



Rate of Ohio adults without health insurance lowest ever

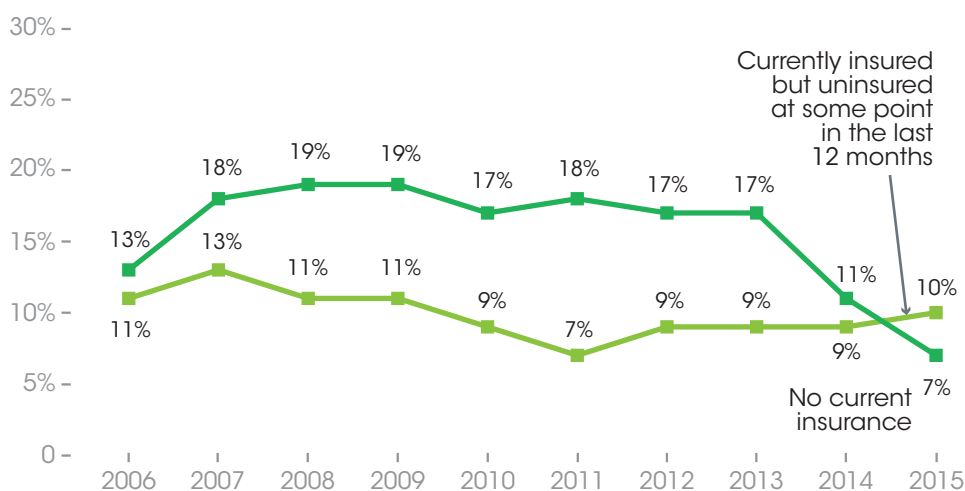
Having health insurance is an important factor in being able to get needed healthcare. Each year, the **Ohio Health Issues Poll (OHIP)** asks about health insurance coverage to learn about Ohio adults' insurance status. Because nearly all Ohioans ages 65 and older (98%) are insured, this summary focuses on Ohioans ages 18-64.

Percentage of uninsured Ohio adults drops to 7%

Fewer than 1 in 10 Ohio adults (7%) did not have health insurance at the time of OHIP. This translates to nearly 500,000 uninsured Ohio adults. The percentage of uninsured dropped significantly during the past two years. In 2006, the percentage of uninsured adults was 13%. Between 2007 and 2013, it rose and remained stable between 17% and 19%. In 2014, the uninsured rate dropped to 11%. In 2015 it fell again to the lowest level in OHIP history.

National surveys have also found that the percentage of uninsured adults continued to decrease in 2015. The decline coincided with the implementation of the

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



major coverage and enrollment components of the Affordable Care Act in 2014.¹

More say they obtained insurance as result of healthcare law

OHIP respondents who purchased insurance on their own were asked “Did you get health insurance as a result of the healthcare law, or for some other reason?” One in 4

(25%) said they obtained insurance as a result of the healthcare law, a significant increase from 1 in 10 (10%) in 2014.

Stability of insurance over past 12 months

The stability of health insurance coverage is also a factor in access to healthcare. A measure of stability is whether a person has been covered continuously for the past 12 months. One in 10 Ohioans ages 18-64 (10%) who were insured at the time of OHIP had been

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¹ Polls include Gallup, www.gallup.com/poll/184064/uninsured-rate-second-quarter.aspx, and the National Health Interview Survey, www.cdc.gov/nchs/data/nhis/earlyrelease/insur201508.pdf.

uninsured at some point in the previous 12 months.

Certain groups are more likely to experience insurance instability. Three in 10 Ohio adults (30%) living at or below 138% of the Federal Poverty Level (FPL²) were uninsured at the time of the survey or at some point in the past year. This is a significant drop from 39% in 2014.

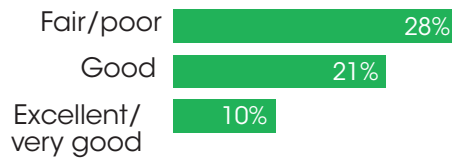
Healthier adults less likely to be uninsured

There is a strong connection between adults' self-reported health status³ and whether they have health insurance.

² In 2014, 138% FPL was an annual household income of \$32,913 for a family of four.

³ OHIP asked "Would you say that in general your health is excellent, very good, good, fair or poor?"

Health status of Ohio adults currently uninsured or uninsured at some point in the last 12 months (ages 18-64)



Healthier adults were less likely to have been uninsured at any point in the past year. One in 10 Ohioans ages 18-64 (10%) who reported excellent or very good health were uninsured currently or at some point in the last year, compared with 14% in 2014. By comparison, nearly 3 in 10 adults (28%) who reported fair or poor health were uninsured currently or at some point in the past year. This is a decline from 33% in 2014.



