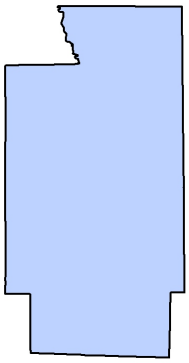
Summit County Omnibus Poll 2005



Report for the Healthy Connection Network

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TABLE OF CONTENTS

Section		Page
I.	**Executive Summary:** Healthy Connection Network	1
	Table 1.1: Summary Findings	4
II.	**Survey Questions:** Healthy Connection Network	5
III.	**Survey Results:** Healthy Connection Network	8
	Health Care Coverage	8
	Table 3.1: Respondents With Health Care Coverage	10
	Chart 3.1: Types of Health Care Coverage	11
	Table 3.2: Types of Health Care Coverage	12
	Table 3.3: Primary Source of Most Health Care	14
	Chart 3.2: Unavailable Health Care Services Due to Cost	15
	Table 3.4: Unavailable Health Care Services Due to Cost	18
	Health Habits and Related Factors	18
	Table 3.5: Average Weight of Respondents	19
	Table 3.6: Average Height of Respondents	20
	Chart 3.3: Frequency of Eating Fruits and Vegetables	21
	Chart 3.4: Respondent-Stated Health Effects of Folic Acid	23
	Chart 3.5: Respondent's Frequency of Smoking Cigarettes	25
	Table 3.7: Frequency of Smoking Within Home	27
	Willingness to Support Health-Related Policies	27
	Table 3.8: Willingness to Support Smoke-Free Legislation	29
	Table 3.9: Willingness to Support Tax for Health Care Access	31
	Chart 3.6: Willingness to Pay for Tax for Health Care Access	32
	Table 3.10: Willingness to Support Tax for Basic Insurance Coverage	34
	Most Important Issues For Mothers and Their Children	35
	Table 3.11: Most Important Issues for Mothers and Children	37
	APPENDIX A: Demographic Characteristics of Respondents	A.1
	APPENDIX B: Summit Poll Research Methodology	B.1

SECTION I

EXECUTIVE SUMMARY

Healthy Connection Network

The results of the 2005 Summit Poll indicate that 91.3% of respondents are currently covered by a health care plan, up from 88.2% of respondents in 2003 (see Table 1.1). Demographic groups that were more likely to have health insurance coverage included college graduates, married or retired persons, individuals 55 years of age and older, suburban residents, and those from households with progressively more income or who were better off or about the same financially from a few years ago.

The proportion of respondents covered by Preferred Provider Organizations (PPOs) increased significantly from 37.6% in 2003 to 46.1% in 2005. On the other hand, the proportion of respondents covered by Medicare or Health Maintenance Organizations (HMOs) saw slight declines. When asked to indicate their primary source of health care, the majority of respondents, 87.5%, indicated they went to a primary care doctor. This proportion was up from 82.4% in 2003, as fewer respondents indicated they relied on such sources of health care as clinics and emergency rooms.

For 2005, over one-quarter, 27.3%, of respondents indicated they, or someone in their home, were unable to secure at least one of six different health care services due to cost, including a primary care or family doctor, hospital care, prescription service, dental, vision, or mental health service. This proportion was up slightly from 25% of respondents in 2003. Respondents without health insurance were twice as likely as those with health insurance to indicate they were unable to secure health care services due to cost. Demographic groups that were more likely to have been unable to secure health care services due to cost considerations included people of color, Akron residents, those without a college degree, part-time employees or the unemployed, single or divorced persons, and those from households with progressively less income or who were worse off financially from a few years ago.

Respondents were also asked a series of questions regarding their health habits. Although the average weight and height of respondents increased slightly from 2003 to 2005, this is attributable primarily to males respondents in 2005.The average weight for males was up by over three pounds from 2003 to 2005, while the average weight of females was down by just less than a half pound. The height of respondents was generally unchanged. For 2005, only 11.7% of respondents said they eat four or more fruits and vegetables per day, however this proportion is up two percentage points from 2003.

When asked about the positive health effects of folic acid, over one-third, 36.2%, of 2005 Summit Poll respondents correctly identified that this vitamin helps with heart disease and spinal cord defects. This proportion was up significantly from 26.2% of respondents in 2003. Demographic groups that were more likely to correctly identify the health effects of folic acid included those 25 to 44 years of age, females, Caucasians, suburban residents, those with progressively more education, and respondents from households with children in the home or who had generally more annual income.

The proportion of respondents who indicated they smoke cigarettes dropped to under one-quarter, 23.7%, of respondents in 2005; 17.9% of respondents stated they smoke everyday while 5.9% smoked only some days. Respondents who reported they had no health insurance or who could not recently secure health services due to cost were more likely to indicate they smoke cigarettes, as were respondents from households with children present in the home. Other groups that were more likely to indicate they smoke included unmarried persons, and individuals with generally less household income or educational attainment.

Respondents were also asked about smoking activity within their home. Over one-fifth, 21.6%, of respondents indicated that someone had smoked cigarettes, cigars or pipes in their household during the past week. If smoking activity did occur within the home, the majority indicated such activity occurred everyday. Not surprisingly, respondents who noted they themselves smoked cigarettes were more likely to indicate smoking activity occurred within their household.

However, over one-quarter, 28.1%, of everyday-smokers stated that there was no smoking activity within their home during the past week, indicating they chooe not to smoke within their homes.

Nearly three-quarters, 72.7%, of respondents indicated they would be willing to support a law that bans smoking in restaurants in their community. Only 1.4% of respondents were undecided, while the remainder, 25.9%, of respondents would be opposed to such legislation. Respondents who said they do not smoke cigarettes, or who indicated there had not been any recent smoking activity in their home, were more likely to indicate support for a smoking ban in restaurants. Other groups more likely to support such a law included registered voters, females, those 65 years of age and older, and those with generally more education, especially college graduates.

When asked if they would consider paying an additional tax so that every Summit County resident could have access to health care, nearly two-thirds, 66.4%, of 2005 Summit Poll respondents said they would support this tax. This proportion was up slightly from 2003. When asked how much in additional taxes they would be willing to pay, most indicated $100 or less per year. For 2005, respondents were also asked if they would be willing to support a program in which tax dollars were used to pay for basic insurance coverage, with the cost of premiums shared equally by tax support, employer, and the insured. Respondents were slightly more likely to endorse this tax, with 70.4% of respondents stating they would support such a program. Respondents without health insurance or who could not recently secure health services due to cost were more likely to indicate support for both types of legislation.

All respondents were asked to indicate the two most important issues, from a list of eight, facing mothers and their children in Summit County. Teenage pregnancy was the leading issue cited, with over half, 51.5%, of all respondents indicating this to be the case. Other frequently cited issues facing mothers and their children, in order of importance, included preventative health care for uninsured children, childhood obesity, smoking during pregnancy, childhood immunizations, unintended pregnancies, infant mortality, and racial differences in infant mortality rates. This rank-order was similar to that of the 2003 Summit Poll.

Table 1.1
Summary Findings

	2003	2005
	Proportion of Respondents	Proportion of Respondents
Health Care Coverage:		
Covered By Insurance	88.2%	91.3%
Health Care Coverage: PPO	37.6%	46.1%
Primary Care Source: Family Doctor	82.4%	87.5%
Unable to Secure Health Care Due to Cost	25.0%	27.3%
Health Habits & Related:		
Average Weight of Respondents (pounds)	(171.6)	(174.0)
Average Height of Respondents (inches)	(66.8)	(67.0)
Aware of Health Effects of Folic Acid	26.2%	36.2%
Eats Fruits/Vegetables: Four or More Times Dailey	9.7%	11.7%
Smokes Cigarettes	26.2%	23.7%
Cigarette Smoking Within Home	NA	21.6%
Support for Health-Related Policies:		
Supports Smoke-Free Legislation	NA	72.7%
Supports Tax for Health Care Access	64.4%	66.4%
Supports Tax for Basic Insurance Coverage	NA	70.4%
Most Important Issues for Mothers/Children:		
Teenage Pregnancy	49.4%	51.5%
Health Care for Uninsured Children	44.7%	43.7%
Childhood Obesity	22.2%	28.6%

NA - Question not asked on Summit Poll 2003.

