

Spotlight on Greater Lexington

In Fall 2016, the Foundation for a Healthy Kentucky and Interact for Health sponsored the Kentucky Health Issues Poll (KHIP), a telephone survey to find out what Kentucky adults think about various health topics. This report presents the views expressed by respondents from the Bluegrass Area Development District. About 18% of Kentuckians live in this 17-county region (*please see “About the Kentucky Health Issues Poll” on page 12 for the list of counties*).

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

- Cancer and heart disease were named as the state’s most important health care issues for adults.
- Four in 10 did not eat the recommended servings of both fruits and vegetables while more than 2 in 10 did.
- Eight in 10 reported easy access to healthy foods in their neighborhoods.
- Eight in 10 said they were very or somewhat physically active.
- Half said their neighborhoods were very safe for exercise.
- About 6 in 10 said they were somewhat or very familiar with needle exchange programs.
- Half reported favoring needle exchange programs.
- A slim majority favored raising the legal age to purchase tobacco products from 18 to 21 years old.
- Opinions on the Affordable Care Act were split with 48% opposing and 44% favoring the law.
- Half said they experienced no impact from the health reform law on themselves and their families.
- Two in 10 reported a time in the last 12 months when they or a member of their household needed medical care but did not get it, or delayed getting it, due to cost.
- About half said they knew some they perceived as depressed.
- Seven in 10 knew where to find depression services or treatments.
- About 2 in 10 knew a family member or friend who has experienced problems as a result of heroin use.
- Nearly 2 in 10 knew a family member or friend who has experience problems as a result of methamphetamines use.
- About 3 in 10 knew a family member or friend who has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine.

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

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

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



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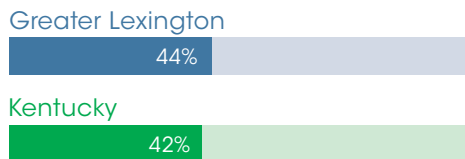
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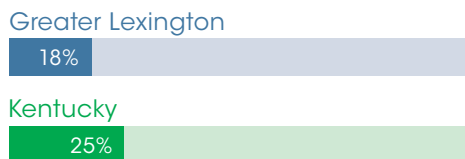
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Percentage of Kentucky adults who meet dietary recommendations

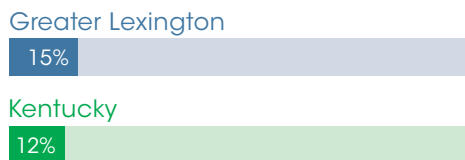
Does not meet either fruit or vegetable recommendations



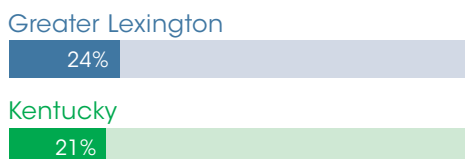
Meets fruit recommendation only



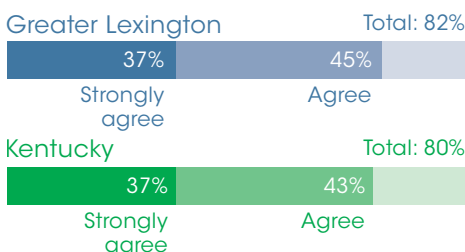
Meets vegetable recommendation only



Meets both fruit and vegetable recommendations



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



Healthy Communities

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

Most Important Health Care Issue for the Commonwealth

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

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

Eating Fruits and Vegetables, Food Access

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

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

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

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



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

Exercise and Neighborhood Conditions

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



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

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

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

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

Using Electronic Cigarettes

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

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

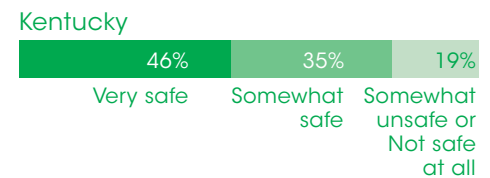
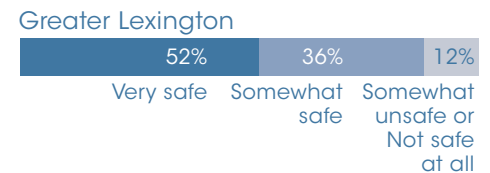
Percentage of adults who say that, in general, they are very or somewhat physically active