INTERACT
FOR HEALTH



OHIP 2015
Ohio Health Issues Poll

OCTOBER 2015

1 in 4 who bought own health insurance did so due to ACA

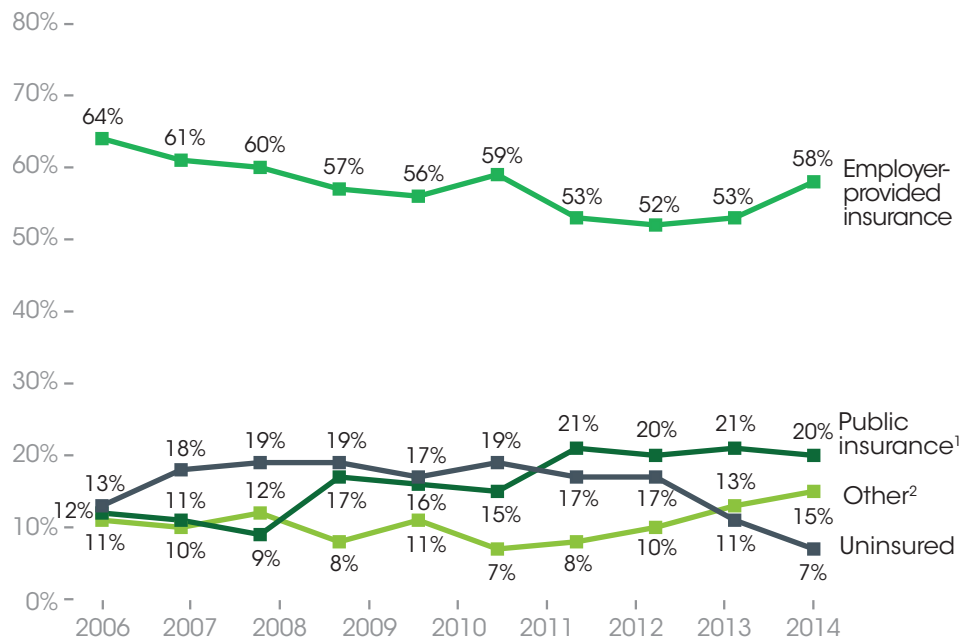
Most Americans rely upon health insurance coverage to pay for their healthcare. The **Ohio Health Issues Poll (OHIP)** asks about the insurance status of Ohio adults and their families. Because nearly all Ohio adults ages 65 or older are insured (98%), this summary focuses on Ohioans ages 18-64.

OHIP found that fewer than 1 in 10 Ohio adults (7%) reported that they were uninsured in 2015, the lowest level in OHIP history. That compares with 11% in 2014 and 17% in 2013. The decline coincided with the implementation of the major coverage and enrollment components of the Patient Protection and Affordable Care Act (ACA) in 2014.

6 in 10 adults insured through employer; first rise in rate since 2011

In 2015, about 6 in 10 Ohio adults (58%) received health insurance through their employer or a spouse's employer. This percentage rose for the first time since 2011, when 59% of Ohio adults received health insurance through an employer. The percentage had gradually declined since 2006. It remained

Type of insurance coverage for Ohio adults ages 18-64 (Percentages may not add to 100% because of rounding.)



¹Public insurance includes Medicare, Medicaid, veteran benefits and combinations of the three.
²Other includes purchased own plan, somewhere else, other and don't know.

stable at about 5 in 10 adults from 2012 to 2014. Insurance through an employer is the most common source of coverage.

Percentage of adults with insurance from other source stable

The rate of adults who reported they had insurance from another source remained stable. In 2015,

15% of Ohio adults had insurance from another source, compared with 13% in 2014. This includes people who bought their own plan. Among working-age adults who bought their own insurance plan, 1 in 4 (25%) reported that they were able to do so because of the ACA. This is an increase from 1 in 10 (10%) who said this in 2014.

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Percentage of adults with public insurance remains stable

In 2014, Ohio expanded Medicaid coverage to adults living at or below 138% of the Federal Poverty Level (FPL¹) through the ACA. Because of the expansion, approximately 650,000 low-income Ohioans gained health insurance as of July 2015.²

OHIP found that 2 in 10 working-age Ohio adults (20%) reported that they received public insurance from Medicare, Medicaid, veteran benefits or a combination of the three. This rate has remained stable since 2012.

¹ In 2014, 138% FPL was an annual household income of \$32,913 for a family of four.

² Medicaid, Ohio: Monthly Medicaid and CHIP Enrollment Data. Retrieved from www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/ohio.html.



Parents: more school lunches should be made from scratch

The Centers for Disease Control and Prevention (CDC) says young people who eat a healthy diet have a reduced risk of heart disease, high blood pressure, diabetes, osteoporosis and several types of cancer.¹ A nutritious diet can help students maintain a healthy body weight and develop healthy eating behaviors.

Schools play a major role in feeding America's children. About 95% of public schools participate in the National School Lunch Program. In 2014, 1,051,279 Ohio children participated in the program.²

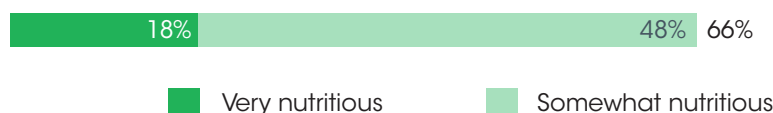
The **2015 Ohio Health Issues Poll (OHIP)** asked Ohio adults with children living in their household about school lunches. For this summary, "parents" are adult respondents with school-aged (kindergarten through 12th grade) children living in their household.³

¹ U.S. Centers for Disease Control and Prevention. Nutrition and the Health of Young People. August 2015. Retrieved from <http://1.usa.gov/1LBVJgU>.

² U.S. Department of Agriculture, Food and Nutrition Service. Child Nutrition Tables. State Level Tables: FY 2010-2014. Retrieved from <http://1.usa.gov/1lvBJNu>.

³ Respondents were asked only about the school lunch of their oldest child younger than 18 years old who currently lives in their household and is enrolled in kindergarten through 12th grade. This is approximately 25% of all OHIP respondents. The margin of error for the "parents" subgroup is ±6.8%

Thinking about the oldest child in your household ... generally speaking, how would you describe the lunches served in the school your oldest child attends?



Do you think ... your oldest child's school offers enough lunch options made from scratch or your oldest child's school should offer more lunch options that are made from scratch?



Majority of Ohio parents say school lunches nutritious

A majority of Ohio parents (66%) said their oldest child's school lunch is very nutritious (18%) or somewhat nutritious (48%). About 3 in 10 Ohio parents (28%) said their child's lunch is not that nutritious (18%) or not nutritious at all (10%).

