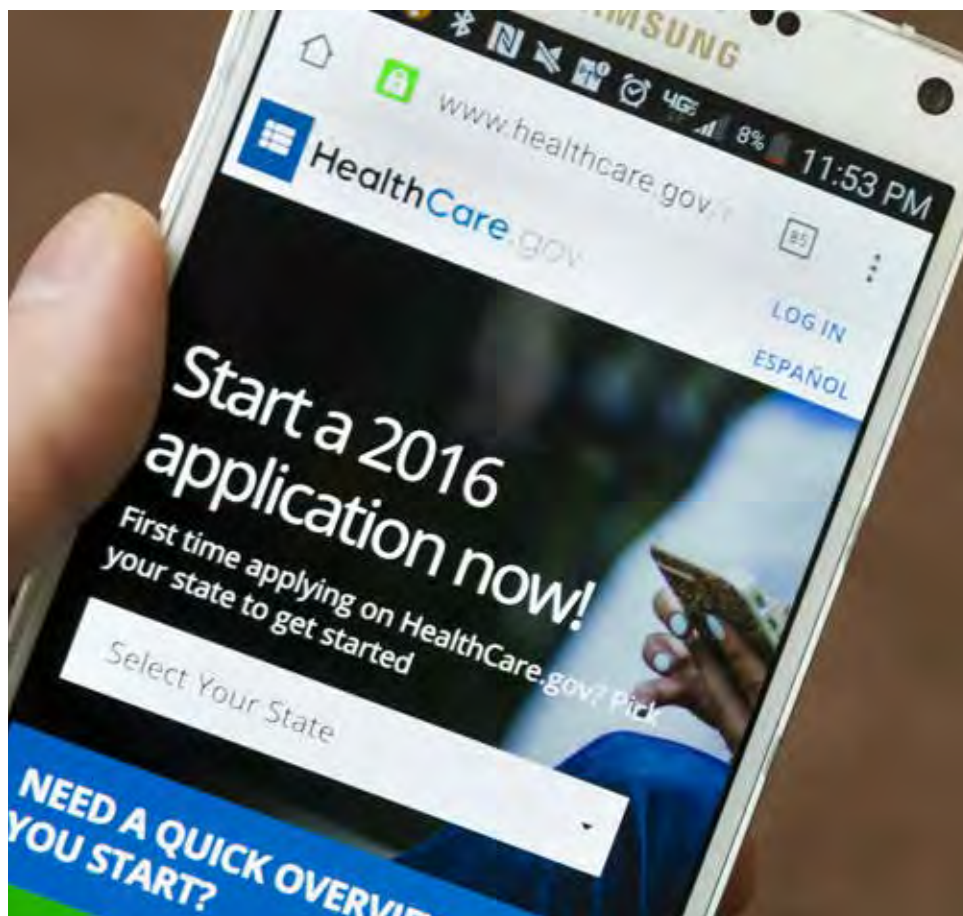


Health Insurance and Health Care

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults' 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 partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

About 1 in 3 Eastern Kentucky adults (32%) reported having a generally favorable opinion of the ACA, and half (52%) had a generally unfavorable opinion of it. Eastern Kentucky adults held slightly less favorable opinions about the Affordable Care Act compared with the state and the nation; however, this is not a significant difference.¹⁷



¹⁶ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁷ National results from the Kaiser Health Tracking Poll (Oct 2016): favor 45%, unfavorable 45%. Retrieved from <http://files.kff.org/attachment/Kaiser-Health-Tracking-Poll-October-2016>

ACA and Kentuckians

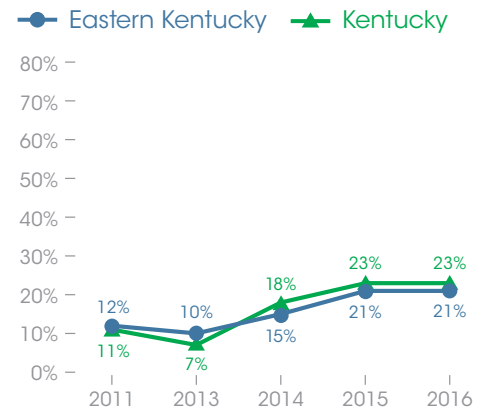
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact increased. More than 2 in 10 adults (23%) reported the law had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who reported that the law had a negative impact on their family has remained stable since 2013.



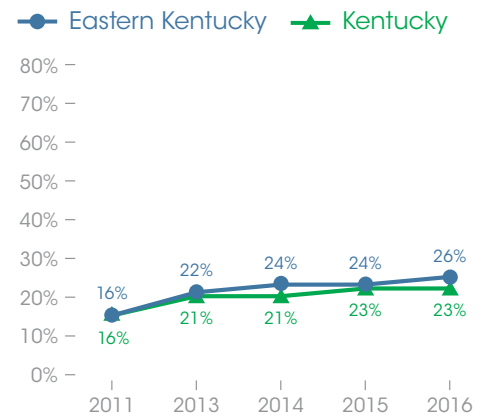
In Eastern Kentucky, adults reported similar impacts from the Affordable Care Act. Like the state, a half in Eastern Kentucky (50%) reported no effects from the health reform law.

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.)

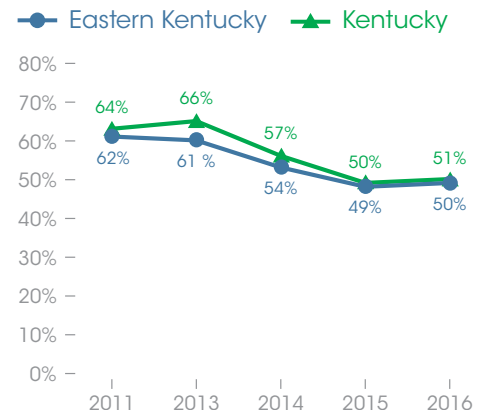
The health reform law has positively affected me and my family



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



Health Insurance

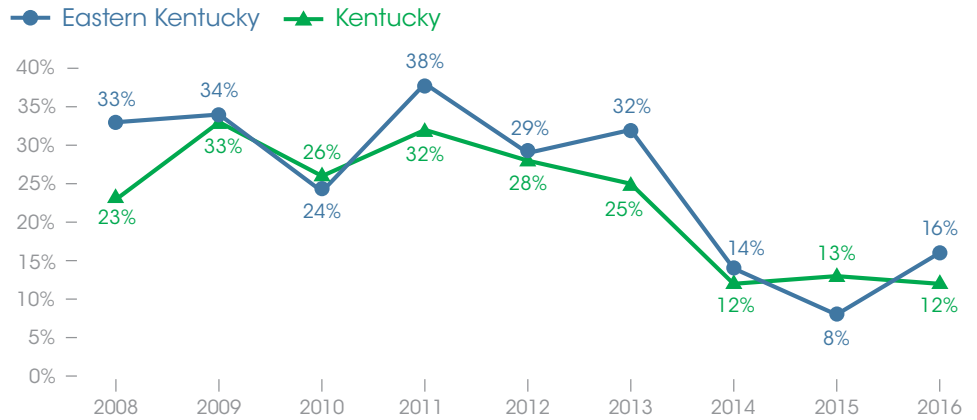
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

About 1 in 6 Eastern Kentucky adults (16%) ages 18 to 64 were uninsured at the time of KHIP. This is a significant decrease in the percentage of uninsured adults since 2012 when about 1 in 3 adults (29%) were uninsured. In 2016, Eastern Kentucky adults ages 18 to 64 reported similar rates of being uninsured when compared with the state as a whole (12%).

