

# **THE GREATER CINCINNATI COMMUNITY HEALTH STATUS SURVEY - 2002**

**A Collaborative Survey by:**

**THE HEALTH FOUNDATION OF GREATER CINCINNATI  
THE HEALTH IMPROVEMENT COLLABORATIVE OF  
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# THE GREATER CINCINNATI COMMUNITY HEALTH STATUS SURVEY 2002

## Executive Summary

The Greater Cincinnati Community Health Status Survey provides an in-depth description of the self-reported health status, health behaviors, and health opinions of tri-state residents in the fall of 2002. Through comparisons to national averages as well as to a similar study of area residents conducted in the fall of 1999, the survey documents how the tri-state area compares nationally as well as how the community's well-being is changing over time. The results of the survey provide useful information to area health-related organizations and agencies, as well as policy makers and residents, as they work towards improving the overall health of the Greater Cincinnati area.

Two thousand and six (2,006) randomly selected adults residing within a 22 county Greater Cincinnati area were interviewed by telephone in August and September 2002. This area included eight Ohio counties (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren), nine Kentucky counties (Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton), and five Indiana counties (Dearborn, Franklin, Ohio, Ripley, and Switzerland). Statistical adjustments were made to correct for any biases that exist because of households not having a telephone. The results, along with national and local comparative data, are presented in 11 major sections that represent a broad spectrum of area health issues.

Although the wealth of information generated by the survey is far too extensive to be summarized briefly, some of the major findings are presented below to reflect the richness of the data and its portrayal of the lives and concerns of Greater Cincinnati residents.

## Health Status

- Adults in the Greater Cincinnati area have comparable perceived health status and physical health status as the general U.S. population and appear to have better mental health status than the general U.S. population.
- Notable proportions of Greater Cincinnati area adults have poor physical, mental, and/or oral health status.
  - One-sixth of Greater Cincinnati area adults perceive their health status as fair or poor and/or have poor physical health status.
  - One-eighth of Greater Cincinnati area adults have poor mental health status.

- One-fifth of Greater Cincinnati area adults consider the condition of their mouth and teeth to be fair or poor with 15 percent limiting what they eat at least some of the time.
- Area adults with low socioeconomic status appear to be at greatest risk for poor health status.
- Health care coverage through Medicaid is associated with poor physical, mental, and oral health status.

### **Health System Performance**

- While the vast majority of adults in the Greater Cincinnati area are satisfied with the quality and availability of the area's health care services as well as overall health care that they receive, approximately one-sixth of area adults are not satisfied with these aspects of the area's health care system.
- Area adults with low socioeconomic status, as defined by low income and low education, those living in the City of Cincinnati, and/or adults who are uninsured or covered by Medicaid are more likely to be dissatisfied with the quality of health care, availability of health care, and overall health care provided by the area's health care system.
- Almost half of adults in the Greater Cincinnati area feel that the costs of health care are unreasonable. Area adults most likely to feel that the cost of health care are unreasonable are those with one or more of the following characteristics: middle age, low socioeconomic status, covered by Medicaid, uninsured, divorced/separated, widowed, and home renter.
- Adults in the Greater Cincinnati area are less satisfied with the cost of health care in 2002 than in 1999.

### **Chronic Physical Illness**

- Cardiovascular-related conditions, such as high blood pressure/hypertension, high cholesterol/high triglycerides, heart trouble/angina, and stroke, constitute the major chronic illness risks for Greater Cincinnati area adults.
- Joint-related conditions, such as arthritis/rheumatism and chronic back pain, also pose major illness risks for adults in the Greater Cincinnati area.

- Although the risk factors for the chronic physical illness conditions vary by the condition, in general the likelihood of having a chronic physical illness problem increases with age and/or having poorer socioeconomic status.
- Area adults are comparable to the U.S. population for those conditions where national comparative data are available. Also, there do not appear to be major changes in the prevalence of the various chronic physical illness conditions between 1999 and 2002.

## **Lifestyle Behaviors**

- Adults in the Greater Cincinnati area have higher rates of cigarette smoking and higher rates of binge drinking and heavy drinking among adults who drink alcoholic beverages in comparison to national averages.
- Unhealthy lifestyle behaviors appear to be more prevalent among area adults who are male, high school graduates, divorced/ separated/never married, unemployed, and/or living alone. In addition, health risk behaviors are more prevalent among area adults covered by Medicaid.
- A substantial proportion of adults in the Greater Cincinnati area are overweight (61 percent), with one-quarter of area adults being obese (22 percent). While these rates appear to be similar to national rates, comparisons to the 1999 Community Health Status Survey suggest that the rate of overweight adults may be increasing as is also true nationally.
- Sizeable percentages of area adults are not engaged in physical activity and dietary behaviors conducive to preventing the onset of obesity, such as engaging in physical activity at least three times a week, minimizing the daily consumption of foods high in cholesterol and/or fat, and eating healthy diets. In addition, substantial proportions of area adults are not trying to lose weight or to improve their physical activity and dietary behaviors. While adults who are older, of lower socioeconomic status, covered by Medicaid, and/or divorced/separated appear to be at greatest risk of being overweight and/or obese, there is no apparent set of population characteristics consistently associated with the physical activity and dietary lifestyle behaviors.
- Area adults perceive changes in their lifestyles as being the most helpful to either lose weight or improve their physical activity and dietary behaviors.

## Preventive Health Behaviors

- Adults in the Greater Cincinnati area are most compliant with preventive health recommendations in the areas of blood pressure testing, blood cholesterol testing, routine medical checkups, dental visits, teeth cleaning, pap smear testing, and mammogram testing by women over age 40. The least compliance with preventive health recommendations occurs among men over age 39 regarding an annual digital rectal exam.
- With the exception of two areas, compliance with preventive health recommendations is at or above the 2001 national rates. The exceptions are that fewer women age 35-39 have had a mammogram (34 percent vs. 47 percent), and fewer adults have had their teeth cleaned in the past year (60 percent vs. 72 percent) with more not having had their teeth cleaned in the past 5 years or never (17 percent vs. 9 percent).
- Compliance with preventive health recommendations appears to be the same as or better than the rates found in the 1999 Community Health Status Survey.
- Although the risk factors vary by type of preventive health indicator, two possibly interrelated risk factors are consistently associated with lack of compliance with the preventive health recommendations. These are lack of health insurance and unemployment. As noted in a subsequent section, health screenings are reported to be the service that is most likely to be completely covered by health care coverage programs. Thus, lack of coverage, often due to unemployment and underemployment, may result in lack of access to and/or use of health prevention services.
- One-quarter of adults got a flu shot during the past flu season, which is less than the 2001 national rate and the rate reported on the 1999 Community Health Status Survey. One explanation is the reported shortage of flu vaccine during the 2001/2002 flu season. The most likely place to receive a flu shot was a health care provider followed by place of employment.
- While the likelihood of getting a flu shot increased with age, socioeconomic status and lack of insurance were risk factors for not receiving a flu shot. Approximately 12 percent of both area adults who did and who did not receive the flu shot report that they had the flu during the 2001/2002 flu season. Those at greatest risk of reporting getting the flu are adults in the young middle age group (30-45 years), with low socioeconomic status, who are uninsured, and/or who are widowed.

## Substance Abuse

- Three percent of adults in the Greater Cincinnati area report that they have driven at least once during the past 30 days when they had perhaps too much to drink.
- Three percent of households report a member having a problem with alcohol or other drugs. Households most likely to have an alcohol or other drug problem are low-income households and/or households with more adults.
- The majority of households with an alcohol or drug problem in the Greater Cincinnati area do not seek treatment services for the problem. Households most likely to not seek treatment services are those of either low or high-income as well as those located in the City of Cincinnati, Hamilton County suburbs, or Ohio's Appalachian counties.
- The vast majority of households that sought treatment services received those services within a week.

## Mental Health

- Prevalence of mental health conditions in the Greater Cincinnati area depends on the type of condition and the unit of analysis:
  - 4 percent of households had a member with a mental illness problem in the past year
  - 4 percent of households had a member with a type of nervous problem or nervous breakdown in the past year
  - 14 percent of adults have been told by a health professional that they have ever had depression
  - 40 percent of adults have had depressive feelings in the past 12 months
- While the risk factors vary by the type of mental health condition, lower income adults are at greatest risk for some type of mental health condition, particularly conditions related to nerves and depression. Also, those who are in the younger middle age (30-45 years) group are at greater risk of a mental health condition.
- The majority of adults with a mental health condition do not miss days of work or school as a result of their condition. Approximately 10 percent miss work or school 1-7 days. However, 15 percent of households appear to have a person with a severe mental illness requiring the household member to miss more than 12 weeks of work or school. Adults below 100% poverty level and/or uninsured are at greatest risk for missing work or school due to a mental health condition.

## Health Care Coverage

- Approximately 10 percent of adults in the Greater Cincinnati area are currently uninsured. Also, 15 percent were uninsured at some time in the past 12 months, which is slightly less than the 2001 national rate. Adults who are living in the City of Cincinnati, African-American, low socioeconomic status, divorced/separated/never married, unemployed, and/or living in a household with one child are at greatest risk of being uninsured.
- Area adults who are currently uninsured have been uninsured for a median of 13 weeks, while those adults who were uninsured at some time in the past year had a median duration of no coverage of 39 weeks, with 61 percent being uninsured for almost all, if not all, of the year.
- Of the currently insured adults in the Greater Cincinnati area, Medicaid recipients are most likely to have had an episode of uninsurance in the past year. Also, 7 percent of insured adults currently covered by non-Medicaid, non-Medicare insurance had an episode of uninsurance.
- Dental, mental health, and substance abuse treatment services are the services least likely to be covered by the insurance programs of area adults. Most complete coverage is for health screenings, doctor's office visits, and hospitalizations.

## Health Care Access

- Consistent with national data, the vast majority of adults in the Greater Cincinnati area have a usual source of care, typically a doctor's office, clinic, or health center. Those with no usual care source appear to be persons, such as young, male, and single.
- Approximately one-quarter of adults in the Greater Cincinnati area did not get or delayed getting medical and/or dental care when they thought that they needed it. In addition, a small percent of area households have a member who did not get medical care or prescription medications because of financial resources. Those at greatest risk of not getting needed care are adults who are of low socioeconomic status, uninsured, unemployed, divorced/separated, and/or living in a household with one child.
- While cost plays an important role in not getting needed health care services, particularly dental care services, cultural or attitudinal barriers such as stubbornness or procrastination as well as time constraints appear to be major reasons for not seeking or getting care.
- Approximately one-tenth of households have a member who had to take time off from work without pay so that they or another household member could receive

health care. For the average household, 31 hours of work without pay were taken so that a school-aged child could receive health care services.

### **Other Issues**

- The primary source of information about how to lead a healthy lifestyle is the print media, primarily magazines, although the Internet has become a greater source of information since 1999.
- A small proportion of Greater Cincinnati area adults have used alternative therapies to help cure an illness. This approach appears to be most popular among younger middle age adults, college graduates, low-income adults, and/or residents of the City of Cincinnati.
- Two-thirds of area adults consider their spiritual beliefs to be very important in their lives, particularly among females, African-Americans, and low-income adults. Also, spiritual beliefs appear to become more important with age.

### **Community Support**

- The vast majority of adults in the Greater Cincinnati area appear connected to the community within which they live, feeling that their community is a friendly, secure, helpful community that is a good place to raise children.
- More area adults may be connected with their community now than in 1999.
- Residents of the City of Cincinnati, African-Americans, adults with low socioeconomic status, unemployed/laid off adults, and/or single adults appear to be least connected to the communities within which they live.

The Greater Cincinnati Community Health Status Survey is a collaborative survey by The Health Foundation of Greater Cincinnati and The Health Improvement Collaborative of Greater Cincinnati. The survey was funded by The Health Foundation of Greater Cincinnati and conducted by the Institute for Health Policy and Health Services Research at the University of Cincinnati in conjunction with the University of Cincinnati Institute for Policy Research. The potential sampling error for the survey is  $\pm 2.2\%$ . A copy of the survey instrument, a description of the survey methods, and detailed tabular results are provided in appendices.

# **THE GREATER CINCINNATI COMMUNITY HEALTH STATUS SURVEY**

## **Introduction**

The Greater Cincinnati Community Health Status Survey is a collaborative survey by The Health Foundation of Greater Cincinnati and The Health Improvement Collaborative of Greater Cincinnati. The survey was funded by The Health Foundation of Greater Cincinnati and conducted by the Institute for Health Policy and Health Services Research at the University of Cincinnati in conjunction with the University of Cincinnati Institute for Policy Research. The survey was designed to collect information on residents within the 22 county Greater Cincinnati area regarding their health status, health behaviors, and health opinions that can be used in community-wide efforts to improve the overall health of the region. Appendix A presents a copy of the survey questionnaire.

## **Methods**

Two thousand and six (2,006) randomly selected adults residing in eight Ohio counties (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren), nine Kentucky counties (Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton), and five Indiana counties (Dearborn, Franklin, Ohio, Ripley, and Switzerland) were interviewed by telephone in August and September 2002. The potential sampling error for the survey is  $\pm 2.2\%$ . A description of the survey methods is presented in Appendix B. Statistical adjustments were made to correct for any biases that exist because of households not having a telephone.

## **Results**

The survey results are presented in this report according to 11 major sections. Appendix C provides detailed tabular results for the questions asked in the survey. In addition to presenting the major findings of the survey, some of the significant demographic differences are noted in the text. Due to the large number of potential comparisons, only the most important results are presented. Caution must be exercised when drawing conclusions based on the results for the various demographic subgroups, because any meaningful comparisons between subgroups must take into consideration the sampling error associated with each subgroup's sample size. All of the results presented in this report and in Appendix A are weighted data to represent all of the adults in the Greater Cincinnati area and not just those included in the survey sample. See Appendix B for a more detailed description of the weighting process. The statistical results presented in the charts and text are based on the number of individual question respondents and, thus, exclude persons who did not know or refused to provide a

response; whereas the tables in Appendix C include all respondents. Differences between the tabular results and the charts and text are noted with chart footnotes.

Because of the small sample sizes for some of the counties included in the survey, the data were aggregated and presented according to the following geographic areas, which are referenced throughout the report:

- City of Cincinnati
- Hamilton County Suburbs
- Ohio's Suburban Counties (Butler, Clinton, Warren)
- Ohio's Appalachian Counties (Adams, Brown, Clermont, Highland)
- Northern Kentucky Counties (Boone, Campbell, Grant, Kenton)
- Kentucky's Rural Counties (Bracken, Carroll, Gallatin, Owen, Pendleton)
- Indiana Counties (Dearborn, Franklin, Ohio, Ripley, Switzerland)

## Comparisons

Where appropriate, comparisons are made to national data drawn from the 2001 or earlier Behavioral Risk Factor Surveillance System (BRFSS) surveys conducted by the Centers for Disease Control and Prevention as well as other national data sources as noted. Data from the 2002 BRFSS survey are not yet publicly available. In addition, data from the 1999 Greater Cincinnati Community Health Status Survey (1999 Community Health Status Survey) are included in the text. However, there are some differences between the current and the 1999 community health status survey that should be taken into consideration when making comparisons between the results from the two surveys. Two counties (Carroll and Owen counties in Kentucky) were not part of the 1999 survey, but are included in the current survey. Also, there are differences in question or response category wording for some of the questions.

## Demographic Profile of Survey Respondents

The following table presents the demographic profile of the survey respondents. **These numbers represent the actual number and percentage of interviews conducted and not the final weighted estimates used to report the results and draw conclusions.**

### Demographic Profile Of Survey Respondents

<u>Area in Region</u>	<u>Number<sup>1</sup></u>	<u>Percent<sup>1</sup></u>
City of Cincinnati	220	11.0
Hamilton County Suburbs	428	21.3
Butler/Clinton/Warren, OH	225	11.2
Adams/Brown/Clermont/Highland, OH	244	12.2
Boone/Campbell/Grant/Kenton, KY	254	12.7
Bracken/Carroll/Gallatin/Owen/Pendleton, KY	324	16.2
Dearborn/Franklin/Ohio/Ripley/Switzerland, IN	311	15.5
 <u>Age</u>		
18 to 29	297	14.8
30 to 45	661	33.0
46 to 64	634	31.6
65+	369	18.4
NA	45	2.2
 <u>Sex</u>		
Male	725	36.1
Female	1,281	63.9
 <u>Race</u>		
African-American	129	6.4
White	1,797	89.6
Other <sup>2</sup>	46	2.3
NA	34	1.7

<sup>1</sup> These numbers represent the actual number and percentage of interviews conducted and not the final weighted estimates used to report the results and draw conclusions.

<sup>2</sup> Adults who are not of either white or African-American race.

**Con't: Demographic Profile Of Survey Respondents**

	<u>Number<sup>1</sup></u>	<u>Percent<sup>1</sup></u>
<u>Ethnicity</u>		
African-American	129	6.4
White Appalachian (1 <sup>st</sup> Generation)	239	11.9
White Non-Appalachian	1,543	76.9
Other <sup>3</sup>	46	2.3
NA	49	2.4
<u>Income</u>		
\$32,750 or less	610	30.4
Between \$32,751 and \$65,500	675	33.6
More than \$65,500	480	23.9
NA	241	12.0
<u>Poverty Status</u>		
Below 100% Federal Poverty Level	171	8.5
Between 100% and 200% Federal Poverty Level	340	16.9
Above 200% Federal Poverty Level	1,187	59.2
NA	308	15.4
<u>Education</u>		
Less than High School	219	10.9
High School Graduate	815	40.6
Some College	498	24.8
College Graduate	450	22.4
NA	24	1.2

<sup>1</sup> These numbers represent the actual number and percentage of interviews conducted and not the final weighted estimates used to report the results and draw conclusions.

<sup>3</sup> Adults who are not of either African-American, 1<sup>st</sup> generation white Appalachian, or white non-Appalachian ethnic background.

**Con't: Demographic Profile Of Survey Respondents**

	<u>Number</u> <sup>1</sup>	<u>Percent</u> <sup>1</sup>
<u>Medical Insurance</u>		
Insured - Other	1307	65.2
Insured - Medicaid	108	5.4
Insured - Medicare	310	15.5
Insured – Medicare/Medicaid	59	2.9
Insured - Unknown	38	1.9
Uninsured	176	8.8
NA	8	0.4
<u>Marital Status</u>		
Married	1,132	56.4
Widowed	197	9.8
Divorced/Separated	311	15.5
Never Married	334	16.7
NA	32	1.6
<u>Employment Status</u>		
Employed Full-Time	1,010	50.3
Employed Part-Time	183	9.1
Employed, Not Working	45	2.2
Unemployed, Laid Off	30	1.5
Disabled/Retired	381	19.0
In School	21	1.0
Keeping House	311	15.5
NA	25	1.2

<sup>1</sup> These numbers represent the actual number and percentage of interviews conducted and not the final weighted estimates used to report the results and draw conclusions.

**Con't: Demographic Profile Of Survey Respondents**

	<u>Number<sup>1</sup></u>	<u>Percent<sup>1</sup></u>
<u>Household Size</u>		
One	409	20.4
Two	630	31.4
Three	334	16.7
Four	321	16.0
Five or More	270	13.5
NA	42	2.1
<u>Children in Household</u>		
None	1,164	58.0
One	330	16.5
Two	315	15.7
Three or More	189	9.4
NA	8	0.4
<u>Adults in Household</u>		
One	532	26.5
Two	1,090	54.3
Three or More	343	17.1
NA	41	2.0
<u>Own or Rent</u>		
Own	1,556	77.6
Rent	405	20.2
NA	45	2.2

<sup>1</sup> These numbers represent the actual number and percentage of interviews conducted and not the final weighted estimates used to report the results and draw conclusions.

# HEALTH STATUS

The health status of adults in the Greater Cincinnati area was assessed using the SF-12 Health Status Assessment Questionnaire, which is an internationally validated and used set of questions designed to assess a person's health status (Ware et al. 1996). The SF-12 measures eight dimensions (scales) of health status:

- *General Health*: How would they say their health is in general from poor to excellent (Question 1, Appendix A).
- *Physical Functioning*: The extent to which their health limits the moderate activities that they might do during a typical day, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf as well as the extent to which their health limits their ability to climb several flights of stairs (Questions 2a-b, Appendix A).
- *Physical Role*: Whether or not they accomplished less than they would have liked during the past four weeks as a result of their physical health and whether or not they were limited in the kind of work they could do or other activities during the past four weeks as a result of their physical health (Questions 3a-b, Appendix A).
- *Bodily Pain*: The extent to which pain interfered with their normal work, including both work outside the home and housework, during the past four weeks (Question 5, Appendix A).
- *Emotional Role*: Whether or not they accomplished less than they would have liked during the past four weeks as a result of any emotional problems as well as whether they did not do work or other activities as carefully as usual as a result of any emotional problems during the past four weeks (Questions 4a-b, Appendix A).
- *Mental Health*: How much of the time during the past four weeks they felt calm and peaceful as well as how much of the time during the past four weeks they felt downhearted and blue (Question 6a,c, Appendix A).
- *Vitality*: How much of the time during the past four weeks they had a lot of energy (Question 6b, Appendix A).
- *Social Functioning*: How much of the time during the past four weeks their physical health or emotional problems interfered with their social activities, such as visiting friends or relatives (Question 7, Appendix A).

The questions on the SF-12 Health Assessment Questionnaire are also used to define two health status summary scales: a physical health scale and a mental health scale. The questions are combined and scored in a manner that results in summary scale scores that are comparable to an average of 50.0 for the general U.S. population. The SF-12 Physical Health Summary Score reflects the quality of life or functioning as

influenced by physical health problems and the SF-12 Mental Health Summary Score indicates the quality of life or functioning as influenced by emotional problems.

In addition, the survey asked adults in the Greater Cincinnati area two questions to assess oral health status:

- *Oral Health Status*: How they would describe the condition of their mouth and teeth, including false teeth and dentures and how often they limit the kinds or amounts of food they eat because of problems with their mouth, teeth, or dentures (Questions 81-82, Appendix A).

The survey results for each of the eight SF-12 scales, the SF-12 physical and mental health summary scores, and the oral health status indicators are presented in the following charts. National data from the 2001 Behavioral Risk Factor Surveillance System survey are included in the charts for the SF-12 General Health scale and SF-12 national normative data are included for the physical and mental health summary scales. Data from the 1999 Community Health Status Survey are presented in the text accompanying the charts for each of the health status dimensions (scales) as well as the summary scales, but not for the oral health status indicators. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text accompanying each chart.

## Major Findings

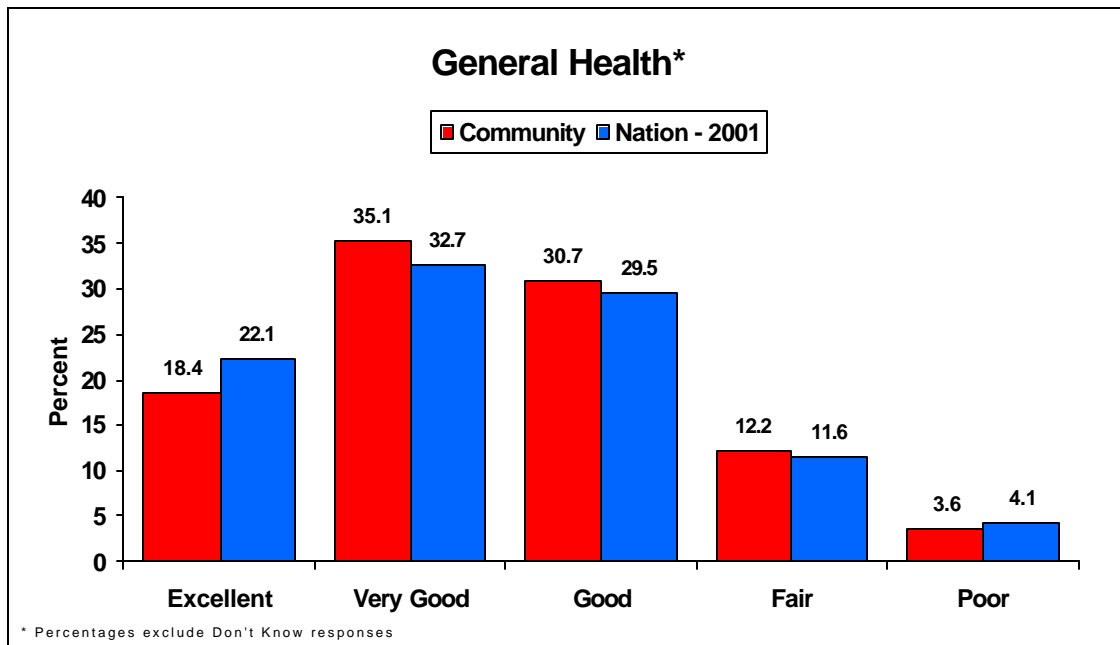
- Adults in the Greater Cincinnati area have comparable perceived health status and physical health status as the general U.S. population and appear to have better mental health status than the general U.S. population.
- Notable proportions of Greater Cincinnati area adults have poor physical, mental, and/or oral health status.
  - One-sixth of Greater Cincinnati area adults perceive their health status as fair or poor and/or have poor physical health status.
  - One-eighth of Greater Cincinnati area adults have poor mental health status.
  - One-fifth of Greater Cincinnati area adults consider the condition of their mouth and teeth to be fair or poor with 15 percent limiting what they eat at least some of the time.
- Area adults with low socioeconomic status appear to be at greatest risk for poor health status.
- Health care coverage through Medicaid is associated with poor physical, mental, and oral health status. Medicaid is a crucial health safety net, but does not meet all of the minimum health care needs of the poor at current levels of funding and

access. In addition, large numbers of the working poor, who are ineligible for Medicaid, continue to have substantial problems in accessing good quality health care.

- There appears to be slight improvements in physical and mental health status between 1999 and 2002, which could reflect actual improvements or differences in survey areas. Given that the additional counties in the current survey are Kentucky rural counties, which at least appear to have poorer physical health status, the evidence implies that Greater Cincinnati area adults have slightly improved health status since 1999.

## References

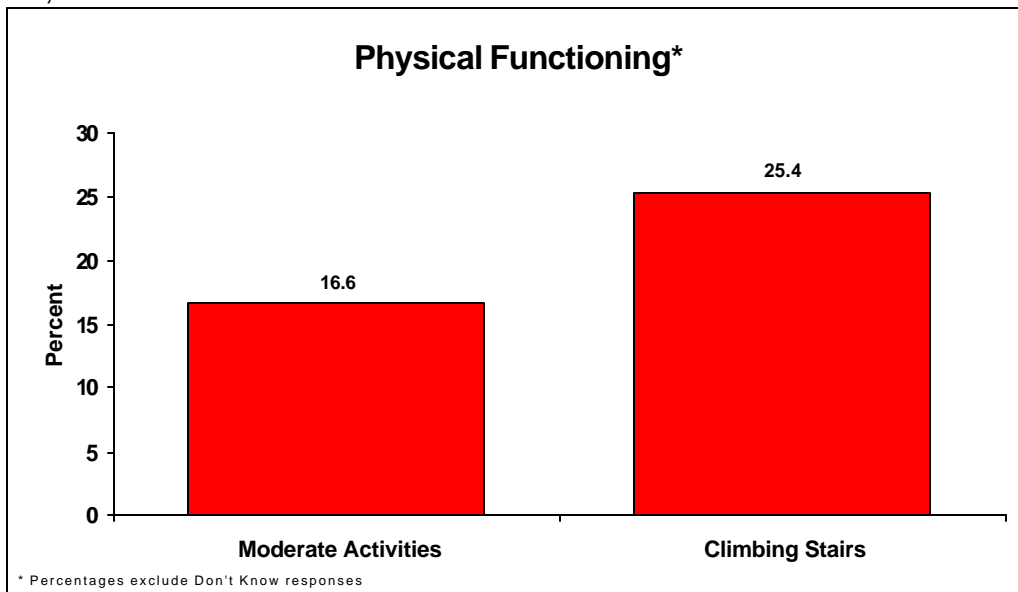
Ware JE, Kosinski M, Keller SD. 1996. *SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales*. Boston: The Health Institute, New England Medical Centre.



Over half (54 percent) of Greater Cincinnati adults perceive their health status to be very good or excellent, while 16 percent consider their health status to be fair or poor and 31 percent rate their health as good. This compares to national rates of 55

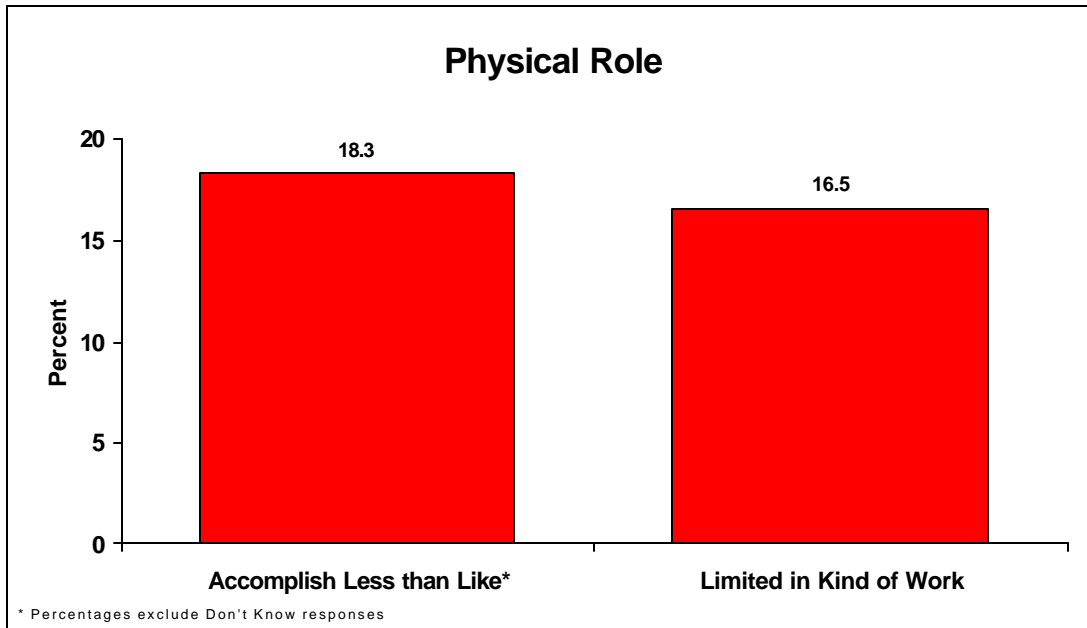
percent, 16 percent, and 30 percent, respectively, and 54 percent, 18 percent, and 28 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to rate their health status as fair or poor are those with one or more of the following characteristics: living in Indiana and Kentucky's rural counties; female; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid or Medicare; uninsured; widowed or divorced/separated; employed not working, disabled/retired, or keeping house; living alone; and, home renter. In addition, the likelihood of having fair or poor health status increases with age and decreases with household size, number of children in the household, and number of adults in the household.



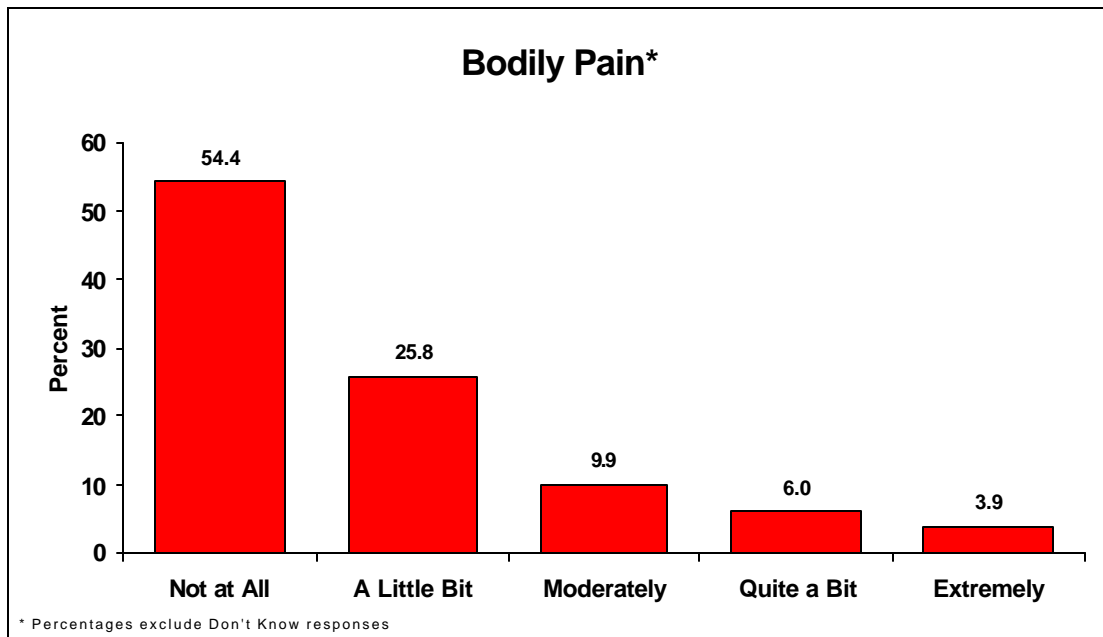
Health limits the moderate activities that 17 percent of adults in the Greater Cincinnati area would engage in during a typical day, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf, and limits 25 percent of area adults from climbing several flights of stairs. This compares to 20 percent and 23 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to experience problems with physical functioning include those with one or more of the following characteristics: living in Kentucky's rural counties; female; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid or Medicare; widowed or divorced/separated; disabled/retired or keeping house; and living alone. Also, difficulty with physical functioning increases with age.



