KHIP
2017 Kentucky Health Issues Poll

Released: JULY 2018

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

Spotlight on Western Kentucky



Since 2008, the Foundation for a Healthy Kentucky and Interact for Health have sponsored the Kentucky Health Issues Poll (KHIP), an annual telephone survey to measure Kentucky adults' opinions about a variety of current health issues.

In 2017, KHIP asked adults about their own health and their opinions about statewide and local health policies. KHIP 2017 focused on two pressing issues affecting the health of Kentuckians: substance use and smoking. In addition, KHIP asked adults about their own health insurance coverage and opinions on health insurance.

This report presents the views expressed by respondents from the Western Kentucky area including the Barren River, Green River, Lincoln Trail, Pennyrile, and Purchase Area Development Districts. About 27% of Kentuckians live in this 42-county region. (*Please see "About the Kentucky Health Issues Poll" on page 10 for the list of counties.*)

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

- Twenty-two percent reported that they had family members or friends who experienced problems as a result of abusing prescription drugs.
- Fewer than 1 in 10 (6%) reported being prescribed more pills than needed to control pain.
- Eleven percent reported knowing friends or family members who have had problems from using heroin.
- Fewer than 1 in 5 adults reported knowing someone who has experienced problems as a result of using methamphetamine.
- Seven in 10 adults said they believed that addiction is a disease and fewer than 3 in 10 believe it is not a disease. Four percent reported they did not know.
- More than half of respondents strongly favored court-mandated drug treatment programs for those with a drug offense.
- A majority (67%) favored a comprehensive, statewide smoke-free law.
- More than half favored increasing the minimum legal age for the purchase of tobacco products from 18 to 21.
- Nine in 10 adults favored schools adopting tobacco-free campus policies in their communities.
- A strong majority favored schools taking a more active role in helping families get health care services for children.
- Four in 10 held favorable opinions about the Affordable Care Act.
- About 9 in 10 adults favored providing access to affordable, quality health care for all Americans.
- Two in 10 adults ages 18 to 64 were uninsured in the prior 12 months or at the time of KHIP 2017.
- Four in 10 reported excellent or very good personal health.

In 95 out of 100 cases, the statewide estimates will be accurate to ±**2.4%** and Western Kentucky estimates to ±**5.2%**. There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

Contents

Drug Problems and Opinions about the Topic 2

Friends and Family Affected by Substance Use 2

Prescription pain medicine 2

Heroin 3

Methamphetamine 3

Opinions about Addiction as a Disease 3

Opinions about Mandated Treatment Programs 4

Tobacco-free Policies 4

Support for a Statewide Smoke-free Law 4

Increase the Minimum Age to Purchase Tobacco 5

Adopt Policies for Tobacco-free School Campuses 5

Health Insurance and Health Care 6

Opinions about the Patient Protection and Affordable Care Act (ACA) 6

Opinions about Health Care for All 7

Opinions about Schools and Access to Health Care 7

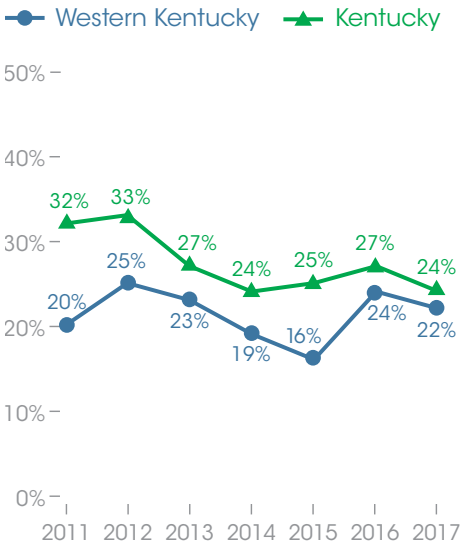
Health Insurance Access 8

Demographic Profile 9

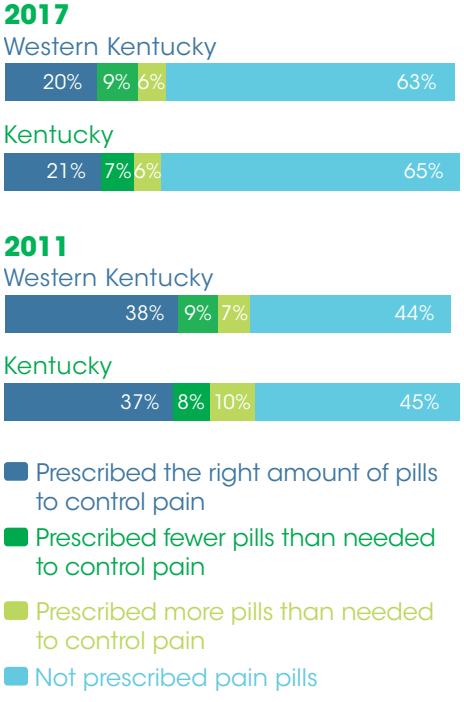
Overall Health Status 9

About the Kentucky Health Issues Poll 10

Percentage of adults reporting that they had family members or friends who experienced problems as a result of abusing prescription drugs



During the past five years has a doctor, dentist or other medical professional prescribed a pain reliever for you that you could not purchase 'over the counter' such as OxyContin, Vicodin, Percocet or codeine? *(The response "don't know" is not included.)*



Drug Problems and Opinions about the Topic

Friends and Family Affected by Substance Use

Since 2011, KHIP has been measuring experiences of prescription pain reliever misuse in Kentucky communities. Beginning in 2013, KHIP also asked about use of heroin and methamphetamines.

