



# Overview of the poll

The **Ohio Health Issues Poll (OHIP)** provides health status and brief socioeconomic profiles of the state combined with public opinion on health-related topics.

The Health Foundation of Greater Cincinnati has combined state-level public opinion polls with health assessment surveys to create a powerful tool for health policy development.

OHIP is conducted by the Institute for Policy Research at the University of Cincinnati as part of the Ohio Poll. For more information, please visit our web site at [www.healthfoundation.org/ohip.html](http://www.healthfoundation.org/ohip.html). For the complete survey dataset, visit [www.oasisdataarchive.org](http://www.oasisdataarchive.org).

## Survey topics

Topics in the 2011 OHIP include:

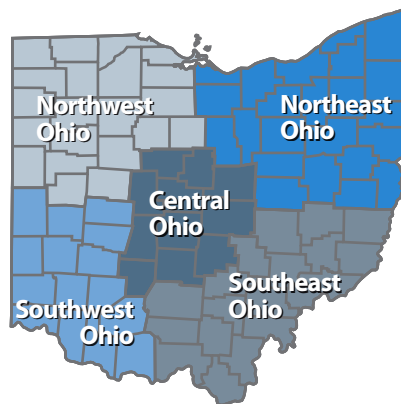
- Health insurance status
- Perception of weight
- Junk food and soda consumption
- Emergency preparedness
- Prescription drug misuse
- Prescription drug disposal
- Sleeping habits
- Knowledge of insurance coverage
- Caregiving

## Methodology

A total of 946 randomly selected adults from throughout Ohio were interviewed by telephone between July 15 and 25, 2011. This included 742 landline interviews and 204 cell phone interviews.

Statistical adjustments were made to correct any biases that exist because of households not having a telephone. The potential sampling error for the survey is  $\pm 3.2\%$ . Caution should be used when interpreting subgroup results because the margin of error for any subgroup is higher than that of the overall survey.

OHIP also includes five regional samples so various regions of the state can compare their health status and public opinion to the state as a whole.



## Cell phone sample

The 2011 OHIP included a sample of 204 cell-phone-only adults. These are adults who have a cell phone, but no landline telephone. These adults would not have otherwise been captured in our landline telephone survey. The number of cell-phone-only households is growing. Research has shown that cell-phone-only users tend to be younger, more

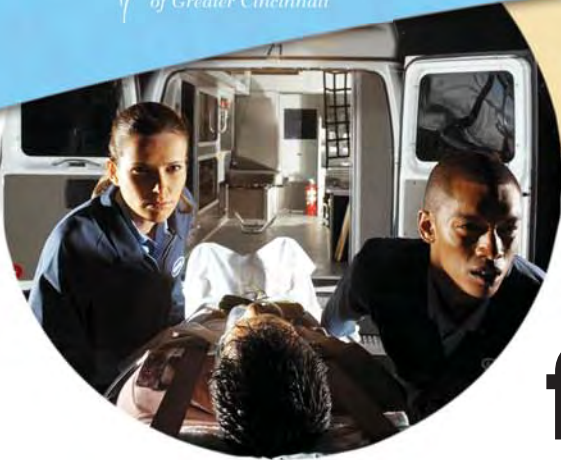
racially diverse, and with lower incomes than the general adult population.<sup>1</sup>

## Why OHIP?

Policymakers, health advocates and journalists use data from public opinion polls to provide context and show how much support the public has for a particular topic. Many health-focused public opinion polls are national and the data cannot be used to determine what an individual state's residents think about a topic. Policymakers and advocates, however, often want state-level public opinion data to help guide their decisions. State-level data are usually limited to assessment data, such as health status, financial indicators and other socioeconomic and demographic data.

OHIP gives state-level policymakers and advocates valuable information for keeping health on the public agenda. OHIP was featured in the January 2009 issue of *Health Affairs* in the Grant Watch article "Inform, Influence, Evaluate: The Power Of State Public Opinion Polls."

<sup>1</sup> Link, Michael, Michael Battaglia, Martin Frankel, Larry Osborn and Ali Mokdad. 2007. Reaching the U.S. Cell Phone Generation Comparison of Cell Phone Survey Results with an Ongoing Landline Telephone Survey. *Public Opinion Quarterly*. Vol 71, No. 5 2007, pp. 814-839.



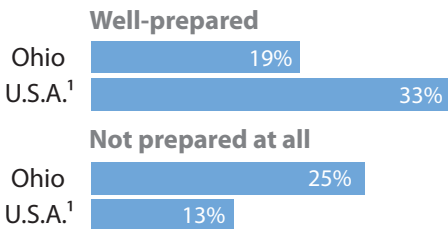
# Are Ohioans ready for emergencies?

