

Spotlight on Greater Lexington

2015 Kentucky Health Issues Poll

Results from the Foundation for a Healthy Kentucky and Interact for Health

RELEASED JUNE 2016

About the Kentucky Health Issues Poll

In Fall 2015, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentuckians think about various health issues that impact our communities, our state, and our nation. This report presents the views expressed by respondents from the Greater Lexington area. 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:

- The vast majority of adults favored a statewide, smoke-free law (71%)
- There was a split on support of a \$1 excise tax increase on a pack of cigarettes with 43% opposing and 52% favoring this type of tax
- A majority (58%) favored increasing the minimum legal age for tobacco purchases from 18 to 21 years old
- 9 in 10 favored schools in their communities adopting tobacco-free campus policies (91%)
- A majority (63%) favored increasing the Kentucky minimum wage to \$10.10 per hour
- Fewer than 1 in 10 Greater Lexington adults aged 18-64 (9%) were uninsured at the time of the Poll
- Fewer than 1 in 10 currently insured Greater Lexington adults aged 18-64 years old (6%) had been uninsured at some point in the last 12 months
- About 2 in 10 (19%) 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, because of the cost
- About 2 in 10 (22%) reported having problems paying medical bills
- Opinions were divided on the Affordable Care Act with 43% holding favorable opinions and 41% unfavorable opinions
- 25% reported that a family member or friend had problems as a result of abusing prescription pain medicine
- One in 10 (14%) report knowing family or friends who had experienced problems as a result of heroin use
- About 1 in 3 (36%) said making a change to improve their health would be “easy” or “very easy”

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:

- Report “excellent” or “very good” health
- Report income above 200% FPL

In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 2.4\%$ 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.



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Opinions about Health Policies

Health policies in locations where Kentuckians live, work, and play can create healthier and safer places for our families, co-workers, children, and neighbors—all Kentuckians. The Kentucky Health Issues Poll (KHIP) measures opinions on a wide variety of current health policy issues. In 2015, KHIP asked about statewide, local, and personal health topics.

Pass a Statewide Smoke-free Law

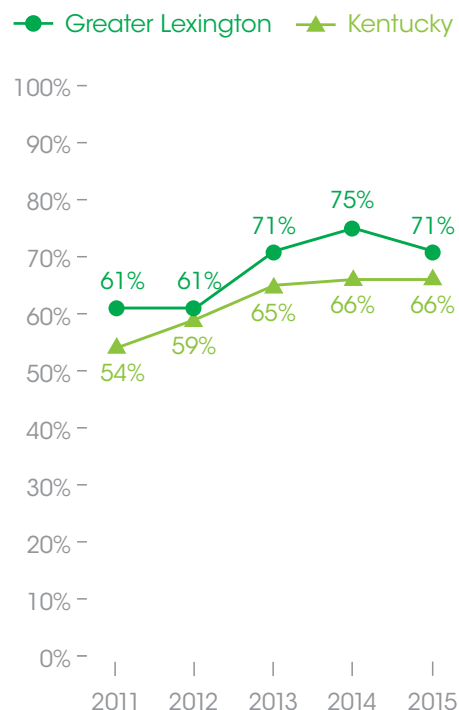
Secondhand smoke poses serious health risks, and smoke-free environments are the only way to fully protect nonsmokers from these hazards.¹ To reduce these risks, many states and communities have adopted smoke-free policies; Kentucky has not. According to the Centers for Disease Control and Prevention, 26 states and the District of Columbia have adopted comprehensive smoke-free laws.² The laws cover all workplaces (private and government), including bars and restaurants. At present, only about 1 in 3 Kentuckians (32.7%) are covered by a comprehensive smoke-free law.³ The 2016 Kentucky legislature introduced a bill for a statewide law eliminating smoking in all indoor public places; however, it died in committee.

In 2011, KHIP began asking Kentuckians their opinions about a comprehensive statewide smoke-free law. For the state as a whole, support for this law has risen from 54% in 2011 to 66% in 2015.