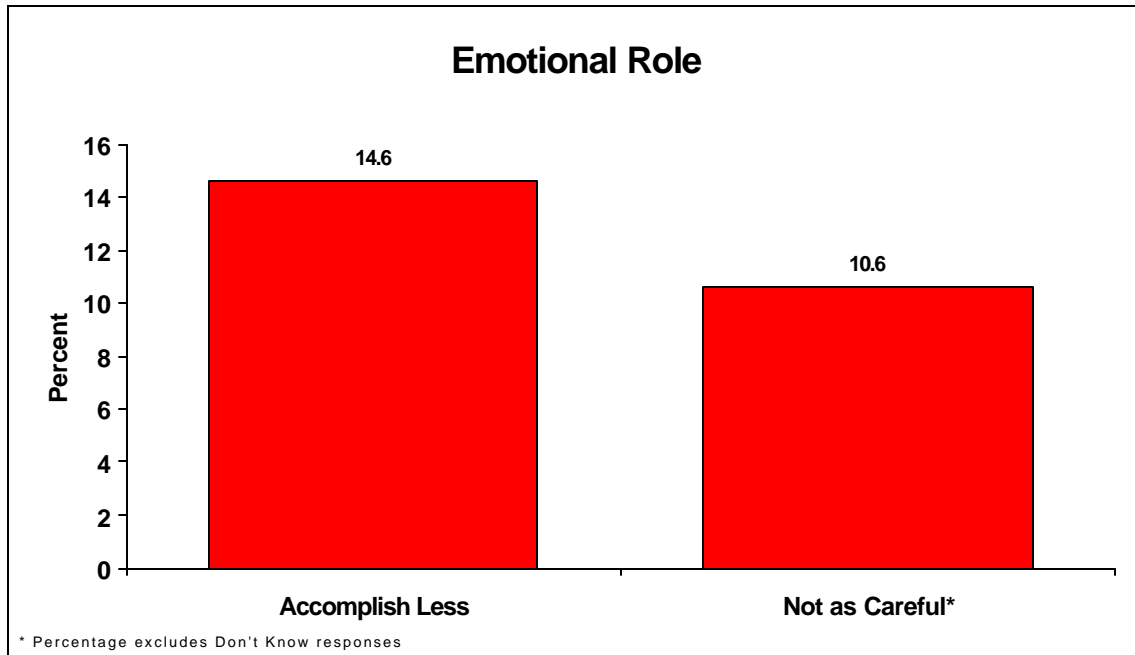
During the 4 weeks prior to the survey, 18 percent of adults in the Greater Cincinnati area accomplished less than they would have liked in their work or other regular daily activities as a result of their physical health and 16 percent were limited in the kind of work they did or other activities as a result of their physical health. This compares to 24 percent and 20 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have difficulty in their physical role include those with one or more of the following characteristics: living in Kentucky's rural counties; female; white Appalachian; low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicaid or Medicare; widowed or divorced/separated; employed but not working, disabled/retired, or keeping house; and, living alone. Also, physical role limitations increase with age and decrease with number of children in the household.



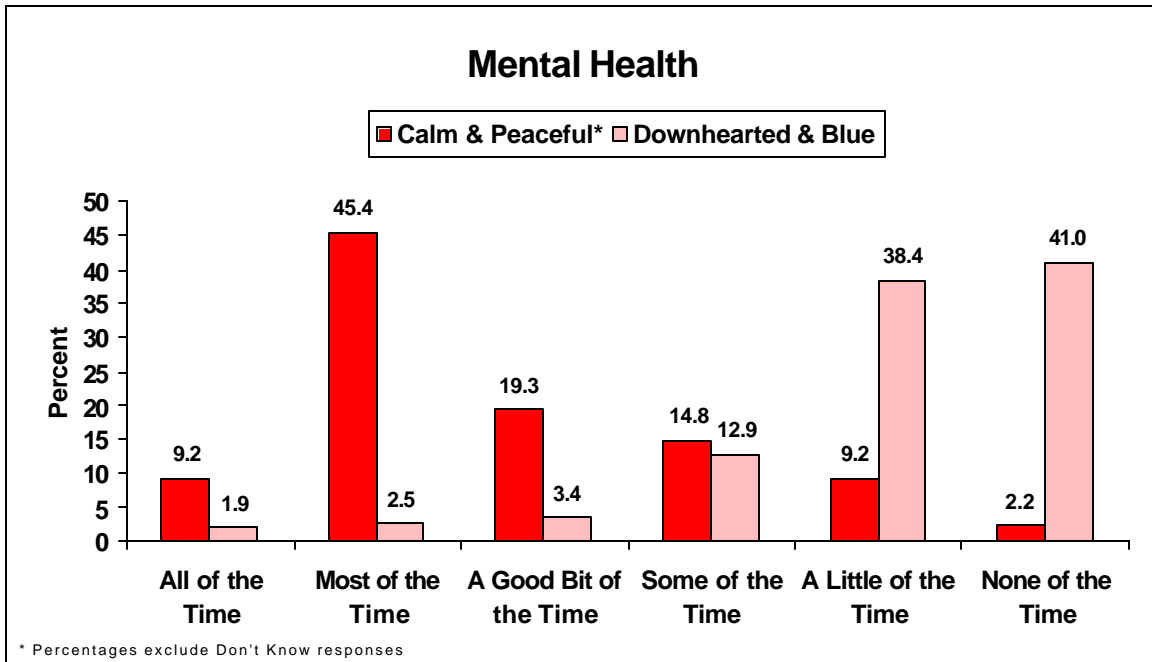
During the 4 week prior to the survey, pain did not interfere with normal work, including both work outside the home and housework, or only interfered with normal work a little bit for 80 percent of Greater Cincinnati area adults. However, pain had quite a bit to extreme effect on normal work for 10 percent of area adults and a moderate effect on 10 percent. This compares to 78 percent, 10 percent, and 12 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have had their normal work affected by pain quite a bit or extremely are those with one or more of the following characteristics: living in the City of Cincinnati or Indiana; female; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education level; covered by Medicaid or Medicare/Medicaid; widowed; employed not working, disabled/retired, or in school; living in a three person household; and, living in a household with one or three or more adults. Also, the effect of pain on normal work increases with age and decreases with the number of children in the household.



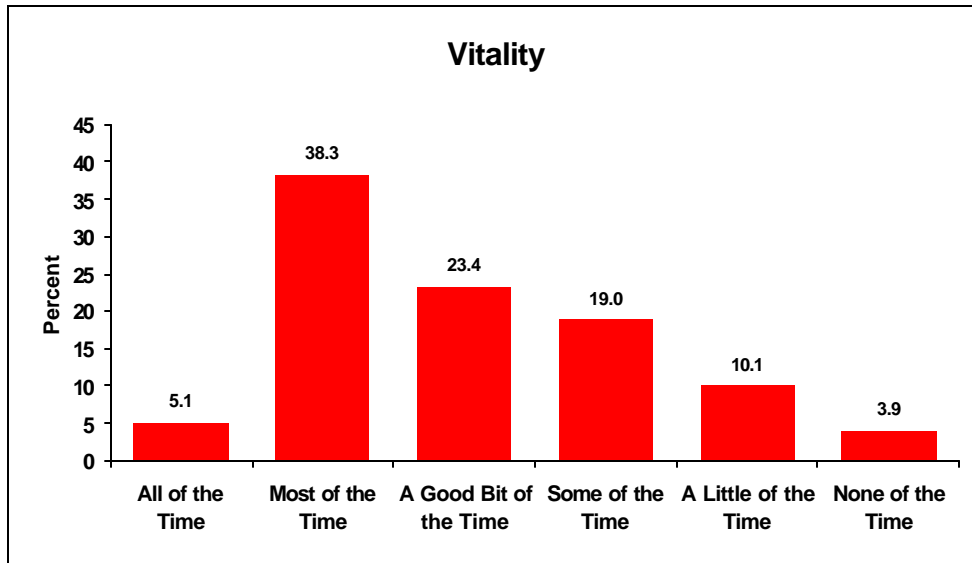
Approximately 15 percent of adults in the Greater Cincinnati area experienced emotional problems, such as feeling depressed or anxious, that affected what they would have liked to accomplish in their work or other regular daily activities during the 4 weeks prior to the survey. Also, 11 percent of the area adults had emotional problems that did not permit them to do work or other activities as carefully as usual. This compares to 17 percent and 8 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have difficulty in their emotional role are those with one or more of the following characteristics: low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid or Medicare/ Medicaid; divorced/separated; and, living alone.



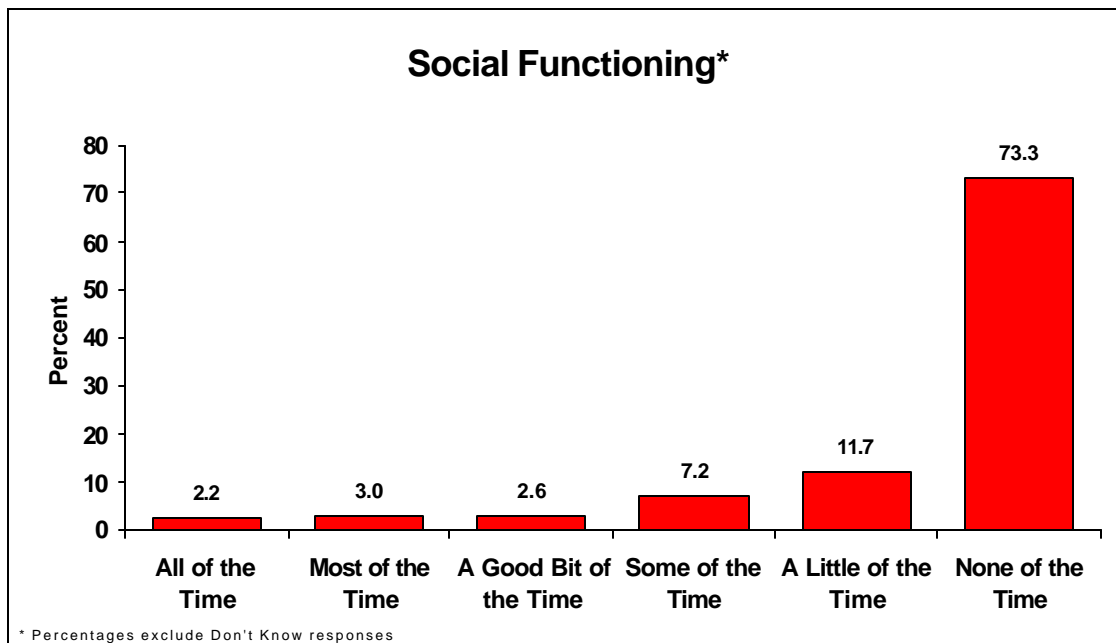
During the 4 weeks prior to the survey, 74 percent of adults in the Greater Cincinnati area felt calm and peaceful at least a good bit of the time, 15 percent felt calm and peaceful some of the time, and 11 percent felt this way little or none of the time. This compares to 67 percent, 20 percent, and 12 percent, respectively, from the 1999 Community Health Status Survey. On the other hand, 8 percent felt downhearted and blue at least a good bit of the time, 13 percent felt downhearted and blue some of the time, and 79 percent felt downhearted and blue none or just a little of the time. This compares to 10 percent, 15 percent, and 75 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have poorer mental health, as defined by feeling calm and peaceful little or none of the time and/or feeling downhearted and blue at least a good bit of the time, are those with one or more of the following characteristics: female; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid; widowed; disabled/retired; and, home renter.



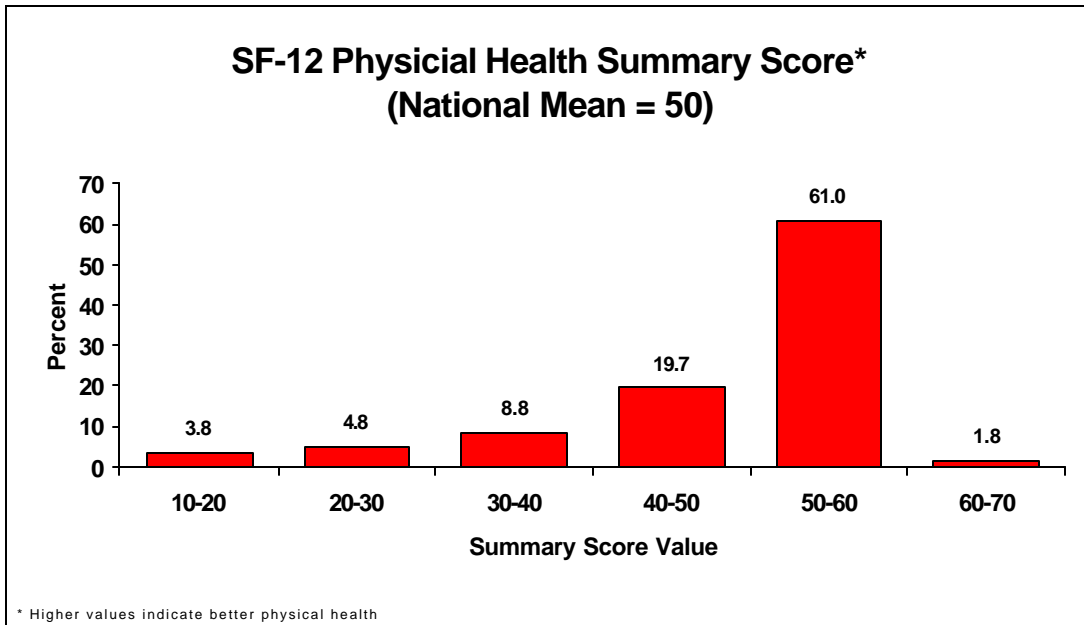
Two-thirds (67 percent) of Greater Cincinnati area adults had a lot of energy at least a good bit of the time during the 4 weeks prior to the survey, while 14 percent had a lot of energy a little or none of the time and 19 percent of adults had a lot of energy some of the time. This compares to 61 percent, 17 percent, and 22 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have a lot of energy little or none of the time are those with one or more of the following characteristics: over age 64; female; African-American or white Appalachian; low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicaid, Medicare, or Medicaid/Medicare; divorced/separated; employed not working, disabled/retired, or keeping house; living in a three person household; living in a household with no children or one child; and, home renter.



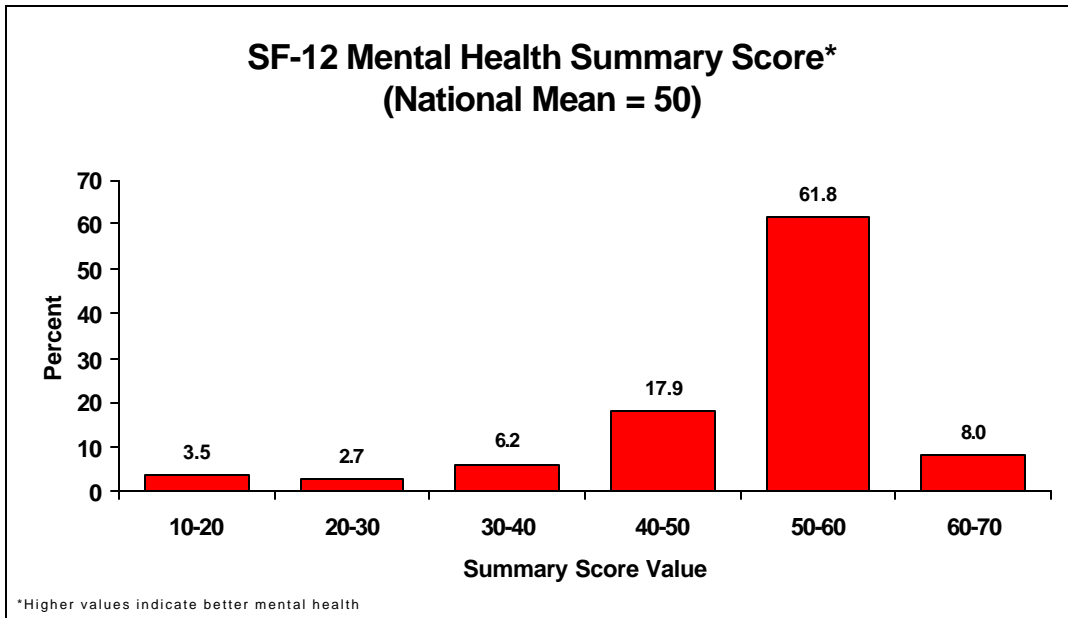
Approximately 8 percent of area adults experienced physical or emotional problems during the 4 weeks prior to the survey that interfered with their social activities, such as visiting friends or relatives, at least a good bit of the time. Alternatively, 85 percent had little or no interference with their social activities and 7 percent experienced some interference. This compares to 12 percent, 78 percent, and 10 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have experienced interference with social functioning at least a good bit of the time are those with one or more of the following characteristics: living in Kentucky’s rural counties; female; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid or Medicare/Medicaid; widowed or divorced/separated; disabled/retired; living alone; and, home renter. Also, interference with social functioning increases with age.



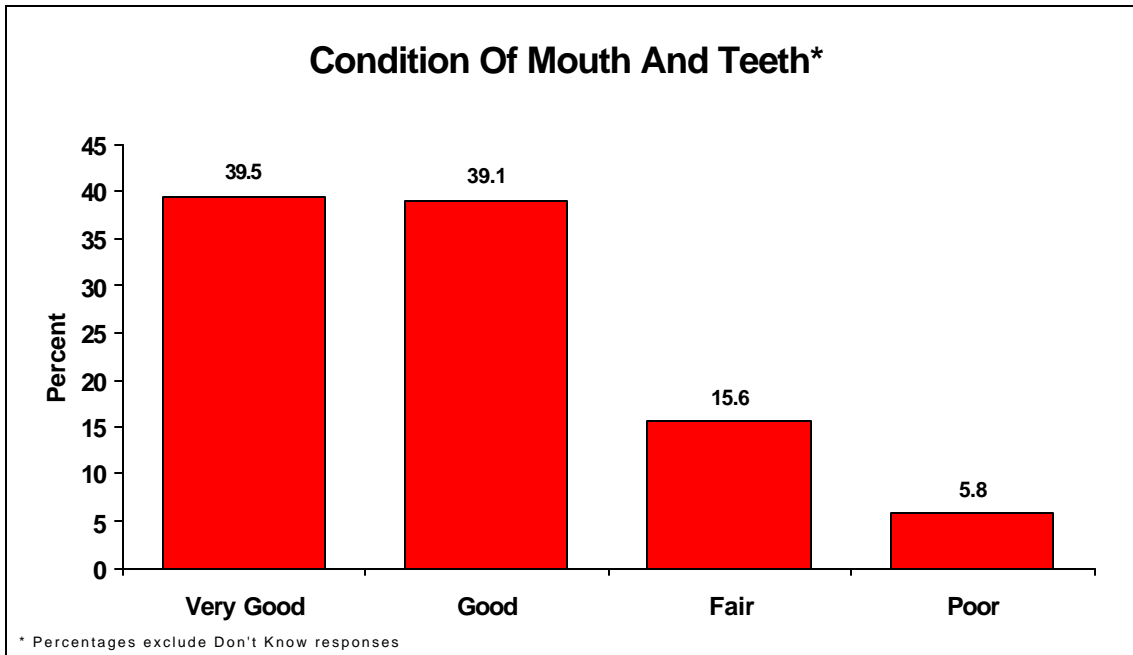
The average physical health summary score for Greater Cincinnati area adults is 49.6, which compares to an average of 50.0 for the general U.S. population and 48.8 from the 1999 Community Health Status Survey. Approximately 37 percent of Greater Cincinnati adults are below the average for the general U.S. population, which compares to 38 percent from the 1999 Community Health Status Survey.

Adults most likely to be below the national average are those with one or more of the following characteristics: living in the City of Cincinnati or Kentucky’s rural counties; female; white Appalachian; low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicaid or Medicare or both; widowed or divorced/separated; disabled/retired or keeping house; living alone; living in a household with no children; living in a household with one other adult; and, home renter. Also, physical health status decreases with age.



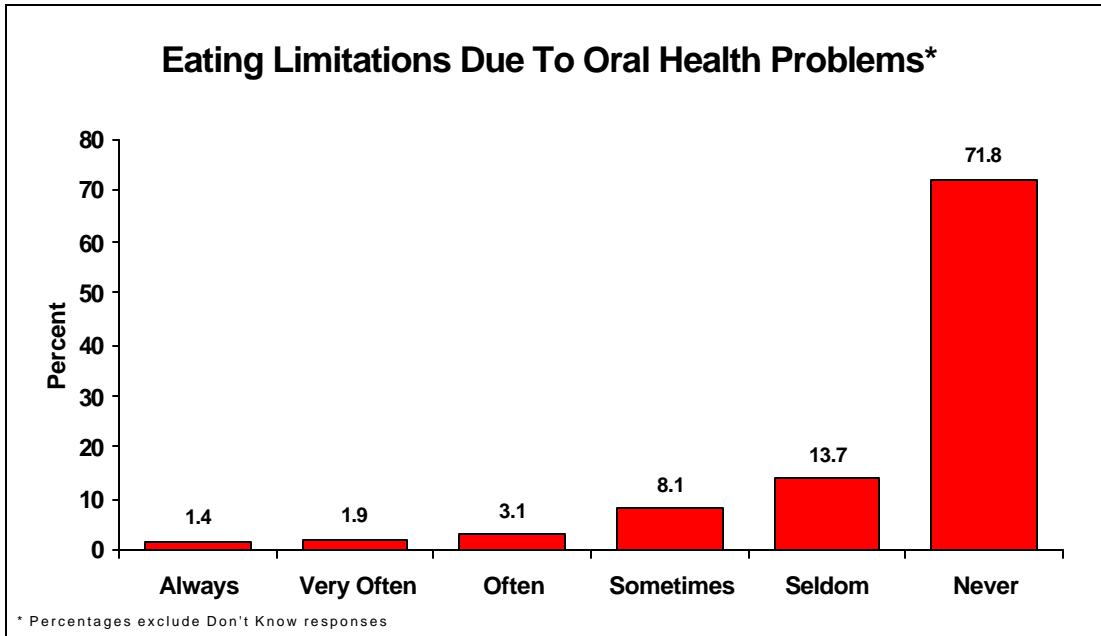
The average mental health summary score for Greater Cincinnati area adults is 52.0, which compares to an average of 50.0 for the general U.S. population and to 51.0 from the 1999 Community Health Status Survey. A total of 30 percent of area adults are below the national average, which compares to 31 percent from the 1999 Community Health Status Survey.

Adults most likely to be below the national average on the mental health summary score are those with one or more of the following characteristics: age 18-29 years; white Appalachian; low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicaid or Medicare/Medicaid; widowed or divorced/separated; unemployed laid off, disabled/retired, or in school; living alone; and, home renter.



Approximately 79 percent of adults in the Greater Cincinnati area consider the condition of their mouth and teeth, including false teeth and dentures, to be good or very good, while 21 percent perceive their mouth and teeth to be in fair or poor condition.

Adults most likely to consider the condition of their mouth and teeth to be fair or poor are those with one or more of the following characteristics: living in Kentucky; age 46-64 years; covered by Medicaid; widowed or divorced/separated; unemployed/laid off, disabled/retired, or keeping house; living alone; living in a three person household; and, home renter. In addition, the likelihood of having fair or poor condition of the mouth and teeth increases as income level and education level decreases and as level of poverty increases.



Almost 72 percent of Greater Cincinnati area adults do not limit the kinds or amounts of food they eat because of problems with their mouth, teeth, or dentures, while 22 percent seldom or sometimes limit what they eat and 6 percent often or always limit the kinds or amounts of food they eat.

Adults most likely to limit the kinds or amounts of food they eat are those with one or more of the following characteristics: covered by Medicaid or Medicare/Medicaid; employed part-time or not working; living in a household with more than two children; and, home renter. In addition, the likelihood of mouth, teeth, or denture problems limiting food consumption increases as income level and education level decreases and as level of poverty increases.

# HEALTH SYSTEM PERFORMANCE

Adults in the Greater Cincinnati area were asked to provide their assessment of the performance of the area's health care system based on the following four indicators:

- *Quality of Health Care:* Their satisfaction with the quality of the health care they get when thinking about all of their health care needs, not just their family doctor (Question 8, Appendix A).
- *Availability of Health Care:* Their satisfaction with the availability of health care when they need it (Question 9, Appendix A).
- *Cost of Health Care:* Their feeling about the reasonableness of the cost of the health care they receive (Question 10, Appendix A).
- *Satisfaction with Overall Health Care:* Their satisfaction with their overall health care (Question 11, Appendix A).

The survey results for each of the four health system performance indicators are presented in the following charts. No national data are available for comparison with these indicators. Data from the 1999 Community Health Status Survey are presented in the accompanying text for each of the four performance measures. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the accompanying text for each performance indicator.

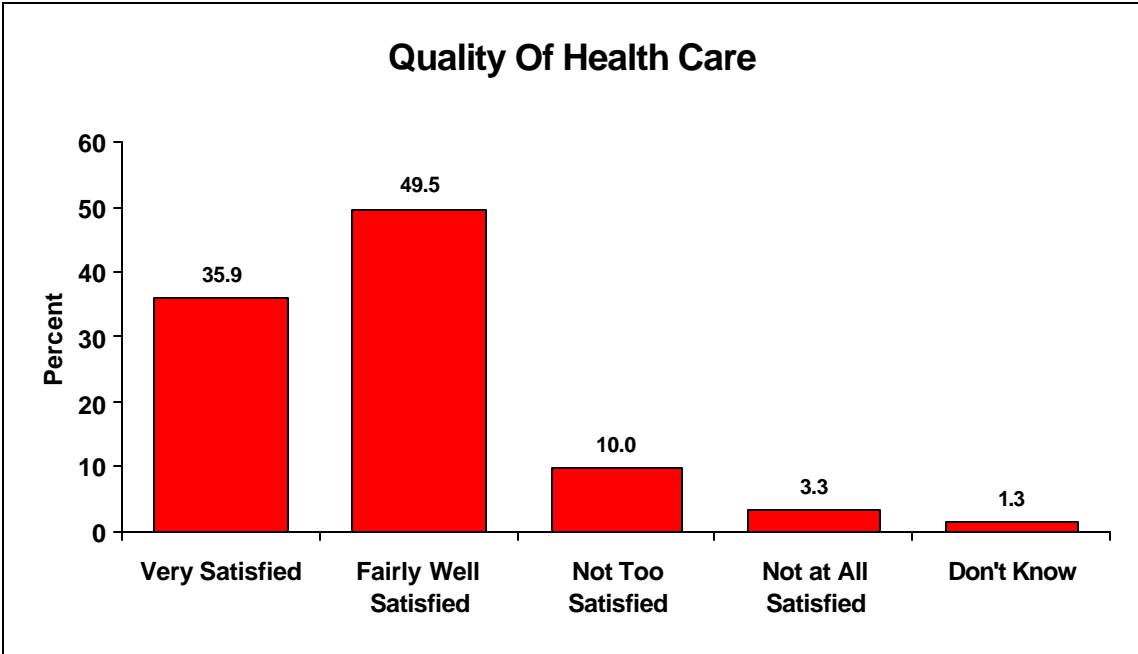
## Major Findings

- While the vast majority of adults in the Greater Cincinnati area are satisfied with the quality and availability of the area's health care services as well as overall health care that they receive, approximately one-sixth of area adults are not satisfied with these aspects of the area's health care system.
- Area adults with low socioeconomic status, as defined by low income and low education, those living in the City of Cincinnati, and/or adults who are uninsured or covered by Medicaid are more likely to be dissatisfied with the quality of health care, availability of health care, and overall health care provided by the area's health care system.
- Almost half of adults in the Greater Cincinnati area feel that the costs of health care are unreasonable. Area adults most likely to feel that the cost of health care are unreasonable are those with one or more of the following characteristics: middle age, low socioeconomic status, covered by Medicaid, uninsured, divorced/separated, widowed, and home renter.

- Adults in the Greater Cincinnati area are less satisfied with the cost of health care in 2002 than in 1999. Note: Previous analyses of the 1999 Community Health Status Survey found a significant positive association between perceived health system performance and physical and mental health status (Ludke & Wade 2001).

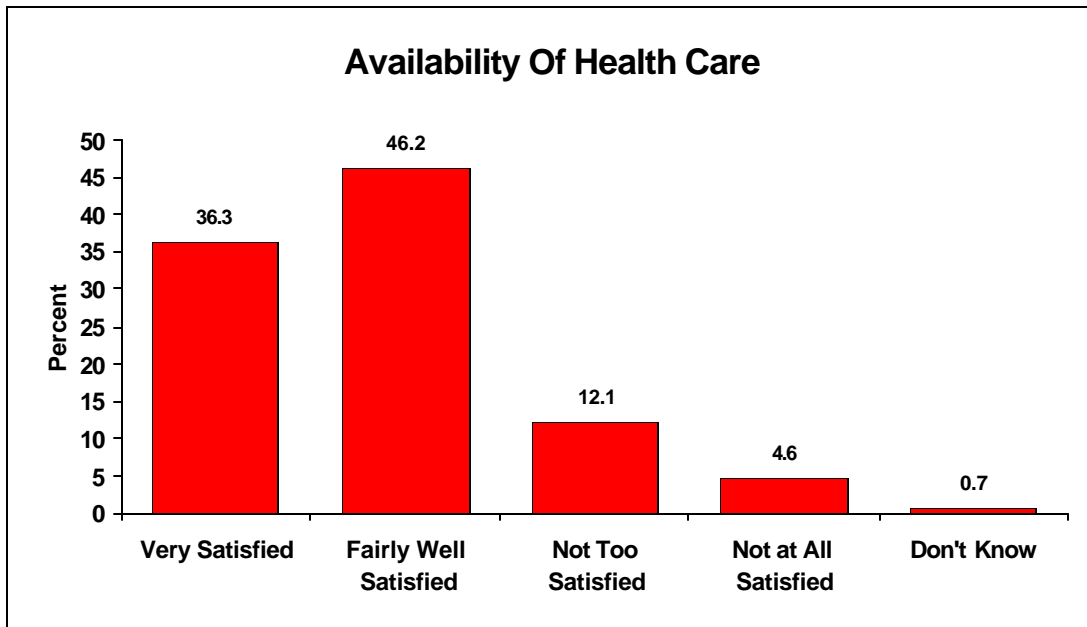
**References**

Ludke RL, Wade TJ. 2001. *Factors Predictive of Self-Reported Health Status: An Analysis of the 1999 Community Health Status Survey*. Institute for Health Policy and Health Services Research, University of Cincinnati.



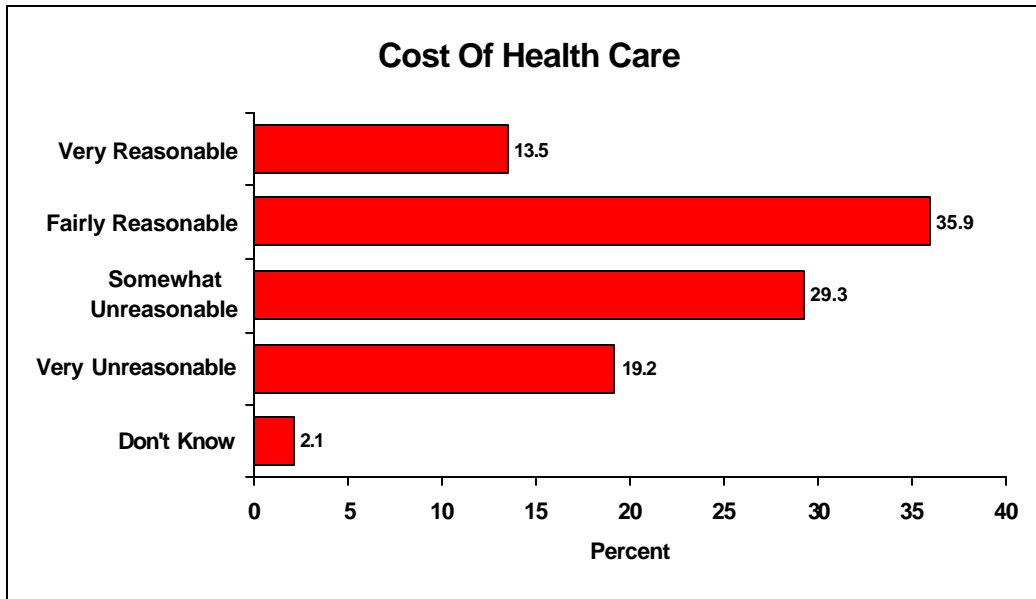
Over 85 percent of adults in the Greater Cincinnati area are fairly well or very satisfied with the quality of health care that they get, while 13 percent are not too satisfied or not at all satisfied. This compares to 87 percent and 12 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to be not too or not at all satisfied with the quality of their health care are those with one or more of the following characteristics: living in the City of Cincinnati or Northern Kentucky; less than 65 years of age; other ethnicity; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid; uninsured; divorced/separated; unemployed/laid off; and, home renter.



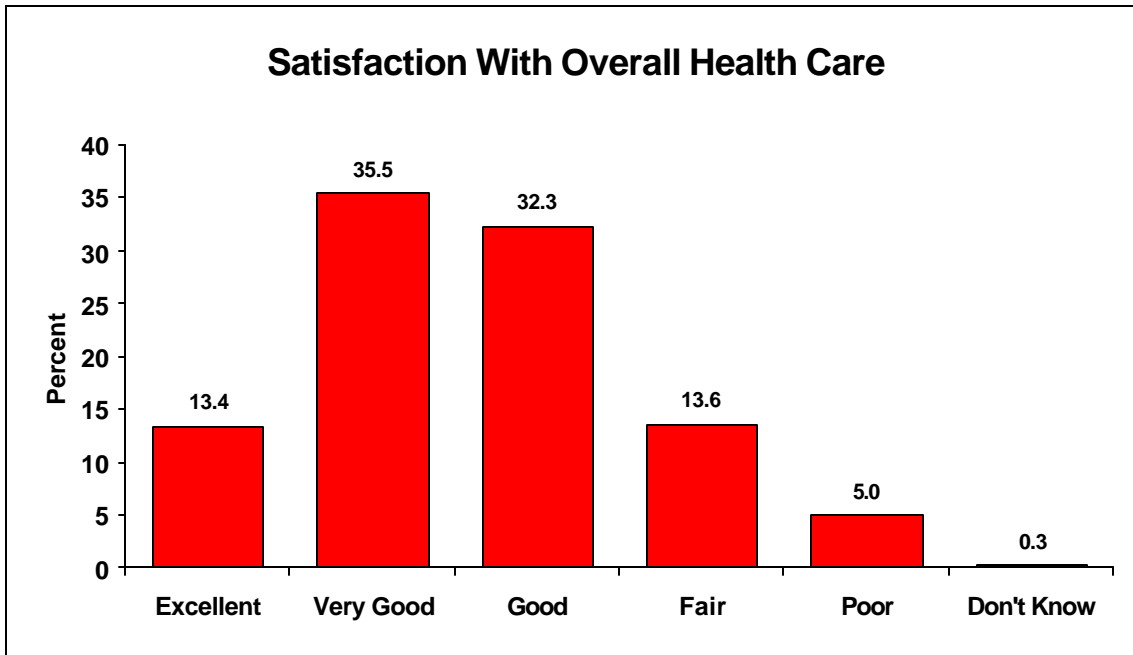
Approximately 82 percent of adults in the Greater Cincinnati area are fairly well or very satisfied with the availability of health care when they need it, while 17 percent are not too satisfied or not at all satisfied. This compares to 83 percent and 16 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to be not too or not at all satisfied with the availability of health care are those with one or more of the following characteristics: living in the City of Cincinnati; under age 65; low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicaid; uninsured; married, divorced/separated, or never married; employed full-time, unemployed/laid off, or keeping house; living in a household with four or more persons; living in a household with one child; and, home renter.



One-half (49 percent) of Greater Cincinnati area adults feel that the cost of the health care they receive is fairly or very reasonable, while the other half (48 percent) feel that the cost is somewhat or very unreasonable. This compares to 56 percent and 42 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to feel that the cost is somewhat or very unreasonable are those with one or more of the following characteristics: 30-64 years old; less than \$65,500 annual income; below 100% poverty level; high school education or less; covered by Medicaid; uninsured; married or divorced/separated; living in a household with two, three, or more than four persons; and, home renter.