Prescription pain medicine

KHIP asked, "Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers such as OxyContin, Vicodin, Percocet, or codeine?" Nearly 1 in 4 Kentucky adults (24%) reported that they had a friend or family member who has experienced problems as a result of prescription pain relievers. This has remained stable in recent years for the state as a whole.

Western Kentucky adults' reports of knowing someone with problems associated with abusing prescription drugs was about the same (22%) as reported in prior years.

To understand more about this topic, KHIP also asked, "During the past five years has a doctor, dentist or other medical professional prescribed a pain reliever for you that you could not purchase 'over the counter' such as OxyContin, Vicodin, Percocet, or codeine?" More than 3 in 10 Kentucky adults (34%) reported that they had been prescribed a pain reliever at some point in the last five years. This is lower than in 2011, when more than half of Kentucky adults (55%) reported that they had been prescribed such a pain reliever within the last five years.[1] In Western Kentucky, fewer than 4 in 10 adults (35%) reported being prescribed a pain reliever on KHIP 2017 and more than 5 in 10 (54%) reported the same on KHIP 2011.

KHIP also asked, "Thinking about the most recent time a doctor, dentist or other medical professional prescribed a pain reliever for you, did you feel they prescribed more pills than you needed to control your pain, less pills than you needed to control your pain or the right amount of pills you needed to control your pain?"

On KHIP 2017, 2 in 10 Kentucky adults (21%) reported being prescribed pain drugs in the past five years and felt they received *the right amount* of pills. Seven percent of Kentucky adults thought they received *too few* pills, and 6% thought they received *too many* pills. In Western Kentucky, similar results were reported on KHIP 2017.



[1] For reports on Kentucky prescribing trends, see https://chfs.ky.gov/agencies/os/oig/dai/deppb/Pages/kasper.aspx.

Heroin

KHIP asked, "Have any of your family members or friends experienced problems as a result of using heroin?" Fewer than 2 in 10 Kentucky adults (16%) reported knowing someone who has experienced problems as a result of using heroin. This is the same as in 2016.

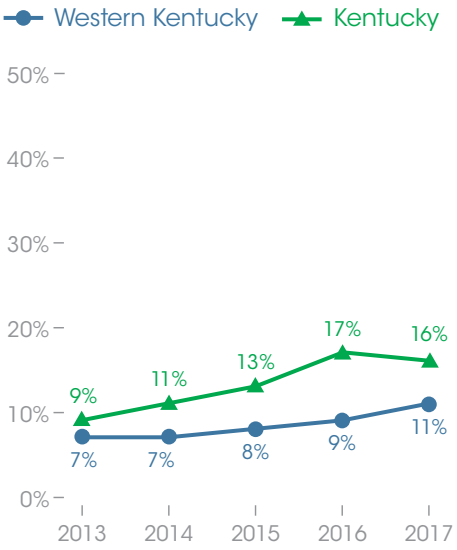
Since 2013, the first year KHIP collected data on this topic, reports of problems with heroin have been slightly lower in Western Kentucky than for the state as a whole.

Methamphetamine

KHIP also asked, "Have any of your family members or friends experienced problems as a result of using methamphetamine?" Fewer than 1 in 5 Kentucky adults (16%) reported knowing someone who has experienced problems as a result of using methamphetamine. This is unchanged from prior KHIP reports in 2016 (17%) and 2013 (15%).

Western Kentucky also saw relatively stable reports of methamphetamine problems on KHIP 2013 (19%), 2016 (21%), and 2017 (16%).

Percentage of adults reporting that they had family members or friends who experienced problems as a result of using heroin



Opinions about Addiction as a Disease



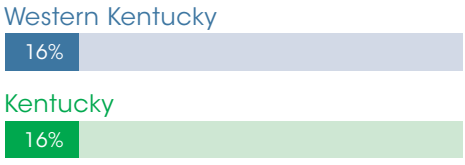
The National Institute on Drug Abuse describes addiction as a "chronic disease characterized by drug seeking and use, despite harmful consequences" that can be affected by the biology, environment, and development of an individual.[2] A thorough understanding of addiction shapes how effective treatments are offered and supported in Kentucky, including treatment that focuses on integrating physical, mental and substance use services, and how access to treatment is maintained through Medicaid expansion.