Each year Ohio experiences emergencies ranging from flooding to fires to public health emergencies. To understand adults' readiness to deal with such events, the 2011 **Ohio Health Issues Poll (OHIP)** asked a number of questions related to emergency preparedness, behavior in the case of suspected air or water poisoning, and support for the poison control center.

## Ohioans less prepared than nation for emergency

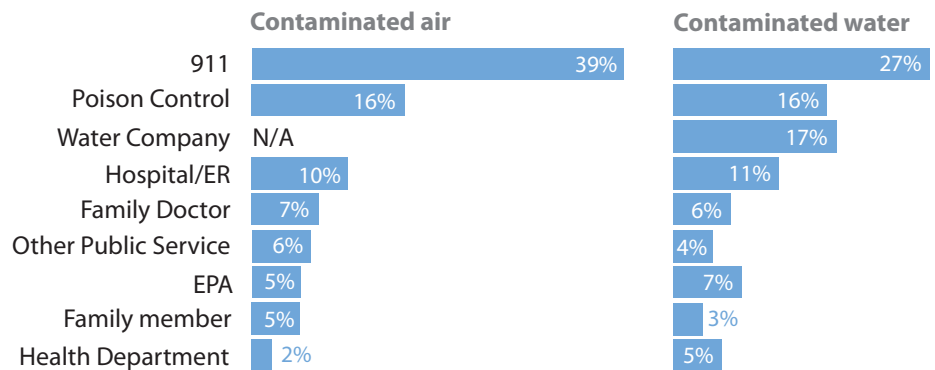
One in 5 (19%) Ohio adults reported they are well-prepared to handle a large-scale disaster or emergency, less than the nation (33%).

### How well prepared is your household to handle a large-scale disaster or emergency?



<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). (2010). Available at <http://www.cdc.gov/brfss/>

### Who Ohioans would call first if they thought they were exposed to contaminated air/water\*



\* Does not add to 100% because the responses "don't know" and "other" are not included

## Ohioans would call 911 first, poison control second

Ohio adults were asked who they would call first if they thought they were exposed to contaminated air or water. In both cases 911 was the most popular choice followed by the poison control center or the water company.<sup>2</sup>

## Majority thinks taxes should fund poison control centers

Just fewer than 1 in 4 Ohio adults

<sup>2</sup> 911 and the Poison Control Center are staffed to handle different types of calls. 911 handles emergency care and immediate transport requests, while the poison control center provides immediate first aid advice, evaluation, follow up, and healthcare provider consultation.

(24%) have contacted their local poison control center, but more than 7 in 10 (71%) think their community should provide tax dollars to support the local poison control center.

### Poison control centers

A poison control center is a 24-hour emergency and technical information service available to anyone concerned about poisonous or hazardous substances. Poison control centers are staffed by people trained to provide poison treatment advice. To be connected to a poison control center in your region, call 1-800-222-1222.

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INSURANCE

# Ohioans without health insurance

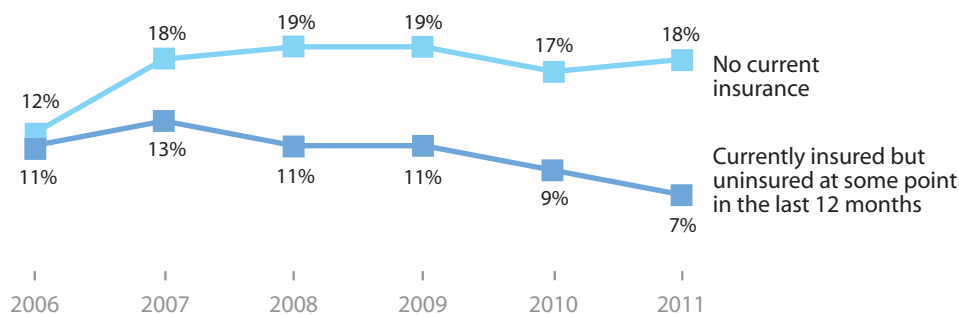
The **Ohio Health Issues Poll (OHIP)** includes questions about health insurance coverage to provide a picture of the insurance status of Ohio adults and their families.

Because nearly all Ohioans ages 65 and older (99%) are insured, this summary focuses on Ohioans ages 18-64, unless otherwise noted.

## Uninsurance rates stable

Having health insurance is an important factor in being able to get healthcare. More than 1 in 6 Ohio adults (18%) ages 18-64 did not have health insurance at the time of OHIP. This was up from just more than 1 in 9 adults (12%) in 2006, but consistent with recent results.