7 in 10 think schools should offer more food made from scratch

Some schools serve fresh whole foods cooked from scratch as an alternative to processed or pre-packaged foods. About 7 in 10 Ohio parents (71%) said their child's school should offer more lunch options made from scratch. Only 2 in 10 Ohio parents (20%) said that their child's school offers enough lunch options made from scratch.

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Most Ohio adults support regulating, taxing e-cigarettes

An electronic nicotine delivery system, also known as an electronic cigarette or e-cigarette, is a system that uses a battery and a heating element to deliver nicotine vapor to the user. Using such a device is widely known as “vaping.” The **2015 Ohio Health Issues Poll (OHIP)** asked Ohio adults about their experience with and opinions about the use, regulation and taxation of e-cigarettes.

About 1 in 4 Ohio adults (24%) reported having ever used an e-cigarette. This is slightly more than the percentage of Ohio adults who reported being current smokers (19%).

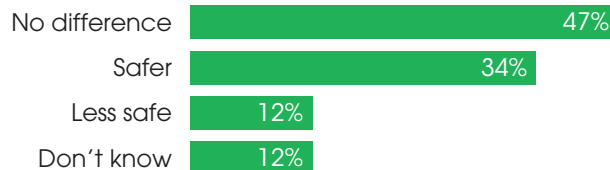
Opinions about safety of e-cigarettes vary

OHIP asked respondents if they would say that e-cigarettes were safer or less safe than tobacco cigarettes, or whether there was no difference. About 3 in 10 adults (34%) said that e-cigarettes were safer than tobacco cigarettes. About 1 in 10 (12%) said they were less safe. About 4 in 10 adults (42%) said there was no difference between the two.

Percentage who have ever used an e-cigarette

Ohio adults  24%

From what you have seen and heard, would you say that e-cigarettes are safer to use than tobacco cigarettes, less safe to use than tobacco cigarettes, or there is no difference?



Men (45%) were nearly twice as likely as women (23%) to say that e-cigarettes are safer than tobacco cigarettes. Younger adults were much more likely than older adults to say this. More than 5 in 10 adults ages 18-29 (55%) said e-cigarettes are safer than tobacco cigarettes. This compares with 3 in 10 adults ages 30 and older (30%) who said this.

Majority favors taxing regulating, e-cigarettes

E-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA). More than 6 in 10 Ohio adults (62%) said that the FDA should regulate the

sale and marketing of e-cigarettes. This level of support was consistent among both adults who had used (57%) and never used (63%) e-cigarettes.

A majority of both Democrats (72%) and Republicans (62%) favored FDA regulation of e-cigarettes. Only 43% of Independent voters favored regulation.

OHIP also asked if respondents favored or opposed the State of Ohio placing an excise tax on e-cigarettes that would be similar to the rate on a pack of tobacco

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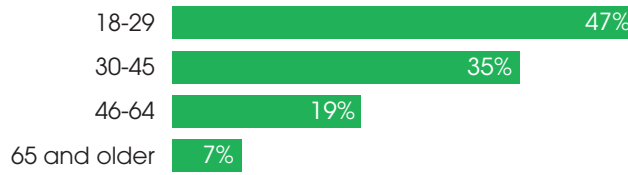
cigarettes. That rate is currently \$1.25 per pack. Nearly 6 in 10 Ohio adults (57%) either strongly or somewhat favored a similar tax for e-cigarettes. A majority of both Democrats (60%) and Republicans (57%) favored an excise tax. Only 49% of Independent voters favored such a tax.

Nearly half of young adults have ever used e-cigarettes

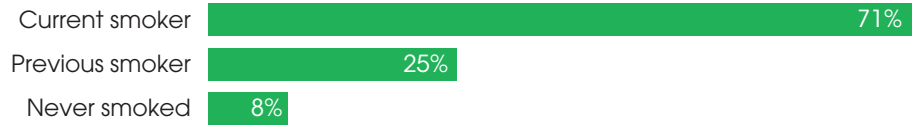
Younger adults were much more likely to report having used e-cigarettes. Nearly half of Ohio adults ages 18-29 (47%) had used an e-cigarette. This compares with fewer than 1 in 10 adults older than 65 (7%). Men (31%) were

Percentage of Ohio adults who have ever used an e-cigarette

By age



By smoking status



almost twice as likely as women (18%) to report having ever used an e-cigarette.

The relationship between tobacco use and e-cigarette use remains unclear, as does whether one of

those activities leads to the other. However, OHIP found that 71% of current smokers reported having ever used an e-cigarette. Only 25% of former smokers and 8% of adults who have never smoked reported doing so.



Heroin use, prescription drug misuse still climbing in Ohio

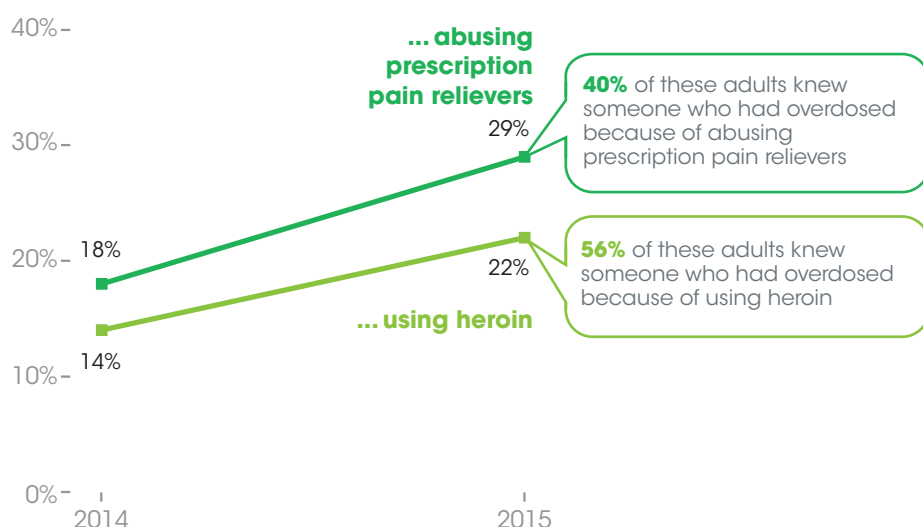
According to the Ohio Department of Health, nearly 2,500 Ohioans died from an unintentional drug overdose in 2014. This is a steep rise from 2003, when only 650 adults died from an overdose. Unintentional drug overdose became the leading cause of injury death in Ohio in 2007 and has continued to climb since then. In 2014, more than 80% of these drug overdose deaths were from opioid use—either the misuse of prescribed opioids or the use of heroin.¹

