

Analysis of Responses to the 2015 Community-Wide Survey

Submitted to the
Barren River Initiative to Get Healthy Together (BRIGHT)
Coalition

by
Darlene L. Shearer and Zona J. Ascensio
Department of Public Health
Western Kentucky University

July 21, 2015

Table of Contents

Executive Summary	pg 5
Background	pg 7
Survey Findings	pg 7
Demographic Characteristics of Survey Respondents	pg 8
Impact of Factors on Self and Family's Health	pg 10
Use of Local Farmers Market in 2014	pg 14
Availability and Use of Employer Wellness Program	pg 17
Sources of Payment for Health Care and Dental Services in past 12 Months	pg 19
Travel Out of Home-county for Health-related Services	pg 23
Summary and Conclusions	pg 26
Tables	
Table 1 <i>Number of Responses by County, Response Goal, and Percent of Met Goal</i>	pg 8
Table 2 <i>Frequency of Demographic Characteristics of Survey Responders</i>	pg 9
Table 3 <i>Participant Responses to Factors That Impact Personal or Family Health</i>	pg 10
Table 4 <i>Differences in Perceived Impact on Health by Gender</i>	pg 11
Table 5 <i>Differences in Perceived Impact on Health by Age</i>	pg 12
Table 6 <i>Differences in Perceived Impact on Health by Education</i>	pg 13
Table 7 <i>Local Farmers Marketed Use in 2014 by Education Level</i>	pg 14
Table 8 <i>General Reasons for Not Buying Food from a Farmer's Market</i>	pg 15
Table 9 <i>Combined Comments and Reasons for Not Using Farmers' Markets</i>	pg 17
Table 10 <i>Participation Rates in Employer-Offered Wellness Programs By Education Level</i> ..	pg 18
Table 11 <i>Sources of Payment for Health Care and Dental Services in the Past 12 Months</i> ..	pg 19
Table 12 <i>Payment Category for Health Care by Level of Education</i>	pg 20
Table 13 <i>Payment Category for Dental Service by Level of Education</i>	pg 21
Table 14 <i>Counties with Highest and Lowest Payment Responses for Health Care</i>	pg 22
Table 15 <i>Counties with Highest and Lowest Payment Responses for Dental Services</i>	pg 22
Table 16 <i>Frequency of Travel Out of Home-county for Health-related Services</i>	pg 23
Table 17 <i>Comparison of Out of Home-county for Health-related Services Among Men and Women</i>	pg 24

Table 18 <i>Comparison of Out of Home-county for Health-related Services Among Age Groups</i>	pg 24
Table 19 <i>Comparison of Out of Home-county for Health-related Services by Education Level</i>	pg 25
Table 20 <i>Counties with Highest and Lowest Travel Out of Home-county for Health Care...</i>	pg25

Appendices

- A. Community Survey Findings: Allen County
- B. Community Survey Findings: Barren County
- C. Community Survey Findings: Butler County
- D. Community Survey Findings: Edmonson County
- E. Community Survey Findings: Hart County
- F. Community Survey Findings: Logan County
- G. Community Survey Findings: Metcalfe County
- H. Community Survey Findings: Monroe County
- I. Community Survey Findings: Simpson County
- J. Community Survey Findings: Warren County

Executive Summary

Introduction

Public health prevents disease and promotes health by creating environments, policies, and systems that support wellness for everyone, such as access to healthy food, physical activity, immunizations, safe water and clean air.

BRIGHT is a unique partnership of the Barren River District Health Department (BRDHD), the Barren Initiative to Get Healthy Together (BRIGHT) Coalition, and four community stakeholder groups with the goal to improve overall health status within the 10-county Barren River Area Development District.

In the latter months of 2014, several BRDHD staff and BRIGHT members developed a Community Survey to assess progress and need in five important wellness-related areas. The one page survey was disseminated to citizens in the 10 BRADD counties during January to March of 2015. Over 7,000 surveys were completed.

Summary of Findings

This community survey shows that BRDHD and BRIGHT have already been quite successful in increasing awareness about the importance of prevention, wellness and healthy living throughout the district. However, this success and awareness varies by several factors, including gender, age, education level, and geography. To better understand the potential influences on citizen knowledge and engagement in health behaviors, responses to questions about each of the five wellness areas were examined in depth.

Factors Affecting Self and Family's Health. Anywhere from 45 to 56% of survey responders said they had little or no concerns about their ability to buy fresh and healthy foods, having places to be physically active, their exposure to tobacco, affording medications and doctors' fees and accessing a doctor when needed. However, other participants expressed moderate to huge concerns about their ability to have these things and felt this could have a severe effect on their own health or that of their family.

- Women expressed more concerns about most of these areas, particularly in buying fresh and healthy foods (40%) and having access to places to be physically active (31%)
- Inability to buy healthy foods ranked highest among the oldest (42%) and youngest (41%) participants
- The youngest age group also perceived more of an impact on their health related to doctors who won't accept insurance (21%)
- Individuals with only high school or less education ranked each of the 11 possible items on the survey as having a moderate to huge impact on their health compared to those with some college or more.
- Nearly half of individuals with high school or less said not being able to buy fresh and healthy foods would affect their health.

Use of Local Farmers Markets. Nearly two out of three survey participants said they bought food from a local farmers market in the past year. However, these participants varied by age and education.

- Individuals in the 18 to 24 age group used farmers markets the least (less than 7%)
- The oldest age group also used FMs less (10%)
- Farmer's market use increased among those with higher education. The higher the education, the higher their reported use.

Reasons for not buying from a farmer's market ranged from "not interested in products" (30%), to their high cost (27%), to lack of access to a market (26%). Other responses showed general lack of knowledge about these markets (what are they, when are they open, are they only for low income people?) Other identified barriers included "personal habits" and "no need for them".

Use of Employer Wellness Programs. For those whose employer did offer a wellness program, nearly 50% of respondents said they participated in these programs.

- Men reported slightly higher rates of wellness programs compared to women
- Respondents between the ages of 25 to 64 were the highest users (48 to 57%)
- Wellness program use increased among those with higher education. The higher the education, the higher their reported use.

Sources of Payment for Health and Dental Services. Four main sources of payment for care were used: Medicare, Medicaid, private insurance, and cash. A number of other sources were also given. Not surprisingly, the youngest age group cited Medicaid (42%), the eldest group said Medicare (73%), and the 45 to 64 year old group had the highest frequency of payment by private insurance (76%). When examined by education level, Medicare and Medicaid usage decreased as education increased. In contrast, frequency of payment by private insurance and cash increased as education increased.

Travel out of Home County for Health-related Services. A surprising number of participants reported having to travel out of county to visit their doctor. The most frequently cited reason was to see an obstetrician or gynecologist (37%).

- Nearly 48% of women traveled out of county to see an OB/GYN and another 31% traveled to see their primary care doctor
- Individuals in the 25-44 age group traveled out of county more than other age groups
- Those in the 18 – 24 group reported have to travel out of county more to see providers who take Medicaid.
- In all categories for out of county travel, Edmonson County respondents reported higher travel rates compared to the other counties.

One message that resonates from these survey findings is that the BRADD district is very diverse in terms of knowledge and need. The BRIGHT Coalition faces many challenges in identifying, addressing and individualizing approaches to information and services in the 10 counties.

Background

In April of 2011, the Barren River District Health Department convened a group of local health care and public health leaders to discuss the need to improve overall health status within the 10-county Barren River Area Development District. The group formed the Barren River Community Health Planning Council which began a year-long community health assessment phase that ran from November 2011 through May 2012. Members explored a number of questions, identified five priority health issues and sought input about these issues from peers, constituents, employees, organizations, and families. With the resulting information, four stakeholder groups were created to develop action plans to address the priority health issues. The stakeholder groups addressed the healthcare delivery system, worksites, educational system and communities and their role in targeting Cardiovascular Disease, Obesity, Diabetes, Lung Cancer, and Drug Abuse and Addiction. A Health Plan was developed for 2013-15.

The current report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition (which replaced the Planning Council). The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health, access and experience with local farmers markets, employer sponsored wellness programs, and access, use and source of payment for health care and dental services.

Survey Findings

A total of 6,258 adults over the age of 18 responded to the survey. Responders represented each of the ten counties in the BRADD. Although the goal of a 10% response rate was set for each county, none met their set goal. Logan County had the highest response rate and met nearly 55% of its goal, followed by Monroe County (51.59%). Although Warren County did not have the lowest response rate, it had the fewest number of responses in terms of meeting its goal (only 10.95%). In general response rates varied widely by county, as shown in Table 1.

Table 1

Number of Responses by County, Response Goal, and Percent of Met Goal

County	Response Goal (10% of population)	Actual Response Rate	Percent of Goal Met
Allen	2,031	331	16.30
Barren	4,217	473	11.21
Butler	1,279	506	39.56
Edmonson	1,206	583	48.34
Hart	1,857	320	17.23
Logan	2,688	1,466	54.54
Metcalfe	988	349	34.97
Monroe	1,068	551	51.59
Simpson	1,779	294	16.53
Warren	11,962	1,296	10.95
Unidentified	--	89	--
Total	28,962	6,258	21.30

Demographic Characteristics of Survey Respondents

Respondents across the total sample were predominantly female (82.5%). When compared by county, Allen County and Simpson County had the highest representation of male participants, 27.4% and 24% respectively. Hart and Logan had the lowest number of male responders (14.5% and 14.1%)

The majority of responders was between 25 and 44 years of age and had at least some education beyond high school. County-wise, Allen County had the highest proportion of 18-24 year old responders (19.7%), while Barren and Hart had the lowest number (6%). Simpson

County had the highest proportion of 66 and older recipients (21.1%) and Butler had the lowest (2.2%). Education-wise, Allen County had the highest proportion of responders with education of high school or lower (49.9%) and Warren County had the highest proportion with Bachelor and Master's degrees (61.4%). Almost 45% of Barren County's responders had a Master's degree or higher. Table 2 shows the demographic characteristics of all survey responders. Additional information about demographics by county is available in separate reports.

Table 2

Frequency of Demographic Characteristics of Survey Responders (N=6,258)

Characteristics	Frequency	Percent
Gender		
Male	1,002	16.0
Female	4,716	75.4
No Response	540	8.6
Age		
18 – 24	554	8.9
25 – 44	3,150	50.3
45 - 64	1,961	31.3
65 and older	478	7.6
No response	115	1.8
Education		
Less than HS	269	4.3
High school	1,585	25.3
Some college	1,226	19.6
Associate degree	797	12.7
Bachelor degree	937	15.0
Master or higher	1,245	19.9
No response	199	3.2

Community Survey questions related to five major wellness-related areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014

- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

Impact of factors on self and family's health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among factors ranked moderate to huge impact, one third of respondents (33.1%) identified *inability to buy fresh and health foods* as having high impact on their health, followed by *no access to places to be physically active* (30.2%). Table 3 shows the range of responses to each of these factors.

Table 3

Participant Responses to Factors That Impact Personal or Family Health (n=6,181)

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	15.2	51.8	33.1
No access to places to be physically active	15.2	54.7	30.2
Tobacco being used at work	32.2	51.2	16.6
Tobacco being used at child's school	34.9	44.7	20.4
Lack of physical activity at child's school	29.5	41.6	29.0
Use of food as reward at child's school	32.1	47.0	20.9
Can't afford medications	21.4	53.2	25.3
Can't get transportation to medical visits	28.3	59.2	12.6
Can't get doctor's appointment when needed	21.6	52.2	26.2
Can't afford doctor's fees	21.2	53.5	25.3
Doctor won't accept insurance	27.5	56.0	16.5

Demographic differences in perceived impact were noted by gender, age, education and locale. Tables 4, 5, and 6 show the differences that were most significant for each of these demographic areas. Due to the large number of responses in this sample, even small differences were statistically significant. Gender-wise, nearly 2 out of 5 women (39.5%) said that lack of fresh and healthy foods would have a moderate to huge impact on their health. Although this ranked high among men as well, there was a significant difference between the two genders. This was also true for access to places for physical activity. Although tobacco use at work was not seen as much as a threat to health by participants, for those who did, a higher proportion of men than women saw it as having a large impact.