## Percentage of Ohio adults ages 18-64 who were uninsured at any time in the last 12 months, including currently



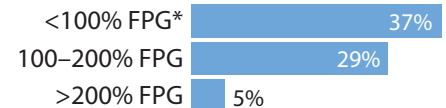
## Uninsured at some point in last year down slightly

Another factor in being able to get healthcare is how stable a person's health insurance coverage is. A measure of this is whether a person has been covered continuously for the past 12 months. Fewer than 1 in 10 Ohioans ages 18-64 (7%) who were insured at the time of OHIP had been uninsured at some point in the past 12 months. This is down slightly from a high of 13% in 2007.

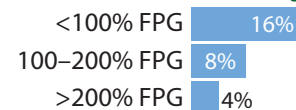
One in 7 Ohio adults (14%) of all ages reported that a member of their household, besides themselves, was currently uninsured. This was up from 12% in 2006, but down slightly from 20% in 2010.

## Poverty influences insurance status

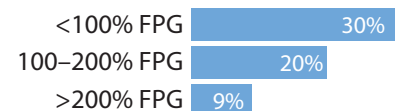
### Currently uninsured (ages 18-64)



### Insured, but uninsured at some point in the last 12 months (ages 18-64)



### Household member is uninsured (all adults)



\*100% of the federal poverty guidelines (FPG) in 2010 was an annual household income of \$22,050 for a family of 4.

Ohio adults with lower household incomes reported much higher rates of:

- being currently uninsured.
- being currently insured but uninsured at some point in the last 12 months.
- having a household member who is uninsured.

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For more information about OHIP, please visit [www.healthfoundation.org/ohip.html](http://www.healthfoundation.org/ohip.html)

AUGUST 2011





# How Ohioans view their weight

According to the Centers for Disease Control and Prevention (CDC), being overweight or obese increases a person's risk of heart disease, type 2 diabetes, high blood pressure, stroke, and certain types of cancer.

Like much of the nation, Ohio has seen a consistent increase in obesity rates. The 2011 **Ohio Health Issues Poll (OHIP)** found 1 in 4 Ohio adults (26%) are obese, up from 22% in 2000.<sup>1</sup>

Research has shown that as obesity rates increase in a community, people think that a heavier weight is actually normal. If adults do not think they are overweight, they are not likely to work on losing weight.

To understand Ohio adults' perceptions of their weight, OHIP asked people their actual weight and height, as well as their perception of their weight status (overweight, underweight or about right).

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). (2000). Available at <http://www.cdc.gov/brfss/>

## Some who are overweight don't think they are

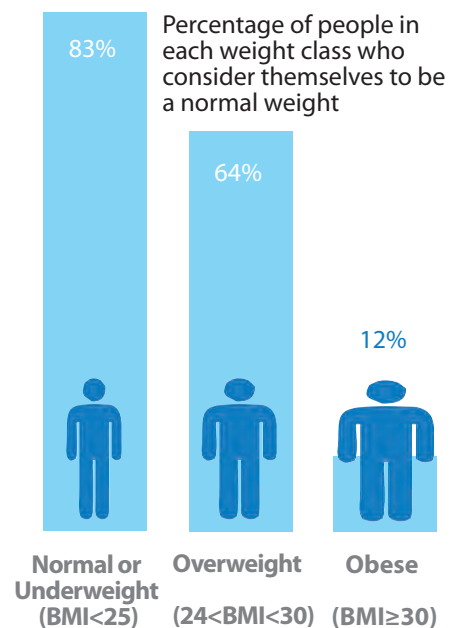
OHIP found that 4 of 10 Ohio residents (40%) thought they were overweight. But when respondents' BMI was calculated, 6 of 10 residents (62%) were found to be overweight or obese. In general as BMI increases, more Ohio adults think they are overweight, but more than 1 in 10 obese adults think their weight is normal (12%).

## Fewer than half of obese adults advised to lose weight

Healthcare providers are among many people in the community who could change people's perception of their obesity status. In the past 12 months, 4 of 10 people (40%) whose BMI puts them in the obese category were told to lose weight.

It is unlikely that all obese adults in Ohio had contact with a healthcare provider in the last year. However, based on research in the Cincinnati area, we would expect that at least 8 in 10 (80%) had some contact with a healthcare provider in the last year.

## Real vs. perceived weight



## Calculating BMI

Weight ranges for being overweight and obese are calculated using the Body Mass Index (BMI). Based on BMI, a person who is 5 feet 4 inches tall would be considered overweight at 150 pounds and obese at 180 pounds. Similarly, a person who is 6 feet tall would be considered overweight at 190 pounds and obese at 220 pounds.

OHIP asked for height and weight during the survey, and BMI was calculated for each respondent. Overweight is defined as a BMI of 25-29.9; obese is defined as a BMI of more than 30.

A BMI calculator can be found at <http://www.nhlbisupport.com/bmi/>.