SECTION II

SURVEY QUESTIONS

Healthy Connection Network

General

The 2005 Summit County Omnibus Poll contained modules of questions from twelve different organizations as well as selected demographic questions. Healthy Connection Network posed seven questions on the 2005 Summit Poll. The Center for Policy Studies collaborated with Healthy Connection Network in the design of the survey questions specific to this organization. Many of the questions were previously asked on the 2003 Summit Poll, allowing annual comparisons of the data. Within the Healthy Connection Network module, the questions were administered to respondents in the following sequence:

Question #1 (formerly asked on Summit Poll 2003):
"I am going to read you a list of issues facing mothers and their children. Of the following issues, which two do you think are most important in Summit County? ... Teenage pregnancy, Unintended pregnancy, Smoking during pregnancy, Infant mortality, Racial differences in infant mortality rates, Preventative health care for uninsured children, Childhood immunizations, Childhood obesity."

Question #2 (formerly asked on Summit Poll 2003):
"Turning now to the topic of health and health care. I am going to read you a list of medical services that people often need. Have you or anyone in your family been unable to obtain one or more of the following services in the past twelve months due to cost? Please answer yes or no after each service: Primary care or family doctor, Hospital care, Prescription services. Dental, Vision, Mental health services."

Question #3 (formerly asked on Summit Poll 2003):
"Would you consider paying an additional tax if it meant that every Summit County resident would have access to health care?"

Question #4 (formerly asked on Summit Poll 2003):
If Question #3 was answered *yes*, then respondent was asked ***"About how much in additional taxes would you be willing to pay – Would you say $25, $50, $100, $500 or $1,000?"***

Question #5 (new for Summit Poll 2005):
"Would you support or oppose a program in which tax dollars are used to pay for basic insurance coverage, with the cost of premiums shared equally by tax support, employer and the participant?"

Question #6 (formerly asked on Summit Poll 2003):
"Right now, are you covered by any type of health insurance or health care plan, including Medicare or Medicaid?"

Question #7 (formerly asked on Summit Poll 2003)::
If Question #6 was answered yes, then the respondent was asked ***"Which of the following types of health care plan do you have? – you can choose more than one type of insurance: standard insurance; an HMO that is, a Health Maintenance Organization; a PPO which is a Preferred Provider Organization; Medicare; Medicaid"***

Question #8 (formerly asked on Summit Poll 2003):
"When you are in need of health care, where do you receive it most often? – primary care doctor, emergency room, urgent care center, hospital clinic, public health department clinic, VA hospital or clinic, free or subsidized clinic."

If the respondent said they do not use any health care, then they were asked ***"If you were to become ill, where would you go?"***

Question #9 (slight variant of a question asked on Summit Poll 2004):
"Folic acid, a B vitamin, can help prevent which of the following problems: diabetes and pneumonia, heart disease and spinal cord defects, or flu and cancer?"

Question #10 (formerly asked on Summit Poll 2003):
"During an average week, please tell me how often you eat fruit and vegetables ... would you say not at all, 1-6 times a week, 1-3 times a day, 4-5 times a day, or more than 5 times a day?"

Question #11 (formerly asked on Summit Poll 2003):
"How tall are you without your shoes on?"

Question #12 (formerly asked on Summit Poll 2003):
"How much do you weigh without shoes on?"

Question #13 (formerly asked on Summit Poll 2003): :
"Do you smoke cigarettes everyday, some days, or not at all?"

Question #14 (new for Summit Poll 2005):
"In the past week, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?"

If answered yes, then the respondent was asked ***"About how many days in the last week did someone smoke cigarettes, cigars, or pipes anywhere inside your home?"***

Question #15 (new for Summit Poll 2005):
"Some cities and towns are considering laws that would make restaurants smoke-free; that is, eliminating all tobacco smoke from restaurants. Would you support or oppose such a law in your community?"

SECTION III

SURVEY RESULTS

Healthy Connection Network

General

The general results of the 2005 Summit Poll indicate that less than 9% of Summit County residents do not have health insurance, however, over one-quarter, 27.3%, noted that they, or someone in their family, had not been able to secure health care services during the past year due to cost. The leading type of health care coverage was a Preferred Provider Organization, while the leading source of health care was a primary care physician. The proportion of respondents eating fruits and vegetables four or more times a day remained relatively low, but increased slightly, while the proportion of respondents smoking cigarettes remained somewhat high, but declined slightly. The proportion of respondents correctly identifying the health effects of folic acid increased significantly. The majority of respondents indicated they would be willing to support health-related legislation, such as smoking bans in restaurants, and taxes to ensure health care access or basic insurance coverage for county residents.

Health Care Coverage

All respondents were asked whether or not they were currently covered by any type of health insurance or health care plan, including Medicare or Medicaid. For 2005, 91.3% of respondents indicated they were covered by health care insurance (see Table 3.1). This proportion was up from 88.2% of respondents in 2003, a statistically significant increase, perhaps due to an improved economy and better job market. For instance, the unemployment rate of survey respondents dropped from 8.9% in 2003 to 5.3% in 2005.

Health care coverage varied according to many demographic groups. For instance, residents of Akron, the urban core of the county, were less likely to have health care insurance compared to suburban residents, i.e., those respondents living in communities outside of Akron but inside Summit County. For 2005, 87.5% of Akron respondents indicated they had health insurance coverage compared to 93% of suburban residents.

Whether or not a person had health insurance coverage was closely associated to employment and household income. For instance, respondents who identified their employment status as employed full-time, retired or homemaker were more likely to have health insurance coverage, while those who identified themselves as unemployed, full-time students or employed part-time were less likely to have health insurance. In addition, respondents from households with progressively higher annual income, or who were better off or about the same financially from a few years ago, were more likely to indicate they had health insurance coverage. For instance, for 2005 only 79.2% of respondents from households with less than $18,000 in annual income indicated they had health insurance, compared to 95% of respondents from households with annual income in excess of $54,000.

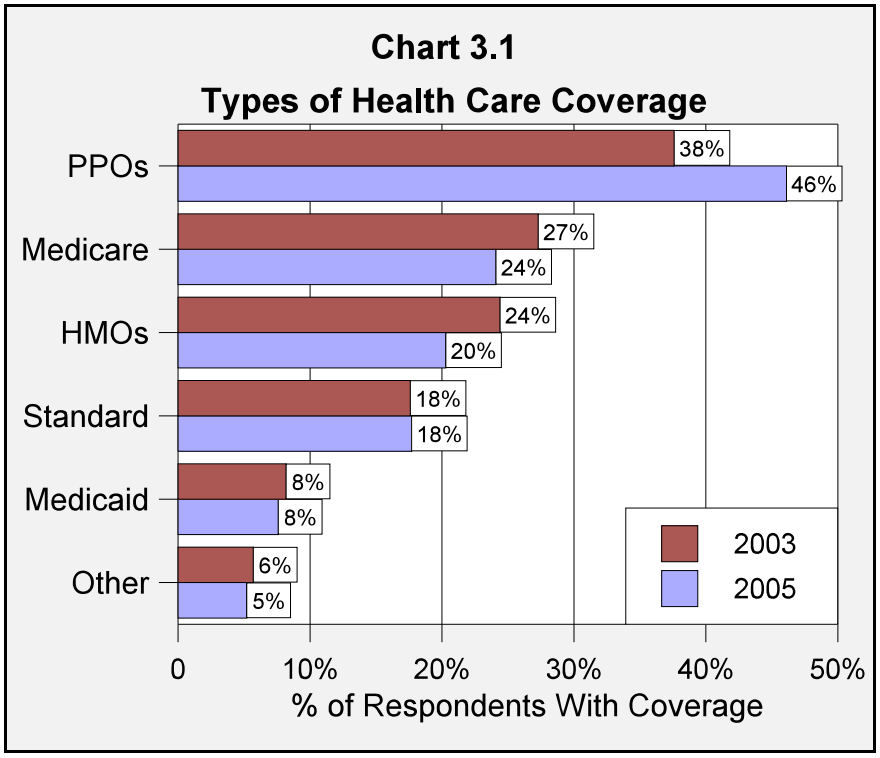
Other demographic groups that were more likely to indicate they had health insurance coverage included married or widowed persons, colleges graduates, home owners, registered voters, those identifying themselves as republicans, and progressively older individuals, especially those 65 years of age and older. On the other hand, groups that were less likely to have health insurance included those not registered to vote, those without a college degree, those who rent their home, progressively younger persons, especially those 18 to 24 years of age, and, in terms of marital status, single, divorced or separated persons. Although the proportion of Caucasians with health insurance was noticeably higher than that of people of color, this difference was not statistically significant.