Almost half (49 percent) of area adults feel that their overall health care was very good or excellent, while 32 percent thought it was good, and 19 percent feel that it was fair or poor. This compares to 53 percent, 31 percent, and 15 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to consider their overall health care to be fair or poor are those with one or more of the following characteristics: living in the City of Cincinnati; 18-29 or 46-64 years old; African-American or other ethnicity; below 100% poverty level; less than a high school education; covered by Medicaid; uninsured; widowed or divorced/separated; unemployed/laid off or keeping house; living alone; living in a household with one child; and, home renter.

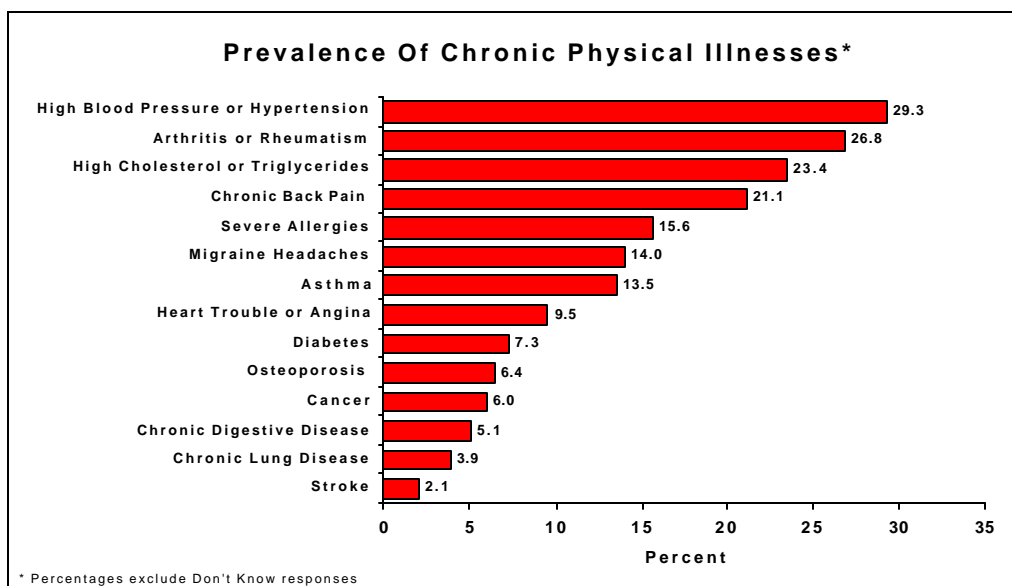
# CHRONIC PHYSICAL ILLNESS

Adult residents of the Greater Cincinnati area indicated whether or not a doctor or other health care professional ever told them that they had any of the following conditions: asthma, cancer, chronic lung disease, diabetes, chronic digestive disease, heart trouble or angina, high blood pressure or hypertension, high cholesterol or triglycerides, arthritis or rheumatism, osteoporosis, stroke, severe allergies, migraine headaches, chronic back pain, or HIV or AIDS (Questions 12a-n, p, Appendix A).

The self-reported prevalence rates for these chronic physical illness conditions are presented in the following chart. Note that no data are presented for HIV/AIDS given only one respondent reported having ever been told by a health professional that they have HIV/AIDS. National data are presented in the accompanying text for those illness conditions where 2001 data from the Behavioral Risk Factor Surveillance System are available. Data from the 1999 Community Health Status Survey are presented in the accompanying text for each of the chronic illness conditions. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each chronic physical illness condition.

## Major Findings

- Cardiovascular-related conditions, such as high blood pressure/hypertension, high cholesterol/high triglycerides, heart trouble/angina, and stroke, constitute the major chronic illness risks for Greater Cincinnati area adults.
- Joint-related conditions, such as arthritis/rheumatism and chronic back pain, also pose major risks for adults in the Greater Cincinnati area.
- Although the risk factors for the chronic physical illness conditions vary by the condition, in general the likelihood of having a chronic physical illness problem increases with age and/or having poorer socioeconomic status.
- Area adults are comparable to the U.S. population for those conditions where national comparative data are available. Also, there do not appear to be major changes in the prevalence of the various chronic physical illness conditions between 1999 and 2002, although further analyses are required before definitive conclusions are made given the differences between the 1999 and 2002 health status surveys.



Of the conditions presented in the survey, adults in the Greater Cincinnati area most frequently report high blood pressure/hypertension, arthritis/rheumatism, high cholesterol/ triglycerides, and chronic back pain as the conditions they were ever told as having by a doctor or other health professional. Stroke and chronic lung disease are the least frequently reported conditions.

High Blood Pressure/Hypertension: Over 29 percent of area adults report having ever been told by a doctor or other health professional that they have high blood pressure or hypertension, which compares to 26 percent nationally and 25 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have high blood pressure or hypertension are those who have one or more of the following characteristics: age 46+; white Appalachian; low income ( $\leq$  \$32,750); covered by Medicaid, Medicare, Medicaid/ Medicare, or unknown insurance; widowed; disabled/retired; and, living alone. Also, the likelihood of reporting this condition increases as income level, education level, household size, and number of children in the household decreases and level of poverty increases.

Arthritis/Rheumatism: Approximately 27 percent of area adults report having ever been told by a doctor or other health professional that they have arthritis or rheumatism, which compares to 23 percent nationally and 26 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have arthritis or rheumatism are those with one or more of the following characteristics: female; African-American or white Appalachian; covered by Medicare, Medicare/Medicaid, or unknown insurance; widowed; and, employed not working, disabled, or retired. Also, the likelihood of reporting this condition increases as income level, education level, household size, number of children in the household, and, number of adults in the household decreases and as age and level of poverty increases.

High Cholesterol/Triglycerides: Over 23 percent of area adults report having ever been told by a doctor or other health professional that they have high cholesterol or triglycerides, which compares to 20 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have high cholesterol or triglycerides are those with one or more of the following characteristics: white; income less than \$65,500; less than a high school education; covered by Medicare or Medicare/Medicaid; widowed or divorced/separated; employed not working, disabled/retired, or keeping house; living alone; and, home owner. Also, the likelihood of reporting this condition increases with age and decreases with household size.

Chronic Back Pain: Slightly more than 21 percent of area adults report having ever been told by a doctor or other health professional that they have chronic back pain, which compares to 19 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have chronic back pain are those with one or more of the following characteristics: living in Ohio's Appalachian counties; over age 45; white Appalachian; low income ( $\leq$  \$32,750); below 100% poverty level; covered by Medicaid or unknown insurance; widowed; and, employed not working, or disabled/retired. Also, the likelihood of reporting this condition increases with number of adults in the household and decreases with education level.

Severe Allergies: Approximately 16 percent of area adults report having ever been told by a doctor or other health professional that they have severe allergies, which compares to 16 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have severe allergies are those with one or more of the following characteristics: living in the City of Cincinnati, Ohio's Appalachian counties, or Northern Kentucky; female; covered by Medicaid; unemployed/laid off; living alone; living in a two person household; living in a household with no children; and, home renter. In addition, the likelihood of reporting this condition increases as income level and education level decreases and as level of poverty increases.

Migraine Headaches: Fourteen (14) percent of area adults report having ever been told by a doctor or other health professional that they have migraine headaches, which compares to 16 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have migraine headaches are those with one or more of the following characteristics: 18-45 years of age; female; low income ( $\leq$  \$32,750); below 100% poverty level; covered by Medicaid; uninsured; unemployed/laid off or in school; living in a household with five or more persons; and, home renter. Also, the likelihood of reporting this condition increases as number of adults in the household increases.

Asthma: Approximately 14 percent of area adults report having ever been told by a doctor or other health professional that they have asthma, which compares to 11 percent nationally and 14 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have

asthma are those with one or more of the following characteristics: living in the City of Cincinnati; 30-64 years old; female; low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid; uninsured; divorced/separated; keeping house; and, home renter.

Heart Trouble or Angina: Almost 10 percent of area adults report having ever been told by a doctor or other health professional that they have heart trouble or angina, which compares to 14 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have heart trouble or angina are those with one or more of the following characteristics: low income ( $\leq$  \$32,750); below 200% poverty level; less than a high school education; covered by Medicare or Medicare/Medicaid; widowed; employed not working, or disabled/retired; and, living alone. Also, the likelihood of reporting this condition increases as income level decreases and as level of poverty and household size increase.

Diabetes: Over 7 percent of area adults report having ever been told by a doctor or other health professional that they have diabetes, which compares to 8 percent nationally and 9 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have diabetes are those with one or more of the following characteristics: age 65+; white Appalachian; low income ( $\leq$  \$32,750); covered by Medicaid, Medicare, or Medicare/Medicaid; widowed; employed not working or disabled/retired; and, living alone. In addition, the likelihood of reporting this condition increases as age increases and as education level and household size decrease.

Osteoporosis: Over 6 percent of area adults report having ever been told by a doctor or other health professional that they have osteoporosis, which compares to 4 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have osteoporosis are those with one or more of the following characteristics: female; white Appalachian; unknown insurance coverage; widowed; disabled/retired; and, home owner. In addition, the likelihood of reporting this condition increases as age and level of poverty increases and as income level, education level, household size, and number of children in the household decrease.

Cancer: Six (6) percent of area adults report having ever been told by a doctor or other health professional that they have cancer, which compares to 8 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have cancer are those with one or more of the following characteristics: living in Kentucky's rural counties; age 65+; female; white race; low income ( $\leq$  \$32,750); covered by Medicare; widowed; and employed not working, disabled/retired, or keeping house; living alone; and, living in a two person household. In addition, the likelihood of reporting this condition increases as the number of children and number of adults in the household decrease.

Chronic Digestive Disease: Slightly more than 5 percent of area adults report having ever been told by a doctor or other health professional that they have chronic digestive disease, which compares to 7 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have chronic digestive disease are those with one or more of the following characteristics: white Appalachian; less than high school education; covered by Medicare; married or divorced/separated; employed not working; living alone; living in a two person household; and, living in a household without children. In addition, the likelihood of the reporting this condition increases as age and level of poverty increase and as income level decreases.

Chronic Lung Disease: Almost 4 percent of area adults report having ever been told by a doctor or other health professional that they have chronic lung disease, which compares to 7 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have chronic lung disease are those with one or more of the following characteristics: white Appalachian or other ethnicity; covered by Medicaid; divorced/separated; unemployed/laid off, disabled/retired, or keeping house; living in a household with no or two children; and, home renter. In addition, the likelihood of reporting this condition increases as age and level of poverty increases and as income level, education level, and household size decrease.

Stroke: Approximately 2 percent of area adults report having ever been told by a doctor or other health professional that they have had a stroke, which compares to 2 percent nationally and 3 percent from the 1999 Community Health Status Survey. Adults most likely to report having ever been told by a health professional that they have had a stroke are those with one or more of the following characteristics: white Appalachian; below 200% poverty level; covered by Medicare/Medicaid or unknown insurance; widowed; and, disabled/retired. Also, the likelihood of reporting this condition increases as age increases and as income level, household size, and number of children in the household decrease.

# LIFESTYLE BEHAVIORS

Seven lifestyle behaviors of adults in the Greater Cincinnati area were assessed by the survey:

- *Use of Tobacco Products:* Whether or not they have smoked at least 100 cigarettes in their entire life and, if so, do they now smoke cigarettes everyday, some days, or not at all (Questions 17-18, Appendix A). The Centers for Disease Control and Prevention define a current cigarette smoker as a person who has smoked at least 100 cigarettes in his/her entire lifetime and who now smokes everyday or some days. A former smoker is a person who has smoked at least 100 cigarettes in his/her entire lifetime, but who now does not smoke at all. A person who never smoked is one who has not smoked at least 100 cigarettes in his/her entire lifetime. In addition, area adults were asked whether or not they currently use any smokeless tobacco products such as chewing tobacco or snuff (Question 19, Appendix A).
- *Alcohol Consumption:* How often they had at least one drink of any alcoholic beverage in the past 30 days and, if so, about how many drinks did they drink on average on the days when they drank; how many times during the past 30 days they had 5 or more drinks on an occasion; and, how many times, if any, during the past 30 days they drove when they had perhaps too much to drink (Questions 21-24, Appendix A). The risk factors for binge drinking and for heavy drinking were computed from the first three questions. Binge drinking is defined as having 5 or more drinks on an occasion and heavy drinking is defined as greater than 2 drinks per day for men and 1 drink per day for women.
- *Use of Seatbelts:* How often they use seatbelts when they drive or ride in a car (Question 20, Appendix A).
- *Loaded Firearms in the Home:* Whether there were any loaded firearms in their home and, if so, whether all the firearms were stored in a locked place or with a trigger lock (Questions 25-26, Appendix A).
- *Weight Status:* Obesity status was based on the body mass index (BMI), which was computed from their height and weight (Questions 13 and 14, Appendix A). The body mass index (BMI) is computed as weight in kilograms divided by height in meters squared. Based on the National Health and Nutrition Examination Survey (Kuczmarski 1992, Flegal et al. 1998), a person with a BMI greater than 25 is considered to be mildly obese. A person with a BMI greater than 30 is moderately obese and one with a BMI over 35 is severely obese. A BMI greater than 40 is considered to be very severely obese. In addition, area adults were asked whether they have been trying to lose weight; whether they have been trying to lose weight for less than or more than six months; and, their level of intent to lose weight during the next 30 days or next 6 months (Questions 46-48, Appendix A). Respondents

also indicated what would help them the most to lose weight (Question 49, Appendix A).

- *Physical Activity:* How many times, if any, in an average week they engaged in physical activity, where physical activity is defined as exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make them breathe heavier and their heart beat faster (Question 34, Appendix A). Area adults able to exercise who engaged in physical activity less than 6 times per week were asked whether they have been trying to increase the amount of physical activity that they engage in during the average week; whether they have been trying to increase the amount of physical activity they engage in for less than or more than six months; and, their level of intent to increase the amount of physical activity they engage in during the next 30 days or next 6 months (Questions 35-37, Appendix A). Respondents able to exercise who were physically active less than 6 times per week indicated what would help them the most to engage in more physical activity during an average week (Question 38, Appendix A).
- *Diet:* Whether they eat foods every day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods, or eggs (Question 41, Appendix A). Area adults consuming high cholesterol/fat foods on a daily basis were asked whether they have been trying to reduce their daily consumption of foods that are high in cholesterol or fat; whether they have been trying to reduce their daily consumption of foods that are high in cholesterol or fat for less than or more than six months; and, their level of intent to reduce their daily consumption of foods that are high in cholesterol or fat during the next 30 days or next 6 months (Questions 40-42, Appendix A). Respondents eating foods every day that are high in cholesterol or fat indicated what would help them the most to reduce their consumption of these foods (Question 45, Appendix A). In addition, respondents stated whether they considered their diet to be extremely healthy, very healthy, somewhat healthy, not too healthy, or not at all healthy (Question 44, Appendix A). Those whose diet was less than somewhat healthy indicated what would help them the most to eat a healthier diet (Question 45, Appendix A).

The survey results for each of these lifestyle behaviors are presented in the following charts and tables. National data from the 2001 or earlier Behavioral Risk Factor Surveillance System surveys are presented in the charts for the various lifestyle behaviors where available. In addition, data from the 1999 Community Health Status Survey are presented in the accompanying text for the various lifestyle behaviors where available. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each lifestyle behavior.

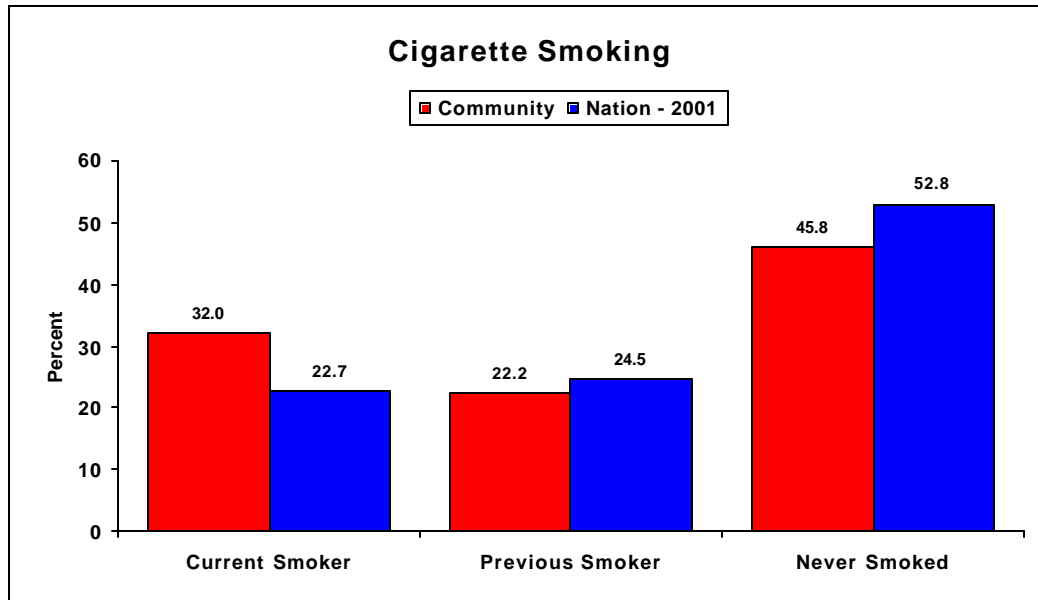
## Major Findings

- Adults in the Greater Cincinnati area have higher rates of cigarette smoking and higher rates of binge drinking and heavy drinking among adults who drink alcoholic beverages in comparison to national averages.
- Unhealthy lifestyle behaviors appear to be more prevalent among area adults who are male, high school graduates, divorced/ separated/never married, unemployed, and/or living alone. In addition, health risk behaviors are more prevalent among area adults covered by Medicaid.
- A substantial proportion of adults in the Greater Cincinnati area are overweight (61 percent), with one-quarter of area adults being obese (22 percent). While these rates appear to be similar to national rates, comparisons to the 1999 Community Health Status Survey suggest that the rate of overweight adults may be increasing as is also true nationally. The level of obesity among area adults may pose significant health risks for Greater Cincinnati area adults. Analyses of the 1999 Community Health Status Survey found that as the level of obesity increases, self-reported physical health status decreases and the presence of depressive feelings increases (Ludke & Wade 2001).
- Sizeable percentages of area adults are not engaged in physical activity and dietary behaviors conducive to preventing the onset of obesity, such as engaging in physical activity at least three times a week, minimizing the daily consumption of foods high in cholesterol and/or fat, and eating healthy diets. In addition, substantial proportions of area adults are not trying to lose weight or to improve their physical activity and dietary behaviors. While adults who are older, of lower socioeconomic status, covered by Medicaid, and/or divorced/separated appear to be at greatest risk of being overweight and/or obese, there is no apparent set of population characteristics consistently associated with the physical activity and dietary lifestyle behaviors.
- Area adults perceive changes in their lifestyles as being the most helpful to either lose weight or to improve their physical activity and dietary behaviors

## References

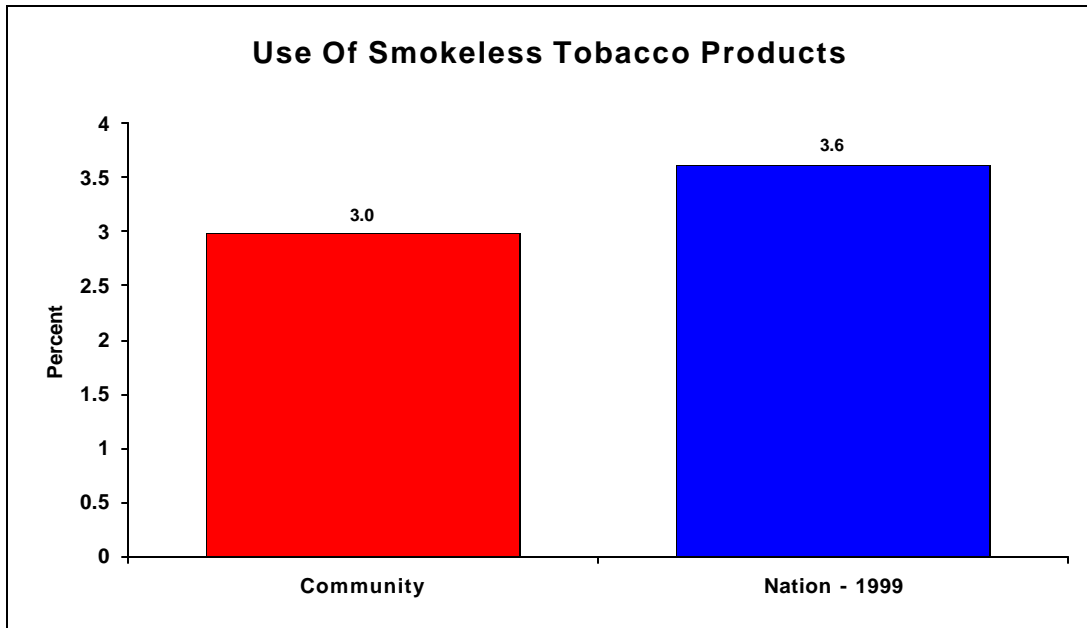
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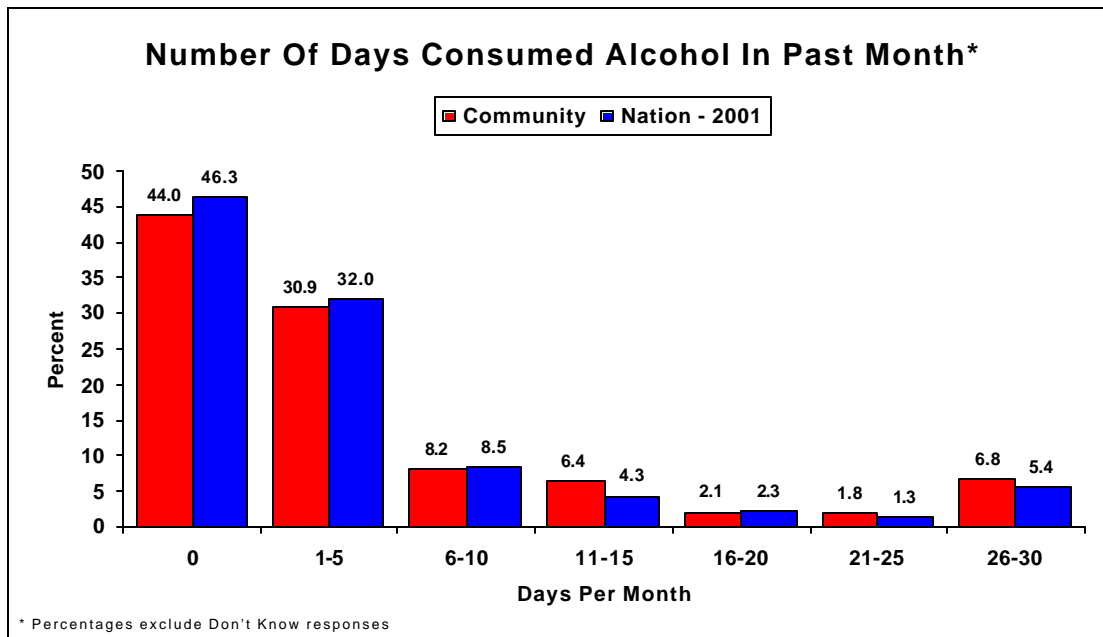
Thirty-two (32) percent of adults in the Greater Cincinnati area are current smokers, while 22 percent are previous smokers and 46 percent have never smoked. This compares to the national averages of 23 percent, 24 percent, and 53 percent, respectively, and to 35 percent, 19 percent, and 46 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to be current smokers are those with one or more of the following characteristics: living in an area other than the Hamilton County suburbs; less than 65 years of age; white Appalachian; income less than \$65,500; below 100% poverty level; less than a high school education; covered by Medicaid; uninsured; divorced/separated, or never married; employed not working or unemployed/laid off; living in a three person household; and, home renter.



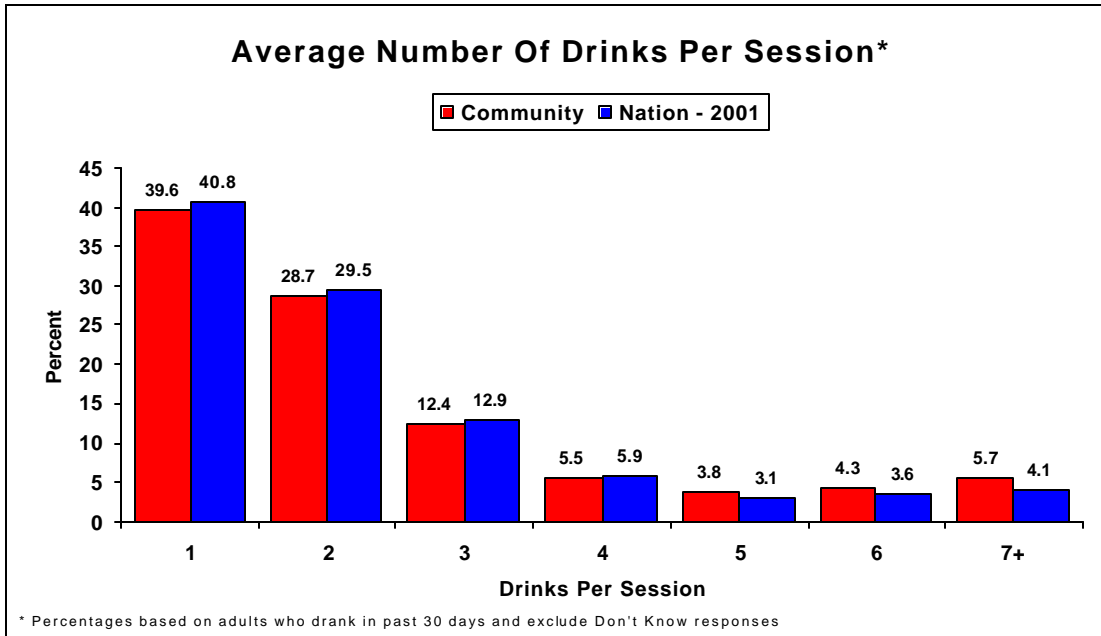
A total of 3 percent of area adults use a smokeless tobacco product such as chewing tobacco or snuff, which compares to 5 percent from the 1999 Community Health Status Survey. Nationally, approximately 4 percent of adults used a smokeless tobacco product in 1998. (Note that the national rate is based on data collected from only 13 states: Alaska, Delaware, Idaho, Indiana, Montana, North Dakota, Ohio, Oklahoma, South Carolina, Virginia, Washington, West Virginia, and Wyoming.)

Adults most likely to be smokeless tobacco user are those with one or more of the following characteristics: living in Indiana, Kentucky's rural counties, or Ohio's suburban counties; 30-45 years old; male; white Appalachian; household income between \$32,751 and \$65,500; covered by other insurance; married; unemployed/laid off; living in a two or four person household; living in a household with two children; and, living in a household with two adults.



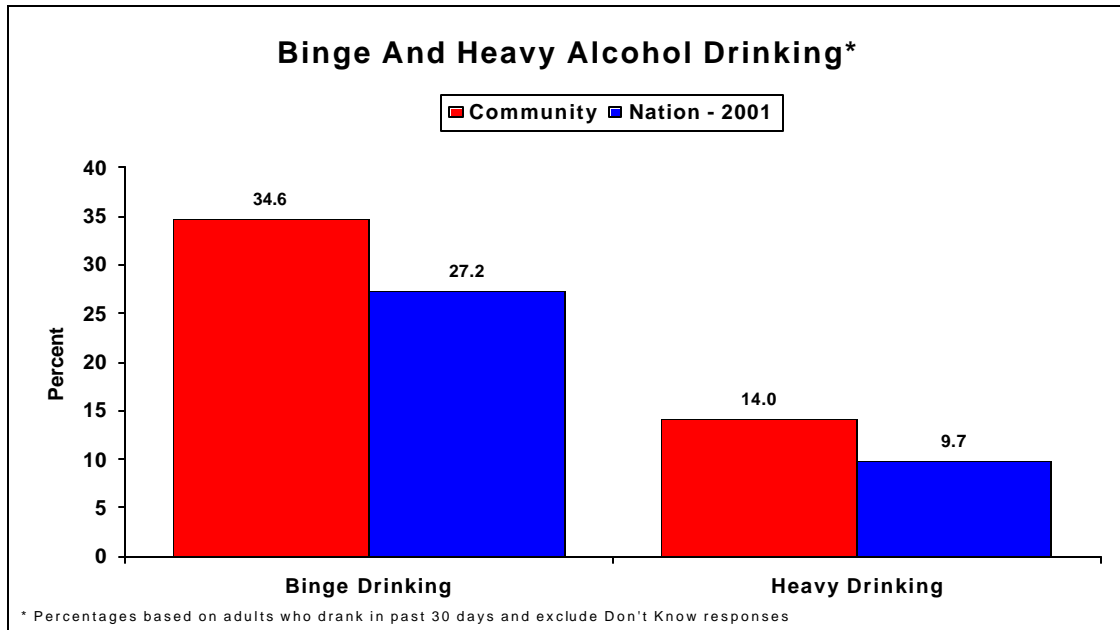
Forty-four (44) percent of Greater Cincinnati area adults did not drink any alcoholic beverage in the 30 days preceding the survey, which compares to 46 percent nationally and 50 percent from the 1999 Community Health Status Survey. Approximately 31 percent of area adults drank alcoholic beverages on 1-5 days during the past 30 days, 8 percent drank alcohol on 6-10 days, and 7 percent drank on 26-30 days. This compares to national rates of 32 percent, 8 percent, and 5 percent, respectively.

Adults most likely to have had a drink of any alcoholic beverage on more than 5 days during the past 30 days are those with one or more of the following characteristics: living in the Hamilton County suburbs; 18-64 years old; male; white or other ethnicity; covered by other insurance; uninsured; married, divorced/separated, or never married; employed full-time or in school; and, home owner. In addition, the likelihood of having an alcoholic drink in the past month increases as income level and education level increases and level of poverty decreases.



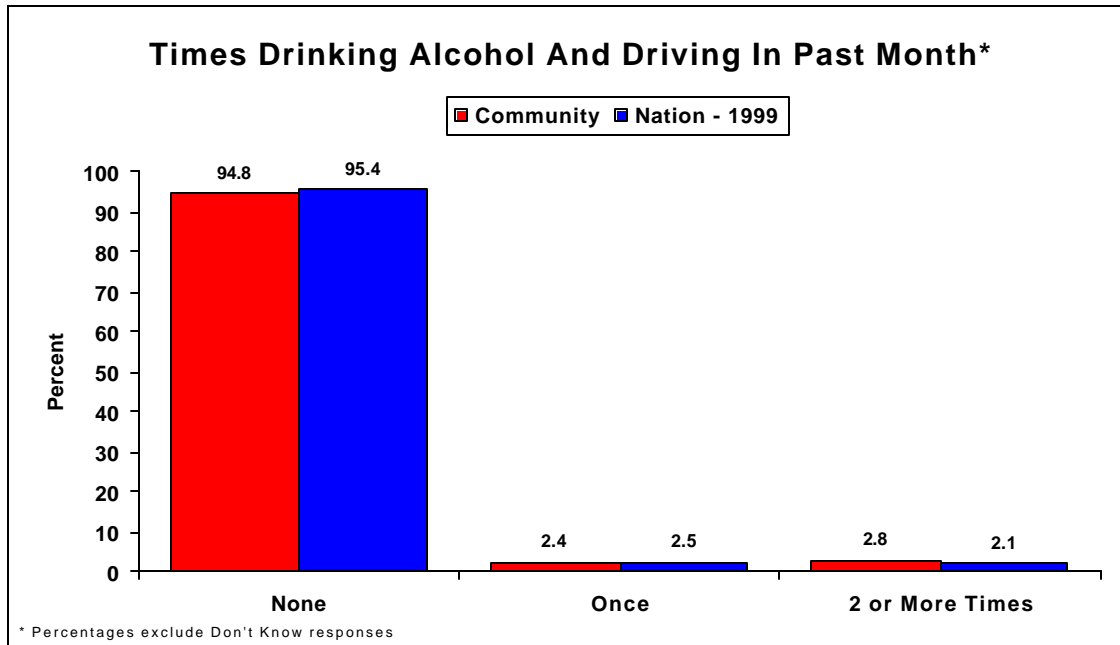
For area adults who had at least one drink of an alcoholic beverage in the past 30 days, the average number of drinks they had on the days when they drank is 3.2 drinks with a median of 2.0 drinks. This compares to a national average of 3.2 drinks and a median of 2.0 drinks and 2.7 drinks and 2.0 drinks, respectively, from the 1999 Community Health Status Survey. Approximately 40 percent of area adults had one drink per session and 29 percent had 2 drinks, while 6 percent had 7 or more drinks per session. This compares to national rates of 41 percent, 30 percent, and 4 percent, respectively, and 31 percent, 27 percent, and 9 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to drink on average more than 2 drinks per session are those with one or more of the following characteristics: male; white; high school education or less; covered by Medicaid; divorced/separated or never married; employed full-time, unemployed/laid off, or in school; living alone; and, living in a three person household. In addition, the likelihood of drinking more than 2 drinks on average per session increases as age and income decreases.



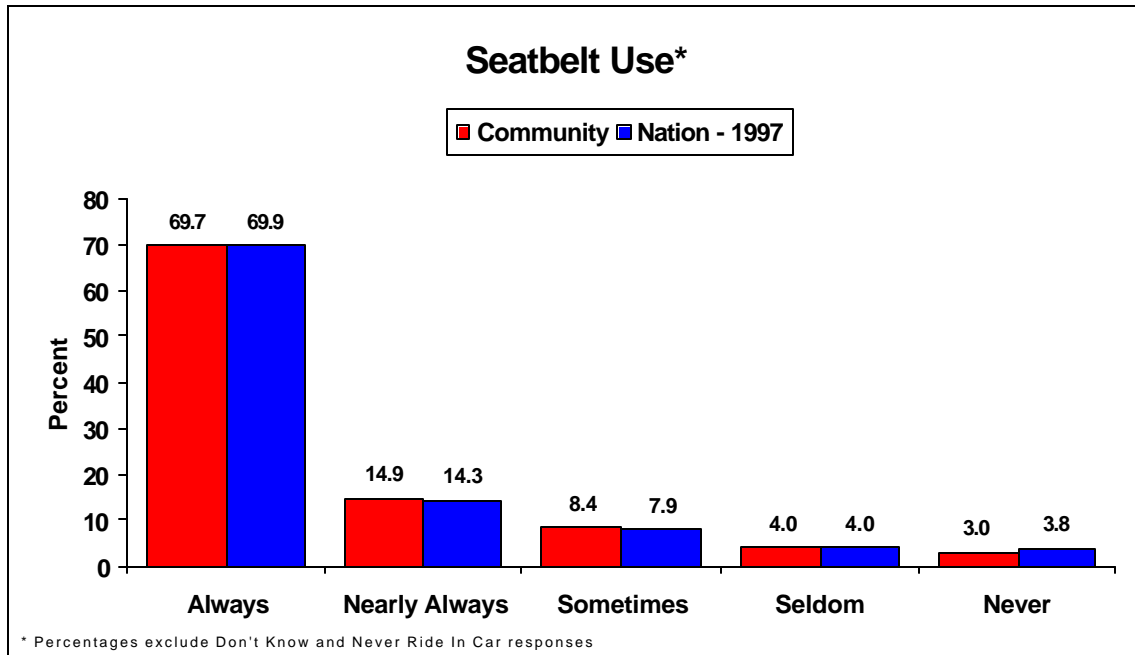
Approximately 35 percent of area adults who had at least one alcoholic drink in the past 30 days were binge drinkers (5 or more drinks per occasion) and 14 percent were heavy drinkers (more than 2 drinks per day for men and 1 drink per day for women). This compares to national rates of 27 percent and 10 percent, respectively.

