

**Data from the
Kentucky Behavioral Risk Factor Surveillance System**

**Cabinet for Health Services
Department for Public Health
Division of Epidemiology and Health Planning
Surveillance and Health Data Branch**



Kentucky Health Behavior Trends 1997 - 1999

**Data from the
Kentucky Behavioral Risk Factor Surveillance System**

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The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative effort of the Kentucky Department for Public Health and the Centers for Disease Control and Prevention (CDC). This on-going surveillance was initiated in 1985. Administrative responsibility is within the Division of Epidemiology and Health Planning.

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Introduction

Health Behavior Trends 1997-1999

What data are included in this report?

This report contains statewide data on risk factors and preventive health practices for each of the years, 1997 through 1999. Data for these combined years are also included for each area development district (ADD). The data presented are prevalence estimates from the Behavioral Risk Factor Surveillance System (BRFSS).

What is the BRFSS?

The BRFSS is a telephone health survey jointly sponsored by the Centers for Disease Control and Prevention (CDC) and the Kentucky Department for Public Health. The survey is randomly administered to non-institutionalized civilian adults who are living in a household with a telephone. Participation in the survey is strictly voluntary. Personal identifying information, such as name or address, is not collected. In Kentucky, the BRFSS has been conducted continuously since 1985.

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 18 years of age or older is randomly selected to be interviewed. Surveyors conduct interviews six days a week (Monday through Saturday). The number of completed interviews has increased each year, but the most dramatic increase occurred from approximately 3700 respondents in 1998 to 7500 respondents in 1999. The 1999 total was the highest number of respondents in the nation.

What is a prevalence estimate?

The prevalence is the proportion of people in a population with a certain condition or health behavior. The data included in this report are statewide prevalence estimates of certain risk factors and preventive health practices.

Data from all respondents interviewed are weighted to determine the prevalence estimate. Weighting adjusts for over sampling or under sampling of certain subgroups and allows the survey responses to be projected to a state estimate. Factors in weighting include the number of telephone numbers per household, the number of adults in a household, and the demographic distribution of the sample. Only crude estimates are included in this report. The data are not age adjusted.

How can this report be used?

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

- To analyze health trends
- To develop policies and legislation
- To plan and to measure the progress of prevention initiatives
- To educate the public about risk behaviors and preventive health practices
- To monitor health goals, such as those stated in *Healthy Kentuckians 2010*, a document that provides the state's health agenda and guides health policy

The related *Healthy Kentuckians 2010* goal is listed with each risk factor or preventive health measure for easy reference. This report also includes data for each ADD so the information can be used on a more local level.

Introduction

Health Behavior Trends 1997-1999

How were the data analyzed?

Data were analyzed using SAS 8.1 and SAS Callable SUDAAN 7.5.4A. A precalculated weighting variable provided by the CDC was used to weight most of the data, excluding the combined year ADD data. For analysis of this data, a new weighting variable was created based on the middle year, 1998, state population.

Data estimates for fewer than fifty respondents are considered unreliable by the CDC and were not included in this report.

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

The BRFSS is a telephone survey. According to the 1990 Census of Housing, 10.2% of Kentuckians were without telephones. This population is not reached, and could have socio-economic differences from the survey population.

The BRFSS only surveys adults in households. No person would be surveyed who lived in any type of group setting, such as a nursing home, college dormitory, the military or prison.

Self-report bias

The BRFSS survey relies on self report. That means that the prevalence estimates are strictly based on the respondents answers to the questions. The tendency to report a more healthy lifestyle may occur.

How is this report organized?

This report is organized into two sections: the main report and the appendices.

Main Report

This section contains a summary of all topics and two pages of information on each public health topic.

The first page describes each topic and lists prevalence estimates for each year by gender, race and age. The data presented excludes missing, refused and "don't know" responses. Special information on each topic is included in bulleted comments. At the bottom of the page, the related *Healthy Kentuckians 2010* goal is included for comparison.