To discover Kentucky adults' opinions about addiction, KHIP posed the question, "I'd like to ask you some general questions about addiction – not related specifically to your family members or friends, but just your more general observations. Do you believe that addiction is – or is not – a disease?"

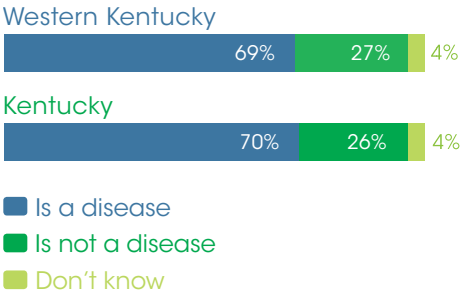
Seven in 10 Kentucky adults believe that addiction is a disease (70%), and fewer than 3 in 10 believe it is not a disease (26%). Four percent reported they did not know.

Western Kentucky adults held similar opinions about addiction compared with the state as a whole.

Percentage of adults reporting that they had family members or friends who experienced problems as a result of using methamphetamine

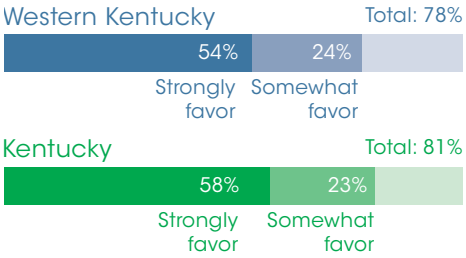


Do you believe that addiction is – or is not – a disease?



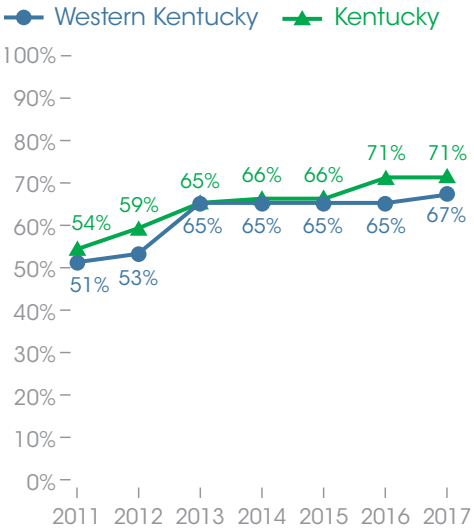
[2] Volkow, N. (2014). Drugs, brains, and behavior: The science of addiction. Retrieved April 6, 2018, from www.drugabuse.gov/publications/drugsbrains-behavior-science-addiction/preface.

Percentage of adults who favor court-mandated treatment for those with a first or second drug offense





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



Opinions about Mandated Treatment Programs

Adults in Kentucky who are charged with a drug possession crime may be eligible for deferred prosecution, diversion or probation instead of immediate incarceration.[3] Alternatives to incarceration require the drug offender to abide by certain rules and conditions set by the court. These conditions typically include a court-mandated drug treatment program. If requirements are completed, the offender can avoid incarceration and may be eligible to have the charges dismissed or expunged.

KHIP asked, "Under Kentucky's criminal justice system, people charged with first- or second-time drug offenses may apply to enter and complete a court-mandated treatment program. If they complete the program to the satisfaction of the court, charges against them are dismissed. Would you favor or oppose court-mandated treatment for those charged with a first or second drug offense?"

More than half of respondents in Western Kentucky strongly favored court-mandated drug treatment programs for those with a drug offense. Results were similar for the state as a whole.

Tobacco-free Policies

Policies can protect people from secondhand smoke and support young people in remaining tobacco-free. Some Kentuckians are covered by smoke-free or tobacco-free policies, but most are not.

Support for a Statewide Smoke-free Law

Many states have adopted statewide, smoke-free laws; Kentucky has not. According to the Centers for Disease Control and Prevention, Kentucky is one of 13 states without a statewide smoke-free indoor air law.[4]

In 2011, KHIP began asking Kentucky adults their opinions about a comprehensive statewide smoke-free law. A comprehensive smoke-free law covers all workplaces (public and private), including bars and restaurants.

Policies allowing smoke-free indoor environments are the only way to fully protect nonsmokers from the serious health hazards of secondhand smoke.[5] At present, only about 1 in 3 people in Kentucky (34.7%) are covered by locally enacted comprehensive smoke-free ordinances.[6] Support for such a law increased in Kentucky from 54% in 2011 to 71% in 2017.

In Western Kentucky, nearly 7 in 10 adults (67%) favored a statewide smoke-free law in 2017, while 30% opposed a law, and 3% had no opinion. This is an increase in support from 2011, when just 51% of Western Kentucky adults favored a statewide law. Strong support for the law in Western Kentucky has been seen for the past four years.