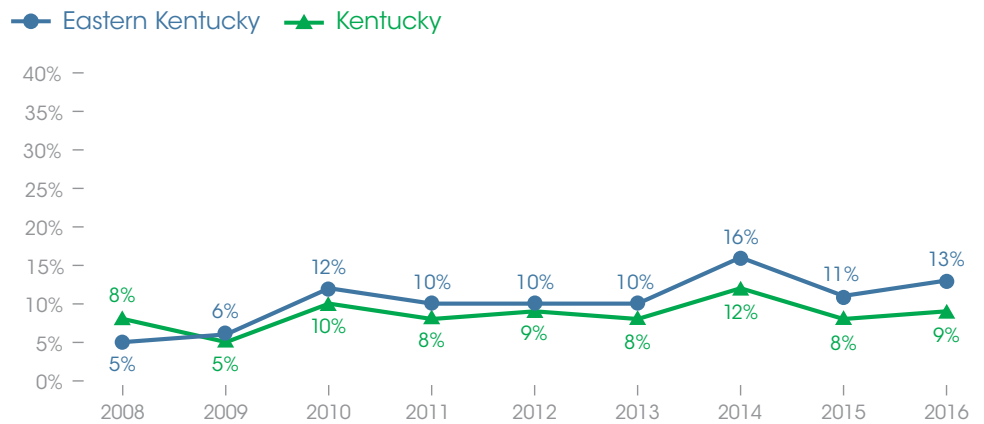
This decline in uninsurance is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy insurance as required by the ACA. In the initial enrollment period, 521,000 people enrolled through Kentucky's insurance website known as kynect, 75% of whom were previously uninsured.¹⁸

Another factor in being able to get health care is the 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, 13% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, about 3 in 10 Eastern Kentucky adults ages 18 to 64 (29%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ 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>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 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 Eastern Kentucky adults (23%) reported this.



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

23%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

Health care must include mental health care. According to the Centers for Disease Control and Prevention, nearly 1 in 5 Kentucky adults (19%) report ever being told by a health provider that they have a form of depression.¹⁹ In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive mental health treatment or counseling.²⁰

Half of Kentucky adults (49%) know a friend or family member they perceived to have a serious problem with depression according to the 2016 KHIP. In addition, KHIP asked, “Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?” Nearly 7 in 10 Kentucky adults reported knowing who to contact for services or treatment for depression (68%).

Results in Eastern Kentucky were similar to those for the state as a whole; half (50%) of Eastern Kentucky adults said they knew someone they perceived as depressed and nearly 7 in 10 (66%) knew where to find depression services or treatments.

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

(Graph shows only those who said yes.)

Eastern Kentucky

16%

Kentucky

17%

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

(Graph shows only those who said yes.)

Eastern Kentucky

21%

Kentucky

17%

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.)

Eastern Kentucky

35%

Kentucky

27%

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

Since 2013, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities. In addition, in 2013 and 2016, KHIP asked about use of methamphetamines.

Overall, nearly 2 in 10 Kentucky adults (17%) reported knowing family or friends who have experienced problems as a result of using heroin. However, the rate is much higher in some parts of the state. A similar percent of Eastern Kentucky adults (16%) also reported knowing someone who has experienced problems as a result of heroin use.

In Kentucky, nearly 2 in 10 (17%) adults reported that a family member or friend has experienced problems as a result of using methamphetamines. Eastern Kentucky adults reported a similar percentage (21%) affected by methamphetamines.

About 3 in 10 Kentucky adults (27%) 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. For Eastern Kentucky adults, 35% reported this; slightly higher than for the state as a whole.



¹⁹ Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>.

²⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, 2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf.

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.)

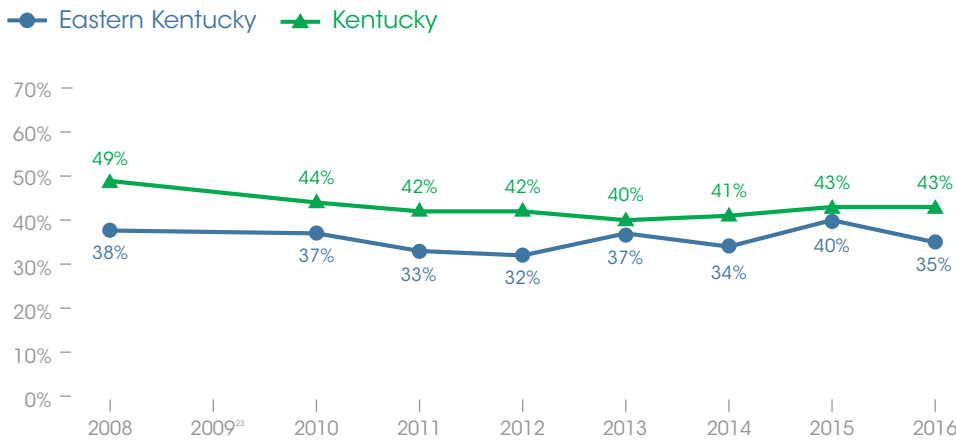
In Eastern Kentucky, 44% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). This is higher than for the state as a whole (31%). The percentage of Eastern Kentucky adults who reported incomes between 138% and 200% FPG was about the same as for the state. In Eastern Kentucky, 32% of adults reported income greater than 200% FPG, lower than the state (50%).

Overall Health Status

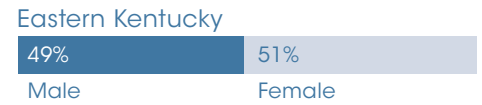
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length and quality of their lives.²² In 2016, more than 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and fewer than 3 in 10 (26%) said their health was fair or poor.

Less than 4 in 10 adults in Eastern Kentucky (35%) reported that their health was excellent or very good in 2016.