In Greater Lexington, 7 in 10 (71%) adults favored a statewide smoke-free law, while 24% opposed a law, and 5% 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 similar to results for the state.

Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars?

(Graph presents only those who favor a state law.)



¹ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44324/>

² Centers for Disease Control and Prevention (2015). *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/vgg2-kkcg>

³ University of Kentucky, Center for Smoke-Free Policy (2016). Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws - Updated February 1, 2016. Lexington, KY: Author. Retrieved from <http://www.mc.uky.edu/tobaccopolicy/Ordinances/PercentSmokefreeWorkplaceLawsorRegulationsFEB2016.pdf>

Increasing the excise tax on a pack of cigarettes by \$1

Favor

Greater Lexington

52%

Kentucky

45%

Oppose

Greater Lexington

43%

Kentucky

51%



Increase Cigarette Excise Tax and Increase Minimum Age to Purchase Tobacco

These policies, increasing taxes and the minimum legal age to purchase tobacco, can deter youth and young adults from starting to smoke cigarettes. At present, more than 1 in 4 Kentucky adults (26%) report being a current smoker. Nationally, 18.1% of adults report smoking cigarettes.

In Kentucky the excise tax on a pack of cigarettes is \$.60. Kentucky is one of only 11 states with an excise tax of \$.60 or less.⁴ KHIP asked whether Kentucky adults favor or oppose increasing the excise tax on a pack of cigarettes by \$1 to \$1.60.⁵ Kentucky adults were split on this issue with 51% opposing and 45% favoring raising the excise tax on a pack of cigarettes by \$1.

Likewise, adults living in Greater Lexington were also nearly split on this topic with a slim majority 52% favoring and 43% opposing a \$1 increase in the excise tax on a pack of cigarettes.

Raising the minimum legal age for the purchase of tobacco products would likely delay young adults' initiation of smoking and, in the long run, decrease smoking-related health problems.⁶ Only two states, Hawaii and California, have increased the minimum legal age for purchasing tobacco products to 21 years of age. Currently, 145 local jurisdictions in 11 states have enacted ordinances to increase the age to 21.⁷ Six in 10 Kentucky adults (60%) favored increasing the minimum legal age for tobacco purchases in Kentucky to 21.⁸

In Greater Lexington, about the same percentage (58%) favored increasing the minimum legal age for tobacco purchases from 18 years to 21 years.

Increasing minimum legal age to purchase tobacco products to 21

Favor

Greater Lexington

58%

Kentucky

60%

Oppose

Greater Lexington

39%

Kentucky

37%

⁴ Centers for Disease Control and Prevention, STATE System Excise Tax Fact Sheet, 2015. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Excise-Tax-Fact-Sheet/tsmn-nssw>

⁵ KHIP asked: "The Commonwealth of Kentucky currently places BOTH a sales tax AND a \$0.60 cent per pack excise tax on the sale of cigarettes. One proposal would raise the current excise tax on a pack of cigarettes by \$1.00. This would bring the total excise tax on a pack of cigarettes to \$1.60 per pack. Do you favor or oppose increasing the excise tax on a pack of cigarettes by \$1.00?"

⁶ 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>

⁷ Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2016. Retrieved from <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸ 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?"

Adopt Policies for Tobacco-free School Campuses

Only 29% of Kentucky’s school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.⁹ Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.¹⁰ Nationally, 65% of schools have this type of policy.¹¹

To measure Kentucky adults’ opinions on this topic, KHIP asked, “Research indicates that the younger a person is when they first try tobacco, the more susceptible they are to becoming addicted. To help keep kids from smoking, some school systems are adopting tobacco-free campus policies that would prohibit the use of tobacco by students, staff, parents or guests while they are on school grounds or at school-sponsored activities, such as field trips and sporting events. Would you favor or oppose schools adopting tobacco-free campus policies in your community?”

More than 9 in 10 Greater Lexington adults (91%) favor tobacco-free campus policies. This is similar to results for the state as a whole.

