



Kentucky Behavioral Risk Factor Survey (KyBRFS)

2014 Annual Report



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Division of Prevention and Quality Improvement
Chronic Disease Prevention & Control Branch
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Kentucky Public Health
Prevent. Promote. Protect.

ACKNOWLEDGMENTS

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Executive Summary

The 2014 KyBRFS Annual Data Report provides a snapshot of the health behaviors and health status indicators that place Kentucky adults at risk for chronic diseases, injuries, and preventable infectious diseases. This report is based on a sample of non-institutionalized residents aged 18 years or older from 11,196 households in the Commonwealth of Kentucky. The results are weighted to obtain representative estimates for all adults in the state. Some key findings from the 2014 survey include:

Alcohol Consumption:

In 2014, an estimated 12.7% of Kentucky adults reported binge drinking within the past month; this was lower than the national estimate of 16.0%. The prevalence of binge drinking was significantly higher among men than women (18.1% vs. 7.6%).

Arthritis

About 33.9% of Kentucky adults reported ever been told by a health professional that they have arthritis; this was a higher estimate compared to 26.0% in the United States. Prevalence of arthritis in Kentucky was significantly higher among women than men (36.7% vs. 31.0%).

Asthma:

In 2014, an estimated 11.9% of Kentucky adults reported that they currently have asthma; this was higher compared to the United States prevalence of 8.9%. Prevalence of current asthma in Kentucky was significantly higher among women compared to men (14.7% vs. 9.0%).

Cardiovascular Diseases:

About 6.8% of adults in Kentucky had been told by a health care professional that they had a heart attack, 6.0% had been told that they had coronary heart disease, and 4.2% had been told they had a stroke. These Kentucky estimates are all higher than the national estimates for heart attack (4.4%), coronary heart disease (4.2%), and stroke (3.0%). The prevalence of all three diseases increased significantly with age and decreased with increasing annual household income.

Diabetes:

In 2014, an estimated 12.5% of adults in Kentucky reported being told by a doctor that they have diabetes; this estimate is higher compared to 10.0% in the nation. The prevalence of diabetes increased significantly with age and decreased with increasing annual household income.

Health Care Access/Coverage:

In 2014, about 10.0% of adults in Kentucky reported having no health care coverage. This was lower than the estimate of uninsured adults in the nation (12.4%). Males (12.5%) reported a significantly higher prevalence of no health care coverage than females (7.6%). The prevalence of no health care coverage decreased significantly with age and increasing annual household income.

Obesity:

An estimated 31.6% of Kentucky adults were classified as obese based on Body Mass Index (BMI). The prevalence of obesity in Kentucky was higher than the U.S median prevalence of 29.6%. The prevalence of obesity in Kentucky was significantly higher among black adults (42.9%) than white adults (31.3%).

Physical Activity:

About 28.2% of Kentucky adults did not participate in any leisure-time physical activity or exercise; this was higher compared to 22.6% in the nation. Significant differences were observed by race with the prevalence of not participating in any leisure-time physical activity being higher in black adults (35%) as compared to white adults (28.1%). Adults who did not participate in any leisure-time physical activity were generally older, without a college education, and had lower levels of income.

Tobacco Use:

In 2014, an estimated 26.2% of Kentucky adults reported that they were current cigarette smokers; this estimate was higher compared to 18.1% in the nation. The prevalence of cigarette smoking was significantly lower among adults 65 years and older compared with other age groups. The prevalence of cigarette smoking did not differ by gender. The prevalence of cigarette smoking decreased significantly as level of education and annual household income increased.

Introduction

What is KyBRFS?

The Kentucky Behavioral Risk Factor Survey (KyBRFS) is a statewide telephone health survey jointly sponsored by the Centers for Disease Control and Prevention (CDC) and the Kentucky Department for Public Health (KDPH). The KyBRFS has been conducted continuously since 1985. KyBRFS data contributes to the CDC Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and within several U.S. territories. The survey is administered to randomly selected non-institutionalized adults who live in a household with a telephone. Participation in the survey is strictly voluntary. Personal identifying information, such as a person's name or address, is not collected.

New Changes in BRFSS Protocol

In 2011, two major changes were made in BRFSS Protocol: The incorporation of cell phone interviews and the adoption of a more advanced weighting method called iterative proportional fitting or raking (raking replaced the post-stratification weighting method used with previous BRFSS data sets). Due to these significant changes, estimates of prevalence from 2011 and subsequent years cannot be directly compared to estimates from previous years. Comparing 2012 BRFSS data with BRFSS data from years prior to 2011 may cause misinterpretation of trend line shifts in prevalence estimates.

The changes in BRFSS protocol are discussed in detail in the June 8, 2012, MMWR Policy Note, "Methodology Changes in the Behavioral Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates." This note is available online at the CDC Surveillance Resource Center <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>.

How is the survey conducted?

Kentucky currently uses disproportionate stratified sampling to obtain a random sample of Kentucky telephone numbers. Once an interviewer reaches a household, a member of the household aged 18 years or older is randomly selected to be interviewed. Surveyors conduct interviews seven days a week, January through December. The number of completed interviews has increased each year.

How can this report be used?

Data from this report can be used in many of the following ways:

- To document health trends
- To provide information related to the development of policies and legislation
- To plan and measure the progress of health initiatives
- To educate the public about risk behaviors and preventive health practices
- To monitor health goals, such as those stated in *Healthy Kentuckians 2020*

Race

Beginning in 2001, the BRFSS race question allowed reporting of more than one race. Therefore, data users should be cautious when comparing race data from the year 2001 onward to race data from previous years due to the change in race categories. Since Kentucky's population is predominantly white, survey respondents are predominantly white and the low number of non-white populations tend to make data regarding those populations statistically unstable. Race data, therefore, may be excluded from this report due to the small nature of the sample size. *In this report, we are unable to include data on Hispanics and sometimes cannot include data on blacks.*

Introduction (continued)

How is the data analyzed?

Data is analyzed using the following statistical analysis software: SAS 9.3, SAS Callable SUDAAN, and SPSS Complex Samples. A pre-calculated weighting variable provided by the CDC is used to weight the data. Weighting adjusts for over-sampling or under-sampling of certain subgroups and allows the survey data to be representative of the Kentucky population. Factors in weighting include the number of telephone numbers per household, the number of adults per household, and the demographic distribution of the sample. BRFSS raking includes categories of age by gender, detailed race and ethnicity groups, education levels, marital status, regions within states, gender by race and ethnicity, telephone source, renter/owner status, and age groups by race and ethnicity.

The data are not age-adjusted. Data estimates for fewer than 50 respondents are considered statistically unreliable by the CDC and are not included in this report. Respondents who answered that they did not know or refused to answer a question were excluded from the calculation of prevalence estimates related to that question. Therefore, the sample sizes used to calculate the estimates in this report vary.

What are the limitations to the data?

There are two main limitations to BRFSS data: non-coverage bias and self-report bias. These limitations should not hinder the use of BRFSS data, but should be considered.

Non-coverage bias: Since the BRFSS is a telephone survey, adults who live in households without a telephone are not included in the sample. The BRFSS only surveys adults living in households. Therefore, individuals living in a group setting, such as a nursing home, the military, or prison are not surveyed.

Self-report bias: The BRFSS survey relies on self-reporting, which means that the prevalence estimates are strictly based on the respondents answers to the survey questions. The tendency to report a more healthy lifestyle may occur.

Small sample size for subgroups

Producing accurate prevalence estimates for different subgroups (men, women, whites, blacks, women aged 40 years or older, etc.) requires a minimum number of 50 respondents per question. In some cases, the KyBRFS does not reach enough people in certain categories to produce statistically reliable estimates. Small sample sizes produce large variances (i.e. a deviation from the mean), resulting in a large confidence interval (CI). The same problem of small numbers of responses occurs at the county level. In order to provide locally relevant estimates, KyBRFS data are reported by Area Development District (ADD).

In this report, if the un-weighted sample size for the denominator is < 50 , the data are not reported. Additionally, CDC BRFSS recommends using Relative Standard Error (RSE) as a criterion for estimates that meet standards of statistical reliability; if RSE is > 0.3 , the estimate is not reported on the CDC BRFSS website. These standards have also been adopted by KyBRFS.

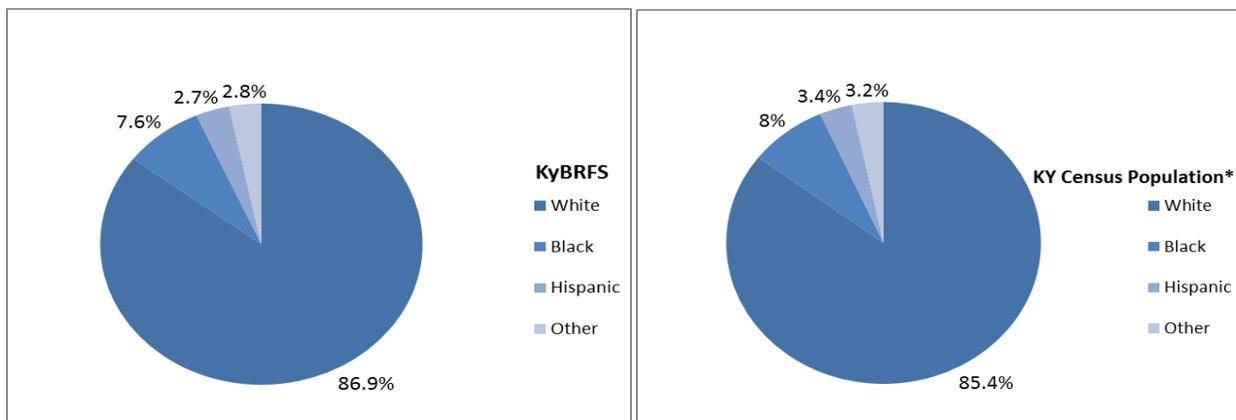
Introduction (continued)

Demographic Characteristics: Race/Ethnicity and Gender

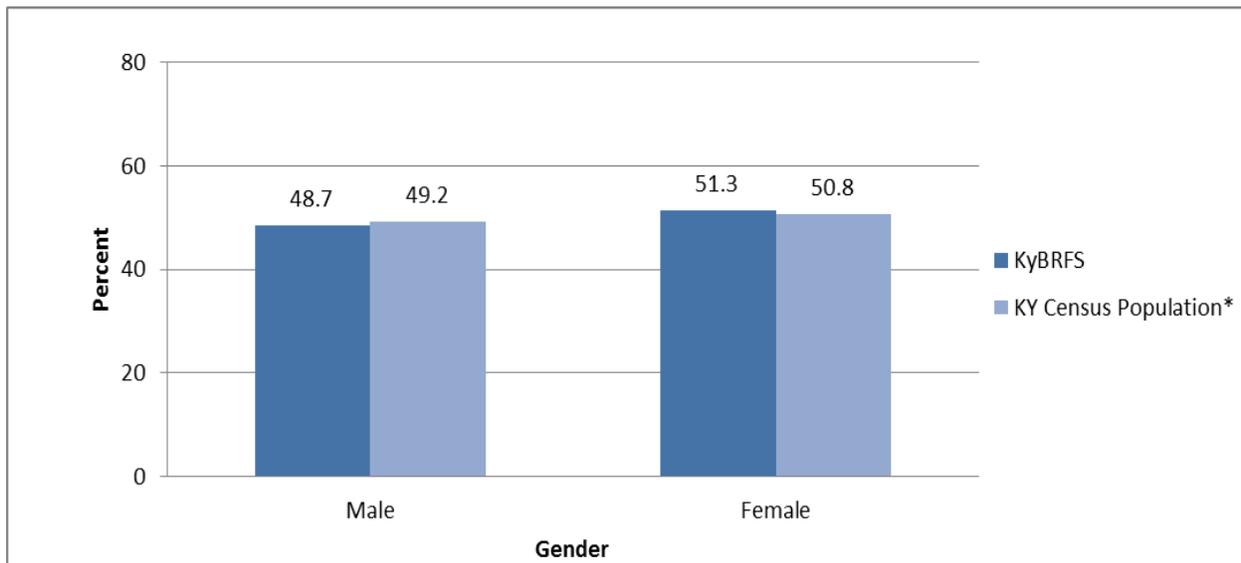
A total of 11,196 residents (18 years or older) participated in the 2014 Kentucky Behavioral Risk Factor Survey. The initial sample of 11,196 residents was used to “weight” these survey data in order to obtain representative estimates for the state of Kentucky.

The distribution of respondents by race and by gender on the 2014 KyBRFS was similar to the 2014 Kentucky census population (as indicated in the charts below). The race/ethnicity categories used for this comparison are: Non-Hispanic White, Non-Hispanic Black, Hispanic, and Other/Non-Hispanic.

Distribution of KyBRFS Adult Population vs. KY Census Population, by Race/Ethnicity — 2014



Distribution of KyBRFS Adult Population vs. KY Census Population, by Gender — 2014



***Note:** KY Census Population includes all age groups.

KY Census Population estimates obtained from Kentucky State Data Center website: <http://ksdc.louisville.edu/>.

ALCOHOL CONSUMPTION: BINGE DRINKING

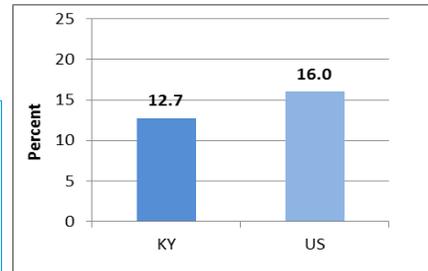
Question: Considering all types of alcoholic beverages, how many times during the past month did you have four or more drinks on one occasion?

At Risk: Adult men who reported having five or more drinks on one occasion and adult females who reported having four or more drinks on one occasion (in the past month) are considered at risk.

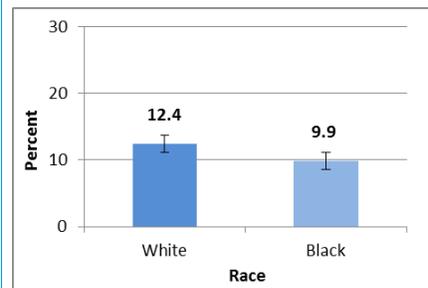
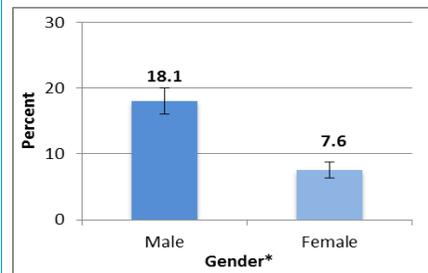
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 12.7% of Kentucky adults reported binge drinking. This estimate was lower compared to 16.0% prevalence in the nation.
- ◆ Male adults (18.1%) reported a significantly higher prevalence of binge drinking compared to female adults (7.6%).
- ◆ The prevalence of binge drinking did not significantly differ by race.
- ◆ The prevalence of binge drinking decreased significantly as age increased.
- ◆ When compared by education, binge drinking was significantly higher among adults with college education than among those with less than high school education.
- ◆ The prevalence of binge drinking was higher among adults with annual household income of \$50,000 or more (15.5%) however, the differences were not statistically significant.

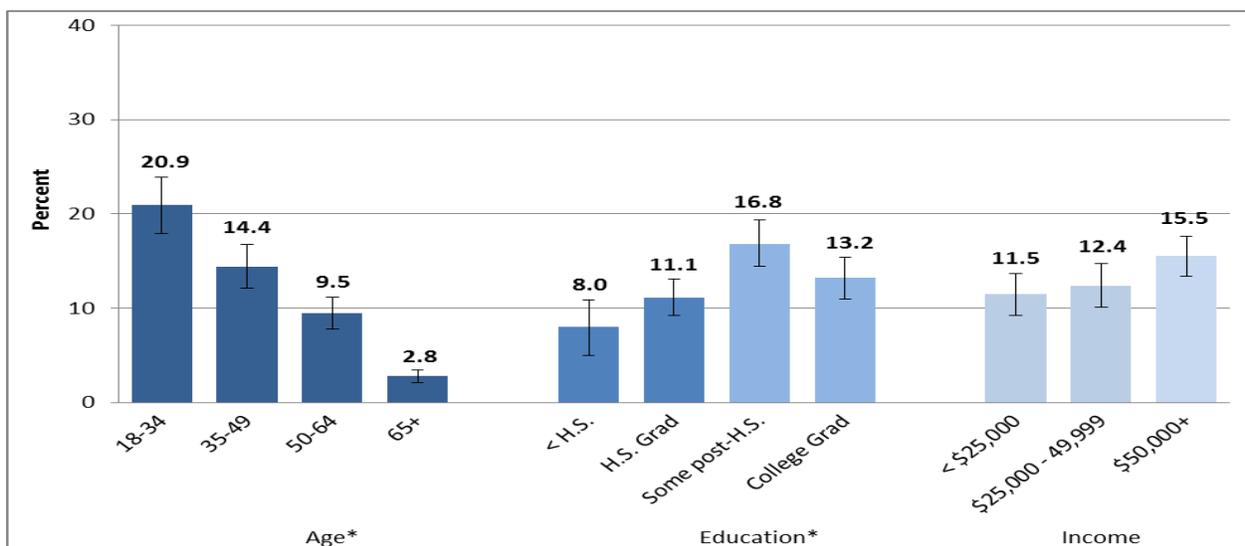
Percent of Adults Classified as Binge Drinkers: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults Classified as Binge Drinkers, by Gender*, and by Race — 2014



Percent of Kentucky Adults Classified as Binge Drinkers, by Age*, Education*, and Income — 2014



* Denotes a statistically significant difference among the values.

In this report, the term 'significant' only refers to statistically significant differences in prevalence.

Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

PHYSICAL ACTIVITY

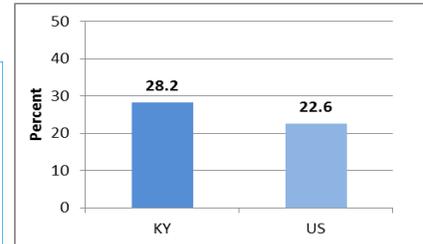
Question: During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

At Risk: Adults who did not participate in any physical activity or exercise during the last 30 days are considered at risk.

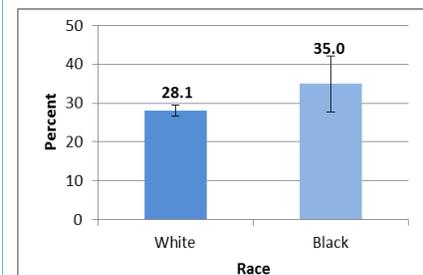
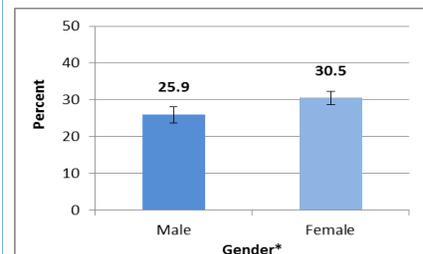
Who is at risk in Kentucky?

- ◆ About 28.2% of Kentucky adults reported not participating in any physical activity during the past month. This prevalence was higher than the U.S. median prevalence (22.6%).
- ◆ The prevalence of not participating in any physical activity during the past month was significantly higher among women than men (30.5% vs. 25.9%).
- ◆ The prevalence of not participating in any physical activity did not significantly differ by race.
- ◆ Adults aged 65 years and older (38.9%) reported a significantly higher prevalence of not participating in any physical activity during the past month than other age groups.
- ◆ The prevalence of not participating in any physical activity during the past month was significantly higher among adults with less than a high school education compared to adults with other levels of educational attainment.
- ◆ The prevalence of not participating in any physical activity during the past month decreased significantly as annual household income increased.

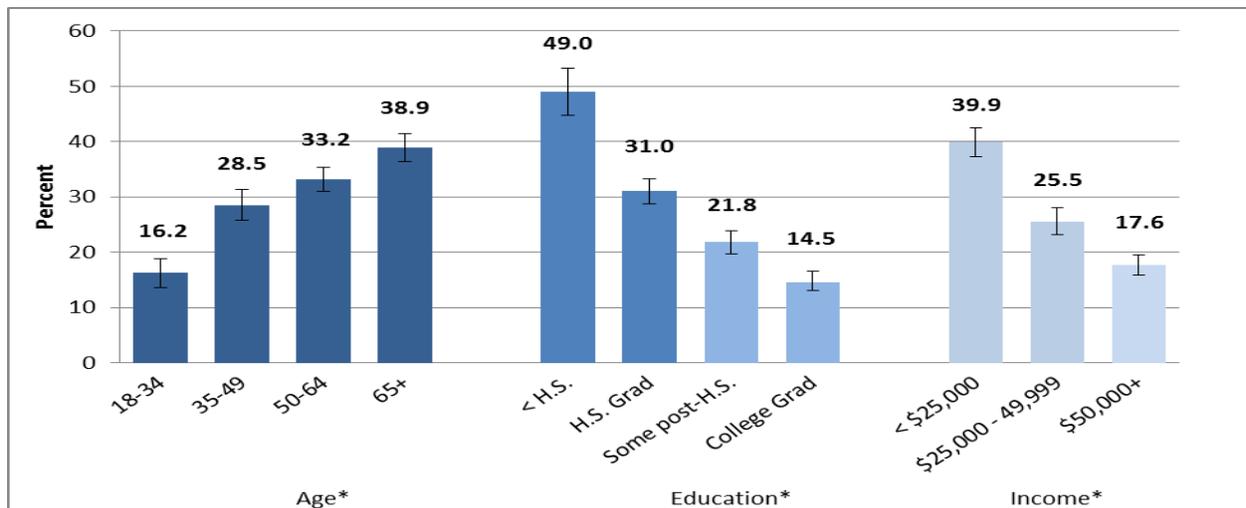
Percent of Adults who did not Participate in any Physical Activity in the Past 30 days: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who did not Participate in any Physical Activity in the Past 30 Days, by Gender*, and by Race — 2014



Percent of Kentucky Adults who did not Participate in any Physical Activity in the Past 30 Days by Age*, Education*, and Income* — 2014



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TOBACCO USE

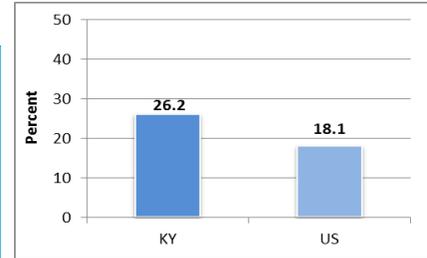
Question: If you have smoked at least 100 cigarettes in your entire life, are you now smoking everyday, some days, or not at all?