Table 4

Differences in Perceived Impact on Health by Gender

	<u>Moderate to Huge Impact</u>		χ^2	<i>P value</i>
	<u>Gender</u>			
	% Male	% Female		
Not able to buy fresh and healthy foods	34.9	39.5	13.574	0.009
No access to places to be physically active	27.5	30.6	20.776	0.001
Tobacco being used at work	18.0	16.1	17.097	0.004
Tobacco being used at child's school				NS
Lack of physical activity at child's school				NS
Use of food as reward at child's school				NS
Can't afford medications	24.6	25.0	13.574	0.019
Can't get transportation to medical visits	12.6	12.0	13.380	0.020
Can't get doctor's appointment when needed	22.3	26.9	25.4777	<0.000
Can't afford doctor's fees	25.3	25.0	13.484	0.019
Doctor won't accept insurance				NS

Perceived impact to health varied widely by age. In general, ability to buy fresh and healthy foods and access to places for physical activity were the two areas that ranked the highest as a threat to health. Inability to buy healthy foods ranked highest among the oldest (42.2%) and youngest (41.1%) participants, while access to physical activity places ranked highest among the younger age group (31.5%). The youngest age group also perceived more of an impact related to doctors who won't accept insurance (20.7%). (See Table 5).

Table 5

Differences in Perceived Impact on Health by Age

	Moderate to Huge Impact				χ^2	<i>P value</i>
	Age					
	%18-24	%25-44	%45-64	%>64		
Not able to buy fresh and healthy foods	41.1	38.1	39.2	42.2	39.047	<0.000
No access to places to be physically active	31.5	30.5	30.0	28.4	195.449	<0.000
Tobacco being used at work	20.1	14.9	17.5	20.2	157.047	<0.000
Tobacco being used at child's school	21.1	18.9	22.0	22.4	157.292	<0.000
Lack of physical activity at child's school	25.1	27.1	32.9	28.1	287.128	<0.000
Use of food as reward at child's school	19.2	20.5	21.3	22.0	245.071	<0.000
Can't afford medications	25.0	21.9	29.2	31.5	116.760	<0.000
Can't get transportation to medical visits	15.9	10.1	13.2	20.3	116.760	<0.000
Can't get doctor's appointment when needed	24.0	25.0	30.1	21.4	113.383	<0.000
Can't afford doctor's fees	26.2	22.3	29.7	27.3	104.038	<0.000
Doctor won't accept insurance	20.7	14.4	18.2	17.8	119.729	<0.000

Perceived impact to health also varied widely by education. However, the difference in perception of impact was significant among responders with a high school or lower education who always perceived the impact on their health as higher compared to responders with college education or higher. In all eleven areas, individuals with less than a high school education said that each factor would have a moderate to huge impact on their health. For this group of participants in ability to buy fresh and healthy foods, access to places for physical activity, and inability to afford medications were the three areas of greatest threat to health. Over half (54.3%) of individuals with less than a high school graduation rated this item as a high or huge impact compared to only 23.2% of individuals with a master's degree. (See Table 6).

Table 6

Differences in Perceived Impact on Health by Education (N=6,258)

	Moderate to Huge Impact		χ^2	<i>P value</i>
	Education			
	% High school or less	% College degree or higher		
Not able to buy fresh and healthy foods	48.7	34.6	120.404	<0.000
No access to places to be physically active	34.7	29.2	82.732	<0.000
Tobacco being used at work	18.1	14.9	48.594	<0.003
Tobacco being used at child's school	22.8	19.6	44.113	<0.011
Lack of physical activity at child's school	30.4	28.2	52.292	<0.001
Use of food as reward at child's school	24.4	20.1	59.892	<0.000
Can't afford medications	35.4	21.3	173.853	<0.000
Can't get transportation to medical visits	23.2	8.4	204.689	<0.000
Can't get doctor's appointment when needed	27.4	26.7	97.409	<0.000
Can't afford doctor's fees	32.5	21.6	140.942	<0.000
Doctor won't accept insurance	23.5	13.5	137.575	<0.000

Use of local farmers market in 2014

About two thirds of the respondents (62.5%) said they bought food from a local farmer's market in 2014. The use of local farmers markets was examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

Gender

No difference was noted between responses of males and females.

Age

A significant difference in use among respondents by age was observed. Those in the 18 to 24 and the 65 and older age groups used local farmers markets far less often (6.7% and 9.5% respectively) compared to respondents in the 25 to 44 and the 45 to 64 year age groups (47.6% and 36.2% respectively) ($\chi^2 = 190.042$, $p < .000$).

Education

Farmer's market use also increased with increased education as shown in Table 7.

County

Among use by county, Butler County had the lowest use in 2014 (46.5%) and Warren and Barren Counties had the highest use (74.1% and 76.1% respectively) ($\chi^2 = 220.324$, $p < .000$).

Table 7

Local Farmers Market Use in 2014 by Education Level (N =6059)

Education Level	N answered yes	Percent
Less than high school	128	47.6%
High school degree	837	52.5%
Some college	715	58.3%
Associate degree	518	65.0%
Bachelor's degree	676	72.1%
Master's degree or higher	911	73.2%
Total	3785	62.5%*

* $\chi^2 = 197.954$; $p < .000$

The survey question asked those who said they did not buy from farmers' markets to explain why and provided 4 reasons for not buying. Table 8 shows the distribution of these 4 reasons. A fifth response option was "Other" reasons for not buying from a local farmers market. The resulting 700 comments were examined for themes. Some comments were the same or similar to the 4 options shown in Table 8. Three additional themes were identified: lack of knowledge; personal habits; and no need. A miscellaneous group of comments could not be classified. Table 9 shows the combined results of all comments and responses for the 4 options, 3 additional categories and miscellaneous group; not having a farmers market was excluded from this analysis.

Table 8

General Reasons for Not Buying Food from a Farmers Market (n= 1,247)

Reasons for not buying food	N	Percent
Don't have farmers market	321	25.7%
Can't get to farmers market	217	17.4%
Too expensive	335	26.9%
Not interested in products	374	30.0%
Total	1,247	100%

Reasons for not using farmers market were examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

Gender

More women said they did not use FMs due to cost compared to men (15.1% vs 11%; $\chi^2 = 4.207$, $p = .04$). Men on the other hand reported more lack of interest in FMs compared to women (27.2% vs 14.5%; $\chi^2 = 35.227$, $p < .000$)

Age

The 45 to 64 age group said they did not use FMs due to ingrained habits compared to younger and older responders (7.9% vs 2.7%, 3.4% and 6.1%; $\chi^2 = 9.623$, $p = .022$). The youngest responders (18 – 24) had the largest proportion of respondents who said they did not use FMs

due to lack of interest (33.3% compared to 11.3 – 15.2 %; $\chi^2 = 74.783$, $p < .000$). Older responders (65 and older) said they had little or no need for FMs (15.9%) ($\chi^2 = 47.090$, $p < .000$).

Education

Responders with less than high school education more frequently said they did not use farmers markets due to lack of accessibility (35.5%) compared to responders with higher levels of education ($\chi^2 = 16.506$, $p = .006$). Similarly those with less than high school education said they did not use the markets due to their high cost ($\chi^2 = 16.789$, $p = .005$). Responders with Bachelor's and Master's degrees or higher more often said they didn't use markets due to having little or no need compared to those with less education ($\chi^2 = 13.044$, $p = .023$).

County

Differences among counties related to why they did not use FMs. Butler County had the highest rate of not using markets due to limited accessibility (55.6%). Allen and Warren Counties had the highest rate of not using them due to their high cost (20.5% and 26.2%). Allen County had the highest rate of not using due to lack of interest (24.1%) and lack of knowledge (7.1%). Barren and Hart had the highest rate for having no need (15.8 and 15.9%).

Table 9

Combined Comments and Reasons for Not Using Farmers' Markets (n = 1,904)

Reasons for not using	N	Percent	Examples of comments
Lack of interest	383	20.1	<i>Selection too limited; disinterest in types of food available at markets</i>
Cost/Expensive	339	17.8	<i>Products are too expensive</i>
Lack of accessibility	692	36.3	<i>None available; no transportation; hours of operation conflicts with schedule; too far away; disability issues</i>
No need*	215	11.3	<i>Grows own garden; gets food from family members; believes availability of grocery stores eliminates the need for FM</i>
Personal habits*	140	7.4	<i>Not part of my routine forgot about FM as an option; shops for vegetables during general shopping trips to stores</i>
Lack of knowledge*	72	3.8	<i>Don't know what FM is; doesn't understand/trust business model; doesn't understand difference between FM and grocery food; unsure of accepted payment methods; doesn't know basic info about FM (location, hours of operation etc)</i>
Miscell comments	63	3.5	<i>Don't take food stamps; it is only for people on assistance; we don't support the FM business model; don't trust the quality of their food or their methods of production; Amish; diet.</i>
Total	1,904	100%	

**newly created categories*

Availability and use of employer wellness programs

Over one third of the respondents (34.2%) said that availability and use of wellness programs did not apply to them. Of the remaining 64% individuals, about one third (34.3%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, nearly 50% of respondents said they participated in their wellness program and 16.2% said they did not.

The use of employer wellness programs was examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

Gender

Men reported slightly higher rates of use of employer-offered wellness programs (51.6%) compared to women (49.8%) but the difference was not statistically significant.

Age

A significant difference in use among respondents by age was observed. Those in the 18 to 24 and the 65 and older age groups used employer-offered wellness programs less than (31.3% and 32.7% respectively) respondents in the 25 to 44 and the 45 to 64 year age groups (48.1% and 56.6% respectively) ($\chi^2 = 91.720$, $p < .000$).

Education

Use of employer-offered wellness programs also increased with increased education as shown in Table 10.

County

Among wellness program use by county, Monroe County had the lowest participation rate (37.9%) and Warren and Barren Counties had the highest participation (60.9% and 55.3% respectively).

Table 10

Participation Rates in Employer- Offered Wellness Programs by Education Level

Education Level	N answered yes	Percent
Less than high school	9	12.2%
High school degree	279	36.5%
Some college	297	41.8%
Associate degree	296	50.3%
Bachelor's degree	403	55.1%
Master's degree or higher	659	64.0%
Total	1,943	49.8%*

$\chi^2 = 264.233$; $p < .000$

Source of payment for health care and dental services in past 12 months

Participants were asked about the methods they and their families use to pay for health care and dental services over the past 12 months. In addition to four response options, common “other” means of paying for services included: FSA Card/HRA; VA; Humana; Credit Card; Tricare; “Obamacare”; K-Tap; and KY-Nect. Table 11 shows that a majority of responders paid with private insurance. About 2.4% said they had not been to a doctor and 10.5% said they had not been to a dentist in the past year.

Table 11

Sources of Payment for Health Care and Dental Services in the Past 12 Months

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	875	11.0	357	4.9
Pays with Medicaid	1371	17.3	1104	15.2
Pays with private insurance	4050	51.0	3053	42.1
Pays with cash	1457	18.3	1976	27.2
Hasn't received care	194	2.4	763	10.5
Total	7947	100%	7253	100%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

The sources of payment for health care and dental services was examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

Gender

For payment of health care services, men reported they were more likely to pay with cash compared to women (28% versus 23.2%; $\chi^2 = 10.726$, $p = .001$). They also reported a higher frequency of not having been to a doctor compared to women (5% versus 2.7%; $\chi^2 = 13.709$, $p < .000$) as well as not having seen a dentist (14.5% versus 11.9%; $\chi^2 = 4.887$, $p = .027$). Women, on the other hand, paid for health care with Medicaid more often than men (23.4% versus 13.0 %; $\chi^2 = 53.994$, $p < .000$). Women also paid for dental services with Medicaid twice as much of the time as men (19.1% versus 8.7%; $\chi^2 = 63.013$; $p < .000$).

Age

A significant difference in payment for services by age was observed. Those in the 18 to 24 year old group were the most frequent payers with Medicaid (42.4%) ($\chi^2 = 314.878$, $p < .000$) as well as not having been to a doctor (6.3%) ($\chi^2 = 24.202$, $p < .000$) or a dentist (22.2%) ($\chi^2 = 103.879$, $p < .000$). This age group also had the highest frequency of payment for dental care with Medicare (13.7%; $\chi^2 = 101.283$, $p < .000$) and Medicaid 32.1%; $\chi^2 = 318$, $p < .000$). Not surprisingly, nearly 73% of participants in the 65 and older category paid for healthcare with Medicare ($\chi^2 = 1493.207$, $p < .000$). They also had the highest frequency (49.4%) of paying cash for their dental services ($\chi^2 = 259.159$, $p < .000$). The 45 to 64 year old group had the highest frequency (76%; $\chi^2 = 376.869$, $p < .000$) of paying for health care with private insurance, as well as paying with cash (30%; $\chi^2 = 90.393$, $p < .000$).