3 in 10 know someone who has misused pain drug, more than in 2014

The 2015 **Ohio Health Issues Poll (OHIP)** asked Ohio adults, “Thinking about your friends and family, have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?” In 2015, 3 in 10 Ohio adults (29%) said yes. This is a steep rise since 2014 when only 2 in 10 Ohio adults (18%) said yes.

¹ Ohio Department of Health. (September 2015). 2014 Ohio Drug Overdose Preliminary Data: General Findings. Retrieved Oct. 22, 2015, from www.healthy.ohio.gov/vipp/data/rxdata.aspx.

Have any of your family members or friends experienced problems as a result of ...



2 in 10 know someone who has used heroin

OHIP also asked Ohio adults if they had any family members or friends who had experienced problems as a result of using heroin. In 2015, more than 2 in 10 Ohio adults (22%) said yes. Only 14% of adults said yes in 2014.

Many know someone who overdosed

OHIP asked adults who knew someone who had problems due to these drugs if they had any

friends or family members who had overdosed. Four in 10 of these Ohio adults (40%) knew someone who had overdosed due to a pain drug. For heroin, that percentage was nearly 6 in 10 (56%).

Problem spans race, sex, region; steep rises since last year

Reported problems with these drugs varied little by sex, race or region. The percentage of adults who knew someone who had

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problems with prescription drugs rose in all regions since 2014. It also rose in all age groups except younger adults. The percentage of adults who knew someone who had problems with heroin rose the most among adults ages 46 to 64 or older than 65.

Problems more likely among those with less education

Reported problems with these drugs did vary by education. Misuse of pain drugs and heroin use were both reported most frequently among adults with less than a high school education. However, the percentage of college graduates reporting both also rose dramatically since 2014.



Barriers to finding a trusted healthcare provider in Ohio

One way to support good health is to have regular visits with a physician or other healthcare provider. Research has shown that trust between a patient and provider is important for health. A patient who trusts his or her provider is more likely to seek necessary care, to follow the physician's advice, to take medications as prescribed and to return for follow-up visits.^{1,2}

However, finding a trusted healthcare provider is not always easy. The 2015 **Ohio Health Issues Poll (OHIP)** asked Ohio adults about barriers that might make it hard to find a healthcare provider they could trust: lack of health insurance, type of health insurance, and race or ethnicity.

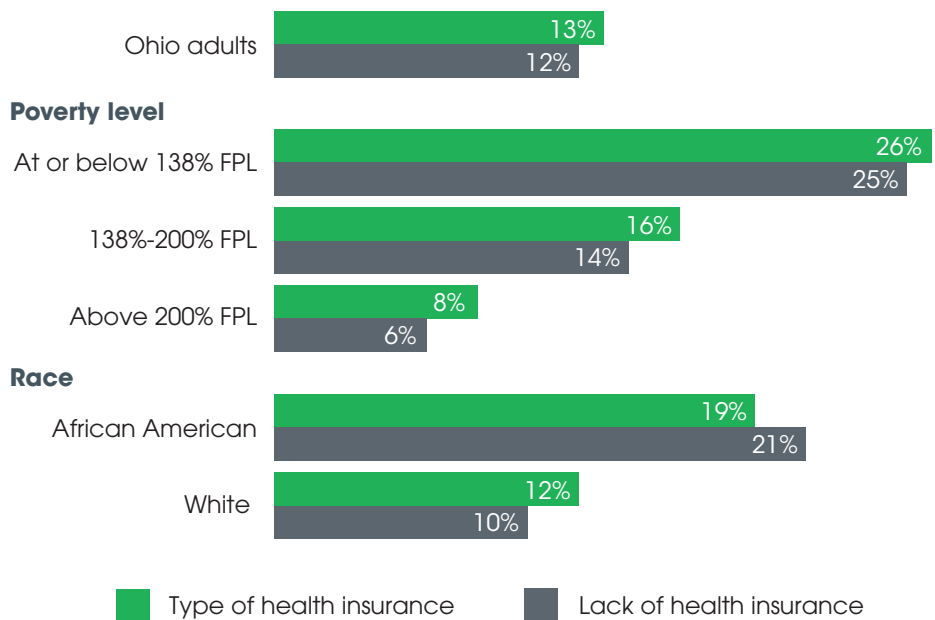
One in 10 report insurance as barrier

OHIP asked insured adults if either a *lack* of health insurance

¹ Thom, D.H., Hall, M.A., & Pawlson, L.G. (2004). Measuring patients' trust in physicians when assessing quality of care. *Health Affairs*, 24 (4), 124-132.

² Doyle, C., Lennox, L., Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*, 3, 1-18.