Table 3.1
Respondents With Health Care Coverage: By Selected Demographics

		Proportion of Respondents With Health Care Coverage	
		2003	2005
Overall Survey Population		88.2%	91.3%
Demographic	Subgroups		
Community	Akron	84.9%	87.5%
	Suburbia	90.3%	93.0%
Gender	Male	87.6%	90.3%
	Female	88.8%	92.3%
Race	Caucasian	89.2%	91.9%
	People of Color	81.1%	87.8%
Age	18-34	78.3%	85.0%
	35-54	86.2%	88.4%
	Over 55	95.0%	96.9%
Educational Attainment	High School Grad or Less	85.0%	89.6%
	Some College/Trade	86.6%	88.4%
	College Graduate	93.7%	95.0%
Marital Status	Married	93.5%	95.1%
	Widowed	94.5%	97.3%
	Single/Divorced/Separated	78.6%	83.7%
Household Type	Own Home	92.1%	94.8%
	Rent Home	78.2%	81.0%
Children in Home	Children in Home	88.8%	89.8%
	No Children in Home	87.1%	92.2%
Annual Household Income	Under $18,000	79.2%	80.2%
	$18,000-$54,000	85.1%	90.0%
	Over $54,000	96.2%	95.0%

Health Plan Types: Those respondents who indicated they were currently covered by a health care plan or health insurance were subsequently asked to list the types of health plans or insurance by which they were covered. Respondents could name as many different coverages as applied, including standard insurance, Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), Medicare or Medicaid, or something else. The majority,77.9%, of respondents listed just one type of health care plan or health insurance.

The leading type of health care coverage for Summit County residents continued to be a Preferred Provider Organization. For 2005, 46.1% of health-insured respondents indicated they were covered by a PPO (see Chart 3.1 and Table 3.2). This amounted to 42% of the overall survey population. The proportion of respondents covered by a PPO was up significantly from 2003, when 37.6% of health-insured respondents noted they were covered by a PPO.



The next leading source of health insurance coverage was Medicare, with nearly one-quarter, 24.1%, of health-insured respondents indicating they were covered by this type of insurance in 2005. This amounted to 22% of the overall survey population. The proportion of respondents covered by Medicare was down slightly from 2003, but not enough to indicate statistical significance. Not surprisingly, demographic groups that were more likely to be covered by Medicare included retirees, widowers, and those 65 years of age and older.

Other types of health insurance coverage cited by respondents included, in order of importance, Health Maintenance Organizations (20.3% of health-insured respondents in 2005), standard health insurance (17.7%), Medicaid (7.6%), and something else (5.2%). The proportion of respondents covered by standard health insurance, Medicaid or something else was relatively unchanged from 2003. However, the proportion of respondents covered by HMOs significantly declined from 2003.

Table 3.2
Types of Health Care Coverage

Coverage Type	2003		2005	
	Proportion of Health Care Insured[1]	Proportion of All Respondents[2]	Proportion of Health Care Insured[1]	Proportion of All Respondents[1]
PPO	37.6%	33.1%	46.1%	42.0%
Medicare	27.3%	24.1%	24.1%	22.0%
HMO	24.4%	21.5%	20.3%	18.5%
Standard Insurance	17.6%	15.5%	17.7%	16.1%
Medicaid	8.2%	7.2%	7.6%	6.9%
Something Else	5.2%	4.6%	5.2%	4.7%
Valid Responses	(n=899)	(n=1,038)	(n=954)	(n=1,075)

(1) Proportion of respondents with health care insurance coverage.
(2) Proportion of all survey respondents (valid responses).

Primary Health Care Source: Regardless of whether or not they had health care coverage, all respondents were asked where they receive their health care most often. The respondent could choose from seven selections, including primary care doctor, emergency room, urgent care center, hospital clinic, public health department clinic, Veteran's Administration (VA) hospital or clinic, or a free or subsidized clinic.

The leading source of health care continued to be a primary care doctor. For 2005, the majority, 87.5%, of respondents stated they receive health care most often from a primary care physician (see Table 3.3). This proportion was up significantly from 82.4% of respondents in 2003. The proportion of respondents relying on a primary care doctor increased due, in part, to less reliance on hospital emergency rooms and various types of clinics for health care. Individuals not having a health care plan or health insurance were less likely to see a primary care doctor for their health care. Instead, such individuals utilized other sources of health care, such as emergency rooms, free or subsidized clinics, urgent care centers, and local public health departments.

Respondents with insurance coverage in general, especially those covered by a Preferred Provider Organization, were more likely to use a primary care physician as their primary source of medical care. Other groups that were more likely to use a primary care doctor as their primary source of medical care included females, Caucasians, suburban residents, registered voters, home owners, relatively older persons, especially those 45 years of age and older, individuals with progressively more educational attainment, and respondents from households with progressively more annual income.

Other frequently cited primary sources for health care for Summit County residents included, in order of importance, emergency rooms (5.2% of respondents in 2005), hospital clinics (2.6%), urgent care centers (1.1%), free or subsidized clinics (1%), VA hospitals or clinics (1%), public health departments (0.6%), and something else (0.9%). Respondents with standard insurance or on Medicaid were more likely to use these other sources of medical care, in general. Demographic groups more likely to rely on sources of health care other than primary

care doctors included males, people of color, Akron residents, those 18 to 24 years of age, single or divorced persons, full-time students or the unemployed, those with progressively less education, individuals not registered to vote, and respondents from households with progressively less annual income.