Education

Method of payment for health care by education level is shown in Table 12. Not only are there significant disparities in type of payment used, based on education, responders with a high school degree or less were three times as likely to have not seen a doctor in the past year compared to the group with some college or higher education (6.8% versus 2.2%; $\chi^2 = 63.979$, $p < .000$).

Table 12

Payment Category for Health Care by Level of Education

Education Level	Medicare	Medicaid	Private Insurance	Cash	Not seen MD
Less than high school	32.3%	51.3%	18.6%	12.6%	8.6%
High school degree	21.0%	36.3%	44.2%	17.0%	5.0%
Some college	14.9%	27.3%	61.3%	22.8%	2.4%
Associate degree	8.8%	22.0%	71.9%	23.3%	3.0%
Bachelor's degree	7.7%	8.9%	86.6%	29.3%	1.8%
Master's degree or >	7.0%	2.4%	87.8%	31.3%	1.4%
Mean %	13.7%	22.0%	65.7%	23.7%	3.1%*

* $\chi^2 = 63.979$, $p < .000$

Method of Payment for dental care by education level is shown in Table 13. Similar to health care services by education level, responders with a high school degree or less were more than twice as likely to have not seen a dentist in the past year compared to the group with some college or higher education (20% versus 9.3%; $\chi^2 = 140.339$, $p < .000$).

Table 13

Payment Category for Dental Care by Level of Education

Education Level	Medicare	Medicaid	Private Insurance	Cash	Not seen dentist
Less than high school	18.6%	41.3%	13.0%	13.8%	21.6%
High school degree	9.3%	29.5%	30.2%	22.8%	18.5%
Some college	6.9%	22.3%	46.8%	28.5%	12.7%
Associate degree	4.4%	18.7%	58.5%	28.5%	10.2%
Bachelor's degree	1.6%	6.5%	69.8%	37.6%	8.2%
Master's degree or >	1.0%	1.1%	63.7%	49.7%	6.2%
Mean %	5.7%	17.8%	49.5%	32.1%	12.3%

County

Payment for health care and dental care varied among the counties. Tables 14 and 15 show the counties with highest and lowest payment responses. Based on having seen a doctor or dentist in the past year, Allen County had the highest reported rate of not seeing a doctor (8.2%) and also not seeing a dentist (17.8%).

Table 14

Counties with Highest and Lowest Payment Responses for Health Care

	Medicare	Medicaid	Private Insurance	Cash
Mean Percent	13.9%	21.9%	64.9%	23.4%
Lowest	Warren County (13.6%) Allen County (13.9%)	Barren County (9.9%)	Logan County (55.5%) Allen County (55.6%)	Allen County (19.3%) Edmonson (19.6%)
Highest	Simpson (22.8%)	Butler County (34.0%) Metcalfe County (33.5%)	Barren County (77.6%) Warren County (75.2%)	Barren County 30.7%

Table 15

Counties with Highest and Lowest Payment Responses for Dental Services

	Medicare	Medicaid	Private Insurance	Cash
Mean Percent	5.7%	17.7%	49.0%	31.6%
Lowest	Barren County (2.1%) Hart County (2.8%)	Barren County (4.7%)	Metcalfe County (37.0%)	Allen County (20.5%)
Highest	Allen County (7.9%) Logan County (8.0%)	Metcalfe County (30.1%)	Warren County (61.8%)	Barren County (46.3%)

Travel out of home-county for health-related services

Participants were asked if they had to travel out of their home-county to receive services. As shown in Table 16, the service that required the most frequent trips out of county was to see an obstetrician and/or gynecologist. Approximately 1 in 3 responders (37%) reported this reason. More than 1 in 4 responders (27%) said a visit to see a primary care physician required travel outside their home county.

Travel out of county for health-related services was examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

Table 16

Frequency of Travel Out of Home-County for Health-Related Services

<u>Travels Outside Home County</u>	N*	Percent
Primary Care Provider	1908	27.2
Pediatrician	1575	22.5
OB/GYN	2599	37.0
Doctor that takes Medicaid	395	5.6
Dentist that takes Medicaid	538	7.7
Total	7015	100%

Gender

Compared to men, a greater proportion of women reported having to travel out of county to see a provider. Table 17 shows these disparities.

Age

Table 18 shows the differences in out of home-county travel by age. In most cases, individuals in the 25 to 44 age group traveled more than other age groups. However, those in the 18 to 24 group reported having to travel out of their home-county to see service providers who take Medicaid.

Table 17

Comparison of Travel Out of Home-County for Health-Related Services Among Men and Women

<u>Travels Outside Home County</u>	% of men	% of women	P value
Primary Care Provider	30.9	31.0	Not significant
Pediatrician	18.4	26.9	$\chi^2 = 31.981$, $p < .000$
OB/GYN	15.7	47.7	$\chi^2 = 348.072$, $p < .000$
Doctor that takes Medicaid	4.6	6.7	$\chi^2 = 6.422$, $p = .011$
Dentist that takes Medicaid	5.1	9.6	$\chi^2 = 20.650$, $p < .000$

Table 18

Comparison of Travel Out of Home-County for Health-Related Services Among Age Groups

<u>Travels Outside Home County</u>	Sample mean	% of age 18 - 24	% of age 25-44	% of age 45-64	% of age 65/older	P value
Primary Care Provider	30.7%	25.8	33.4	28.8	25.9	< .000
Pediatrician	25.3%	27.4	37.1	11.2	2.5	< .000
OB/GYN	42.0%	36.1	51.0	34.8	18.2	< .000
Doctor that takes Medicaid	6.3%	10.1	6.9	4.2	7.1	< .000
Dentist that takes Medicaid	8.6%	12.6%	11.3%	4.4%	3.6%	< .000

Education

Table 19 shows differences in out of home-county travel by education level. Similar to findings by age, in most cases, a larger proportion of individuals with some college or higher reported travelling out of county to see a physician compared to individuals with lower education. However, those with lower education traveled more to see service providers who take Medicaid.

Table 19

Comparison of Travel Out of Home-County for Health-Related Services By Education Level

Travels Outside Home County	Education Level		P value
	% of High school or less	% of Some college or higher	
Primary Care Provider	24.7	32.2	< .000
Pediatrician	17.0	27.9	< .000
OB/GYN	26.2	46.6	< .000
Doctor that takes Medicaid	11.3	4.5	< .000
Dentist that takes Medicaid	14.5	6.3	< .000

County

Table 20 shows differences in out of home-county travel by county. Respondents from Edmonson County reported higher rates for out of county travel to see the 5 types of healthcare providers compared to all other counties in the BRADD area.

Table 20

Counties with Highest and Lowest Travel Out of Home County for Health Care

	Primary Care	Pediatrician	OB/GYN	MD takes Medicaid	Dentist takes Medicaid
Mean Percent	30.5%	25.2%	41.7%	6.4%	8.6%
Highest	Edmonson (67.6%) Metcalfe (53.0%)	Edmonson (55.7%) Butler (47%)	Edmonson (61.9%) Butler (61.1%)	Edmonson (11.3%) Allen (10.6%)	Edmonson (20.9%) Allen (19.9%)
Lowest	Warren (8.7%)	Warren (2.5%)	Warren (6.4%)	Barren (2.5%)	Barren (1.7%)

Summary and Conclusions

Factors that potentially impact health

Two health factors that nearly a third of respondents expressed concern about were a) inability to buy fresh and healthy foods and b) lacking places to be physically active. These are both reasonable concerns. However, those who believed this could have a “huge” impact on their health were at the end of two age spectrums – the youngest and oldest citizens, they also tended to be less educated and therefore likely to have lower incomes. To these individuals the potential impact on their health is a serious and real threat that should not be overlooked.

A third health factor identified within nearly every demographic group was “lack of activity at child’s school.” It should be viewed as a positive finding because it suggests a growing understanding that today’s children who are not active become overweight and overweight children tend to become obese adults. Interestingly, responders from Edmonson County identified this health factor as their #2 concern and inability to buy fresh and healthy food was their #3 concern. Thus at least one county recognizes that this particular factor, if not addressed now, can and will have a significant impact on the health of our next generation.

At the other end of the spectrum, factors such as inability to get transportation to medical visits, doctors who won’t accept insurance and tobacco use at work were identified as a concern by a much smaller group of responders. Such findings do not suggest that these are of little concern or do not need to be addressed. Those individuals who identified these factors as having a “huge” impact on their health are, perhaps, in the greatest need for these services and the problem should be better studied.

Use of farmers markets

The use of farmers markets in each county ranged from a low of 47% to a high of 76%, which is encouraging. The growing number of these markets across the US suggests that the public is willing and eager to change their eating habits and to use these venues. The message from the BRADD Community Survey is found by looking at the various reasons that nearly 38% of respondents said they did not use farmer markets. The reasons are numerous (nearly 700) and varied by demographics. As would be expected, accessibility is still an issue; and for some, cost is a big factor. Reading through the responses, it appears that more knowledge is needed about farmers markets. Some have misconceptions about their safety, misunderstanding about their purpose and, in some cases, believe they don’t need them. As farmers markets continue to proliferate, efforts need to address their strengths and weaknesses as well as build more trust and understanding about their merits.

Use of employer-sponsored wellness programs

The respondent feedback and information about employer-sponsored wellness programs offers several important areas that need to be further examined. Overall, one third of responders said the availability and use of wellness programs did not apply to them. Unfortunately we cannot determine the reason for this: whether they already have resources to use or if they are retired or elderly and not able to use them or some other reason. Of the remaining two thirds of responders, one in three said their employer did not offer a wellness program. In Butler and Monroe County, for example, nearly half of the respondents said their employer does not offer a wellness program. Herein is an opportunity to educate and encourage these employers.

The good news of the survey is that nearly half of responders with access to wellness programs said they participated in them. A much smaller group (16%) said they did not participate. It would be very interesting to learn what sorts of services are offered in these programs, which services seem to be most and least popular, and reasons why the 16% are not participating. Herein again, is an opportunity for a survey to study this in depth – at the community and consumer level.

Sources of payment for health related services

Survey responders reported using all four of the offered categories to pay for health and dental care (Medicare, Medicaid, private insurance and cash). However, the use of these methods varied a great deal by gender, age, education and even by county.

Travel out of county for health care

That many residents in the BRADD area must travel out of county for health care is well known. However, much of the responsibility for travel falls to a) women, who travel to see their PCP, their child's pediatrician and their OB/GYN physician; b) low income women who, in addition to these 3 areas, must also be concerned about service providers who accept Medicaid; and c) individuals who live in rural counties, particularly Edmonson County, which consistently was the county with the highest proportion of out of county travel for health-related services.

Study Weaknesses

Although this survey captured over 6,200 responses from across 10 counties, half of the counties met less than 20% of their response goal. This suggests the possibility that certain pockets of the population may be under-represented in the results. Targeting groups that are easy to reach may also introduce potential selection bias.

The fact that less than 25% of responders were men poses another potential bias. Nonetheless experts suggest women are more concerned about health issues for their family because of

their care-taking responsibilities and having generally better understanding of how their own body works. Thus it is natural and not surprising to expect women to choose to complete this community survey.

Conclusions

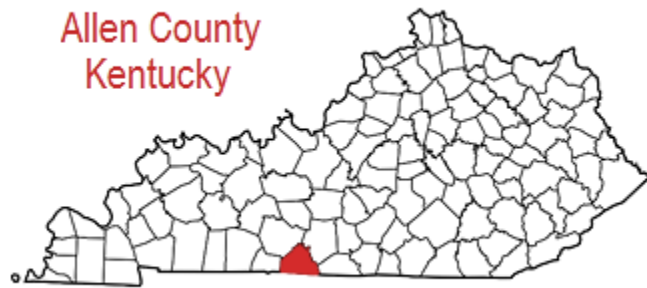
Thanks to the many respondents who participated, this community survey provides much valuable information upon which the BRIGHT Coalition can ponder, plan, and implement or revise programs and approaches. There is still much to be done to create and maintain healthy communities in BRADDs 10 county area. Because where we live, work, plan and learn influences our physical and mental health, there is a big need to improve the environmental, social, and economic conditions that contribute to poor health and support a quality of life that promotes the health and well-being of all county residents with special attention to those who are underserved.