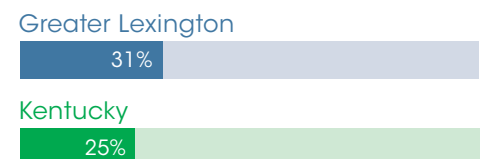
Rating condition of sidewalks and shoulders in the neighborhood



Rating safety in the neighborhood to walk, jog or bike



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



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



Presence and Storage of Firearms in the Home

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

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

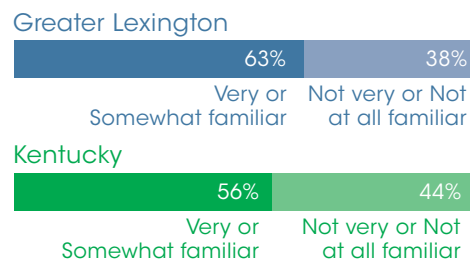
Syringe Exchange Programs

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

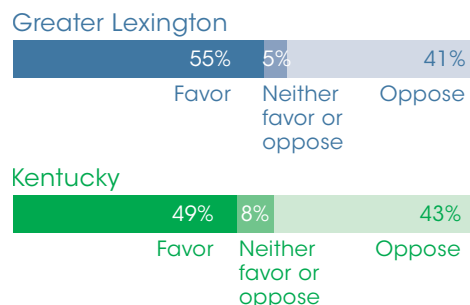
Nearly 6 in 10 Kentucky adults (56%) said they were very or somewhat familiar with these programs.⁸ About 4 in 10 (44%) said they were not very or not at all familiar with them. Nearly half of Kentucky adults (49%) said they favor such programs.⁹ This was higher than the 4 in 10 adults who said they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

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

Familiarity with with needle exchange programs



Do you favor or oppose needle exchange programs?



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

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

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

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

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

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

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

Tobacco-free Policies

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

Support for a Statewide Smoke-free Law

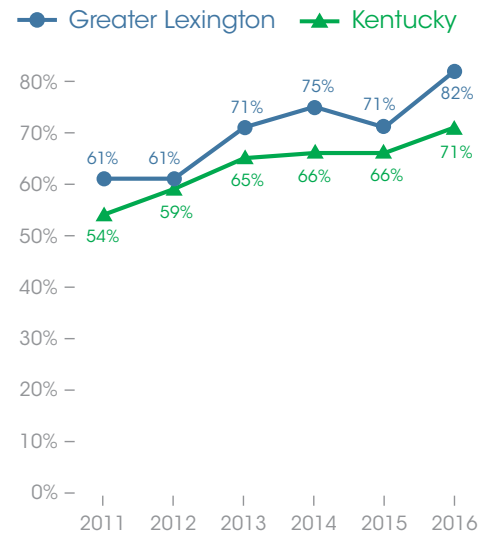
Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.¹⁰ Many states have adopted statewide smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, 27 states and the District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

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

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

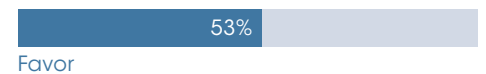


Would you favor or oppose a state law in Kentucky that would prohibit smoking in most public places, including workplaces, public buildings, offices, restaurants and bars? (Graph presents only those who favor a state law.)