Table 3.3
Primary Source of Most Health Care

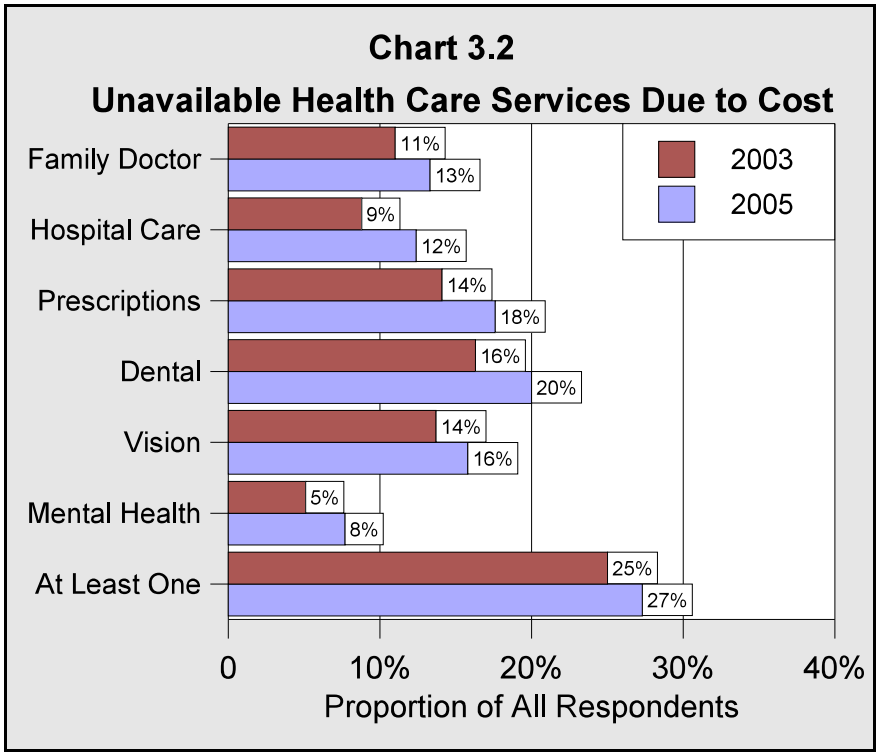
Primary Source	2003		2005	
	Proportion of All Respondents[1]	Proportion Having Insurance[2]	Proportion of All Respondents[1]	Proportion Having Insurance[2]
Primary Care Doctor	82.4%	93.2%	87.5%	94.4%
Emergency Room	7.8%	76.3%	5.2%	62.5%
Hospital Clinic	3.1%	81.3%	2.6%	82.1%
Urgent Care Center	1.6%	78.1%	1.1%	66.7%
Free or Subsidized Clinic	1.4%	20%	1.0%	54.5%
VA Hospital or Clinic	1.4%	64.3%	1.0%	81.8%
Public Health Department	0.2%	0%	0.6%	66.7%
Something Else	2.1%	66.7%	0.9%	80.0%

(1) Proportion of all valid respondents.
(2) Proportion of individuals within each category of primary health care that had health care coverage.

Unobtainable Services: All survey respondents were asked whether or not they or anyone in their family had been unable to obtain six specific health care services due to cost considerations over the past twelve months. These services included family doctor services, hospital care, prescriptions, dental care, vision care, and mental health services. For 2005, over one-quarter, 27.3%, of respondents indicated they, or someone in their family, were unable to obtain at least one of these services (see Chart 3.2). This proportion was up from 25% in 2003, although this increase was not statistically significant.

In general, respondents without insurance coverage were twice as likely to be able to secure any of the six types of health care (see Table 3.4). For instance, for 2005 over half, 55.9%, of respondents without health insurance coverage indicated they, or someone in their family, were unable to secure at least one of the six types of health care services due to cost considerations, compared to only 24.6% of those respondents with health insurance. Likewise, respondents who relied on clinics and hospital emergency rooms for their health care were more likely to indicate that they, or someone in their family, were unable to obtain health care services due to cost.

In addition, respondents from households with progressively lower levels of income, or who were worse off financially from a few years ago, were less likely to have been able to secure these medical services due to cost considerations. Other demographic groups that were less likely to be able to secure health care services due to cost included people of color, residents of Akron, those 18 to 54 years of age, cigarette smokers, part-time employees or the unemployed, and, in terms of marital status, single, divorced or separated persons.



The most frequently cited health care service that was unobtainable due to cost continued to be **dental care**. For 2005, one-fifth, 20%, of respondents reported they, or someone in their family, were unable to secure dental care due to cost considerations. This proportion was up from 16.3% of respondents in 2003, a significant difference. Respondents without health care coverage were more than twice as likely to not have been able to secure dental care due to cost considerations. Just under 18% of respondents with health care coverage were unable to secure dental care for cost reasons, while 44.1% of respondents with no insurance, or someone in their family, were unable to secure such services.

The next most frequently cited health care service that was unavailable due to cost **was prescription services**. For 2005, nearly one-fifth, 17.6%, of respondents reported they, or someone in their family, were unable to obtain prescriptions due to cost considerations during the past year. This proportion was up from 14.1% of respondents in 2003, a significant difference. Respondents without health insurance were more than three times as likely not to have been able to afford prescriptions. Fifteen percent of respondents with health care coverage were unable to secure prescriptions for cost reasons, compared to 44.1% of respondents with no health insurance.

In terms of **vision care**, 15.8% of 2005 respondents noted they or someone in their family could not obtain such services during the past year due to cost. This proportion was up slightly from 13.7% of respondents in 2003. Respondents without health insurance were more than three times as likely not to have been able to secure vision care. Only 13.3% of respondents with health insurance said they were unable to secure vision services due to cost, compared to 41.9% of respondents without health insurance coverage.

Those indicating that they, or someone in their family, had been unable to obtain services from a **family doctor** during the past year amounted to 13.3% of respondents in 2005, up slightly from 11% of respondents in 2003. Respondents without health insurance were more than three times as likely to indicate they could not obtain services from a family doctor. Well over one-

third, 38.7%, of respondents without health insurance coverage indicated they could not obtain services from a family doctor, compared to only 10.8% of those with health insurance.

Those individuals who were unable to obtain **hospital care** due to cost considerations amounted to 12.4% of respondents in 2005. This proportion was up significantly from 8.8% of respondents in 2003. Respondents without health insurance coverage were nearly four times more likely to indicate they were unable to obtain hospital services due to cost. Over one-third, 36.6%, of respondents without health insurance indicated they were unable to secure hospital services, compared to 10% of respondents with health insurance.

Lastly, 7.7% of respondents in 2005 indicated they, or someone in their family, were unable to secure **mental health services** during the past year due to cost considerations. This proportion was up significantly from 5.1% of respondents in 2003. Respondents without health care were more than twice as likely to indicate they had been unable to secure mental health services due to cost. Less than one-fifth, 17.2%, of respondents without health care coverage indicated they had been unable to secure mental health services, compared to 6.8% of those with health insurance.

Table 3.4
Unavailable Health Care Services Due to Cost

Unavailable Services	2003		2005	
	Proportion of Respondents Without Insurance[1]	Proportion of Respondents With Insurance[2]	Proportion of Respondents Without Insurance[1]	Proportion of Respondents With Insurance[2]
Family Doctor	33.6%	8.0%	38.7%	10.8%
Hospital Care	23.0%	6.9%	36.6%	10.0%
Prescription Services	37.7%	10.9%	44.1%	15.0%
Dental Services	42.6%	12.8%	44.1%	17.7%
Vision Services	31.1%	11.4%	41.9%	13.3%
Mental Health	12.3%	4.2%	17.2%	6.8%
At Least One (of Above)	59.0%	20.4%	55.9%	24.6%

(1) Proportion of respondents that indicated they did not have health insurance coverage.
(2) Proportion of respondents that indicated they did have health insurance coverage.

Health Habits and Related Factors

All survey respondents were asked a series of questions regarding their health habits, such as how many fruits and vegetables are eaten each day, whether or not they smoke cigarettes, how often smoking activity occurs within their home, and whether or not they know the health effects of folic acid. Respondents were also asked to give their height and weight.

Height and Weight: The average weight of respondents increased from 171.6 pounds in 2003 to 174 pounds in 2005. This increase is attributable to the average weight of males which increased from 2003 to 2005, while the average weight of females decreased slightly over the

same period (see Table 3.5). For males, weight gain was particularly evident in the 18 to 24 age category, whereas the average weight of females in this age category decreased significantly.

Table 3.5
Average Weight of Respondents[1]

Age Group	2003		2005	
	Male	Female	Male	Female
18 to 24 years old	183.0	140.3	192.6	134.5
25 to 34 years old	189.9	152.8	193.9	149.5
35 to 44 years old	200.3	149.4	197.0	155.3
45 to 54 years old	197.9	155.5	200.3	158.0
55 to 64 years old	194.9	168.4	197.5	160.8
65 years and older	183.1	152.5	189.3	151.1
All Ages	192.7	153.9	196.0	153.5
Valid Responses	(n≈454)	(n≈545)	(n≈503)	(n≈541)

(1) Average weight in pounds.

The average height of respondents increased from 66.8 inches in 2003 to 67.0 inches in 2005 (see Table 3.6). This increase is not likely attributable to trends toward taller individuals but is likely due to a greater proportion of men surveyed for the 2005 Summit Poll. The average height of males and females remained relatively even over the 2003 to 2005 period.