2015 Community-Wide Survey:

Appendices A - J

Appendices

A. Community Survey Findings: Allen County.....	pg 3
B. Community Survey Findings: Barren County	pg 11
C. Community Survey Findings: Butler County	pg 19
D. Community Survey Findings: Edmonson County	pg 27
E. Community Survey Findings: Hart County	pg 35
F. Community Survey Findings: Logan County	pg 43
G. Community Survey Findings: Metcalfe County	pg 51
H. Community Survey Findings: Monroe County	pg 59
I. Community Survey Findings: Simpson County	pg 67
J. Community Survey Findings: Warren County	pg 75



Appendix A:

Community Survey Findings: Allen County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 331 Allen County adults over the age of 18 participated in the survey. Their responses represent 5.4% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Allen County Citizens Who Answered the Community Survey

Respondents were predominantly female (72.6%). The majority of respondents were between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Allen County had the highest representation of males who responded. Allen County also had the highest representation of 18 to 24-year-olds. Table 1 shows the demographic characteristics of all Allen County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=331)

Characteristics	Frequency	Percent
Gender		
Male	82	27.4%
Female	21	72.6%
Age		
18 – 24	64	19.7%
25 – 44	140	43.1%
45 - 64	100	30.8%
65 and older	21	6.5%
Education		
Less than HS	32	9.8%
High school	130	40.0%
Some college	55	16.9%
Assoc degree	48	14.8%
Bach degree	32	9.8%
Master or higher	28	8.6%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder

Results of 2015 Community-Wide Survey: Appendices

answers, from “not applicable” or “no impact” to “huge impact.” Among health factors ranked moderate to huge impact, over one third of respondents (35.9%) identified *no access to places to be physically active* followed by *inability to buy fresh and health foods* (35.4%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	12.4	52.1	35.4
No access to places to be physically active	9.7	54.5	35.9
Tobacco being used at work	22.1	57.3	20.7
Tobacco being used at child’s school	23.2	52.8	24.1
Lack of physical activity at child’s school	19.9	46.1	34.0
Use of food as reward at child’s school	26.3	51.4	22.3
Can’t afford medications	14.3	55.0	30.7
Can’t get transportation to medical visits	20.6	62.2	17.3
Can’t get doctor’s appointment when needed	14.5	55.5	30.0
Can’t afford doctor’s fees	14.3	55.0	30.7
Doctor won’t accept insurance	19.5	56.7	23.8

2. Use of Local Farmers Market in 2014

About two thirds of Allen County respondents (66.2%, n = 219) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason for not using a local farmers market was limited accessibility, either because of distance, availability, or hours when they were open. The second most frequent reason was limited interest in the products sold in the market due to lack of variety or better options at the grocery store.

Results of 2015 Community-Wide Survey: Appendices

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=112)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	33	29.5	<i>Don't know where it is; hours conflict with work schedule; no time; don't have one</i>
Too expensive	23	20.5	
Not interested in products	27	24.1	<i>Not much variety; buy at grocery</i>
Other reasons:	16	14.3	
Habits	(3)		<i>Forget to go; not convenient</i>
Lack of knowledge	(8)		<i>Don't know when open; didn't know we had one</i>
No Need	(5)		<i>Grow my own; family farm; get vouchers from HD</i>
No reason given	13	11.6%	
Total	112	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 12.8 percent of the respondents said they did not know or weren't sure. Another 30.2% said the use of wellness programs did not apply to them. Of the remaining 57% of individuals, 38% reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, almost half of the respondents (47.6%) participated in their wellness program and 14.4% said they did not.

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Although private insurance was identified as the most common means of payment for health care (55.6%), Allen County ranked second to lowest among the 10 counties in this survey in terms of the proportion of responders who had insurance. Allen was also lowest in the proportion of

Results of 2015 Community-Wide Survey: Appendices

individuals (19.3%) who paid cash for health care. For responders who reported not having been to a doctor in the past 12 months, Allen County had the highest proportion of responders (8.2%).

For dental services, nearly 8% of participants said they used Medicare, making Allen County the highest among the 10 counties. It was the lowest county for individuals who paid with cash (20.5%). Similar to health care, 17.8% of participants reported not having been to a dentist in the past 12 months, ranking Allen County as having the highest proportion.

Table 4

How Allen County Respondents Paid for Health and Dental Care in the Past 12 Months (n=331)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	46	13.9%	26	7.9%
Pays with Medicaid	81	24.5%	68	20.5%
Pays with private insurance	184	55.6%	152	45.9%
Pays with cash	64	19.3%	68	20.5%
Hasn't received care	27	8.2%	59	17.8%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than 2 out of 5 Allen County respondents (43.5%) reported having to travel for obstetrical or gynecologic care. More than one in 3 traveled out county to see a primary care provider. While a number of responders said they traveled out of county to a doctor or dentist who takes Medicaid patients, Allen County ranked highest for citizens who said they traveled out of county to see a dentist who takes Medicaid (19.9%). See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=331)

Travels Outside Home County	N*	Percent
Primary Care Provider	120	36.3
Pediatrician	98	29.6
OB/GYN	144	43.5
Doctor that takes Medicaid	35	10.6
Dentist that takes Medicaid	66	19.9%

Allen County Findings and Conclusions

Health Impact

Thirty percent or more of Allen County participants identified six health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- No access to places to be physically active
- Inability to buy fresh and healthy food
- Lack of physical activity at child's school
- Can't afford medications
- Inability to get a doctor's appointment when needed
- Inability to pay doctor's fees

Although "inability to get transportation to medical visits" ranked low, it is still concerning that more than 20 participants saw this as having a moderate to huge impact on their health.

Farmers Market Use

One third of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets and finding grocery stores to be more convenient and offering more variety.

Results of 2015 Community-Wide Survey: Appendices

Several responders said they had access to or their own gardens. Others indicated a lack of knowledge about location, hours, or benefits of farmers markets.

Employer Wellness Programs

More than 1 in 5 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, 27 % said they participated in it, while over 8% said they did not. Of more concern were the 42 individuals (nearly 13%) who said they didn't know or weren't sure if their employer provided this resource.

Source of Payment for Health Care and Dental Services

While over 55% of survey participants said they use private insurance to pay for health care services, this rate was second lowest when Allen County was compared with nine other counties. One out of four used Medicaid to pay for health care and one in 5 used it to pay for dental care. Allen County ranked highest among the counties in terms of not receiving care. There were 27 individuals (8.2%) who had not seen a physician and 59 (17.8%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

The two most common reasons for traveling out of county among Allen County responders were to see a primary care physician (36%) or an OB/GYN physician (44%). Surprisingly 35 individuals (11%) reported having to travel out of county to a doctor who would accept Medicaid and another 66 (20%) reported travel outside the county to a dentist who would accept Medicaid.



Appendix B:

Community Survey Findings: Barren County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 473 Barren County adults over the age of 18 participated in the survey. Their responses represent 7.7% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Barren County Citizens Who Answered the Community Survey

Respondents were predominantly female (83.7%). The majority of respondents were between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Barren County had the highest representation of responses from people holding at least a master's degree, the lowest representation of responses from those with less than a high school degree, and the highest representation of 45 to 64-year-olds. Table 1 shows the demographic characteristics of all Barren County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=473)

Characteristics	Frequency	Percent
Gender		
Male	73	16.3%
Female	376	83.7%
Age		
18 – 24	28	6.0%
25 – 44	205	44.2%
45 - 64	204	44.0%
65 and older	27	5.8%
Education		
Less than HS	7	1.5%
High school	71	15.3%
Some college	76	16.4%
Assoc degree	40	8.6%
Bach degree	66	14.3%
Master or higher	203	43.8%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked moderate to huge impact, close to a third of respondents (31.5%) identified "*inability to buy*

Results of 2015 Community-Wide Survey: Appendices

fresh and healthy foods” followed by “lack of physical activity at child’s school” (30.2%) and “inability to get a doctor’s appointment when needed” (28.8%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	13.9	54.5	31.5
No access to places to be physically active	17.0	60.7	22.3
Tobacco being used at work	34.3	52.8	12.6
Tobacco being used at child’s school	32.8	46.1	21.0
Lack of physical activity at child’s school	28.4	41.2	30.2
Use of food as reward at child’s school	30.9	50.2	18.9
Can’t afford medications	21.3	55.9	22.8
Can’t get transportation to medical visits	29.2	63.0	7.8
Can’t get doctor’s appointment when needed	17.8	53.3	28.8
Can’t afford doctor’s fees	19.7	57.6	22.6
Doctor won’t accept insurance	26.0	61.3	12.6

2. Use of Local Farmers Market in 2014

Over three-fourths of Barren County respondents (76.1%, n = 360) said they bought food from a local farmers market in 2014, the highest percentage of all the counties. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reasons for not using a local farmers market were other reasons not specifically measured in the survey. These reasons included habits (forgetting about the market; not cooking enough); lack of knowledge (farmers market not well advertised, distrust

Results of 2015 Community-Wide Survey: Appendices

due to misunderstanding business model/products); and not having a need (grows own food). The second most frequent reason was limited accessibility, either because of distance, availability, or hours when they were open.

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=113)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	36	31.9	<i>Hours conflict with work schedule; no time; don't have one close</i>
Too expensive	10	8.9	
Not interested in products	19	16.8	<i>Not much variety; buy at grocery</i>
Other reasons:	47	41.6	
Habits	(24)		<i>Forget to go; do not cook enough</i>
Lack of knowledge	(5)		<i>Don't know when open; not well advertised; don't trust products/business model</i>
No Need	(18)		<i>Grow my own; family grows produce</i>
No reason given	1	0.89	
Total	113	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 8.6 percent of the respondents said they did not know or weren't sure. Another 11.6% said the use of wellness programs did not apply to them. Of the remaining 80% of individuals, more than one in 5 (23.2%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, more than half of the respondents (55.3%) participated in their wellness program and 21.6% said they did not.

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care.

Results of 2015 Community-Wide Survey: Appendices

Private insurance was identified as the most common means of payment for health care in Barren County with 77.6 % of the respondents paying for health care with private insurance, the highest proportion among the 10 counties of this survey. Similarly, Barren County has the highest proportion of respondents who pay for health care services with cash (30.7%). Barren was also lowest in the proportion of individuals who paid for health care with Medicare (8.7%) and Medicaid (9.9%).

For dental services, only 5% of participants said they used Medicaid, making Barren County the lowest among the 10 counties. It was also the highest county for individuals who paid for dental services with cash (46.3%).

Table 4

How Barren County Respondents Paid for Health and Dental Care in the Past 12 Months (n=473)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	41	8.7%	10	2.1%
Pays with Medicaid	47	9.9%	22	4.7%
Pays with private insurance	367	77.6%	258	54.5%
Pays with cash	145	30.7%	219	46.3%
Hasn't received care	11	2.3%	56	11.8%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. Nearly a quarter of Barren County respondents (23.0%) reported having to travel for primary care and obstetrical or gynecologic care (24.3%). See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=473)

Travels Outside Home County	N*	Percent
Primary Care Provider	109	23.0
Pediatrician	41	8.7
OB/GYN	115	24.3
Doctor that takes Medicaid	12	2.5
Dentist that takes Medicaid	8	1.7

Barren County Findings and Conclusions

Health Impact

Twenty percent or more of Barren County participants identified seven health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- Lack of physical activity at child's school
- Inability to get a doctor's appointment when needed
- Inability to afford medications
- Inability to afford doctor's fees
- No access to places to be physically active
- Tobacco being used at child's school

Farmers Market Use

Less than one quarter of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, and having no need to visit the farmers market. Many respondents found the markets hours of operation or location to be a burden. Several responders said they had access to or their own

Results of 2015 Community-Wide Survey: Appendices

gardens. Others indicated that they do not cook enough to find the products available at a farmers market necessary.

Employer Wellness Programs

More than 1 in 5 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, just over half (55.3%) said they participated in it, while around 1 in 5 (21.6%) said they did not.

Source of Payment for Health Care and Dental Services

Over three quarters of the respondents (77.6%) paid for health care with private insurance, the highest proportion among the 10 counties in the survey. Less than 10% used Medicare or Medicaid to pay for their health care or dental needs. While only 11 individuals (2.3%) indicated that they had not seen a physician in the past year, 56 of the respondents (11.8%) had not visited a dentist.

Travel out of Home County for Health-Related Services

Compared to the other counties included in the survey, Barren County's participants did not have to travel outside of the county for health services as often. The two most common reasons for traveling out of county among Barren County responders were to see a primary care physician (23%) or an OB/GYN physician (24.3%).