The second page of each topic includes data related to ADDs. At the top of the page there is map of Kentucky which includes the prevalences for each ADD. At the bottom of the page there is a bar chart comparing the ADD prevalences to each other and the state average.

Appendices

The appendices include confidence intervals for each topic for the total population. When available, the national median is included for comparison with the statewide prevalence estimate.

The confidence interval is the range of values where the actual prevalence should be. This report used a 95% confidence interval. This means that if the survey were conducted several times, the true value would fall in the range 95% of the time.

Summary of Report

Risk Factors

Health Behavior Trends 1997-1999

Listed below are important facts about each risk factor. Respondents are age 18 and older unless stated differently. Definitions for each risk factor are presented later in the report with each topic section.

Current Smoking

- ◆ The overall rate decreased from 30.8% in 1998 to 29.7% in 1999. While the prevalence among Whites remained stable, the prevalence among African Americans declined from 32.7% in 1997 to 25.7% in 1999.

Overweight

- ◆ The prevalence of overweight increased from 56.4% in 1997 to 58.5% in 1999. The prevalence was higher among males compared to females. African Americans had a higher prevalence compared to Whites. In 1999, the prevalence among African Americans was 75.2% while the prevalence was 57.7% among Whites.

Diabetes

- ◆ Diabetes prevalence increased from 5.3% in 1997 to 6.4% in 1999. In 1999, the prevalence among African Americans, 10.3%, was higher than the prevalence among Whites, 6.2%.

Hypertension

- ◆ The prevalence of hypertension remained relatively stable from 1997, 27.1% , to 1999, 27.5%. In 1999, the prevalence of hypertension was considerably higher among African Americans, 41.6%, compared to 26.7% of Whites.

Acute Drinking

- ◆ The overall prevalence of acute drinking was relatively stable from 9.4% in 1997 to 9.8% in 1999. For both years, the prevalence among males was almost five times higher than the prevalence among females.

Chronic Drinking

- ◆ The prevalence of chronic drinking has remained the same at 2.7% from 1997 to 1999. In 1999, 5.2% of males were chronic drinkers compared to only 0.4% of females.

Drinking and Driving

- ◆ In 1999, 1.6% of Kentucky adults stated that they had driven after having too much to drink. This is a slight increase from 1997 when the prevalence was 0.6%.

Health Status: Fair or Poor

- ◆ From 1997 to 1999 the percentage of Kentuckians who reported that their health status was fair or poor remained constant at approximately 22%.

Lack of Health Insurance

- ◆ In 1999, 14.5% of adult Kentuckians were without health care coverage. This is a small increase from the 1997 prevalence of 13.8%. A slightly higher percentage of African Americans were without health insurance compared to Whites. In the three year period, the greatest disparity was in 1998 when 22.8% of African Americans were without health insurance compared to 13.8% of Whites.

Summary of Report

Preventive Health Practices

Health Behavior Trends 1997-1999

Listed below are important facts about each preventive health practice. Respondents are age 18 and older unless stated differently. Definitions for each preventive health practice are presented later in the report with each topic section.

Breast Cancer Screening (Women age 50 and older)

- ◆ The prevalence of screening increased from 66.4% in 1997 to 68.3% in 1999. In 1999, the prevalence among White women, 68.3%, was very similar to the prevalence among African American women, 67.2%.

Cervical Cancer Screening (Women age 18 and older)

- ◆ In the three year period, the highest screening prevalence, 84.3%, occurred in 1998. From 1997 to 1999, a higher percentage of African American women were screened for cervical cancer compared to White women.

Colorectal Cancer Screening (Men and women age 50 and older)

- ◆ From 1997 to 1999 the prevalence of colorectal cancer screening remained the same at approximately 34%. Among Whites, the prevalence remained the same from 1997 to 1999 at 34.4%. However, the prevalence among African Americans increased from 31.3% in 1997 to 41.6% in 1999.

Physical Activity

- ◆ In 1998, only 29.9% of Kentuckians were physically active on a regular basis. This was a decrease from 35.5% in 1997.