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



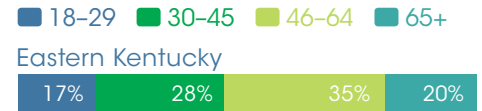
Sex



Kentucky



Age



Kentucky



Race

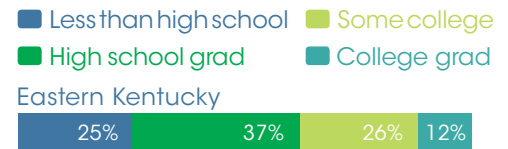


Kentucky



** Fewer than 10 respondents. Data not reported.

Level of Education



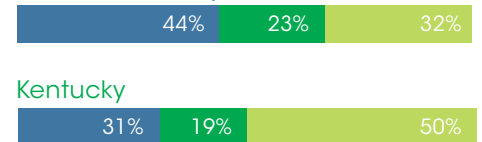
Kentucky



Poverty Status



Kentucky



²¹ In 2015, 138% of the Federal Poverty Guidelines (FPG) was \$33,465 for a family of four. 200% FPG was \$45,500 for a family of four.

²² DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

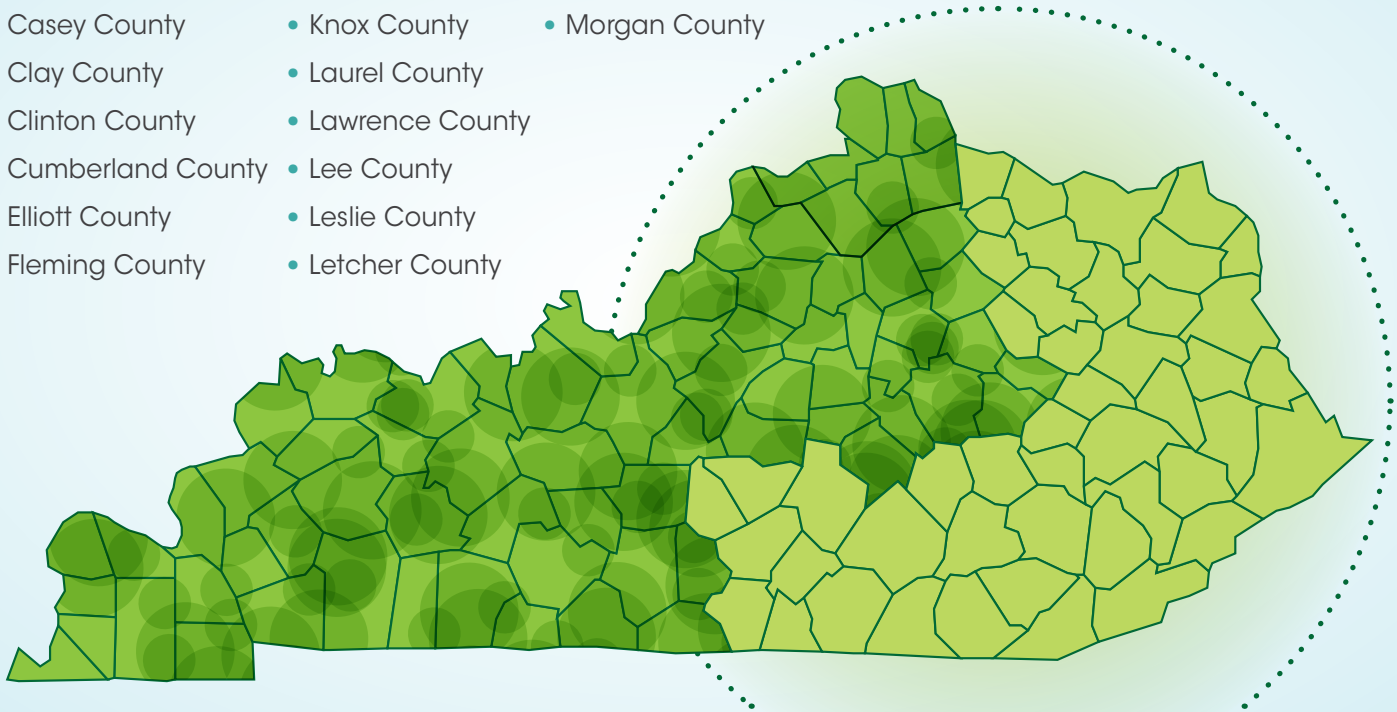
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

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 Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016 – Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 328 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 Susan Sprigg, Research Officer, at Interact for Health (ssprigg@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 (2017). Results from the *2016 Kentucky Health Issues Poll: Spotlight on Eastern Kentucky*. Louisville, KY: Authors.

Spotlight on Western Kentucky

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. This report presents the views expressed by respondents from the Western Kentucky area including the Barren River, Green River, Lincoln Trail, Pennyriple, and Purchase Area Development Districts. About 27% of Kentuckians live in this 42-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- Cancer and heart disease were named top health care issues for men and women in Kentucky.
- Adults ate similar servings of fruits and vegetables with 43% missing the recommended servings of fruits and vegetables.
- A clear majority reported easy access to healthy foods in their neighborhoods (80%).
- About 8 in 10 said they were very or somewhat physically active (82%).
- About half said their neighborhoods were very safe to walk, jog or bike.
- Four in 10 (39%) reported no firearm in their home.
- Nearly the same percentage reported ever using e-cigarettes (29%).
- Half favored needle exchange programs.
- A clear majority (65%) favored a statewide smoke-free law in Kentucky.
- Six in 10 adults (61%) favored increasing the minimum legal age to purchase tobacco products from 18 to 21.
- About half reported generally unfavorable opinions of the Affordable Care Act (ACA).
- Half reported no impacts of the ACA on themselves or their family and the remainder were split on reporting negative (25%) and positive (21%) impacts.
- About 1 in 10 (8%) adults ages 18 to 64 in Western Kentucky were uninsured at the time of KHIP.
- Two in 10 adults (21%) 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.
- Half of adults (52%) know a friend or family member they perceived to have a serious problem with depression.
- A clear majority knew where to find treatment or services for depression.

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

- Report knowing someone with a problem as a result of heroin use.

Adults in Western Kentucky were **more likely** to:

- Name obesity as an important health care issue for men and women.
- Report being not very or not at all familiar with needle exchange programs.