Lack of or type of insurance as a barrier to finding a trusted provider



or the *type* of health insurance had been a barrier to finding a trusted healthcare provider. Responses to these questions were similar. About 1 in 10 insured Ohio adults said that a lack of insurance (12%) or their type of insurance (13%) had prevented them from finding a trusted provider.

Certain groups reported these insurance barriers more frequently. African American adults were about twice as likely as White adults to

report these barriers. Adults with less income were also more likely to report these barriers. Nearly 3 in 10 insured adults earning less than 138% of the Federal Poverty Level (FPL)³ reported these barriers. That compares with fewer than 2 in 10 adults earning between 138% and 200% FPL, and fewer than 1 in 10 adults earning more than 200% FPL.

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³ In 2014, 138% of the Federal Poverty Level was \$32,913 for a family of four; 200% was \$47,700.

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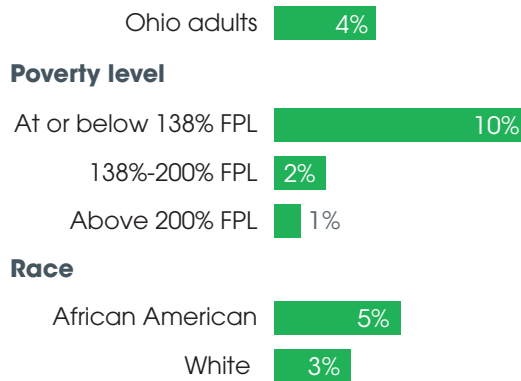
Poorer adults more likely to report race or ethnicity as barrier

Another possible barrier to finding a trusted provider is race or ethnicity. OHIP asked, “Has your race or ethnicity been a barrier for you or your family in finding a healthcare provider that you trust when you are sick or need advice about your health?”

Fewer than 1 in 20 Ohio adults (4%) said that their race or ethnicity had been a barrier to finding a trusted provider. About the same percentage of African American (5%) and White (3%) adults reported this barrier. However, 7% of African American adults answered “don’t know” to this question. No White adults answered “don’t know.”

One in 10 Ohio adults earning less than 138% FPL (10%) reported that race or ethnicity had been a barrier to finding a trusted provider. This percentage is much higher than among adults earning between 138% and 200% FPL (2%) or more than 200% FPL (1%).

Has your race or ethnicity been a barrier for you or your family in finding a healthcare provider that you trust when you are sick or need advice about your health?





Off-street trail use by Ohio adults for exercise and travel

Being physically active is one of the most important things people can do to improve their health. Active living promotes cardiovascular fitness, strengthens bones and muscles, reduces the risk of many chronic diseases and helps people maintain a healthy weight. It reduces stress, enhances self-esteem and fosters an overall sense of well-being.¹

Many people walk, run or bike to be physically active. These activities are easier if they can be done in a safe and appealing place nearby, such as a paved or unpaved off-street trail. The 2015 **Ohio Health Issues Poll (OHIP)** asked Ohio adults about their use of off-street trails.

OHIP asked Ohio adults how often in the past 12 months they had used off-street trails to *exercise*,² and how often they had used off-street trails to *travel* to work or a store or to run errands.³

¹ U.S. Centers for Disease Control and Prevention. Physical Activity, August 2014. Retrieved from <http://1.usa.gov/20gN7zR>

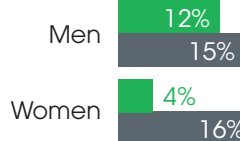
² OHIP asked, "During the past 12 months, how frequently did you use a paved or unpaved off-street designated trail for exercise?"

³ OHIP asked, "During the past 12 months, how frequently did you use a paved or unpaved off-street designated trail to get to work, go to a store or run errands?"

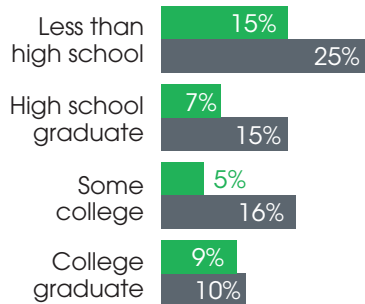
Percentage of adults who used off-street trails DAILY



By sex



By education



■ For exercise ■ For travel

OHIP found that Ohio adults used trails either daily, frequently, occasionally or not at all.

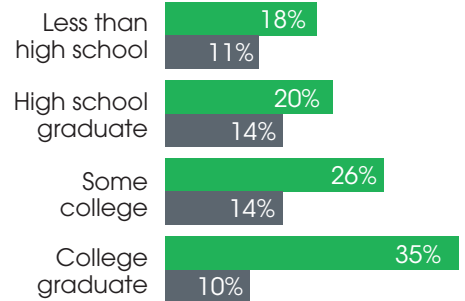
Ohioans less likely to use trails daily for exercise than for travel

Fewer than 1 in 10 Ohio adults (8%) used a trail every day for exercise. Ohio adults were almost

Percentage of adults who used off-street trails FREQUENTLY



By education



■ For exercise ■ For travel

twice as likely (15%) to use a trail every day to get to work or a store, or to run errands.

Using a trail every day for *exercise* was:

- More likely among men (12%) than women (4%)
- More likely among African American adults (16%) than White adults (7%)
- More likely among adults who had not graduated from high school (15%) than adults with more education (see graph)

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Using a trail every day for *travel* was:

- More likely among adults who had not graduated from high school (25%) than adults with more education (see graph on first page)
- Not significantly different by sex or race

Ohioans more likely to use trails frequently for exercise than for travel

Frequent users are those who used trails at least once a week, but not every day. One in 4 Ohio adults (25%) used trails frequently to exercise. This compares with about 1 in 10 Ohio adults (12%) who used trails frequently to travel to work or a store, or to run errands.