Table 3.6
Average Height of Respondents[1]

Age Group	2003		2005	
	Male	Female	Male	Female
18 to 24 years old	71.3	64.4	70.9	64.2
25 to 34 years old	70.7	65.0	70.9	64.7
35 to 44 years old	70.9	64.7	70.5	64.5
45 to 54 years old	70.1	64.3	70.4	64.2
55 to 64 years old	69.7	63.9	70.2	64.0
65 years and older	69.2	63.1	69.8	63.3
All Ages	70.2	64.1	70.3	64.0
Valid Responses	(n≈456)	(n≈577)	(n≈504)	(n≈561)

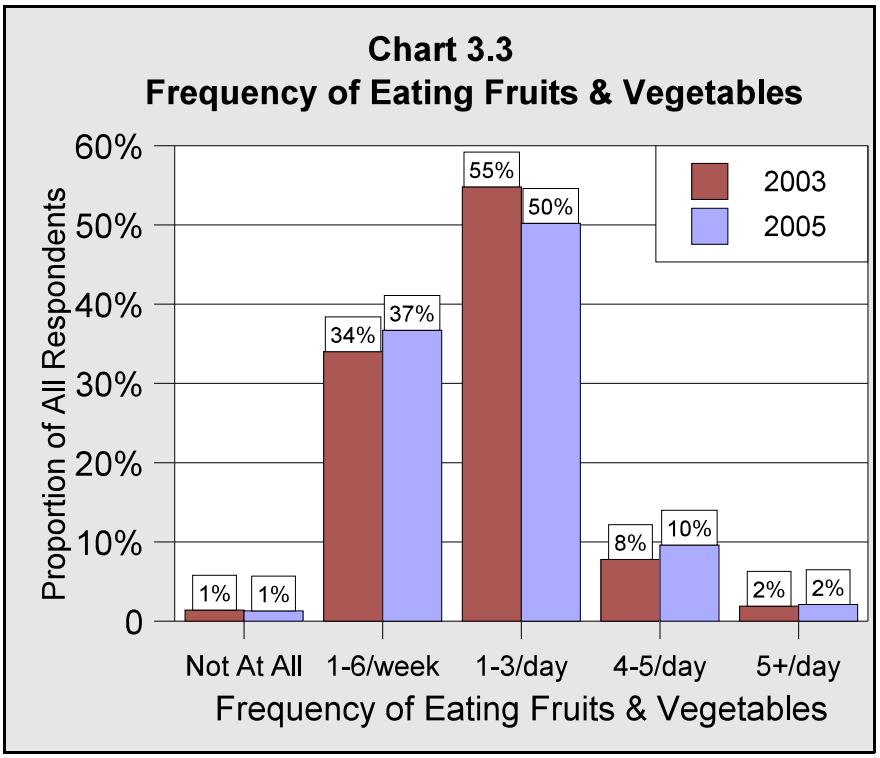
(1) Average height in inches.

Eating Fruits and Vegetables. Respondents were also asked, during an average week, how often they ate fruits and vegetables. The majority of respondents ate fewer fruits and vegetables than the recommended daily allowances (per the *Dietary Guidelines for Americans 2005*, published by the U.S. Departments of Agriculture and Health and Human Services). For instance, only 11.7% of respondents from the 2005 Summit Poll stated they eat fruits and vegetables four or more times a day (see Chart 3.3). This proportion was up from 9.8% of respondents for 2003, but the difference was not enough to be statistically significant.

Respondents with health insurance were nearly three times as likely to indicate they ate fruits and vegetables four or more times a day. Whereas 12.5% of health-insured respondents indicated they ate four or more servings a day, only 4.5% of respondents without health insurance coverage made similar claims. Likewise, those who had indicated they, or someone

in their family, had not been able to secure health care during the past year were less likely to eat fruits and vegetables four or more times daily.

Demographic groups that were more likely to eat fruits and vegetables four or more times a day included females, college graduates, home owners, and those 18 to 24 years of age or 65 years of age and older. Perhaps reflecting busy lifestyles, those with more free time, such as retirees and the unemployed, were more likely to indicate they ate fruits and vegetables four or more times per day. A few demographic groups that were less likely to eat fruits and vegetables four or more times a day included widowed or separated persons and respondents who were worse off financially from a few years ago. Respondents from households with children present in the home were no more likely to eat the recommended daily allowance of fruits and vegetables.



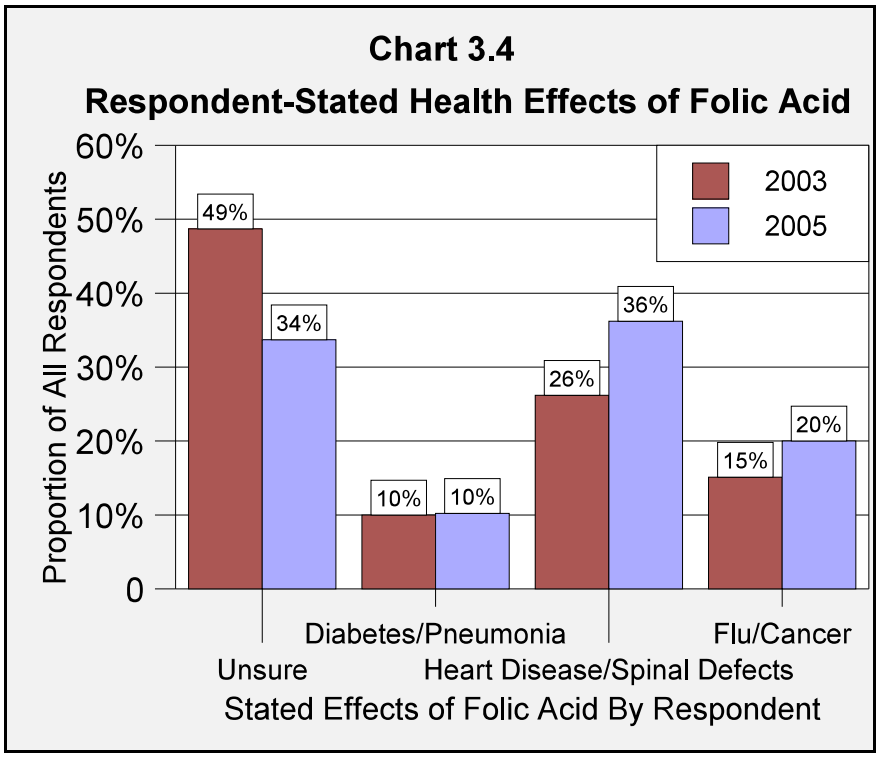
Effects of Folic Acid: All respondents were asked whether folic acid, a B Vitamin, provided specific health benefits. They were asked to select, from three categories, what health problems folic acid can help prevent, including helping to prevent diabetes and pneumonia, heart disease and spinal cord defects, or flu and cancer.

When asked about the positive health effects of folic acid, over one-third, 36.2%, of respondents from the 2005 Summit Poll correctly indicated that this B vitamin helps prevent heart disease and spinal cord defects (see Chart 3.4). This proportion was up significantly from 26.2% of respondents in 2003, indicating that the public has become more aware regarding the positive health effects of folic acid in this period perhaps due to an intervention occurring during this period, such as a public relations campaign.

A slightly higher proportion of health-insured respondents were aware of the correct benefits of folic acid, but the difference was not significant. However, respondents with health coverage through a Preferred Provider Organization were more likely to be aware of the correct benefits of folic acid, while those with health coverage through Medicare or Medicaid were less likely to be aware of the correct benefits of folic acid. Other groups that were more likely to be aware of the correct health benefits of folic acid included females, Caucasians, suburban residents, those with progressively more educational attainment, those 25 to 44 years of age, and respondents from households with relatively more income or who had children present in the home.