Appendix C:

Community Survey Findings: Butler County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 506 Butler County adults over the age of 18 participated in the survey. Their responses represent 8.2% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Butler County Citizens Who Answered the Community Survey

Respondents were predominantly female (85%). The majority of the respondents were between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Butler County had the highest representation of 25 to 44-year-olds, the lowest representation of people ages 65 and older, and the highest level of participation of those who reported attending college but not earning a degree. Table 1 shows the demographic characteristics of all Butler County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=506)

Characteristics	Frequency	Percent
Gender		
Male	68	15.0%
Female	386	85.0%
Age		
18 – 24	45	9.1%
25 – 44	314	63.6%
45 - 64	124	25.1%
65 and older	11	2.2%
Education		
Less than HS	31	6.4%
High school	142	29.3%
Some college	138	28.5%
Assoc degree	83	17.1%
Bach degree	38	7.8%
Master or higher	53	10.9%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked

Results of 2015 Community-Wide Survey: Appendices

moderate to huge impact, over one third of respondents (36.5%) identified *no access to places to be physically active* as having high impact on their health. Over a quarter of respondents identified *“inability to buy fresh and health foods”* (32%) followed by *“inability to get a doctor’s appointment when needed”* (27%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	19.8	48.1	32.0
No access to places to be physically active	16.9	46.6	36.5
Tobacco being used at work	34.7	55.8	9.6
Tobacco being used at child’s school	34.7	47.2	18.2
Lack of physical activity at child’s school	26.1	48.8	25.2
Use of food as reward at child’s school	27.9	54.6	17.6
Can’t afford medications	24.8	53.3	22.0
Can’t get transportation to medical visits	31.7	56.6	11.8
Can’t get doctor’s appointment when needed	22.7	50.2	27.0
Can’t afford doctor’s fees	25.7	53.5	20.8
Doctor won’t accept insurance	30.9	54.3	14.8

2. Use of Local Farmers Market in 2014

Less than half of Butler County respondents (46.6%, n = 236) said they bought food from a local farmers market in 2014, the lowest percentage of all the counties. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons.

Results of 2015 Community-Wide Survey: Appendices

The most frequent reason for not using a local farmers market was limited accessibility, either because of distance, availability, or hours when they were open. The second most frequent reason was limited interest in the products sold in the market due to lack of variety or better options at the grocery store.

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=270)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	150	55.6	<i>Closed after work; no time</i>
Too expensive	32	11.9	<i>Only has food stamps and farmers market doesn't take food stamps</i>
Not interested in products	29	10.7	<i>Buy at grocery</i>
Other reasons:	20	7.4	
Habits	(4)		<i>Just didn't get there; don't think of it</i>
Lack of knowledge	(2)		
No Need	(14)		<i>Buys directly from farmers; grows own garden</i>
No reason given	39	14.4	
Total	270	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 7.2 percent of the respondents said they did not know or weren't sure. Another 30.8% said the use of wellness programs did not apply to them. Of the remaining 62% individuals, nearly half (47.4%) reported their employer did not offer a wellness program, the second lowest rate of all the counties measured. For those whose employer did offer a wellness program, more than one out of 3 respondents (38.3%) participated in their wellness program and 14.3% said they did not.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (59.5%) in Butler County. The second most common means of healthcare payment was Medicaid (34.0%), and Butler County ranked highest among the 10 counties of this survey in terms of the proportion of responders who paid with Medicaid.

For dental services, nearly half (47.6%) of participants said they used private insurance, and just over a quarter (26.9%) paid for dental services with Medicaid.

Table 4

How Butler County Respondents Paid for Health and Dental Care in the Past 12 Months (n=506)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	59	11.7%	38	7.5%
Pays with Medicaid	172	34.0%	136	26.9%
Pays with private insurance	301	59.5%	241	47.6%
Pays with cash	112	22.1%	122	24.1%
Hasn't received care	11	2.2%	59	11.7%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than half of Butler County respondents (61.1%) reported having to travel for obstetrical or gynecologic care, tying with Edmonson County for the highest ranking in this area. Butler also has the second highest number of those reporting having to travel outside the county to visit a pediatrician (47%). Further, nearly half (46.4%) have to travel out of county to see a primary care provider. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=506)

Travels Outside Home County	N*	Percent
Primary Care Provider	235	46.4
Pediatrician	238	47.0
OB/GYN	309	61.1
Doctor that takes Medicaid	48	9.5
Dentist that takes Medicaid	72	14.2

Butler County Findings and Conclusions

Health Impact

Twenty percent or more of Butler County participants identified six health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- No access to places to be physically active
- Inability to buy fresh and healthy food
- Inability to get a doctor's appointment when needed
- Lack of physical activity at child's school
- Can't afford medications
- Inability to pay doctor's fees

Farmers Market Use

Less than half of Butler County survey participants said they did not buy food at a farmers market in the past year, the lowest proportion among the 10 counties surveyed. The most common reason for not using farmers markets was limited accessibility to the markets, either because of distance, availability, or hours of operation. Many respondents found the market's hours to conflict with their work schedule. Others indicated that they found better options at the grocery store and were, therefore, not interested in the farmers market.

Results of 2015 Community-Wide Survey: Appendices

Employer Wellness Programs

More nearly half of the participants (47.4%) said their employer did not provide any type of wellness program, the second lowest rate of availability among the counties surveyed. Among those with employer wellness programs, more than one in three said they participated in it, while over 14% said they did not.

Source of Payment for Health Care and Dental Services

While the most common means of payment for health care was private insurance, Medicaid was the second most common payment method. Butler County had highest Medicaid use among the 10 counties in the survey with over one in three respondents using Medicaid to pay for health care and over one in four using it to pay for dental services. There were 11 individuals (2.2%) who had not seen a physician and 59 (11.7%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

More than half of Butler County respondents (61.1%) reported having to travel outside the county to see an OB/GYN physician, one of the highest rankings among all the counties surveyed. More than two in five reported having to travel out of the county to visit a primary care physician (46.4%) or a pediatrician (47%). Further, 48 individuals (9.5%) reported having to travel to a doctor who would accept Medicaid and another 72 (14.2%) reported travel to a dentist who would accept Medicaid.



Appendix D:

Community Survey Findings: Edmonson County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 583 Edmonson County adults over the age of 18 participated in the survey. Their responses represent 9.5% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Edmonson County Citizens Who Answered the Community Survey

Respondents were predominantly female (84.9%). The majority of the respondents were between 25 and 44 years of age and had at least some education beyond high school. Table 1 shows the demographic characteristics of all Edmonson County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=583)

Characteristics	Frequency	Percent
Gender		
Male	83	15.1%
Female	465	84.9%
Age		
18 – 24	48	8.3%
25 – 44	354	61.6%
45 - 64	149	25.9%
65 and older	24	4.2%
Education		
Less than HS	29	5.1%
High school	197	34.6%
Some college	126	22.1%
Assoc degree	78	13.7%
Bach degree	56	9.8%
Master or higher	84	14.7%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked

Results of 2015 Community-Wide Survey: Appendices

moderate to huge impact, over one third of respondents (38.7%) identified “*no access to places to be physically active*” as having high impact on their health. Over a quarter (31.4%) of participants identified “*lack of physical activity at child’s school*” followed by “*inability to buy fresh and healthy foods*” (30.3%) as having high impact on their or their personal and family’s health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	14.4	55.4	30.3
No access to places to be physically active	13.5	47.8	38.7
Tobacco being used at work	33.7	52.9	13.6
Tobacco being used at child’s school	28.4	48.2	23.4
Lack of physical activity at child’s school	21.1	47.5	31.4
Use of food as reward at child’s school	26.3	56.0	17.6
Can’t afford medications	20.7	55.7	23.6
Can’t get transportation to medical visits	28.1	61.0	11.0
Can’t get doctor’s appointment when needed	22.0	53.7	24.3
Can’t afford doctor’s fees	21.7	56.7	21.8
Doctor won’t accept insurance	27.9	57.6	14.6

2. Use of Local Farmers Market in 2014

Three out of five Edmonson County respondents (60.5%, n = 353) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason for not using a local farmers market was limited accessibility, either because of distance, availability, or hours when

Results of 2015 Community-Wide Survey: Appendices

they were open. The second most frequently mentioned were other reasons not specifically measured in the survey. These reasons included habits (not thinking about the farmers market as an option); lack of knowledge (difficulty remembering hours and days of operation); and not having a need (grows own food).

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=230)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	55	23.9	<i>No time available with job; inconvenient hours</i>
Too expensive	31	13.5	<i>Can't afford; living off stamps right now</i>
Not interested in products	42	18.3	<i>Not much variety; gets everything at Walmart</i>
Other reasons:	46	20.0	
Habits	(15)		<i>Don't think of it as an option</i>
Lack of knowledge	(5)		<i>Hard to remember hours and days of operation</i>
No Need	(26)		<i>Grow my own; family farm; bought from other fresh food stands</i>
No reason given	56	24.3	
Total	230	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 7.4 percent of the respondents said they did not know or weren't sure. Another 29.1% said the use of wellness programs did not apply to them. Of the remaining 64% of individuals, 43.5% reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, more than one out of 3 respondents (43.8%) participated in their wellness program and 12.7% said they did not.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (65.5%). Edmonson was the second lowest in the proportion of individuals (19.6%) who paid cash for health care.

For dental services, half of respondents (50.6%) paid with private insurance. Edmonson County had the second lowest rate (9.8%) of respondents not receiving dental care in the past 12 months.

Table 4

How Edmonson County Respondents Paid for Health and Dental Care in the Past 12 Months (n=583)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	72	12.3%	37	6.3%
Pays with Medicaid	136	23.3%	122	20.9%
Pays with private insurance	382	65.5%	295	50.6%
Pays with cash	114	19.6%	175	30.0%
Hasn't received care	18	3.1%	57	9.8%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. Edmonson County ranked the highest among all the counties for respondents who traveled outside the county for any of the health and dental services measured in the survey. Well over half of Edmonson County respondents (67.6%) travel out of county to see a

Results of 2015 Community-Wide Survey: Appendices

primary care provider. More than half of respondents (55.7%) reported having to travel to see a pediatrician and to receive obstetrical or gynecologic care (61.1%). Edmonson County also ranked highest for citizens who said they traveled out of county to see a doctor (11.3%) or dentist (20.9%) that takes Medicaid. See Table 5.

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=583)

Travels Outside Home County	N*	Percent
Primary Care Provider	394	67.6
Pediatrician	325	55.7
OB/GYN	309	61.1
Doctor that takes Medicaid	66	11.3
Dentist that takes Medicaid	122	20.9

Edmonson County Findings and Conclusions

Health Impact

Twenty percent or more of Edmonson County participants identified seven health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- No access to places to be physically active
- Lack of physical activity at child's school
- Inability to buy fresh and healthy food
- Inability to get a doctor's appointment when needed
- Can't afford medications
- Tobacco use at child's school
- Inability to pay doctor's fees

Results of 2015 Community-Wide Survey: Appendices

Farmers Market Use

Less than half of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, having no need to visit the farmers market, and having little interest in the products available at the farmers market. Many respondents found the market's hours of operation to be a burden. Several responders said they had access to or their own gardens. Others indicated that there is not enough variety at the farmers market, so they prefer to shop elsewhere.

Employer Wellness Programs

More than 2 in 5 of participants (43.5%) said their employer did not provide any type of wellness program. Among those with employer wellness programs, about 44 % said they participated in it, while over 12% said they did not.

Source of Payment for Health Care and Dental Services

Over three in five of the respondents (65.5%) paid for health care with private insurance. Similarly, over half of the Edmonson County respondents paid for dental services with private insurance. About one in five used Medicaid to pay for health or dental services. Just 18 individuals (3.1%) indicated that they had not seen a physician in the past year, and 57 of the respondents (9.8%) had not visited a dentist, the second lowest rate of respondents not receiving dental care among all the surveyed counties.

Travel out of Home County for Health-Related Services

Edmonson ranked highest among all the counties for respondents who traveled outside the county for any health or dental services. The two most common reasons for traveling out of county among Edmonson County responders were to see a primary care physician (67.9%) or an OB/GYN physician (61.1%). More than half of the respondents reported having to travel outside the county to visit a pediatrician. Further, Edmonson County had the highest proportion of individuals who traveled outside the county to see a doctor or dentist who accepts Medicaid. 66 individuals (11.3%) reported having to travel to a doctor who would accept Medicaid and another 122 (20.8%) reported travel to a dentist who would accept Medicaid.