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# Sleep habits of adults in Ohio

Not getting enough sleep has been linked to diabetes, cardiovascular disease, obesity and depression. Insufficient sleep may be present at the beginning of those diseases and can affect their treatment. Sleeping well and long enough is an indicator of good health.

The 2011 **Ohio Health Issues Poll (OHIP)** asked several questions about Ohioans' sleeping habits.

## Majority gets enough sleep

According to the National Sleep Foundation, adults should sleep 7 to 9 hours each day. OHIP found that 6 of 10 Ohio adults (61%) slept 7 to 9 hours in a 24-hour period. However, more than one-third of Ohio adults (34%) gets 6 or fewer hours of sleep.

## Older people and those with higher incomes more likely to get enough sleep

OHIP found that older people are more likely to get enough sleep. More than three-quarters of people 65 and older (76%) reported getting 7 to 9 hours of sleep. That

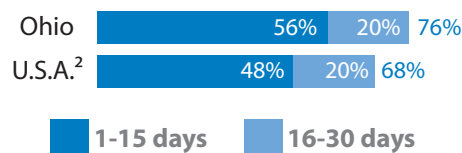
compares with about 3 of 7 people age 18 to 29 (45%).

About two-thirds of people (67%) who live above 200% of the Federal Poverty Guidelines (FPG)<sup>1</sup> reported getting 7 to 9 hours of sleep. That compares with 4 of 10 people who live at 100% or below FPG (43%).

## More Ohioans report not getting enough sleep than other U.S. adults

In Ohio, 76% of adults reported feeling they did not get enough rest or sleep in the last month, compared with 68% of adults nationwide<sup>2</sup>.

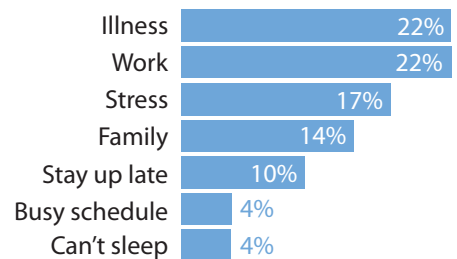
## During the last 30 days, for about how many days have you felt you did not get enough sleep?\*



<sup>1</sup> 100% of the federal poverty guidelines (FPG) in 2010 was an annual household income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). (2010).

## What is the most frequent reason you do not get enough sleep? \*



\* Asked only of those who said they did not get enough sleep 6 or more days in the last 30 days, 39% of OHIP respondents.

Does not add to 100 percent because responses "don't know" and "other" not included.

## Work, illness, stress top reasons for not getting enough sleep

More than 4 of 10 people who did not get enough sleep on six or more days in the last month cited illness (22%) or work (22%) as the reason they didn't get enough sleep, while stress (17%) was cited by about 1 of 6 people.

# Junk food and soda use in Ohio

The 2011 *Ohio Health Issues Poll (OHIP)* found that 6 of 10 Ohio adults (62%) were either overweight (36%) or obese (26%). Ohio, like most states, has seen an increase in the rates of obesity over the last two decades. Cities and states across the nation have considered taxing unhealthy foods such as soda, candy and chips in an effort to reduce obesity and raise public health revenues. OHIP included several questions to learn about junk-food consumption and public opinion about junk-food taxes.

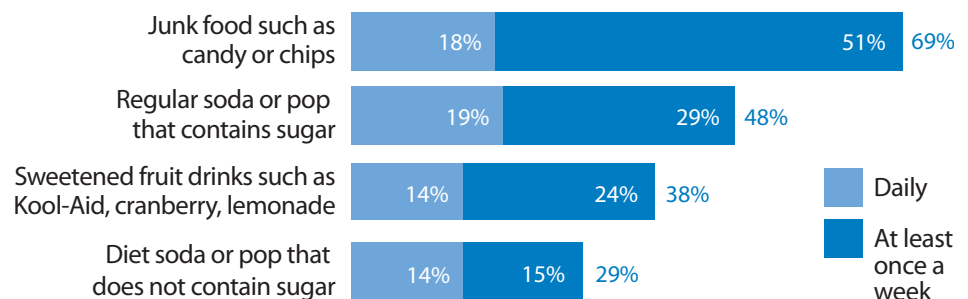
## Large majority eats chips or candy at least once a week

OHIP found that almost 7 of 10 Ohio adults (69%) eat junk food such as candy or chips daily (18%) or at least once a week (51%).

## Many Ohio adults consume sugary drinks

Nearly half of Ohio adults reported they drink soda or pop that contains sugar (48%), and nearly 4 in 10 (38%) drink sweetened fruit drinks such as Kool-Aid, cranberry and lemonade at least once a week.