At Risk: Adults who are “Current Smokers” (i.e., smoke “everyday” or “some days” are considered at risk).

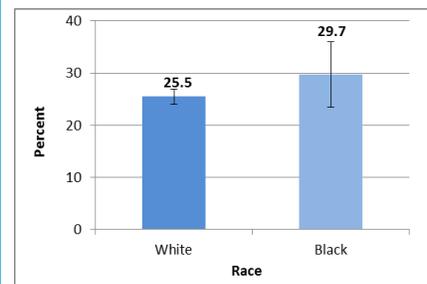
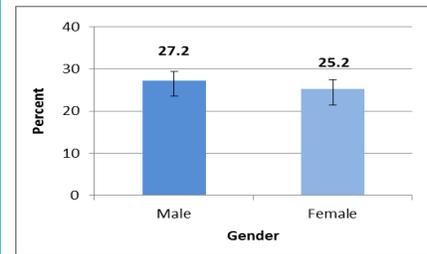
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 26.2% of Kentucky adults reported that they currently smoke everyday or some days; this was higher than the national estimate of 18.1% .
- ◆ The prevalence of cigarette smoking did not significantly differ by gender.
- ◆ There were no statistically significant differences in smoking prevalence between white and black adults.
- ◆ Adults aged 18-34 years (31.2%) reported a significantly higher prevalence of cigarette smoking compared to adults aged 65 years or older (12.4%).
- ◆ An estimated 41.7% of Kentucky adults with less than a high school education are current smokers; this estimate was significantly higher than adults with a college education (10.3%).
- ◆ The prevalence of cigarette smoking decreased significantly as annual household income increased .

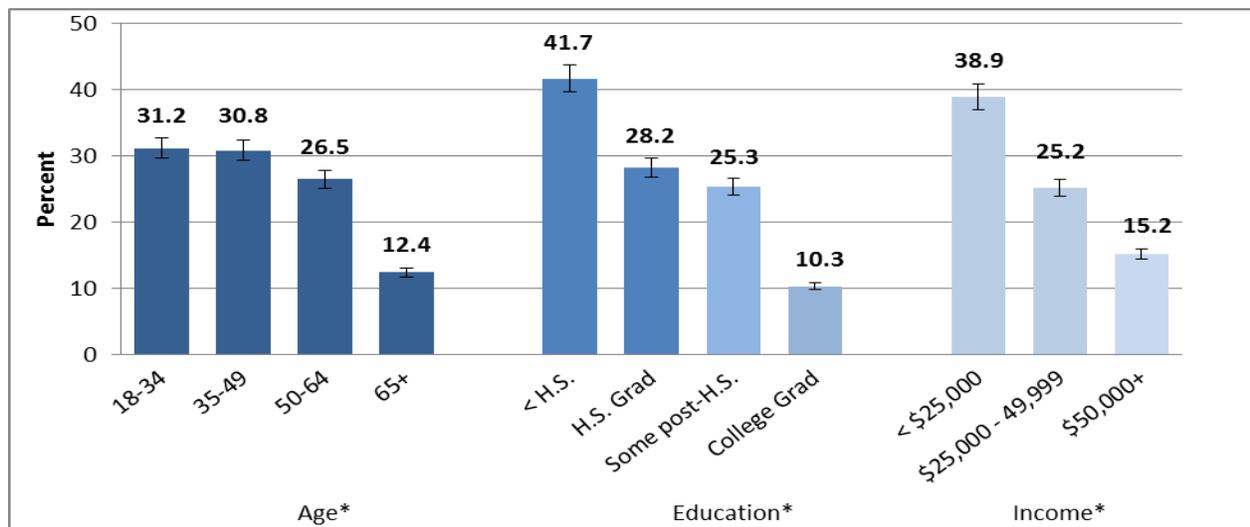
Percent of Adults who are Current Smokers: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who are Current Smokers, by Gender, and by Race — 2014



Percent of Kentucky Adults who are Current Smokers, by Age*, Education*, and Income* — 2014



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ARTHRITIS

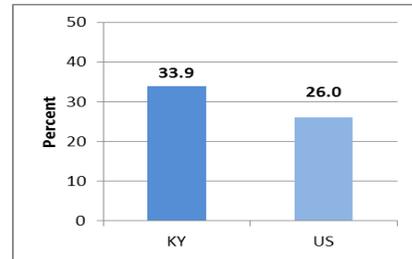
Question: Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

At Risk: Adults who answered “Yes” are considered at risk.

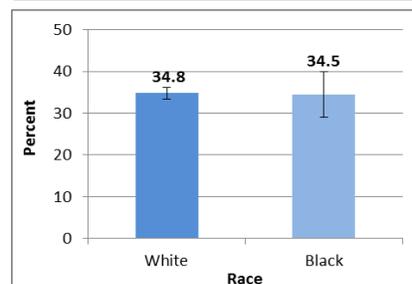
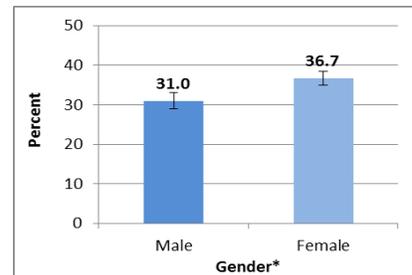
Who is at risk in Kentucky?

- ◆ About 33.9% of Kentucky adults have been told by a health professional that they have arthritis; this was a higher prevalence compared to U.S. median prevalence (26.0%).
- ◆ Women (36.7%) reported a significantly higher prevalence of having arthritis than men (31.0%).
- ◆ The prevalence of arthritis did not significantly differ by race.
- ◆ The prevalence of arthritis was significantly higher among adults aged 65 years and older compared with other age groups.
- ◆ The prevalence of arthritis was significantly higher among adults with less than a high school education compared to adults with a college education (43.3% vs. 24.1%).
- ◆ The prevalence of arthritis decreased significantly with increasing annual household income. Adults with annual household income of \$50,000 or more were less likely to have arthritis than those with annual household income under \$25,000.

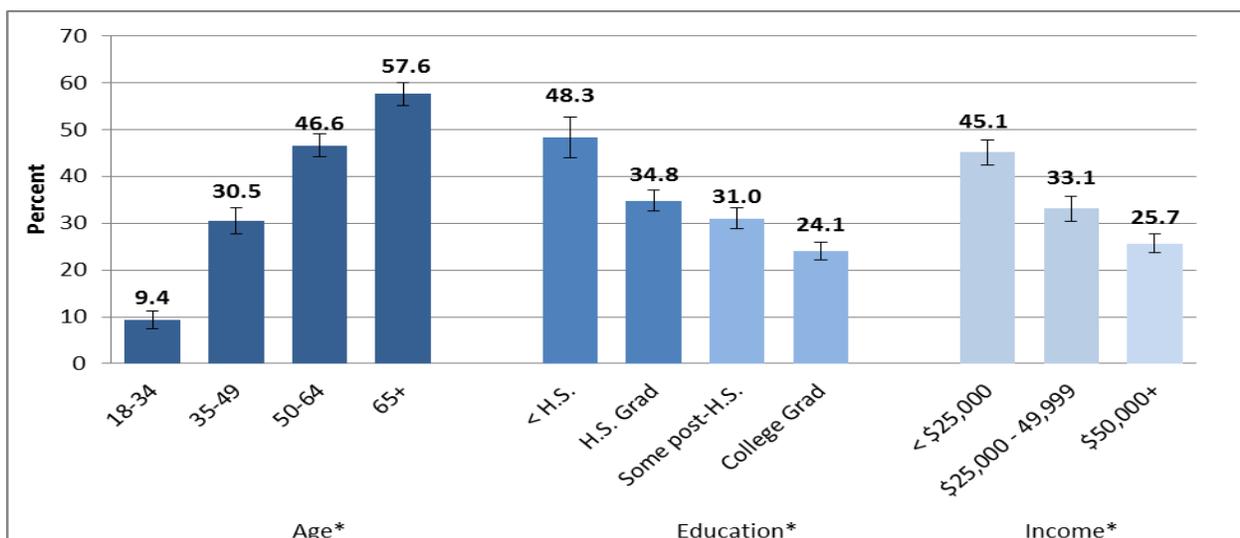
Percent of Adults who have Arthritis: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have Arthritis, by Gender*, and by Race — 2014



Percent of Kentucky Adults who have Arthritis, by Age*, Education*, and Income* — 2014



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ASTHMA

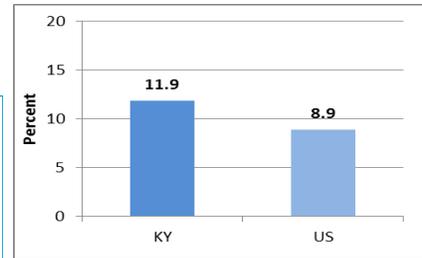
- Question: 1.** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (lifetime)
2. Do you still have asthma? (current)

At Risk: Adults who answered “Yes” to both questions (i.e., currently have asthma) are considered at risk.

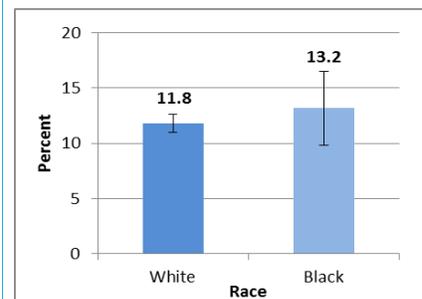
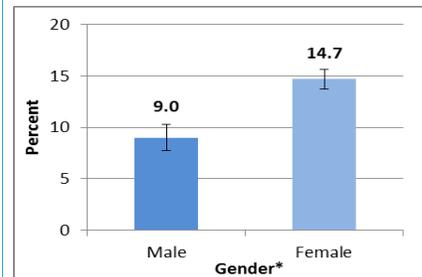
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 11.9% of Kentucky adults reported that they currently have asthma; this was a higher estimate compared to 8.9% in the nation.
- ◆ A significantly higher percentage of women reported that they currently have asthma compared to men (14.7% vs. 9.0%).
- ◆ The prevalence of current asthma did not significantly differ by race.
- ◆ The prevalence of current asthma did not significantly differ among age groups.
- ◆ The prevalence of current asthma was significantly higher among adults with less than a high school education compared to those with a college education (19.0% vs. 8.9%).
- ◆ A significantly higher percentage of adults with an annual household income of less than \$25,000 reported that they currently have asthma compared to those with an annual household income of \$50,000 or more (16.2% vs. 7.3%).

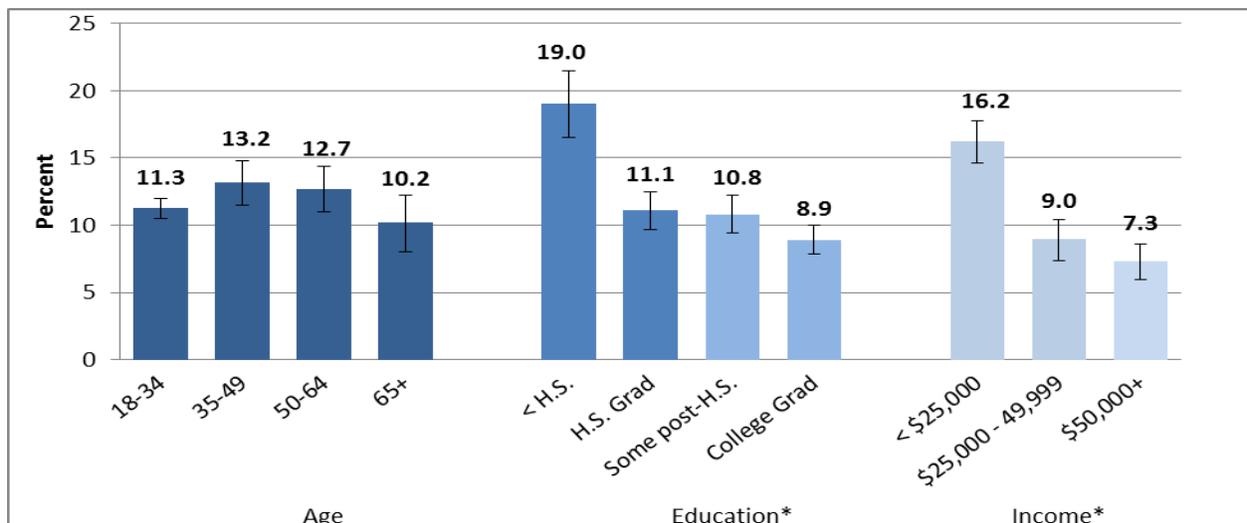
Percent of Adults who have Current Asthma: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have Current Asthma, by Gender*, and by Race — 2014



Percent of Kentucky Adults who have Current Asthma, by Age, Education*, and Income* — 2014



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CORONARY HEART DISEASE

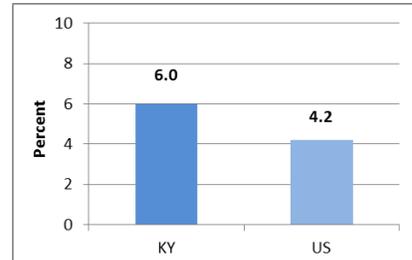
Question: Have you ever been told by a doctor, nurse, or other health professional that you had angina or coronary heart disease?

At Risk: Adults who answered “Yes” are considered at risk.

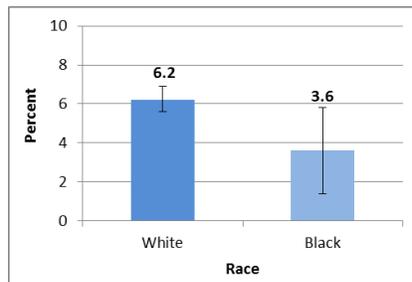
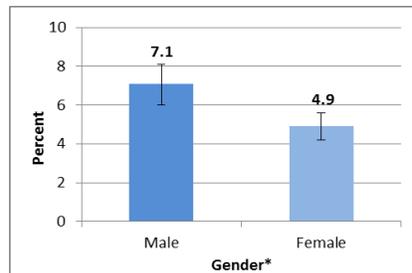
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 6.0% of adults in Kentucky reported that they have been told by a health professional that they have coronary heart disease or angina; this was higher than the national estimate of 4.2%.
- ◆ When compared to gender, male adults had a significantly higher prevalence of coronary heart disease than female adults (7.1% vs. 4.9%).
- ◆ White adults (6.2%) reported a higher prevalence of coronary heart disease compared to black adults (3.6%); however, the differences were not statistically significant.
- ◆ The prevalence of coronary heart disease was significantly higher among adults aged 65 years or older compared to other age groups.
- ◆ Adults with less than a high school education reported a significantly higher prevalence of coronary heart disease compared to those with a college education (8.8% vs. 4.2%).
- ◆ The prevalence of coronary heart disease was significantly higher among adults with an annual household income of less than \$25,000 compared to those with an annual household income of \$50,000 or more (8.1% vs. 4.4%).

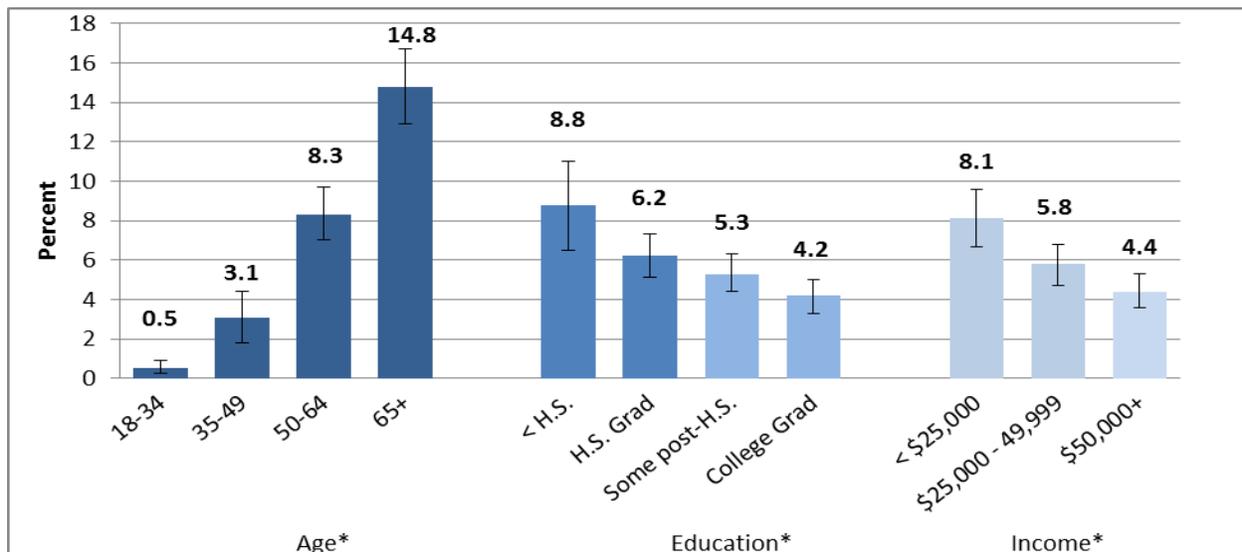
Percent of Adults who have Coronary Heart Disease: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have Coronary Heart Disease by Gender*, and by Race — 2014



Percent of Kentucky Adults who have Coronary Heart Disease, by Age*, Education*, and Income* — 2014



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DIABETES

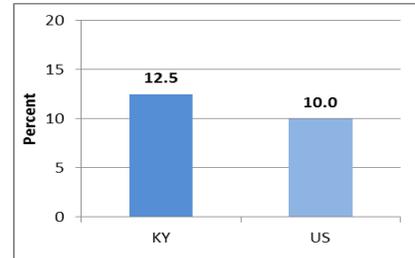
Question: Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

At Risk: Adults who answered “Yes” are considered at risk. Those with responses for gestational diabetes, pre-diabetes or borderline diabetes are excluded.

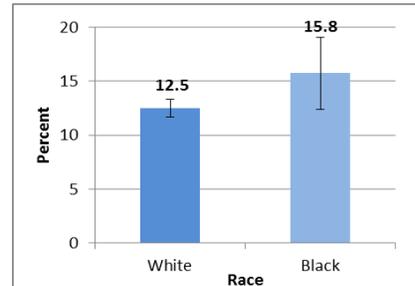
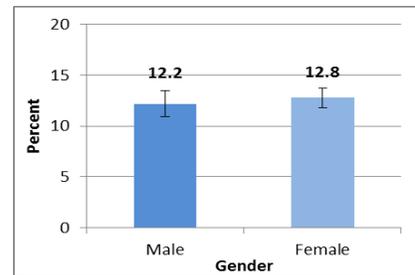
Who is at risk in Kentucky?

- ◆ About 12.5% of Kentucky adults reported that they have been told by a doctor that they have diabetes. This was higher than the national estimate of 10.0%.
- ◆ The prevalence of diabetes did not significantly differ by gender.
- ◆ The prevalence of diabetes was higher among black adults (15.8%) compared to white adults (12.5%); however, the differences were not statistically significant.
- ◆ Adults aged 65 years or older (24.5%) reported significantly higher prevalence of diabetes compared with other age groups.
- ◆ The prevalence of diabetes was significantly higher among adults with less than a high school education (18.4%) compared to adults with a college education (8.7%).
- ◆ The prevalence of diabetes was significantly higher among adults with an annual household income of less than \$25,000 compared with adults with an annual household income of \$50,000 or more (16.1% vs. 7.9%).

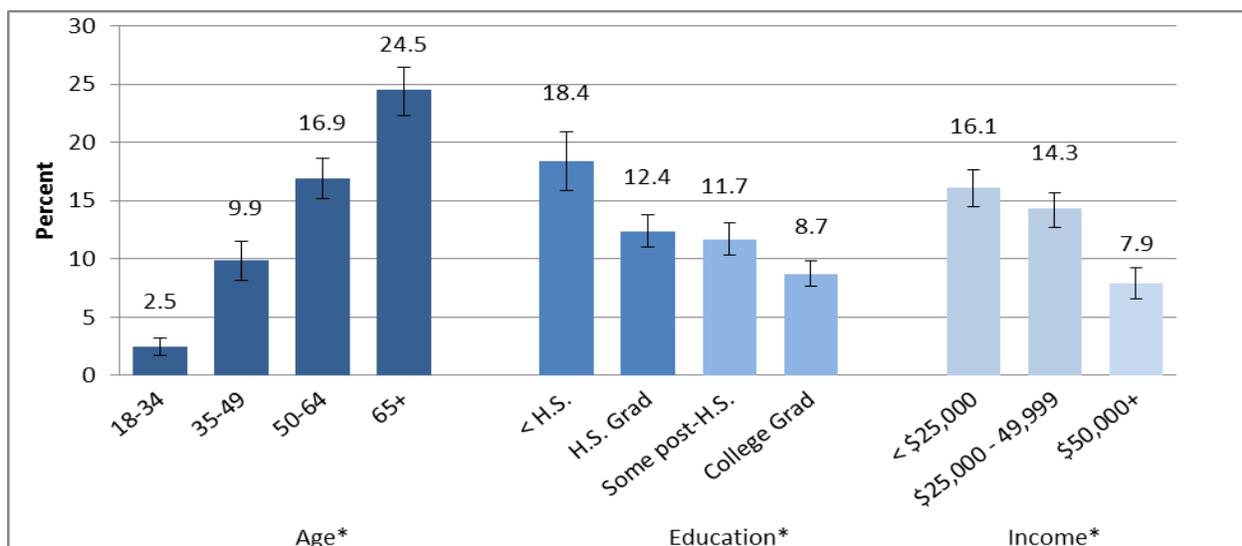
Percent of Adults who have Diabetes: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have Diabetes by Gender, and by Race — 2014



Percent of Kentucky Adults who have Diabetes, by Age*, Education*, and Income* — 2014



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HEART ATTACK

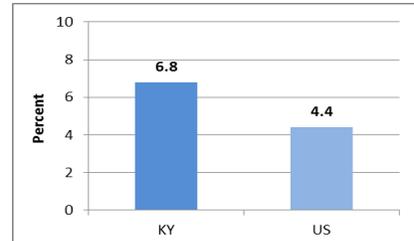
Question: Have you ever been told by a doctor, nurse, or other health professional that you had a heart attack, also called a myocardial infarction?

At Risk: Adults who answered “Yes” are considered at risk.