Adults most likely to be binge drinkers are those with one or more of the following characteristics: male; white non-Appalachian; high school or some college education; covered by other insurance or Medicaid; uninsured; divorced/ separated or never married; employed full-time or in school; living alone; living in a three person household; living in a household with less than three children; and, living in a household with three or more adults. Also, the likelihood of being a binge drinker increases as age and income level increases. Adults most likely to be heavy drinkers are those with one or more of the following characteristics: age 30-45; white; high school education; covered by other insurance, Medicaid, or Medicare/Medicaid; uninsured; divorced/separated; unemployed/laid off or in school; living alone; living in a household with three or more than four persons; living in a household with three or more adults; and, home owner.



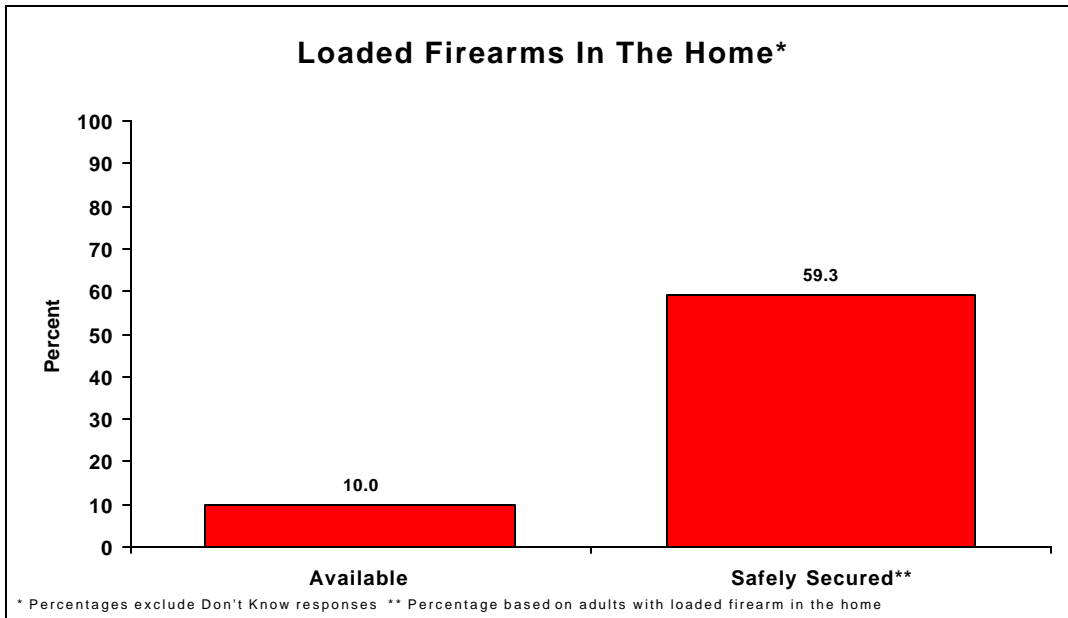
Approximately 95 percent of area adults who had at least one alcoholic drink in the past 30 days did not drive when they had perhaps too much to drink, whereas 2 percent drove once and 3 percent drove more than once. This compares to 1999 national rates of 95 percent, 2 percent, and 2 percent, respectively, and to 96 percent, 2 percent, and 2 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have driven when they had perhaps too much to drink are those with one or more of the following characteristics: male; white non-Appalachian; high school education; divorced/separated or never married; and, living alone.



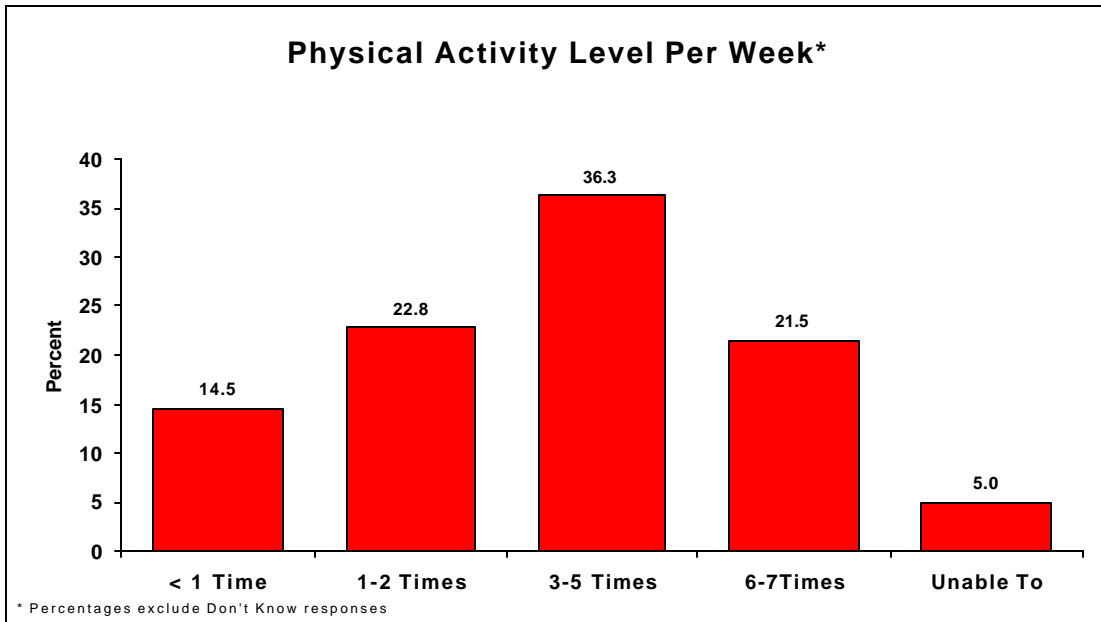
Approximately 70 percent of adults in the Greater Cincinnati area always use a seatbelt when they drive or ride in a car, while 3 percent never do, which compares to 66 percent and 5 percent, respectively, from the 1999 Community Health Status Survey. In 1997, 70 percent of adults nationally always used a seatbelt and 4 percent never did.

Adults most likely to not always wear a seatbelt when they drive or ride in a car are those with one or more of the following characteristics: male; African-American or white non-Appalachian; below 200% poverty level; high school or some college education; covered by other insurance or Medicaid; uninsured; never married or divorced/separated; employed full-time or unemployed/laid off; living alone; living in a three or four person household; living in a household with one or two children; living in a household with two adults; and, home renter. In addition, the likelihood of not always wearing a seatbelt increases as age decreases.



Ten (10) percent of the adults in the Greater Cincinnati area have a loaded firearm in their home, 59 percent of which have all their loaded firearms stored in a locked place or with a trigger lock. This compares to 10 percent and 63 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have a loaded firearm in the home are those with one or more of the following characteristics: living in Indiana or Kentucky's rural counties; male; income greater than \$65,500; above 200% poverty level; high school education or less; covered by unknown insurance; unemployed/laid off or disabled/retired; living in a household with no or one child; and home owner. Adults most likely to not have all their loaded firearms safely secured are those with one or more of the following characteristics: age 65+ years; male; low income ( $\leq$  \$32,750); between 100% and 200% poverty level; covered by Medicare/Medicaid; living alone; and, living in a household with one or two adults.



Approximately 58 percent of adults in the Greater Cincinnati area engage in physical activity at least 3 times per week, whereas 37 percent do so less than 3 times per week and 5 percent are unable to exercise. This compares to 58 percent, 37 percent, and 5 percent, respectively, from the 1999 Community Health Status Survey.

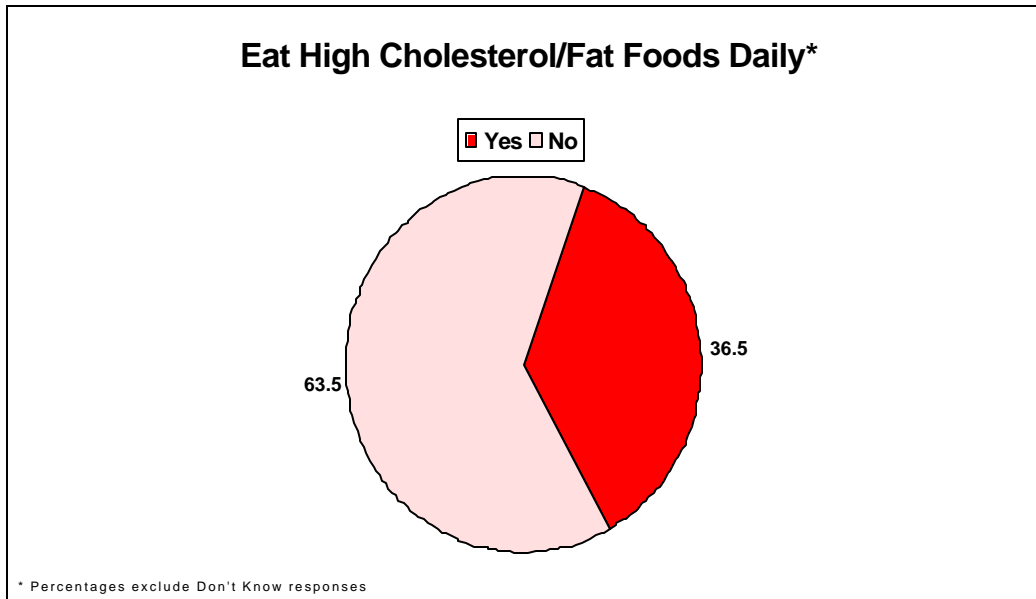
Adults most likely to exercise less than three times a week are those with one or more of the following characteristics: age 65+; female; African-American, white Appalachian, or other ethnicity; less than a high school education; covered by Medicare/Medicaid or unknown insurance; widowed; and, disabled/retired, in school, or keeping house.

Thirty (30) percent of area adults able to exercise but not heavily engaged in physical activity (less than 6 times a week) have been trying to increase their physical activity level for more than 6 months and 31 percent have been trying for less than 6 months. Approximately 5 percent of adults intend to increase their physical activity level in the next 30 days; 9 percent intend to do so in the next 6 months; and, 24 percent do not intend to do so in the next 6 months.

## Help The Most To Engage In More Physical Activity During An Average Week

Suggestion	Percent
Fewer time constraints In general (17.8%), Work (13.9%), Family (7.5%)	39.2
Need to exercise more/ be more active	12.5
Need motivation/ discipline/ will power	8.7
Improvement in physical health/ condition	7.5
Need support/ partner/ to join a group	4.5
Improvement in weather conditions	2.9
Need energy/too tired	2.4
Improved availability/ access to facilities	2.0
Fewer cost constraints	1.8
Need to plan exercise routine/learn about planning exercise	1.4
Do enough now/do not need to exercise	3.9
Nothing	2.8
Other	3.9
Do not know	6.4

Approximately 40 percent of area adults who are able to exercise and currently not engaged in physical activity 6-7 times a week feel that a reduction in time constraints, either in general (18 percent), work-related (14 percent), or family-related (8 percent), would help them the most to engage in more physical activity. Other suggestions include the need to exercise more or be more active (12 percent); motivation, discipline, or will power to be more active (9 percent); and, improved physical health or condition (8 percent). On the other hand, 4 percent of area adults felt that they do enough physical activity and do not need to exercise, while 10 percent do not know what would help them the most.



Over 36 percent of area adults eat foods every day that are high in cholesterol or fat. This compares to 41 percent from the 1999 Community Health Status Survey.

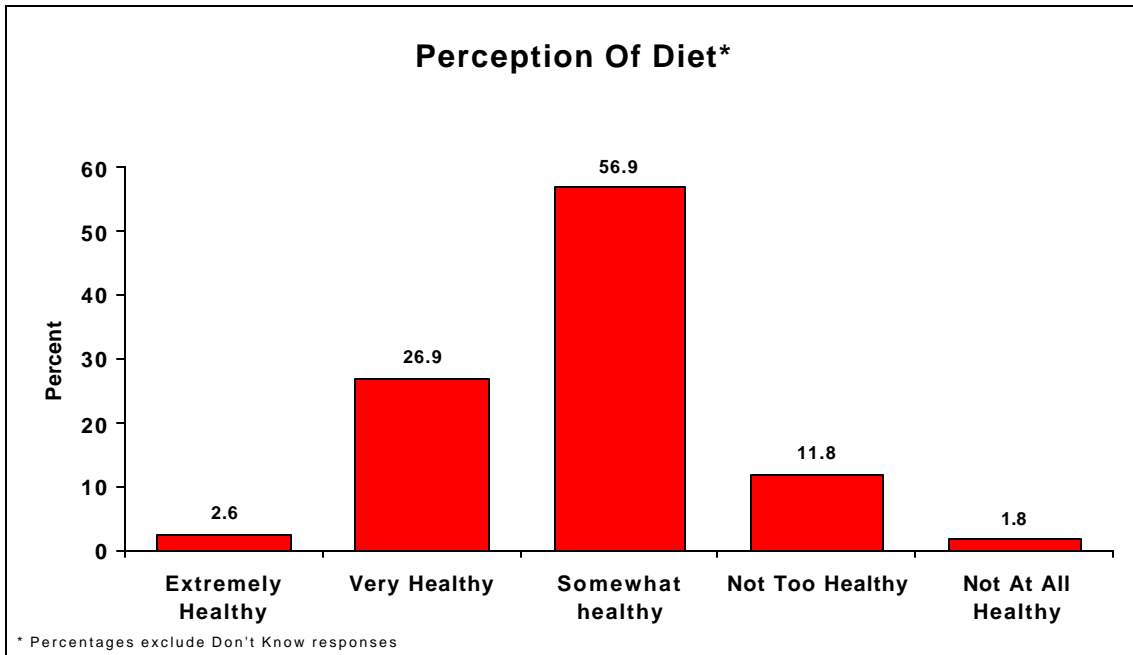
Adults most likely to eat high cholesterol/high fat foods daily are those with one or more of the following characteristics: male; annual income between \$32,751 and \$65,500; high school or some college education; uninsured; never married; employed full-time, unemployed/laid off, or in school; living in a household with more than two persons; living in a household with more than one child; living in a household with more than two adults; and, home renter.

About 22 percent of area adults who consume high cholesterol/fat foods daily have been trying to reduce their daily consumption of these foods for more than 6 months and 28 percent have been trying for less than 6 months. Over 2 percent of adults intend to reduce their daily consumption of foods that are high in cholesterol or fat in the next 30 days; 8 percent intend to do so in the next 6 months; and, 40 percent do not intend to do so in the next 6 months.

## Help The Most To Reduce Daily Consumption Of High Cholesterol/Fat Foods

Suggestion	Percent
Need to improve eating, food purchase, cooking habits	16.7
Need to reduce food intake of specific item, type of food, beverage	14.7
Change food preparation responsibilities in general, for family/kids	6.6
Change the way food tastes	6.3
Need motivation, discipline, will power	6.2
If told by doctor, had health concern	5.5
Fewer time constraints/more time to plan, prepare low fat/cholesterol	4.1
Need to improve availability of low fat/cholesterol foods,	3.6
Need to study/learn more about low cholesterol/fat foods	2.7
Does not intend to reduce/change diet	3.0
Nothing	3.3
Other	15.5
Do not know	11.8

Approximately 17 percent of area adults who eat high cholesterol/fat foods on a daily basis feel that improving eating, food purchase, and/or cooking habits would help them the most to reduce their daily consumption of high cholesterol/fat foods. In addition, 15 percent feel reducing food intake of specific items, type of food, and/or beverage is the most helpful approach. On the other hand, 3 percent do not intend to reduce or change their diet, while 12 percent do not know what would be most helpful to them in reducing their daily consumption of foods that are high in cholesterol or fat and 3 percent think that nothing would help them.



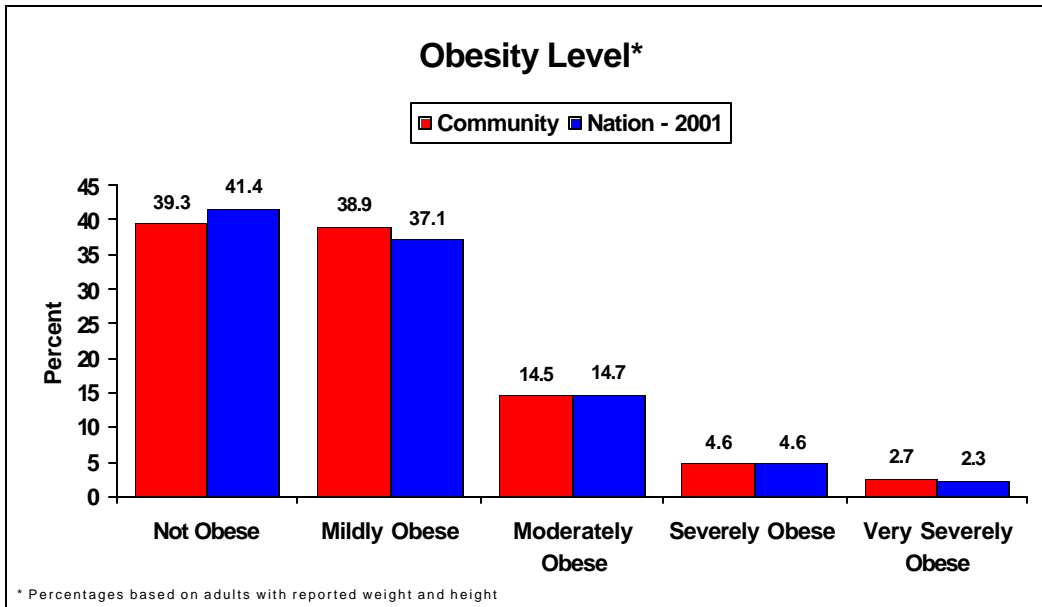
The majority (57 percent) of adults in the Greater Cincinnati area consider their diet to be somewhat healthy. Approximately 30 percent consider their diet to be very or extremely healthy, while 14 percent consider it to be not too or not at all healthy. This compares to 55 percent, 30 percent, 15 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to consider their diet not too or not at all healthy are those with one or more of the following characteristics: 18-45 years old; African-American; less than \$65,500 annual income; covered by Medicaid; never married; living alone; and, home renter. Also, the likelihood of considering their diet to be not too or not at all healthy increases as education level decreases.

## Help The Most To Eat A Healthier Diet

Suggestion	Percent
Changing food preparation responsibilities in general, for	13.2
Need to improve eating, food purchase, cooking habits	12.4
Need to reduce intake of specific item, type of food, beverage	11.4
Fewer time constraints, more time to plan/prepare healthier meals	10.6
Need motivation, discipline, will power	7.5
If healthy food tasted better	4.0
Need to learn about healthy foods, preparation	3.1
Need to improve availability of convenient, fast healthy foods	3.0
Fewer cost constraints	3.0
If told by doctor, had health concern	2.8
Work interferes with eating healthier	2.3
Be on a consistent schedule every day	2.1
Does not need a healthier diet	3.0
Nothing	2.3
Other	7.8
Do not know	11.5

Approximately 13 percent of area adults with not at all, not too, or somewhat healthy diets feel that changing food preparation responsibilities in general or for family/kids would help them the most to eat a healthier diet, while 12 percent feel the need to improve eating, food purchase, and/or cooking habits; 11 percent need to reduce their intake of specific item, type of food, and/or beverage; and, 11 percent desire fewer time constraints and more time to plan/prepare healthier meals. On the other hand, 3 percent do not feel the need for a healthier diet, while 12 percent do not know what would help them the most to eat a healthier diet and 2 percent feel that nothing would help them to have a healthier diet.



Almost 61 percent of adults in the Greater Cincinnati area are overweight (mildly to very severely obese) and 22 percent are considered to be obese (moderately to very severely obese). This compares to 59 percent and 22 percent, respectively, nationally and to 56 percent and 22 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to be overweight are those with one or more of the following characteristics: age 46+; male; low income ( $\leq$  \$32,750); high school education; covered by Medicaid; divorced/separated; unemployed/laid off or disabled/retired; living alone; living in a three person household; and, home renter. Also, the likelihood of being overweight increases as level of poverty increases. Adults most likely to be obese are those with one or more of the following characteristics: living in the City of Cincinnati or Indiana; age 30+; African-American; low income ( $\leq$  \$32,750); covered by Medicaid; divorced/ separated; and, home renter. In addition, the likelihood of being obese increases as level of poverty increases.

One-quarter (26 percent) of area adults have been trying to lose weight for more than 6 months and 22 percent have been trying for less than 6 months. Only 1 percent of adults intend to lose weight in the next 30 days; 10 percent intend to do so in the next 6 months; and, 41 percent do not intend to lose weight in the next 6 months.

## Help The Most To Lose Weight

Suggestion	Percent
Need to exercise more, be more active	29.9
Need to reduce food intake	18.9
Of specific item, type of food, beverage (10.3%)	
In general (8.6%)	
Need to improve eating/food purchase habits	10.9
Need motivation, discipline, will power	5.0
Fewer time constraints	4.0
Need support, partner, to join a group	1.9
Improvement in physical health, condition	2.1
Keep doing what I already do	1.2
Take appetite suppressant	1.0
Does not want/need to lose weight, need to gain weight	10.6
Nothing	0.9
Other	8.6
Do not know	5.1

Approximately 30 percent of adults in the Greater Cincinnati area feel that exercising more or being more active would help them the most to lose weight, while 19 percent thought that they need to reduce food intake, either of a specific item, type of food, and/or beverage (10 percent) or in general (9 percent). Also, 11 percent thought that they need to improve their eating and/or food purchase habits. On the other hand, 11 percent of area adults do not want or need to lose weight, while 5 percent did not know what would help them the most to lose weight.

# PREVENTIVE HEALTH BEHAVIORS

The survey asked adults in the Greater Cincinnati area about eight preventive health behaviors:

- *Blood Pressure Screening*: How long since they had their blood pressure checked (Question 15, Appendix A). The Centers for Disease Control and Prevention guidelines indicate that persons who have not had their blood pressure checked during the past two years are at a health awareness risk.
- *Blood Cholesterol Screening*: How long since they last had their blood cholesterol checked. The Centers for Disease Control and Prevention guidelines indicate that persons who have not had their blood cholesterol checked during the past five years are at a blood cholesterol health awareness risk.
- *Flu Shot*: Whether they had a flu shot during the past 12 months, where they got their flu shot, and whether they got the flu this past fall or winter (Questions 27-29, Appendix A).
- *Mammogram Testing (Women Only)*: How long since they had their last mammogram (Question 31, Appendix A). Prevention screening guidelines recommend that women 35-39 years old have a baseline mammogram once, women 40-49 years old have a mammogram every 1-2 years, and women over age 49 have a mammogram every year.
- *Pap Smear Testing (Women Only)*: How long since they had their last pap smear test (Question 32, Appendix A). Prevention screening guidelines recommend that adult women have a yearly pap smear test.
- *Rectal Examination (Men Only)*: How long since they had a digital rectal exam (Question 33, Appendix A). Prevention screening guidelines recommend that men over age 39 have a yearly digital rectal exam.
- *Routine Medical Checkup*: How long since they personally last visited a health care professional for a routine checkup (Question 73, Appendix A). Prevention screening guidelines recommend that persons age 18-39 have a routine checkup every five years, persons age 40-49 have one every 1-2 years, and persons age 50+ have one every year.
- *Oral Health Service Utilization*: How long since they last visited a dentist or dental clinic for any reason and how long since they had their teeth cleaned by a dentist or dental hygienist (Questions 84-85, Appendix A).

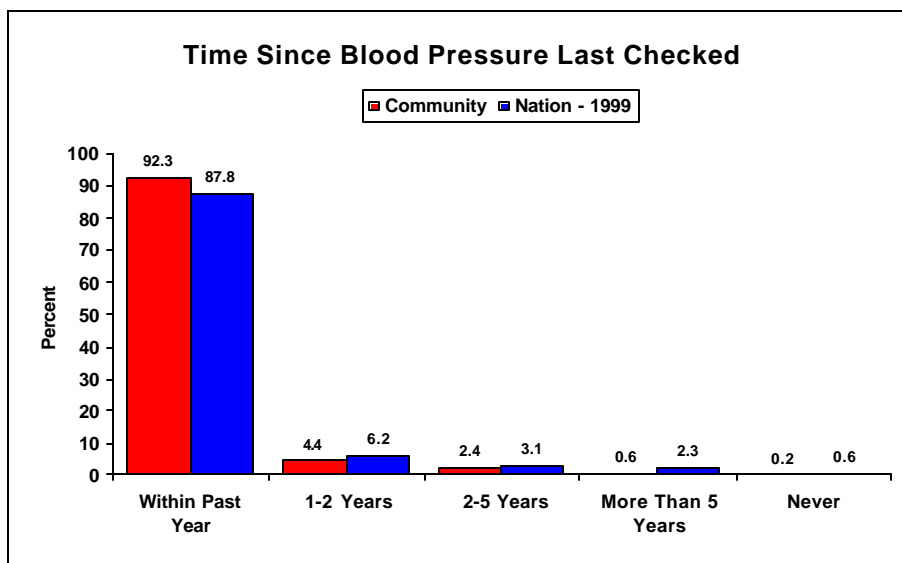
The survey results for each of these preventive health behaviors are presented in the following charts and tables. National data from the 2001 or earlier Behavioral Risk Factor Surveillance System surveys are presented in the charts for the various preventive health behaviors where available. Also, data from the 1999 Community Health Status Survey are presented in the accompanying text for the various preventive behaviors where available. **Note** that the response categories for all of the preventive health behavior questions, except those pertaining to flu shots, were changed slightly from the 1999 survey and, thus, may limit direct comparisons between the 1999 and 2002 survey results. Some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each lifestyle behavior.

## Major Findings

- Adults in the Greater Cincinnati area are most compliant with preventive health recommendations in the areas of blood pressure testing, blood cholesterol testing, routine medical checkups, dental visits, teeth cleaning, pap smear testing, and mammogram testing by women over age 40. The least compliance with preventive health recommendations occurs among men over age 39 regarding an annual digital rectal exam.
- With the exception of two areas, compliance with preventive health recommendations is at or above the 2001 national rates. The exceptions are that fewer women age 35-39 have had a mammogram (34 percent vs. 47 percent), and fewer adults have had their teeth cleaned in the past year (60 percent vs. 72 percent) with more not having had their teeth cleaned in the past 5 years or never (17 percent vs. 9 percent).
- Compliance with preventive health recommendations appears to be the same as or better than the rates found in the 1999 Community Health Status Survey, where meaningful comparisons could be made given the changes in the response categories between the 1999 and 2002 surveys as well as the differences in survey areas and the differential weighting of the survey data.
- Although the risk factors vary by type of preventive health indicator, two possibly interrelated risk factors are consistently associated with lack of compliance with the preventive health recommendations. These are lack of health insurance and unemployment. As noted in a subsequent section, health screenings are reported to be the service that are most likely to be completely covered by health care coverage programs. Thus, lack of coverage, often due to unemployment and underemployment, may result in lack of access to and/or use of health prevention services.
- One-quarter of adults got a flu shot during the past flu season, which is less than the 2001 national rate and the rate reported on the 1999 Community Health Status Survey. One explanation is the reported shortage of flu vaccine during the

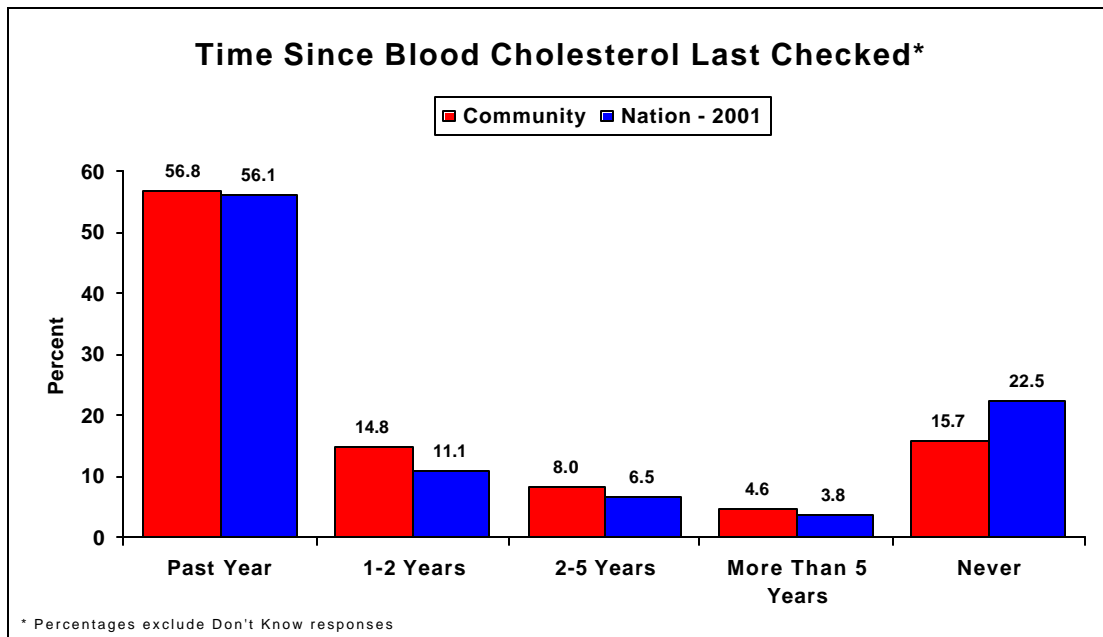
2001/2002 flu season. The most likely place to receive a flu shot was a health care provider followed by place of employment.

- While the likelihood of getting a flu shot increased with age, socioeconomic status and lack of insurance were risk factors for not receiving a flu shot. Approximately 12 percent of both area adults who had and who had not had the flu shot reported that they had the flu during the 2001/2002 flu season. Those at greatest risk of reporting getting the flu are adults in the young middle age group (30-45 years), with low socioeconomic status, who are uninsured, and/or who are widowed.



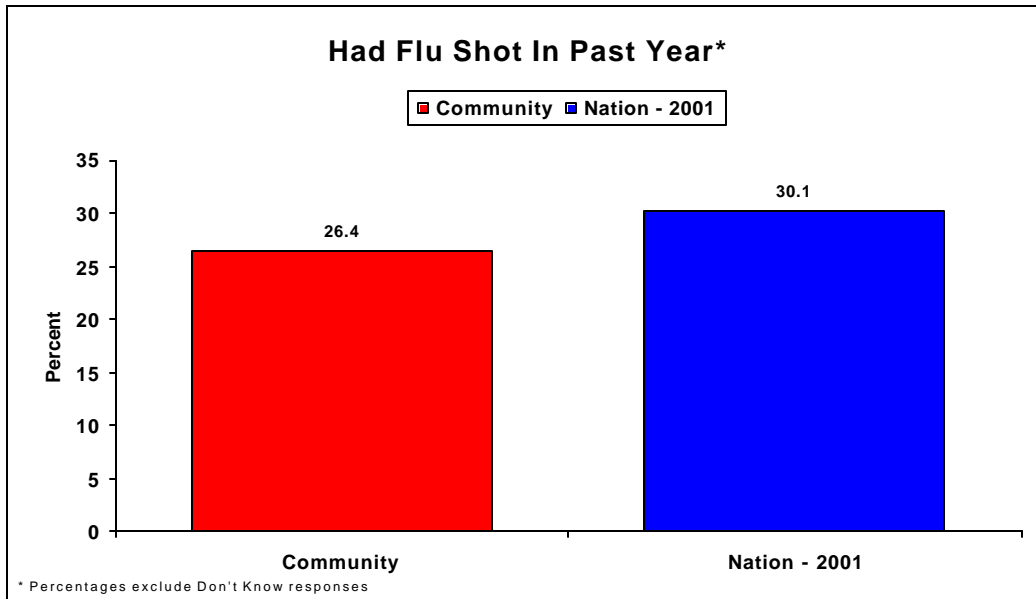
Approximately 97 percent of adults in the Greater Cincinnati area have had their blood pressure checked within the past two years, while 3 percent have had it checked more than two years ago, and less than 1 percent have never had their blood pressure checked. This compares to 97 percent, 3 percent, and less than 1 percent, respectively, from the 1999 Community Health Status Survey. In 1999, 94 percent of the adults nationally had their blood pressure checked within the past two years, while 5 percent had it checked more than two years ago and less than 1 percent never had their blood pressure checked.

Adults most likely to be at a health awareness risk because they have not had their blood pressure checked within the past two years are those with one or more of the following characteristics: living in the City of Cincinnati or Ohio's Appalachian counties; male; white; annual income between \$32,750 and \$65,500; high school or some college education; uninsured; and, unemployed/laid off. In addition, the likelihood of not having it checked in the past two years decreases with age.



Almost 80 percent of area adults have had their blood cholesterol checked in the past five years, whereas 5 percent have had it checked more than five years ago and 16 percent have never had it checked. This compares to 76 percent, 5 percent, and 18 percent, respectively, from the 1999 Community Health Status Survey. Nationally, 74 percent of adults had their blood cholesterol checked in the past five years, while 22 percent never had it checked.

Adults most likely to be at a health awareness risk because they have not had their blood cholesterol checked in the past five years are those with one or more of the following characteristics: male; annual income less than \$65,500; high school or some college education; uninsured; never married; unemployed/laid off or in school; living in a household with more than two persons; living in a household with more than one child; living in a household with more than one adult; and, home renter. Also, the likelihood of not having it checked within the past five years decreases with age.



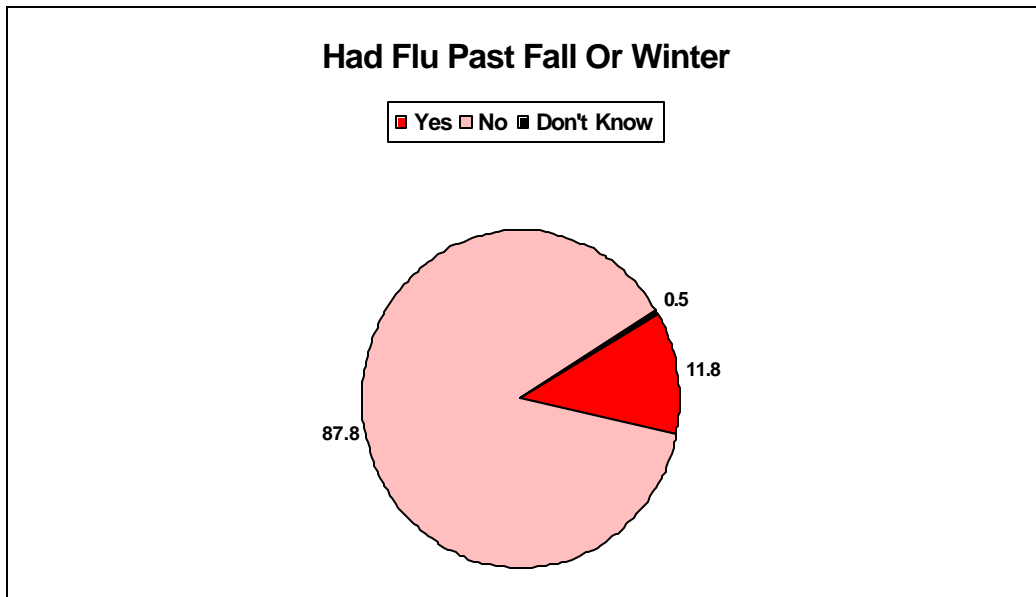
Over one-quarter (26 percent) of adults in the Greater Cincinnati area had a flu shot during the 12 months prior to the survey. This compares to 30 percent of adults nationally in 2001 and to 32 percent from the 1999 Community Health Status Survey.