### How often do you consume these foods or drinks?



## The young more likely to drink sugary drinks

Young adults drink more sugary drinks than older adults. More than 6 of 10 Ohio adults age 18 to 29 drink soda that contains sugar (69%) or sweetened fruit drinks (65%) at least once a week. Nearly 3 of 10 adults age 65 or older drink soda containing sugar (28%) or sweetened fruit drinks such as Kool-Aid, cranberry and lemonade (28%) at least once a week.

## The poor more likely to drink sugary drinks

Likewise, 72% of Ohio adults living at or below 100% of the federal poverty guidelines (FPG<sup>1</sup>) drink soda that contains sugar, and 56%

drink sweetened fruit drinks such as Kool-Aid, cranberry and lemonade at least weekly. That compares with fewer than half of adults living above 200% FPG who drink soda that contains sugar (42%) or sweetened fruit drinks such as Kool-Aid, cranberry and lemonade (33%) at least weekly.

## Ohioans oppose junk-food taxes

OHIP found a large majority of Ohioans oppose taxes on unhealthy foods. Nearly 7 of 10 Ohio adults

**Continued on back**

<sup>1</sup> 100% of the federal poverty guidelines (FPG) in 2010 was an annual household income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

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oppose raising taxes on soda or pop that contains sugar (67%) or junk food such as candy and chips (69%).

### **Opposition to taxes more likely among poor**

OHIP found that 8 of 10 Ohio residents with lower household incomes opposed raising taxes on soda that contains sugar (80%) or junk food (82%). Only about 6 of 10 people with higher incomes opposed raising taxes on soda (60%) or junk food (64%).

### **Diet pop consumption**

Diet pop has been marketed as a low-calorie alternative to pop that contains sugar. There is very little research on the health effects of diet soda.

Nutrition experts recommend drinking water or milk instead of sweetened or artificially sweetened beverages.

OHIP found that nearly 3 of 10 Ohioans (29%) drink diet soda daily or at least once a week.

Older adults are more likely than young adults to drink diet soda. Nearly

4 of 10 adults 65 or older (38%) drink diet soda at least weekly, while only about one-quarter of adults 18 to 29 (24%) drink diet soda weekly.

Likewise, people with higher incomes are more likely to drink diet soda. More than one-third of adults living above 200% FPG drink diet soda at least once a week (36%). That compares with fewer than 2 of 10 adults (18%) living at or below 100% FPG who drink diet soda at least weekly.



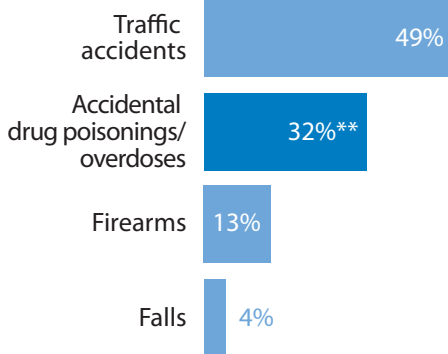
# Prescription drug misuse in Ohio

In 2007, unintentional drug poisonings became the leading cause of injury death in Ohio. According to the Ohio Department of Health, 1,423 Ohioans died from unintentional drug poisonings in 2009, a rate of about four people per day. This increase from 327 deaths in

1999 was driven largely by prescription drug overdoses.

To understand prescription pain reliever use in Ohio, the 2011 **Ohio Health Issues Poll (OHIP)** asked several questions about prescription pain reliever use and misuse.

## Which of these do you think results in the most deaths in Ohio each year? \*



\* Does not add to 100 percent because response "don't know/not sure" not included.

\*\* Actual leading cause of injury deaths in Ohio.

## Only one-third know drug poisoning is leading cause of injury death

Nearly half of Ohioans (49%) reported they thought traffic accidents are the leading cause of injury death in Ohio, when in fact unintentional drug poisoning is the leading cause.

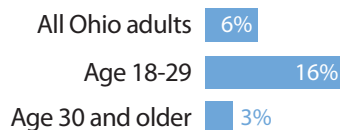
## Majority has been prescribed pain drug in last five years

More than half of Ohio adults (55%) reported being prescribed in the last five years a pain reliever that could not be bought over the counter.

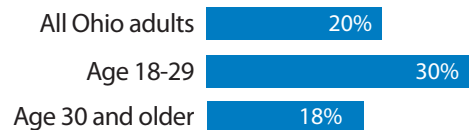
## One of 5 knows someone who has abused pain drug

Ohio adults were asked if they had ever, even once, used a pain reliever such as oxycontin, vicodin, percocet or codeine when not prescribed or for the experience or feeling it caused. About 6% said they had done so. About 1 in 5 Ohioans (20%) reported that they have friends or family members who have experienced problems as a result of abusing prescription pain relievers.