For 2005, roughly one-third, 33.7%, of respondents indicated they were unsure of the health effects of folic acid. This proportion was down significantly from nearly half, 48.7%, of respondents in 2003. Again, this drop may be attributable to a program or campaign during this period that stressed the health benefits of folic acid. Demographic groups that were more likely to be unsure of the health benefits of folic age included those 65 years of age and older, those with progressively less education, and respondents from households with no children present in the home.

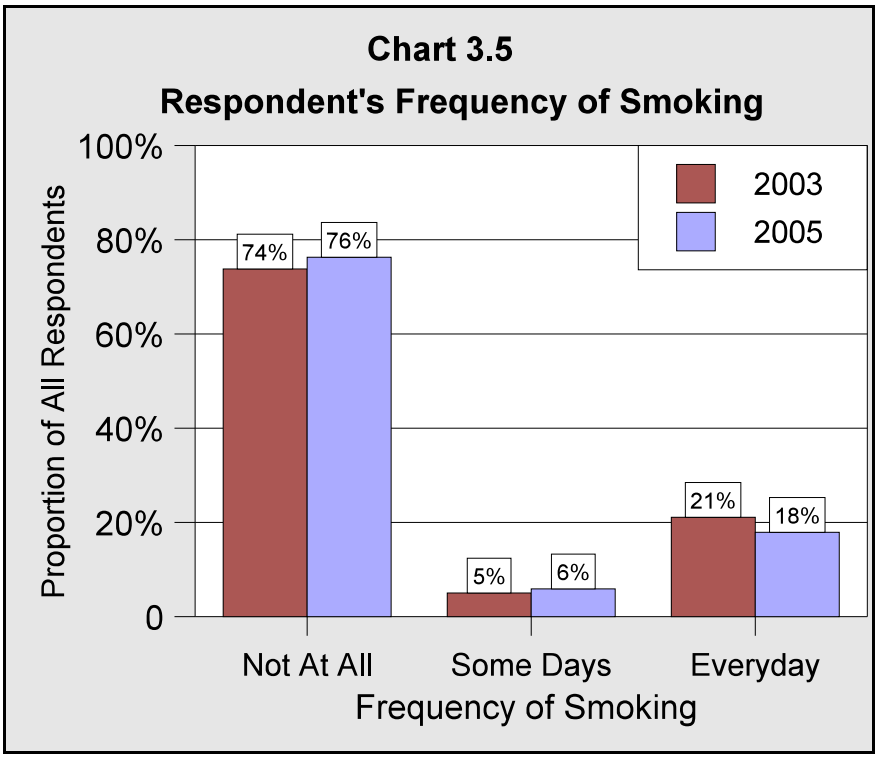
The proportion of respondents who indicated folic acid can help prevent diabetes and pneumonia remained relatively constant, with 10% and 10.2% of respondents in 2003 and 2005, respectively, saying folic acid helped prevent these two health conditions. For 2005, 20% of respondents indicated folic acid helped prevent flu and cancer, up from 15.1% of respondents in 2003. Demographic groups that were more likely to state folic acid can help prevent diabetes and pneumonia or flu and cancer included males, people of color, individuals with relatively less educational attainment, and those who relied on clinics or hospital emergency rooms as their primary source of health care.



Smoking Habits: All survey respondents were asked how often they smoked cigarettes, namely whether they smoke cigarettes every day, some days, or not at all. For 2005, nearly one-quarter, 23.7%, of respondents indicated they smoked cigarettes: 17.9% of respondents said they smoke cigarettes every day while 5.9% indicated they smoke cigarettes only some days (see Chart 3.5). Compared to 2003, the proportion of everyday smokers was down, while the proportion of someday smokers was up slightly, however it should be noted that these differences were not statistically significant.

Respondents not covered by health insurance were twice as likely as those with health insurance to be cigarette smokers. For 2005, 44.1% of uninsured respondents indicated they smoked cigarettes compared to only 21.8% of health-insured respondents. Respondents who reported they were covered by Medicaid were also twice as likely to indicate they smoked cigarettes compared to respondents not covered by Medicaid. In addition, those who reported that they, or someone in their family, had been unable to secure health care services during the past year were more likely to be cigarette smokers, as were respondents who relied on clinics or hospital emergency rooms as their primary source of health care treatment.

Despite the relatively high cost of cigarettes, respondents from households that had progressively less annual income, or that were worse off financially from a few years ago, were more likely to be cigarette smokers. Similarly, the unemployed were particularly more likely to be cigarette smokers. Other demographic groups that were more likely to be cigarette smokers included residents of Akron, those who rent their home, individuals with generally less educational attainment, those not registered to vote or not likely to vote, those less than 55 years of age, especially those 18 to 24, and, in terms of marital status, single, divorced, or separated individuals. In addition, respondents from households with children present in the home were more likely to be cigarette smokers. Groups that were particularly more likely to not smoke cigarettes included college graduates, married or widowed persons, and retirees.



For the 2005 Summit Poll, respondents were also asked, regardless of whether they smoked, how many days in the past week cigarettes, cigars or pipes were smoked in their home. Less than one-quarter, 21.6%, of respondents indicated smoking activity occurred within their home during the past week (see Table 3.7). This proportion was slightly lower than the overall proportion of respondents who indicated they smoked cigarettes, which was 23.7% of respondents (see the previous section).

If smoking occurred within the home, it was likely to be an everyday event. Of those respondents who indicated smoking activity had occurred in their home, over three quarters, 76.4%, said that such activity had occurred every day of the past week. This amounted to 16.5% of all respondents. Another 5.1% of respondents indicated that smoking had occurred some days, i.e., one to six days during the past week.

Not surprisingly, respondents who indicated they did not smoke cigarettes were more likely to report that smoking activity had not occurred in their home during the past week, while those who indicated they smoked cigarettes were more likely to indicate smoking activity had occurred in their home. However, a significant proportion of smoking respondents indicated that smoking activity had not recently taken place in their home, indicating that they do not choose to smoke in their home, perhaps to accommodate other members of the household. For instance, 37.4% of respondents who smoked cigarettes, either some days or everyday, indicated that no smoking activity had occurred in their home during the past week. On the other hand, 8.9% of non-smoking respondents reported that smoking activity had occurred in their home during the past week.

Respondents not covered by health insurance were twice as likely as those with health insurance to report that smoking activity had occurred within their home during the past week. Whereas 41.9% of uninsured respondents indicated smoking activity had recently occurred within their home, only 19.8% of health-insured respondents indicated the same. Moreover, respondents who reported that they, or someone in their family, had been unable to secure health care services during the past year were also twice as likely to report that smoking activity had recently occurred in their home, as were respondents who relied on clinics or hospital emergency rooms as their primary source of health care treatment.

Respondents from households with progressively less income, or that were worse off financially, were also more likely to report smoking activity had occurred in their home during the past week. Other demographic groups that were more likely to indicate smoking activity had recently occurred in their home included those ages 18 to 54, people of color, the unemployed, residents of Akron, respondents with relatively less education, especially those without a college degree, those who rent their homes, those not registered to vote nor likely to vote, and, in terms of marital status, single, divorced or separated persons.

Table 3.7
Frequency of Smoking Within the Home

Respondent's Smoking Habit	Smoking Activity Within Home, 2005			
	No Smoking In Home	1-3 Days	4-6 Days	Smoking Every Day In Home
Respondent Never Smokes	91.1%	2.7%	0.6%	5.6%
Respondent Smokes Some Days	66.1%	12.9%	1.6%	19.4%
Respondent Smokes Every Day	28.1%	4.2%	5.7%	62.0%
Overall Survey Population	78.4%	3.5%	1.6%	16.5%

Willingness to Support Health-Related Policies

All survey respondents were asked whether or not they would support three different types of health-related policies or legislation. These topics included banning smoking within restaurants, establishing a tax to ensure that all Summit County residents had access to health care, and establishing a program in which tax dollars are used to pay for basic insurance coverage, with the cost of premiums shared equally by tax support, employer and the participant.