Using a trail frequently for *exercise* was:

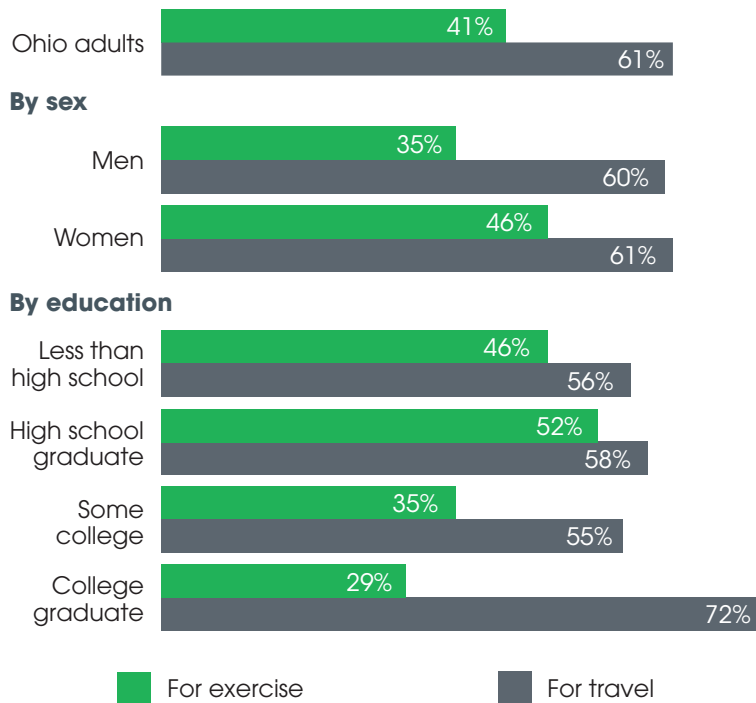
- More likely among White adults (26%) than African American adults (16%)
- More likely among college graduates (35%) than adults with less education (see graph on first page)

The percentage of Ohio adults using trails frequently for *travel* did not vary significantly by race, sex or education.

Ohioans more likely to use trails occasionally for exercise than travel

Occasional users are those who used trails once a month or less. About 1 in 4 Ohio adults (26%) used a trail occasionally to exercise. One in 10 Ohio adults (11%) used a trail occasionally to travel.

Percentage of adults who DID NOT USE off-street trails



Women, less educated adults more likely not to have used trails for exercise

Many respondents reported that they had not used off-street trails in the past 12 months. About 4 in 10 Ohio adults (41%) said they had not used trails for exercise. About 6 in 10 Ohio adults (61%) said they had not used trails for travel.

Not using a trail for *exercise* was:

- More likely among women (46%) than men (35%)
- More likely among adults with a high school education or less than among adults with more education (see graph)

Not using a trail for *travel* was:

- Much more likely among college graduates (72%) than adults with less education (see graph)
- Not significantly different by sex or race.



INTERACT
FOR HEALTH



OHIP 2015
Ohio Health Issues Poll

FEBRUARY 2016

The link between poverty and self-reported health in Ohio

There are many ways to assess a person's health. One way is to ask people to evaluate their own health. The Ohio Health Issues Poll (OHIP) asked Ohio adults, "In general, would you say your health is excellent, very good, good, fair or poor?" Research has found a powerful link between people's response to this question and the predicted length and quality of their lives.¹

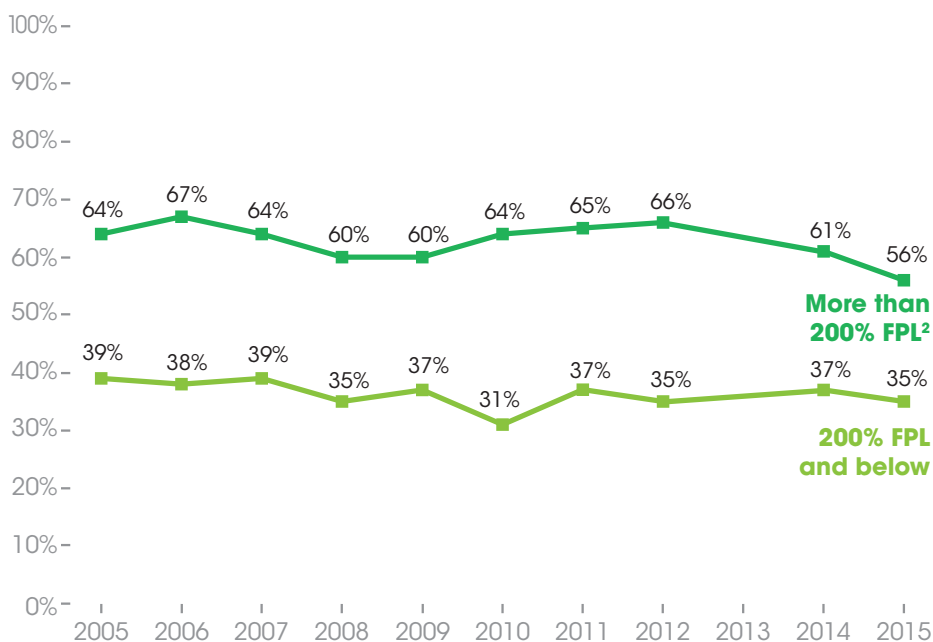
Nearly half of Ohio adults report excellent or very good health

In 2015, nearly half of Ohio adults (47%) reported that their health was excellent or very good. This has remained stable since 2008. About 3 in 10 (33%) said their health was good, and 2 in 10 (20%) reported fair or poor health.

Younger Ohio adults were more likely to report excellent or very good health. Nearly 7 in 10 adults ages 18 to 29 (66%) reported excellent or very good health. Only 4 in 10 adults 30 or older reported excellent or very good health.