## Have you ever used a pain reliever when not prescribed or for the feeling it caused?



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



## Drug misuse higher among young adults

Young adults are more likely to have misused a prescription pain reliever. More than 1 of 10 Ohioans age 18 to 29 (16%) reported ever misusing a prescription pain reliever. That compares with only 3% of adults 30 and older. Additionally, 3 of 10 Ohioans age 18 to 29 (30%) reported they have friends or family members who have experienced problems because of abusing prescription pain relievers. Only 18% of adults 30 or older have friends or family members who have experienced problems because of abusing prescription pain relievers.

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# Prescription drug disposal in Ohio

The 2011 **Ohio Health Issues Poll (OHIP)** estimates that more than 1.7 million Ohio adults have friends or family members who have experienced problems as a result of abusing prescription pain relievers such as oxycontin, vicodin, percocet

or codeine. About four Ohioans die each day because of accidental drug overdoses. Yet, many Ohioans don't know that keeping unused prescription drugs in their medicine cabinets raises the risk of misuse and abuse of those drugs. In addition,

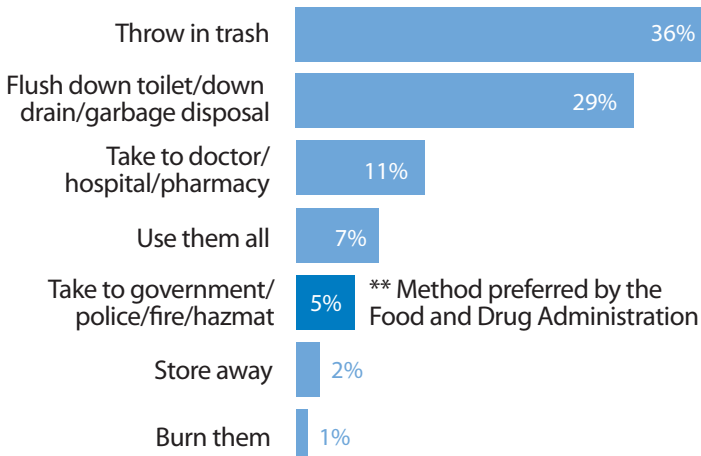
many Ohioans are not disposing of their drugs properly.

To understand what happens to unused and expired prescription drugs, OHIP asked about prescription drug disposal methods in Ohio.

## Most Ohio adults dispose of prescription drugs in unsafe ways

More than 6 in 10 Ohio adults (65%) dispose of prescription drugs by throwing them away or flushing them down the drainage system. This is a public safety and public health issue. Chemicals from wastewater find their way into the water supply. These chemicals can harm people and wildlife.

### How do you typically dispose of unused or expired prescription medications?\*



\* Does not add to 100% because the responses "other," "do not use medications" and "don't know" were not included

## Take-back program the safest disposal method

The Food and Drug Administration (FDA) recommends the use of medicine take-back programs as the safest way to remove expired, unwanted, or unused medicines from the home and to reduce the chance of accidental poisonings and overdoses.

The United States Drug Enforcement Administration (DEA) launched the first National Prescription Drug Take Back Day in September 2010. The events are held twice a year, in fall and spring. The next National Prescription Drug Take Back Day will be held Oct. 29, 2011. This service is free and anonymous.

To find a "take-back" location near you, visit the DEA website at <http://www.deadiversion.usdoj.gov/drug-disposal/takeback/index.html>.

If you miss the Oct. 29 take-back day, you can return your unused or expired prescription drugs to a pharmacy, which will dispose of them in the safest manner possible for a small charge.

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# Knowledge of insurance coverage

Understanding health information and services is linked to better health outcomes. Improving this understanding is increasingly recognized as critical to improving the health of U.S. citizens. Parts of the Patient Protection and Affordable Care Act promote better understanding of health information, and improving that understanding is one of the goals of the Department of Health and Human Services' Healthy People 2020 program.

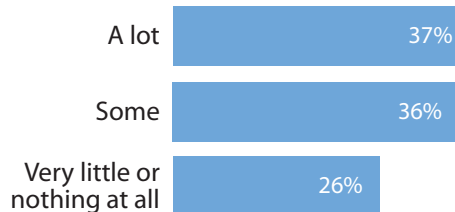
Because knowledge of health insurance coverage is important, the 2011 **Ohio Health Issues Poll (OHIP)** asked Ohio adults how much they know about which medical procedures their insurance plans cover and don't cover.

## Majority reports a lot or some knowledge

Among Ohio adults, 85% report having health insurance. However, their knowledge varies about what medical treatments are covered by their insurance. One in 4 (26%) report very little or no knowledge while nearly 4 in 10 report a lot of

knowledge (37%) of which medical procedures their insurance covers.