Smoke-Free Legislation: For 2005, respondents were told that some cities and towns are considering laws to make restaurants smoke-free, i.e., banning tobacco smoke from the restaurants, and they were asked whether or not they would support such a law in their community. Nearly three-quarters, 72.7%, of all survey respondents indicated they would support such legislation, while just over one-quarter, 25.9%, of respondents stated they were opposed to this legislation (see Table 3.8). Only 1.4% of respondents said they were undecided, thus indicating that most respondents had a formed opinion on the issue.

Respondents who did not smoke cigarettes, or who reported that smoking activity had not recently occurred in their home, were more likely to support smoke-free restaurant legislation, while cigarette smokers and those who had reported smoking activity had occurred in their home were less likely to support such legislation. Four out of five, or 79.8%, of non-smoking respondents stated they would support smoke-free restaurant legislation compared to less than half, 49.8%, of cigarette smoking respondents. Similarly, 80.5% of respondents who reported smoking activity had not occurred in their home during the past week indicated they would support a smoke-free restaurant law, compared to less than half, 44.6%, of those who reported smoking activity had recently taken place in their household.

Respondents who reported themselves as likely voters were more likely to indicate they would support legislation to ban smoking in restaurants. For instance, 74% of registered voters indicated they would support such legislation, compared to 57% of respondent not registered to vote. Similarly, respondents who indicated they were very likely to vote in the next election were more likely to state they would support smoke-free restaurant legislation. Nearly three-quarters, 74.7%, of very-likely voters indicated they would support the legislation, compared to 58.5% of persons not likely to vote in the next election (see Table 3.8).

Other demographic groups that were more likely to state they would support legislation to ban smoking in restaurants included females, home owners, retirees, those 65 years of age and older, and those with generally more educational attainment, especially those with a college degree. Groups that were particularly more likely to oppose such legislation included those ages 18 to 24, those who rent their home, full-time students or the unemployed, and respondents from low-income households, i.e., those with annual income less than $18,000. Presence of children in the household under 18 years of age played no role in whether of not a respondent would support a smoke-free restaurant law. In addition, the respondent's political ideology, i.e., whether they were liberal or conservative, also did not impact their disposition toward such legislation.

Table 3.8 **Willingness to Support Smoke-Free Legislation**			
	Disposition Towards Smoke-Free Law, 2005		
	Support	Oppose	Undecided
Overall Survey Population	72.7%	25.9%	1.4%
Respondent's Smoking Habit			
Respondent Never Smokes	79.8%	18.7%	1.5%
Respondent Smokes Some Days	61.3%	37.1%	1.6%
Respondent Smokes Every Day	46.1%	52.9%	1.0%
Smoking Activity Within Home			
No Smoking Within Home	80.5%	18.0%	1.4%
Smoking Some Days Within Home	56.4%	41.8%	1.8%
Smoking Every Day Within Home	40.9%	58.0%	1.1%
Voter Registration Status			
Registered to Vote	74.0%	24.8%	1.2%
Not Registered to Vote	57.0%	39.2%	3.8%
Likelihood of Voting Next Election			
Very Likely	74.7%	24.1%	1.2%
Somewhat Likely	65.4%	33.7%	1.0%
Not Likely	58.5%	36.9%	4.6%

Health Care Access: Respondents were also asked whether or not they would consider paying an additional tax if it meant that every resident in Summit County would have access to health care. For 2005, nearly two-thirds, 66.4%, of all respondents indicated they would consider paying such an additional tax (see Table 3.9). This proportion was up slightly from 64.4% of respondents in 2003, however this increase was not enough to be statistically significant. The remainder of respondents were opposed to a tax to ensure all county residents had access to health care.

Respondents without health insurance were more likely to indicate they would support a tax to ensure health care access. Over three-quarters, 78.9%, of uninsured respondents indicated they would support such a tax compared to 62.4% of health-insured respondents. Likewise, respondents who had indicated they or a family member had been unable to secure health care during the past year due to cost, or who relied on clinics and hospital emergency rooms for health care, were more likely to indicate they would support a tax to ensure health care access. In addition, respondents with Medicaid coverage were more likely to indicate they would support such a tax.

Respondents from households with progressively less annual income, or who were worse off financially from a few years ago, were more likely to indicate they would support the tax to ensure health care access. Other demographic groups that were more likely to indicate they would support a tax to ensure health care access included females, residents of Akron, those who rent their home, full-time students, the unemployed, those employed on a part-time basis, and, in terms of marital status, single, divorced or separated persons. In addition, respondents with a political ideology that was liberal or moderate, or those who identified themselves as democrats, were more likely to support the tax. Voter registration status and education did not play a role in influencing support. Demographic groups that were particularly more likely to oppose such a tax included males, married or widowed persons, retirees or those employed on a full-time basis, and republicans and conservatives.

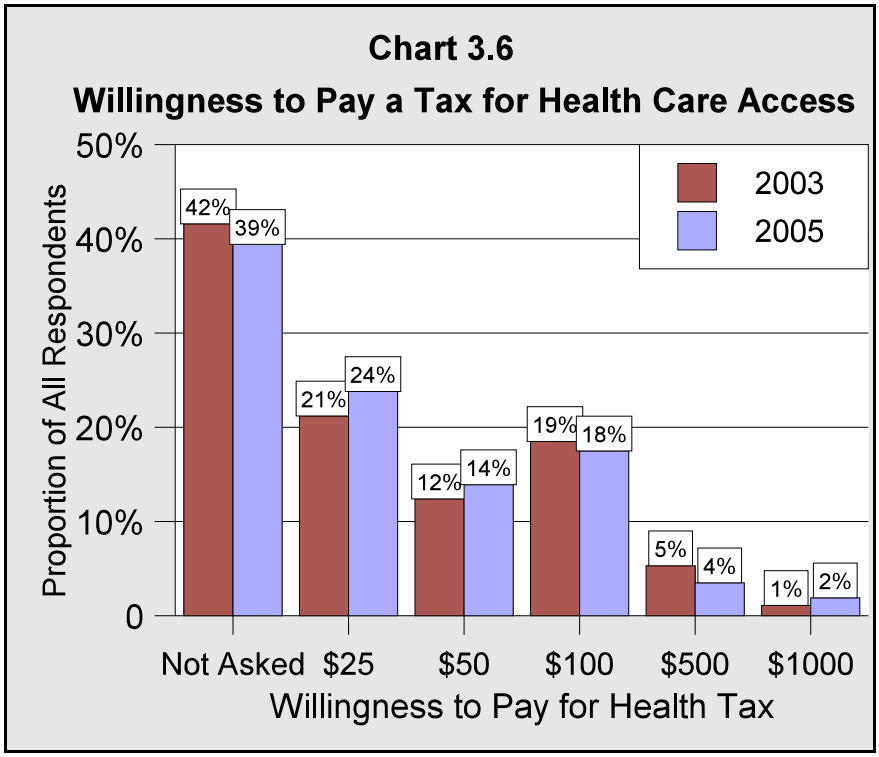
Respondents who indicated they would support a program for basic insurance coverage were more likely to indicate they would support the health care access tax. For instance, 82.3% of those saying they would support the basic insurance coverage program said they would support the health care access tax as well. In addition, those who previously indicated they would support a smoking ban in restaurants were more likely to state they would support a tax to ensure all county residents had access to health care. On the other hand, cigarette smokers and those who reported smoking activity had recently occurred in their home were also more likely to support such a tax.