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

Healthy Communities..... 2

Most Important Health Care Issue for the Commonwealth.....2

Eating Fruits and Vegetables, Food Access.....2

Exercise and Neighborhood Conditions.....3

Using Electronic Cigarettes.....3

Presence and Storage of Firearms in the Home.....4

Syringe Exchange Programs.....4

Tobacco-free Policies..... 5

Support for a Statewide Smoke-free Law5

Increasing the Minimum Age to Purchase Tobacco5

Health Insurance and Health Care..... 6

Opinions about the Patient Protection and Affordable Care Act (ACA)..... 6

ACA and Kentuckians.....7

Health Insurance.....8

Delayed Medical Care.....9

Depression and Awareness of Mental Health Support Services9

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers... 10

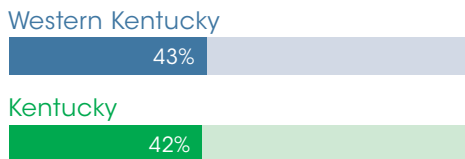
Demographic Profile 11

Overall Health Status.....11

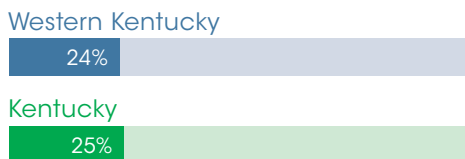
About the Kentucky Health Issues Poll 12

Percentage of Kentucky adults who meet dietary recommendations

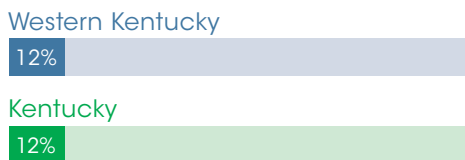
Does not meet either fruit or vegetable recommendations



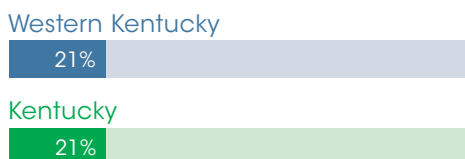
Meets fruit recommendation only



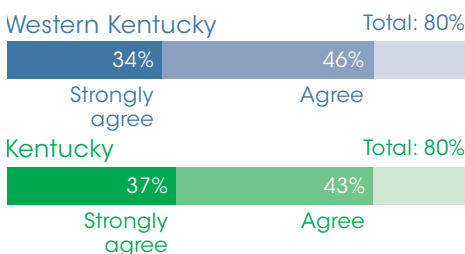
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables. (Graph show only those who strongly agreed or agreed.)



Healthy Communities

Building healthy communities across Kentucky can help Kentuckians engage in healthy activities throughout their day — at work, at school, at church, in the neighborhood, and at home. The Kentucky Health Issues Poll (KHIP) asked adults about their personal health behaviors as well as their opinions about statewide and local health policies.

Most Important Health Care Issue for the Commonwealth

This year’s KHIP asked Kentucky adults to identify the most important health care issue facing Kentucky’s men, women, and children. Respondents could provide any answer. One in 4 Kentucky adults (25%) named obesity as the most important health issue facing children in Kentucky. Cancer and heart disease were cited as the top two important health issues for both Kentucky’s men and women. The next most frequently reported issue, for adults and children alike, was problems with health care or health insurance, cited by about 1 in 10 respondents.

Like adults throughout Kentucky, Western Kentucky respondents named cancer and heart disease as the state’s most important health care issues for men and women. In addition, about 1 in 10 Western Kentucky adults said obesity was an important health issues for both men and women.

Eating Fruits and Vegetables, Food Access

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture offer dietary guidelines for healthy eating.¹ They suggest that half of each plate be made up of fruits and vegetables. Four in 10 adults (42%) did not eat the recommended amounts of both fruits *and* vegetables. Only 2 in 10 Kentucky adults (21%) ate the recommended amounts of fruits and vegetables.

Compared with adults statewide, Western Kentucky adults ate similar servings of fruits and vegetables.

A clear majority of Kentucky adults (80%) agreed that it is easy to buy healthy foods such as whole-grain foods, low-fat options, and fruits and vegetables in their neighborhoods.

Western Kentucky adults reported the same ease of access to healthy foods in their neighborhoods as the state (80%).



¹ U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDA). Dietary Guidelines for Americans 2010 and 2015. Retrieved from <https://health.gov/dietaryguidelines/>.

Exercise and Neighborhood Conditions

Being physically active is one of the most valuable things a person can do to maintain good health. The U.S. Office of Disease Prevention and Health Promotion states, “All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.”² KHIP asked, “In general, would you say you are very, somewhat, not very or not at all physically active?” Eight in 10 Kentucky adults (79%) said they were very physically active (30%) or somewhat physically active (49%).



In Western Kentucky, residents reported similarly high levels of physical activity with 35% being very physically active and 47% being somewhat physically active.

Good neighborhood conditions are important for easily and safely engaging in physical activity. KHIP asked, “How would you rate the condition of sidewalks and shoulders in your neighborhood?” Half of Kentucky adults (51%) said sidewalks and shoulders were excellent, very good or good. About 4 in 10 (44%) said the conditions were fair or poor.

KHIP also asked, “How safe is it to walk, jog or bike in your neighborhood?” Nearly 5 in 10 Kentucky adults (46%) said it was very safe, and more than 3 in 10 (35%) said it was somewhat safe. About 2 in 10 adults (19%) said their neighborhood was somewhat unsafe or not at all safe for exercise.

Western Kentucky adults rated the conditions of their neighborhood sidewalks about the same as adults statewide. Relatedly, a similar proportion of Western Kentucky adults said their neighborhoods were very safe for exercise (49%) compared with adults statewide.

Using Electronic Cigarettes

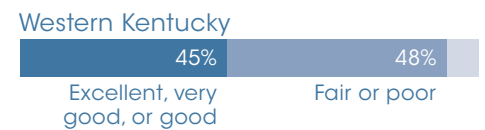
KHIP asked, “Electronic cigarettes or e-cigarettes are battery-powered devices used to inhale vaporized liquid. The vaporized liquid often contains nicotine, and some have flavorings and other ingredients. Users of e-cigarettes sometimes refer to the activity as ‘vaping,’ as opposed to smoking. Have you ever used an electronic cigarette or e-cigarette?” One in 4 Kentucky adults (25%) reported ever using an e-cigarette. This is the same as in 2014 (24%).

In Western Kentucky, nearly the same percentage reported ever using e-cigarettes (29%).

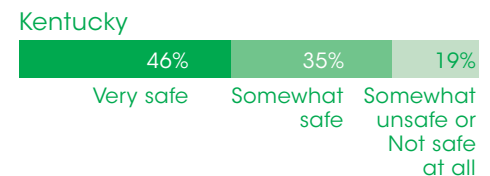
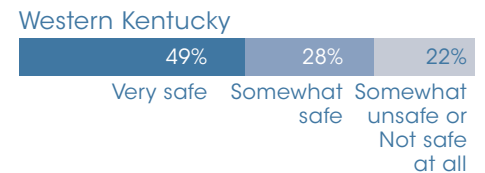
Percentage of adults who say that, in general, they are very or somewhat physically active



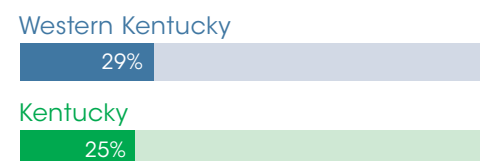
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



Have you ever used an electronic cigarette or e-cigarette? (Graph shows only those who said yes.)