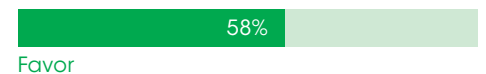


Increasing minimum legal age to purchase tobacco products to 21 years

Greater Lexington



Kentucky



Increasing the Minimum Age to Purchase Tobacco

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

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

¹⁰ U.S. Department of Health and Human Services (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: Author. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44324/>

¹¹ Centers for Disease Control and Prevention (2017). *State Smoke-free Indoor Air Fact Sheet*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vga2-kkcg>

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

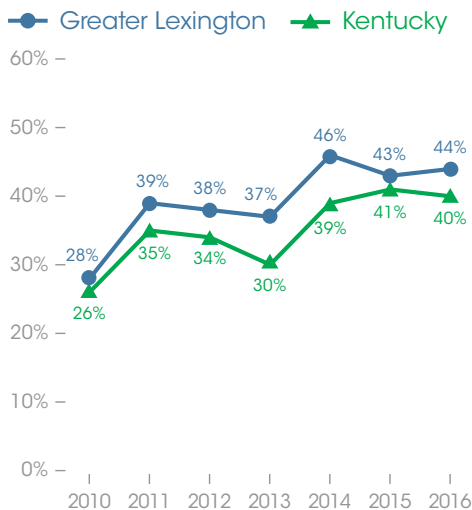
¹³ Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Mar. 2015. Retrieved from <http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx>

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

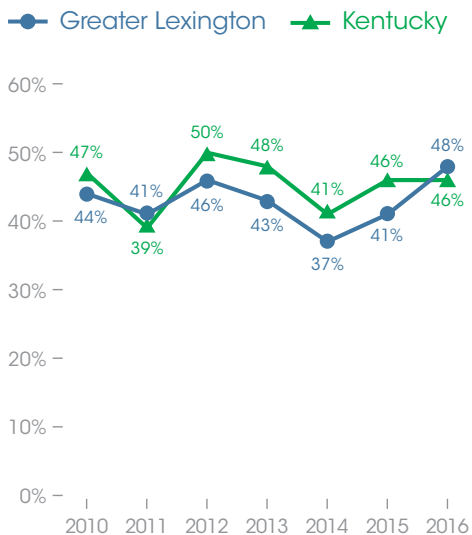
¹⁵ KHIP asked: "Some people favor increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, while others do not. What about you? Do you favor or oppose increasing the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age?"

Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it? (Percentages do not add to 100% because the response "don't know" is not included.)