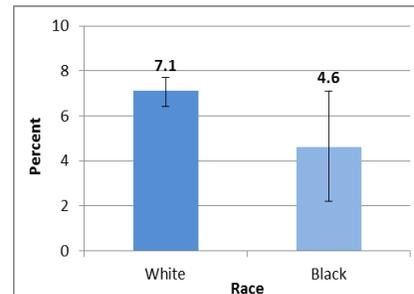
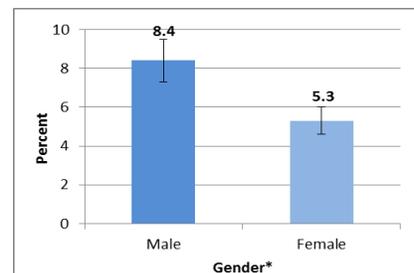
Who is at risk in Kentucky?

- ◆ In 2014, about 6.8% of adults in Kentucky reported that they have been told by a health professional that they had a heart attack. This prevalence was higher than the U.S. median prevalence (4.4%).
- ◆ The prevalence of heart attack was significantly higher among men (8.4%) than among women (5.3%).
- ◆ White adults (7.1%) reported a higher prevalence of heart attack compared to black adults (4.6%); however, the differences were not statistically significant.
- ◆ The prevalence of heart attack significantly increased with age; the highest prevalence was among adults aged 65 years or older (16.0%).
- ◆ Adults with less than a high school education (13.3%) reported a significantly higher prevalence of heart attack compared to adults with other levels of educational attainment.
- ◆ The prevalence of heart attack decreased significantly as annual household income increased. The lowest prevalence was among adults with an annual household income of \$50,000 or more (4.0%).

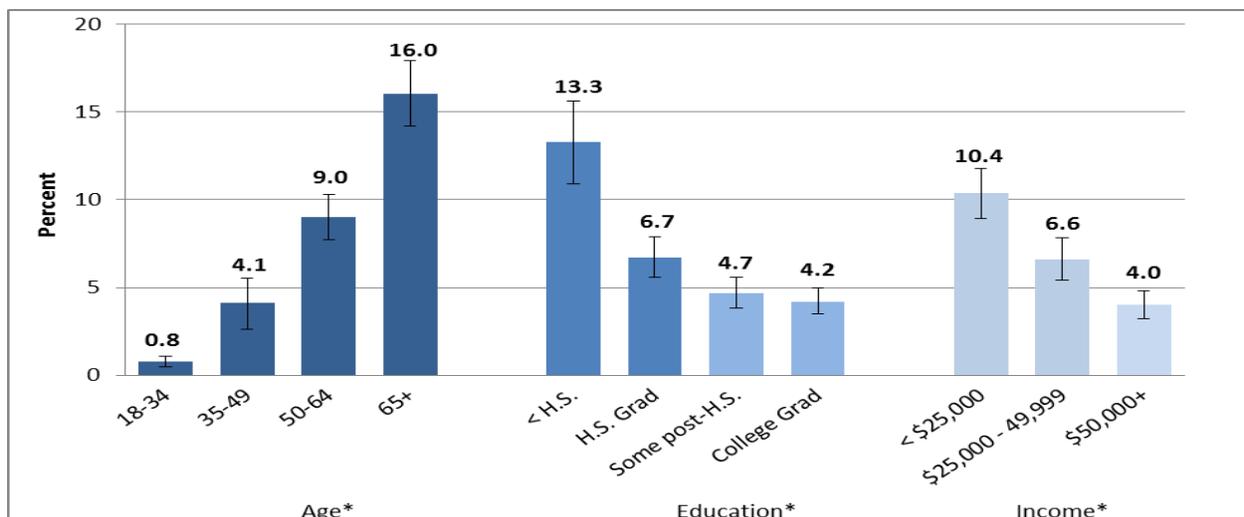
Percent of Adults who have ever been told that they had a Heart Attack: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have ever been told they had a Heart Attack, by Gender*, and by Race — 2014



Percent of Kentucky Adults who have ever been told that they had a Heart Attack, by Age*, Education*, and Income* — 2014



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STROKE

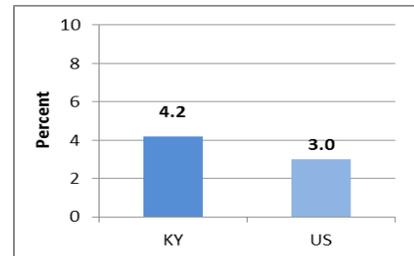
Question: Have you ever been told by a doctor, nurse, or other health professional that you had a stroke?

At Risk: Adults who answered “Yes” are considered at risk.

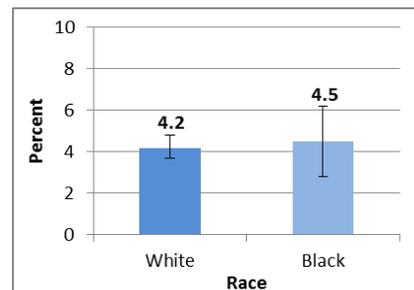
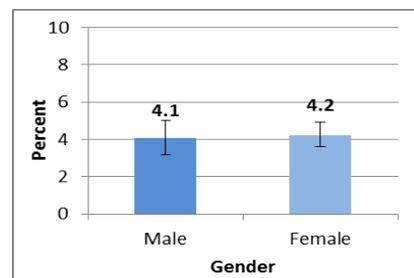
Who is at risk in Kentucky?

- ◆ An estimated 4.2% of adults in Kentucky have been told by a health professional that they had a stroke; this was a higher estimate compared to 3.0% in the nation.
- ◆ The prevalence of stroke did not significantly differ between men and women (4.1% vs. 4.2%).
- ◆ The prevalence of stroke did not significantly differ by race.
- ◆ The prevalence of stroke was significantly higher among adults aged 65 years or older (8.5%) compared to the other age groups.
- ◆ Adults with less than a high school education (9.9%) reported a significantly higher prevalence of stroke compared to adults with other levels of educational attainment.
- ◆ The prevalence of stroke decreased as annual household income increased. Adults with an annual household income of less than \$25,000 had a significantly higher prevalence of stroke compared to adults with an annual household income of \$50,000 or more (7.6% vs. 1.8%).

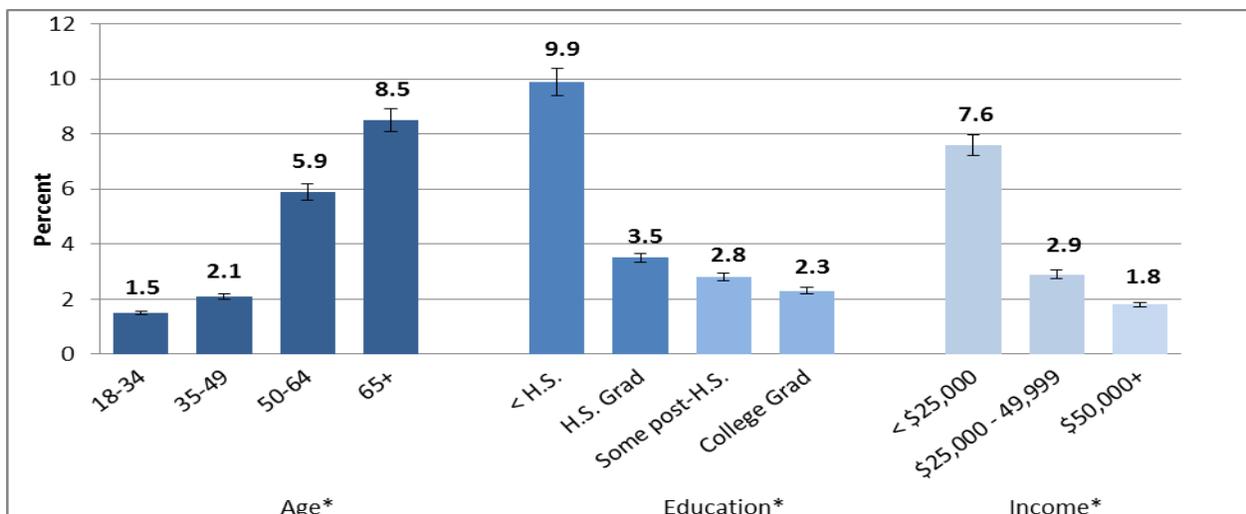
Percent of Adults who have ever been told that they had a Stroke: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have ever been told they had a Stroke, by Gender, and by Race — 2014



Percent of Kentucky Adults who have ever been told they had a Stroke, by Age*, Education*, and Income* — 2014



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DEPRESSIVE DISORDER

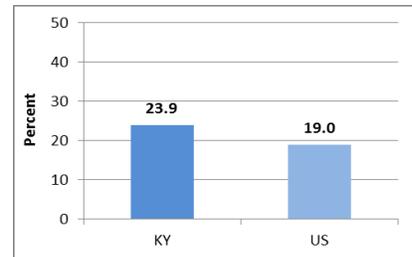
Question: Have you ever been told by a doctor, nurse, or other health professional that you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

At Risk: Adults who answered “Yes” are considered at risk.

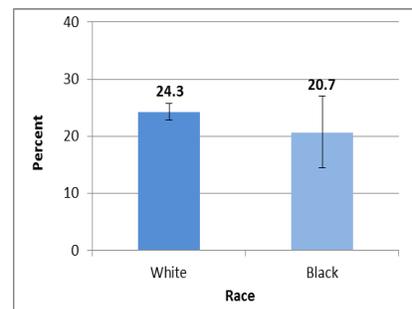
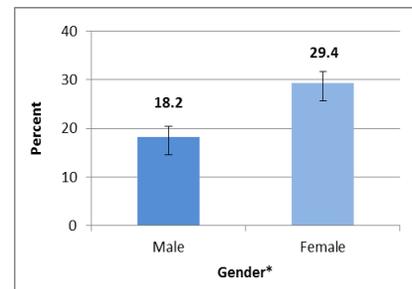
Who is at risk in Kentucky?

- ◆ About 23.9% of Kentucky adults reported having ever been told by a health professional that they had a depressive disorder; this was a higher estimate compared to 19.0% in the United States.
- ◆ The prevalence of depression was significantly higher among female adults (29.4%) compared to male adults (18.2%).
- ◆ The prevalence of depression did not significantly differ by race.
- ◆ The prevalence of depression was significantly lower among adults aged 65 years and older compared with adults aged 35-49 years (18.1% vs. 26.9%).
- ◆ Depression was significantly more prevalent among adults with less than a high school education compared to adults who graduated from college (35.3% vs. 17.2%).
- ◆ The prevalence of depression was significantly higher among adults with annual household income under \$25,000 compared to adults with annual household income of \$50,000 or more (36.4% vs. 15.3%).

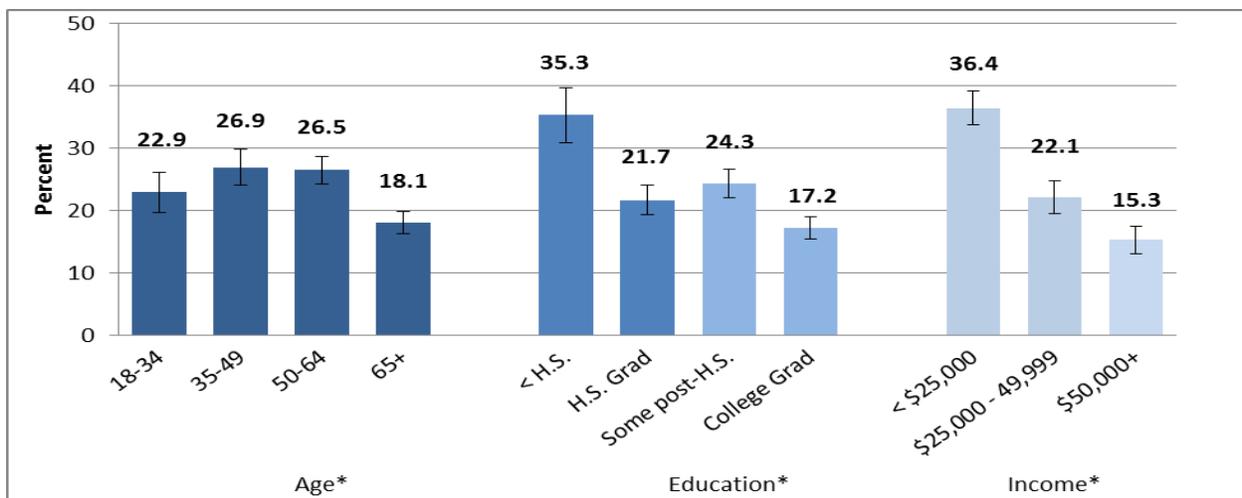
Percent of Adults who have Depressive Disorder: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have Depressive Disorder, by Gender*, and by Race — 2014



Percent of Kentucky Adults who have Depressive Disorder by Age*, Education*, and Income* — 2014



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OBESITY

Question: Body Mass Index (BMI) was calculated based on data collected from:

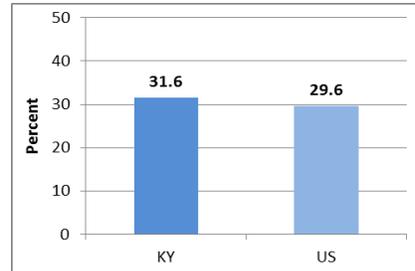
- 1) How much do you weigh without shoes?
- 2) How tall are you without shoes?

At Risk: Adults with BMI scores greater or equal to 30.0 are considered obese.

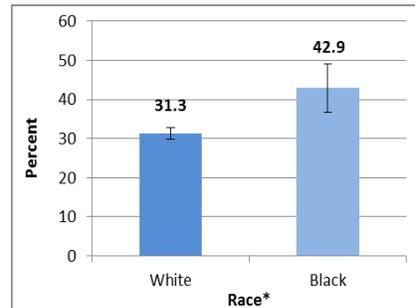
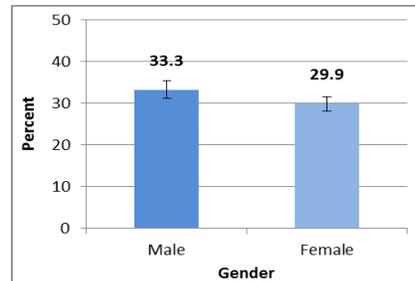
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 31.6% of Kentucky adults were classified as obese (i.e., Body Mass Index greater than or equal to 30). This was higher than the U.S. median prevalence (29.6%).
- ◆ The prevalence of obesity did not significantly differ by gender.
- ◆ The prevalence of obesity was significantly higher among black adults compared with white adults (42.9% vs. 31.3%).
- ◆ Adults aged 35-49 years (40.0%) reported a significantly higher prevalence of obesity than any other age group.
- ◆ The prevalence of obesity was higher among adults with less than a high school education (33.2%) compared to adults who graduated with a college degree (28.1%) however, these differences were not statistically significant.
- ◆ The prevalence of obesity did not significantly differ by annual household income.

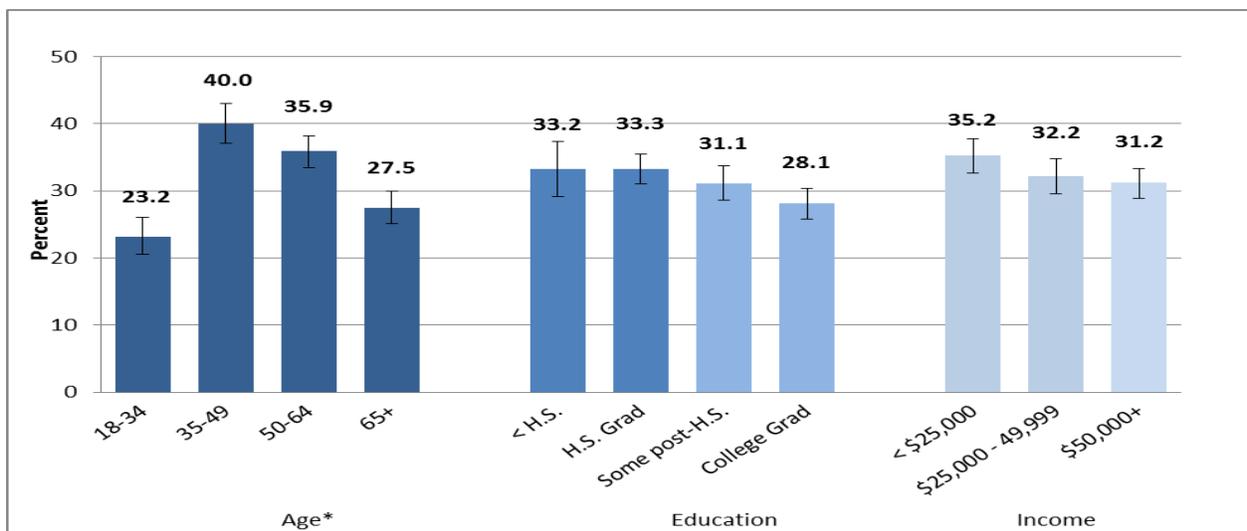
Percent of Adults who are Obese: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who are Obese, by Gender, and by Race* — 2014



Percent of Kentucky Adults who are Obese, by Age*, Education, and Income — 2014



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Chronic Obstructive Pulmonary Disease (COPD)

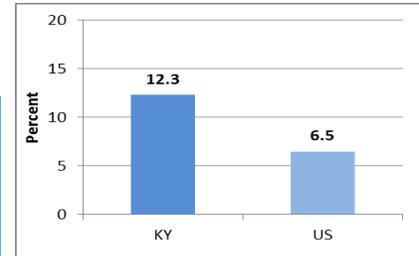
Question: Have you ever been told by a doctor, nurse, or other health professional that you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

At Risk: Adults who answered “Yes” are considered at risk.

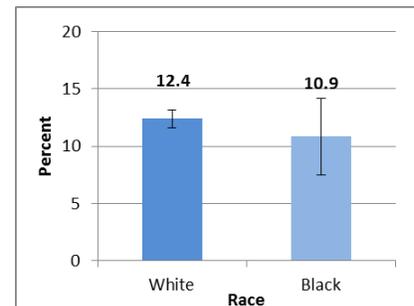
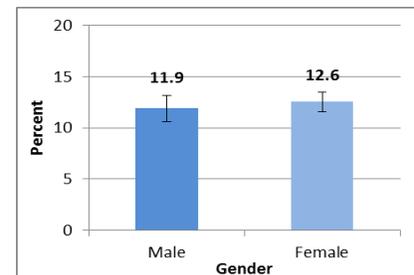
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 12.3% of Kentucky adults reported being told by a health professional that they have Chronic Obstructive Pulmonary Disease (COPD); this was a higher estimate compared to U.S. median prevalence (6.5%).
- ◆ There were no statistically significant differences in prevalence of COPD between male and female adults (11.9% vs. 12.6%).
- ◆ The prevalence of COPD did not significantly differ by race.
- ◆ The proportion of adults with COPD increased with age; the prevalence among adults aged 18-34 was significantly lower than adults aged 65 years or older (6.0% vs. 19.0%).
- ◆ COPD was significantly more prevalent among adults with less than high school education compared with adults who graduated from college (26.1% vs. 4.0%).
- ◆ The prevalence of COPD was significantly higher among adults with an annual household income under \$25,000 compared with those with an annual household income of \$50,000 or more (20.5% vs. 5.8%).

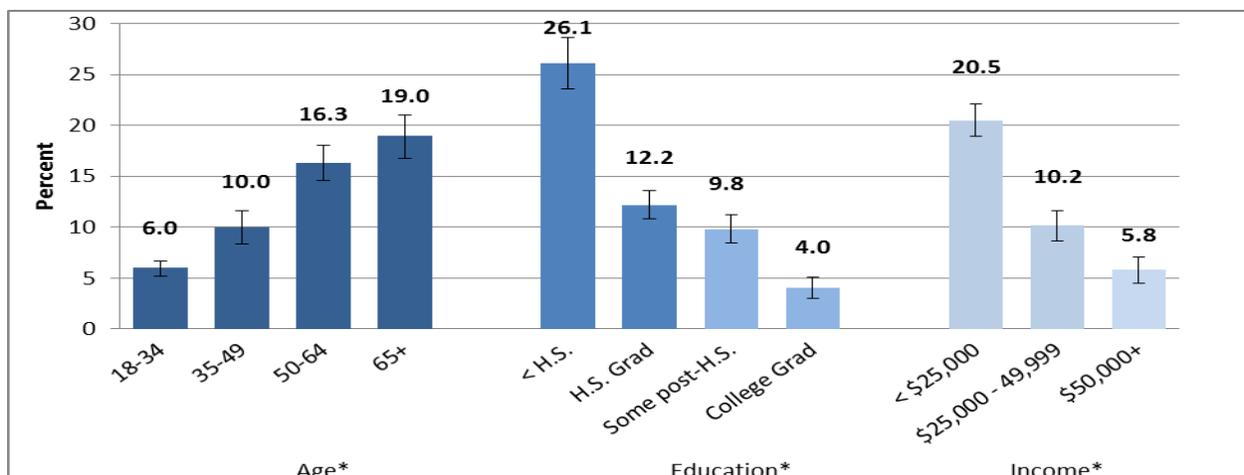
Percent of Adults who have COPD: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have COPD, by Gender, and by Race — 2014



Percent of Kentucky Adults who have COPD, by Age*, Education*, and Income* — 2014



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DISABILITY

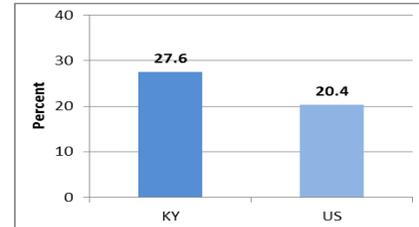
Question: Are you limited in any way in any activities because of physical, mental, or emotional problems?

At Risk: Adults who answered “Yes” are at risk.

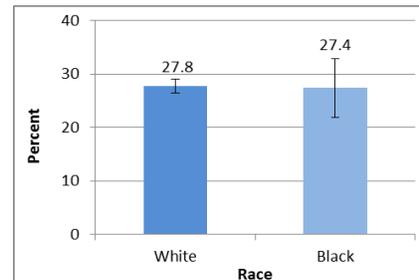
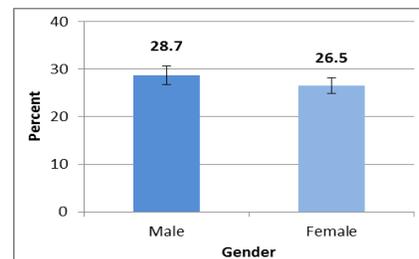
Who is at risk in Kentucky?