² Office of Disease Prevention and Health Promotion. (2008). 2008 Physical Activity Guidelines for Americans (ODPHP Publication No. U0036). Washington DC: U.S. Government Printing Office. Retrieved from <https://health.gov/paguidelines/guidelines/>.



Presence and Storage of Firearms in the Home

Firearms that are not properly handled or stored can pose a significant threat to the health of adults, children, and the community. The 2016 KHIP asked about the presence and storage of firearms in the home.³ Fewer than 5 in 10 Kentucky adults (45%) said there was no firearm present in their home. Three in 10 Kentucky adults (30%) said they had an *unloaded* firearm around their home. KHIP also asked, “Are any of these loaded firearms also unlocked?” Ten percent of all adults in Kentucky had a loaded, *locked* firearm in or around their home and 15 percent had a loaded, *unlocked* firearm in their home.

About 4 in 10 Western Kentucky adults (39%) reported no firearm in their home; this is about the same as for the state as a whole (45%).

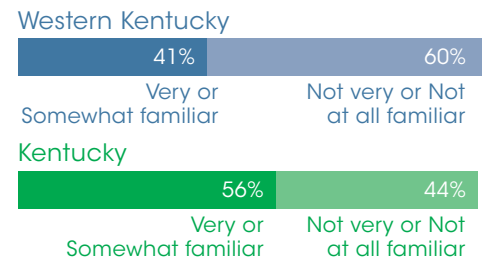
Syringe Exchange Programs

A November 2016 analysis by the Centers for Disease Control and Prevention found that 54 of Kentucky’s 120 counties were vulnerable to an outbreak of infectious diseases such as HIV or hepatitis C among people who inject drugs.⁴ Injection drug users are at increased risk of contracting such diseases. Needle exchange programs, also known as syringe exchange programs, are an effective way to reduce this risk. A needle exchange program allows people who inject drugs to exchange used syringes for new, sterile syringes. Research has shown that such programs can help reduce the spread of HIV and hepatitis C⁵ and do not increase the frequency or initiation of drug use.⁶ Currently 28 areas in Kentucky have syringe exchange programs.⁷

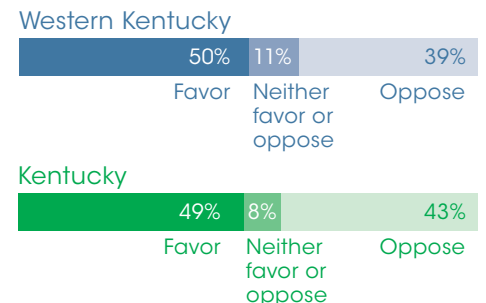
Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they oppose needle exchange programs (43%). About 1 in 10 (8%) said they neither opposed or favored, or were not sure.

In Western Kentucky, many more reported being not very or not at all familiar with needle exchange programs (60%) than compared to statewide reports. Opinions about the programs were split in Western Kentucky with 50% favoring, 39% opposing, and 11% neither favoring or opposing such programs.

Familiarity with with needle exchange programs



Do you favor or oppose needle exchange programs?



³ KHIP asked: “Are any firearms kept in or around your home? In your answers, please include weapons such as pistols, shotguns and rifles; but not BB guns, starter pistols or guns that cannot fire. Include those kept in a garage, outdoor storage area or motor vehicle.”

⁴ Van Handel, M.M., Rose, C.E., Hallisey, E.J., et al. (2016). County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *Journal of Acquired Immune Deficiency Syndromes*, 73 (3), 323-331.

⁵ Des Jarlais, D.C., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. *MMWR Morb Mortal Wkly Rep* 64 (48), 1337-1341. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a3.htm>

⁶ Institute of Medicine. Preventing HIV infection among injecting drug users in high-risk countries: An assessment of the evidence. (2006). Washington, D.C.: National Academies Press. Retrieved from <https://www.nap.edu/catalog/11731/preventing-hiv-infection-among-injecting-drug-users-in-high-risk-countries>.

⁷ Kentucky Cabinet for Health and Family Services: Department for Public Health. (2017) HIV Prevention Program. Retrieved from <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>.

⁸ KHIP asked, “I’d like to ask you about needle exchange programs offering clean needles to IV drug users in exchange for used needles. How familiar are you with needle exchange programs which have been implemented in a number of cities across the Commonwealth?”

⁹ KHIP asked, “Some people favor needle exchange programs because they feel these programs help reduce the spread of AIDS. Others oppose needle exchange programs because they feel these programs send the message that it’s okay to use illegal drugs. What about you ... do you favor or oppose needle exchange programs?”

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies but most are not. The 2017 Kentucky legislature introduced a bill requiring school campuses be tobacco-free; however, it died in committee.

Support for a Statewide Smoke-free Law

Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District of Columbia have adopted comprehensive smoke-free laws.¹¹ A comprehensive smoke-free law covers all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 people in Kentucky (33%) are covered by locally enacted comprehensive smoke-free ordinances.¹²

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law increased from 54% in 2011 to 71% in 2016.

In Western Kentucky, about 7 in 10 (65%) adults favored a statewide smoke-free law in 2016, while 31% opposed a law, and 4% had no opinion. This is an increase in support from 2011, when just 51% of Western Kentucky adults favored a statewide law. Support for the law in Western Kentucky is similar to the state.

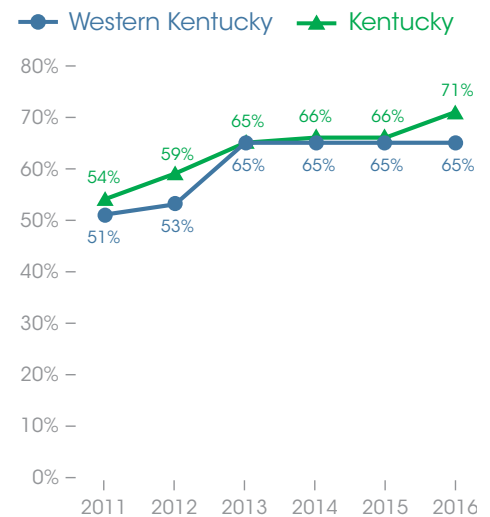


Increasing the Minimum Age to Purchase Tobacco

Raising the minimum legal age to purchase tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.¹³ Five states, Hawaii, California, New Jersey, Maine, and Oregon have increased the minimum legal age for buying tobacco products to 21.¹⁴ In Kentucky, nearly 6 in 10 adults (58%) favored increasing the minimum legal age to buy tobacco purchases in Kentucky to 21.¹⁵

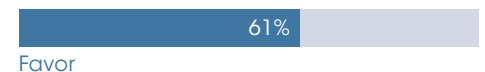
In Western Kentucky, about the same percentage (61%) favored increasing the minimum legal age for purchasing tobacco products from 18 to 21.