[3] Kentucky Revised Statutes, Chapter 2018A: 218A.275, 218A.14151. See http://lrc.ky.gov/statutes/chapter.aspx?id=38267

[4] Department of Health and Human Services, Centers for Disease Control and Prevention. State Smoke-free Indoor Air Fact Sheet. Updated April 18, 2018, from https://chronicdata.cdc.gov/Legislation/STATE-System-Smokefree-Indoor-Air-Fact-Sheet/vgq2-kkcg

[5] U.S. Department of Health and Human Services (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Washington, D.C.: Author. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK44324/

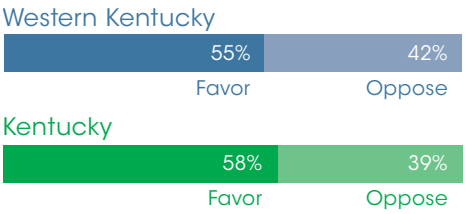
[6] Kentucky Center for Smoke-Free Policy. 2018. Percent of the Kentucky Population Covered by 100% Smoke-free Workplace Laws and 26 Kentucky Communities with Comprehensive Smoke-free Ordinances. http://www.uky.edu/breathe/sites/breathe.uky.edu/files/PercentSmoke-FreeWorkplaceLawsorRegulationsMAY2018.pdf

Increase the Minimum Age to Purchase Tobacco

Five states, California, Hawaii, Maine, New Jersey, and Oregon, have increased the minimum legal age for buying tobacco products to 21.[7] Raising the minimum legal age to purchase tobacco products is one of a number of public health strategies aimed at supporting young people in delaying or avoiding tobacco use.[8] In 2017, nearly 6 in 10 Kentucky adults (58%) favored increasing the minimum legal age to buy tobacco products in Kentucky to 21.[9] This is unchanged from 2016, the last time KHIP asked this question.

In Western Kentucky, about the same percentage (55%) favored increasing the minimum legal age for tobacco products from 18 to 21.

Increasing minimum legal age to purchase tobacco products to 21 years



Adopt Policies for Tobacco-free School Campuses

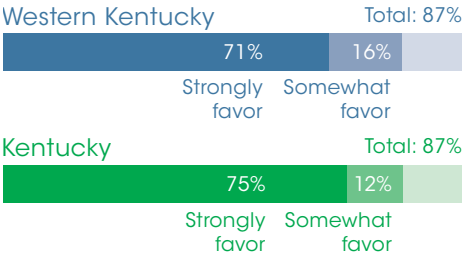
Nearly 9 in 10 cigarette smokers first tried smoking by age 18.[10] In Kentucky, 41% of high school students have tried cigarettes, according to the 2017 Youth Risk Behavior Survey.[11] Policies for tobacco-free environments in schools can help youths avoid tobacco and support those who want to quit.

Only 40% of Kentucky's school districts have decided to protect students, staff, teachers, and guests from secondhand smoke by enacting 100% tobacco-free school policies.[12] Kentucky ranks 50th, the worst, in the percentage of schools with a policy prohibiting tobacco use in all locations at all times on secondary school campuses.[13]

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

Nearly 9 in 10 Western Kentucky adults (87%) favor tobacco-free campus policies. This is similar to results for the state as a whole.

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





[7] Campaign for Tobacco-Free Kids, Increasing the Minimum Legal Sale Age for Tobacco Products to 21, May 2018. Retrieved from https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf

[8] Institute of Medicine of the National Academies, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, March 2015. Retrieved from http://iom.nationalacademies.org/Reports/2015/TobaccoMinimumAgeReport.aspx

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

[10] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf.

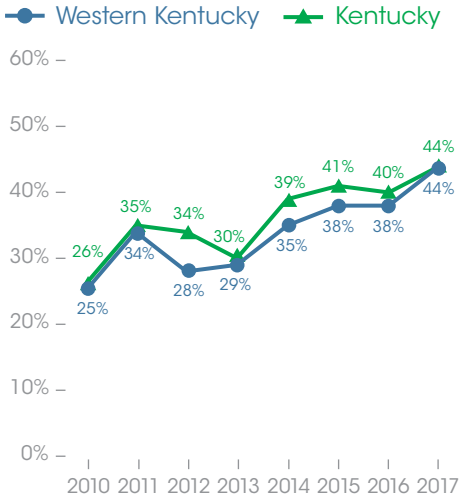
[11] Kentucky Department of Education. 2017 High School Trend Report. https://education.ky.gov/curriculum/CSH/data/Pages/Youth-Risk-Behavior-Survey-(YRBS).aspx.

[12] Kentucky Department for Public Health, Tobacco Prevention and Cessation Program. Kentucky's 100% Tobacco Free School Districts. Feb. 2018. http://bit.ly/1WXLynG.