- ◆ About 27.6% of Kentucky adults reported limited activities due to physical, mental, or emotional problems; this was higher than the U.S. median prevalence (20.4%).
- ◆ The prevalence of activity limitations did not significantly differ by gender.
- ◆ There were no significant differences in the prevalence of activity limitations between white and black adults.
- ◆ Activity limitation increased with age. Adults aged 50 years and older reported significantly higher activity limitations compared to adults 18-34 year old (13.4% vs. 34.2%).
- ◆ The prevalence of activity limitations decreased significantly as educational level increased. An estimated 44.7% of adults with less than a high school education reported activity limitations compared to 17.5% of those with a college education.
- ◆ Adults with an annual household income of less than \$25,000 a year reported significantly higher prevalence of activity limitations compared to adults with an annual household income of \$50,000 or more (43.3% vs. 16.1%).

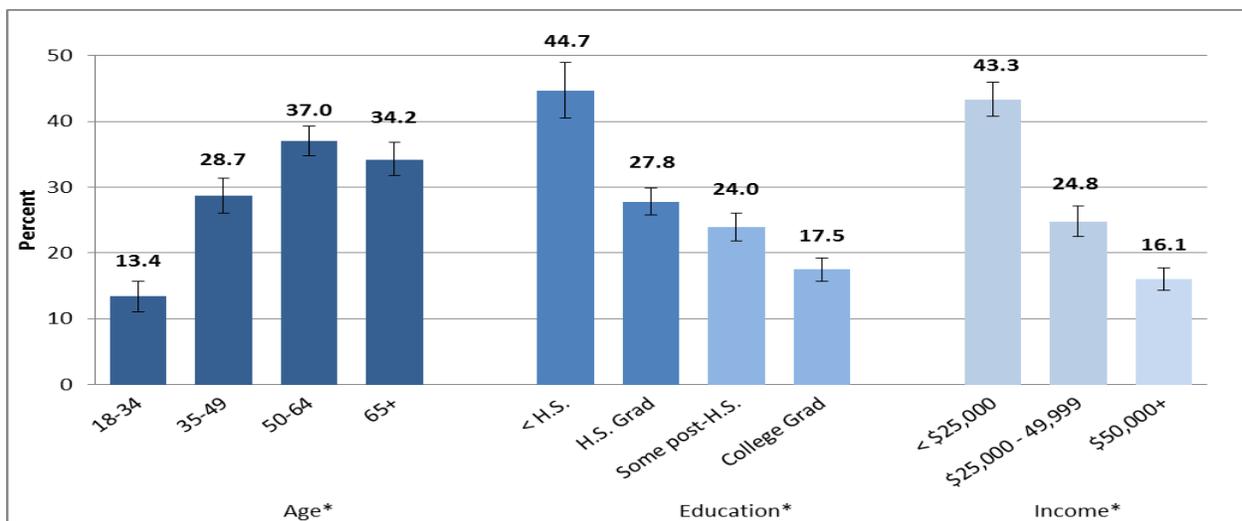
Percent of Adults who reported Limited Activity due to Physical, Mental, or Emotional Problems: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who reported Limited Activity due to Physical, Mental, or Emotional Problems, by Gender, and by Race — 2014



Percent of Kentucky Adults who reported Limited Activity due to Physical, Mental, or Emotional Problems, by Age*, Education*, and Income* — 2014



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GENERAL HEALTH

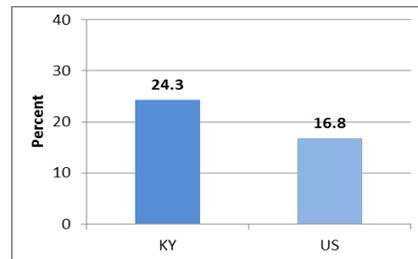
Question: Would you say that your general health is “Excellent”, “Very good”, “Good”, “Fair”, or “Poor”?

At Risk: Adults who answered “Fair” or “Poor” are considered at risk.

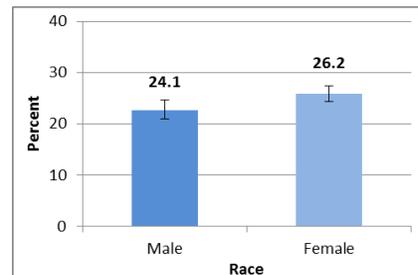
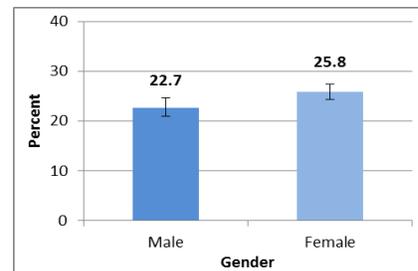
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 24.3% of Kentucky adults reported that their general health was either fair or poor; this was higher compared to 16.8% in the nation.
- ◆ The prevalence of fair or poor general health did not significantly differ by gender.
- ◆ There were no statistically significant differences between white and black adults who rated their general health as fair or poor.
- ◆ The prevalence of fair or poor health was significantly higher among adults aged 65 years and older compared to adults aged 18-34 years (32.8% vs. 12.9%).
- ◆ Adults with less than a high school education reported a significantly higher prevalence of fair or poor general health compared with those with a college education (49.1% vs. 10.5%).
- ◆ Prevalence of fair or poor general health decreased significantly as annual household income increased. About 41.6% of adults with an annual household income of less than \$25,000 rated their general health as fair or poor, compared to only 10.8% of adults with an annual household income of \$50,000 or more.

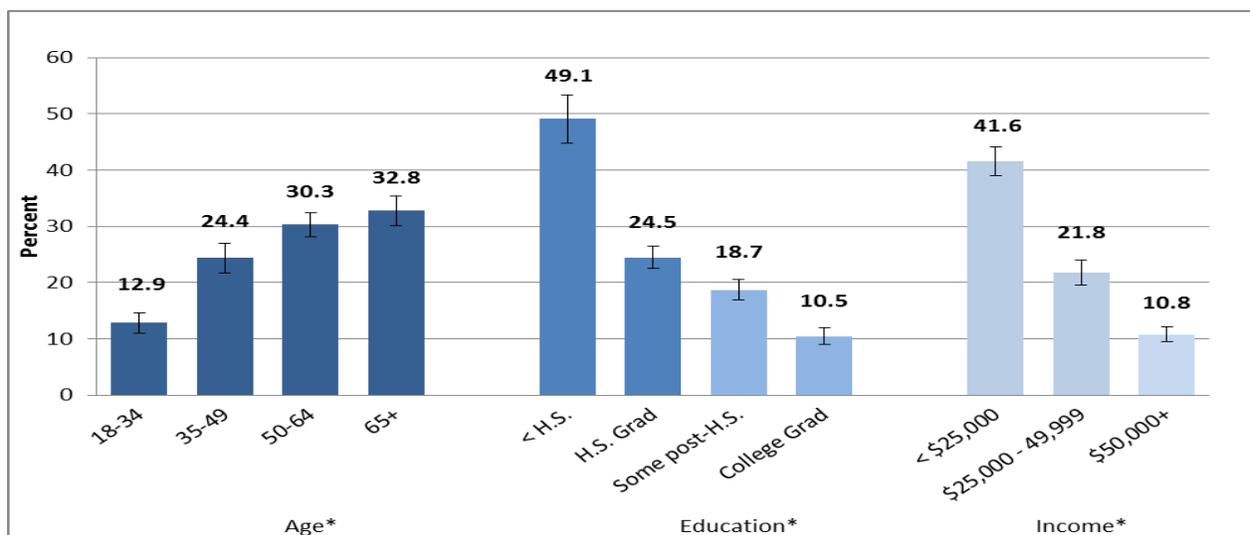
Percent of Adults who reported their General Health as Fair or Poor: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who reported their General Health as Fair or Poor, by Gender, and by Race — 2014



Percent of Kentucky Adults who reported their General Health as Fair or Poor, by Age*, Education*, and Income* — 2014



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HEALTH CARE ACCESS/COVERAGE

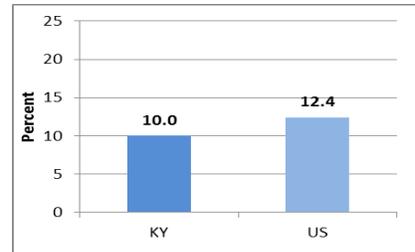
Question: Do you have any kind of health care coverage, including health insurance, pre-paid plans such as HMOs or governmental plans such as Medicare?

At Risk: Adults who answered “No” are considered at risk.

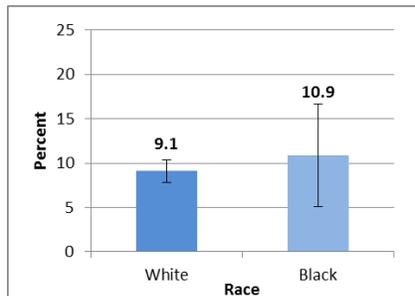
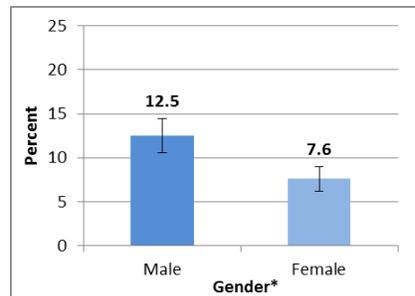
Who is at risk in Kentucky?

- ◆ About 10% of Kentucky adults did not have any form of health insurance in 2014. The prevalence of no health care coverage among Kentucky adults was lower than the U.S. median prevalence (12.4%).
- ◆ Lack of health coverage was significantly higher among men than women (12.5% vs. 7.6%).
- ◆ Black adults (10.9%) reported a higher percentage of lack of health care coverage compared with white adults (9.1%); however, the differences were not statistically significant.
- ◆ Lack of health care coverage was significantly higher among adults aged 18-49 years (16.2%) when compared with adults aged 50-64 years (7.2%).
- ◆ An estimated 18.0% of adults with less than a high school education did not have health care coverage; this was a significantly higher estimate compared to adults with other levels of educational attainment.
- ◆ Lack of health care coverage significantly decreased with increasing annual household income level. The lowest percentage of Kentucky adults with no health care coverage were adults earning more than \$50,000 a year (4.4%).

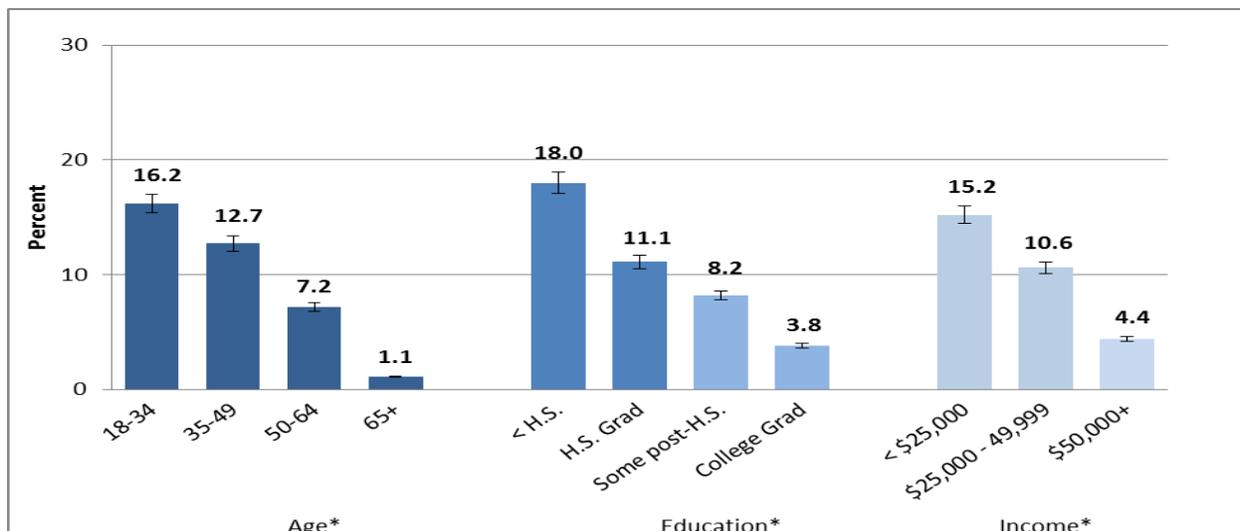
Percent of Adults with No Health Insurance: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults with No Health Insurance, by Gender*, and by Race — 2014



Percent of Kentucky Adults with No Health Insurance, by Age*, Education*, and Income* — 2014



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BREAST CANCER SCREENING (Age 40+)

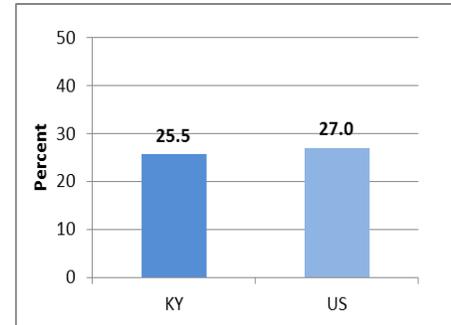
Question: A mammogram is an X-Ray of each breast to look for breast cancer. Have you ever had a mammogram? How long has it been since you have had your last mammogram ?

At Risk: Women aged 40 years or older who report that they have not had a mammogram within the past two years are considered at risk.

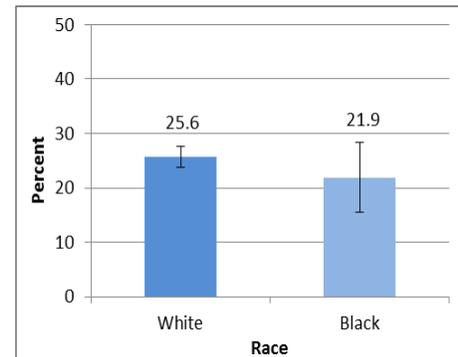
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 25.5% of Kentucky women aged 40 years or older reported that they did not have a mammogram in the past two years compared to 27.0% in the United States.
- ◆ The prevalence of women aged 40 years and older who did not have a mammogram in the past two years did not significantly differ by race.
- ◆ The prevalence of women aged 40-49 years who reported that they did not have a mammogram in the past two years was significantly higher compared to women aged 50 years and older.
- ◆ Women (aged 40+) with less than a high school education were significantly more likely to report that they did not have a mammogram in the past two years compared to women (aged 40+) who graduated from college (37.6% vs. 19.8%).
- ◆ About a third of women (aged 40+) with an annual household income of less than \$25,000 did not have a mammogram in the past two years (33.4%); this was significantly higher compared with women (aged 40+) with an annual household income of \$50,000 or more (16.3%).

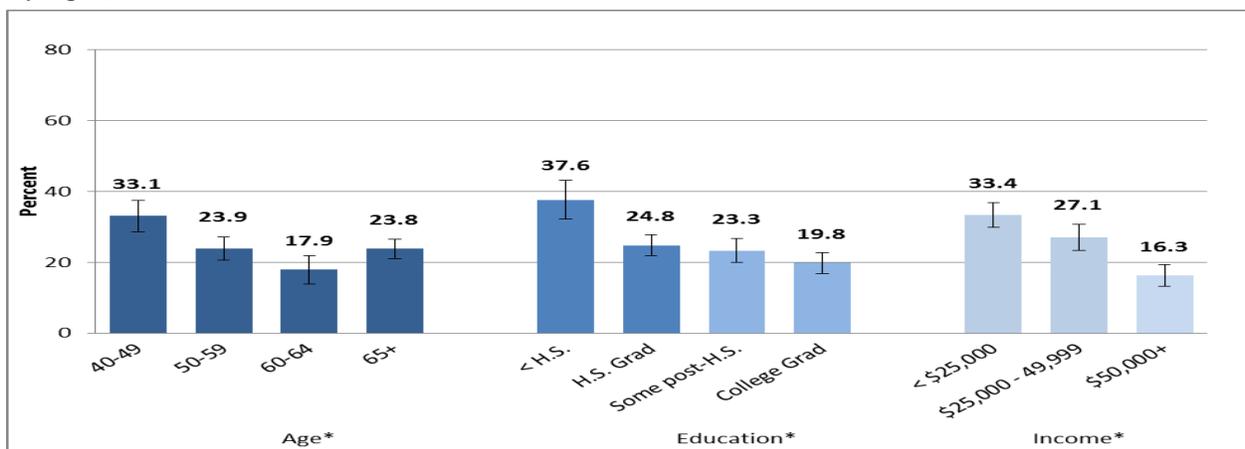
Percent of Women (aged 40+) who did not have a Mammogram in the Past Two Years: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Women (aged 40+) who did not have a Mammogram in the Past Two Years, by Race, 2014



Percent of Kentucky Women aged 40+ Adults with who did not have a Mammogram in the Past Two Years, by Age*, Education*, and Income* — 2014



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CERVICAL CANCER SCREENING

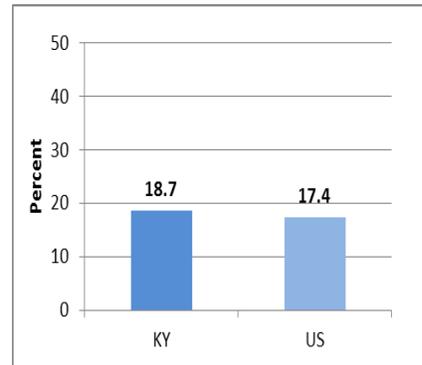
Question: A Pap Smear is a test for cancer of the cervix. How long has it been since you had your last Pap Smear test?

At Risk: Women who reported that they did not have a Pap Smear test within the last three years are considered at risk.

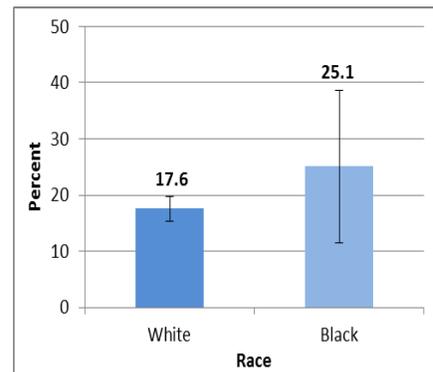
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 18.7% of Kentucky women (aged 21-65) reported that they did not have a Pap Smear test done within the past three years; this was higher compared to 17.4% in the nation.
- ◆ The prevalence of women (aged 21-65) who did not have a Pap Smear test in the past three years did not significantly differ by race.
- ◆ The prevalence of women (aged 21-65) who did not have a Pap Smear test in the past three years did not significantly differ by age group.
- ◆ An estimated 27.2% of women (aged 21-65) with less than a high school education did not have a Pap Smear test in the past three years compared to 9.7% of women (aged 21-65) with a college degree.
- ◆ Women (aged 21-65) with an annual household income of less than \$25,000 were significantly more likely to report that they did not have a Pap Smear test in the past three years, compared to those with an annual household income of \$50,000 or more (24.4% vs.13.1%).

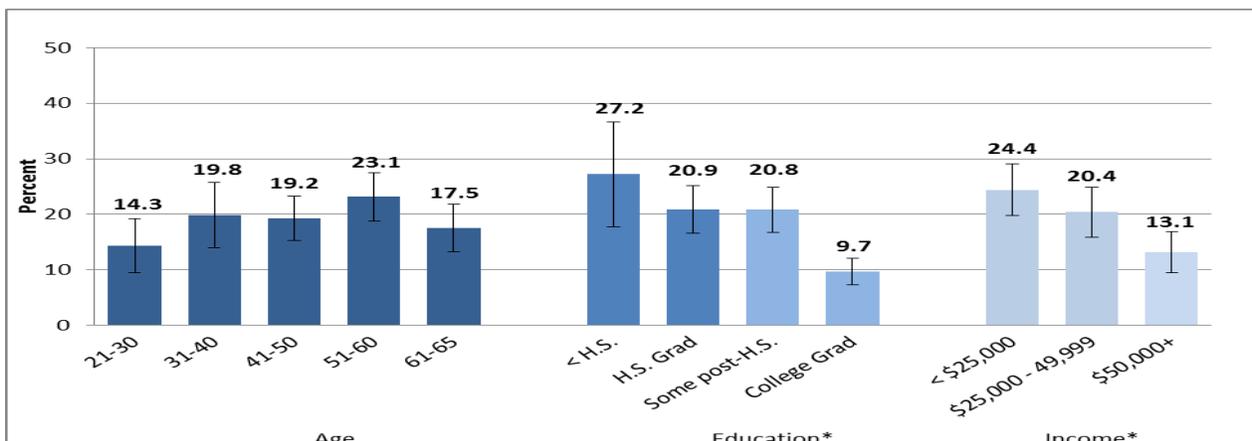
Percent of women aged 21-65 who did not have a Pap Smear Test in the Past Three Years: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky women aged 21-65 who did not have a Pap Smear Test in the Past Three Years, by Race, 2014



Percent of Kentucky women aged 21-65 who did not have a Pap Smear Test in the Past Three Years, by Age Education*, and Income* — 2014



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Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

COLORECTAL CANCER SCREENING (Age 50+)

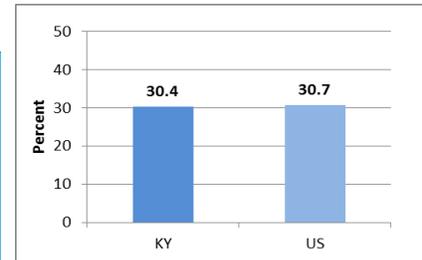
Question: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of the exams?

At Risk: Adults 50 years or older who have never had a sigmoidoscopy or colonoscopy are considered at risk.

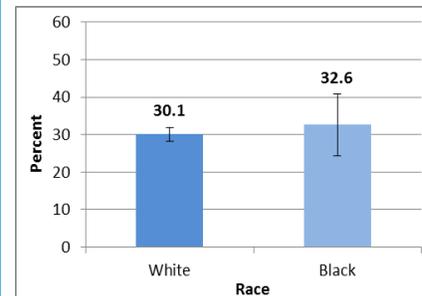
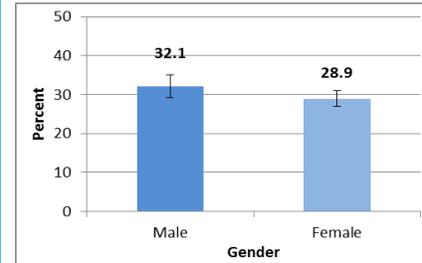
Who is at risk in Kentucky?