Consumption of Fruits and Vegetables

- ◆ In both 1997 and 1998, approximately 16% of Kentuckians consumed at least five servings of fruits and vegetables a day. In 1998, 18.9% of women consumed five-a-day compared to only 12.1% of men.

Influenza Immunization (Men and women age 65 and older)

- ◆ The prevalence of influenza immunization increased from 61.2% in 1997 to 68.4% in 1999. Immunization prevalence increased for both males and females. In 1999, the prevalence of immunization was considerably higher for Whites at 69.5% compared to African Americans at 47.3%.

Pneumonia Immunization (Men and women age 65 and older)

- ◆ The prevalence of pneumonia immunization increased dramatically from 38.6% in 1997 to 52.0% in 1999. In 1999, 52.8% of Whites had ever received a pneumonia vaccination compared to only 36.4% of African Americans.

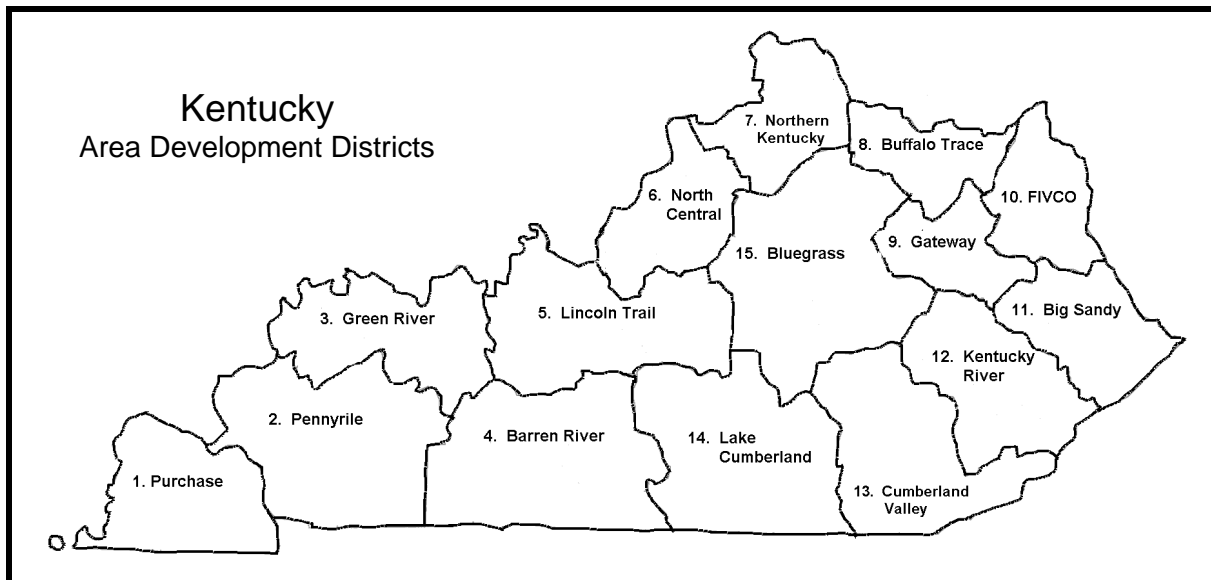
HIV Testing (Men and women age 18 to 64)

- ◆ The prevalence of HIV testing was 13.9% in 1998 and 15.7% in 1999. HIV testing for males and females was the same in 1999 at approximately 16%. For both 1998 and 1999, a considerably higher percentage of African Americans had tested for HIV compared to Whites. In 1999, the prevalence for African Americans was 32.7% compared to 14.4% of Whites.

Area Development Districts

Health Behavior Trends 1997-1999

Kentucky has 120 counties that are divided into 15 Area Development Districts (ADDs) for the planning of a variety of programs. Data in this report are analyzed by ADDs rather than by county because for most counties the sample size was too small for reliable estimates.