¹ 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.

Percentage of Ohio adults reporting excellent or very good health



Adults with higher incomes report better health

As noted in previous OHIP results, better self-reported health is strongly associated with higher incomes. In 2015, nearly 6 in 10 adults earning more than 200% of the Federal Poverty Level (FPL)² (56%) reported excellent or very good health. This compares with

only 35% of adults earning 200% FPL and below.

OHIP has found this gap in health status by income consistently over the past decade. These findings are also consistent with national and international work that has identified poverty as one of the key social determinants of health.³

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³ Healthy People 2020. (2016). Social Determinants of Health. Accessed Jan. 29, 2016, at <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

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Increased poverty is associated with higher rates of illness, shorter life expectancy, high stress levels, low birthweight babies and many other negative health outcomes.⁴ Understanding this connection is important for efforts to improve health in our society.

Adults with more education report better health

Education is another social determinant of health. In 2015, OHIP found that adults with more education reported better health. More than 6 in 10 college graduates (64%) reported excellent or very good health. Only 4 in 10 Ohio adults with less than a college degree reported excellent or very good health.

⁴Kaplan, G.A. (2009). The Poor Pay More: Poverty's High Cost to Health. Funded by Robert Wood Johnson Foundation. Accessed Jan. 29, 2016, at <http://www.rwjf.org/en/library/research/2009/09/the-poor-pay-more.html>.



Ohio adults' opinions, reactions about mental health issues

According to the National Institute of Mental Health, in 2014 18% of U.S. adults, or about 43.6 million people, had a mental illness.¹ This is double the 21.9 million adults who had diabetes in 2014.²

Despite the prevalence of mental illness, stigma about it remains. That stigma can make it hard to acknowledge and discuss, and may prevent patients from getting the mental health diagnosis and treatment they need.³ In fact, it is estimated that nearly two-thirds of people with a mental illness do not seek treatment, in part because of stigma.⁴

One way to address this issue is to talk about mental health and mental illness. It is important to acknowledge that, like physical

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¹ National Institute of Mental Health. (n.d.). *Any Mental Illness (AMI) Among U.S. Adults*. Retrieved from <http://1.usa.gov/1QVcggx>.

² Centers for Disease Control and Prevention. (2015). *Number (in Millions) of Civilian, Non-institutionalized Adults with Diagnosed Diabetes, United States, 1980-2014*. Retrieved from <http://1.usa.gov/1prwLaj>.

³ Centers for Disease Control and Prevention. (2015). *Stigma and Mental Illness*. Retrieved from <http://1.usa.gov/1JloM0G>.

⁴ National Alliance on Mental Illness. (n.d.) *Facts about Stigma and Mental Illness in Diverse Communities*. Retrieved from <http://bit.ly/1MSxZBq>.

What do you immediately think of when you hear the term **MENTAL HEALTH (problem or challenge)?**

- I have a mental health problem
- More help should be available for people
- People who deserve our sympathy
- Suicide
- Not enough treatment options
- Depression

These findings unless otherwise noted are from Interact for Health's Ohio Health Issues Poll (OHIP) conducted July 15-28, 2015, by the Institute for Policy Research at the University of Cincinnati. A random sample of 811 adults throughout Ohio was interviewed by telephone. This included 448 landline telephone interviews and 363 cell phone interviews. In 95 of 100 cases, statewide estimates will be accurate to $\pm 3.4\%$. 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. For more information about OHIP, please visit www.interactforhealth.org/ohio-health-issues-poll. If you have questions about the data in this document, please contact Jennifer Chubinski, Director of Community Research, at 513-458-6608 or jchubinski@interactforhealth.org.

health, good mental health also requires people to take action. People can exercise and eat well to maintain their physical health. If they become ill, they should seek treatment. Likewise, people can support their mental health through strong relationships, community involvement and healthy coping skills such as mindfulness. If they become mentally ill, they should seek treatment.

The **Ohio Health Issues Poll (OHIP)** asked several questions about mental health and mental illness. To better understand issues of language and stigma, OHIP asked the questions two ways. One group was asked these questions about mental health *problems*. The other group was asked about mental health *challenges*.

Nearly all adults willing to be friends, neighbors with person with mental health issue

OHIP asked Ohio adults if they would be willing to continue a relationship with a friend who developed a mental health problem or challenge. More than 9 in 10 adults agreed that they would. OHIP also asked if they would be willing to live nearby someone with a mental health problem or challenge. Nearly 9 in 10 adults agreed in both cases.

About 8 in 10 Ohio adults agreed that they would be willing to work with someone with a mental health problem or challenge. Fewer than 7 in 10 adults agreed that they would be willing to live with a person with a mental health problem or challenge.

For these four questions, there was no difference between those who were asked about a mental health challenge or a mental health problem.

Responses more negative when mental health issue called a problem

OHIP also asked, “Thinking about *mental health (problem or challenge)*, what do you immediately think of when you hear this term?”

Responses to this question varied widely. However, most answers could be placed in several broad categories. Many people responded by naming a specific diagnosis, such as depression, schizophrenia or suicide. Another frequent response was to acknowledge that mental health problems/challenges are illnesses that can be diagnosed, and that people who are diagnosed need treatment.

Some indicated that adults with a mental health condition

needed help or sympathy because they were in distress. Others commented about the lack of resources available to diagnose and treat mental health conditions. On the other hand, a small group first thought of very negative stereotypes – “people with defects” or “mass murderers.”

Responses to this question varied between those who were asked about a mental health *problem* versus those who were asked about a mental health *challenge*.

Ohio adults asked about a mental health *problem* were more likely to identify a specific diagnosis, to indicate that this was a group needing sympathy or to name a negative stereotype.