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.)



Increasing minimum legal age to purchase tobacco products to 21 years

Western Kentucky



Kentucky



¹⁰ 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.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *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 <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vga2-kkcg>

¹² University of Kentucky, Center for Smoke-Free Policy (2017). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated May 11, 2017. Lexington, KY: Author. Retrieved from <http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy>

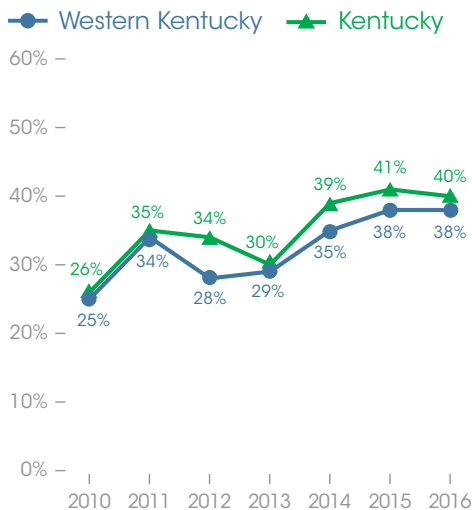
¹³ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

¹⁴ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Age for Tobacco Products to 21, August 2017. Retrieved from http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf

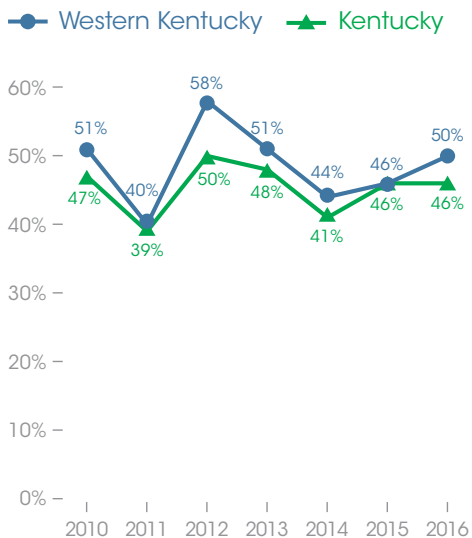
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

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

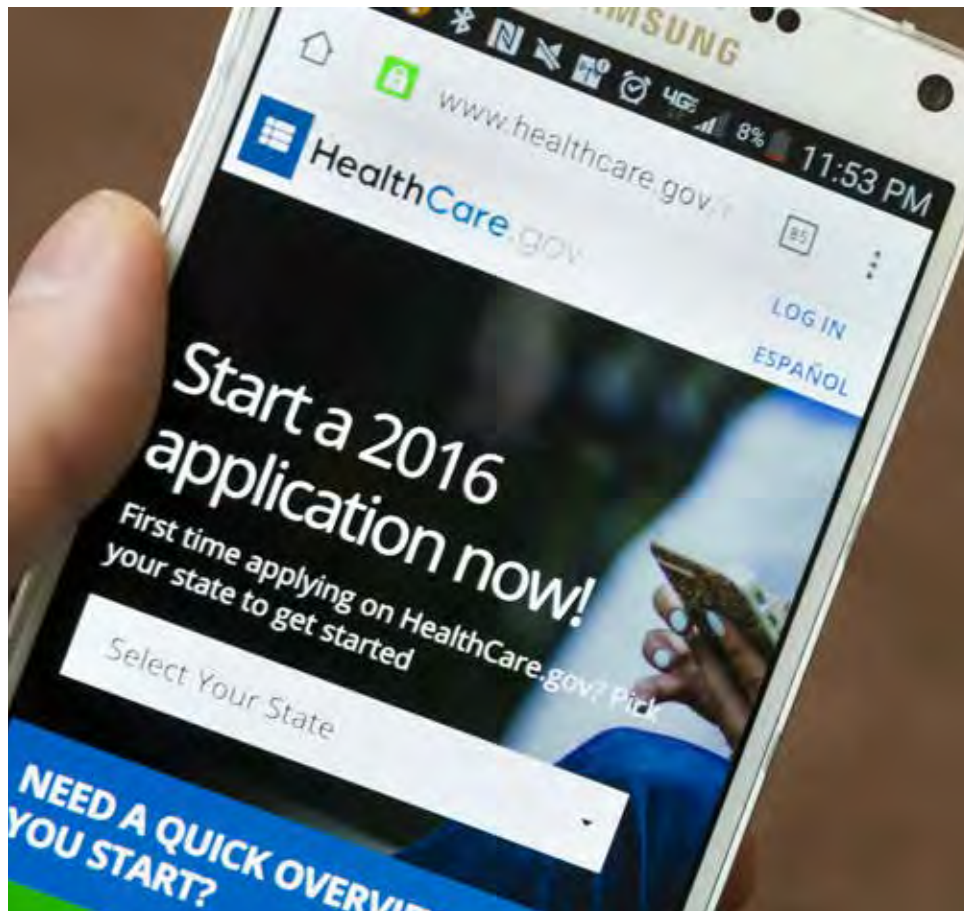


Health Insurance and Health Care

Opinions about the Patient Protection and Affordable Care Act (ACA)

KHIP has tracked Kentucky adults' 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 partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

Nearly 4 in 10 Western Kentucky adults (38%) reported having a generally favorable opinion of the ACA, and half (50%) had a generally unfavorable opinion of it. Western Kentucky adults reported similar opinions about the Affordable Care Act compared with the state and the nation.¹⁷



¹⁶ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁷ National results from the Kaiser Health Tracking Poll (Oct 2016): favor 45%, unfavorable 45%. Retrieved from <http://files.kff.org/attachment/Kaiser-Health-Tracking-Poll-October-2016>

ACA and Kentuckians

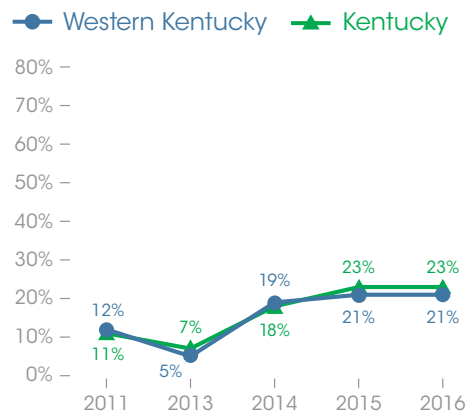
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact increased. More than 2 in 10 adults (23%) reported the law had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who reported that the law had a negative impact on their family has remained stable since 2013.