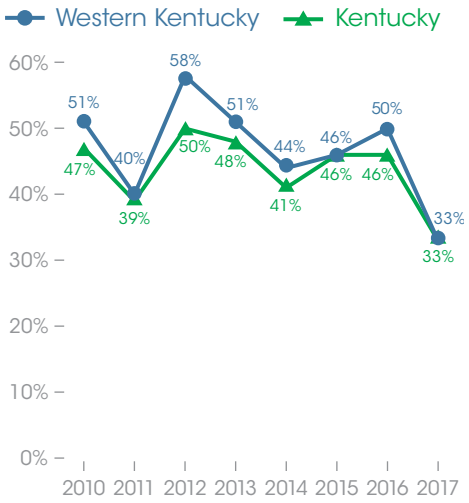
[13] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools. 2017. Retrieved from: https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.

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

Favorable



Unfavorable



Health Insurance and Health Care

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

KHIP has tracked Kentucky adults' views about the Patient Protection and Affordable Care Act (ACA) since it became law in March 2010. In June 2012, the Supreme Court upheld the constitutionality of the ACA, but it remains the subject of partisan debate. In October 2013, kynect, Kentucky's online health benefit exchange under the ACA, opened for enrollment. Kentucky Governor Matt Bevin dismantled kynect in October 2016.[14] Kentuckians then began enrolling in health insurance on the federal website, healthcare.gov, and, if Medicaid eligible, on benefind.ky.gov. In the 2017 Marketplace Open Enrollment Period, which ran from November 1, 2016, to January 31, 2017, more than 81,000 Kentuckians signed up for insurance on healthcare.gov.[15]



In 2017, for the first time in eight years of KHIP polling on this topic, Kentucky adults reported more favorable (44%) than unfavorable (33%) opinions about the health reform law. Twenty-three percent reported "don't know."

National opinion about this topic in Fall 2017, the time of the KHIP poll, also was favorable at 51%, with 40% unfavorable.[16]

More than 4 in 10 Western Kentucky adults (44%) reported having a generally favorable opinion of the ACA, and more than 3 in 10 (33%) had a generally unfavorable opinion of it. Twenty-three Western Kentucky adults reported "don't know." Western Kentucky adults held similar opinions about the Affordable Care Act compared with the state.

[14] Facebook Matt Bevin for Kentucky. Retrieved from: https://www.facebook.com/mattbevinforkentucky/videos/781405655309081/

[15] Centers for Medicare and Medicaid Services. 2017 Marketplace Open Enrollment Period Public Use Files. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html

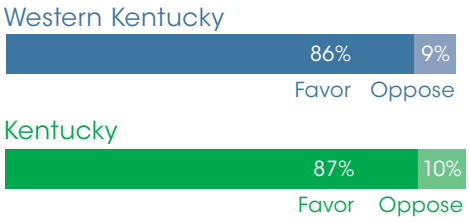
[16] National results from the Kaiser Health Tracking Poll (Oct. 2017): favor 51%, unfavorable 40%. Retrieved from https://www.kff.org/interactive/kaiser-health-tracking-poll-the-publics-views-on-the-aca.

Opinions about Health Care for All

In 2017, KHIP also asked, "Regardless of whether you favor or oppose the health reform law, generally speaking do you favor or oppose providing access to affordable, quality health care for all Americans?" About 9 in 10 Kentucky adults (87%) favored providing access to affordable health care for all Americans; more than in 2013 (81%), the last time KHIP asked this question. Only 1 in 10 Kentucky adults (10%) opposed providing access to affordable health care for all Americans on KHIP 2017.

In Western Kentucky, nearly 9 in 10 adults (86%) favored providing access to health care for all.

Provide access to affordable, quality health care for all Americans



Opinions about Schools and Access to Health Care

Healthy students can better achieve academic success than those facing challenges to their health.[17] Linking students to health care services at school could provide needed and accessible support to Kentucky families. The most recent School Health Profiles, published by the Centers for Disease Control and Prevention, reported that 71% of Kentucky secondary schools had protocols ensuring that children with chronic conditions are enrolled in eligible insurance programs.[18] In addition, it was reported that about half of Kentucky's secondary schools provided health care referrals to students with chronic conditions.

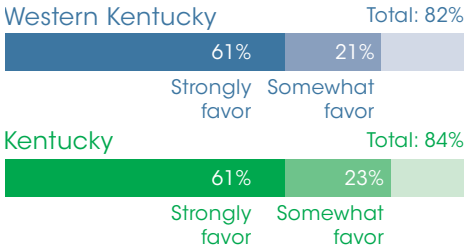
KHIP asked, "Do you favor or oppose schools taking a more active role in helping families get health care services for their children?"

Opinions about schools' role in health were more favorable in 2017 than in 2009, the last time KHIP asked this question. In 2017, 6 in 10 Kentucky adults strongly favored (61%) and more than 2 in 10 somewhat favored (23%) schools taking a more active role in helping families get health care. In 2009, 5 in 10 Kentucky adults strongly favored (52%) and 2 in 10 somewhat favored (23%) schools taking a more active role in helping families get health care.