Counties In Each Area Development District

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

Current Cigarette Smoking

Kentucky BRFSS Statewide Data

Smoking is the most important single preventable cause of death in the United States. It is a major risk factor for heart and cerebrovascular diseases, chronic bronchitis and emphysema, and cancers of the lung, larynx, pharynx, esophagus, pancreas and bladder.

- ◆ In 1999, 29.7% of Kentuckians reported being current smokers.
- ◆ The overall rate decreased from 30.7% in 1997 and 30.8% in 1998 to 29.7% in 1999.
- ◆ The percentage among males has remained relatively stable from 33.0% in 1997 to 33.9% in 1999.
- ◆ The percentage among females has decreased from 28.7% in 1997 to 25.9% in 1999.
- ◆ While the prevalence among Whites has remained stable, the prevalence among African-Americans has declined from 32.7% in 1997 to 25.7% in 1999.
- ◆ The ADD with the lowest prevalence at 24.8% was Purchase, and the ADD with the highest prevalence at 36.4% was Buffalo Trace.
- ◆ In 1999, Kentucky had not reached the *Healthy Kentuckians 2010* goal.

Definition: Current Smoker

Smoked at least 100 cigarettes and is currently smoking.

Prevalence of Current Smoking by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	30.7	30.8	29.7
Gender			
Male	33.0	33.4	33.9
Female	28.7	28.5	25.9
Race			
White	30.8	30.7	30.0
African American	32.7	26.3	25.7
Age Group			
18 – 24	35.5	36.1	35.1
25 – 34	34.5	35.5	35.3
35 – 44	39.3	37.9	36.2
45 – 54	32.0	34.2	32.1
55 – 64	30.8	22.7	25.4
65 – 74	14.5	20.5	18.0
75+	9.2	8.7	7.5

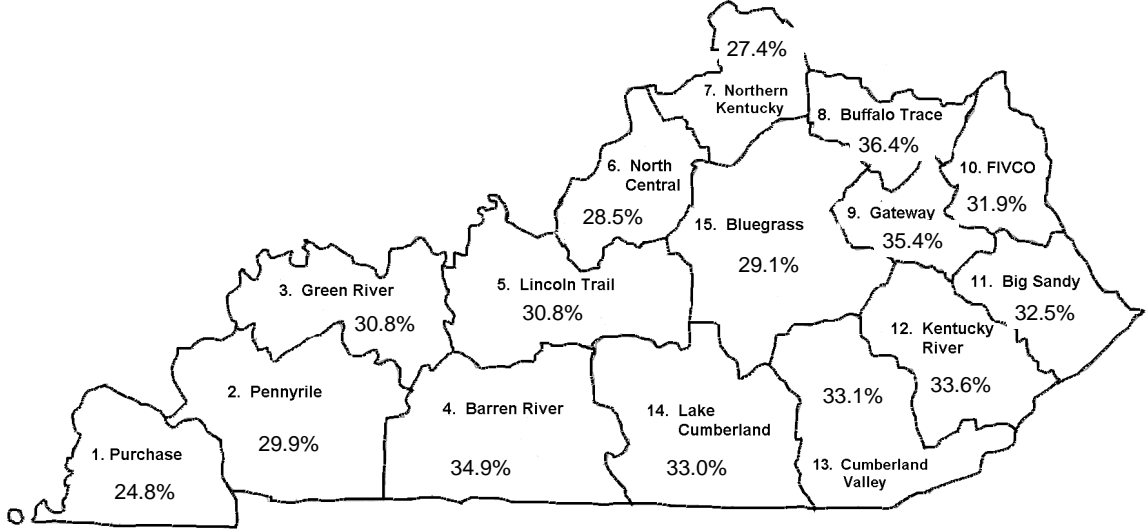
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 3.1	Target 2010	Kentucky BRFSS 1999 Prevalence
Reduce the proportion of adults 18 and older who use cigarettes	25.0%	29.7%