### How much would you say you know about which medical procedures your insurance plan covers and does not cover?



### Young adults, the poor and the unhealthy report less understanding

Younger people are less likely to understand their insurance coverage. About 4 in 10 adults age 18-29 (41%) reported knowing very little or nothing about what their health insurance covers, compared with 2 in 10 adults 65 and older (19%).

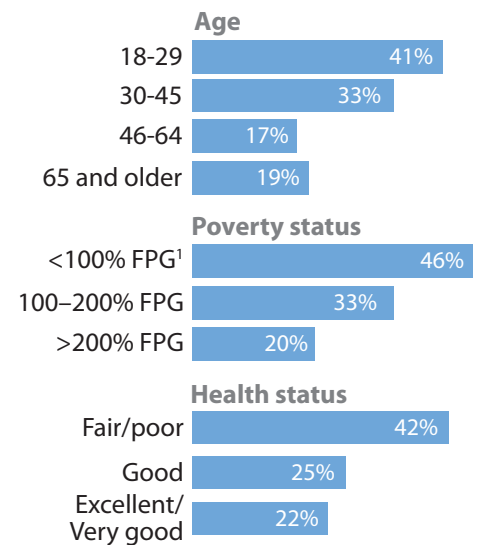
Poorer people also are less likely to understand their insurance coverage. Nearly 5 of 10 (46%) adults living at or below 100% of the Federal Poverty Guidelines<sup>1</sup> reported

<sup>1</sup> 100% of the federal poverty guidelines (FPG) in 2010 was an annual household income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

knowing little or nothing about what their health insurance covers, compared with 2 of 10 adults living above 200% FPG (20%).

Finally, people who consider themselves in poor health are less likely to understand their insurance coverage. About 4 in 10 adults in fair or poor health (42%) reported knowing little or nothing about their health insurance coverage, compared with 2 of 10 adults in excellent or very good health (22%).

### Know very little or nothing about what medical procedures their health insurance plan covers



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# Caregiving rates among Ohioans

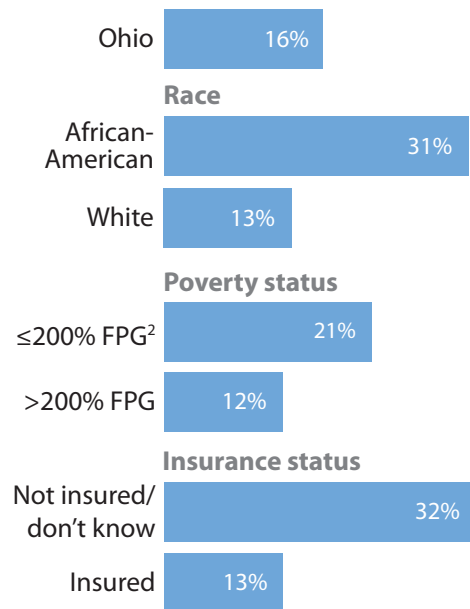
Ohioans have experienced tough economic times in the last few years. Like the nation, Ohio has seen increasing rates of poverty, unemployment and people without health insurance. Nationally, 1 in 5 caregivers had to move into the same home with their family members to cut expenses during the 2007-2009 recession.<sup>1</sup>

To understand caregiving among Ohioans, the 2011 **Ohio Health Issues Poll (OHIP)** asked about assistance provided to family members who are chronically ill or disabled and are no longer able to care for themselves. About 1 in 6 Ohioans (16%) reported that they provided such assistance.

## African-Americans, poor more likely to be caregivers

African-Americans are more likely to be caregivers. About 1 in 3 African-American adults in Ohio (31%) report caring for a chronically ill or disabled family member, compared with about 1 in 10 white adults (13%).

### Percentage of adults who provide assistance to family members who are chronically ill or disabled and are no longer able to care for themselves



Likewise, people with lower incomes are more likely to be caregivers. About 1 in 5 people living at or below 200% of the federal poverty guidelines (FPG<sup>2</sup>) report having a caregiving role (21%), compared with 1 in 10 of those living above 200% FPG (12%).

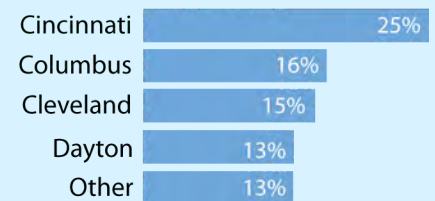
## Uninsured report higher rate of caregiving

Caring for a family member may make it difficult to hold a full-time job, leaving caregivers at risk of being without health insurance.<sup>3</sup> Nearly 1 in 3 uninsured Ohioans (32%) report caring for a chronically ill or disabled family member, compared with 13% of Ohioans with insurance.