Adults most likely to not have gotten a flu shot during the past 12 months are those with one or more of the following characteristics: living in Ohio's Appalachian counties; African-American or other ethnicity; covered by other insurance or Medicaid; uninsured; married, divorced/separated, or never married; unemployed/laid off or in school; living in a household with more than three persons; and, home renter. In addition, the likelihood of not getting a flu shot during the past 12 months decreases with age and increases with income level, education level, and number of adults in the household.

### Place Where Flu Shot Was Received

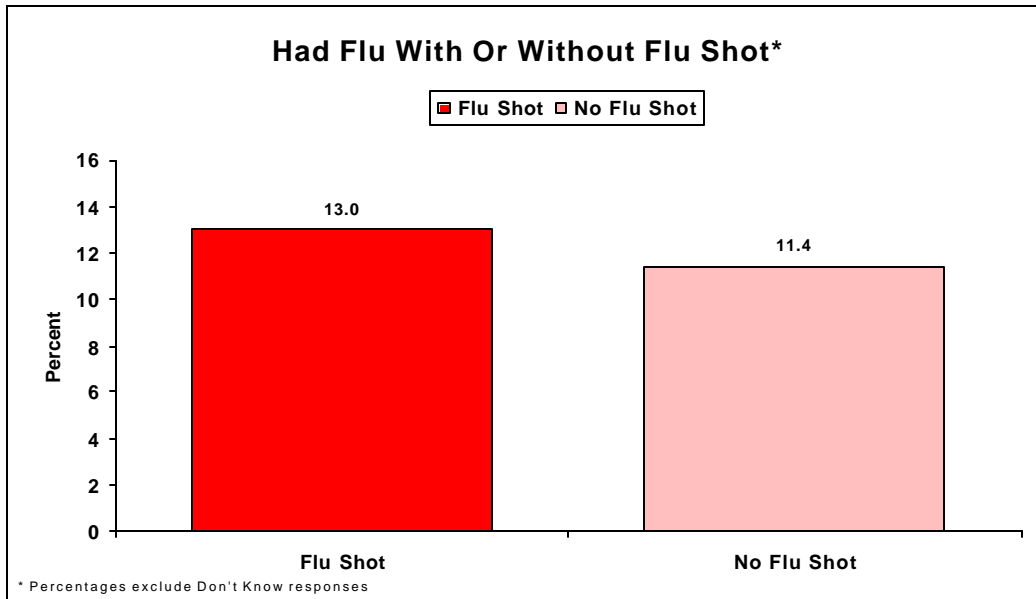
Location	Percent
Doctor's office, HMO office	45.7
At work/ place of employment	26.2
In hospital, emergency room	8.5
Health department, health clinic	6.6
Public location: Kroger's, Meijer's, etc.	5.9
Other	6.5
Do not know	0.6

Almost 46 percent of adults in the Greater Cincinnati area who got a flu shot during the 12 months prior to the survey got their shot at their doctor's office or HMO and another 8 percent received it at a health department or health clinic. Also, 26 percent of area adults received their flu shot at work or place of employment. Approximately 6 percent got their flu shot at a public location.



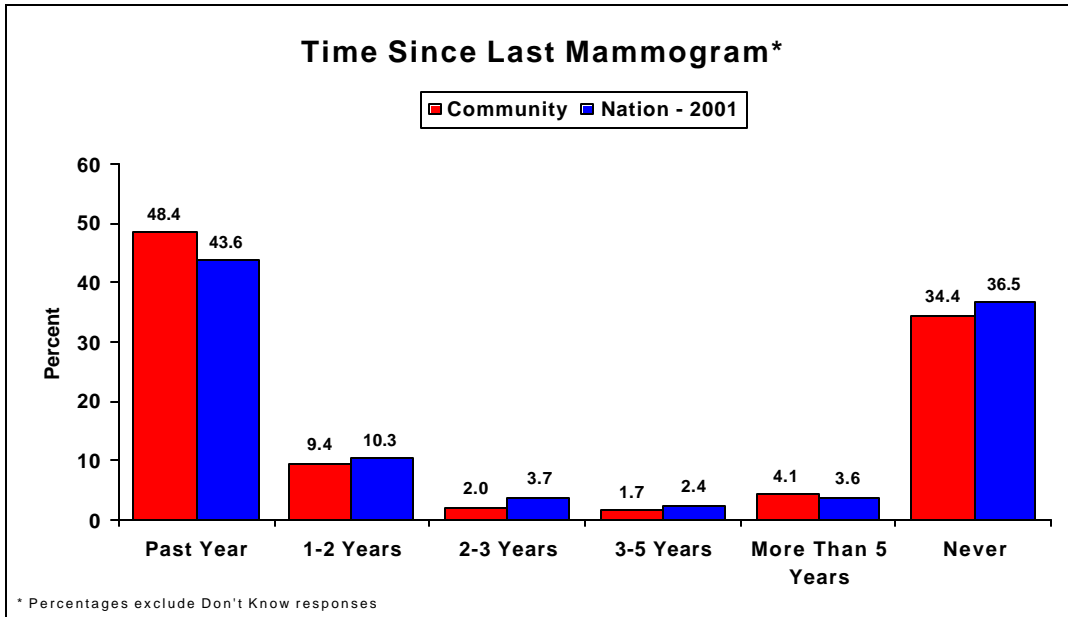
Approximately 12 percent of Greater Cincinnati area adults reported having the flu during the 2001/2002 Fall/Winter season, while 88 percent did not. This compares to 16 percent and 83 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to report having the flu during the past flu season are those with one or more of the following characteristics: age 30-45 years; low income ( $\leq$  \$32,750); below 100% poverty level; high school education or less; covered by Medicare/Medicaid; uninsured; and, widowed.



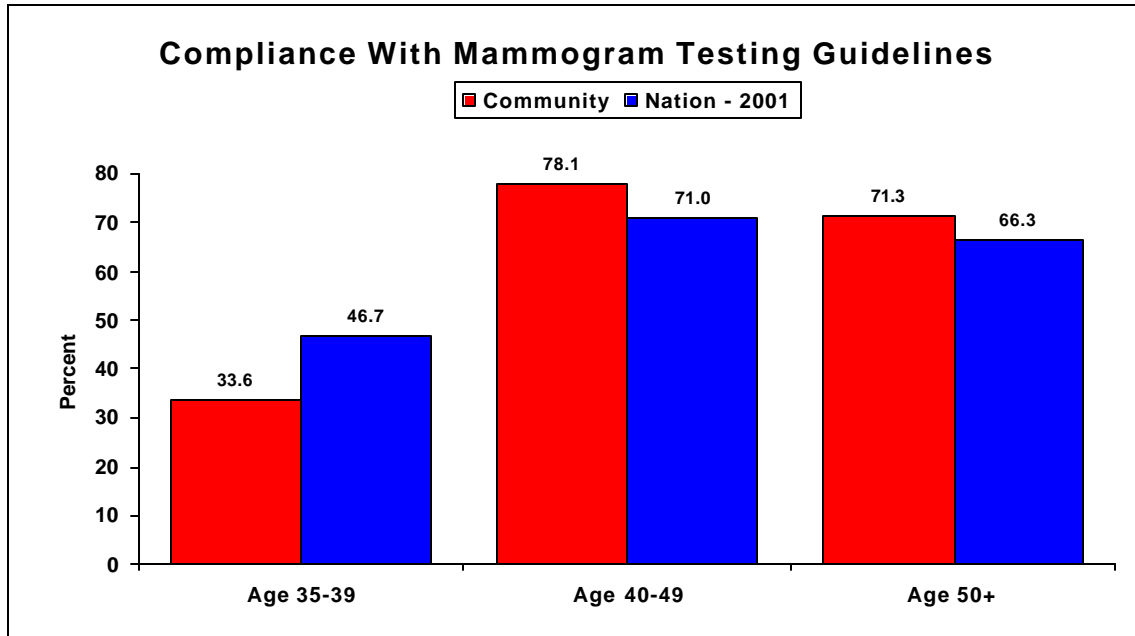
Thirteen (13) percent of the area adults who received a flu shot during the past 12 months reported having the flu during the past flu season, while 11 percent who did not get a flu shot said they had the flu. This compares to 21 percent and 13 percent, respectively, from the 1999 Community Health Status Survey.

Of the adults who received a flu shot, those most likely to report having the flu are those with one or more of the following characteristics: African-American; high school graduate; and, covered by Medicare/Medicaid. On the other hand, the adults who did not get a flu shot who are most likely to state that they had the flu are those with one or more of the following characteristics: age 30-45 or 65+ years; female; low income ( $\leq$  \$32,750); below 100% poverty level; high school education or less; and, widowed.



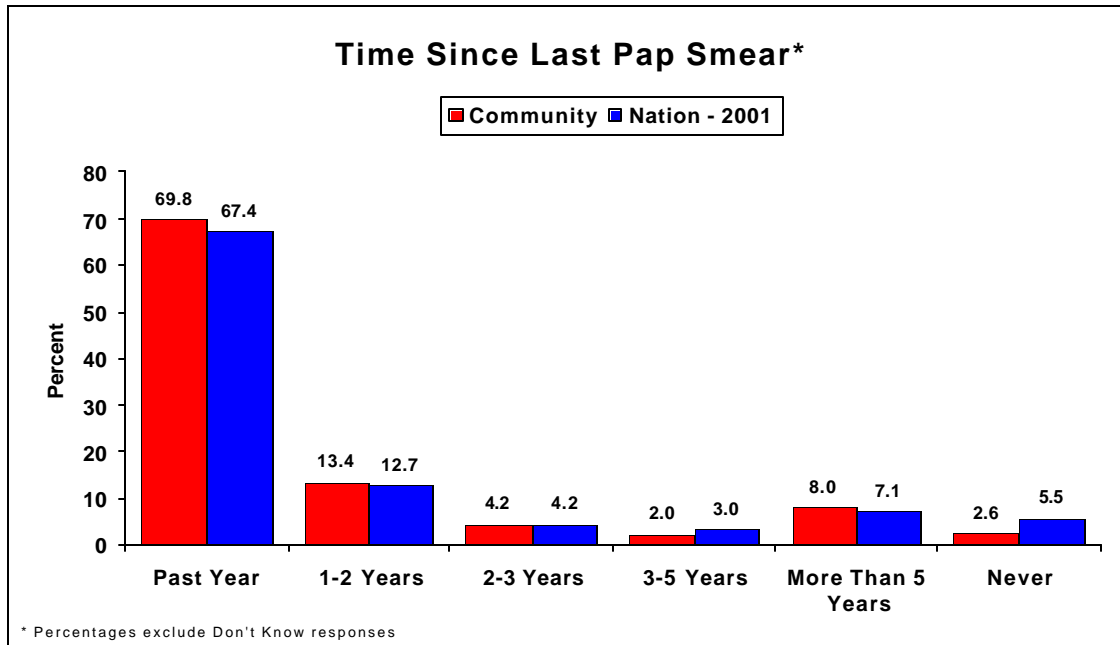
Approximately 58 percent of adult women have had a mammogram in the past two years, while 34 percent have never had a mammogram. This compares to 2001 national rates of 54 percent and 36 percent, respectively. According to the 1999 Community Health Status Survey, 52 percent of adult women in the Greater Cincinnati area have had a mammogram in the past two years and 40 percent have never had a mammogram.

Women most likely to never have had a mammogram are those with one or more of the following characteristics: age 18-45 years; other ethnicity; uninsured; never married; living in a household with more than two persons; living in a household with children; living in a household with two adults; and, home renter. In addition, the likelihood of never having a mammogram increases as level of poverty increases.



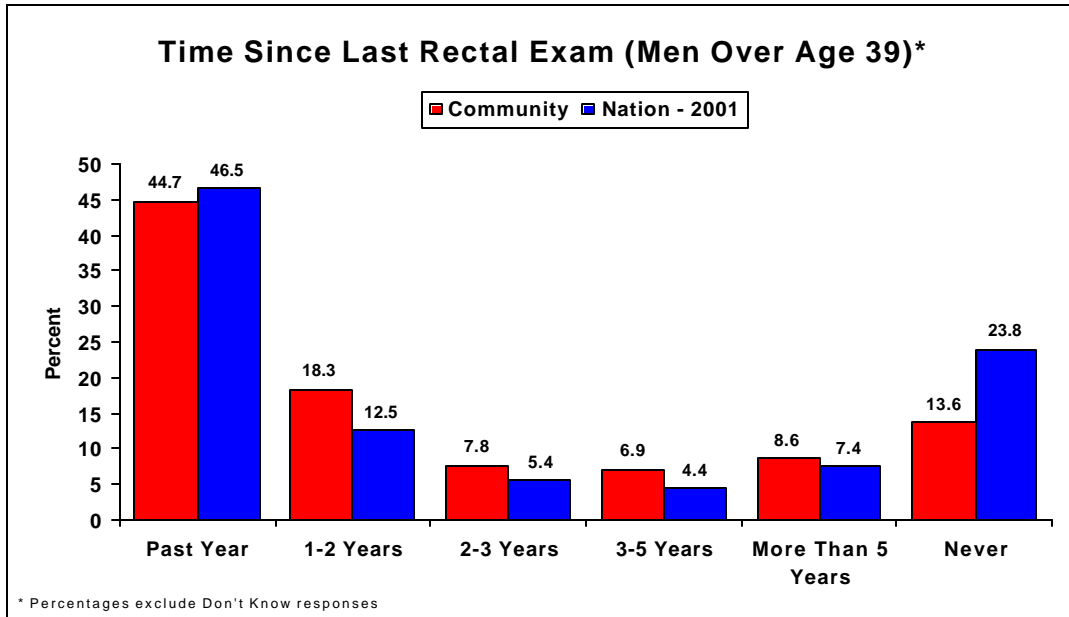
Overall, 68 percent of area women have gotten a mammogram according to screening recommendations that women 35-39 years old have a baseline mammogram once, women 40-49 years old have a mammogram every 1-2 years, and women over age 49 have a mammogram every year. This compares to 65 percent nationally and to 56 percent from the 1999 Community Health Status Survey. Approximately 34 percent of women age 35-39, 78 percent of women age 40-49, and 71 percent of women age 50+ are compliant with these recommendations. This compares to national rates of 47 percent, 71 percent, and 66 percent, respectively, and to 47 percent, 63 percent, and 55 percent, respectively, from the 1999 Community Health Status Survey.

Women over age 34 who are most likely to not be compliant with these mammogram screening guidelines are those with one or more of the following characteristics: age 35-39 years; annual income less than \$65,500; below 200% poverty level; high school education or less; uninsured; employed/not working, employed/laid off, or in school; living in a household with more than two children; and, home renter.



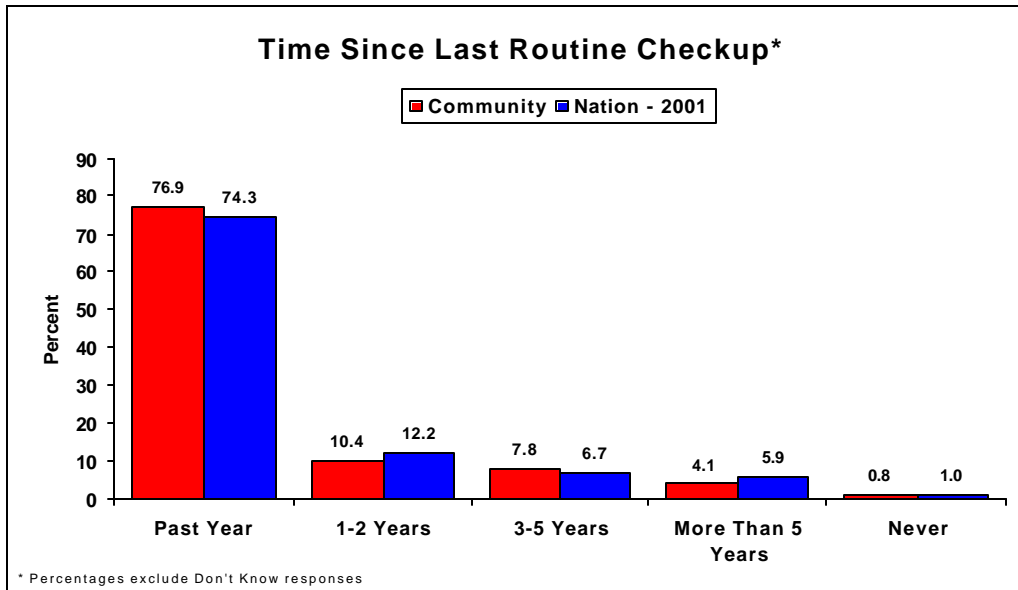
Approximately 70 percent of women in the Greater Cincinnati area, as compared to 67 percent nationally, are in compliance with the screening guideline that adult women have a yearly pap smear test. On the other hand, 3 percent of area women have never had a pap smear test, which compares to the national rate of 6 percent and 5 percent from the 1999 Community Health Status Survey.

Adult women most likely to not be in compliance with this annual screening recommendation are those with one or more of the following characteristics: age 65+ years; covered by Medicare, Medicare/Medicaid, or unknown insurance; uninsured; widowed; disabled/retired; living alone; and, living in a household with no or more than three children. Also, the likelihood on not complying with this screening guideline increases as income level and education level decrease and as level of poverty increases.



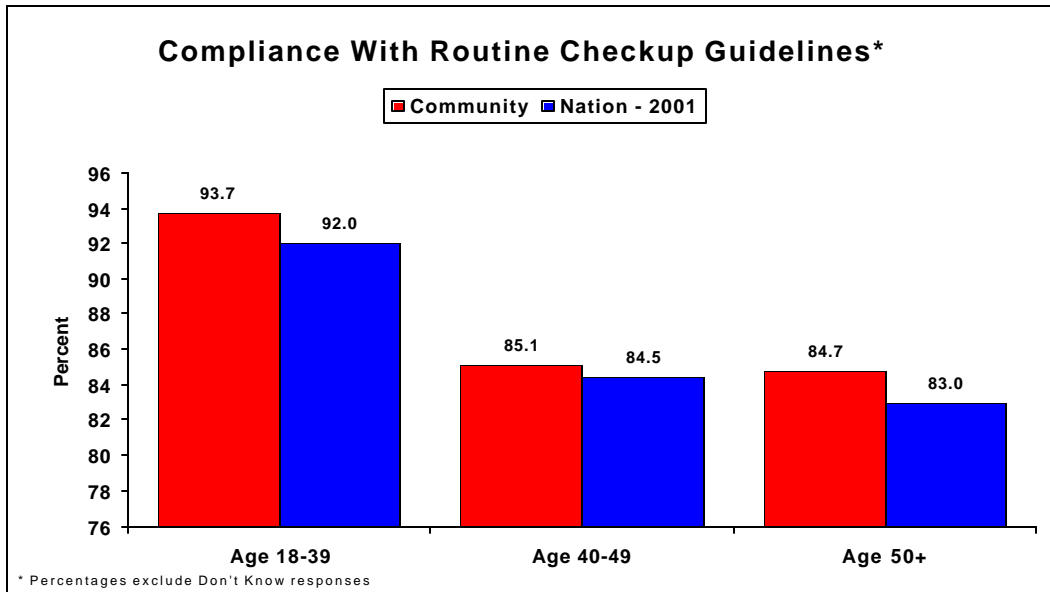
Prevention screening guidelines recommend that men over age 39 have a yearly digital rectal exam. Approximately 45 percent of the Greater Cincinnati area men over age 39 are in compliance with this recommendation, which compares to the national rate of 46 percent and 48 percent from the 1999 Community Health Status Survey. On the other hand, 14 percent of the area men have never had a digital rectal exam, which compares to the national average of 24 percent and 14 percent from the 1999 Community Health Status Survey.

Adult men over age 39 most likely to not have had a digital rectal exam in the past year are those with one or more of the following characteristics: white or other ethnicity; covered by other insurance or Medicaid; uninsured; married, divorced/ separated, or never married; living in a household with more than three persons; and, living in a household with more than one child.



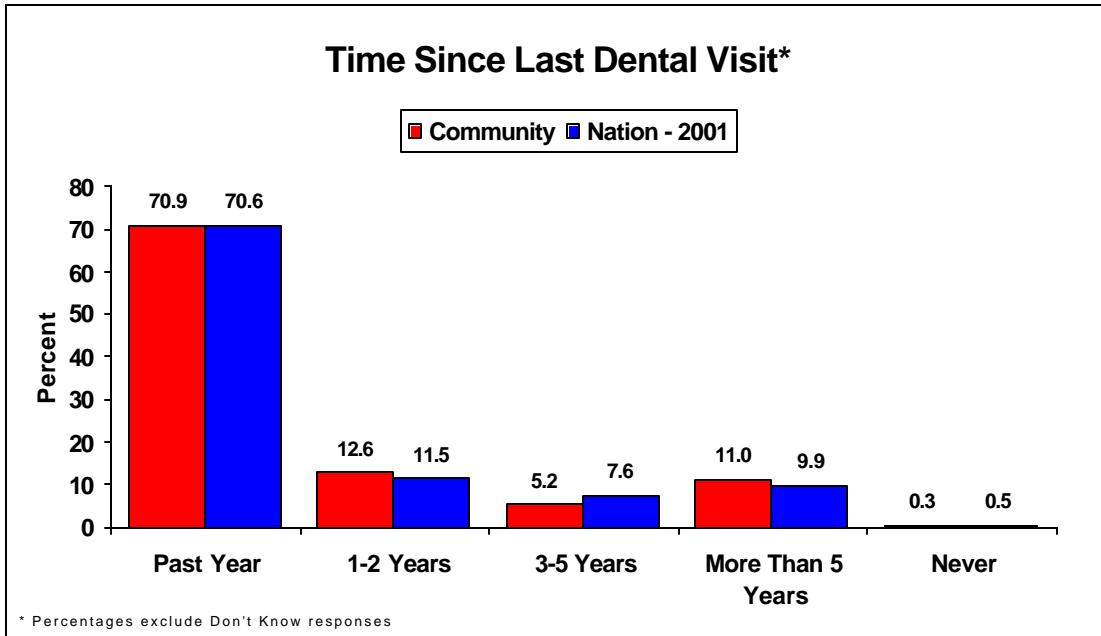
Over 87 percent of Greater Cincinnati area adults have visited a health care professional for a routine checkup within the past 2 years, whereas 5 percent of area adults have not had a routine checkup within 5 years or have never had a routine checkup. This compares to national rates of 86 percent and 7 percent, respectively, and to 87 percent and 6 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to have not had a routine checkup within the past 2 years or have never had one are those with one or more of the following characteristics: age 18-45 years; male; uninsured; never married; unemployed/laid off; living in a household with 5 persons; living in a household with one or two adults; and, home renter. In addition, the likelihood of not having a routine checkup in the past 2 years increases as education level and number of children in the household increases.



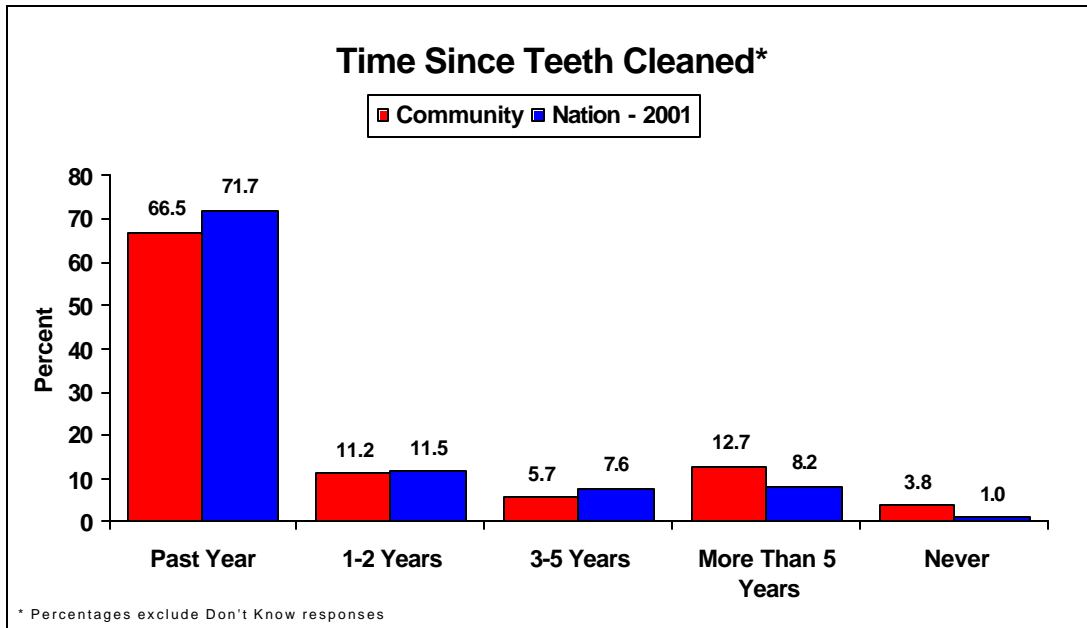
Prevention screening guidelines recommend that persons age 18-39 have a routine checkup every five years, persons age 40-49 have one every 1-2 years, and persons age 50+ have one every year. In the Greater Cincinnati area, 88 percent of adults are in compliance with this guideline, which compares to the national average of 87 percent. Of the adults in the Greater Cincinnati area, 94 percent of adults age 18-39, 85 percent of adults age 40-49, and 85 percent of adults age 50+ are in compliance with this recommendation. This compares to national rates of 92 percent, 84 percent, and 83 percent, respectively, and to 90 percent, 87 percent, and 83 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to not be in compliance with these routine checkup guidelines are those with one or more of the following characteristics: age 46-64; male; living alone; living in a household with two persons or more than four persons; and, home owner. In addition, the likelihood of not complying with these guidelines increases as the number of adults in the household decreases.



Approximately 71 percent of adults in the Greater Cincinnati area have visited a dentist or dental clinic within the past year, with 51 percent seeing a dentist in the past six months. On the other hand, 18 percent visited a dentist in the past 1-5 years and 11 percent has not seen a dentist in the past 5 years. Only 0.3 percent has never seen a dentist. These percentages are similar to the national averages.

Adults most likely to have not visited a dentist or dental clinic within the past year are those with one or more of the following characteristics: living in Kentucky's rural counties or Indiana; age 65+ years; white Appalachian; covered by Medicare or Medicare/Medicaid; uninsured; widowed; unemployed/laid off or disabled/retired; living alone; and, home renter. In addition, the likelihood of not visiting a dentist in the past year increases as income level and education level decreases and as level of poverty increases.



Over 66 percent of adults in the Greater Cincinnati area had their teeth cleaned by a dentist or dental hygienist in the past year, with 47 percent having their teeth cleaned in the past six months. Nationally, 72 percent of adults have had their teeth cleaned in the past year. On the other hand, 13 percent of area adults have not had their teeth cleaned in the past 5 years and 4 percent have never had their teeth cleaned. This compares to 8 percent and 1 percent, nationally.

Adults most likely to not have had their teeth cleaned by a dentist or dental hygienist in the past year are those with one or more of the following characteristics: living in Kentucky's rural counties or Indiana; age 65+ years; male; white Appalachian; below 200% poverty level; covered by Medicare or Medicare/Medicaid; uninsured; widowed; unemployed/ laid off or disabled/retired; living alone; and, home renter. In addition, the likelihood of not having their teeth cleaned in the past year increases as income level and education level decrease.

# SUBSTANCE ABUSE

The survey asked Greater Cincinnati area adults about three indicators of substance abuse (problem with alcohol or other drugs):

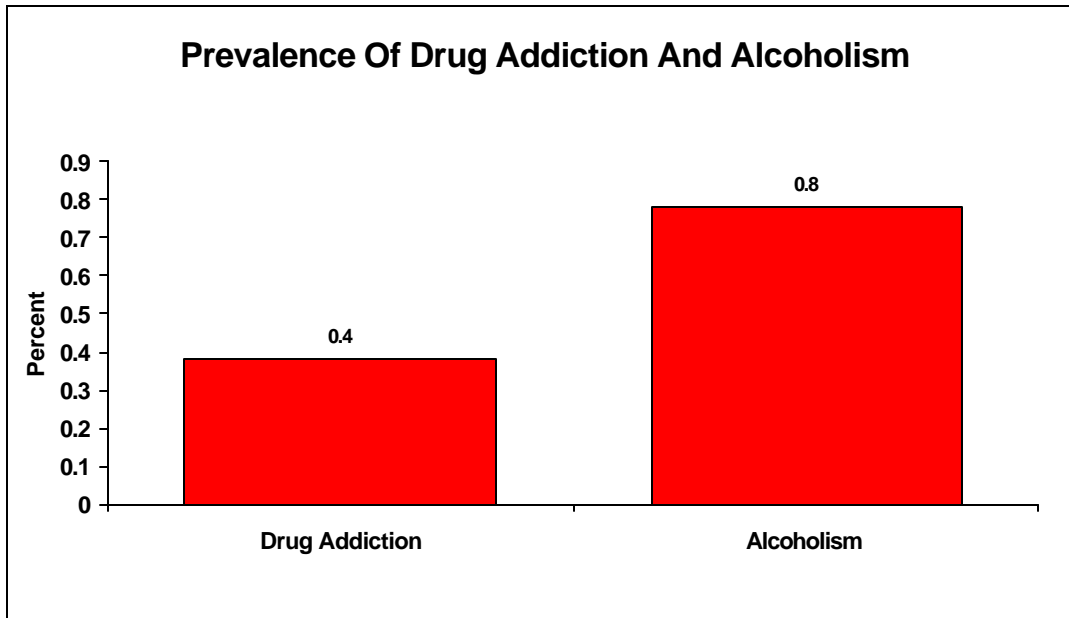
- *Prevalence of the Problem:* Whether or not a doctor or other health care professional ever told them that they had alcoholism or drug addiction and whether they or a member of their household experienced a problem with alcohol or other drugs in the past 12 months (Questions 12q-r, 50, Appendix A).
- *Treatment Seeking Behaviors:* If they or a member of their household experienced a problem with alcohol or other drugs in the past 12 months, whether they or a member of their household sought treatment services for the problem (Question 51, Appendix A).
- *Timeliness in Receiving Treatment:* If they or a member of their household sought treatment services, how many days did they or the member of their household have to wait between when the appointment was made and when services were actually received (Question 52, Appendix A).

The survey results for each of these substance abuse indicators are presented in the following charts. No national data are available for these indicators. Data from the 1999 Community Health Status Survey are presented in the accompanying text for each of the indicators. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the accompanying text for each indicator.

## Major Findings

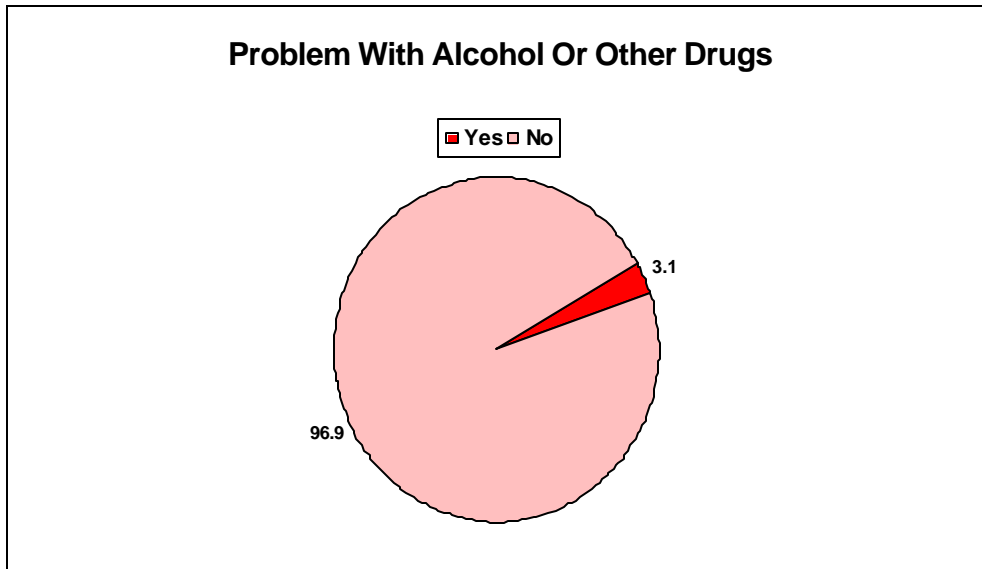
- Three percent of adults in the Greater Cincinnati area report that they have driven at least once during the past 30 days when they had perhaps too much to drink. (Data presented in detailed tables in Appendix C)
- Three percent of households report a member having a problem. Households most likely to have an alcohol or other drug problem are low-income households and/or larger households, particularly with more adults.
- The majority of households with an alcohol or drug problem in the Greater Cincinnati area do not seek treatment services for the problem. Households most likely to not seek treatment services are those of either low or high-income as well as those located in the City of Cincinnati, Hamilton County suburbs, or Ohio's Appalachian counties.

- The vast majority of households that sought treatment services received those services within a week.



Less than one percent of adults in the Greater Cincinnati area report that they have ever been told by a doctor or other health professional that they have problems with alcoholism and less than one percent of area adults report that they have ever been told by a doctor or other health professional that they have problems with drug addiction.

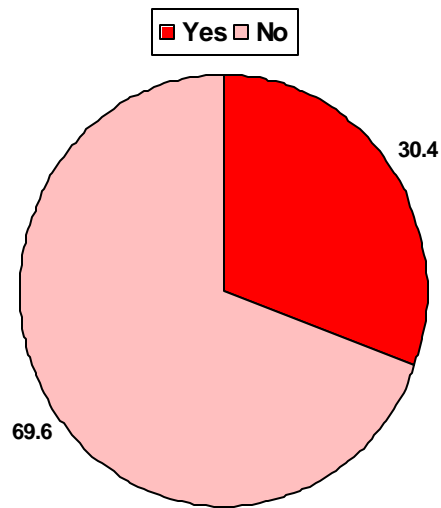
The sample sizes are too small to examine the characteristics of adults who reported that they have ever been told by a doctor or other health professional that they have problems with alcoholism and/or drug addiction.