Favorable



Unfavorable

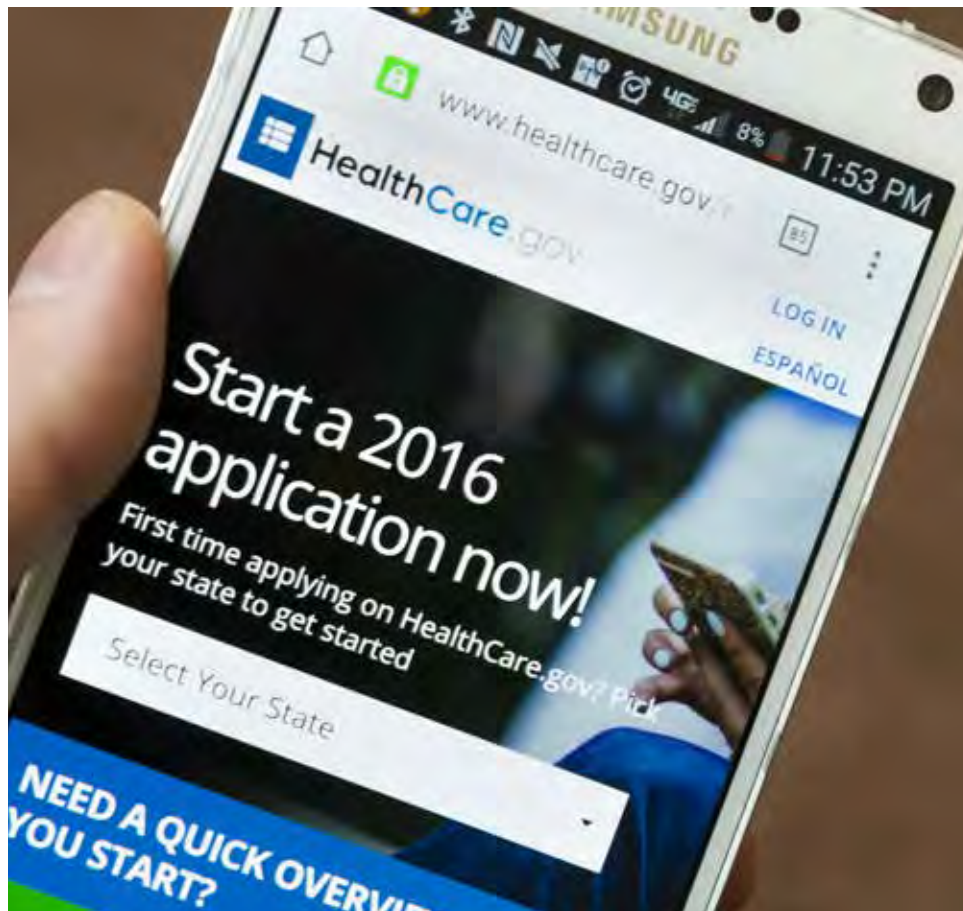


Health Insurance and Health Care

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

KHIP has tracked Kentucky adults' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.¹⁶ Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. KHIP asked Kentucky adults about their experience with the ACA and its impact on their families.

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



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

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

ACA and Kentuckians

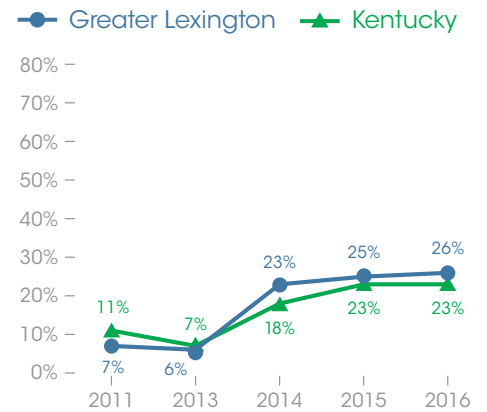
While about half a million Kentuckians enrolled in kynect in 2014, a majority reported the ACA had not had an impact on them. In 2016, 5 in 10 Kentucky adults (51%) reported that the ACA had not had an effect on their family. This is down from 7 in 10 (66%) in 2013. The percentage of Kentucky adults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



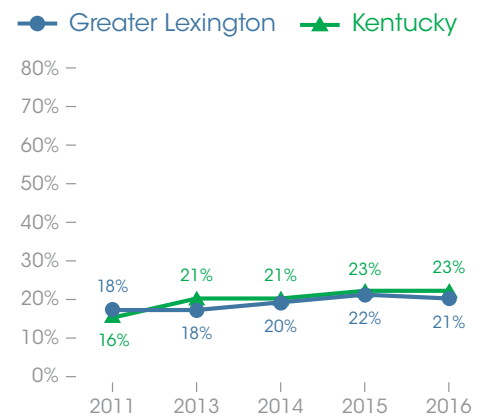
In Greater Lexington, adults reported some positive and some negative impacts from the Affordable Care Act. Like the state, half in Greater Lexington (50%) reported no effects from the health reform law.

Overall, which of the following statements would you say best describes the impact of the health reform law on you and your family personally? (Percentages do not add to 100% because the responses "don't know" and "both positive and negative" are not included.)

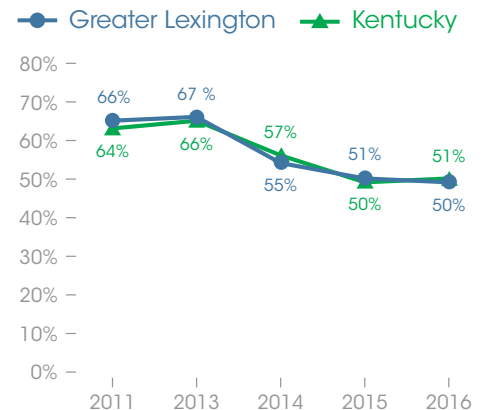
The health reform law has positively affected me and my family