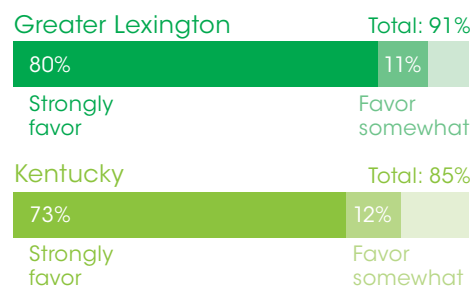
Increase Kentucky Minimum Wage to \$10.10

For most measures of health status, good health is strongly associated with higher income.¹² The current minimum wage in Kentucky for most workers is \$7.25. This is about \$15,000 per year for a full-time employee. In Kentucky, the median per capita income is \$23,741.¹³

A July 2015 executive order by Governor Steve Beshear raised the minimum wage to \$10.10 per hour for state employees. However, this increase was repealed by an executive order from newly elected Governor Matt Bevin in December 2015. Both Lexington and Louisville have recently passed minimum wage increases for public and most private workers.¹⁴ Currently, 29 states and Washington, D.C., have minimum wages above the federal minimum wage of \$7.25 per hour.¹⁵

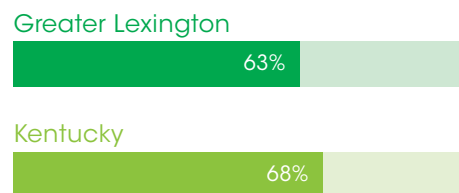
KHIP 2015 asked, “The minimum wage for most workers in the Commonwealth of Kentucky is \$7.25 per hour. Some people favor increasing the minimum wage for all workers in the Commonwealth to \$10.10 per hour, while others oppose increasing the minimum wage for all workers. What about you? Do you favor or oppose the Commonwealth of Kentucky increasing the minimum wage for all workers to \$10.10 per hour?” Nearly 7 in 10 Kentuckians (68%) favored an increase. In Greater Lexington, about the same number favored an increase of the Kentucky minimum wage to \$10.10 per hour (63%).

Percentage of adults who favor tobacco-free campus policies in their communities

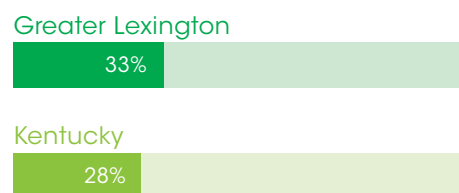


Increasing Kentucky Minimum Wage to \$10.10

Favor



Oppose



⁹ Kentucky Department of Education and Kentucky Department for Public Health, Tobacco Prevention and Cessation Program, Kentucky’s 100% Tobacco Free School Districts, Dec. 2015. Retrieved from: <http://www.tobaccofreeschoolsky.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, 2015. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

¹¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Policies and Practices: Trends over time 2000-2014. Retrieved from: http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/trends_shpps2014.pdf

¹² For information on income and health, please see the Centers for Disease Control and Prevention’s report, CDC Health Disparities and Inequalities Report — United States, 2011. Access at www.cdc.gov/mmwr/preview/ind2011_su.html

¹³ U.S. Census Bureau, QuickFacts, Per capita income in past 12 months (in 2014 dollars), 2010-2014. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/21>

¹⁴ Reuters: Lexington becomes second Kentucky city to approve minimum wage hike. Nov. 19, 2015. Retrieved from <http://www.reuters.com/article/us-wagelexington-idUSKCN0T909W20151120>

¹⁵ National Conference of State Legislatures, State Minimum Wages: 2016 Minimum Wage by State. Retrieved from: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wagechart.aspx>



Identify Priorities for the New Governor and State Legislature

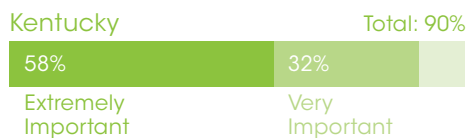
The 2015 Kentucky Health Issues Poll asked Kentuckians what they thought were the most important issues for the next Governor and Kentucky Legislature to work on in the next year. About 9 in 10 Kentucky adults said it was extremely or very important for policymakers to work to improve Kentucky’s economy (91%), the quality of K-12 public education (90%), and the job situation (89%).