## Caregiving by region

Adults in the Ohio counties of Greater Cincinnati are more likely to be caregivers. About 1 in 4 adults in the Cincinnati area (25%) report providing care to a chronically ill or disabled family member, a rate higher than other Ohio regions and the state as a whole (16%).

### Caregivers by area of dominant TV influence



<sup>1</sup> Evercare Survey of the Economic Downturn and Its Impact on Family Caregiving; National Alliance for Caregiving and Evercare, 2009.

<sup>2</sup> 100% of the federal poverty guidelines (FPG) in 2010 was an annual household income of \$22,050 and 200% FPG was \$44,100, both for a family of 4.

<sup>3</sup> A Look at Working-Age Caregivers' Roles, Health Concerns, and Need for Support, Alice Ho, Sara R. Collins, Ph.D., Karen Davis, Ph.D., and Michelle M. Doty, Ph.D., The Commonwealth Fund, August 2005.

These findings unless otherwise noted are from The Health Foundation of Greater Cincinnati's Ohio Health Issues Poll (OHIP) conducted July 15-25, 2011, by the Institute for Policy Research at the University of Cincinnati. A random sample of 946 adults throughout Ohio was interviewed by telephone. This included 742 landline interviews and 204 cell phone interviews. In 95 of 100 cases, statewide estimates will be accurate to ±3.2%. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

For more information about OHIP, please visit [www.healthfoundation.org/ohip.html](http://www.healthfoundation.org/ohip.html)



## What Ohioans Think about *The Patient Protection and Affordable Care Act*



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

As the provisions of the law are phased in, elected officials continue to discuss healthcare reform. To find out what Ohioans think, The Health Foundation of Greater Cincinnati included questions about the ACA and its components on the most recent *Ohio Health Issues Poll* (OHIP).

### Few Ohioans Have Enough Information about the ACA

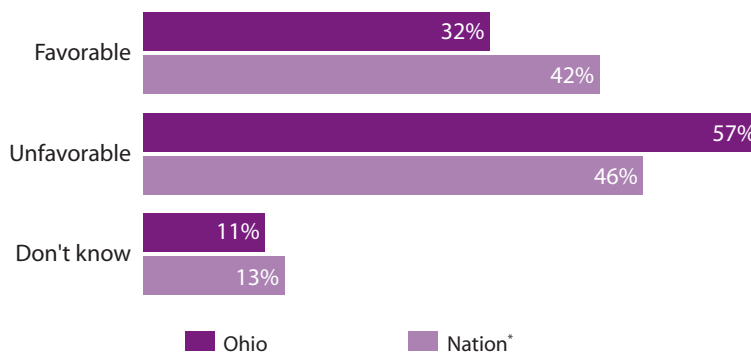
Only 1 in 3 Ohio adults (34%) felt they had enough information about the ACA to understand how it would affect them personally. The majority of Ohio adults (65%) felt they needed more information to understand how the law would affect them. This was consistently high regardless of age, education, or political affiliation.

Despite the lack of enough information, Ohio adults have strong opinions on the law. Nearly 1 in 3 Ohio adults (32%) reported having a generally favorable opinion of the ACA,

**Do you feel you have enough information about the health reform law to understand how it will impact you personally, or not?** (Percentages will not add to 100% because the percent responding "don't know" are not included.)



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



\* National data are from the March 2010 Kaiser Health Tracking Poll.

while over half (57%) had a generally unfavorable opinion of it. An additional 11% of Ohio adults expressed no opinion about the law. A recent national poll found that 42% of adults in the U.S. had a favorable opinion of the law, 46% had an unfavorable opinion, and 13% expressed no opinion.<sup>1</sup>

Political affiliation made a difference in who favored the law. Half of Ohio Democrats (50%) reported a generally favorable opinion of the ACA, compared to 25% of Independents and 14% of Republicans.

### Bipartisan Support of Components of the Law

OHIP also found that the majority of Ohioans, regardless of political affiliation, said that the inclusion of certain elements in the law

<sup>1</sup> National polling results come from the March 2011 Kaiser Health Tracking Poll, available at: <http://www.kff.org/kaiserpolls/8166.cfm>.

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made them more favorable toward the law. Respondents felt most favorably toward the law because of these elements:

- Small business tax credits (74%)
- Prohibiting insurance companies from denying coverage to children who have a pre-existing health problem (66%)
- Gradually closing the Medicare prescription drug “doughnut hole” (64%)
- Requiring all new health plans to provide their customers access to basic preventive health care services (64%)
- Creating an insurance option, or high-risk pool, for those whose pre-existing conditions currently make it too difficult for them to find and buy affordable health insurance (64%)

**Ohioans who feel more or less favorable toward the Patient Protection and Affordable Care Act (ACA) because it includes the following elements**

*(Percentages may not add to 100 because those responding “don’t know” are not included.)*