The health reform law has negatively affected me and my family



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



Health Insurance

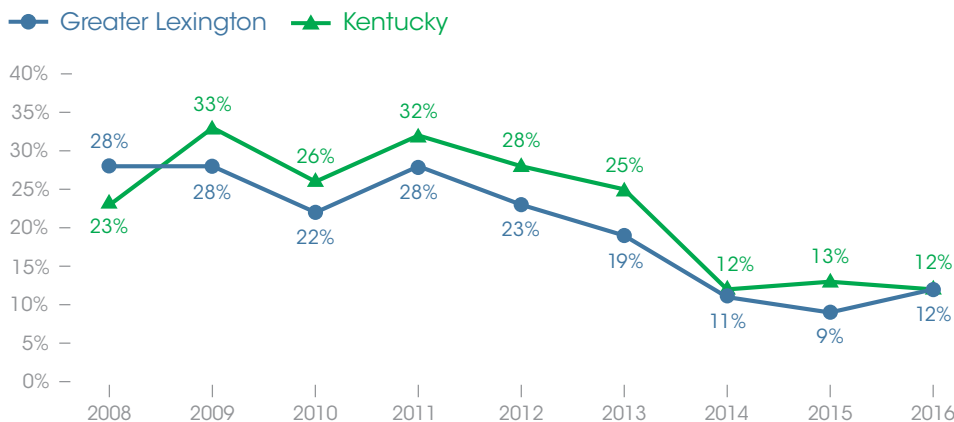
Because nearly all Kentucky adults 65 or older (99%) are insured, this section on health insurance includes only the responses for Kentuckians ages 18 to 64.

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

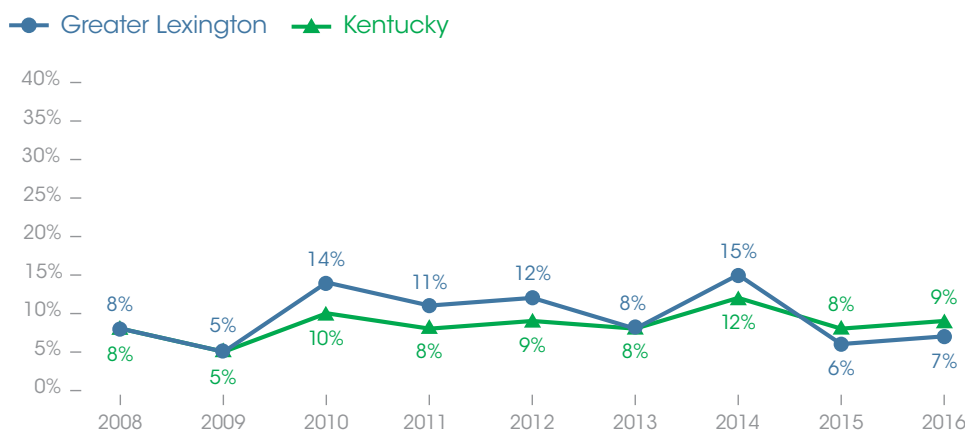
This decline in uninsurance is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low income or they received financial assistance to buy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

Another factor in being able to get health care is the stability of a person's health insurance coverage. One measure of this stability is whether a person has been covered continuously for the past 12 months. In Greater Lexington, 7% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, nearly 2 in 10 Greater Lexington adults ages 18 to 64 (19%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

No current insurance, adults ages 18-64



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



¹⁸ Governor Steve Beshear's Communication's Office. (2014). kynect Enrollment Continues to Climb in the New Year. [Press Release]. Retrieved from <http://migration.kentucky.gov/Newsroom/governor/20150107kynect.htm>

Delayed Medical Care

Having health insurance coverage does not always mean being able to afford needed medical care. About 2 in 10 Kentucky adults (22%) reported a time in the last 12 months when they or a member of their household needed medical care but did not get it, or delayed getting it, due to cost. Two in 10 Greater Lexington adults (20%) reported this.