When compared to the state as a whole, adults in Greater Lexington concurred on the importance of improving Kentucky’s economy and the job situation in Kentucky. Opinions were similar to state results on many other legislative priorities.

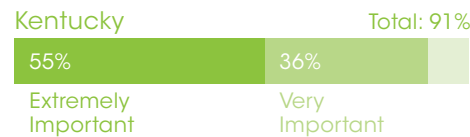
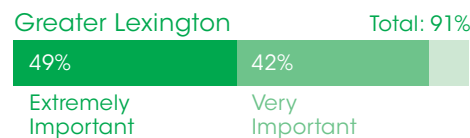
How important is it to you that the next Governor and the Kentucky Legislature work on each of the following issues in the next year?

(Only Extremely important and Very important reported here.)

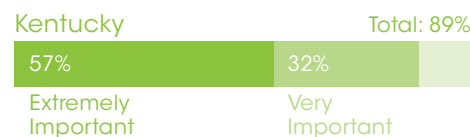
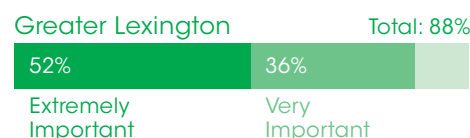
Improving the quality of K-12 public education in Kentucky



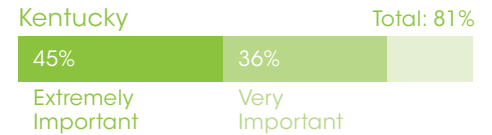
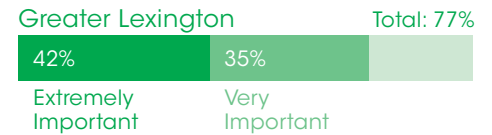
Improving Kentucky’s economy



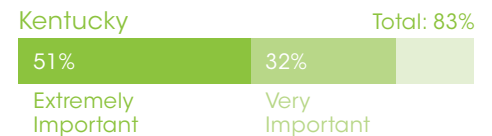
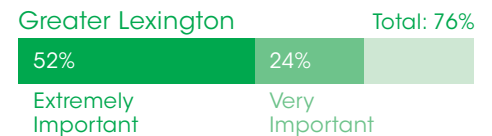
Improving the job situation in Kentucky



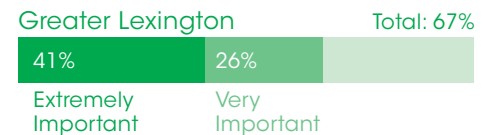
Improving the health of Kentucky residents



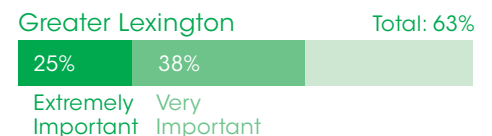
Reducing the cost of health care in Kentucky



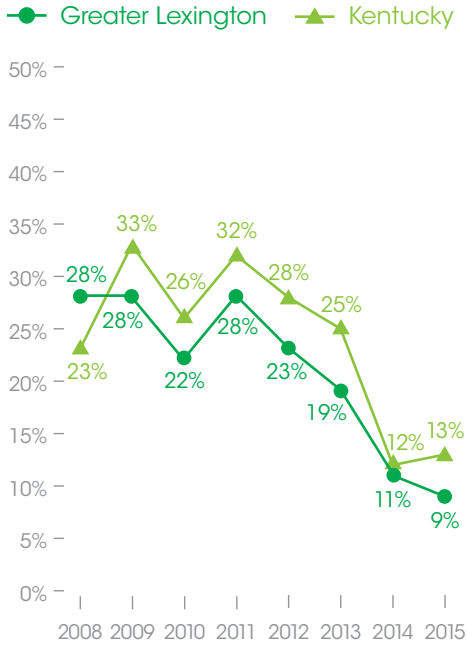
Fully funding the Kentucky employee retirement systems