Approximately 3 percent of households in the Greater Cincinnati area have a household member who experienced a problem with alcohol or other drugs during the past 12 months, while 97 percent did not. This compares to 4 percent and 96 percent, respectively, of households from the 1999 Community Health Status Survey.

Households most likely to have a member who experienced a problem with alcohol or other drugs in the past 12 months are those with one or more of the following characteristics: below 200% poverty level; five or more persons living in the household; and, three or more adults living in the household.

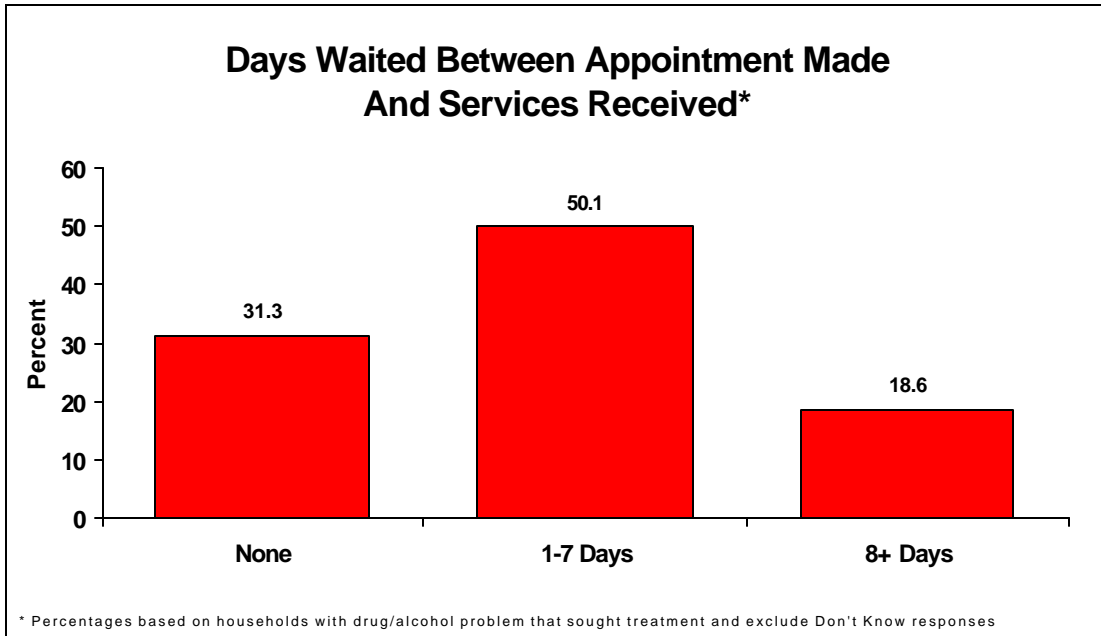
### Sought Treatment For Alcohol/Drug Problem\*



\* Percentages based on households with drug/alcohol problem

Over 30 percent of households with an alcohol or other drug problem had a household member who sought treatment services for the problem and 70 percent did not. This compares to 60 percent and 40 percent of households, respectively, from the 1999 Community Health Status Survey. These differences are not statistically significant due to the large confidence intervals surrounding these estimates that are based on the small sample size of households with an alcohol or other drug problem that had a household member who sought treatment for the problem.

Households most likely to not seek treatment services for an alcohol or other drug problem are those with one or more of the following characteristics: located in the City of Cincinnati, Hamilton County suburbs, or Ohio's Appalachian counties; annual household income less than \$32,751 or greater than \$65,500; and, at least one adult member who is married or divorced/separated.



For area households which sought treatment services for a member with an alcohol or other drug problem, the average number of days between when the appointment was made and services were received is 11.5 days, with a median wait time of 2 days. This compares to an average wait time of 36.2 days and a median wait time of 7 days from the 1999 Community Health Status Survey. Over 31 percent of the households did not have any wait, while 50 percent waited between one and seven days (one week or less), and 19 percent waited more than one week, which compares to 35 percent, 15 percent, and 50 percent, respectively, from the 1999 Community Health Status Survey.

The sample size is too small to examine the characteristics of households most likely to have waited more than one week to receive treatment.

# MENTAL HEALTH

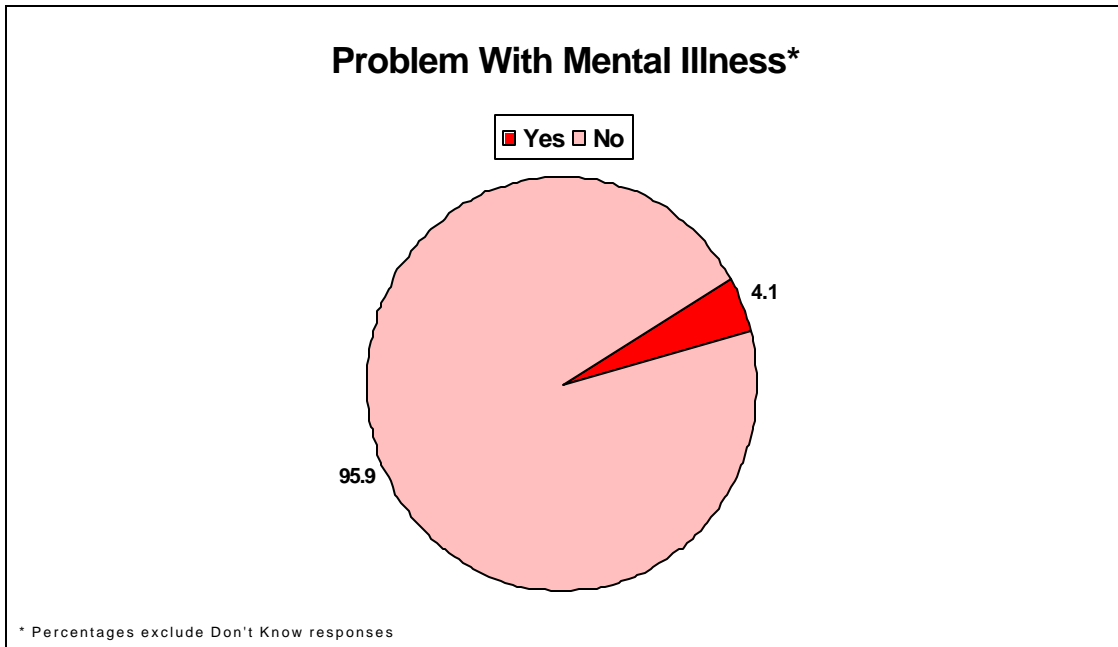
The survey asked adults in the Greater Cincinnati area about the following seven mental health indicators:

- *Prevalence of Mental Illness Problems:* Whether they or a member of their household experienced any type of problem with mental illness in the past 12 months (Question 53, Appendix A),
- *Work/School Missed Due to Mental Illness Problems:* If they or a member of their household experienced a problem with mental illness in the past 12 months, how many days of work or school, if any, did they or a member of their household miss due to mental illness (Question 54, Appendix A).
- *Treatment Seeking Behaviors for Mental Illness Problems:* If they or a member of their household experienced a problem with mental illness in the past 12 months, did they or a member of their household receive treatment, on-going care for the mental illness in the past year (Question 55, Appendix A). Also, was there a time in the past 12 months when they or a household member wanted to talk with a mental health professional about an emotional or mental health problem but did not and what were the most important and second most important reasons that they or a member of their household did not receive the mental health care (Questions 56-58, Appendix A).
- *Prevalence of Nervous Conditions:* Have they or a member of their household experienced any type of nervous problem or nervous breakdown in the past 12 months (Question 59, Appendix A).
- *Prevalence of Depressive Symptomatology:* Whether or not a doctor or other health care professional ever told them that they had depression and have they felt downhearted, depressed, overwhelmed, or blue in the past 12 months (Questions 60, 61, Appendix A).
- *Work/School Missed Due to Depressive Symptomatology:* If they felt downhearted, depressed, overwhelmed, or blue in the past 12 months, how many days of work or normal activity did they miss due to feeling downhearted, depressed, overwhelmed, or blue (Question 63, Appendix A).
- *Treatment Seeking Behaviors for Depressive Symptomatology:* If they felt downhearted, depressed, overwhelmed, or blue in the past 12 months, did they seek help or advice for this feeling and, if so, where did they seek help or advice for this feeling (Questions 61-62, Appendix A).

The survey results for each of these mental health indicators are presented in the following charts and tables. No national data are available for these indicators. Data from the 1999 Community Health Status Survey are presented in the accompanying text for each of the indicators, except for the prevalence of nervous conditions, which was not included in the 1999 survey. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the accompanying text for each indicator.

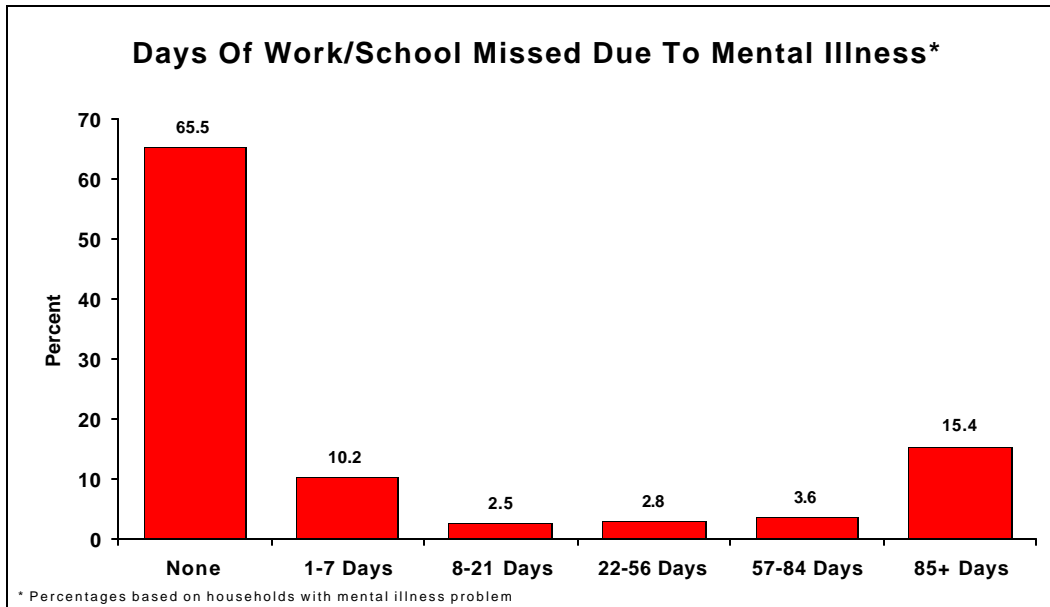
## Major Findings

- Prevalence of mental health conditions in the Greater Cincinnati area depends on the type of condition and the unit of analysis:
  - 4 percent of households had a member with a mental illness problem in the past year
  - 4 percent of households had a member with a type of nervous problem or nervous breakdown in the past year
  - 14 percent of adults have been told by a health professional that they have ever had depression
  - 40 percent of adults have had depressive feelings in the past 12 months
- While the risk factors vary by the type of mental health condition, lower income adults are at greatest risk for some type of mental health condition, particularly conditions related to nerves and depression. Also, those who are in the younger middle age (30-45 years) group are at greater risk of a mental health condition
- The majority of adults with a mental health condition do not miss days of work or school as a result of their condition. Approximately 10 percent miss work or school 1-7 days. However, 15 percent of households appear to have a severe mental illness requiring household members to miss more than 12 weeks of work or school. Adults below 100% poverty level and/or uninsured are at greatest risk for missing work or school due to a mental health condition.



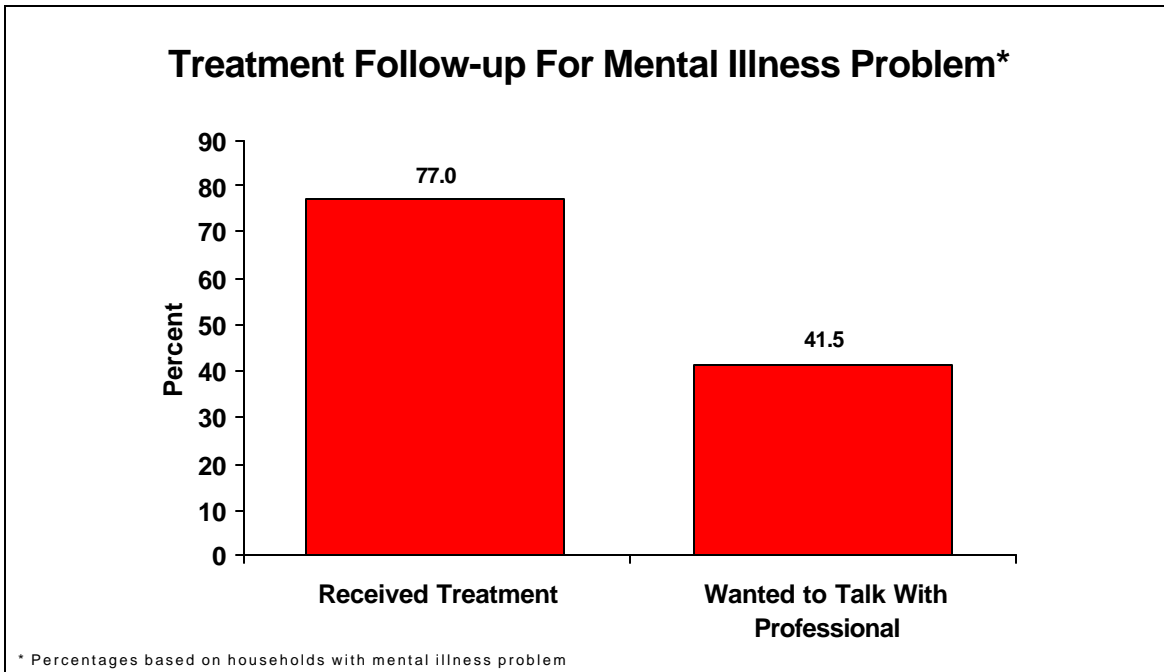
Slightly more than 4 percent of households in the Greater Cincinnati area have a household member who experienced a problem with mental illness during the past 12 months, whereas 96 percent did not. This compares to 5 percent and 95 percent of households, respectively, from the 1999 Community Health Status Survey.

Households most likely to have a member who experienced a mental illness problem in the past 12 months are those with one or more of the following characteristics: located in Kentucky's rural counties or Indiana; low income ( $\leq$  \$32,750); below 200% poverty level; three or more than four members in the household; rented home; and, at least one adult member with one or more of the following characteristics: age 30-64; covered under Medicaid or unknown insurance; and, divorced/separated.



Of the households with a mental illness problem, household members missed on average 18.5 days of work or school with a median of 0 days. This compares to an average of 13.6 days and a median of 0 days from the 1999 Community Health Status Survey. Two-thirds (66 percent) of households did not miss any days of work or school, while 10 percent missed between 1 and 7 days, 9 percent missed between 8 and 84 days, and 15 percent missed more than 12 weeks of work or school. This compares to 60 percent, 20 percent, 9 percent, and 11 percent, respectively, from the 1999 Community Health Status Survey.

Households most likely to have missed work or school due to a problem with mental illness are those below 100% poverty level and at least one adult member with one or more of the following characteristics: African-American or other ethnicity; and, uninsured.



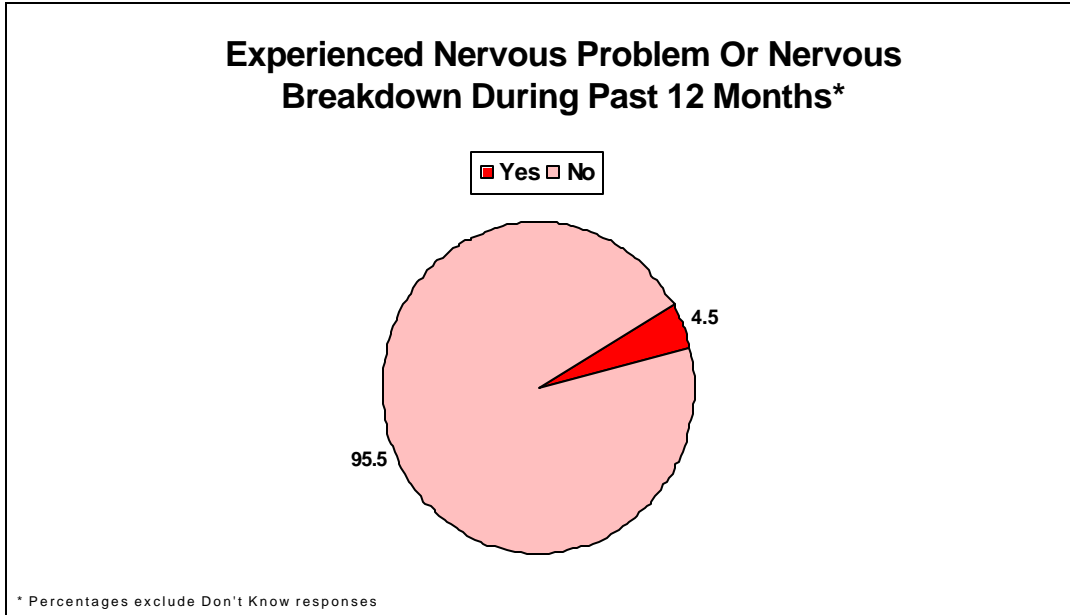
Seventy-seven (77) percent of area households with a member who experienced a mental illness problem in the past year received treatment. Also, 42 percent of households with a member who experienced a mental illness problem in the past 12 months had a household member who wanted to talk with a mental health professional but did not. This compares to 75 percent and 31 percent, respectively, from the 1999 Community Health Status Survey.

Households most likely to not receive treatment for a mental illness problem are those with two adults in the household. Households most likely to have a household member who wanted to talk with a mental health professional but did not are those with one or more of the following characteristics: income above \$65,500; more than three persons in the household; two children in the household; and, at least one adult member with one or more of the following characteristics: age 18-45 years; white; college graduate; covered by other or unknown insurance; uninsured; and, employed full-time.

## Reason Household Member Did Not Get Mental Health Care

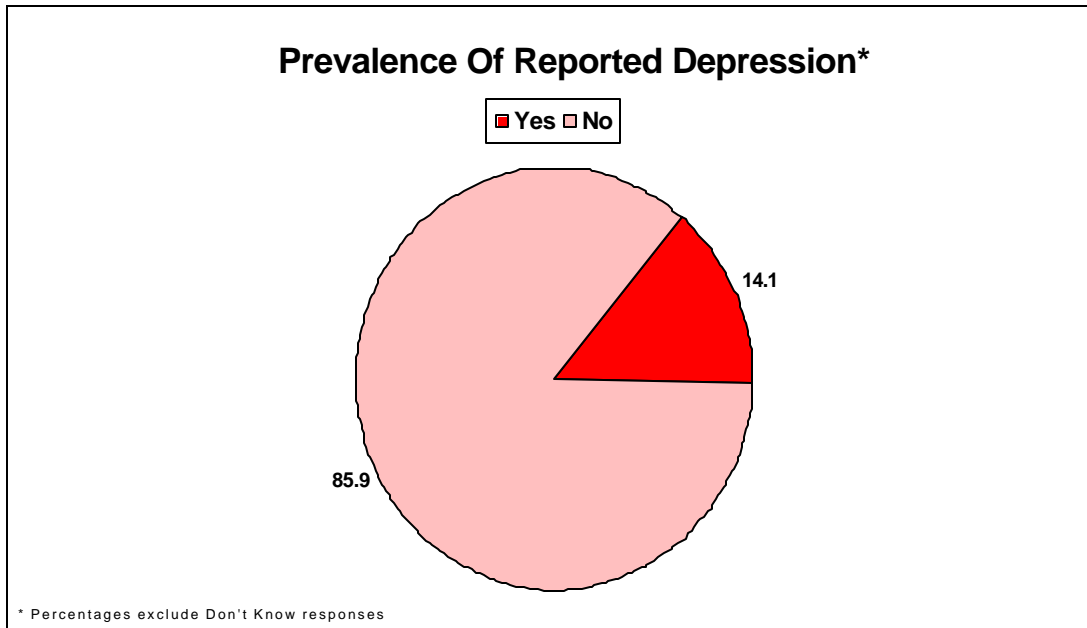
Reason	Percent
Cost of health care	17.2
No time/too busy	17.2
Took care of it myself/was not serious	12.1
Appointment not available	8.6
Didn't want to go/ talk about it	6.9
Afraid to ask for help	5.2
Ashamed/embarrassed/stigma	5.2
Quality of help available	3.4
Problems with previous case worker	3.4
Availability	3.4
Did not know who to contact	1.7
Family member would not go with me	1.7
No transportation	1.7
Other	12.1

The most frequently cited reasons that household members did not talk with a mental health professional about an emotional or mental health problem when they wanted to was the cost of the care (17 percent) and they did not have time or were too busy to seek care for the problem (17 percent). These were followed by they took care of the problem themselves or did not consider the problem to be serious (12 percent). Over 8 percent of the time an appointment was not available, 7 percent of the time they did not want to go and/or talk about it, 5 percent of the time they were afraid to ask for help, and 5 percent of the time they were ashamed, embarrassed, and/or concerned about stigmatization.



Over 4 percent of households in the Greater Cincinnati area have a member who experienced a type of nervous problem or nervous breakdown in the past 12 months.

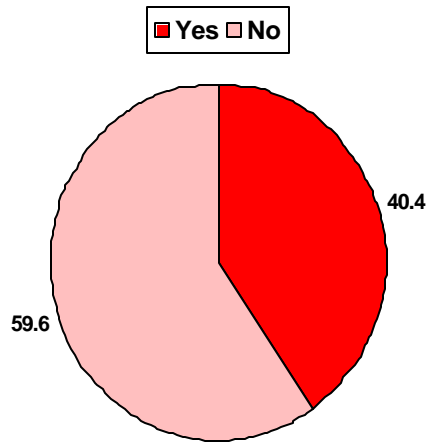
Households most likely to have a member who experienced a nervous problem or nervous breakdown are those with one or more of the following characteristics: located in Kentucky or Indiana; three persons in the household; rented; and at least one adult member with one or more of the following characteristics: age 18-45; other ethnicity; and, employed not working. In addition, the likelihood of a household having a member who experienced a nervous problem or nervous breakdown in the past year increases as household income level decreases and level of poverty increases.



Over 14 percent of area adults report that they have ever been told by a doctor or other health professional that they have depression, which compares to 14 percent from the 1999 Community Health Status Survey.

Adults most likely to report having ever been told by a health professional that they have depression are those with one or more of the following characteristics: female ; less than a college education; covered by Medicaid; divorced/separated; disabled/retired or keeping house; living in a household with no children; and, home renter. In addition, the likelihood of reporting this condition increases with age until age 65 and then decreases. Also, the likelihood increases as income decreases and as level of poverty increases.

### Felt Downhearted, Depressed, Overwhelmed, Or Blue During Past 12 Months\*

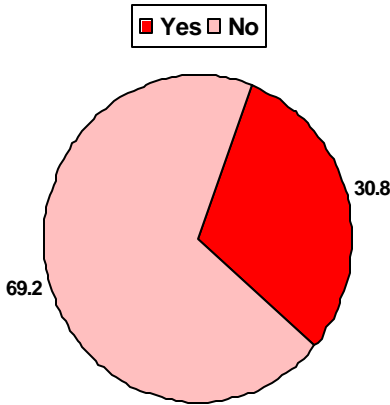


\* Percentages exclude Don't Know responses

Approximately 40 percent of adults in the Greater Cincinnati area felt downhearted, depressed, overwhelmed, or blue at some time during the 12 months preceding the survey. This compares to 44 percent from the 1999 Community Health Status Survey.

Adults most likely to have these feelings in the past year are those with one or more of the following characteristics: 18-64 years old; female; covered by Medicaid or unknown insurance; widowed; living alone; living in a household with two children; living in a household with more than two adults; and, home renter. In addition, the likelihood of having depressive symptoms increases as income level decreases and level of poverty increases.

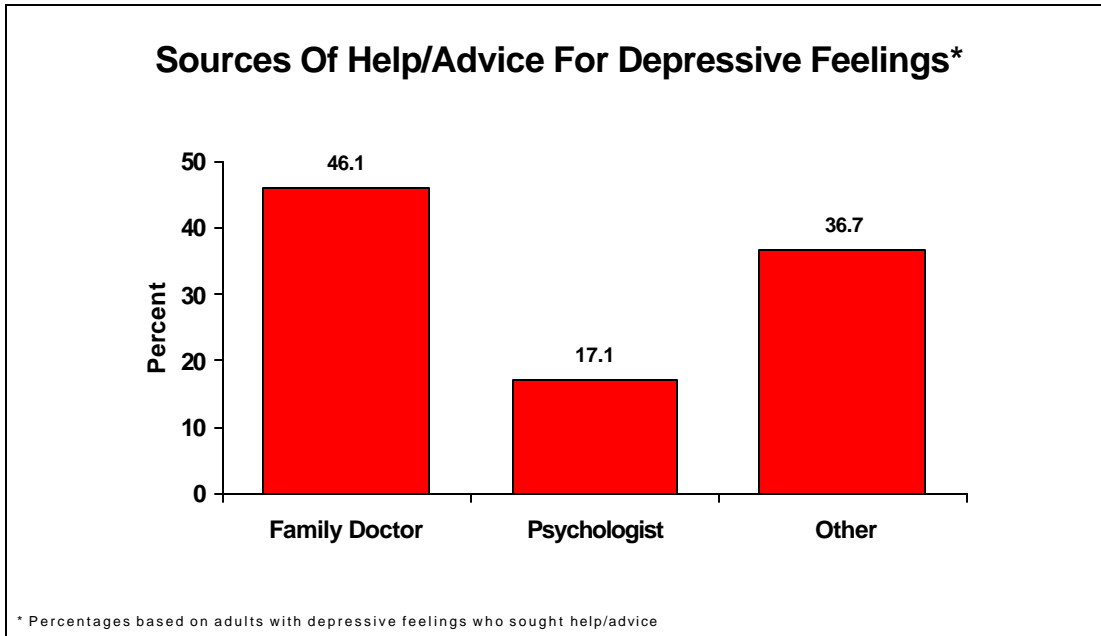
### Sought Help Or Advice For Feeling Downhearted, Depressed, Overwhelmed, Or Blue\*



\* Percentages based on adults with depressive feelings

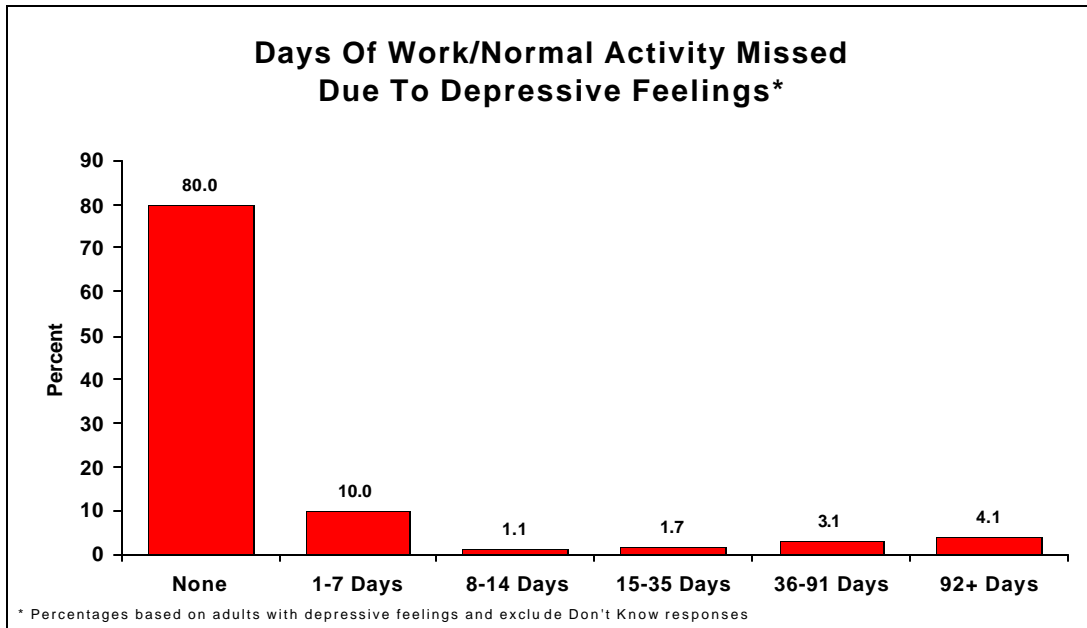
Of the adults in the Greater Cincinnati area who felt downhearted, depressed, overwhelmed, or blue in the past 12 months, 31 percent sought help or advice for their feelings and 69 percent did not. This compares to 25 and 75 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to not seek care for their depressive feelings are those with one or more of the following characteristics: living in the Hamilton County suburbs, Ohio's suburban counties, or Kentucky's rural counties; male; above \$32,750 annual income; above 200% poverty level; high school or college graduate; covered by Medicare/Medicaid or unknown insurance; married, divorced/separated, or never married; employed full-time or employed not working; living in a four person household; living in a household with two children; living in a household with more than one adult; and, home owner.



For area adults who sought help or advice for their depressive feelings, the most frequent source of help or advice was the family doctor or primary care physician (46 percent), followed by other source (37 percent), and psychologist (17 percent). From the 1999 Community Health Status Survey, 39 percent sought help or advice from their family or other doctor, while 15 percent sought help/advice from a psychologist, 13 percent from a hospital, and 33 percent from some other source.

Adults most likely to use their family doctor as their source of help or advice are those with one or more of the following characteristics: widowed; living alone; living in a four person household; and, living in a household with more than one child.



The average number of days of work or normal activity missed due to depressive feelings by those adults who had these feelings in the past year is 6.7 days, with a median of 0 days. This compares to an average of 3.8 days and a median of 0 days from the 1999 Community Health Status Survey. Eighty percent of adults with depressive feelings did not miss any days of work or normal activity, while 10 percent missed 1 to 7 days and 10 percent missed more than 7 days. This compares to 82 percent, 11 percent, and 7 percent, respectively, from the 1999 Community Health Status Survey.

Adults with depressive feelings who were most likely to have missed days of work or normal activity because of those feelings are those with one or more of the following characteristics: low income ( $\leq$  \$32,750); below 100% poverty level; less than a high school education; covered by Medicaid; uninsured; unemployed/laid off; and, living in a household with two or four persons.

# HEALTH CARE COVERAGE

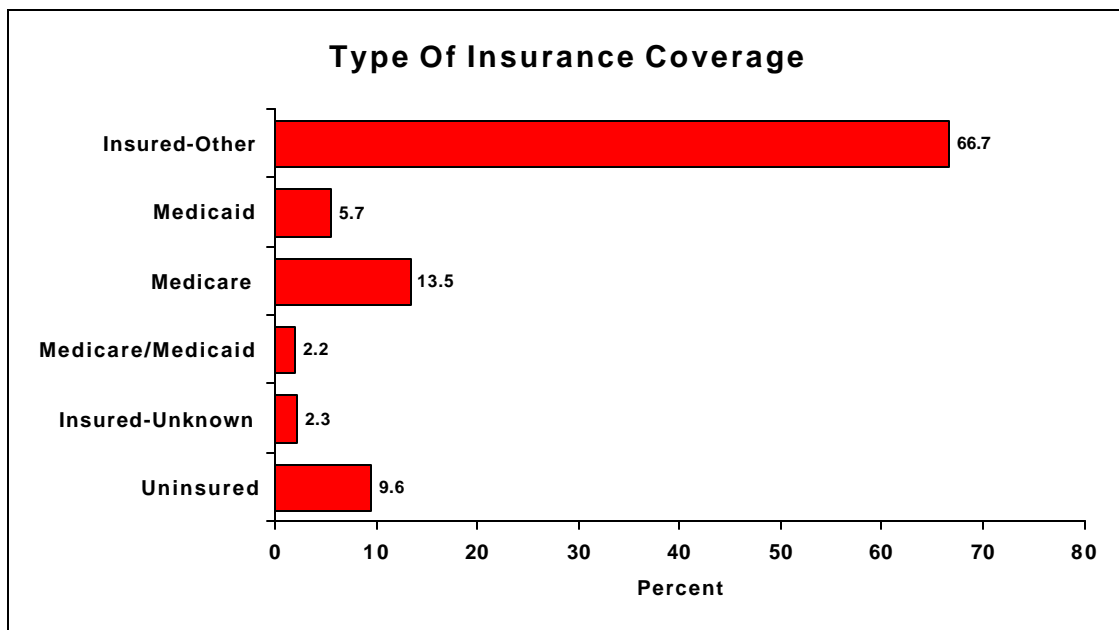
Adults in the Greater Cincinnati area were asked a series of questions to assess their health care or health insurance coverage, with a particular focus on lack of health care or insurance coverage:

- *Type of Health Care Coverage:* Whether they have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Medicaid, or the VA and, if so, whether their primary health care coverage is through Medicaid, the health insurance program through their state for low-income persons (Questions 64-65, Appendix A). Based on these two questions and their age, persons were classified into six insurance coverage categories: (1) Uninsured (persons under age 65 years or of unknown age who do not have any kind of health care coverage); (2) Medicaid (persons under age 65 years who have health care coverage and whose primary health care coverage is through Medicaid); (3) Medicare (persons age 65+ years who did not indicate that their primary coverage was through Medicaid); (4) Medicare/Medicaid (persons age 65+ years who indicated that their primary coverage was through Medicaid); (5) Insured – Other (persons under age 65 years who have health care coverage, but whose primary health care coverage was not Medicaid; and, (6) Insured – Unknown (persons of unknown age who have health care coverage).
- *Episode of No Health Care Coverage:* Whether there was a time during the past 12 months when they did not have any health insurance or health care coverage (Question 67, Appendix A).
- *Duration of No Health Care Coverage:* For those adults who currently are uninsured or who had an episode of no health care coverage, how many weeks or months were they without health insurance or health care coverage (Questions 68-69, Appendix A).
- *Extent of Health Care Coverage:* The extent to which their health care coverage from all sources provide complete coverage, some coverage, or no coverage for: (1) doctor's office visits; (2) hospitalizations; (3) dental visits; (4) mental health services; (5) substance abuse treatment services; (6) health screenings, such as mammograms, pap smear tests, prostate exams, etc.; and, (7) prescription medications (Questions 66a-66g, Appendix A).

Survey results for these health insurance/coverage indicators are presented in the following charts. National data from the 2001 Behavioral Risk Factor Surveillance System Survey and data from the 1999 Community Health Status Survey are provided in the accompanying text for the indicators where applicable. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each health care insurance/coverage indicator.