Appendix E:

Community Survey Findings: Hart County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 320 Hart County adults over the age of 18 participated in the survey. Their responses represent 5.2% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Hart County Citizens Who Answered the Community Survey

Respondents were predominantly female (85.5%). The majority of respondents were between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Hart County had the lowest representation of 18 to 24-year-olds and the lowest representation of people ages 25 to 44. Table 1 shows the demographic characteristics of all Hart County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=320)

Characteristics	Frequency	Percent
Gender		
Male	41	14.5%
Female	242	85.5%
Age		
18 – 24	19	6.0%
25 – 44	131	41.5%
45 - 64	116	36.7%
65 and older	50	15.8%
Education		
Less than HS	8	2.6%
High school	74	24.2%
Some college	47	15.4%
Assoc degree	36	11.8%
Bach degree	38	12.4%
Master or higher	103	33.7%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked moderate to huge impact, over one third of respondents (37.3%) identified the "*inability to buy fresh and healthy foods*" as having high impact on their health.

Results of 2015 Community-Wide Survey: Appendices

More than a quarter of respondents selected “no access to places to be physically active” (30.8%) followed by “lack of physical activity at child’s school” (26.7%) and “inability to afford doctor’s fees” (26.4%) as having high impact on their personal or family health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	18.0	44.8	37.3
No access to places to be physically active	17.1	52.1	30.8
Tobacco being used at work	39.1	48.3	12.6
Tobacco being used at child’s school	44.0	39.6	16.3
Lack of physical activity at child’s school	34.9	38.4	26.7
Use of food as reward at child’s school	39.2	45.6	15.3
Can’t afford medications	24.1	52.7	23.2
Can’t get transportation to medical visits	30.7	58.2	11.1
Can’t get doctor’s appointment when needed	24.8	51.9	23.3
Can’t afford doctor’s fees	23.6	50.0	26.4
Doctor won’t accept insurance	32.7	56.5	10.8

2. Use of Local Farmers Market in 2014

Over half of Hart County respondents (60.5%, n = 194) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason cited was “other reasons” not specifically measured in the survey. These reasons included habits (forgetting about the market); lack of knowledge (not knowing the hours of operation or the availability);

Results of 2015 Community-Wide Survey: Appendices

and not having a need (grows own food). The second most frequent reason was limited accessibility, either because of distance, availability, or hours when they were open.

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=126)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	27	21.4	<i>Too far; hours conflict with work schedule</i>
Too expensive	21	16.7	<i>No \$</i>
Not interested in products	21	16.7	<i>Not much variety; buy at grocery</i>
Other reasons:	32	25.4	
Habits	(9)		<i>Forget about it; Just didn't go</i>
Lack of knowledge	(3)		<i>Don't know when open; didn't know we had one</i>
No Need	(20)		<i>Grow my own</i>
No reason given	25	19.8	
Total	126	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 12.5 percent of the respondents said they did not know or weren't sure. Another 31.7% said the use of wellness programs did not apply to them. Of the remaining 56% of individuals, over one in 4 respondents (27.0%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, over half of the respondents (56.3%) participated in their wellness program, the second highest rate of all the counties measured. The remaining 16.7% said they did not participate in their wellness program.

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. In Hart County, private insurance was identified as the most common means of payment for health

Results of 2015 Community-Wide Survey: Appendices

care (67.8%). At 24.7%, cash payment was the second most common means for paying for health care in this county. Over 17% of Hart County respondents pay for health care services with Medicare, tying with Metcalfe for the second highest rate among all the counties in the survey.

For dental services, the most common means of payment was cash (40.9%). Over 1 in 10 of Hart County respondents (12.8%) reported not having been to a dentist in the past 12 months.

Table 4

How Hart County Respondents Paid for Health and Dental Care in the Past 12 Months (n=320)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	56	17.5%	9	2.8%
Pays with Medicaid	42	13.1%	35	10.9%
Pays with private insurance	217	67.8%	126	39.4%
Pays with cash	79	24.7%	131	40.9%
Hasn't received care	9	2.8%	41	12.8%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than 2 out of 5 Hart County respondents (44.7%) reported having to travel for obstetrical or gynecologic care. More than 1 in 3 traveled out of county to see a primary care provider (37.2%). See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=320)

Travels Outside Home County	N*	Percent
Primary Care Provider	119	37.2
Pediatrician	62	19.4
OB/GYN	143	44.7
Doctor that takes Medicaid	20	6.3
Dentist that takes Medicaid	14	4.4

Hart County Findings and Conclusions

Health Impact

Twenty percent or more of Hart County participants identified six health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- No access to places to be physically active
- Lack of physical activity at child's school
- Inability to pay doctor's fees
- Inability to get a doctor's appointment when needed
- Can't afford medications

Farmers Market Use

Less than half of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, and having no need to visit the farmers market. Many respondents found the market's hours of operation or location to be a burden. Several responders said they had access to or their own gardens.

Results of 2015 Community-Wide Survey: Appendices

Employer Wellness Programs

More than 1 in 4 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, over half (56%) said they participated in it, while over 16% said they did not. Of more concern were the 39 individuals (nearly 13%) who said they didn't know or weren't sure if their employer provided this resource.

Source of Payment for Health Care and Dental Services

Private insurance was identified as the most common means of health care payment in Hart County with over three in five participants using this means. 17.5% of Hart County respondents pay for health care services with Medicare, one of the highest rates among all the counties surveyed. There were 9 individuals (2.8%) who had not seen a physician and 41 (12.8%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

In general, Hart County had relatively low numbers of responders who reported traveling out of county for health-related services when compared to the many of the other counties surveyed. The two most common reasons for traveling out of county among Hart County responders were to see a primary care physician (37.2%) or an OB/GYN physician (44.7%).



Appendix F:

Community Survey Findings: Logan County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 1,466 Logan County adults over the age of 18 participated in the survey. Their responses represent 23.8% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Logan County Citizens Who Answered the Community Survey

Respondents were predominantly female (85.9%). The majority of respondents was between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Logan County had the highest representation of females who responded and the lowest representation of responses from those between the ages of 45 to 64. Table 1 shows the demographic characteristics of all Logan County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=1466)

Characteristics	Frequency	Percent
Gender		
Male	183	14.1%
Female	1119	85.9%
Age		
18 – 24	136	9.5%
25 – 44	880	61.4%
45 - 64	332	23.2%
65 and older	86	6.0%
Education		
Less than HS	83	5.8%
High school	459	32.3%
Some college	343	24.2%
Assoc degree	259	18.2%
Bach degree	156	11.0%
Master or higher	120	8.5%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked moderate to huge impact, a third of respondents (33.6%) identified *"inability to buy fresh and*

Results of 2015 Community-Wide Survey: Appendices

healthy foods” followed by “*no access to places to be physically active*” (28%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	16.4	49.9	33.6
No access to places to be physically active	17.8	54.2	28.0
Tobacco being used at work	35.5	50.0	14.5
Tobacco being used at child’s school	37.0	46.5	16.5
Lack of physical activity at child’s school	29.7	44.6	21.6
Use of food as reward at child’s school	31.8	47.6	20.3
Can’t afford medications	23.6	52.5	23.8
Can’t get transportation to medical visits	29.6	58.0	12.4
Can’t get doctor’s appointment when needed	24.8	51.2	24.1
Can’t afford doctor’s fees	23.5	52.6	23.9
Doctor won’t accept insurance	29.7	53.6	16.5

2. Use of Local Farmers Market in 2014

Over half of Logan County respondents (54.5%, n = 799) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason for not using a local farmers market was limited accessibility, either because of distance, availability, or hours when they were open. The second most frequent reasons were “other reasons” not specifically measured in the survey.

Results of 2015 Community-Wide Survey: Appendices

These reasons included habits (forgetting about the market); lack of knowledge (not knowing the hours of operation or the location of the market); and not having a need (grows own food).

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=667)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	186	27.9	<i>Bad location; hours conflict with work schedule; dates not convenient; opened too early</i>
Too expensive	78	11.7	<i>Not enough money; on food stamps</i>
Not interested in products	102	15.3	<i>Not a wide selection; buy at grocery</i>
Other reasons:	118	17.7	
Habits (48)			<i>Forget to go; Amish</i>
Lack of knowledge (18)			<i>Don't know when open; didn't know there was a farmers market</i>
No Need (55)			<i>Grow my own; family gives fresh veggies</i>
No reason given	183	27.4	
Total	667	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 10.4 percent of the respondents said they did not know or weren't sure. Another 32.1% said the use of wellness programs did not apply to them. Of the remaining 56% of individuals, over one out of 3 (38.0%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, 44.6% of respondents participated in their wellness program and 17.4% said they did not.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Although private insurance was identified as the most common means of payment for health care (55.5%), Logan County ranked the lowest among the 10 counties of this survey in terms of the proportion of responders who had insurance. Logan was also the third highest in the proportion of individuals (31.0%) who used Medicaid to pay for health care.

For dental services, 8% of participants said they used Medicare, making Logan County the highest among the 10 counties (tied with Allen County). Over 1 in 10 (13.4%) of Logan County participants reported not having been to a dentist in the past 12 months.

Table 4

How Allen County Respondents Paid for Health and Dental Care in the Past 12 Months (n=1466)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	207	14.1%	117	8.0%
Pays with Medicaid	454	31.0%	372	25.4%
Pays with private insurance	814	55.5%	651	44.4%
Pays with cash	298	20.3%	347	23.7%
Hasn't received care	56	3.8%	197	13.4%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than half Logan County respondents (53.3%) reported having to travel for obstetrical or gynecologic care. More than one in 3 (33.5%) traveled out county to see a primary care provider. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=1466)

Travels Outside Home County	N*	Percent
Primary Care Provider	489	33.4
Pediatrician	417	28.4
OB/GYN	781	53.3
Doctor that takes Medicaid	119	8.1
Dentist that takes Medicaid	135	9.2

Logan County Findings and Conclusions

Health Impact

Twenty percent or more of Logan County participants identified seven health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- No access to places to be physically active
- Inability to get a doctor's appointment when needed
- Inability to pay doctor's fees
- Can't afford medications
- Lack of physical activity at child's school
- Use of food as reward at child's school

Farmers Market Use

Close to half of survey participants (46%) said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, having no need to visit the farmers market, and having little interest in the products available at the farmers market.

Results of 2015 Community-Wide Survey: Appendices

Many respondents found the market's hours of operation or location to be a burden. Several responders said they had access to or their own gardens. Others indicated that they preferred to shop at a grocery store due lack of selection at the farmers market.

Employer Wellness Programs

More than 1 in 3 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, more than two in five said they participated in it, while nearly 18% said they did not. Of more concern were the 146 individuals (over 17%) who said they didn't know or weren't sure if their employer provided this resource.

Source of Payment for Health Care and Dental Services

While over 55% of survey participants said they use private insurance to pay for health care services, this rate was lowest when Logan County was compared with nine other counties. Logan County was also third highest in proportion of individuals who used Medicaid to pay for health care with over a quarter of participants using Medicaid to pay for either health care or dental services. There were 56 individuals (3.8%) who had not seen a physician and 197 (13.4%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

The two most common reasons for traveling out of county among Logan County responders were to see a primary care physician (33.4%) or an OB/GYN physician (53.3%). 119 individuals (8.1%) reported having to travel to a doctor who would accept Medicaid and another 135 (9.2%) reported travel to a dentist who would accept Medicaid.



Appendix G:

Community Survey Findings: Metcalfe County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 349 Metcalfe County adults over the age of 18 participated in the survey. Their responses represent 5.7% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Metcalfe County Citizens Who Answered the Community Survey

Respondents were predominantly female (84%). The majority of the respondents were between 25 and 44 years of age and had at least some education beyond high school. Table 1 shows the demographic characteristics of all Metcalfe County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=349)

Characteristics	Frequency	Percent
Gender		
Male	52	16.0%
Female	274	84.0%
Age		
18 – 24	49	14.3%
25 – 44	170	49.7%
45 - 64	98	28.7%
65 and older	25	7.3%
Education		
Less than HS	19	5.6%
High school	96	28.5%
Some college	86	25.5%
Assoc degree	25	7.4%
Bach degree	50	14.8%
Master or higher	61	18.1%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked moderate to huge impact, about one third of respondents (33.9%) identified "*inability to buy*

Results of 2015 Community-Wide Survey: Appendices

fresh and health foods” (35.4%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	14.2	51.8	33.9
No access to places to be physically active	11.3	56.0	32.8
Tobacco being used at work	29.7	51.5	18.9
Tobacco being used at child’s school	32.8	43.5	23.7
Lack of physical activity at child’s school	26.8	41.4	31.8
Use of food as reward at child’s school	31.5	49.3	19.3
Can’t afford medications	21.8	52.1	26.1
Can’t get transportation to medical visits	26.5	59.5	14.1
Can’t get doctor’s appointment when needed	22.6	52.8	24.6
Can’t afford doctor’s fees	21.1	53.5	25.4
Doctor won’t accept insurance	25.4	56.5	18.0

2. Use of Local Farmers Market in 2014

Three out of five of Metcalfe County respondents (61.3%, n = 214) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reasons for not using a local farmers market were limited accessibility, either because of distance, availability, or hours when they were open and “other reasons” not specifically measured in the survey. These reasons included habits (didn’t make an effort to go); lack of knowledge (not familiar with farmers markets; unsure of schedule); and not having a need (grows own food).