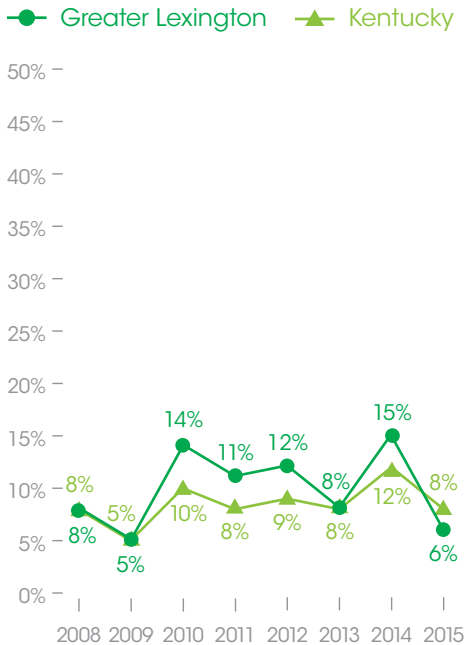
Making government more transparent



No current insurance, adults ages 18-64



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



Health Insurance and Health Care Insurance

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

Fewer than 1 in 10 Greater Lexington adults (9%) aged 18 to 64 were uninsured at the time of the Poll. This is a significant decrease in the number of uninsured adults since 2012. Adults 18 to 64 living in Greater Lexington reported similar rates of uninsurance when compared to the state as a whole (13%).

This decline may be in part due to kynect, which began enrollment in October 2013. As part of the Affordable Care Act in Kentucky, kynect allowed Kentuckians, including those eligible for the expanded Medicaid program, to search for and enroll in insurance plans. In 2014, 521,000 people enrolled through kynect, 75% of whom were previously uninsured.¹⁶

Another factor in being able to get healthcare is stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 6% of adults ages 18 to 64 were insured at the time of the KHIP but had been uninsured at some point in the past 12 months. In total, less than 1 in 6 Greater Lexington adults age 18 to 64 (15%) had been uninsured at some point in the last 12 months, including at the time of the Poll.

¹⁶ 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 Care and Medical Bills

In addition to whether or not a person has health insurance, being unable to afford needed medical care or having problems paying medical bills can be barriers to receiving timely and appropriate medical care.

Some people may delay or not seek medical care because they can't afford it. Two in 10 Kentucky adults (20%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it or delayed getting it due to cost. About 2 in 10 Kentuckians living in Greater Lexington (19%) reported the same.

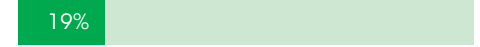
Nearly 3 in 10 Kentucky adults (28%) said they or another member of their household had trouble paying medical bills in the past 12 months. About the same percent of adults living in Greater Lexington (22%) reported having problems paying medical bills as reported this for the state as a whole.



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



Kentucky



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

(Graph shows only those who said yes.)