In the past 12 months, was there a time when you or another member of your household needed medical care but did not get it, or delayed getting it because of the cost? (Graph shows only those who said yes.)

Greater Lexington

20%

Kentucky

22%

Depression and Awareness of Mental Health Support Services

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

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

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

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

(Graph shows only those who said yes.)

Greater Lexington

20%

Kentucky

17%

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

(Graph shows only those who said yes.)

Greater Lexington

19%

Kentucky

17%

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

(Graph shows only those who said yes.)

Greater Lexington

33%

Kentucky

27%

Drug Use: Heroin, Methamphetamine and Prescription Pain Relievers

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

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

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

About 3 in 10 Kentucky adults (27%) reported that a family member or friend has experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet or codeine. That percentage was similar for adults in Greater Lexington (33%).



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

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

Demographic Profile

In addition to the questions on health issues, respondents were asked several demographic questions. These findings are detailed below. (Percentages may not add to 100% due to rounding.)

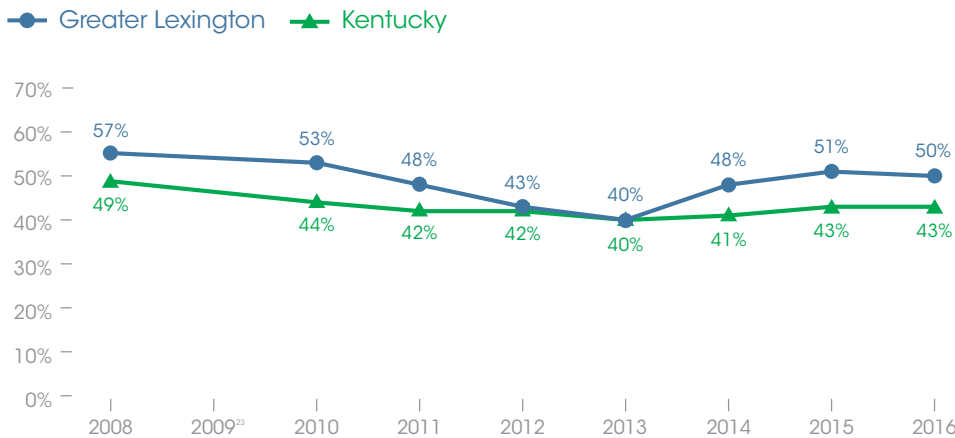
In Greater Lexington, 33% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). This is nearly the same as reported for the state as a whole (31%). The percentage of Greater Lexington adults who reported incomes between 138% and 200% FPG and more than 200% FPG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

Overall Health Status

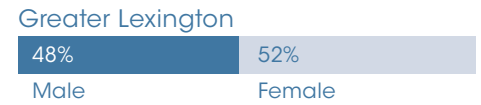
One way to measure health status is to ask people to evaluate their own health. KHIP asks Kentucky adults “Would you say that, in general, your health is excellent, very good, good, fair or poor?” Research has found a powerful link between people’s responses to this question and the predicted length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