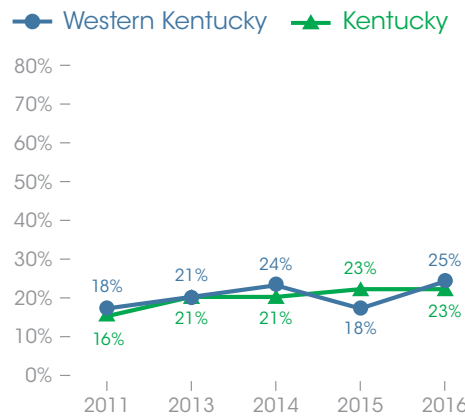
In Western Kentucky, adults were split on reports negative impacts (25%) and positive impacts (21%) from the Affordable Care Act. Like the state, about half in Western Kentucky (52%) reported no effects from the health reform law.

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.)

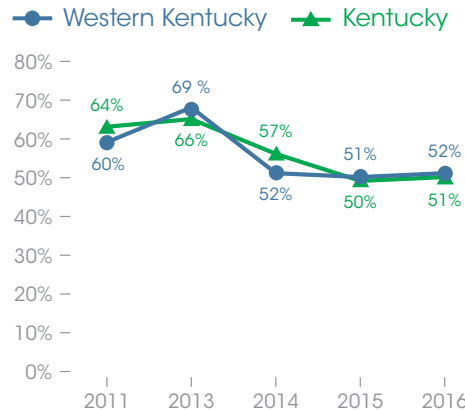
The health reform law has positively affected me and my family



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



Health Insurance

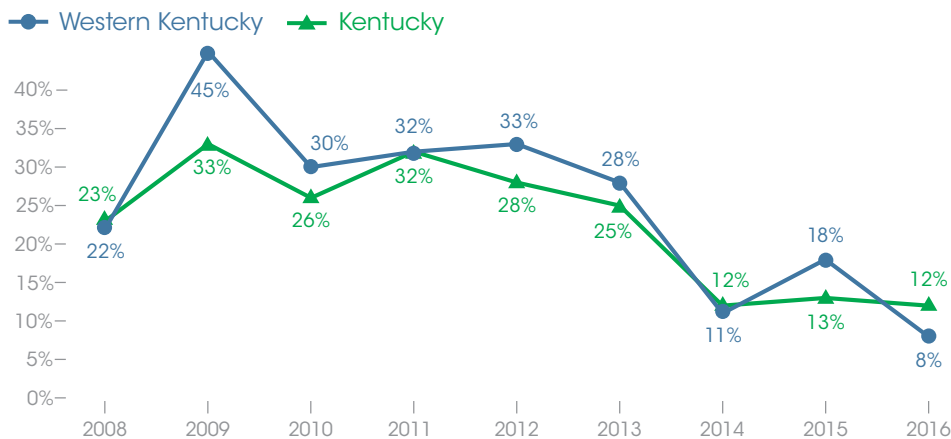
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

About 1 in 10 Western Kentucky adults (8%) ages 18 to 64 were uninsured at the time of KHIP. This is a significant decrease in the percentage of uninsured adults since 2012 when more than 1 in 3 adults (33%) were uninsured. In 2016, Western Kentucky adults ages 18 to 64 reported similar rates of being uninsured when compared with the state as a whole (12%).

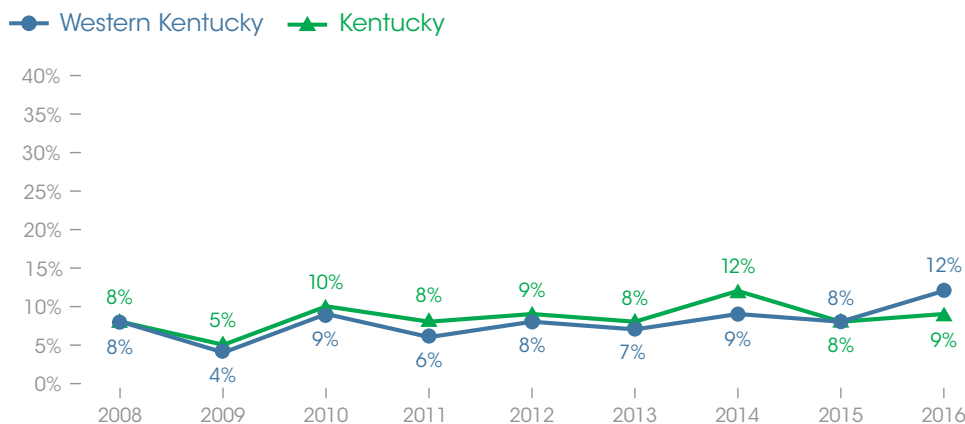
This decline in uninsurance is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy insurance as required by the ACA. In the initial enrollment period, 521,000 people enrolled through Kentucky's insurance website known as kynect, 75% of whom were previously uninsured.¹⁸

Another factor in being able to get health care is the 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, about 1 in 10 adults (12%) ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, 2 in 10 Western Kentucky adults ages 18 to 64 (20%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ 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>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 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. Two in 10 Western Kentucky adults (21%) reported this.



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

21%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

Health care must include mental health care. According to the Centers for Disease Control and Prevention, nearly 1 in 5 Kentucky adults (19%) report ever being told by a health provider that they have a form of depression.¹⁹ In Kentucky, as with the nation, fewer than half (47%) of adults with a mental illness receive mental health treatment or counseling.²⁰

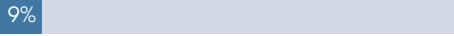
Half of Kentucky adults (49%) know a friend or family member they perceived to have a serious problem with depression according to the 2016 KHIP. In addition, KHIP asked, “Suppose a family member or friend asked you for help finding services or treatment for depression. Would you know who to contact to help them find services or treatment?” Nearly 7 in 10 Kentucky adults reported knowing who to contact for services or treatment for depression (68%).

Results in Western Kentucky were like those for the state; half (52%) of Western Kentucky adults said they knew someone they perceived as depressed and 7 in 10 (71%) knew where to find depression services or treatments.

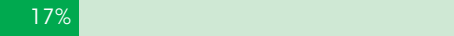
Have any of your family members or friends experienced problems as a result of using heroin?

(Graph shows only those who said yes.)

Western Kentucky



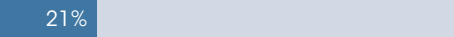
Kentucky



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

(Graph shows only those who said yes.)

Western Kentucky



Kentucky



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.)

Western Kentucky



Kentucky



Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

Since 2013, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities. In addition, in 2013 and 2016, KHIP asked about use of methamphetamines.

Overall, nearly 2 in 10 Kentucky adults (17%) reported knowing family or friends who have experienced problems as a result of using heroin. However, the rate is much higher in some parts of the state. About 1 in 10 Western Kentucky adults (9%) knew someone who has experienced problems as a result of heroin use.