Results of 2015 Community-Wide Survey: Appendices

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=135)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	37	27.4	<i>closes too early; hours conflict with work schedule</i>
Too expensive	11	8.2	
Not interested in products	27	20.0	<i>Not much variety; buy at grocery; allergic to many products</i>
Other reasons:	37	27.4	
Habits	(15)		<i>Never went; didn't make effort to go</i>
Lack of knowledge	(5)		<i>Not familiar with it; unsure of schedule;</i>
No Need	(17)		<i>government scam</i>
			<i>Grow my own; fresh food from friends/family</i>
No reason given	23	17.0	
Total	135	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 10.4 percent of the respondents said they did not know or weren't sure. Another 31.9% said the use of wellness programs did not apply to them. Of the remaining 58% of individuals, over one out of 3 (34.7%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, nearly half of respondents (45.6%) participated in their wellness program and 19.7% said they did not.

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (58.5%) in Metcalfe County. The second most common means of healthcare payment was Medicaid.

Results of 2015 Community-Wide Survey: Appendices

With 33.5% of the respondents reporting paying for healthcare with Medicaid, Metcalfe County has the second highest proportion of Medicaid users among all the counties in this survey.

For dental services, less than half (45.9%) of participants said they used private insurance, the lowest proportion among all the counties surveyed. 30.1% of Metcalfe County respondents paid for dental services with Medicaid, the highest among all the counties.

Table 4

How Allen County Respondents Paid for Health and Dental Care in the Past 12 Months (n=349)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	60	17.2%	22	6.3%
Pays with Medicaid	117	33.5%	105	30.1%
Pays with private insurance	204	58.5%	152	45.9%
Pays with cash	82	23.5%	121	34.7%
Hasn't received care	8	3.8%	40	11.5%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than half of Metcalfe County respondents (55.9%) reported having to travel for obstetrical/gynecologic care or to see a primary care provider (53.0%). Metcalfe County had the second highest proportion of respondents reporting that they had to travel outside the county to visit a primary care provider. Further, about two out of five Metcalfe County responders said they traveled out of county to visit a pediatrician. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=349)

Travels Outside Home County	N*	Percent
Primary Care Provider	185	53.0
Pediatrician	145	41.5
OB/GYN	195	55.9
Doctor that takes Medicaid	27	7.7
Dentist that takes Medicaid	41	11.7

Metcalfe County Findings and Conclusions

Health Impact

Twenty percent or more of Metcalfe County participants identified six health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- No access to places to be physically active
- Lack of physical activity at child's school
- Can't afford medications
- Inability to pay doctor's fees
- Inability to get a doctor's appointment when needed
- Tobacco being used at child's school

Farmers Market Use

Approximately 39% of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, and having no need to visit the farmers market.

Results of 2015 Community-Wide Survey: Appendices

Many respondents found the market's hours of operation to be a burden. Several responders said they had access to or their own gardens. Others indicated that they are uninterested due to lack of product variety and never having visited before.

Employer Wellness Programs

More than 1 in 5 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, 27 % said they participated in it, while over 8% said they did not. Of more concern were the 42 individuals (nearly 13%) who said they didn't know or weren't sure if their employer provided this resource.

Source of Payment for Health Care and Dental Services

Over 58% of survey participants said they use private insurance to pay for health care services. The second most common health care payment method in Metcalfe County was Medicaid. With about one in three respondents paying for health care with Medicaid and over one in four using it to pay for dental services, Metcalfe had the second highest proportion of Medicaid users among all the counties surveyed. There were 8 individuals (3.8%) who had not seen a physician and 40 (11.5%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

The two most common reasons for traveling out of county among Allen County responders were to see a primary care physician (53%) or an OB/GYN physician (55.9%). In addition, two out of five participants reported having to travel out of county to visit a pediatrician.



Appendix H:

Community Survey Findings: Monroe County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 551 Monroe County adults over the age of 18 participated in the survey. Their responses represent 8.9% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Monroe County Citizens Who Answered the Community Survey

Respondents were predominantly female (80.2%). The majority of respondents were between 25 and 44 years of age and had at least some education beyond high school. Table 1 shows the demographic characteristics of all Monroe County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=551)

Characteristics	Frequency	Percent
Gender		
Male	103	19.8%
Female	416	80.2%
Age		
18 – 24	57	10.4%
25 – 44	259	47.3%
45 - 64	191	34.9%
65 and older	40	7.3%
Education		
Less than HS	29	5.4%
High school	196	36.4%
Some college	83	15.4%
Assoc degree	49	9.1%
Bach degree	77	14.3%
Master or higher	104	19.3%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked

Results of 2015 Community-Wide Survey: Appendices

moderate to huge impact, over one third of respondents (34.5%) identified “*inability to buy fresh and healthy foods*” (35.4%) followed by “*lack of physical activity at child’s school*” (33.4%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	11.0	54.4	34.5
No access to places to be physically active	11.2	57.8	31.3
Tobacco being used at work	28.3	54.3	17.3
Tobacco being used at child’s school	25.0	51.6	23.3
Lack of physical activity at child’s school	21.4	45.2	33.4
Use of food as reward at child’s school	21.6	52.7	25.7
Can’t afford medications	15.0	55.5	29.4
Can’t get transportation to medical visits	21.8	63.0	15.2
Can’t get doctor’s appointment when needed	18.0	54.3	27.7
Can’t afford doctor’s fees	14.3	55.1	30.5
Doctor won’t accept insurance	22.1	55.2	18.3

2. Use of Local Farmers Market in 2014

More than half of Monroe County respondents (57.9%, n = 319) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reasons for not using a local farmers market were “other reasons” not specifically measured in the survey.

Results of 2015 Community-Wide Survey: Appendices

These reasons included habits (couldn't remember to go); lack of knowledge (not knowing the hours of operation or payment options); and not having a need (grows own food). The second most frequent reason was limited accessibility, either because of distance, availability, or hours when they were open.

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=232)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	50	21.6	<i>Closed too early; conflict with work schedule; located out of the way</i>
Too expensive	33	14.2	<i>No money</i>
Not interested in products	32	13.8	<i>Didn't want to go</i>
Other reasons:	65	28.0	
Habits (29)			<i>Couldn't remember to go; just never went</i>
Lack of knowledge (11)			<i>Did not know times; didn't know if it was for everyone or only those on gov. assistance</i>
No Need (25)			<i>Grow my own; bought from other farmers</i>
No reason given	52	22.4	
Total	232	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 7.6 percent of the respondents said they did not know or weren't sure. Another 29.9% said the use of wellness programs did not apply to them. Of the remaining 65.5% individuals, nearly half of the respondents (47.5%) reported their employer did not offer a wellness program, the lowest rate of availability among all the counties measured. For those whose employer did offer a wellness program, over one out of three respondents (37.9%) participated in their wellness program and 14.7% said they did not.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (63.7%) in Monroe County with paying with Medicaid identified as the second most common (23.8%).

For dental services, about 2 out of 5 (40.8%) of participants said they paid cash. The second most common means of paying for dental care was through private insurance (39.4%). Just 9.4% of participants reported not having been to a dentist in the past 12 months, ranking Monroe County as having one of the lowest proportions.

Table 4

How Allen County Respondents Paid for Health and Dental Care in the Past 12 Months (n=551)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	76	13.8%	40	7.3%
Pays with Medicaid	131	23.8%	111	20.1%
Pays with private insurance	351	63.7%	217	39.4%
Pays with cash	126	22.9%	225	40.8%
Hasn't received care	13	2.4%	52	9.4%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than half of Monroe County respondents (52.5%) reported having to travel for obstetrical or gynecologic care. Nearly a quarter of respondents (24.7%) reported traveling outside of their home county to visit a pediatrician. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=551)

Travels Outside Home County	N*	Percent
Primary Care Provider	68	12.3
Pediatrician	136	24.7
OB/GYN	289	52.5
Doctor that takes Medicaid	25	4.5
Dentist that takes Medicaid	25	4.5

Monroe County Findings and Conclusions

Health Impact

Thirty percent or more of Monroe County participants identified 4 health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- Lack of physical activity at child's school
- No access to places to be physically active
- Inability to pay doctor's fees

Additionally, twenty percent or more identified the following factors as having moderate to huge effects on their personal or family health:

- Inability to afford medications
- Inability to get a doctor's appointment when needed
- Use of food as a reward at child's school
- Lack of physical activity at child's school

Results of 2015 Community-Wide Survey: Appendices

Farmers Market Use

Less than half of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market, and having no need to visit the farmers market. Many respondents found the market's hours of operation or location to be a burden. Several responders said they had access to or their own gardens. Others indicated that they simply forgot about the farmers market as an option.

Employer Wellness Programs

Nearly half of the participants said their employer did not provide any type of wellness program, the lowest rate of availability among all the counties in the survey. Among those with employer wellness programs, just over one out of three respondents said they participated in it, while over 14% said they did not.

Source of Payment for Health Care and Dental Services

Private insurance was the most common health care payment method in Monroe County followed by Medicaid. About one out of five used Medicaid to pay for either health care or dental services. There were 13 individuals (2.4%) who had not seen a physician and 52 (9.4%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

The two most common reasons for traveling out of county among Monroe County responders were to see an OB/GYN physician (52.5%) or a pediatrician (24.7%). Just 68 individuals (12.3%) reported having to travel out of county to visit a primary care physician.



Appendix I:

Community Survey Findings: Simpson County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 294 Simpson County adults over the age of 18 participated in the survey. Their responses represent 4.8% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Simpson County Citizens Who Answered the Community Survey

Respondents were predominantly female (76%). The majority of the respondents were between 45 and 64 years of age and had at least some education beyond high school. Compared to other counties, Simpson County had the highest representation of people age 65 or older. Table 1 shows the demographic characteristics of all Simpson County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=294)

Characteristics	Frequency	Percent
Gender		
Male	62	24.0%
Female	196	76.0%
Age		
18 – 24	19	6.6%
25 – 44	98	33.9%
45 - 64	111	38.4%
65 and older	61	21.1%
Education		
Less than HS	6	2.1%
High School	71	25.4%
Some College	53	18.9%
Assoc Degree	41	14.6%
Bach Degree	61	21.8%
Master or higher	48	17.1%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked

Results of 2015 Community-Wide Survey: Appendices

moderate to huge impact, over one third of respondents (34.5%) identified *inability to buy fresh and healthy foods* as having high impact on their health. At least a quarter of respondents identified all but two of the factors as having significant impact on personal and/or family health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	17.2	48.5	34.5
No access to places to be physically active	17.1	47.6	25.1
Tobacco being used at work	30.1	44.6	25.3
Tobacco being used at child's school	35.7	37.8	26.5
Lack of physical activity at child's school	36.5	31.0	32.5
Use of food as reward at child's school	38.0	35.5	26.5
Can't afford medications	23.8	46.6	29.6
Can't get transportation to medical visits	35.1	49.8	15.1
Can't get doctor's appointment when needed	26.8	43.6	29.6
Can't afford doctor's fees	19.9	53.5	26.6
Doctor won't accept insurance	34.1	55.2	18.3

2. Use of Local Farmers Market in 2014

Over two-thirds of Simpson County respondents (69.4%, n = 204) said they bought food from a local farmers market in 2014. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason for not using a local farmers market was limited accessibility, either because of distance, availability, or hours when

Results of 2015 Community-Wide Survey: Appendices

they were open. The second most frequent reasons were “other reasons” not specifically measured in the survey. These reasons included habits (didn’t make time to go); lack of knowledge (distrust of food quality); and not having a need (grows own food).