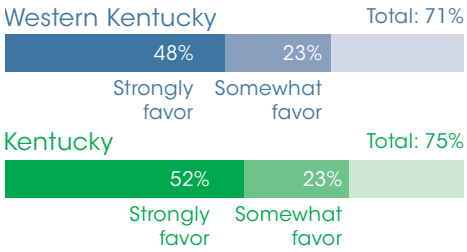
In 2017, 8 in 10 Western Kentucky adults (82%) favored schools taking a more active role in access to health care.

Schools taking a more active role in helping families get health care services for their children

2017



2009





[17] For Kentucky data, see Student Health tab on http://openhouse.education.ky.gov/Data.

[18] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools. 2017. Retrieved from: https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.



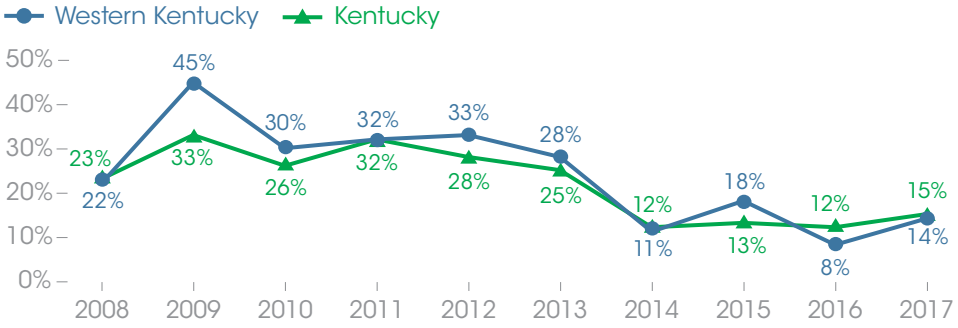
Health Insurance Access

Because nearly all Kentucky adults 65 or older are insured with Medicare, this section about health insurance includes only the responses for Kentuckians ages 18 to 64.

More than 1 in 10 Western Kentucky adults (14%) ages 18 to 64 were uninsured at the time of KHIP 2017. This is a significant decrease in the percentage of uninsured adults from 2012 when 1 in 3 adults (33%) reported being uninsured. In 2017, adults ages 18 to 64 in Western Kentucky reported similar rates of being uninsured as the state as a whole (15%).

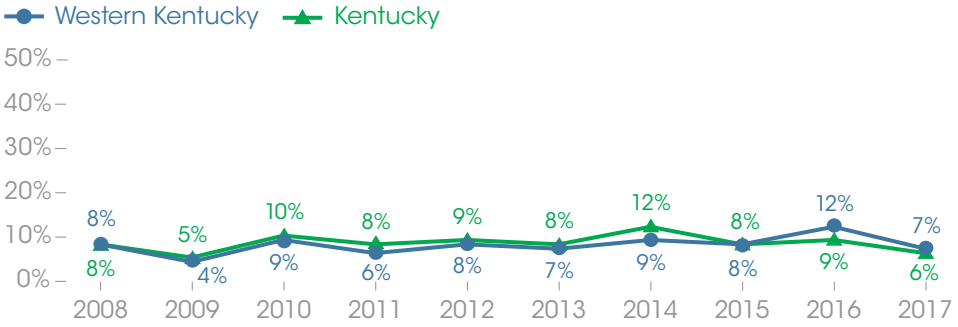
The decline in uninsurance over the past five years is attributable to Kentucky's expansion of Medicaid, which began in October 2013. As part of the Affordable Care Act (ACA) in Kentucky, this expansion allowed more Kentuckians to get health insurance because they had low incomes, and some received financial assistance to buy insurance as required by the ACA. After the initial enrollment period, 521,000 people had enrolled through Kentucky's insurance website known as kynect, 75% of whom were previously uninsured.[19] For the 2017 enrollment period, Kentuckians were required to use a different system, the newly launched benefind.ky.gov or the federal marketplace at healthcare.gov.

No current insurance, adults ages 18-64



The constancy of a person's health insurance coverage is a critical factor in obtaining regular and needed health care. One measure of this is whether or not a person has been covered continuously for the past 12 months. In Western Kentucky, 7% of adults ages 18 to 64 were insured at the time of KHIP but had been uninsured at some point in the past 12 months. In total, 2 in 10 Western Kentucky adults ages 18 to 64 (21%) had been uninsured at some point in the last 12 months, including at the time of KHIP.

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



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

Demographic Profile

In addition to the questions about health issues, respondents were asked several demographic questions. These findings for 2017 are detailed below. (Percentages may not add to 100% due to rounding.)