Table 3.9
Willingness to Support Tax for Health Care Access

		Proportion of Respondents Supporting HC Access Tax	
		2003	2005
Overall Survey Population		64.4%	66.4%
Demographic	Subgroups		
Health Insurance Coverage	Has Health Insurance Coverage	62.4%	64.4%
	Does Not Have Health Insurance	78.9%	84.6%
Unable to Secure Health Services	Able to Secure Health Services	59.7%	61.5%
	Unable to Secure Health Services	78.4%	78.9%
Community	Akron	68.4%	72.7%
	Suburbia	62.3%	64.0%
Gender	Male	57.3%	58.1%
	Female	69.9%	73.8%
Race	Caucasian	62.9%	65.9%
	People of Color	74.2%	70.7%
Age	18-34	73.1%	68.1%
	35-54	62.0%	71.1%
	Over 55	62.4%	61.5%
Household Type	Own Home	61.7%	62.0%
	Rent Home	71.7%	79.3%
Children in Home	Children in Home	66.5%	68.7%
	No Children in Home	63.4%	65.1%
Annual Household Income	Under $18,000	75.2%	79.0%
	$18,000-$54,000	67.4%	67.7%
	Over $54,000	63.6%	65.1%
Political Ideology	Liberal	79.8%	75.1%
	Moderate	65.2%	71.5%
	Conservative	49.6%	53.1%

Those respondents who indicated they would consider paying an additional tax if it meant that every resident would have access to health care were asked how much in additional taxes they would be willing to pay. Respondents were given five speculative tax levels from which to choose: $25, $50, $100, $500, and $1,000 on a yearly basis.

To a large degree, the result for 2005 mirrored that of 2003. Most respondents willing to pay an additional tax to ensure all residents have health care indicated they were only willing to pay $100 or less (see Chart 3.6). The most frequently selected tax was $25 per year, with over one-third, 39.2%, of tax supporters choosing this tax level. This amounted to less than one-quarter, 23.8%, of all respondents in 2005. In general, respondents from households with progressively higher levels of income, or that were better off financially from a few years ago, were more likely to support such a tax.



Insurance Program: For 2005, all survey respondents were asked whether or not they would support or oppose a program in which tax dollars are used to pay for basic insurance coverage, with the cost of premiums shared equally through tax support, the employer and the employee. As with the hypothetical tax to ensure all county residents had access to health care, the majority of respondents supported such legislation. Over two-thirds, 70.4%, of respondents indicated they would support such a program (see Table 3.10). The remainder of respondents indicated they would oppose such a program.

In general, the groups that supported the tax to ensure every county resident had access to health care were more likely to also support a program for basic insurance coverage. For instance, the overwhelming majority, 88%, of uninsured respondents indicated they would support such a program. Still, over two-thirds of insured respondents also indicated they would support the program. Likewise, respondents who had indicated they or a family member had been unable to secure health care during the past year due to cost, or who relied on clinics and hospital emergency rooms for health care, were more likely to indicate they would support a program for basic insurance coverage.

As with the health care access tax, respondents from households with relatively less annual household income, or that were worse of financially from a few years ago, were more likely to indicate they would support a tax-funded program for basic insurance coverage. Other demographic groups that were more likely support a basic insurance coverage program included relatively younger persons, residents of Akron, those who rent their home, full-time students and the unemployed, those employed on a part-time basis, cigarette smokers, and, in terms of marital status, single, divorced or separated persons. In addition, respondents with a political ideology that was liberal or moderate, or those who identified themselves as democrats, were more likely to support the basic insurance program. Voter registration status and education did not play a role in influencing support. Demographic groups that were particularly more likely to oppose such a tax included males, married or widowed persons, retirees or those employed on a full-time basis, and republicans and conservatives.

Table 3.10 **Willingness to Support Tax for Basic Health Insurance**		
		2005
		% of Respondents Supporting Program
Overall Survey Population		70.4%
Demographic	Subgroups	
Health Insurance Coverage	Has Health Insurance Coverage	68.5%
	Does Not Have Health Insurance	88.0%
Unable to Secure Health Services	Able to Secure Health Services	65.7%
	Unable to Secure Health Services	82.3%
Community	Akron	75.8%
	Suburbia	67.9%
Gender	Male	67.6%
	Female	73.0%
Race	Caucasian	70.1%
	People of Color	73.9%
Age	18-34	78.7%
	35-54	73.3%
	Over 55	63.3%
Household Type	Own Home	65.5%
	Rent Home	82.4%
Children in Home	Children in Home	76.3%
	No Children in Home	67.0%
Annual Household Income	Under $18,000	76.0%
	$18,000-$54,000	75.4%
	Over $54,000	67.9%
Political Ideology	Liberal	84.0%
	Moderate	74.0%
	Conservative	56.0%

Most Important Issues for Mothers and Their Children

Lastly, all respondents were asked to indicate the two most important issues facing mothers and their children in Summit County from a list of eight selections, which included teenage pregnancy, unintended pregnancy, smoking during pregnancy, infant mortality, racial differences in infant mortality rates, preventative health care for uninsured children, childhood immunizations, and childhood obesity.

The results for 2005 closely mirrored those from 2003 (see Table 3.11). For instance, the rank-order of the importance of the issues largely remained the same, especially in terms of the top three issues. Combining all responses, teenage pregnancy continued to be the leading issue cited by respondents for mothers and their children in Summit County, with over half, 51.5%, of all 2005 respondents indicating this to be the case. This proportion was up slightly, but not significantly, from 2003. Groups that were more likely to indicate that teen pregnancy was a major issue for mothers and children included Caucasians, college graduates, those 25 years of age and older, singles, and persons who rent their home.

The next leading frequently cited issues facing mothers and their children continued to be preventative health care for uninsured children and childhood obesity, with 43.7% and 28.6% of respondents indicating this to be the case, respectively, in 2005. The proportion of respondents asserting preventative health care for uninsured children as a major issue was down slightly from 2003, but not significantly. On the other hand, the proportion of respondents asserting childhood obesity as a major issue was up significantly from 22.9% of respondents in 2003. Groups that were more likely to assert preventative health care for uninsured children was a major issue included females, Caucasians, liberals, registered voters, respondents from households with children present in the home, individuals with relatively more education, and persons that were unable to secure health care services during the past year. Groups that were more likely to assert childhood obesity was a major issue included Caucasians, singles, and persons who own their home.

Other leading issues cited by respondents for mothers and their children in the county included, in order of importance, smoking during pregnancy, 17.6% of respondents; childhood immunizations, 16.8%; unintended pregnancies, 14.2%; infant mortality, 11.4%; and, racial differences in infant mortality rates, 8.4%. The proportion of respondents indicating childhood immunizations were a major issue was down significantly from 2003, but the proportions of respondents indicating the other issues were of importance were not statistically different from 2003.

Groups that were more likely to assert smoking during pregnancy was a leading issue for mothers and children included males, people of color, persons ages 18 to 34, persons not registered to vote, and persons with generally less educational attainment. Groups that were more likely to assert childhood immunizations was a leading issue included Caucasians, suburban residents, respondents from households with children present, and persons with relatively more education. Two groups that were particularly more likely to assert unintended pregnancies were a major issue included persons not of Hispanic descent and respondents from households with less than $54,000 in annual income. No groups were more likely than others to feel infant mortality was a major issue. Lastly, people of color and males were more likely to assert that racial differences in infant mortality rates was a leading issue.

Table 3.11
Most Important Issues For Mothers and Children[1]

Issue	2003		2005	
	Number[2]	% of Respondents	Number[3]	% of Respondents
Teenage Pregnancy	513	**51%**	554	**51.5%**
Preventative Health Care	464	**46.2%**	470	**43.7%**
Childhood Obesity	230	**22.9%**	307	**28.6%**
Childhood Immunizations	218	**21.7%**	181	**16.8%**
Smoking During Pregnancy	194	**19.3%**	189	**17.6%**
Unintended Pregnancy	169	**16.8%**	153	**14.2%**
Infant Mortality	122	**12.1%**	123	**11.4%**
Racial Differences in Infant Mortality	80	**8%**	90	**8.4%**
Valid Responses	1,990	(n=1,005)	2,067	(n=1,045)

(1) Respondents could name up to two responses.
(2) For 2003: 1,990 total responses for 1,005 respondents.
(3) For 2005: 2,067 total responses for 1,045 respondents.