- ◆ About 30.4% of Kentucky adults aged 50 years and older have never had a sigmoidoscopy or colonoscopy. This was similar to the estimate for the nation (30.7%).
- ◆ The prevalence of adults who have never had a sigmoidoscopy or colonoscopy did not significantly differ by gender.
- ◆ Black adults (32.6%) were more likely to report that they have never had a sigmoidoscopy or colonoscopy compared to white adults (30.1%).
- ◆ A significantly higher estimate of adults aged 50 to 59 years (41.3%) have never had a sigmoidoscopy or colonoscopy compared to adults aged 60 years or older (22.8%).
- ◆ The prevalence of adults (aged 50+) who have never had a sigmoidoscopy or colonoscopy decreased significantly with increasing levels of educational attainment.
- ◆ The prevalence of adults (aged 50+) who have never had a sigmoidoscopy or colonoscopy was significantly higher among adults with an annual household income of less than \$25,000 compared to those with a higher annual household income.

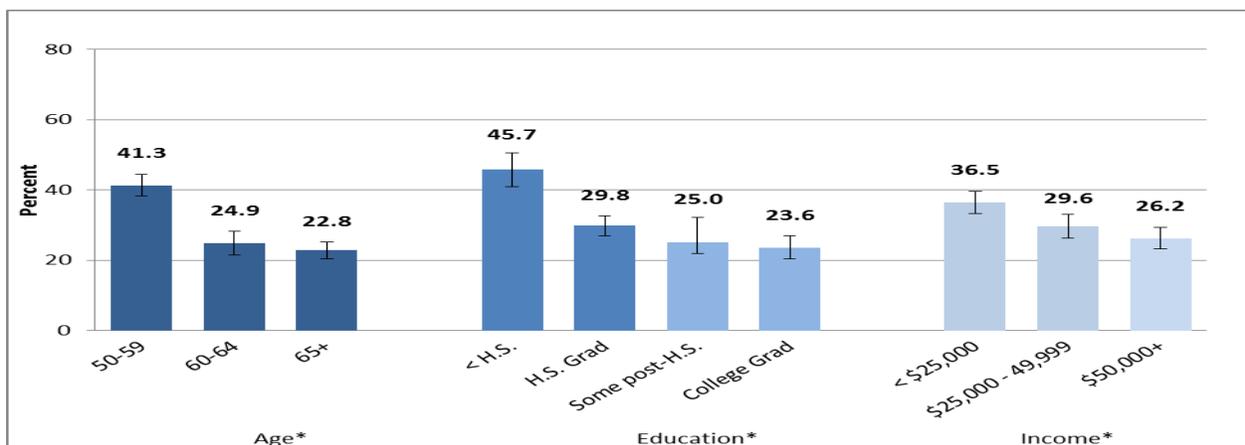
Percent of Adults (aged 50+) who have never had a Sigmoidoscopy or Colonoscopy: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults aged 50+ years who have never had a Sigmoidoscopy or Colonoscopy, by Gender, and by Race, 2014



Percent of Kentucky Adults aged 50+ years who have never had a Sigmoidoscopy or Colonoscopy, by Age*, Education*, and Income* — 2014



* Denotes a statistically significant difference among the values.

In this report, the term 'significant' only refers to statistically significant differences in prevalence.

Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

HIV/AIDS SCREENING

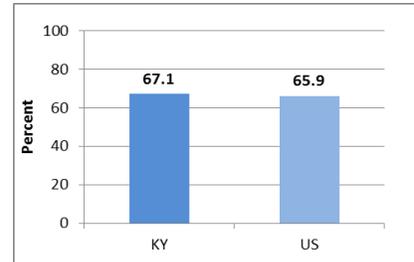
Question: Have you ever been tested for HIV?

At Risk: Adults who answered “No” are considered at risk.

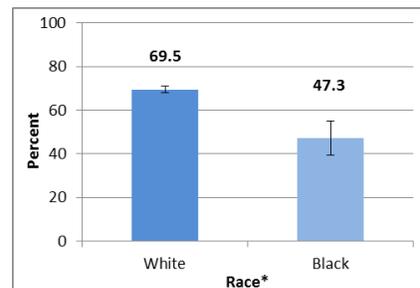
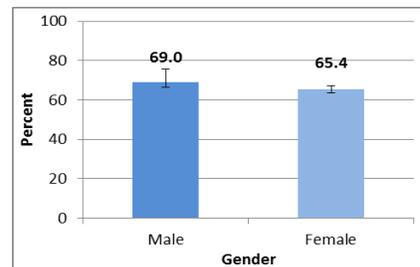
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 67.1% of adults in Kentucky reported that they have never been tested for HIV; this was a higher estimate compared to 65.9% in the United States.
- ◆ The prevalence of adults who have never been tested for HIV did not significantly differ by gender.
- ◆ A significantly higher percentage of white adults reported that they have never been tested for HIV compared to black adults (69.5% vs. 47.3%).
- ◆ Adults aged 65 years or older were significantly more likely to report that they have never been tested for HIV compared to adults aged 18-34 years (89.3% vs. 58.9%).
- ◆ About 70.0% of adults with less than a high school education have never been tested for HIV; this estimate was not statistically significant when compared to adults with some post-high school education (64.1%) or those who graduated from college (65.0%).
- ◆ The prevalence of adults who have never been tested for HIV did not significantly differ by annual household income.

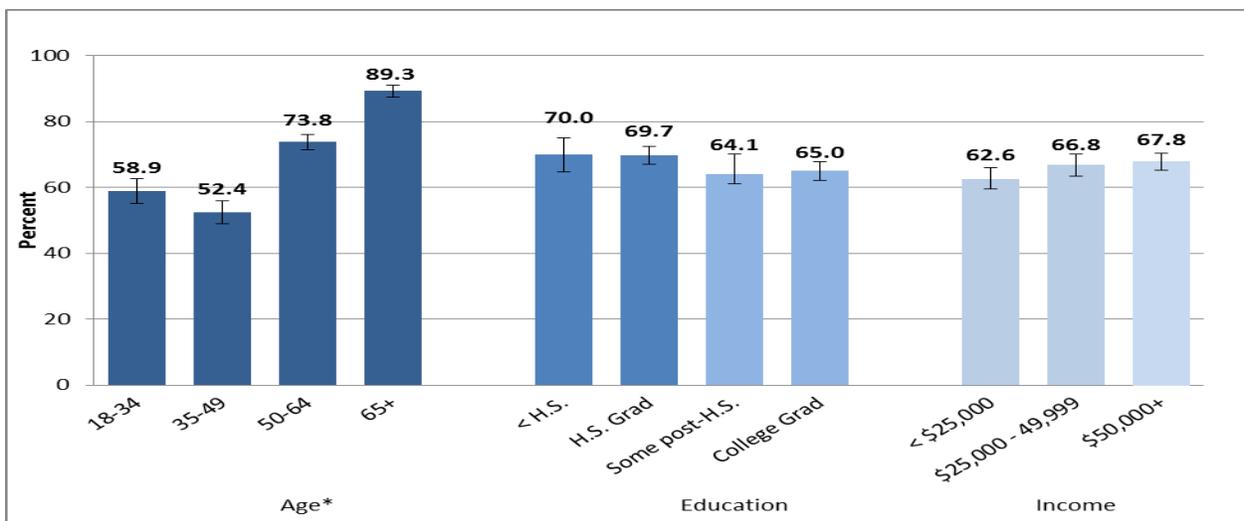
Percent of Adults who have never been tested for HIV: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who have never been tested for HIV, by Gender, and by Race* — 2014



Percent of Kentucky Adults who have never been tested for HIV, by Age*, Education, and Income — 2014



* Denotes a statistically significant difference among the values.

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Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

PROSTATE CANCER SCREENING

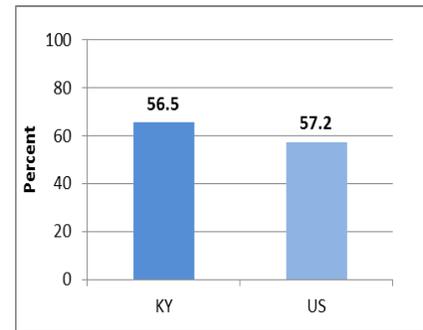
Question: Have you ever had a Prostate-Specific Antigen test, also called a PSA test? How long has it been since you had your last PSA test?

At Risk: Adult men aged 40 years or older who did not have a PSA test within the past two years are considered at risk.

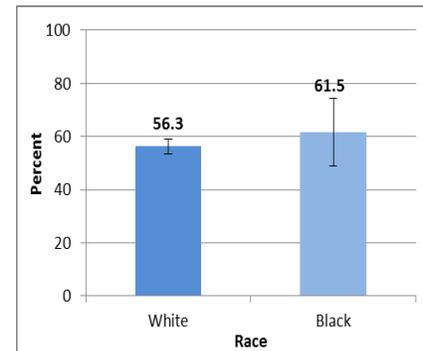
Who is at risk in Kentucky?

- ◆ About 56.5% of Kentucky men aged 40 years and older reported that they did not have a PSA test within the past two years; this was similar when compared nationally (57.2%).
- ◆ About 56.3% of white men (aged 40+) did not have a PSA test in the past two years compared to 61.5% of black men (aged 40+), but these estimates were not statistically significant.
- ◆ A significantly higher percentage of men aged 40 to 49 years (83.2%) reported that they did not have a PSA test in the past two years compared with men aged 50 years or older.
- ◆ About 72.3% of Adults (aged 40+) with less than a high school education reported that they did not have a PSA test screening within the past two years; this estimate was significantly higher compared to adults (aged 40+) with a college education (47.1%).
- ◆ Lack of PSA test screening was significantly higher among men (aged 40+) with an annual household income of less than \$25,000 compared to those with an annual household income of \$50,000 or more (70.6% vs. 47.2%).

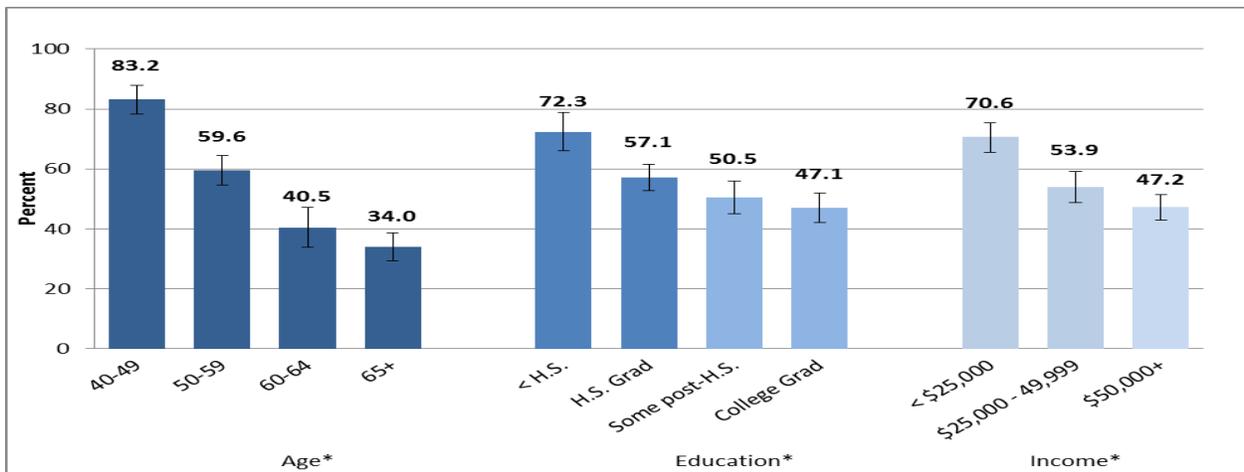
Percent of Men aged 40+ who did not have a PSA Test in the Past Two Years: Kentucky vs. Nationwide (States and DC), 2014



Percent of Kentucky Men aged 40+ who did not have a PSA Test in the Past Two Year, by Race, 2014



Percent of Kentucky Men aged 40+ who did not have a PSA Test in the Past Two Years, by Age*, Education*, and Income*, 2014



* Denotes a statistically significant difference among the values.

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Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

INFLUENZA IMMUNIZATION (Age 65+)

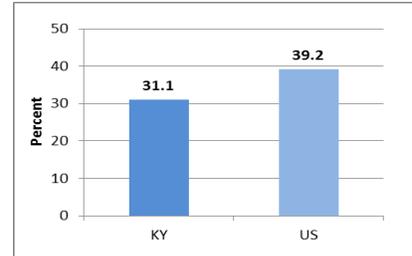
Question: In the past twelve months, have you had a flu shot?

At Risk: Adults aged 65+ years who did not get a flu shot in the past twelve months are considered at risk.

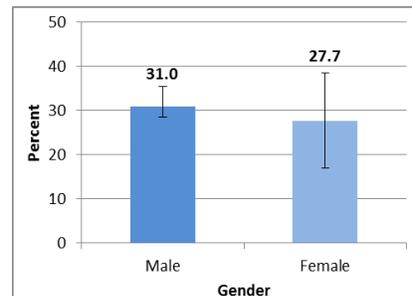
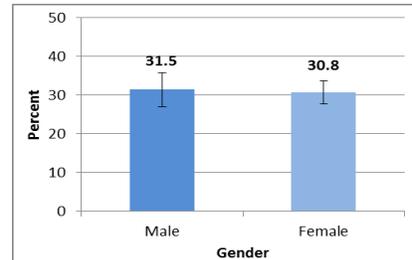
Who is at risk in Kentucky?

- ◆ In 2014, an estimated 31.1% of Kentucky adults aged 65 years or older reported that they did not get a flu shot in the past year; this was lower compared to the United States estimate of 39.2%.
- ◆ About 31.5% of male adults (aged 65+) did not get a flu shot in the past year compared to 30.8% of female adults (aged 65+), but these estimates were not statistically significant.
- ◆ The estimate of black adults (27.7%) who reported that they did not get a flu shot in the past year was lower compared to white adults (31.0%); however, the differences were not statistically significant.
- ◆ A significantly higher percentage of adults aged 65-74 years did not get a flu shot in the past year, compared to adults aged 75 years or older (34.4% vs. 26.3%).
- ◆ An estimated 36.1% of adults (aged 65+) with less than a high school education did not get a flu shot in the past year compared to 28.8% of those with a college degree.
- ◆ The prevalence of adults (aged 65+) who did not get a flu shot last year did not differ significantly by annual household income.

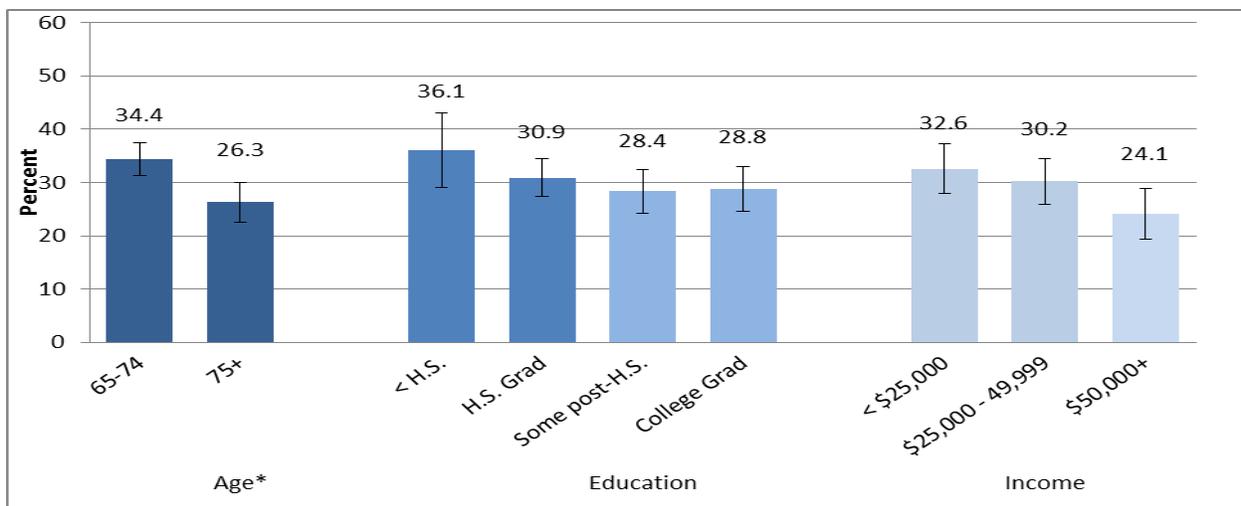
Percent of Adults (aged 65+) who did not get a Flu shot in the Past Year: Kentucky vs. Nationwide



Percent of Kentucky Adults (aged 65+) who did not get a Flu shot in the Past Year, by Gender, and by Race — 2014



Percent of Kentucky Adults (aged 65+) who did not get a Flu Shot in the Past Year, by Age*, Education, and Income — 2014



* Denotes a statistically significant difference among the values.

In this report, the term 'significant' only refers to statistically significant differences in prevalence.

Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

PNEUMOCOCCAL VACCINATION (Age 65+)

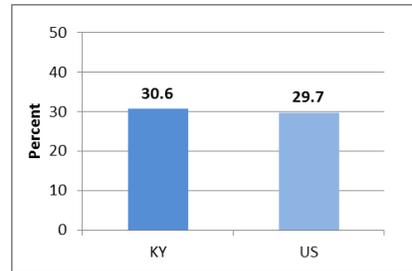
Question: Have you ever had a pneumonia shot?

At Risk: Adults aged 65 years or older who have never had a pneumonia shot (pneumococcal vaccine) are considered at risk.

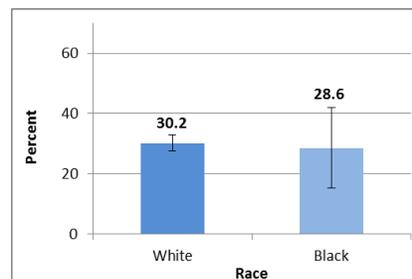
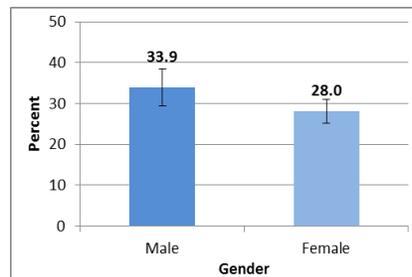
Who is at risk in Kentucky?

- ◆ Among Kentucky adults aged 65 years and older, 30.6% reported that they have never had a pneumococcal vaccination; this was higher than the United States estimate of 29.7%.
- ◆ Men (aged 65+) were more likely to report that they have never had a pneumococcal vaccination than women (aged 65+); however the estimates were not statistically significant.
- ◆ About 30.2% of black adults (aged 65+) reported that they have never had a pneumococcal vaccination. This estimate was higher (28.6%) when compared to white adults (aged 65+), but was not statistically significant.
- ◆ A significantly higher percentage of adults aged 65-74 years reported that they have never had a pneumococcal vaccination compared to adults aged 75 years or older (33.6% vs. 26.3%).
- ◆ The prevalence of adults (aged 65+) who have never had a pneumococcal vaccination was higher among adults with less than a high school education than those with a college education, but these estimates were not statistically significant.
- ◆ The prevalence of adults (aged 65+) who have never had a pneumococcal vaccination did not significantly differ by annual household income.

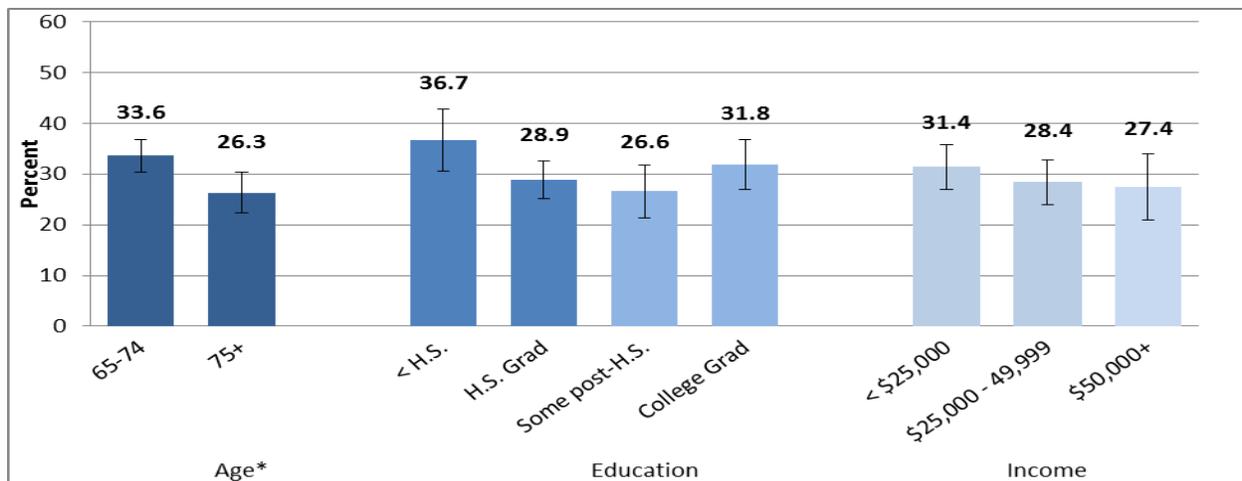
Percent of Adults (aged 65+) who have never had a Pneumococcal Vaccination: Kentucky vs. Nationwide (States and DC)



Percent of Kentucky Adults (aged 65+) who have never had a Pneumococcal Vaccination, by Gender, and by Race — 2014



Percent of Kentucky Adults (aged 65+) who have never had a Pneumococcal Vaccination, by Age*, Education, and Income—2014



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Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

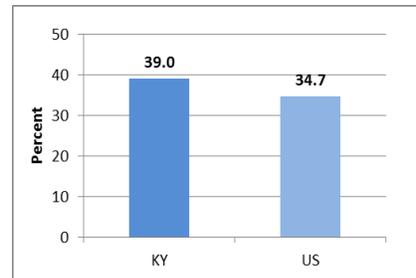
ORAL HEALTH

Question: How long has it been since you visited the dentist or dental clinic for any reason?

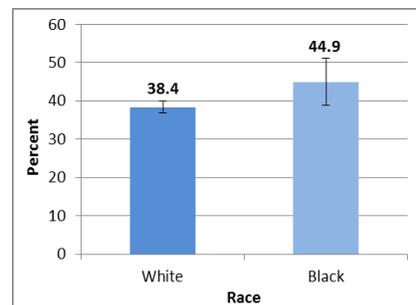
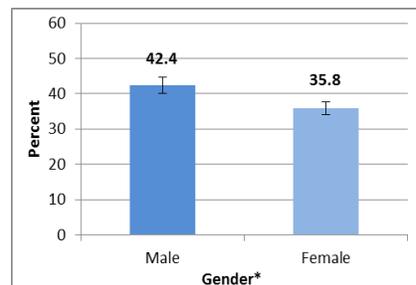
At Risk: Adults who answered “more than 1 year ago” or “never” are considered at risk.