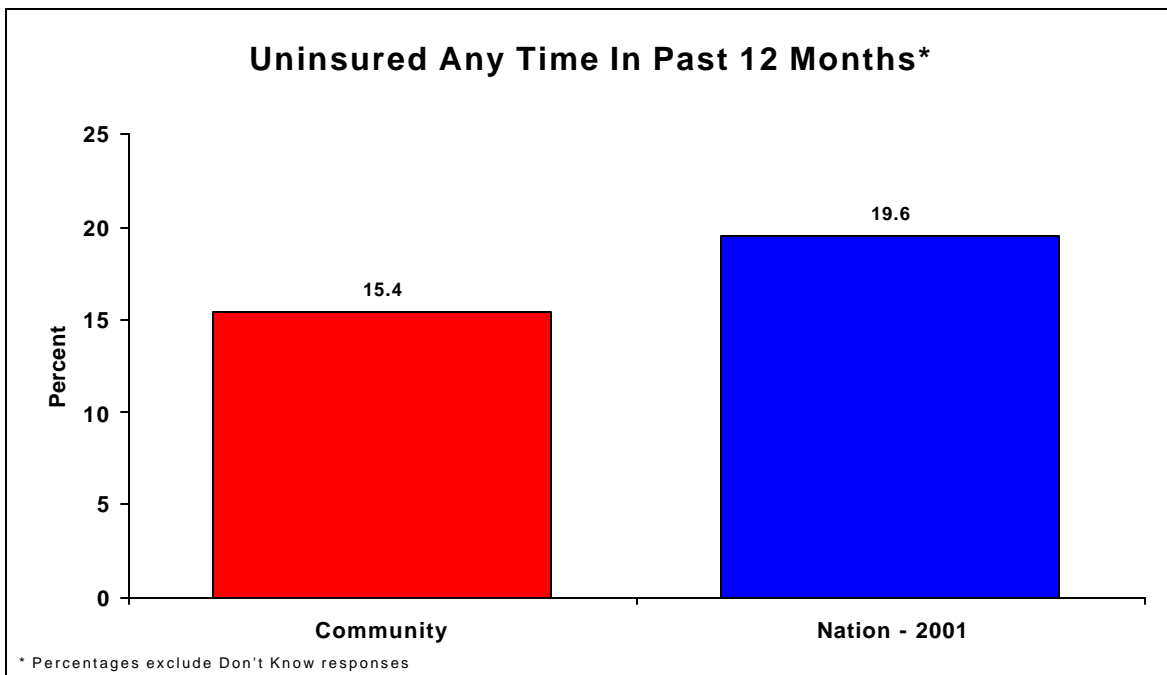
## Major Findings

- Approximately 10 percent of adults in the Greater Cincinnati area are currently uninsured. Also, 15 percent were uninsured at some time in the past 12 months, which is slightly less than the 2001 national rate. Adults who are living in the City of Cincinnati, African-American, low socioeconomic status, divorced/separated/never married, unemployed, and/or living in a household with one child are at greatest risk of being uninsured.
- Area adults who are currently uninsured have been uninsured for a median of 13 weeks, while those adults who were uninsured at some time in the past year had a median duration of no coverage of 39 weeks, with 61 percent being uninsured for almost all, if not all, of the year.
- Of the currently insured adults in the Greater Cincinnati area, 13% of Greater Cincinnati area adults currently covered by Medicaid were the most likely to have had an episode of uninsurance in the past year. Also, 7 percent of insured adults currently covered by non-Medicaid, non-Medicare insurance had an episode of uninsurance.
- Dental, mental health, and substance abuse treatment services are the services least likely to be covered by the insurance programs of area adults. Most complete coverage is for health screenings, doctor's office visits, and hospitalizations.



Two-thirds (67 percent) of area adults are covered with a known form of health insurance or health care coverage other than Medicaid or Medicare (Insured – Other). Over 13 percent of the adults are covered under Medicare with 6 percent covered under Medicaid, and 2 percent having both Medicare and Medicaid. Approximately 10 percent of adults do not have any kind of health care coverage, which compares to the 2001 national rate of 14 percent and 8 percent from the 1999 Community Health Status Survey.

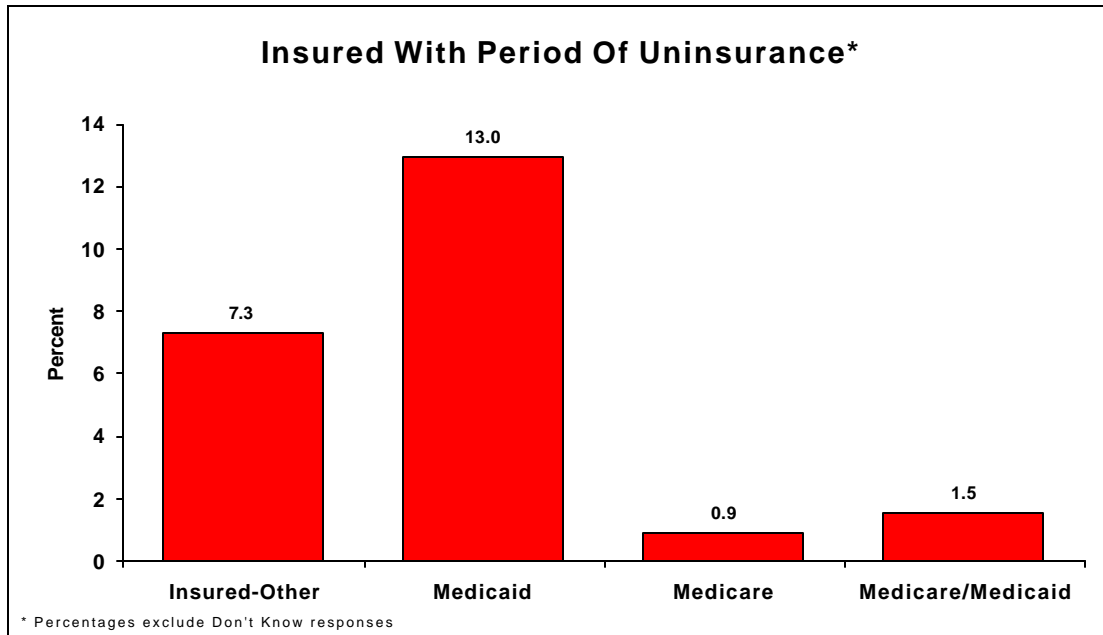
Adults most likely to not have any kind of health care coverage are those with one or more of the following characteristics: living in the City of Cincinnati, Ohio’s Appalachian counties, or Kentucky’s rural counties; African-American or other ethnicity; divorced/separated, or never married; employed part-time, unemployed/laid off, or keeping house; living in a household with two, three, or more than four persons; living in a household with one or more than two children; and, home renter. In addition, the likelihood of not having any kind of health care coverage increases as age, income level, and education level decreases and as level of poverty increases.



Over 15 percent of adults in the Greater Cincinnati area did not have any health insurance or health care coverage at sometime in the past 12 months. This compares to 20 percent nationally and 18 percent from the 1999 Community Health Status Survey.

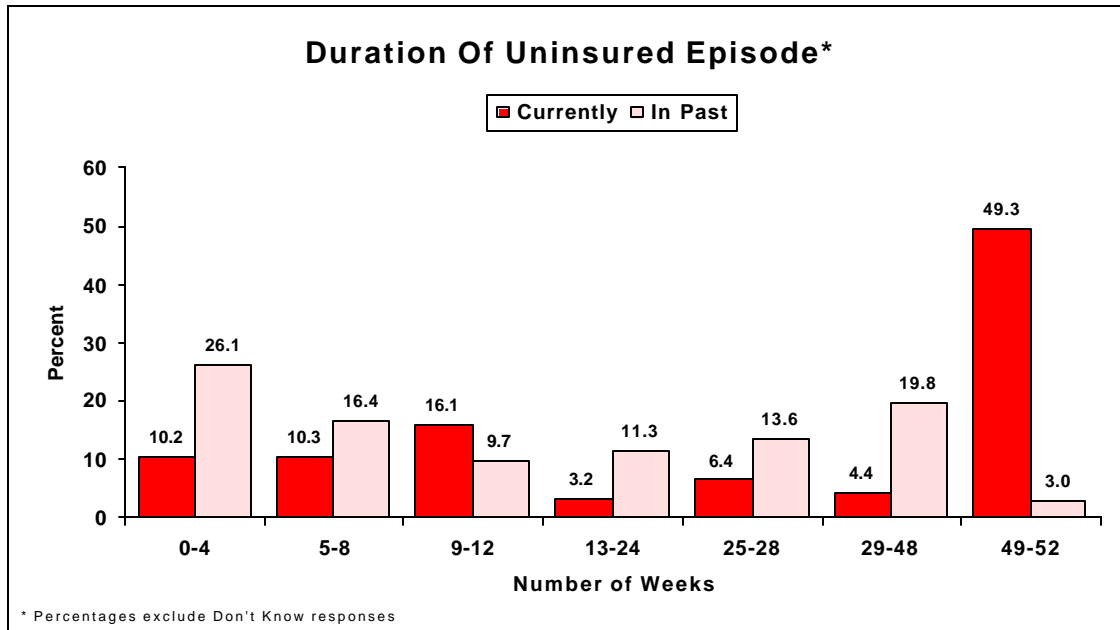
Adults most likely to not have any health insurance or health care coverage at some time in the past 12 months are those with one or more of the following characteristics: living in the City of Cincinnati; African-American; divorced/separated or never married; unemployed/laid off; living in a household with three or more than four persons; living in a household with one child; and, home renter. In addition, the likelihood of not having

any health insurance or health care coverage at some time in the past 12 months increases as age, income level, and education level decreases and as level of poverty increases.



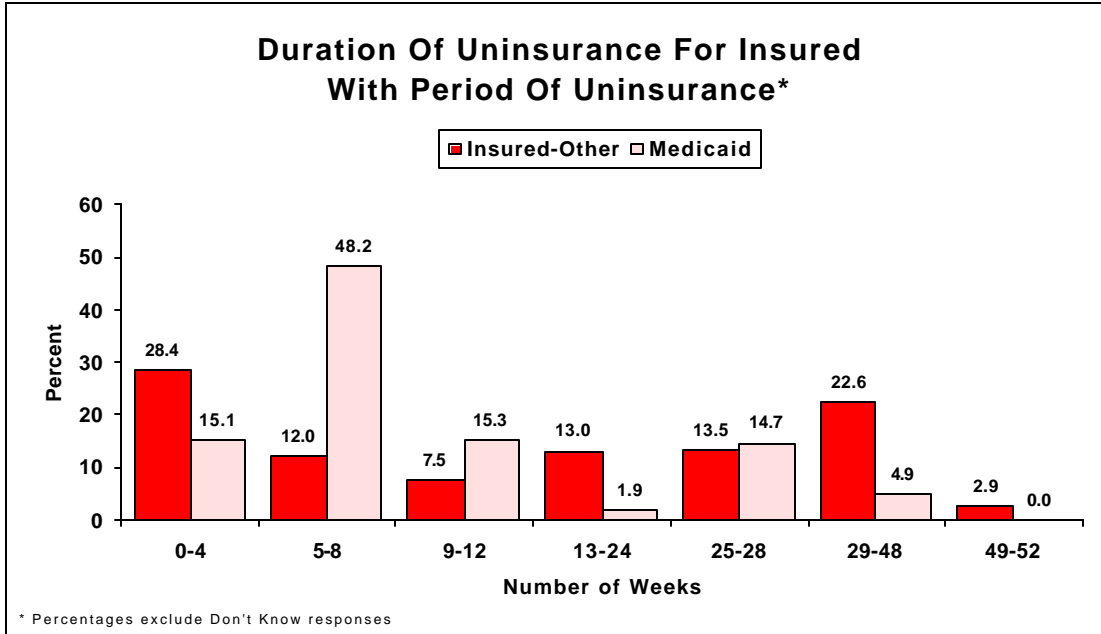
Thirteen (13) percent of Greater Cincinnati area adults currently covered by Medicaid did not have any health insurance or health care coverage at some time in the past 12 months. In addition, 7 percent of those adults with some other type of health insurance coverage, 2 percent with Medicare/Medicaid coverage, and 1 percent with Medicare coverage did not have any health insurance or health care coverage at some time in the past 12 months.

Adults with Medicaid coverage most likely to not have any health insurance or health care coverage at some time in the past year are those with one or more of the following characteristics: age 30-45 years; between 100% and 200% poverty level; unemployed/laid off; living in a three person household; and, living in a household with one or two children.



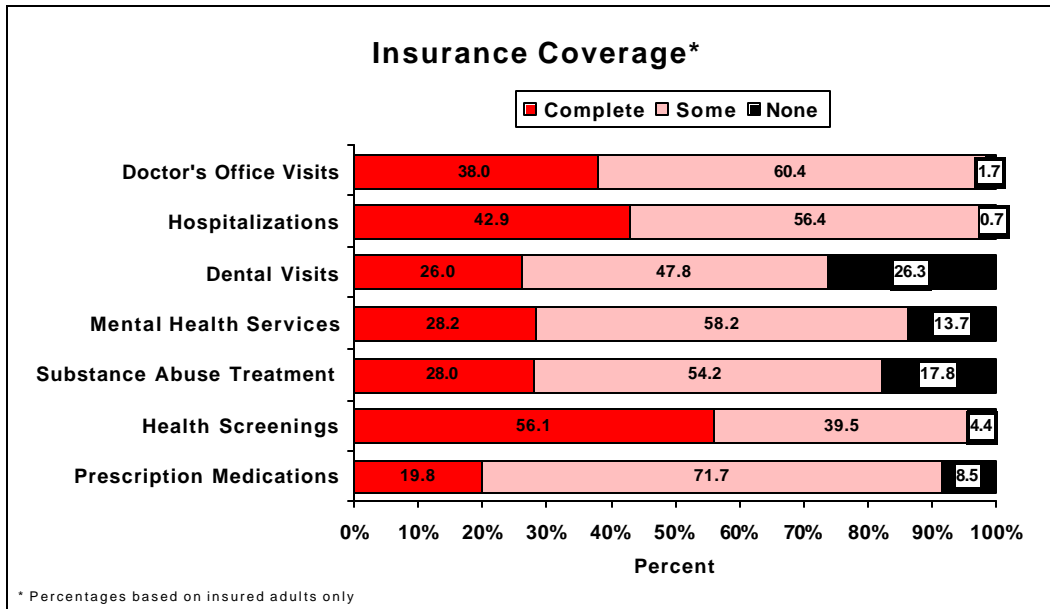
For currently uninsured adults, the median duration of being uninsured is 39.0 weeks. Almost half (49 percent) have been uninsured between 49 and 52 weeks, while 10 percent have been uninsured 0-4 weeks and 10 percent have been uninsured 5-8 weeks. For currently insured adults who were uninsured at some time during the past 12 months, the median duration of being uninsured is 13.0 weeks. About 26 percent were uninsured 0-4 weeks, with only 3 percent being uninsured for almost the entire year (49-52 weeks).

Currently uninsured adults most likely to be uninsured for more than 39 weeks are those with one or more of the following characteristics: male; between 100% and 200% poverty level; college graduate; unemployed/laid off or disabled/retired; living alone; and, living in a household with no or more than three children. Currently insured adults who were uninsured for more than 13 weeks during the past 12 months are those with one or more of the following characteristics: African-American or white Appalachian; less than a high school education; currently covered by other insurance; living alone; living in a household with two or more than five persons; and, home owner.



The median duration of being uninsured for area adults currently covered by other insurance who were uninsured some time in the past 12 months is 17.3 weeks. Over 28 percent were uninsured 0-4 weeks, while 3 percent were uninsured for almost the entire year (49-52 weeks). The median duration of being uninsured for area adults currently covered by Medicaid who were uninsured some time in the past 12 months is 8.7 weeks. Approximately 48 percent were uninsured 5-8 weeks and 15 percent 0-4 weeks, while none were uninsured the entire year.

Adults currently covered by other insurance who were uninsured more than 17.3 weeks are those with one or more of the following characteristics: living in the City of Cincinnati, Ohio's suburban counties, or Ohio's Appalachian counties; African-American; living in a household with two or more than five persons; and, home owner. The sample size is too small to examine the characteristics of adults currently covered by Medicaid who were uninsured more than 8.7 weeks in the past 12 months.



Adults in the Greater Cincinnati area are most likely to have complete insurance coverage for health screenings (56 percent), hospitalizations (43 percent), and doctor's office visits (38 percent); and, some coverage for prescription medications (72 percent), doctor's office visits (60 percent), mental health services (58 percent), hospitalizations (56 percent) and substance abuse treatment (54 percent). On the other hand, area adults are most likely to have no coverage for dental visits (26 percent), substance abuse treatment (18 percent), and mental health services (14 percent).

# HEALTH CARE ACCESS

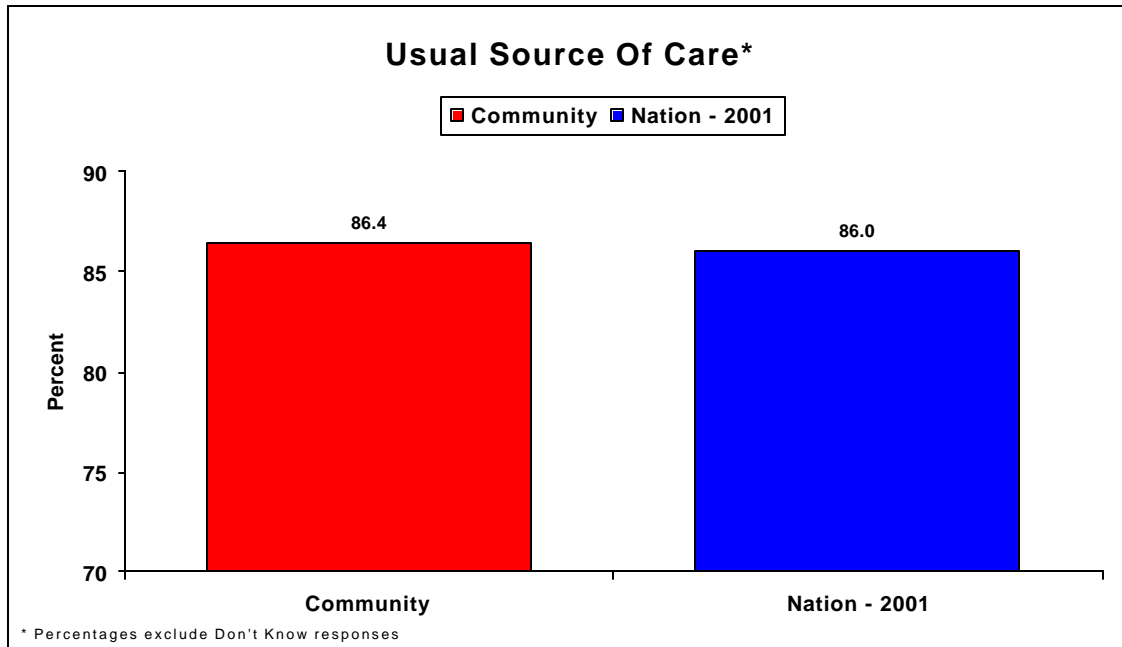
Adults in the Greater Cincinnati area were surveyed about four indicators of health care access:

- *Usual Source of Care*: Whether there is one particular clinic, health center, doctor's office, or other place that they usually go to if they are sick or need advice about their health and, if so, the kind of place that it is (Questions 70-71, Appendix A).
- *Did Not Get or Delayed Getting Health Care*: Whether there was a time in the past 12 months when they personally thought that they needed medical care but did not get it, or delayed getting it and, if so, what are the most important and second most important reasons that they did not get medical care or delayed getting medical care (Questions 74-76, Appendix A). Similarly, whether there was a time in the past 12 months when they personally thought that they needed dental care but did not get it, or delayed getting it and, if so, what are the most important and second most important reasons that they did not get dental care or delayed getting dental care (Questions 85-87, Appendix A).
- *Time Off From Work Without Pay to Receive Health Care*: Have they or a member of their household taken time off from work without pay in the past 12 months so that they or another member of their household could receive health care (Question 77, Appendix A). Also, have they or a member of their household taken time off from work without pay in the past 12 months so that a school-aged child could receive health care and, if so, what was the total number of hours all household members, including themselves, took time off from work without pay in the past 12 months so that a school-aged child could receive health care (Questions 78a-b, Appendix A).
- *Financial Barriers to Health Care*: Whether any household member did not receive a doctor's care during the past year because the household needed the money to buy food, clothing, or pay for housing and whether any household member did not receive prescription medications during the past year because the household needed the money to buy food, clothing, or pay for housing (Questions 79-80, Appendix A)

The survey results for each of the four health care access indicators are presented in the following charts and tables. Comparative data from the 2001 Behavioral Risk Factor Surveillance System Survey are presented in the charts for comparable questions on the current survey. Data from the 1999 Community Health Status Survey are provided in the accompanying text where applicable. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each health care access indicator.

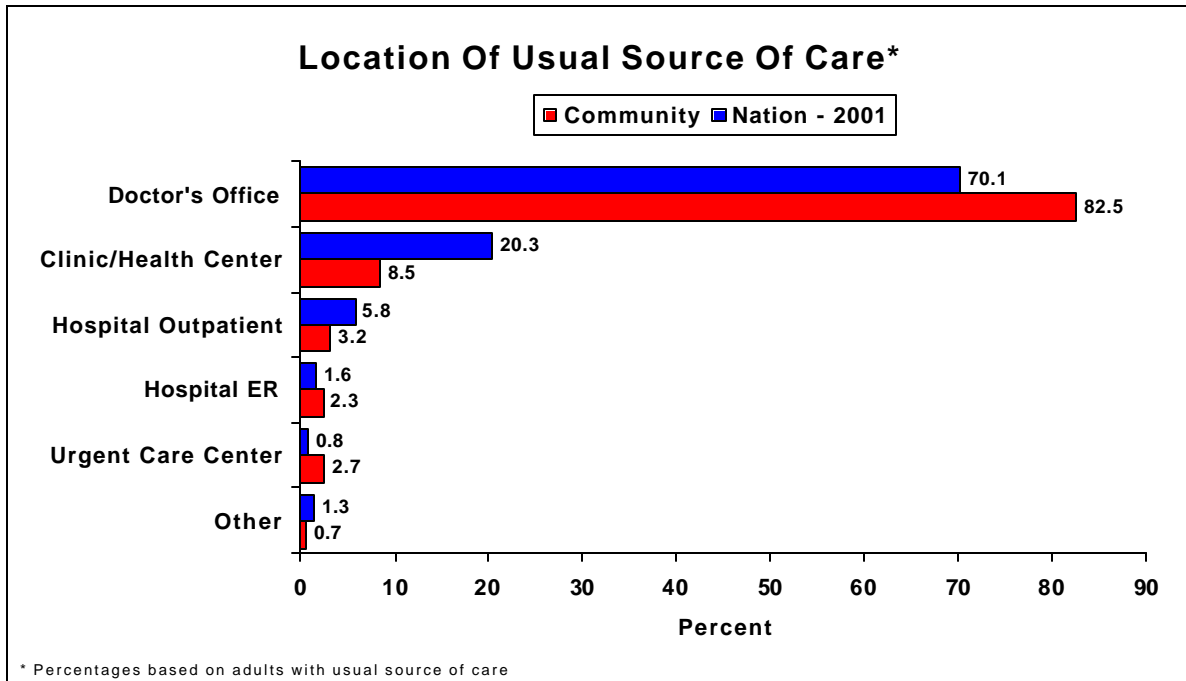
## Major Findings

- Consistent with national data, the vast majority of adults in the Greater Cincinnati area have a usual source of care, typically a doctor's office, clinic, or health center. Those with no usual care source appear to be persons, such as young, male, and single, who may not perceive the need for a usual source of care or persons who may have limited access due to lack of insurance and/or being unemployed.
- Approximately one-quarter of adults in the Greater Cincinnati area did not get or delayed getting medical and/or dental care when they thought that they needed it. In addition, a small percent of area households have a member who did not get medical care or prescription medications because of financial resources. Those at greatest risk of not getting needed care are adults who are of low socioeconomic status, uninsured, unemployed, divorced/separated, and/or living in a household with one child.
- While cost plays an important role in not getting needed health care services, particularly dental care services, cultural or attitudinal barriers such as stubbornness or procrastination as well as time constraints appear to be major reasons for not seeking or getting care.
- Approximately one-tenth of households have a member who had to take time off from work without pay so that they or another household member could receive health care. For the average household, 31 hours of work without pay were taken so that a school-aged child could receive health care services.



Approximately 86 percent of adults in the Greater Cincinnati area have one particular clinic, health center, doctor's office, or other place that they usually go to if they are sick or need advice about their health. This compares to 86 percent nationally and 84 percent from the 1999 Community Health Status survey.

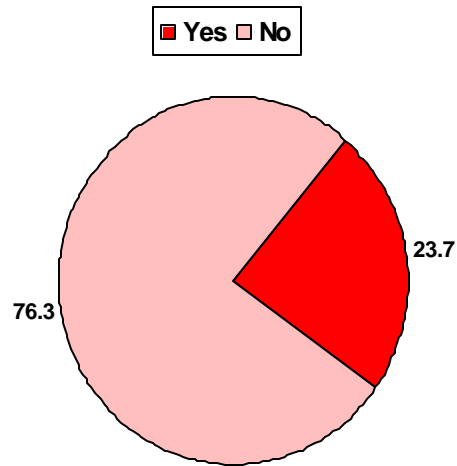
Adults most likely to not have a usual care source are those with one or more of the following characteristics: age 18-29 years; male; uninsured; never married; unemployed/laid off; living alone; living in a household with more than four persons; living in a household with more than two adults; and, home renter.



Ninety-one (91) percent of Greater Cincinnati area adults with a usual care source have a doctor's office, clinic, or health center as their usual source of care, while 8 percent use either a hospital outpatient center, an urgent care center, or a hospital emergency room. This compares to 90 percent and 8 percent, respectively, nationally and to 92 percent and 7 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to use a place other than a doctor's office, clinic, or health center as their usual source of care are those with one or more of the following characteristics: living in Ohio's suburban counties; age 18-29 years; male; other ethnicity; low income ( $\leq$  \$32,750); below 100% poverty level; high school or some college education; covered by Medicaid; uninsured; never married; living in a household with three or more children; and, home renter.

## Did Not Get Or Delayed Getting Medical Care When Needed In Past 12 Months\*



\* Percentages exclude Don't Know responses

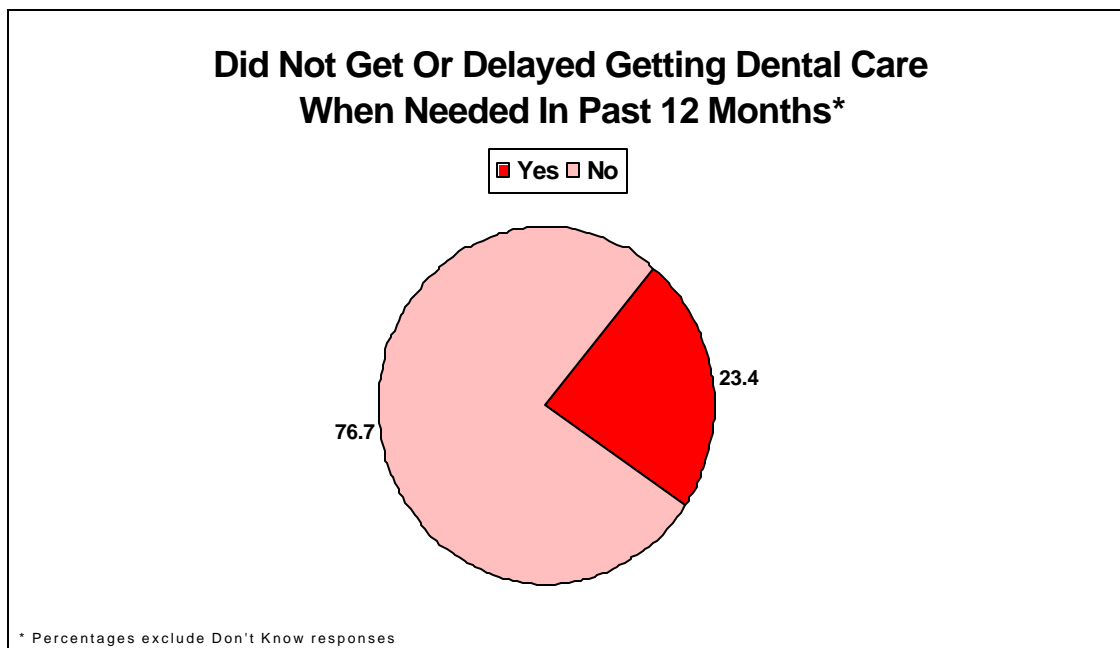
Approximately 24 percent of adults in the Greater Cincinnati area had a time in the past 12 months when they personally thought that they needed medical care but did not get it, or delayed getting it. This compares to 28 percent from the 1999 Community Health Status Survey.

Adults most likely to not get or delay getting medical care when they personally thought that they needed it are those with one or more of the following characteristics: white non-Appalachian or other ethnicity; uninsured; divorced/separated, or never married; employed full-time or unemployed/laid off; living in a household with more than four persons; and, home renter. In addition, the likelihood of not getting or delaying getting medical care when needed increases as age, number of children in the household, and number of adults in the household decreases and as level of poverty increases.

## Reason Did Not Get Or Delayed Getting Medical Care When Needed

Reason	Percent
Stubborn/ put off seeing doctor/waited for problem to take care of	26.2
No time/ too busy	19.1
Cost of health care	15.5
Insurance issues	11.1
Availability of health care	8.5
Don't like doctors/ aspects of doctor visit	4.6
Fear of doctor visit/ diagnosis	3.7
No transportation to doctor/hospital	3.2
No reason	0.3
Other	7.6

The most frequent reason why area adults did not get or delayed getting medical care when needed was that they were stubborn, or put off seeing a doctor, or waited for the problem to take care of itself (26 percent), followed by no time or too busy (19 percent), the cost of health care (16 percent), and insurance issues (11 percent). This compares to 24 percent, 15 percent, 15 percent, and 9 percent, respectively, from the 1999 Community Health Status Survey.



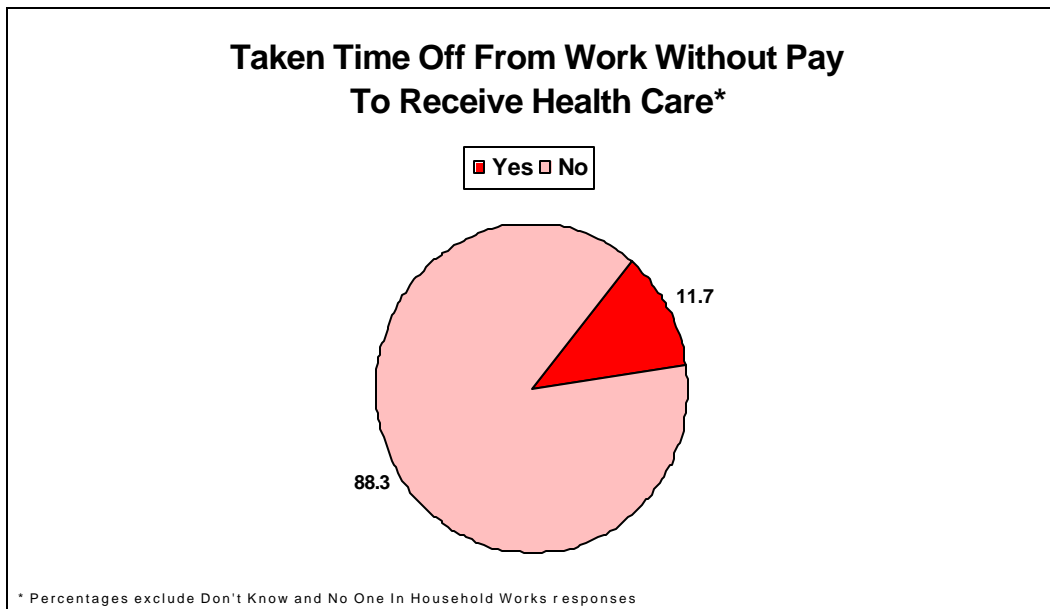
Over 23 percent of area adults had a time in the past 12 months when they thought that they needed dental care but did not get it, or delayed getting it. This compares to 22 percent from the 1999 Community Health Status Survey.

Adults most likely to not get or delay getting dental care when they thought they needed it are those with one or more of the following characteristics: living in the City of Cincinnati; African-American or other ethnicity; covered by Medicaid; uninsured; divorced/separated or never married; employed not working; living in a household with three or more than four persons; living in a household with children; and, home renter. In addition, the likelihood of not getting or delaying getting needed dental care increases as age, income level, and education level decreases, and as level of poverty and number of adults in the household increases.

### Reason Did Not Get Or Delayed Getting Dental Care When Needed

Reason	Percent
Cost of dental care	30.6
No dental insurance/insurance issues	18.1
No time/too busy	13.2
Stubborn/ put off seeing dentist/waited for problem to take care of	11.0
Fear of dentist visit/diagnosis	6.7
Don't like dentist/ aspects of dentist visit	5.4
Availability of dental care	4.0
No reason	0.1
Other	10.8

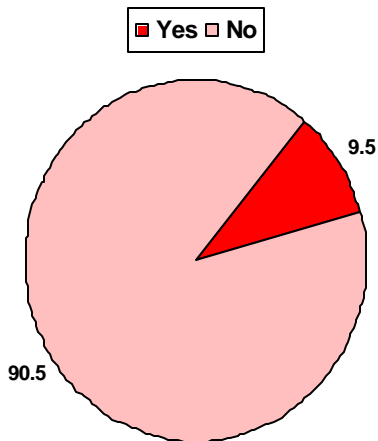
The most frequent reason why area adults did not get or delayed getting dental care when needed was the cost of dental care (31 percent), followed by no dental insurance or insurance issues (18 percent), no time or too busy (13 percent), and they were stubborn, or put off seeing a doctor, or waited for the problem to take care of itself (11 percent). This compares to 30 percent, 18 percent, 14 percent, and 5 percent, respectively, from the 1999 Community Health Status Survey.



Approximately 12 percent of Greater Cincinnati area households have a member who has taken time off from work without pay so that they or another member of the household could receive health care.

Households most likely to have a member who has taken time off from work without pay so that they or another member of the household could receive health care are those with children in the household and with at least one adult member who has one or more of the following characteristics: female; African-American or other ethnicity; high school graduate; covered by Medicaid; married, divorced/separated, or never married; and, employed not working. In addition, the likelihood of having a household member take off from work without pay so that they or another member of the household could receive health care increases with household size and decreases with the age of an adult member.