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

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



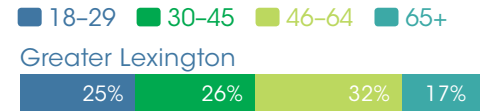
Sex



Kentucky



Age



Kentucky



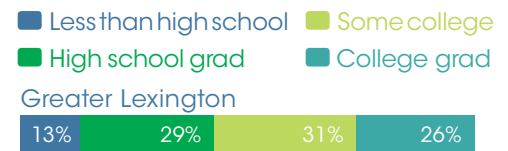
Race



Kentucky



Level of Education



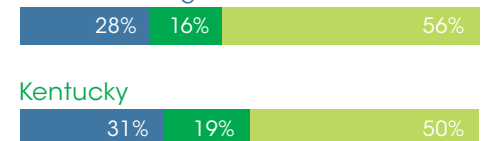
Kentucky



Poverty Status



Kentucky



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

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

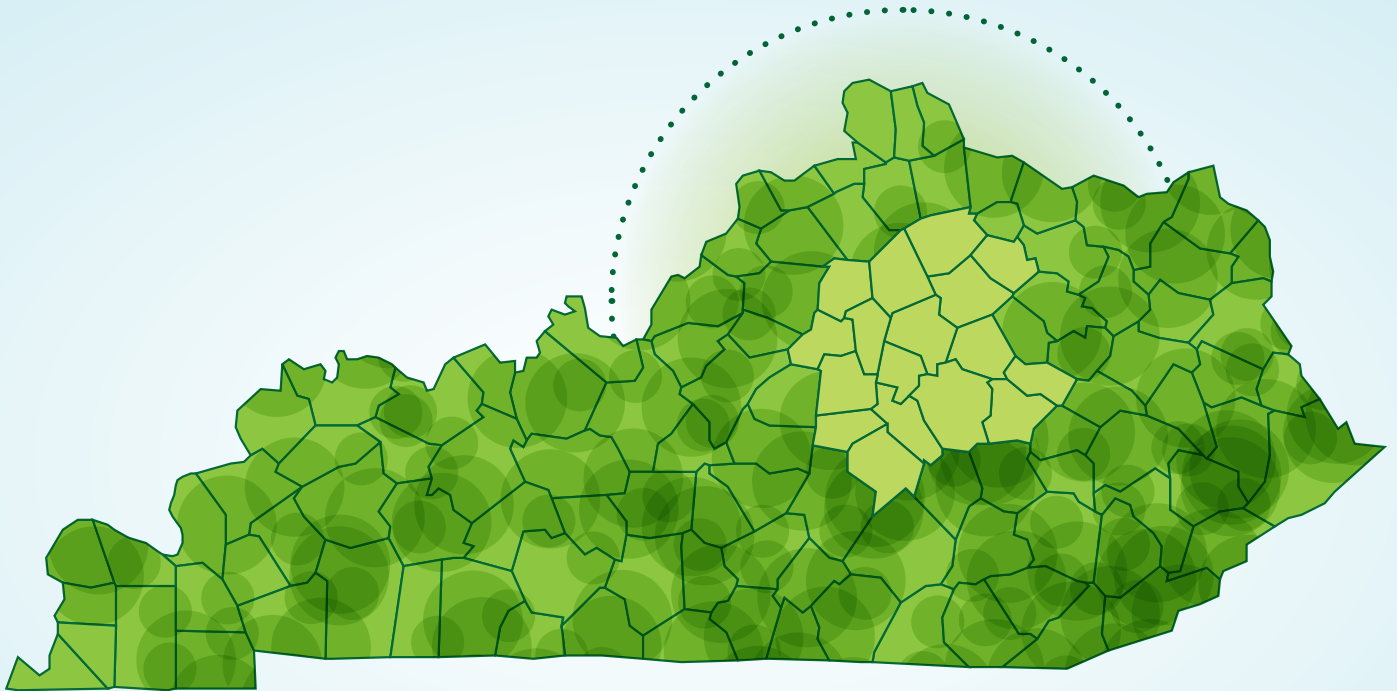
²³ The question “Would you say that in general your health is excellent, very good, fair or poor?” was not asked on the 2009 KHIP.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2016 Kentucky Health Issues Poll was conducted Sept. 11, 2016 – Oct. 19, 2016, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,580 adults from throughout Kentucky was interviewed by telephone. This included 827 landline interviews and 753 cell phone interviews. Of these, 301 respondents resided in the Bluegrass Area Development District. The counties included in this region are:

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



This report presents a selection of questions with data specific to Greater Lexington. Additional state and regional data highlights are available from the Foundation for a Healthy Kentucky (www.healthy-ky.org) or Interact for Health (www.interactforhealth.org/kentucky-health-issues-poll). Users can access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future KHIP, please contact Susan Sprigg, Research Officer, at Interact for Health (ssprigg@interactforhealth.org), or Rachelle Seger, Community Health Research Officer, at the Foundation for a Healthy Kentucky (rseger@healthy-ky.org).

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