Analysis of Responses to the 2015 Community-Wide Survey

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

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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

	Moderate to Huge Impact			
	Gender			
	% Male	% Female	X^2	*P value*
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					
	Age					
	%18-24	%25-44	%45-64	% >64	X^2	*P value*
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			
	Education			
	% High school or less	% College degree or higher	X^2	*P value*
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) (X^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) (X^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%*

*X^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 <u>not</u> using farmers market were examined for differences by gender, age, education, and county of respondents. Pearson Chi-Square tests were used.

<u>Gender</u>

More women said they did not use FMs due to cost compared to men (15.1% vs 11%; X^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%; X^2 = 35.227, p < .000)

<u>Age</u>

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%; X^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 %; X^2 = 74.783, p < .000). Older responders (65 and older) said they had little or no need for FMs (15.9%) (X^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 (X^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 (X^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 (X^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	*Selection too limited; disinterest in types of food available at markets*
Cost/Expensive	339	17.8	*Products are too expensive*
Lack of accessibility	692	36.3	*None available; no transportation; hours of operation conflicts with schedule; too far away; disability issues*
No need*	215	11.3	*Grows own garden; gets food from family members; believes availability of grocery stores eliminates the need for FM*
Personal habits*	140	7.4	*Not part of my routine forgot about FM as an option; shops for vegetables during general shopping trips to stores*
Lack of knowledge*	72	3.8	*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)*
Miscell comments	63	3.5	*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.*
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) (X^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%*

X^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.

<u>Gender</u>

For payment of health care services, men reported they were more likely to pay with cash compared to women (28% versus 23.2%; $X^2 = 10.726$, p = .001). They also reported a higher frequency of not having been to a doctor compared to women (5% versus 2.7%; $X^2 = 13.709$, p < .000) as well as not having seen a dentist (14.5% versus 11.9%; $X^2 = 4.887$, p = .027). Women, on the other hand, paid for health care with Medicaid more often than men (23.4% versus 13.0 %; $X^2 = 53.994$, p < .000). Women also paid for dental services with Medicaid twice as much of the time as men (19.1% versus 8.7%; $X^2 = 63.013$; 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%) (X^2 = 314.878, p <.000) as well has not having been to a doctor (6.3%) (X^2 = 24.202, p < .000) or a dentist (22.2%) (X^2 = 103.879, p < .000). This age group also had the highest frequency of payment for dental care with Medicare (13.7%; X^2 = 101.283, p <.000) and Medicaid 32.1%; X^2= 318, p< .000). Not surprisingly, nearly 73% of participants in the 65 and older category paid for healthcare with Medicare (X^2 = 1493.207, p < .000). They also had the highest frequency (49.4%) of paying cash for their dental services (X^2 = 259.159, p < .000). The 45 to 64 year old group had the highest frequency (76%; X^2 = 376.869, p < .000) of paying for health care with private insurance, as well as paying with cash (30%; X^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%; X^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%*

*X^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%; $X^2 = 140.339$, $p < .000$).

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%

<u>County</u>

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

Travels Outside Home County	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

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

Table 18

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

Travels Outside Home County	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.