- ◆ In 2014, an estimated 39.0% of Kentucky adults reported that they did not have a dental visit in the past year; this estimate was higher compared to 34.7% in the nation.
- ◆ About 42.4% of men reported that they did not have a dental visit in the past year. This estimate was significantly higher compared to women (35.8%).
- ◆ About 44.9% of black adults reported that they did not have a dental visit in the past year compared to 38.4% of white adults. However the differences were not statistically significant.
- ◆ Adults (aged 65+) were significantly more likely to report that they did not have a dental visit last year compared to young adults (aged 18-34).
- ◆ A significantly higher proportion of adults with less than a high school education did not have a dental visit in the past year compared to those with a college education (61.4% vs. 21.6%).
- ◆ The proportion of adults who did not have a dental visit in the past year decreased significantly as levels of annual household income increased.

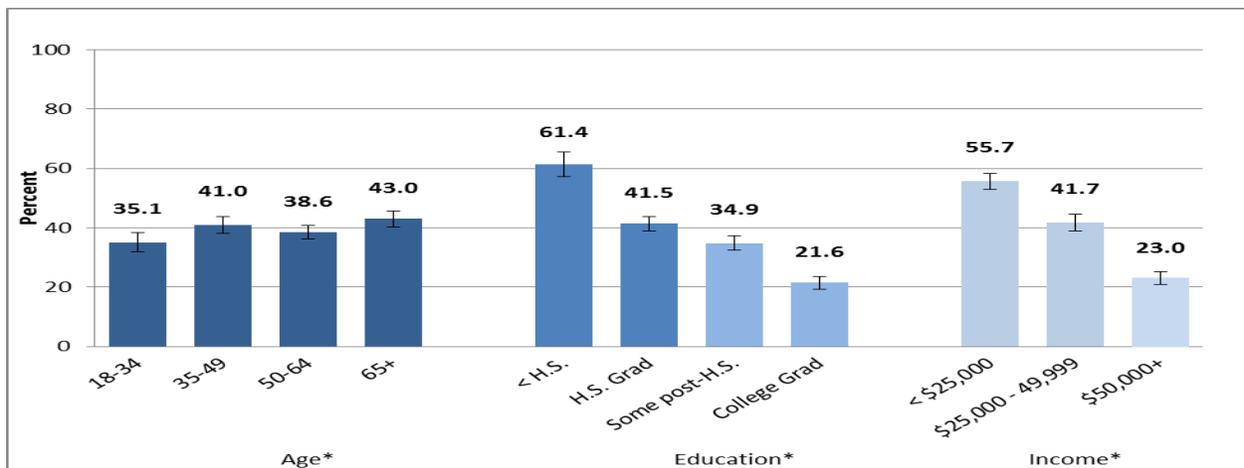
Percent of Adults who did not have a Dental Visit in the Past Year: Kentucky vs. Nationwide (States and DC) — 2014



Percent of Kentucky Adults who did not have a Dental Visit in the Past Year, by Gender*, and by Race* — 2014



Percent of Kentucky Adults who did not have a Dental Visit in the Past Year, by Age*, Education*, and Income* — 2014



* Denotes a statistically significant difference among the values.

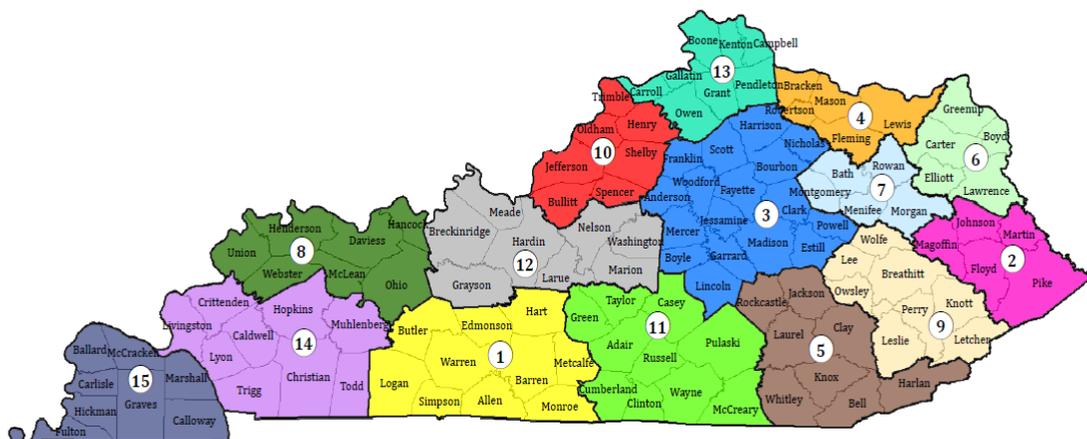
In this report, the term ‘significant’ only refers to statistically significant differences in prevalence.

Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Prevalence Estimates by Area Development District (ADD)

The remainder of this report incorporates ArcGIS mapping to illustrate prevalence estimates by Area Development District (ADD) for each risk factor, condition, or indicator presented in the preceding pages.

Kentucky has 120 Counties that are divided into 15 ADDs for the planning of a variety of programs. Data for this part of the report are analyzed by ADDs, rather than by county, because sample sizes for most counties are too small to provide statistically reliable estimates.

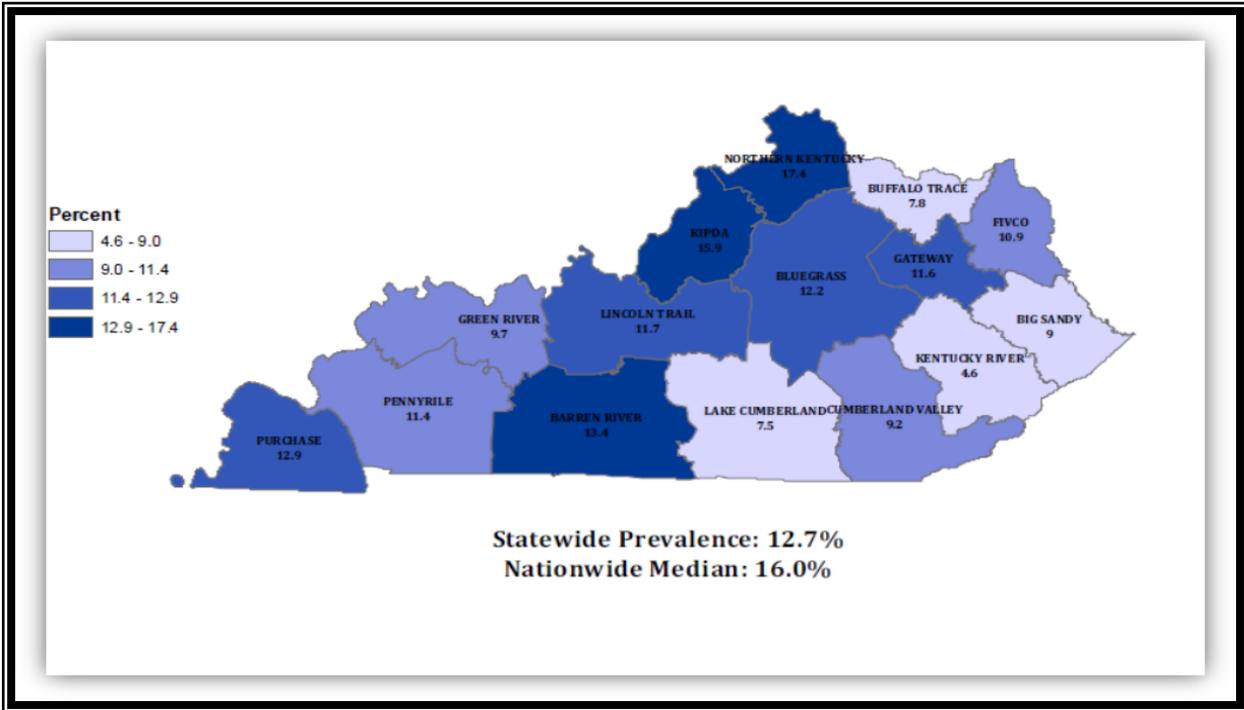


 1. Barren River ADD	 5. Cumberland Valley ADD	 9. Kentucky River ADD	 13. Northern Kentucky ADD
 2. Big Sandy ADD	 6. FIVCO ADD	 10. KIPDA ADD	 14. Pennyrile ADD
 3. Bluegrass ADD	 7. Gateway ADD	 11. Lake Cumberland ADD	 15. Purchase ADD
 4. Buffalo Trace ADD	 8. Green River ADD	 12. Lincoln Trail ADD	

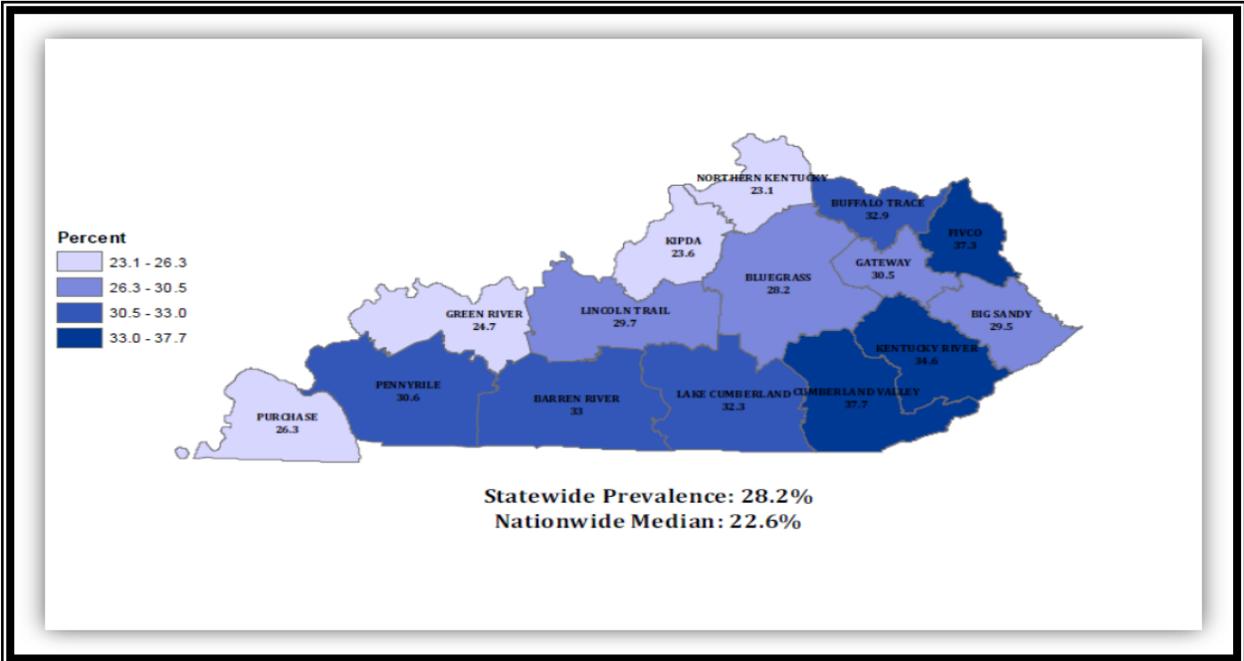
Counties in each ADD

Barren River:	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren
Big Sandy:	Floyd, Johnson, Magoffin, Martin, Pike
Bluegrass:	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford
Buffalo Trace:	Bracken, Fleming, Lewis, Mason, Robertson
Cumberland Valley:	Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley
FIVCO:	Boyd, Carter, Elliott, Greenup, Lawrence
Gateway:	Bath, Menifee, Montgomery, Morgan, Rowan
Green River:	Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster
Kentucky River:	Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe
KIPDA:	Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
Lake Cumberland:	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Lincoln Trail:	Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington
Northern Kentucky:	Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton
Pennyrile:	Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg
Purchase:	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, McCracken, Marshall

Percent of Kentucky Adults Classified as Binge Drinkers, by Area Development District, 2014

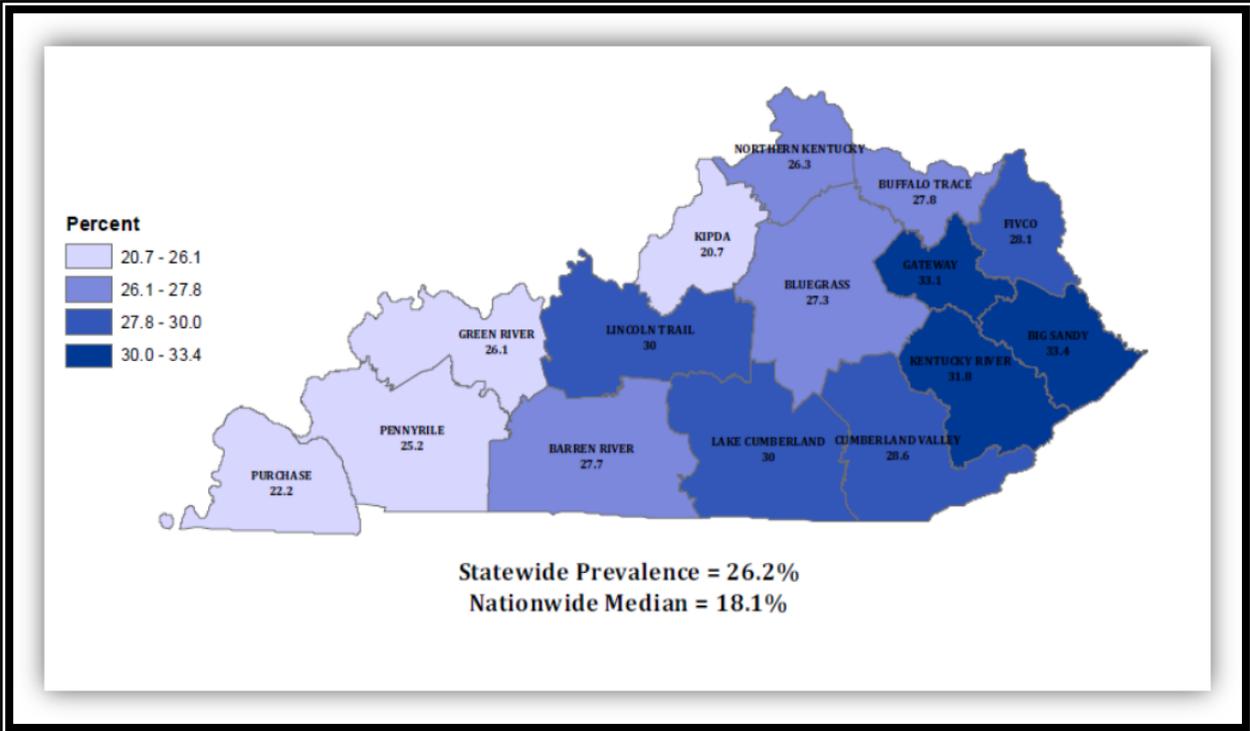


Percent of Kentucky Adults who did not Participate in any Physical Activity in the Past 30 Days, by Area Development District, 2014

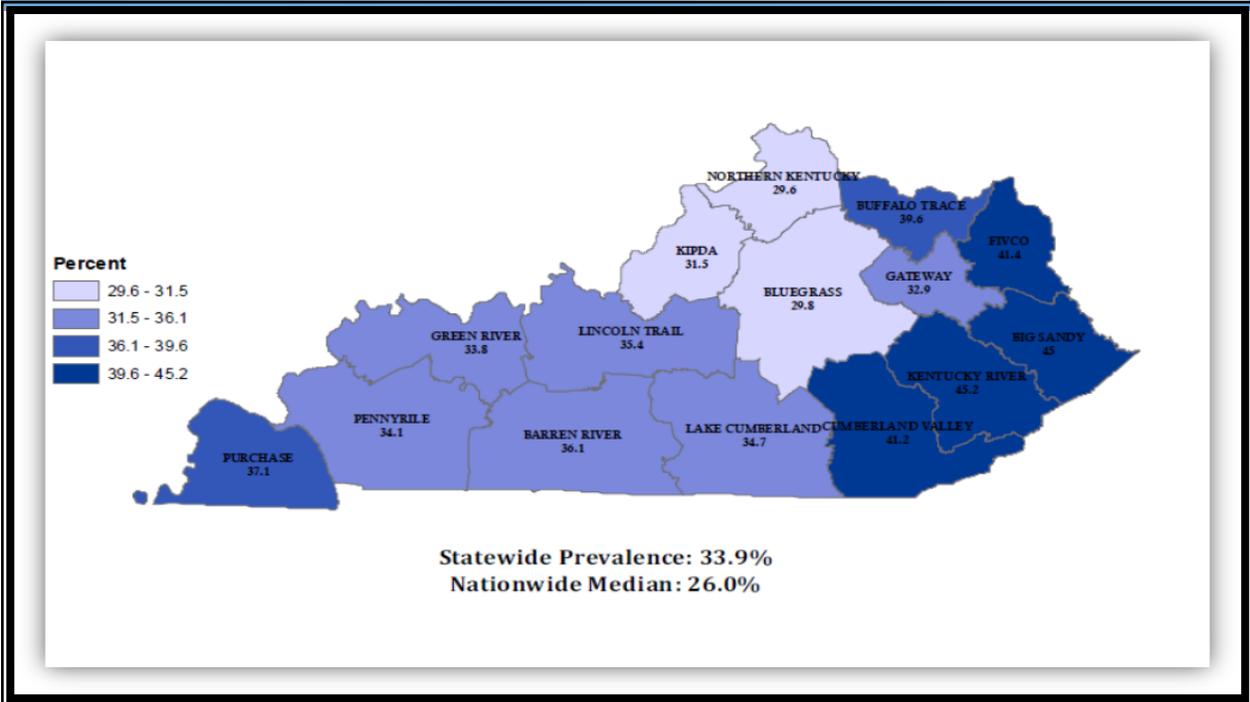


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who are Current Smokers, by Area Development District, 2014

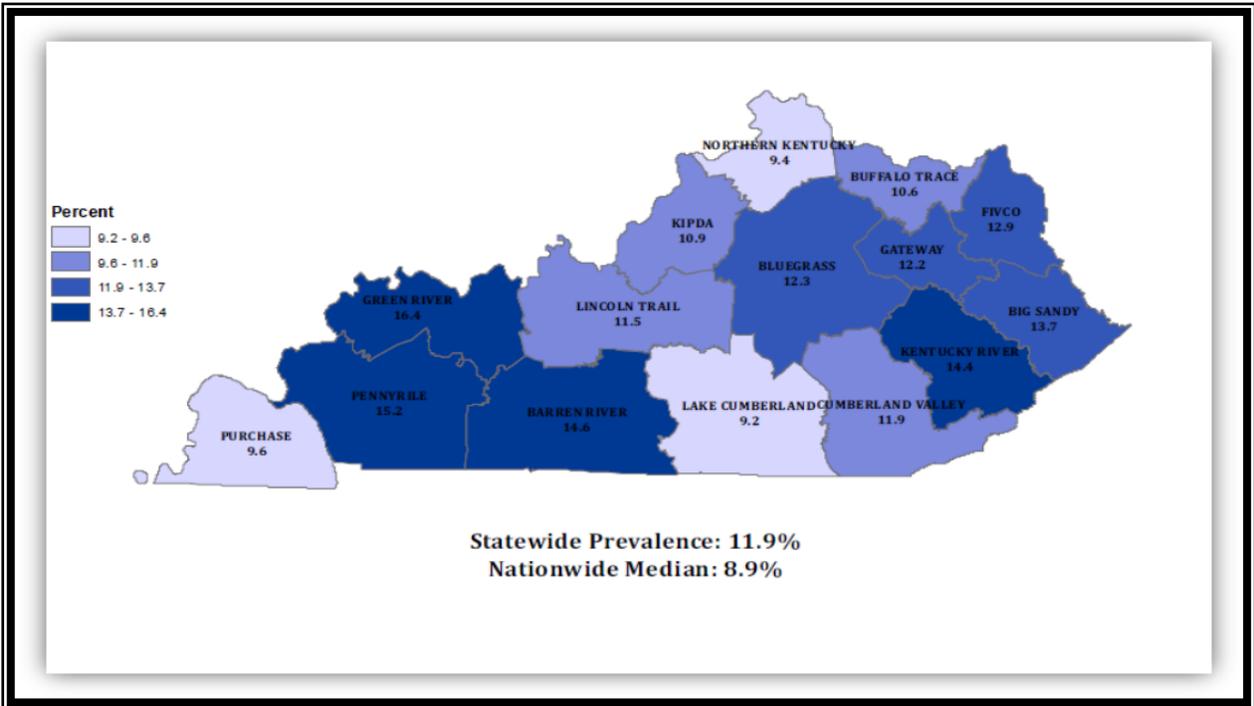


Percent of Kentucky Adults who have Arthritis, by Area Development District, 2014

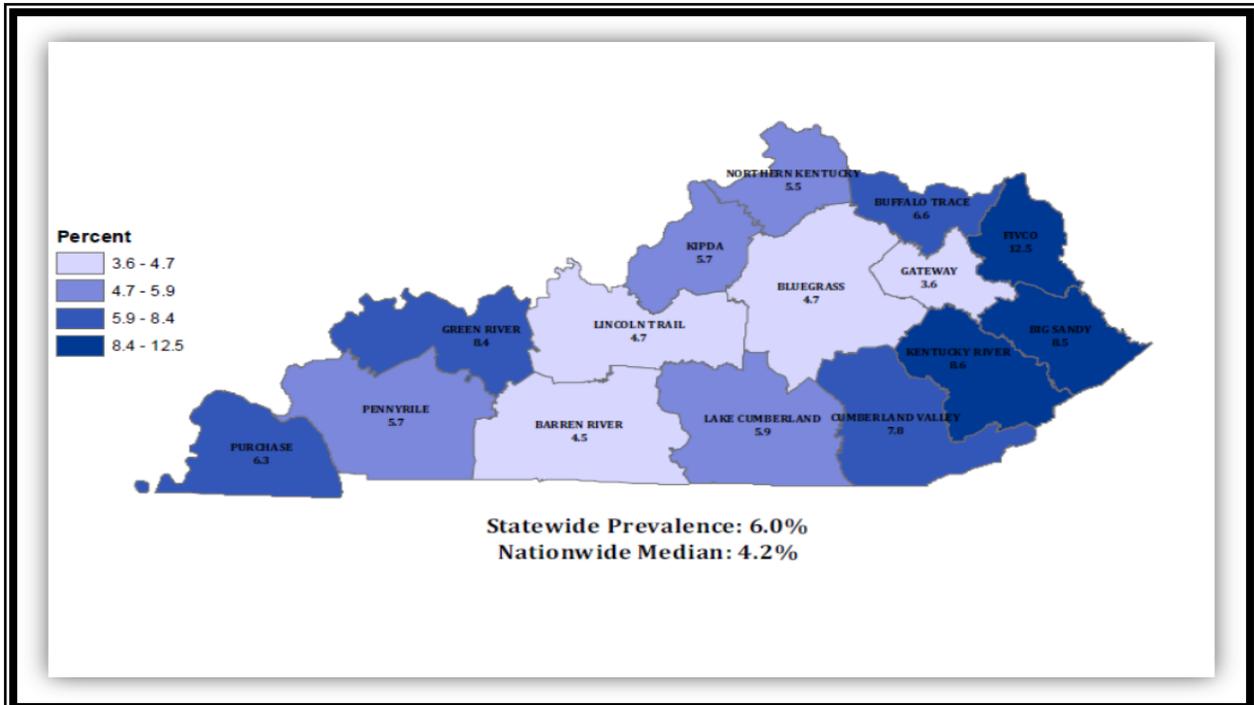


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who have Current Asthma, by Area Development District, 2014