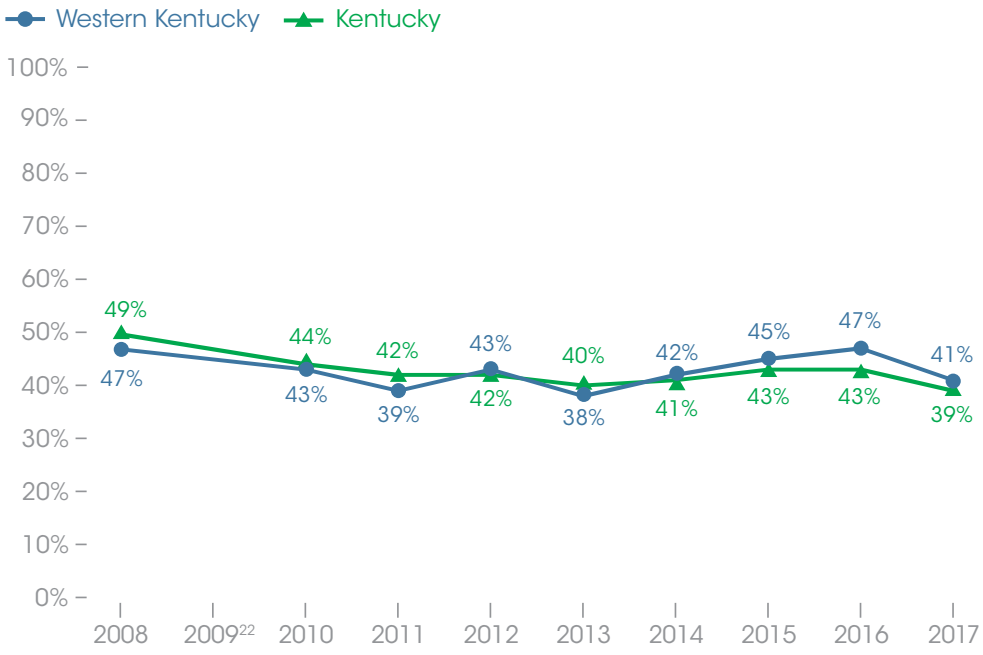
In Western Kentucky, 33% of adults reported household incomes of 138% or less of the Federal Poverty Guidelines (FPG). The percentages of Western Kentucky adults who reported incomes between 138% and 200% FPG (14%) and greater than 200% FPG (54%) were also nearly the same as reported for the state as a whole.

Overall Health Status

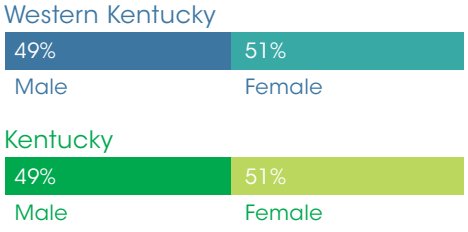
One way to measure health status is to ask people to assess their own health. KHIP asks Kentucky adults, "Would you say that, in general, your health is excellent, very good, good, fair or poor?" Research has found a strong connection between people's responses to this question and the predicted length and quality of their lives.[21] In 2017, fewer than 4 in 10 Kentucky adults (39%) reported that their health was excellent or very good. Three in 10 (31%) said that their health was good, and 3 in 10 (30%) said their health was fair or poor.

Four in 10 Western Kentucky adults (41%) reported that their health was excellent or very good in 2017, about the same as for the state as a whole (39%).

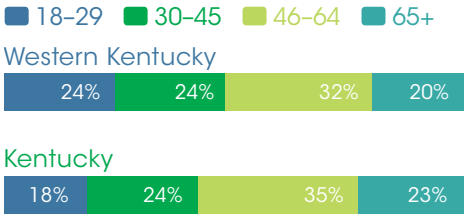
Kentucky adults reporting "excellent" or "very good" health



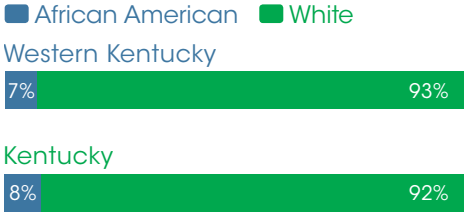
Sex



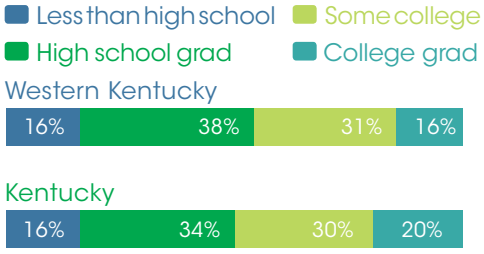
Age



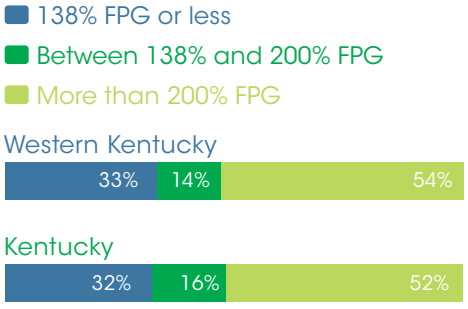
Race



Level of Education



Poverty Status



[20] In 2016, 138% of the Federal Poverty Guidelines (FPG) was $33,534 for a family of four; 200% FPG was $48,600 for a family of four.