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=90)

Reasons for not buying food	N	Percent	Examples of Comments
Can’t get to farmers market	29	32.2	<i>Had to work during operating hours</i>
Too expensive	8	8.9	<i>Better sales at grocery</i>
Not interested in products	13	14.4	<i>Food at farmers market are not organic; use grocery; products available elsewhere</i>
Other reasons:	24	26.7	
Habits	(11)		<i>Didn’t make time to go</i>
Lack of knowledge	(3)		<i>Don’t trust quality of food</i>
No Need	(10)		<i>Grow my own</i>
No reason given	16	17.8	
Total	90	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 7.7 percent of the respondents said they did not know or weren’t sure. Another 30.9% said the use of wellness programs did not apply to them. Of the remaining 61% of individuals, one in 3 (33.1%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, more than half of the respondents (52.0%) participated in their wellness program and 14.9% said they did not.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (71.4%) in Simpson County, ranked second to highest among the 10 counties of this survey in terms of the proportion of responders who had insurance. Simpson was also highest in the proportion of individuals (22.8%) who used Medicare to pay for health care.

For dental services, over half of participants (52.4%) said they used private insurance. Paying with cash (36.4%) was the second most common dental payment method in Simpson County.

Table 4

How Allen County Respondents Paid for Health and Dental Care in the Past 12 Months (n=294)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	67	22.8%	14	4.8%
Pays with Medicaid	32	10.9%	20	6.8%
Pays with private insurance	210	71.4%	154	52.4%
Pays with cash	74	25.2%	107	36.4%
Hasn't received care	8	2.7%	40	13.6%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. More than half of Simpson County respondents (51%) reported having to travel for obstetrical or gynecologic care. About one in 5 traveled out county to see a pediatrician. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=294)

Travels Outside Home County	N*	Percent
Primary Care Provider	52	17.7
Pediatrician	60	20.4
OB/GYN	150	51.0
Doctor that takes Medicaid	11	3.7
Dentist that takes Medicaid	16	5.4

Simpson County Findings and Conclusions

Health Impact

Twenty percent or more of Simpson County participants identified nine health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- Lack of physical activity at child's school
- Inability to pay doctor's fees
- Inability to get a doctor's appointment when needed
- Can't afford medications
- Use of food as a reward at child's school
- Tobacco being used at child's school
- Tobacco being used at work
- No access to places to be physically active

Farmers Market Use

Less than one third of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, personal habits or having a routine that does not include visiting a farmers market,

Results of 2015 Community-Wide Survey: Appendices

and having no need to visit the farmers market. Many respondents found the market's hours of operation to be a burden. Several responders said they had access to or their own gardens. Others indicated that they do not trust the quality of foods available at the farmers market.

Employer Wellness Programs

About than 1 in 3 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, more than half said they participated in it, while over 14% said they did not.

Source of Payment for Health Care and Dental Services

With over 71% of survey participants using private insurance to pay for health care services, Simpson County has the second highest rate of private insurance users of all the counties surveyed. Simpson was the highest in the proportion of individuals who used Medicare to pay for health care, with about 1 in 5 participants using Medicare. There were 8 individuals (2.7%) who had not seen a physician and 40 (13.6%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

The two most common reasons for traveling out of county among Simpson County responders were to see an OB/GYN physician (51%) or a pediatrician (20.4%). Additionally, 52 individuals (17.7%) reported having to travel to visit their primary care physician.



Appendix J:

Community Survey Findings: Warren County

This report summarizes findings from the Community Survey #2, conducted by the Barren Initiative to Get Healthy Together (BRIGHT) Coalition. The survey, conducted between January and March of 2015, was disseminated or made available as a web survey to the ten counties in the Barren River Area Development District (BRADD) with the goal of a 10% response rate from each county. The survey consisted of 11 main questions that explored issues such as factors that impact personal and family health; access to and experience with local farmers markets; availability and participation in employer sponsored wellness programs; and access to, use of, and source of payment for health care and dental services.

A total of 1296 Warren County adults over the age of 18 participated in the survey. Their responses represent 20.7% of the total Barren River Area Development District sample. Here are the results:

Demographic Characteristics of Warren County Citizens Who Answered the Community Survey

Respondents were predominantly female (80%). The majority of the respondents were between 25 and 44 years of age and had at least some education beyond high school. Compared to other counties, Warren County had the highest percent of responses from people with at least some education beyond high school as well as the highest percentage of people holding an associate's or higher degree. Table 1 shows the demographic characteristics of all Warren County survey responders.

Results of 2015 Community-Wide Survey: Appendices

Table 1

Frequency of Demographic Characteristics of Survey Responders (n=1296)

Characteristics	Frequency	Percent
Gender		
Male	241	20.0%
Female	966	80.0%
Age		
18 – 24	82	6.4%
25 – 44	566	44.3%
45 - 64	510	39.9%
65 and older	121	9.5%
Education		
Less than HS	21	1.7%
High school	133	10.6%
Some college	206	16.4%
Assoc degree	126	10.0%
Bach degree	357	28.4%
Master or higher	415	33.0%

Survey questions related to five major areas:

- Impact of factors on self and on family's health
- Use of local farmers market in 2014
- Availability and use of employer wellness programs
- Source of payment for health care and dental services in past 12 months
- Travel out of home county for health-related services

1. Impact of Factors on Self and Family's Health

Survey participants were asked about 11 factors that might affect their own or their family members' health. Responses were rated with a Likert scale that ranged from little or no impact to a moderate to huge impact on health. Overall, there was considerable disparity in responder answers, from "not applicable" or "no impact" to "huge impact." Among health factors ranked

Results of 2015 Community-Wide Survey: Appendices

moderate to huge impact, over one quarter of respondents (31%) identified “*inability to buy fresh and healthy foods*” followed by “*lack of physical activity at child’s school*”(27.6%), “*inability to get doctor’s appointment when needed*” (26.8%), and “*inability to afford doctor’s fees*” (26.6%) as having high impact on their health. Table 2 shows the range of responses to each of these factors.

Table 2

Participant Responses to Factors That Impact Personal or Family Health

Potential Health Factors	Not applicable %	Little or no impact %	Moderate to Huge impact %
Not able to buy fresh and healthy foods	14.7	54.3	31.0
No access to places to be physically active	15.3	59.6	25.1
Tobacco being used at work	30.0	48.4	21.6
Tobacco being used at child’s school	41.8	37.6	20.6
Lack of physical activity at child’s school	39.0	33.4	27.6
Use of food as reward at child’s school	40.7	36.9	22.5
Can’t afford medications	21.5	52.8	25.8
Can’t get transportation to medical visits	28.7	59.5	11.8
Can’t get doctor’s appointment when needed	20.5	52.7	26.8
Can’t afford doctor’s fees	19.9	53.5	26.6
Doctor won’t accept insurance	26.6	55.2	18.3

2. Use of Local Farmers Market in 2014

Nearly three fourths of Warren County respondents (74.1%, n = 960) said they bought food from a local farmers market in 2014, the second highest percentage of all the counties. A follow-up survey question asked those who did not buy from farmers markets to explain why they did not. The question provided 4 reasons for not buying. Table 3 shows the distribution of these reasons. The most frequent reason for not using a local farmers market was cost.

Results of 2015 Community-Wide Survey: Appendices

The second most frequent reason was limited accessibility, either because of distance, availability, or hours when they were open.

Table 3

General Reasons for Not Buying Food from a Farmers Market (n=336)

Reasons for not buying food	N	Percent	Examples of Comments
Can't get to farmers market	79	23.5	<i>locations are inconvenient; hours conflict with work/childcare schedule; no time; too early</i>
Too expensive	88	26.2	
Not interested in products	63	18.8	<i>not enough selection; buy at grocery</i>
Other reasons:	78	23.2	
Habits	(46)		<i>Forget to go; not convenient; didn't make time to go</i>
Lack of knowledge	(11)		<i>Don't know hours; Unsure if pesticide free; other product concerns; feeling overwhelmed and intimidated</i>
No Need	(21)		<i>Grow my own; receives free veggies from family</i>
No reason given	28	8.3	
Total	336	100%	

3. Availability and use of employer wellness programs

When asked if employers offer a wellness program at their work, 6.8 percent of the respondents said they did not know or weren't sure. Another 16.8% said the use of wellness programs did not apply to them. Of the remaining 77% of individuals, more than one in 5 (23.7%) reported their employer did not offer a wellness program. For those whose employer did offer a wellness program, over half of the respondents (60.9%) participated in their wellness program, the highest participation rate among all the counties measured. The remaining 15.4% said they did not participate in an employer wellness program.

Results of 2015 Community-Wide Survey: Appendices

4. Source of payment for health care and dental services in past 12 months

Respondents were asked how they and their family paid for health care and dental services in the past 12 months. Table 4 shows sources of payment for health and dental care. Private insurance was identified as the most common means of payment for health care (75.2%) in Warren County, the second highest proportion among the 10 counties of this survey. The second most common healthcare payment method among the Warren County respondents was paying in cash (26.9%).

For dental services, over 3 out of 5 participants (61.8%) said they used private insurance, making Warren County the highest among the 10 counties. Paying with cash was the second most common dental payment method in Warren County (33.7%).

Table 4

How Warren County Respondents Paid for Health and Dental Care in the Past 12 Months (n=1296)

Means of Paying for Care	Health Care		Dental Care	
	N*	Percent	N*	Percent
Pays with Medicare	176	13.6%	40	3.1%
Pays with Medicaid	142	11.0%	100	7.7%
Pays with private insurance	975	75.2%	801	61.8%
Pays with cash	348	26.9%	437	33.7%
Hasn't received Care	31	2.4%	150	11.6%

**Responses were not mutually exclusive. Responders were asked to check all that apply*

5. Travel out of home county for health-related services

Respondents were asked if they traveled outside of the county to receive various health and dental services. Warren County respondents were the least likely to report having to travel outside their home county for these services. Less than 10% of respondents reported having to travel for any of the services measured in the survey, the lowest among all the counties. See Table 5.

Results of 2015 Community-Wide Survey: Appendices

Table 5

Number of Respondents Who Traveled Outside Their Home County for Health Related Services (n=1296)

Travels Outside Home County	N*	Percent
Primary Care Provider	113	8.7
Pediatrician	32	2.5
OB/GYN	83	6.4
Doctor that takes Medicaid	35	2.7
Dentist that takes Medicaid	28	2.2

Warren County Findings and Conclusions

Health Impact

Twenty percent or more of Warren County participants identified 9 health factors with the potential to moderately to hugely affect their personal or family health. In order of impact:

- Inability to buy fresh and healthy food
- Lack of physical activity at child's school
- Inability to get a doctor's appointment when needed
- Inability to pay doctor's fees
- Can't afford medications
- No access to places to be physically active
- Use of food as reward at child's school
- Tobacco being used at work
- Tobacco being used at school

Farmers Market Use

A little over one quarter of survey participants said they did not buy food at a farmers market in the past year. Major reasons for not using farmers markets included limited accessibility to the markets, the cost of products at the farmers markets, personal habits or having a routine that

Results of 2015 Community-Wide Survey: Appendices

does not include visiting a farmers market, and having no need to visit the farmers market. Many respondents found the market's hours of operation or location to be a burden. Several responders said they had access to or their own gardens. Others indicated that it is too expensive to shop at the farmers market or that they forget to go.

Employer Wellness Programs

More than 1 in 5 participants said their employer did not provide any type of wellness program. Among those with employer wellness programs, three in five said they participated in it, the highest participation rate of all the counties surveyed. The remaining 15.4% said they did not participate in an employer wellness program.

Source of Payment for Health Care and Dental Services

About three out of four survey participants said they use private insurance to pay for health care services, and three out of five used private insurance to pay for dental services. Paying in cash was the second most common health or dental care payment method among the Warren County participants. There were just 31 individuals (2.4%) who had not seen a physician and 150 (11.6%) who had not been to a dentist in the past year.

Travel out of Home County for Health-Related Services

Warren County respondents were the least likely to report having to travel outside their county for health-related services. Less than 10% of respondents reported having to travel for any of the services measured in the survey. The two most common reasons for traveling out of county among Allen County responders were to see a primary care physician (8.7%) or an OB/GYN physician (6.4%). Only 35 individuals (2.7%) reported having to travel to a doctor who would accept Medicaid and another 28 (2.2%) reported travel to a dentist who would accept Medicaid.