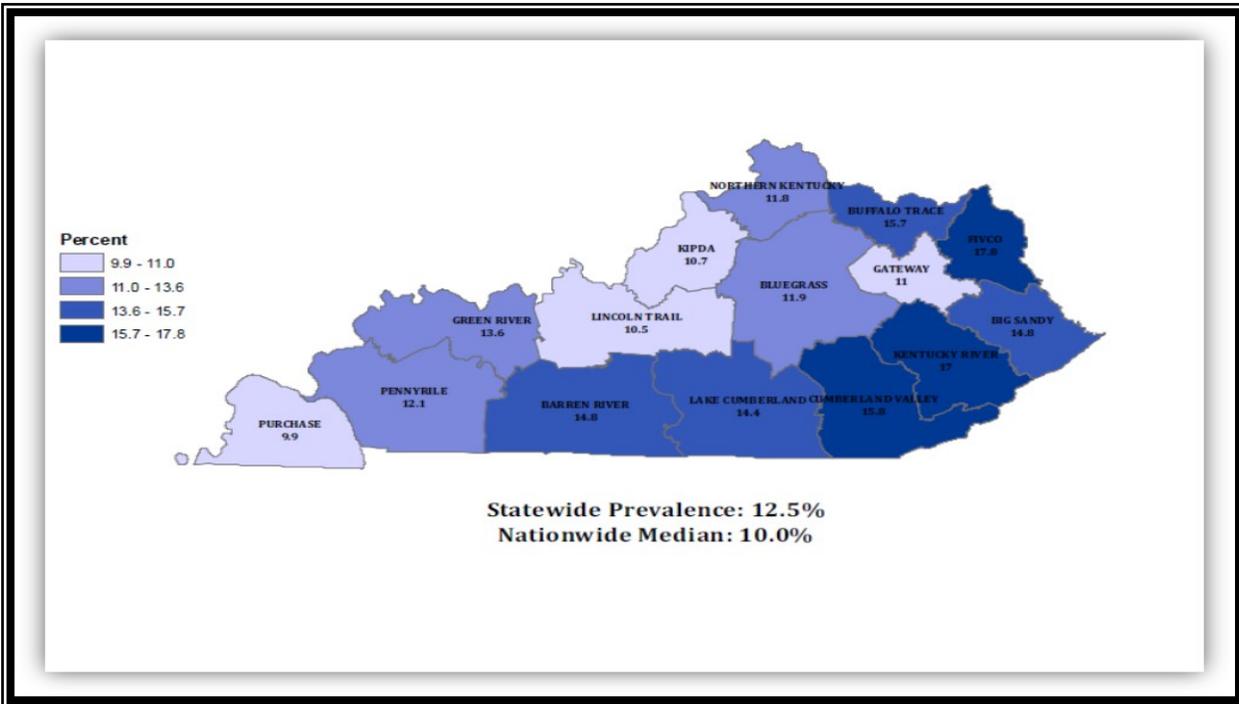


Percent of Kentucky Adults who have Coronary Heart Disease, by Area Development District, 2014

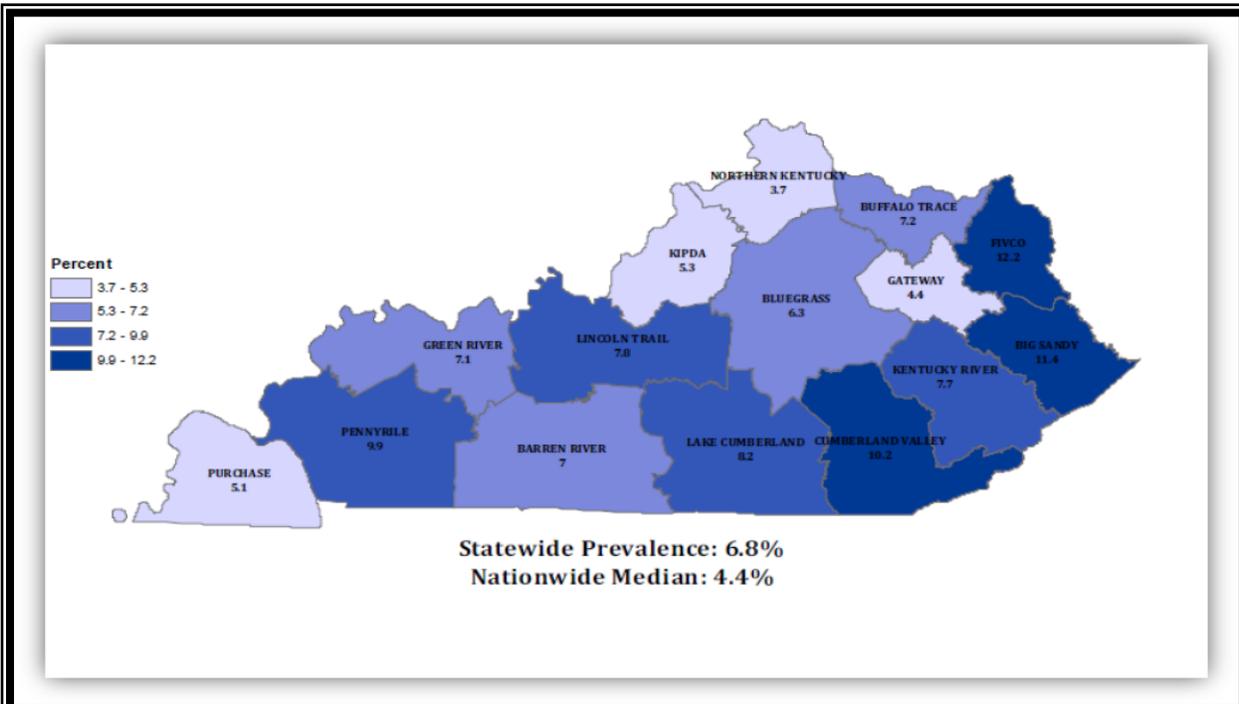


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who have Diabetes, by Area Development District, 2014

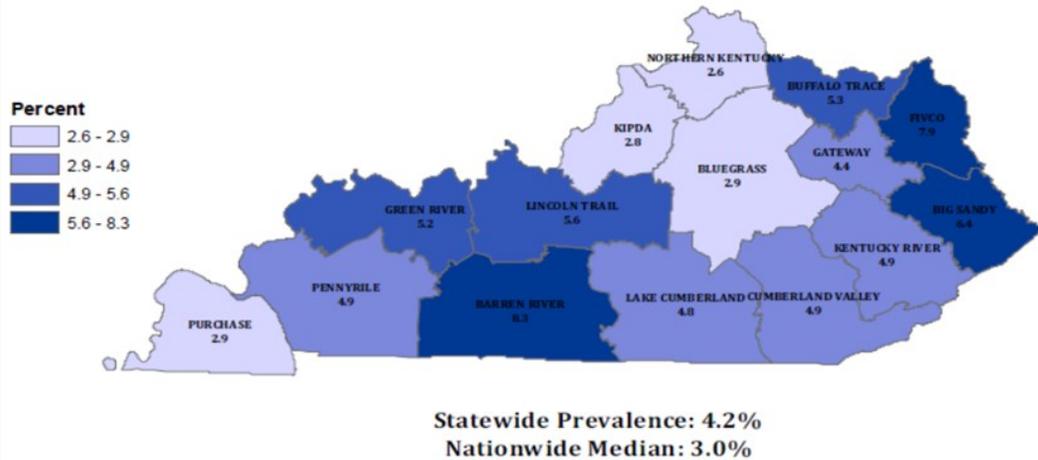


Percent of Kentucky Adults who have ever had a Heart Attack, by Area Development District, 2014

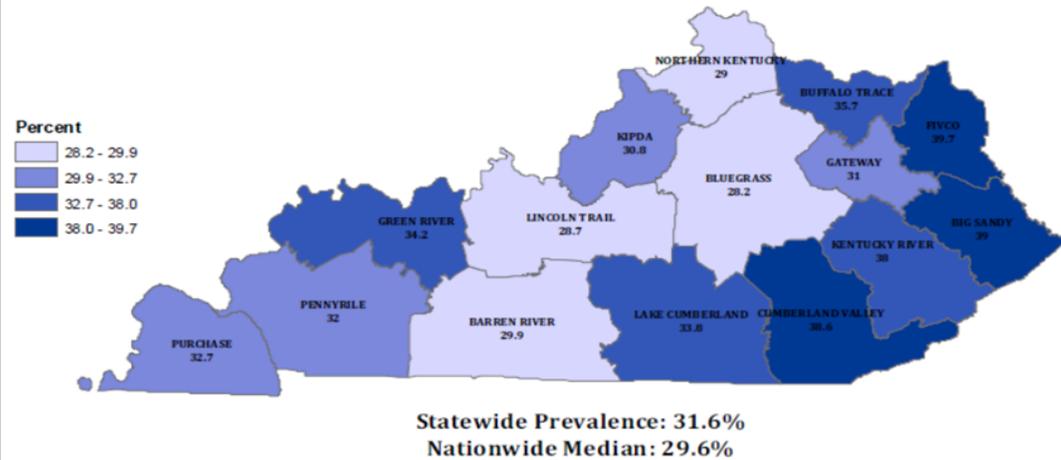


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who have ever had a Stroke, by Area Development District, 2014

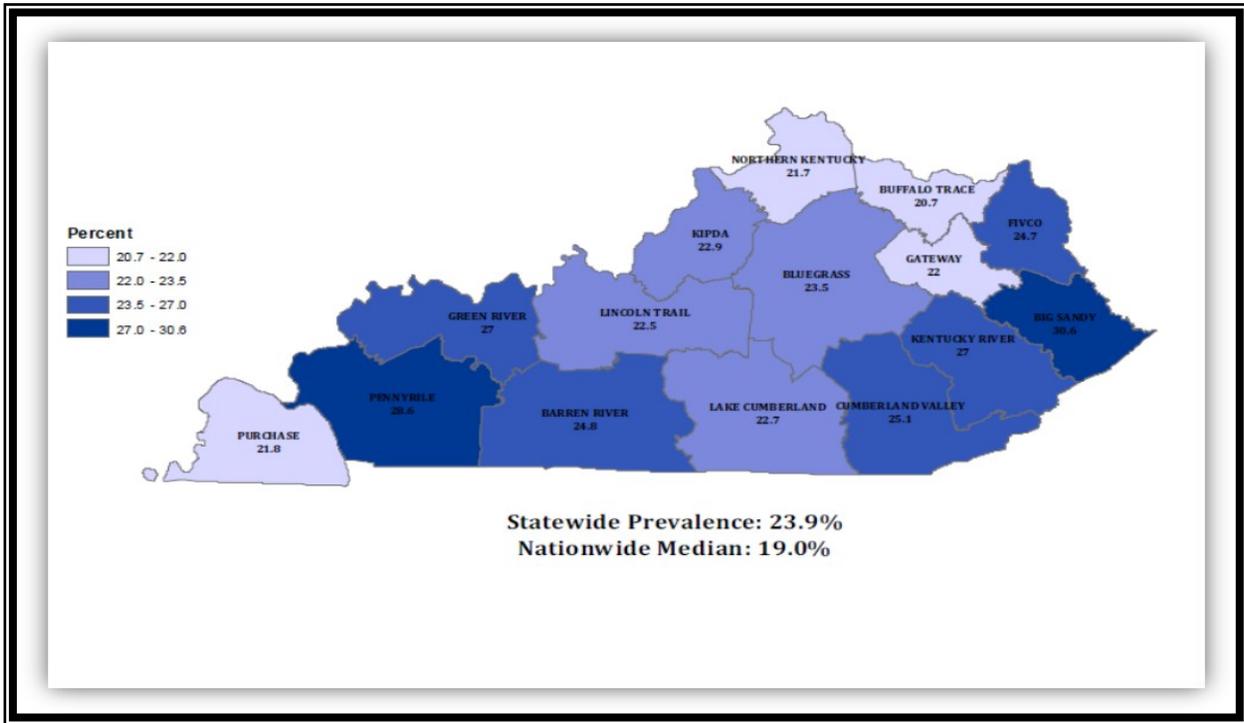


Percent of Kentucky Adults who are Obese (BMI ≥ 30), by Area Development District, 2014

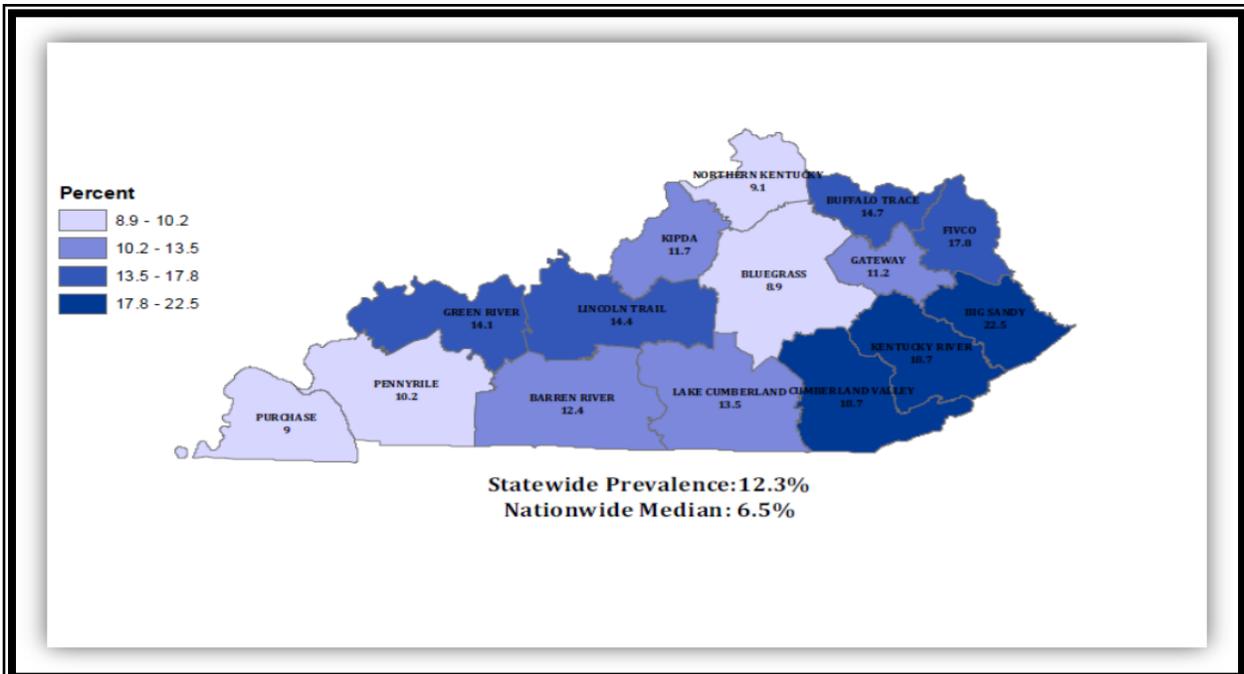


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who have a Depressive Disorder, by Area Development District, 2014

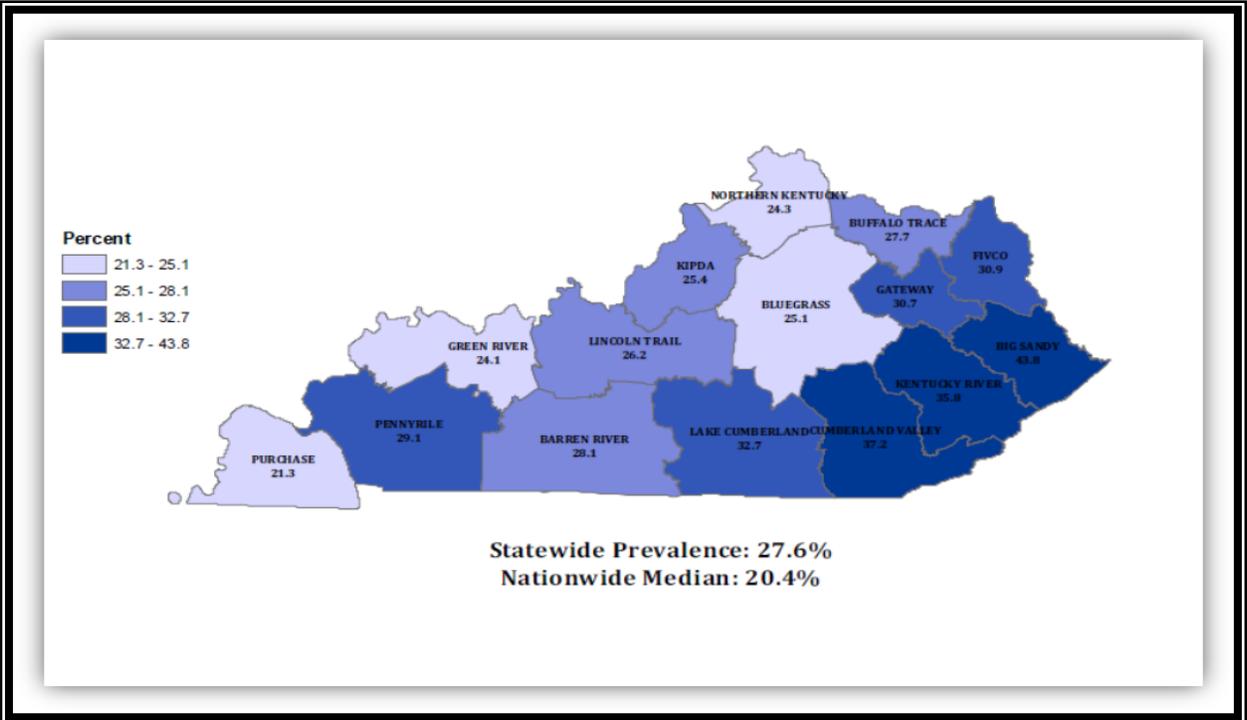


Percent of Kentucky Adults (aged 65+) who have COPD, by Area Development District, 2014

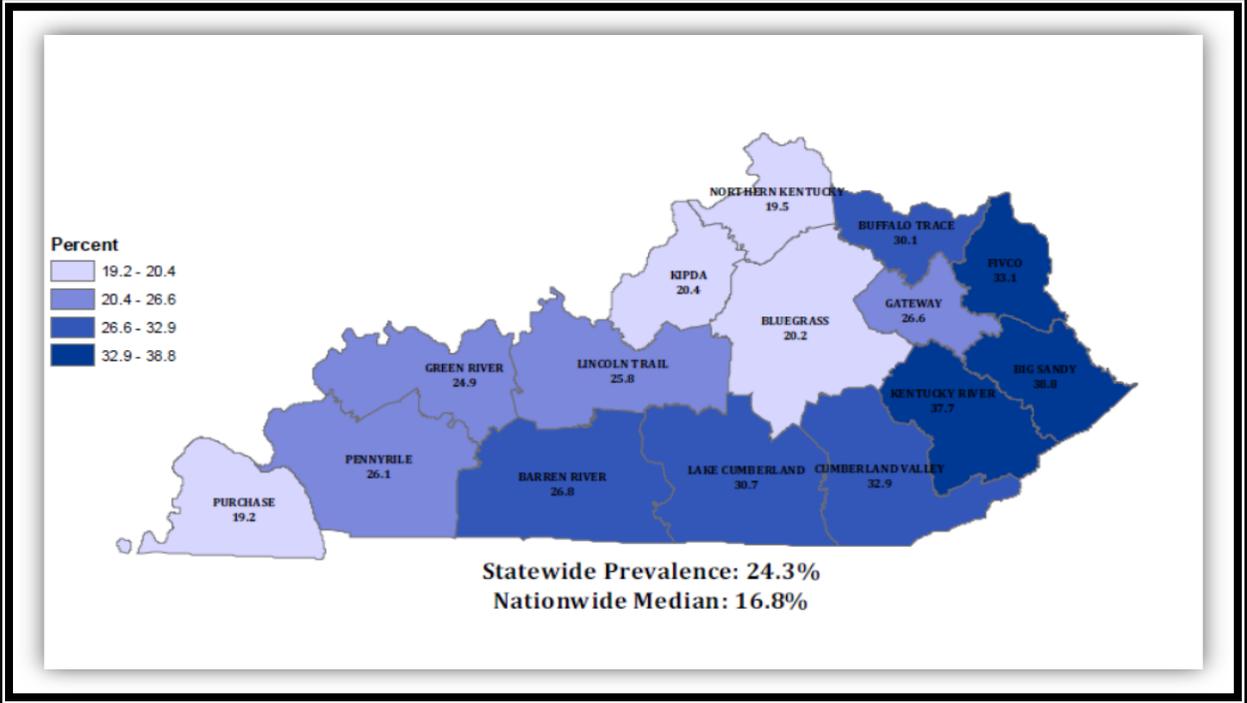


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults with Activity Limitations due to Health Problems, by Area Development District, 2014