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

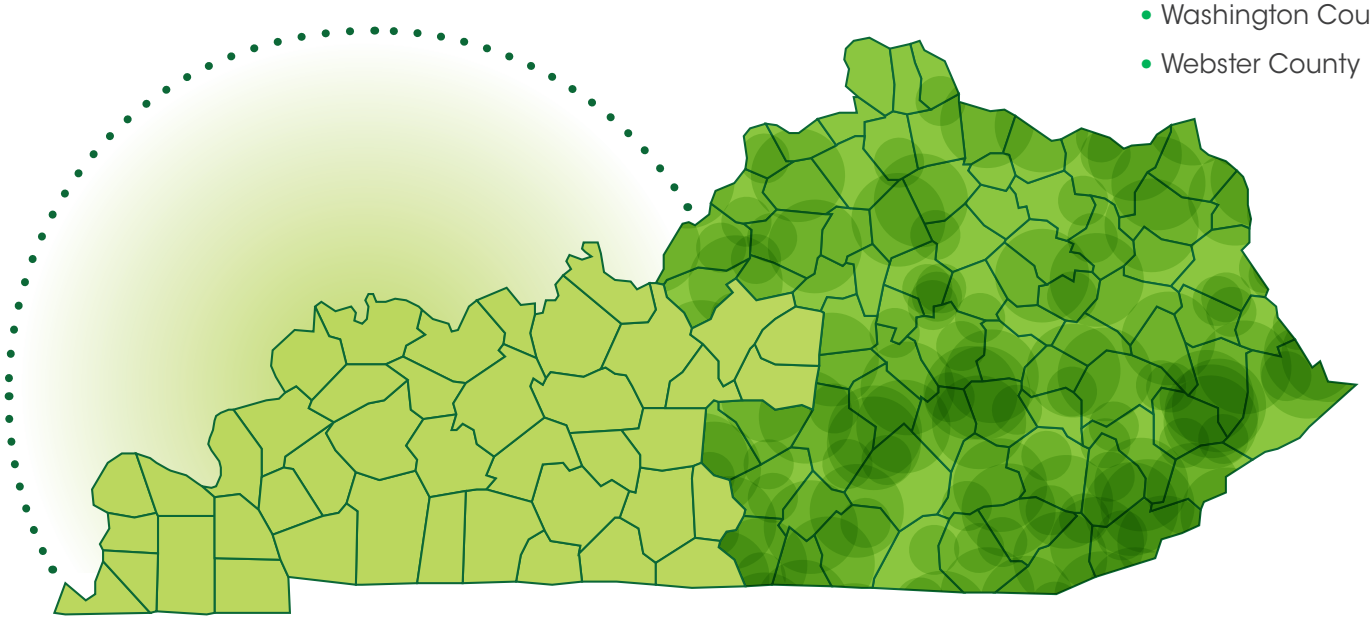
[22] The question "Would you say that in general your health is excellent, very good, fair or poor?" was not asked on the 2009 KHIP.

About the Kentucky Health Issues Poll

The Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and Interact for Health, is conducted annually to assess what Kentucky adults think about a variety of health topics affecting the Commonwealth. The 2017 Kentucky Health Issues Poll was conducted Oct. 24, 2017-Dec. 2, 2017, by the Institute for Policy Research at the University of Cincinnati.

A random sample of 1,692 adults from throughout Kentucky was interviewed by telephone. This included 861 landline interviews and 831 cell phone interviews. Of these, 360 respondents resided in the Western Kentucky region. The counties included in this region are:

- Allen County
- Ballard County
- Barren County
- Breckenridge County
- Butler County
- Caldwell County
- Calloway County
- Carlisle County
- Christian County
- Crittenden County
- Daviess County
- Edmonson County
- Fulton County
- Graves County
- Grayson County
- Hancock County
- Hardin County
- Hart County
- Henderson County
- Hickman County
- Hopkins County
- LaRue County
- Livingston County
- Logan County
- Lyon County
- Marion County
- Marshall County
- McCracken County
- McLean County
- Meade County
- Metcalfe County
- Monroe County
- Muhlenberg County
- Nelson County
- Ohio County
- Simpson County
- Todd County
- Trigg County
- Union County
- Warren County
- Washington County
- Webster County



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

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

To cite this work, please use the following:

Foundation for a Healthy Kentucky and Interact for Health. (2018). Results from the *2017 Kentucky Health Issues Poll: Spotlight on Western Kentucky*. Louisville, KY: Authors.