Ohio adults asked about a mental health *challenge* were more likely to indicate that these are illnesses that need diagnosis or treatment, or to identify that either the respondent, a friend or family member had a mental health challenge.

While firm conclusions cannot be drawn from an open-ended question such as this one, the answers do point to the continued need to examine societal attitudes toward mental health and mental illness, and the language used in the conversation.



The challenges Ohio adults face to improve their health

There are many ways to assess a person's health. One way is to ask people to evaluate their own health. The **Ohio Health Issues Poll (OHIP)** asked Ohio 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 response to this question and the predicted length and quality of their lives.

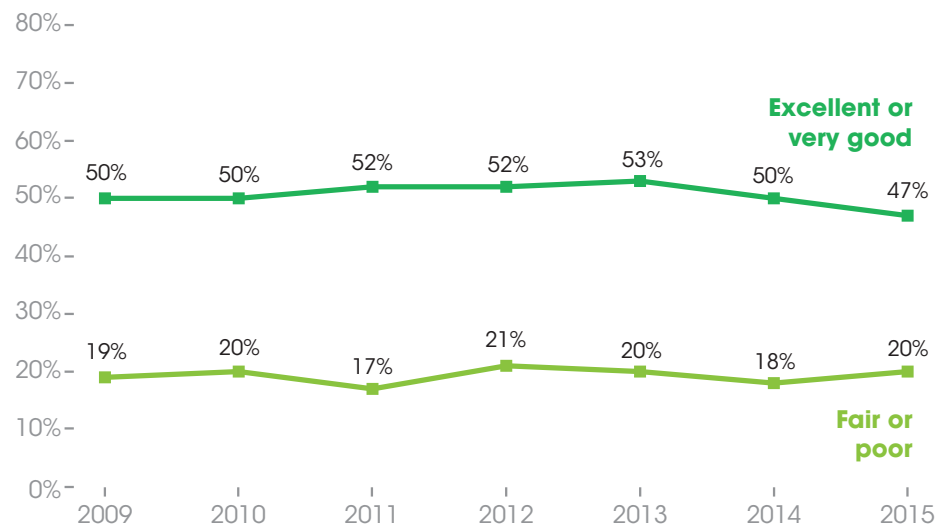
To better understand health improvement, OHIP also asked Ohio adults to name the most important thing they could do to improve their health.

Half report excellent or very good health

In 2015, nearly half of Ohio adults (47%) reported that their health was excellent or very good. More than 3 in 10 (33%) said that their health was good. Two in 10 (20%) said their health was fair or poor. This is about the same as in 2014 and similar to the nation overall.¹

¹ Centers for Disease Control and Prevention. (2015). BRFSS Prevalence and Trends Data. Retrieved from www.cdc.gov/brfss/brfssprevalence/.

Self-reported health status over time among Ohio adults



Exercise, better diet are most common changes named

OHIP asked respondents to name the *most important* thing they could do to improve their health status by one level (for example, from good to very good). Responses varied widely, but most could be placed into several broad categories.

Nearly 3 in 10 adults said they could **increase exercise** to improve their health. This was the most common response.

Respondents' specific answers in this category included activities such as walking, running or weightlifting, or simply saying they should be more active. According to the Centers for Disease Control and Prevention (CDC), regular exercise can help reduce the risk of cardiovascular disease, diabetes and some cancers, and increase a person's chance of living longer.²

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² Centers for Disease Control and Prevention. (2015). *Physical Activity and Health*. Retrieved from www.cdc.gov/physicalactivity/everyone/health/index.html.

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Nearly 2 in 10 adults said they could **improve diet** to improve their health. This was the second most common response. Respondents' specific answers included eating more vegetables, eating less fast food and eating less sugar.

Nearly 1 in 10 Ohio adults said one of the following actions was the most important they could take to improve their health:

- Losing weight
- Improving access to healthcare (such as getting better health insurance or medical care)
- Quitting smoking.

Current health status affects what's needed to improve health

The most common changes identified to improve health differed based on respondents' current health status. Adults with excellent, very good or good health cited exercise most frequently, followed by improved diet.

On the other hand, adults with fair or poor health identified no single change more frequently than the others. Exercise and diet were cited, but losing weight, improving a health problem and getting improved access to healthcare

Percentage of adults who reported it would be difficult or very difficult to make the health change they had identified



were named just as often. Specific answers about improving a health problem included needing better pain management; needing to recover from diabetes, cancer, depression or another medical condition; or generally needing to “get well.” Responses about improved access to healthcare included needing more frequent doctor’s visits, better health insurance or better medical care.

Motivation, time, money among the most common barriers to improving health

Next OHIP asked, “What is the *greatest* barrier to making that change?”

More than 2 in 10 adults said they did not have the necessary willpower, motivation or attitude to make the needed health change. More than 1 in 10 adults said time was the greatest barrier. They either did not have enough time or were too busy to make the change.

About 1 in 10 adults said they could not afford to make the change that would improve their health. Another 1 in 10 said a current health condition was the greatest barrier.

Most see health change as difficult

OHIP also asked Ohio adults how difficult it would be to make the health change they had identified. About 6 in 10 adults (61%) said the change would be difficult or very difficult. Nearly 4 in 10 (38%) said it would be easy or very easy.

Making a positive health change was seen as more difficult among adults with less income. Nearly 7 in 10 adults earning 200% or less of the Federal Poverty Level (FPL)³ (69%) said making a positive health change would be difficult or very difficult. More than 5 in 10 adults earning more than 200% FPL (55%) said this.

³ In 2014, 200% of the Federal Poverty Level (FPL) was \$47,700 for a family of four.