Greater Lexington



Kentucky

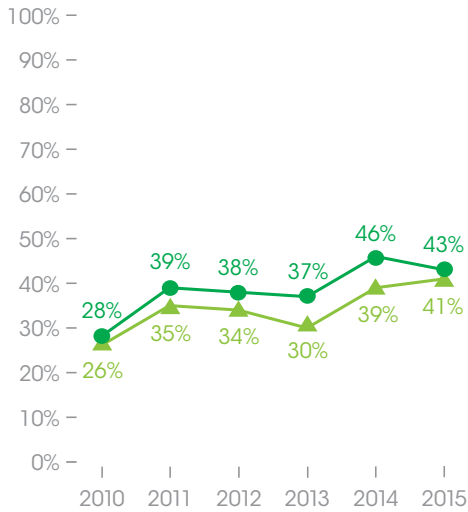


Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

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

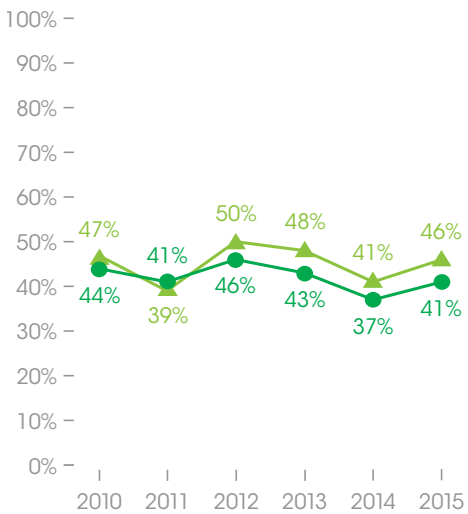
Favorable

● Greater Lexington ▲ Kentucky



Unfavorable

● Greater Lexington ▲ Kentucky



Opinions about the Patient Protection and Affordable Care Act

KHIP has tracked Kentuckians' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. While campaigning for the Kentucky Governor's race, candidate Matt Bevin, now Governor, said he would dismantle kynect.¹⁷ KHIP asked Kentuckians about their experience with the ACA and its impact on their families.

About 4 in 10 Greater Lexington adults (43%) reported having a generally favorable opinion of the ACA, and about 4 in 10 (41%) had a generally unfavorable opinion of it. Greater Lexington respondents reported similar opinions about the Affordable Care Act compared with the state and the nation.¹⁸



¹⁷ Facebook Matt Bevin for Kentucky. Retrieved from: <https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/>

¹⁸ National results from the Kaiser Health Tracking Poll (Sept. 2015): favor 41%, unfavorable 45%. Retrieved from <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-september-2015/>

ACA and Kentuckians

While about half a million Kentuckians enrolled in kynect in 2014, a majority report the ACA has not had an impact on them. Five in 10 Kentucky adults (50%) reported that the ACA has not had an effect on their family. This is down from nearly 7 in 10 (66%) in 2013. The percentage of Kentucky adults who reported that the law had a positive impact has increased. More than 2 in 10 adults (23%) reported the law has had a positive effect on their family, compared with just 1 in 10 adults in 2013 (7%). The percentage of adults (23%) who report that the law had a negative impact on their family has remained stable.

In Greater Lexington, about the same proportion of residents reported positive (25%) or negative (22%) impacts of the Affordable Care Act when compared to the state as a whole. In Greater Lexington 51% reported no effects from the health reform law.

Drug Misuse: Heroin and Prescription Pain Relievers

In the 2015 Kentucky Legislative session, a bill was passed and signed into law that included a number of strategies to support communities in addressing the challenge of heroin, including permitting local Kentucky communities to establish Harm Reduction and Syringe Exchange Programs.¹⁹ Since 2010, KHIP has been measuring the experiences of heroin use and prescription pain reliever misuse in Kentucky communities.

Overall, about 1 in 10 Kentucky adults (13%) reported knowing family or friends who have experienced problems as a result of heroin use. However, the rate is much higher in some parts of the state. About 1 in 10 Greater Lexington adults (14%) knew someone who has experienced problems as a result of heroin use. This is about the same rate as reported for the state as a whole.

One in 4 Kentucky adults (25%) 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. In Greater Lexington 1 in 4 adults (25%) said a family member or friend has had problems as a result of abusing prescription pain medicine; the same as reported for the state as a whole.

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

(Graph shows only those who said yes.)



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

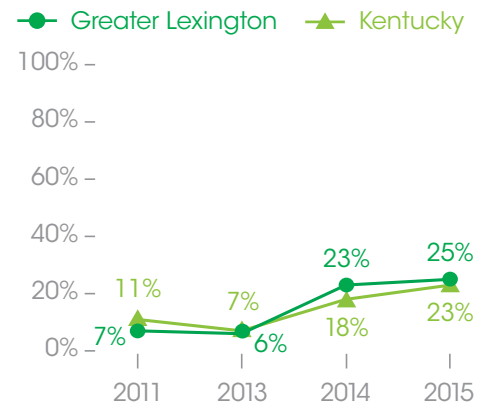
(Graph shows only those who said yes.)