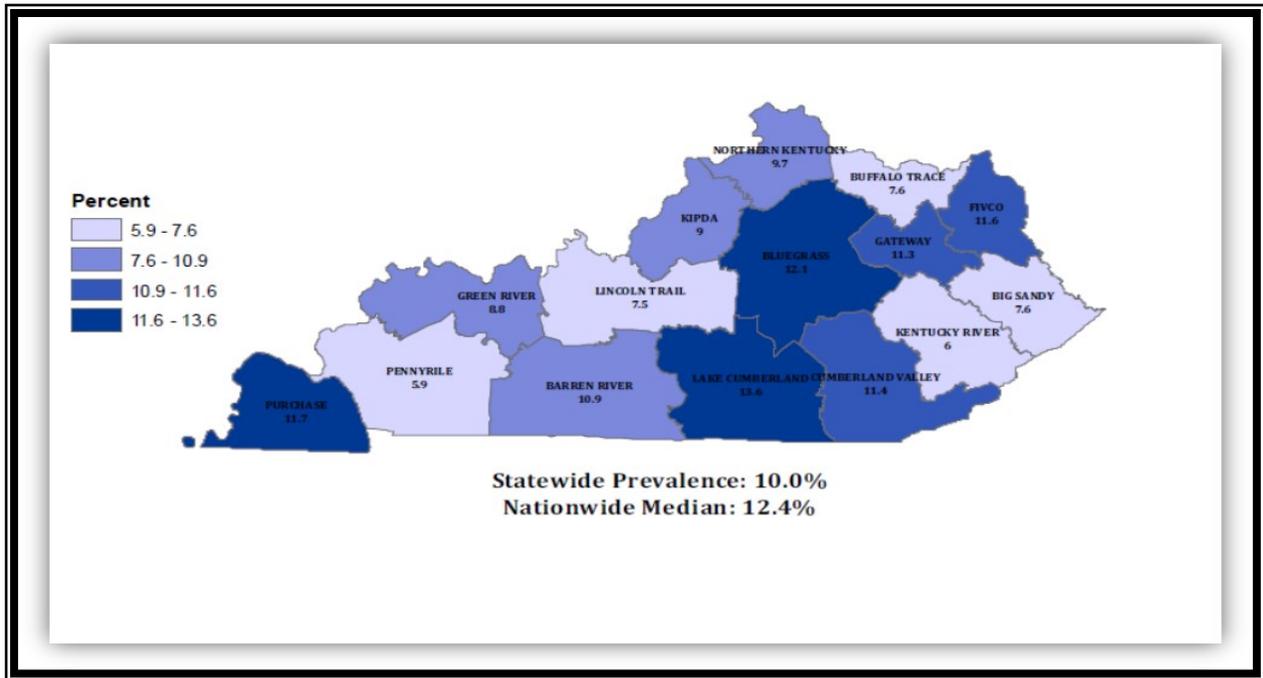


Percent of Kentucky Adults with Fair or Poor General Health, by Area Development District, 2014

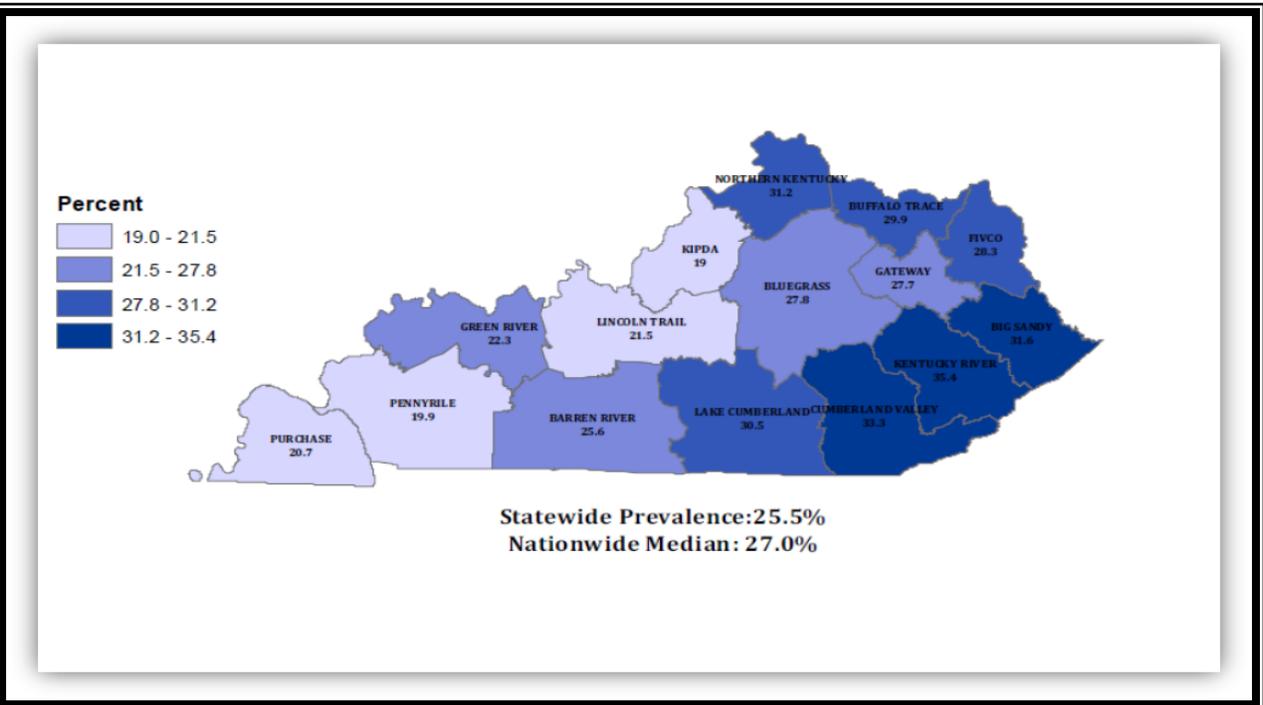


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults with No Health Care Coverage, by Area Development District, 2014

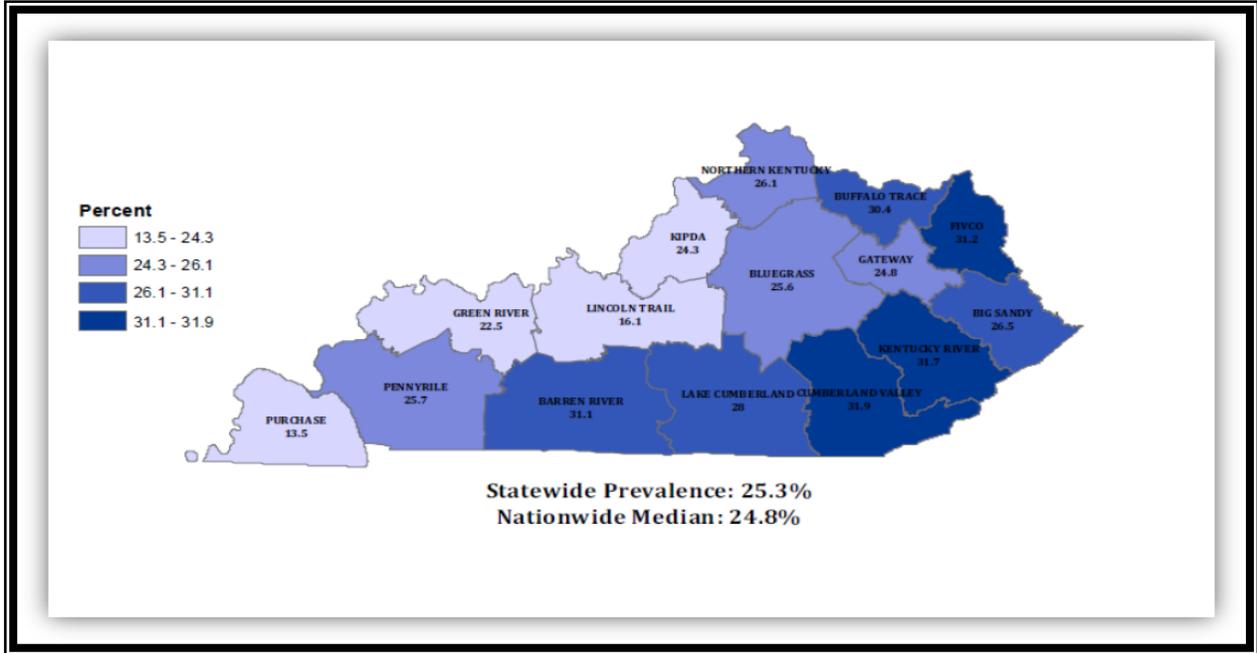


Percent of Kentucky Adults Women (aged 40+) who did not have a Mammogram in the Past Two Years, by Area Development District, 2014

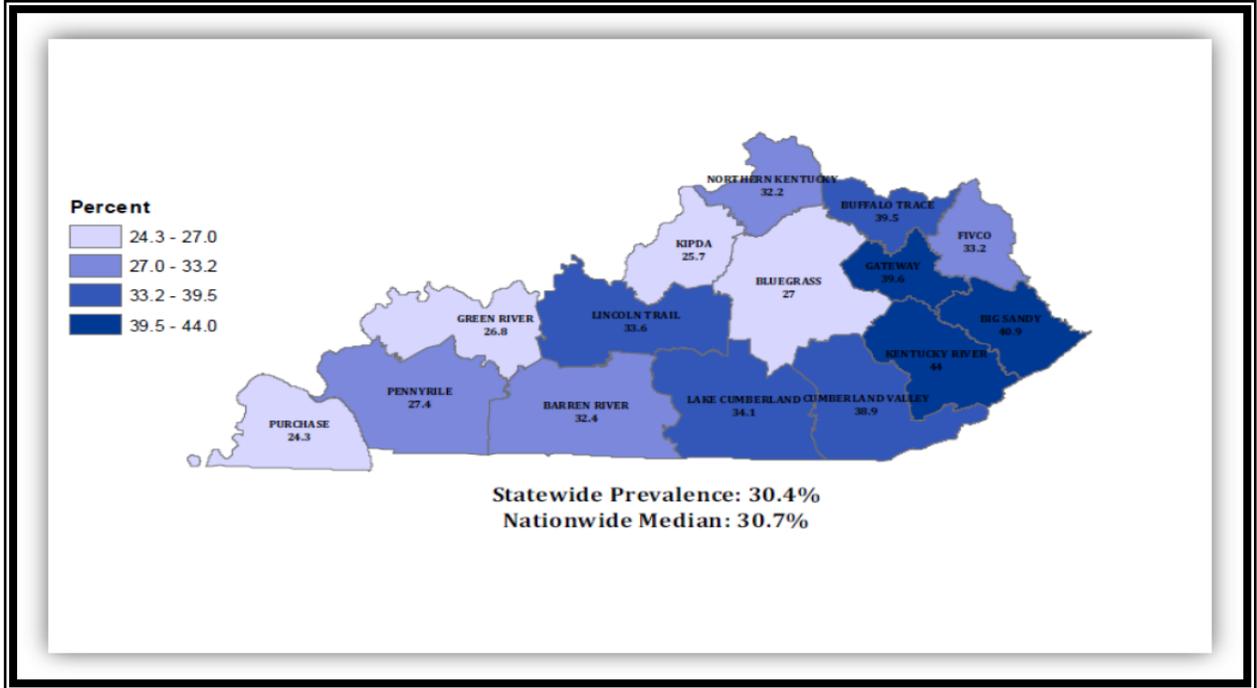


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Women (aged 18+) who did not have a Pap Smear in the Past Three Years, by Area Development District, 2014

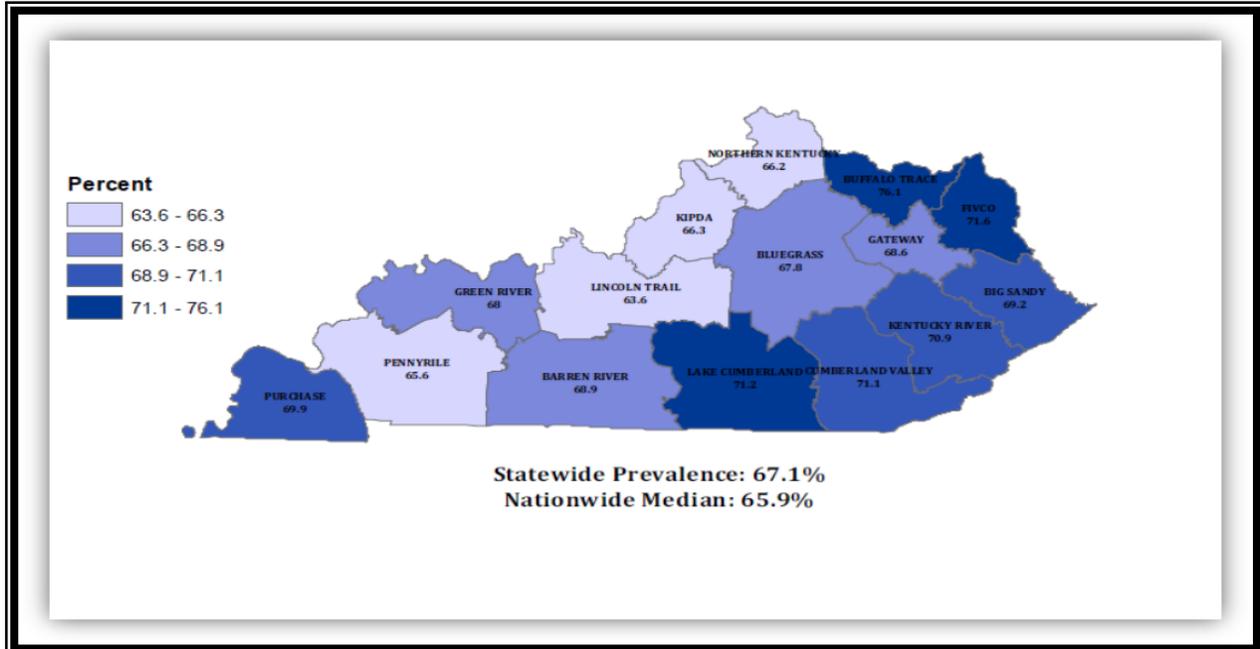


Percent of Kentucky Adults (aged 50+) who have never had a Sigmoidoscopy/Colonoscopy, by Area Development District, 2014

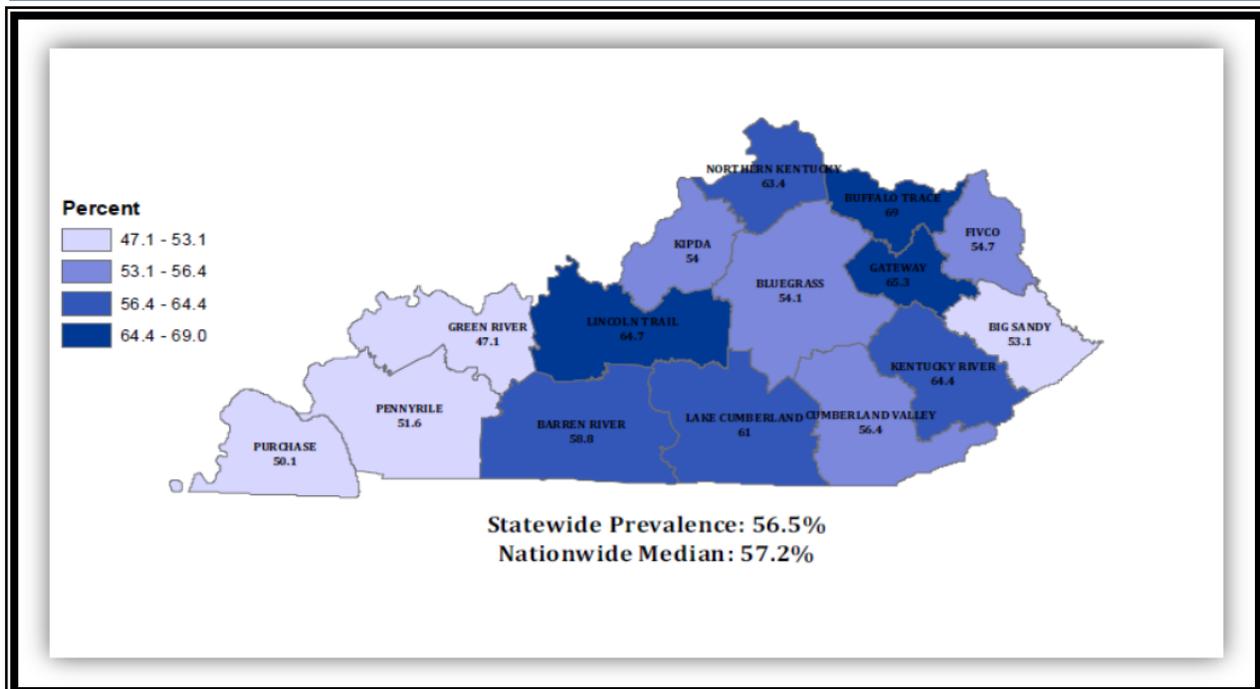


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults who have never been tested for HIV, by Area Development District, 2014

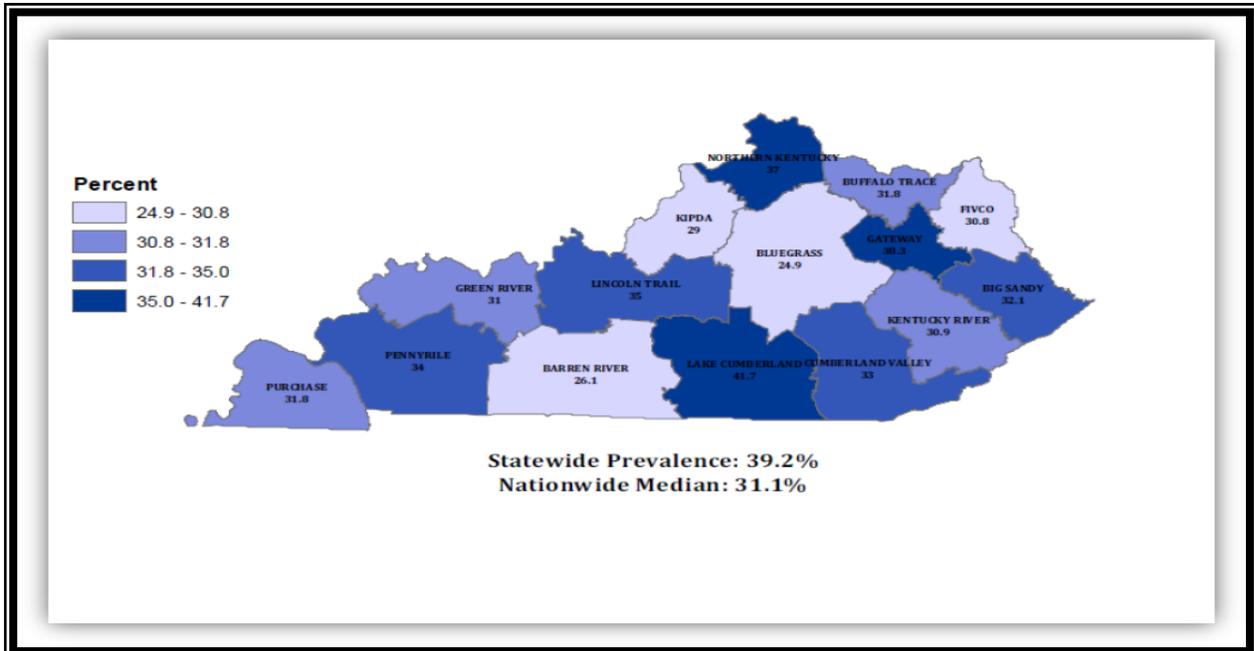


Percent of Kentucky Men (aged 40+) who did not have a PSA Test in the Past Two Years, by Area Development District, 2014

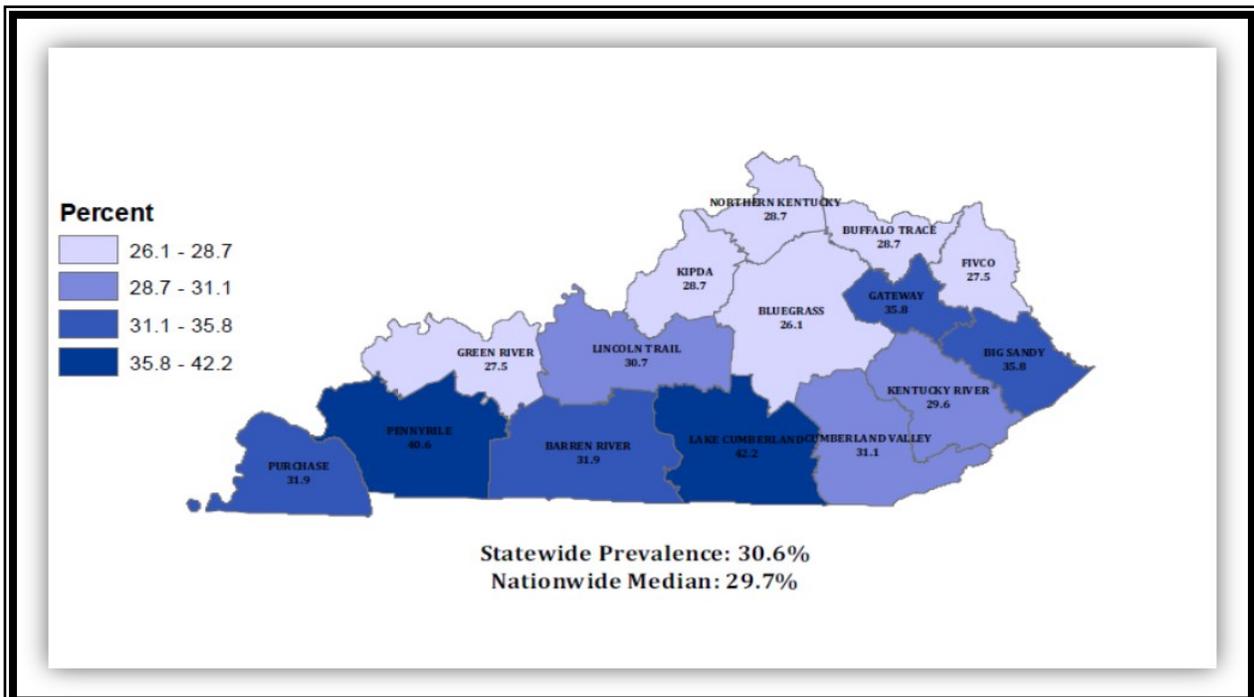


Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.

Percent of Kentucky Adults (aged 65+) who did not get a Flu Shot in the Past Year, by Area Development District, 2014



Percent of Kentucky Men (aged 65+) who have never had a Pneumococcal Vaccination, by Area Development District, 2014



Due to BRFSS methodology changes in 2011, estimates from 2014 cannot be directly compared to estimates from years prior to 2011.