In Kentucky, nearly 2 in 10 (17%) adults reported that a family member or friend has experienced problems as a result of using methamphetamines. Western Kentucky adults reported a similar percentage (21%) affected by methamphetamines.

About 3 in 10 Kentucky adults (27%) 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. That percentage was the nearly the same among Western Kentucky adults (24%).



¹⁹ Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>.

²⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, 2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/2015_Kentucky_BHBarometer.pdf.

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.)

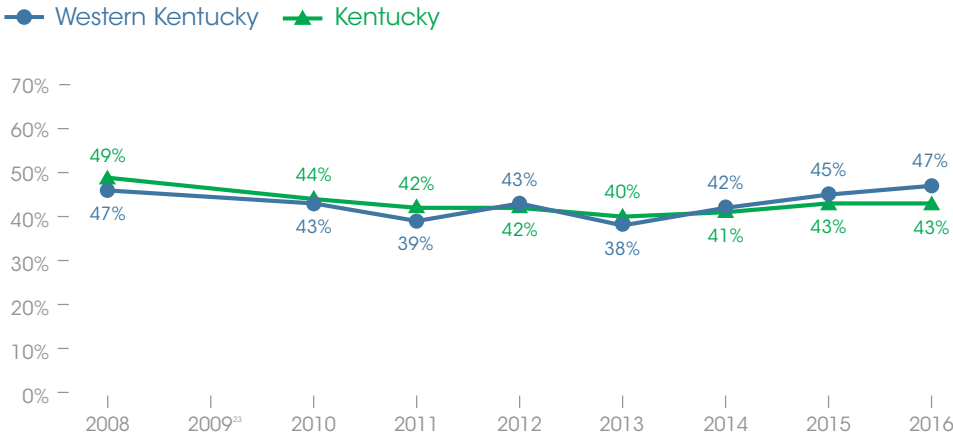
In Western Kentucky, 33% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). This is nearly the same as reported for the state as a whole (31%). The percentage of Western Kentucky adults who reported incomes between 138% and 200% FPG and more than 200% FPG were about the same as for the state.

Overall Health Status

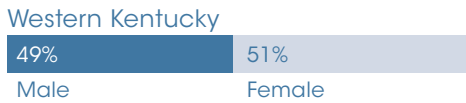
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length and quality of their lives.²² In 2016, more than 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and fewer than 3 in 10 (26%) said their health was fair or poor.

Nearly half of Western Kentucky adults (47%) reported that their health was excellent or very good in 2016.

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



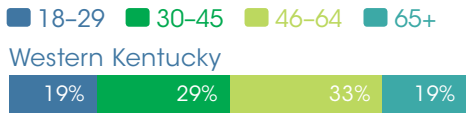
Sex



Kentucky



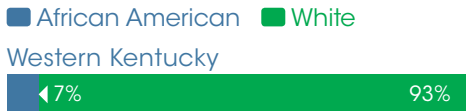
Age



Kentucky



Race



Kentucky



Level of Education



Kentucky



Poverty Status



Kentucky



²¹ In 2015, 138% of the Federal Poverty Guidelines (FPG) was \$33,465 for a family of four. 200% FPG was \$45,500 for a family of four.

²² DeSalvo, K.B., et al. (2006) Clinical Review: Mortality Prediction with a Single General Self-Rated Health Question. Journal of General Internal Medicine. 21 (3). 267-275.

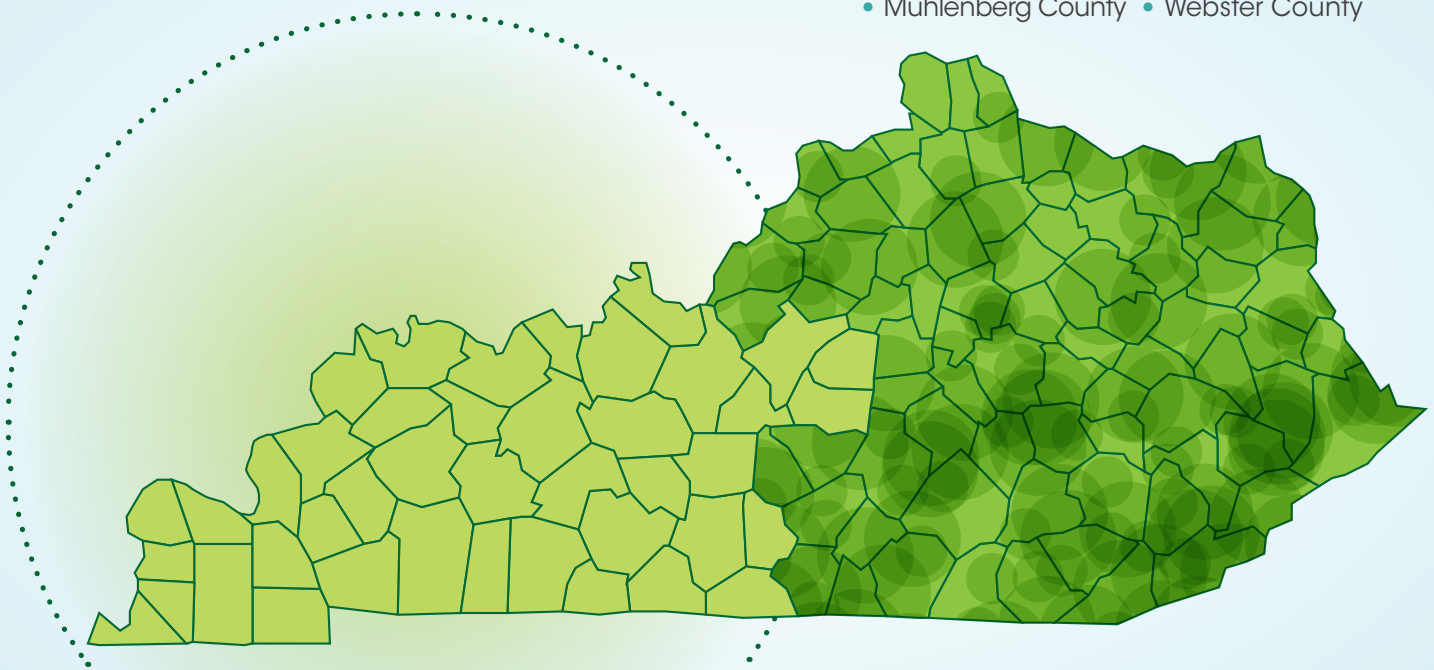
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

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 Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016 – Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 329 respondents resided in the Western Kentucky region. 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 Susan Sprigg, Research Officer, at Interact for Health (ssprigg@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 (2017). Results from the *2016 Kentucky Health Issues Poll: Spotlight on Western Kentucky*. Louisville, KY: Authors.