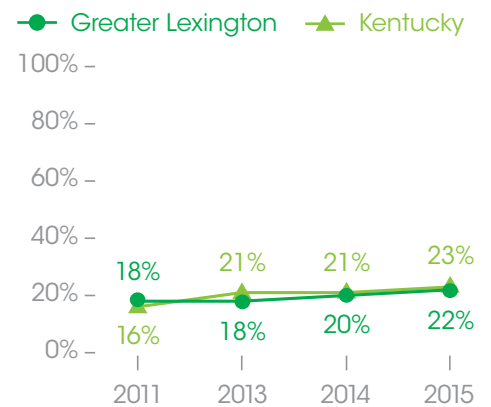
Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally?

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

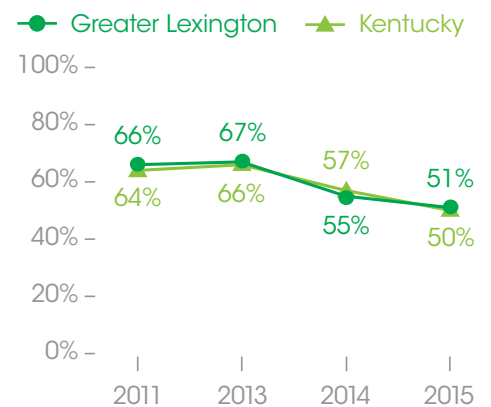
The health reform law has positively affected me and my family



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



¹⁹ Kentucky Harm Reduction and Syringe Exchange Program Guidelines available at <http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>

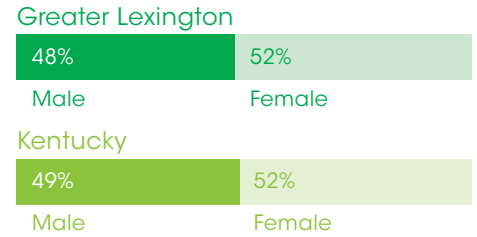
Demographic Profile

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.)

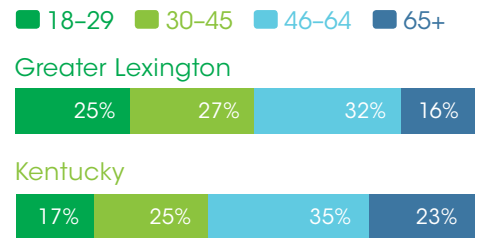


In Greater Lexington, 27% of adults reported income 138% and below the Federal Poverty Level (FPL)²⁰ which is slightly lower than that reported for the state as a whole (34%). The percentage of Greater Lexington adults who lived between 138% and 200% of FPL was about the same as for the state as a whole. In Greater Lexington, 57% of adults reported income above 200% FPL, which is significantly higher than that reported for the state as a whole (48%).

Sex



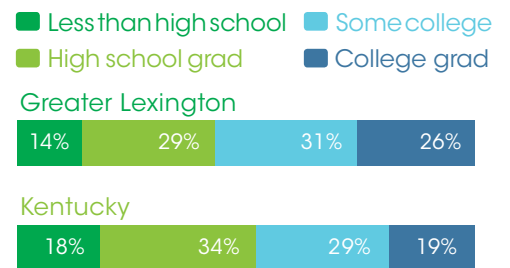
Age



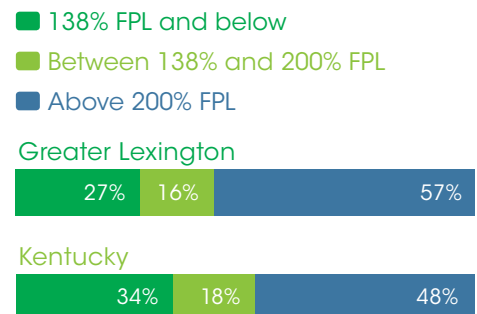
Race



Level of Education



Poverty Status



²⁰ In 2014, 138% of the Federal Poverty Level (FPL) was \$32,913 for a family of four, 200% FPL was \$47,700 for a family of four.