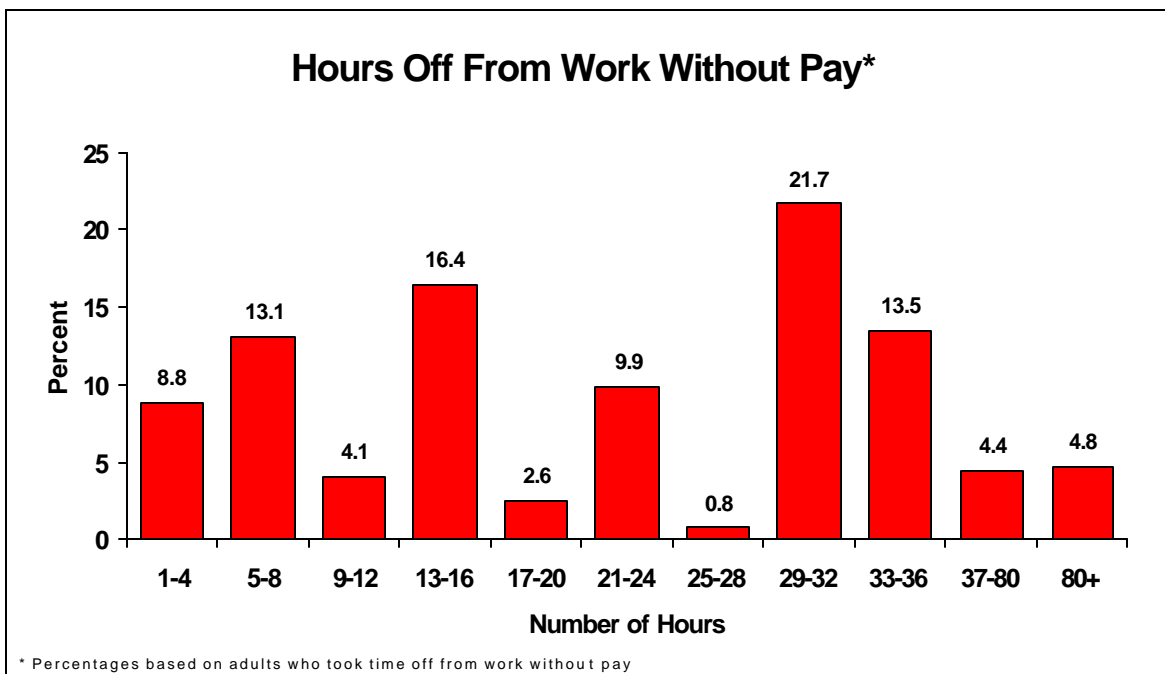
### Taken Time Off From Work Without Pay For School-Aged Child To Receive Health Care\*



\* Percentages exclude Don't Know and No One In Household Works r esponses

Approximately 10 percent of the households in the Greater Cincinnati area have a member who has taken time off from work without pay in the past 12 months so that a school-aged child could receive health care.

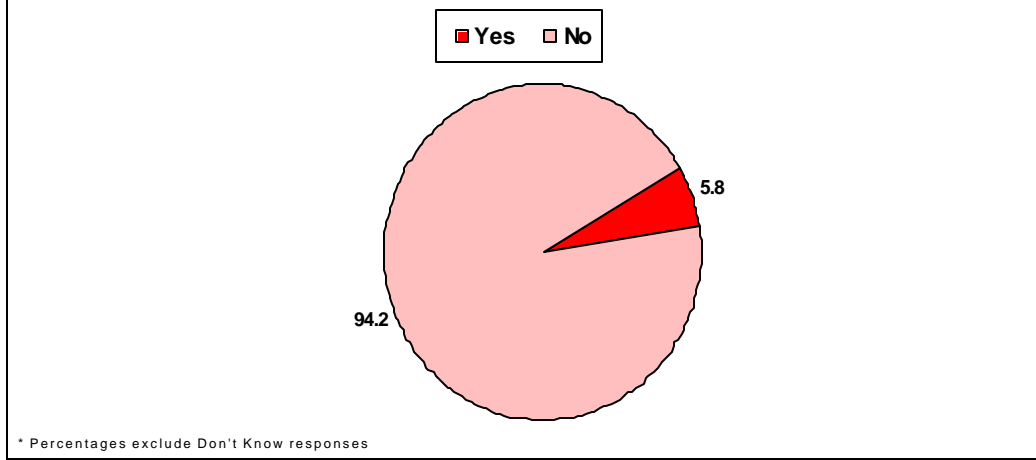
Households most likely to have a member who has taken time off from work without pay so that a school-aged child could receive health care are those with children in the household and with at least one adult member who has one or more of the following characteristics: age 30-45; African-American or other ethnicity; between 100% and 200% poverty level; at least a high school education; covered by Medicaid; married, divorced/separated, or never married; and, employed part-time or employed not working. In addition, the likelihood of having a household member take off from work without pay so that a school-aged child could receive health care increases with household size.



For households where a member has taken off from work without pay so that a school-aged child could receive health care, the average number of hours off work without pay is 31.2 hours and the median number of hours is 24.0 hours. Approximately 22 percent of area households have a member who missed the equivalent of one day or less (eight hours or less) without pay, while 20 percent were off from work between one and two days (9-16 hours), 12 percent between two and three days (17-24 hours), 22 percent between three and four days (25-32 hours), and, 23 percent were off more than four days (37+ hours).

Households most likely to have a member who took off more than 24 hours (more than 3 days) of work without pay so that a school-aged child could receive health care are those with an adult member who is African-American or other ethnicity.

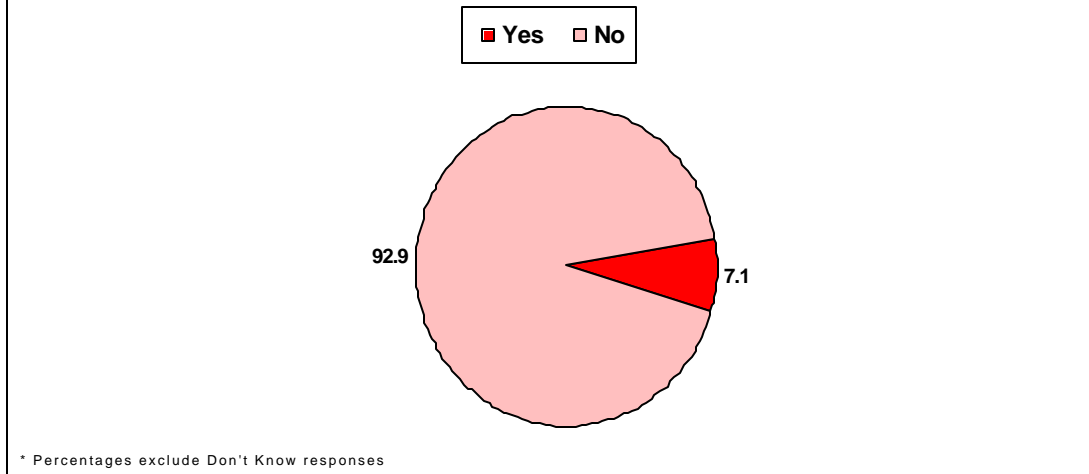
### Did Not Get Doctor's Care Because Money Needed For Food, Clothing, Or Housing\*



Almost 6 percent of households in the Greater Cincinnati area had a member who did not receive doctor's care during the past year because the household needed the money to buy food, clothing, or pay for housing. This compares to 5 percent from the 1999 Community Health Status Survey.

Households most likely to have a member who did not receive doctor's care because the household needed the money to buy food, clothing, or pay for housing are those with one or more of the following characteristics: located in Kentucky's rural counties or Indiana; low income ( $\leq$  \$32,750); three or more than four persons in the household; one child in the household; rented; and, at least one adult member with one or more of the following characteristics: age 30-45 years; female; uninsured; divorced/separated; and, unemployed/laid off. In addition, the likelihood of having a member who did not receive doctor's care because money needed to buy food, clothing, or pay for housing increases as level of poverty increases and as the education level of an adult member decreases.

## Did Not Get Prescription Medication Because Money Needed For Food, Clothing, Or Housing\*



Slightly more than 7 percent of households in the Greater Cincinnati area had a member who did not receive prescription medications during the past year because the household needed the money to buy food, clothing, or pay for housing. This compares to 7 percent from the 1999 Community Health Status Survey.

Households most likely to have a member who did not receive prescription medications because the household needed the money to buy food, clothing, or pay for housing are those with one or more of the following characteristics: located in Kentucky's rural counties; three persons in the household; one or more than two children in the household; more than two adults in the household; rented; and, at least one adult member with one or more of the following characteristics: age 30-64 years; female; covered by Medicaid; uninsured; and, unemployed/laid off. In addition, the likelihood of having a member who did not receive prescription medications because of household resources increases as household income and the education level of an adult member decreases and as level of poverty increases.

## OTHER ISSUES

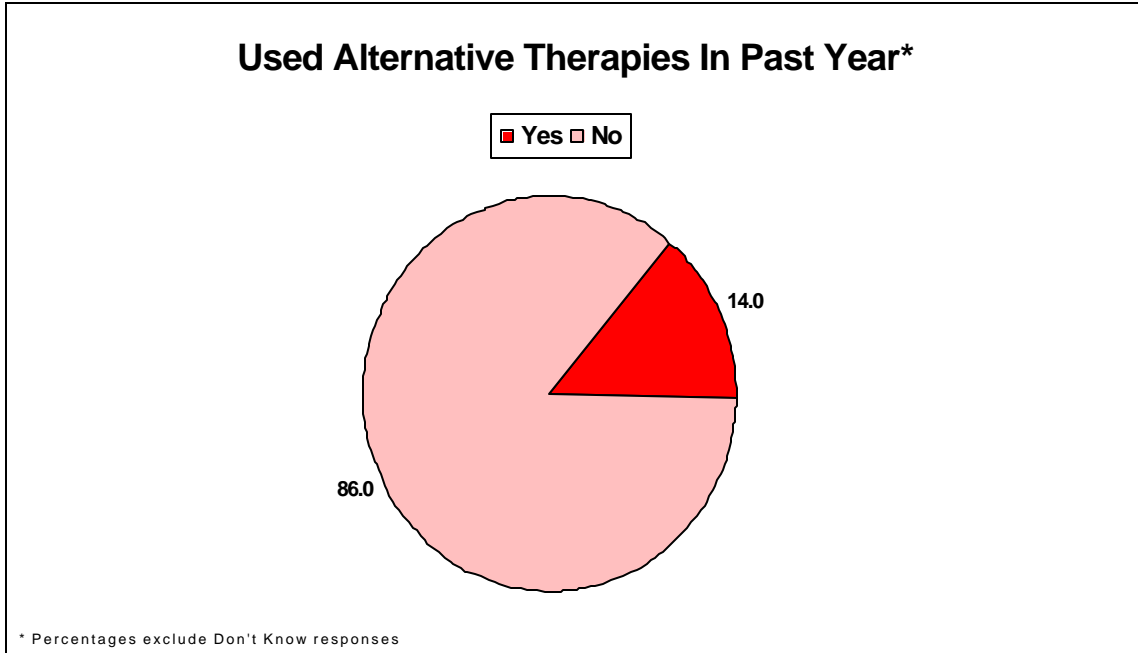
The survey asked adults in the Greater Cincinnati area about the following three health-related issues:

- *Use of Alternative Therapies:* Whether they have used alternative therapies, such as acupuncture, herbal remedies, massage therapy, relaxation techniques, spiritual healing, or folk remedies, at least one time during the past year to help cure an illness (Question 88, Appendix A).
- *Sources for Health Information:* The primary source from which they receive information on how to lead a healthy lifestyle besides a health care professional (Question 89, Appendix A).
- *Importance of Spiritual Beliefs:* The extent that their spiritual beliefs are important in their life (Question 100, Appendix A).

The survey results for each of the three issues are presented in the following charts and tables. No national comparative data are available for these issues. Data from the 1999 Community Health Status Survey are presented in the accompanying text for the use of alternative therapies and the importance of spiritual beliefs. The wording for the 2002 survey question on the source of health information was different from that on the 1999 survey and, thus, 1999 data are not presented for this issue. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for the use of alternative therapies and the importance of spiritual beliefs.

### Major Findings

- The primary source of information about how to lead a healthy lifestyle is the print media, primarily magazines, although the Internet has become a greater source of information since 1999.
- A small proportion of Greater Cincinnati area adults have used alternative therapies to help cure an illness. This approach appears to be most popular among younger middle age adults, college graduates, low-income adults, and/or residents of the City of Cincinnati.
- Two-thirds of area adults consider their spiritual beliefs to be very important in their lives, particularly among females, African-Americans, and low-income adults. Also, spiritual beliefs appear to become more important with age.



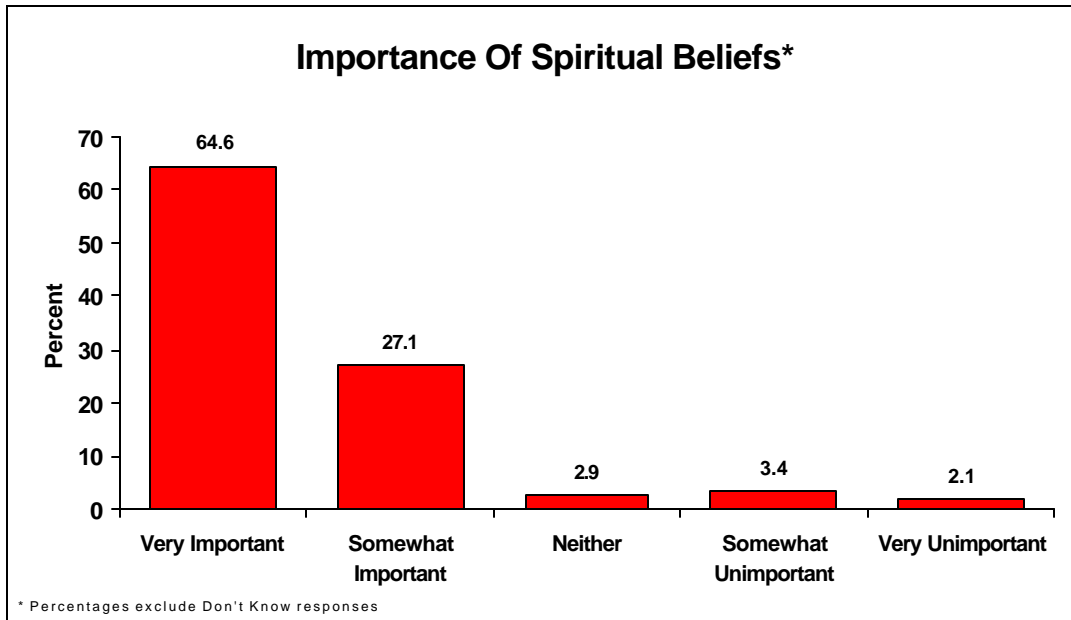
Fourteen (14) percent of adults in the Greater Cincinnati area used alternative therapies, such as acupuncture, herbal remedies, massage therapy, relaxation techniques, spiritual healing, or folk remedies, at least one time in the past year to help cure an illness. This compares to 9 percent from the 1999 Community Health Status Survey using a slightly different worded question that limited the number of examples of alternative therapies provided in the question.

Adults most likely to have used alternative therapies at least one time in the past year to help cure an illness are those with one or more of the following characteristics: living in the City of Cincinnati; age 30-45 years; below 100% poverty level; college graduate; covered by Medicare/Medicaid; married; living in a household with more than four persons; living in a household with more than two children; and, home owner.

## Primary Source For Information On How To Lead A Healthy Lifestyle

Reason	Percent
Magazines	23.9
Internet	11.3
Doctor/ Health care professional	10.1
Television	9.6
Books	6.3
Myself	5.3
Newspapers	3.3
Parents	3.2
Work	2.2
Friend	2.0
Spouse/ Child	1.7
'I read'	1.7
Church	1.3
The media	1.2
No source	9.0
Other	3.1
Don't know	3.7

The primary source used by area adults to get information on how to lead a healthy lifestyle is the print media, either from magazines (24 percent), books (6 percent), newspapers (3 percent), or reading in general (2 percent), followed by the Internet (11 percent). Despite the wording of the question, a frequently reported source of information is a doctor or other health care professional (11 percent). Nine (9) percent have no primary source of information and 4 percent do not know their primary source of information about healthy lifestyles.



Almost two-thirds (65 percent) of area adults consider their spiritual beliefs to be very important in their lives and 27 percent consider their spiritual beliefs to be somewhat important. Less than 6 percent consider their spiritual beliefs to be unimportant. This compares to 63 percent, 29 percent, and 4 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to consider their spiritual beliefs to be very or somewhat important in their lives are those with one or more of the following characteristics: female; African-American; household income less than \$65,500; covered by Medicare, Medicare/Medicaid, or unknown insurance; married, widowed or divorced/separated; employed not working, disabled/retired, or keeping house; living in a household with two or more than four persons; living in a household with more than one child; and, living in a household with two adults. In addition, the likelihood of spiritual beliefs being very or somewhat important increases with age.

# COMMUNITY SUPPORT

To measure the extent of community connectedness and social support within the community, adults in the Greater Cincinnati were asked to rate their community on the following dimensions using a standardized questionnaire (McCubbin et al. 1991):

- *Community Dependability*: People can depend on each other in their community (Question 90a, Appendix A).
- *Community Security*: Living in their community gives them a secure feeling (Question 90b, Appendix A).
- *Community Assistance*: People in their community know they can get help from the community if they are in trouble (Question 90c, Appendix A).
- *Community Good Community to Raise Children*: Their community is not a very good community to bring children up in (Question 90d, Appendix A).
- *Community Friendliness*: There is a feeling in their community that people should not get too friendly with each other (Question 90e, Appendix A).
- *Community Willingness to Help*: If they had an emergency, even people that they do not know in the community would be willing to help (Question 90f, Appendix A).

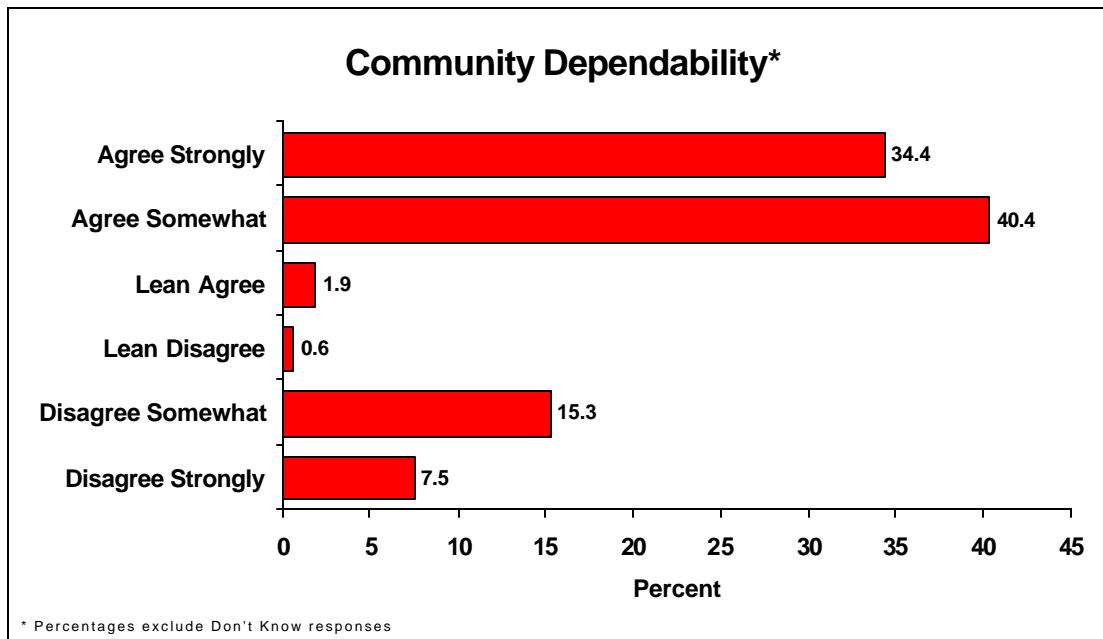
The survey results for each of these dimensions of community connectedness/support are presented in the following charts. No national comparative data are available for these dimensions. Data from the 1999 Community Health Status Survey are provided in the accompanying text. In addition, some of the major differences from the demographic comparisons presented in the tables in Appendix C are included in the text for each of these dimensions.

## Major Findings

- The vast majority of adults in the Greater Cincinnati area appear connected to the community within which they live, feeling that their community is a friendly, secure, helpful community that is a good place to raise children.
- More area adults may be connected with their community now than in 1999.
- Residents of the City of Cincinnati, African-Americans, adults with low socioeconomic status, unemployed/laid off adults, and/or single adults appear to be least connected to the communities within which they live.

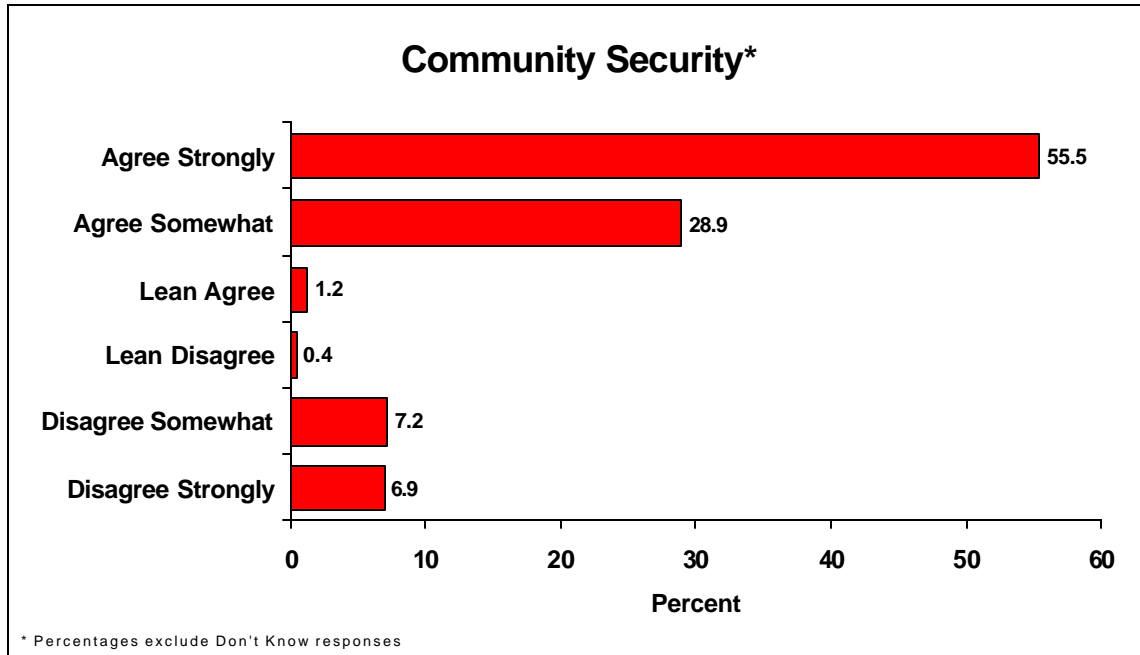
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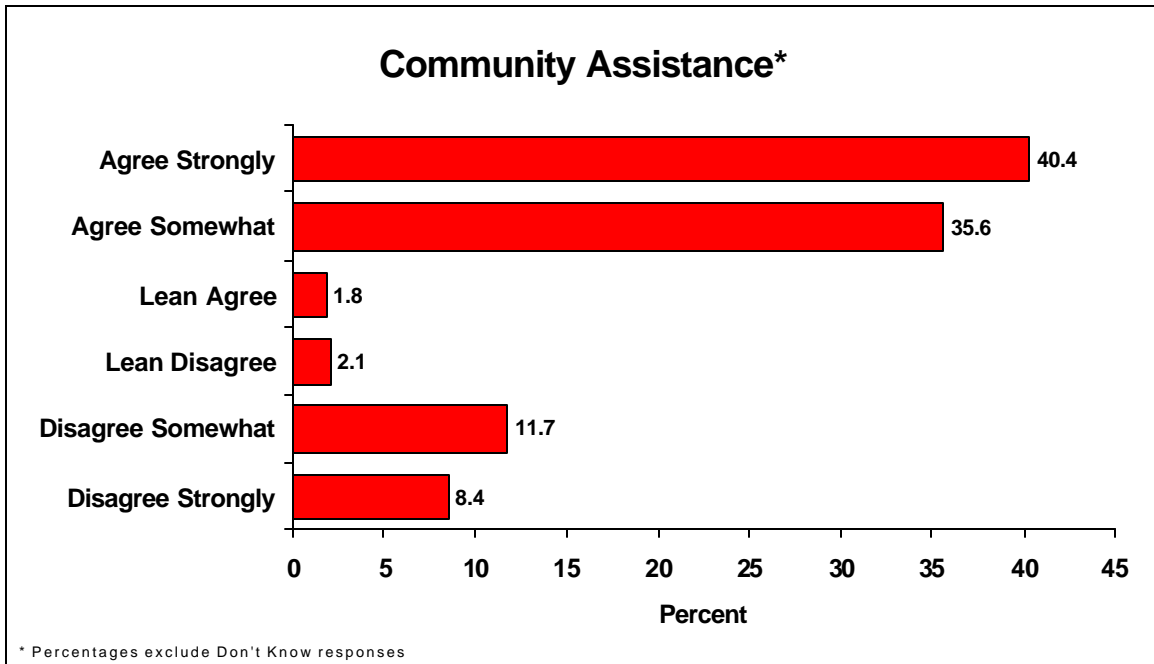
Over three-quarters (77 percent) of adults in the Greater Cincinnati area agree that people can depend on each other in their community, while 23 percent disagree. This compares with 73 percent and 27 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to disagree that people can depend on each other in their community are those with one or more of the following characteristics: living in the City of Cincinnati; age 18-45 years; African-American or other ethnicity; less than a high school education or some college education; covered by Medicaid; uninsured; divorced/separated or never married; unemployed/laid off; and, home renter. In addition, the likelihood of disagreeing that people can depend on each other in their community increases as income level decreases and as level of poverty increases.



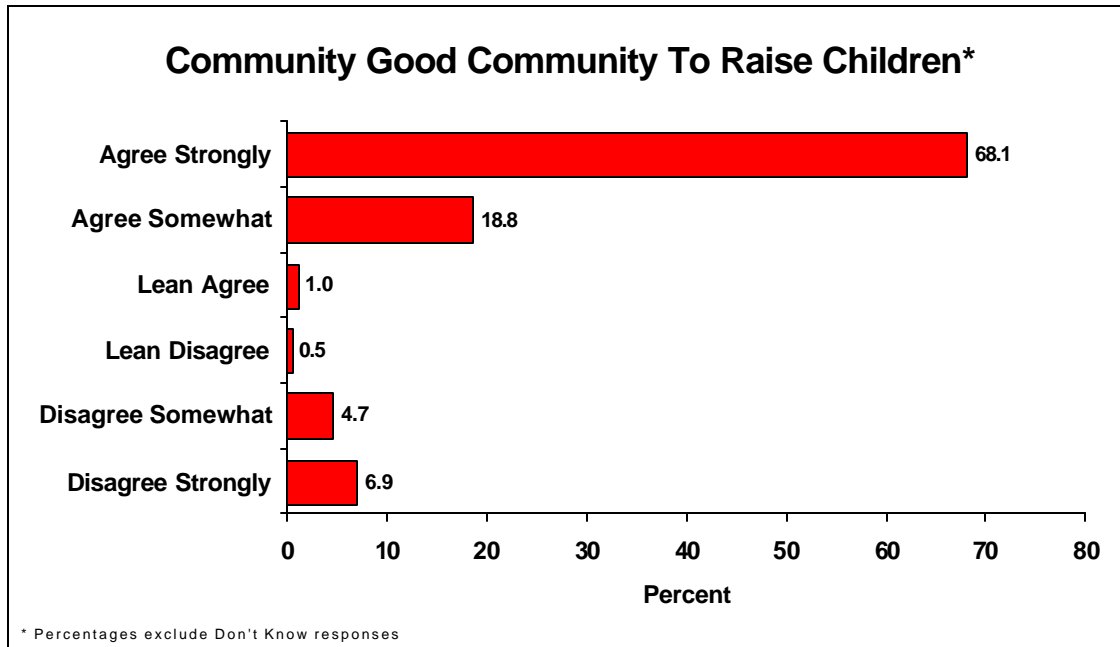
Approximately 86 percent of area adults agree that living in their community gives them a secure feeling, while 14 percent disagree. This compares to 83 percent and 17 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to disagree that living in their community gives them a secure feeling are those with one or more of the following characteristics: living in the City of Cincinnati; African-American or other ethnicity; covered by Medicaid; uninsured; divorced/separated or never married; unemployed/laid off or in school; and, home renter. In addition, the likelihood of disagreeing that living in their community gives them a secure feeling increases as age, income level, and education level decreases and as level of poverty increases.



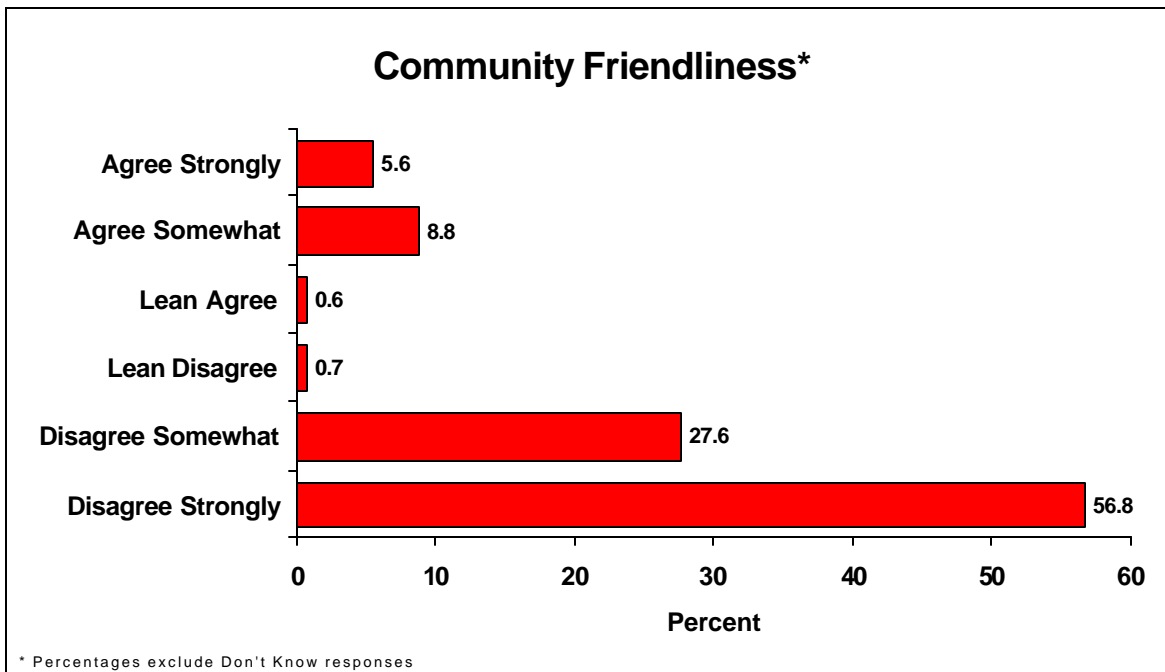
Approximately 78 percent of adults in the Greater Cincinnati area agree that people in their community know they can get help from the community if they are in trouble, while 22 percent disagree. This compares to 77 percent and 23 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to disagree that people in their community know they can get help from the community if they are in trouble are those with one or more of the following characteristics: living in the City of Cincinnati; female; African-American or other ethnicity; less than a high school education; covered by Medicaid; uninsured; divorced/separated or never married; unemployed/laid off or in school; and, home renter. In addition, the likelihood of disagreeing that people in their community know they can get help from the community if they are in trouble increases as age and income level decreases and as level of poverty increases.



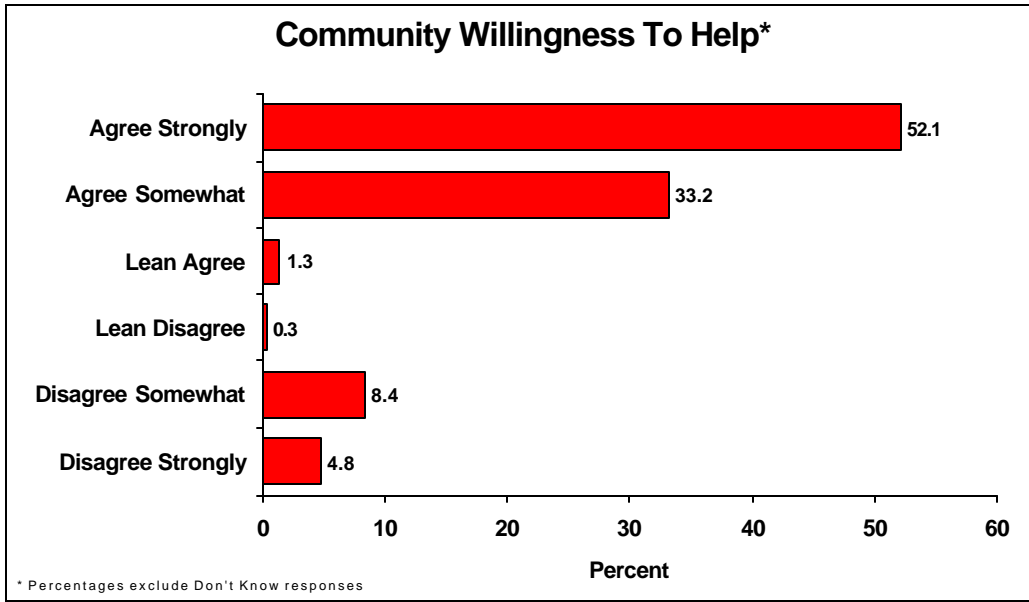
Approximately 88 percent of adults in the Greater Cincinnati area agree that their community is a very good community to bring children up in, while 12 percent disagree. This compares to 84 percent and 16 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to disagree that their community is a very good community to bring children up in are those with one or more of the following characteristics: living in the City of Cincinnati; African-American; covered by Medicaid; never married; unemployed/laid off or in school; living alone; living in a household with no or two children; and, home renter. In addition, the likelihood of disagreeing that their community is a very good community to bring children up in increases as income level and number of adults in the household decreases and as level of poverty increases.



Slightly over 85 percent of area adults disagree that there is a feeling in their community that people should not get too friendly with each other, while 15 percent agree. This compares to 78 percent and 22 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely agree that there is a feeling in their community that people should not get too friendly with each other are those with one or more of the following characteristics: living in the City of Cincinnati; African-American or other ethnicity; low income ( $\leq$  \$32,750); less than a high school education; covered by Medicaid; divorced/separated; unemployed/ laid off; living alone; living in a household with no children; and, home renter. In addition, the likelihood of agreeing that there is a feeling in their community that people should not get too friendly with each other increases as level of poverty increases.



Approximately 87 percent of adults in the Greater Cincinnati area agree that if they had an emergency, even people they do not know in their community would be willing to help, while 13 percent disagree. This compares to 85 percent and 15 percent, respectively, from the 1999 Community Health Status Survey.

Adults most likely to disagree that if they had an emergency, even people they do not know in their community would be willing to help are those with one or more of the following characteristics: living in the City of Cincinnati; age 18-29; African-American; less than a high school education; uninsured; never married; unemployed/laid off; and, home renter. In addition, the likelihood of disagreeing that if they had an emergency, even people they do not know in their community would be willing to help increases as income level and number of adults in the household decreases and as level of poverty increases.