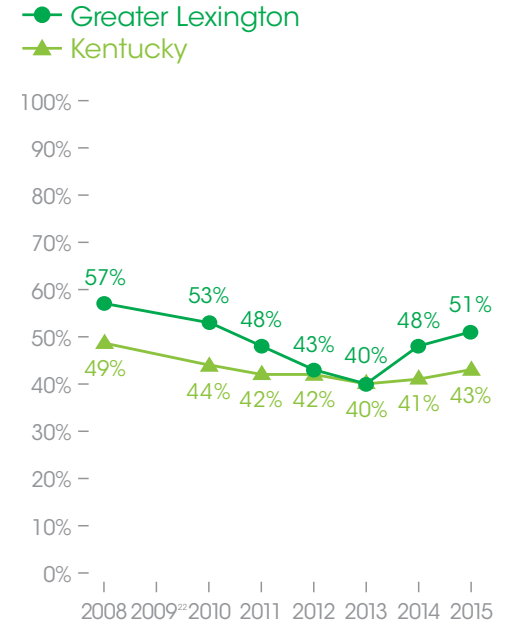
Overall Health Status

An important indicator of community health is overall health status. In 2015, 4 in 10 Kentucky adults (43%) reported that their health was excellent or very good. Fewer than 3 in 10 (26%) said that their health was good, and about 3 in 10 (31%) said their health was fair or poor. This is about the same as was reported in 2014 on the Kentucky Health Issues Poll. Kentucky ranks as one of the lowest states nationally – 46 out of 50 states – in the percentage of adults reporting excellent or very good health.²¹

In 2015, more than half the Greater Lexington respondents (51%) described their health status as “excellent” or “very good.” This is higher than for the state as a whole (43%).



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



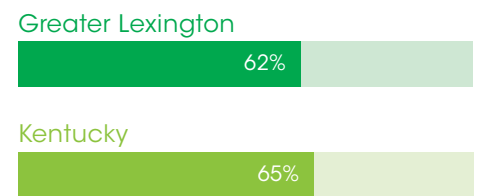
Personal Health Challenges

In order to better understand health improvement, KHIP asked Kentuckians to name the most important thing they could do to improve their health. Increase exercise was the most common response to this question, reported by nearly 3 in 10 adults. Improve diet was the second most frequently identified category, among nearly 2 in 10 adults. Others identified improving access to health care, improving a personal health problem, and quitting smoking. For the 3 in 10 Kentuckians reporting fair or poor health (31%), most indicated that resolving a current health problem was a priority.

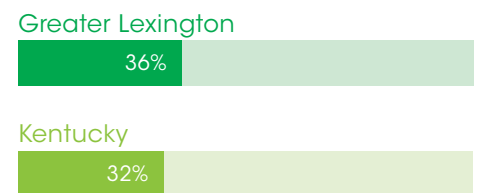
KHIP also asked Kentucky adults how difficult it would be to make the health change they had identified. Nearly 7 in 10 (65%) felt that the change would be difficult or very difficult. About 3 in 10 (32%) said it would be easy or very easy. Respondents in Greater Lexington reported about the same level of difficulty (62%) and ease (36%) as reported for the state as a whole.

How difficult would it be to make that (health) change?

Difficult or Very difficult



Easy or Very easy



²¹ American’s Health Rankings, United Health Foundation. (2015). High Health Status, United States. Retrieved from http://www.americashealthrankings.org/ALL/Health_Status.

²² The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.



About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentuckians think about a variety of health topics affecting the Commonwealth. The 2015 Kentucky Health Issues Poll was conducted September 17, 2015-October 7, 2015 by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,608 adults from throughout Kentucky was interviewed by telephone. This included 986 landline interviews and 622 cell phone interviews. Of these, 307 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 Associate 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).

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