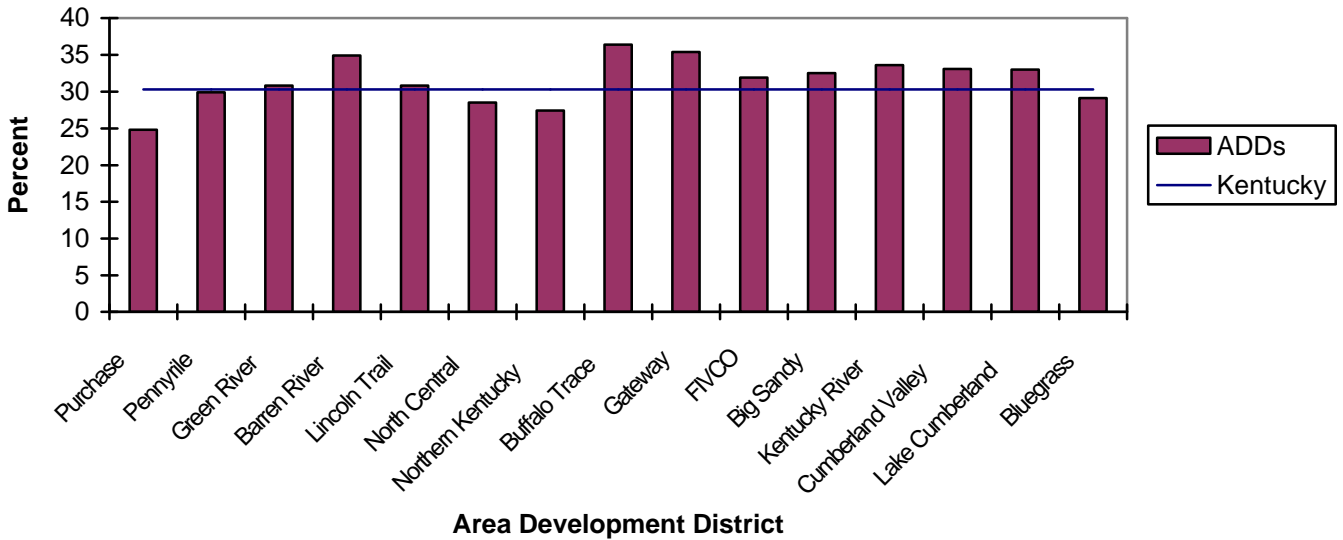
Current Cigarette Smoking

Kentucky BRFSS Area Development District Data

Prevalence of Current Smokers Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997-1999



Current Smokers Comparison of District Averages with State Average 1997 - 1999



Overweight

Kentucky BRFSS Statewide Data

Overweight and obesity are risk factors for diabetes, cardiovascular disease and many other health conditions.

In 1998, the National Institutes of Health issued a classification stating those with a BMI greater than or equal to 25 were overweight and those with a BMI greater than or equal to 30 were obese.

- ◆ The prevalence of overweight has increased from 56.4% in 1997 to 58.5% in 1999.
- ◆ The prevalence of overweight was higher among males compared to females.
- ◆ African Americans have a higher prevalence of overweight compared to Whites. In 1999, the prevalence of overweight among African Americans was 75.2% while the prevalence was 57.7% among Whites.
- ◆ For all three years, the age group with the highest percentage of overweight was the 55-64 age group.
- ◆ The ADD with the highest percentage of overweight was Big Sandy at 65.9%. The ADD with the lowest percentage was Purchase at 55.6%.

Definition: Overweight

Body Mass Index (BMI) greater than or equal to 25.

Prevalence of Overweight by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	56.4	58.1	58.5
Gender			
Male	65.6	68.1	66.4
Female	47.7	48.8	51.1
Race			
White	55.5	57.5	57.7
African American	67.4	71.5	75.2
Age Group			
18 – 24	36.5	40.8	37.5
25 – 34	54.8	56.5	59.1
35 – 44	60.3	60.2	60.9
45 – 54	63.2	64.8	67.2
55 – 64	66.3	69.6	67.6
65 – 74	60.6	59.5	60.9
75+	46.0	50.9	50.1

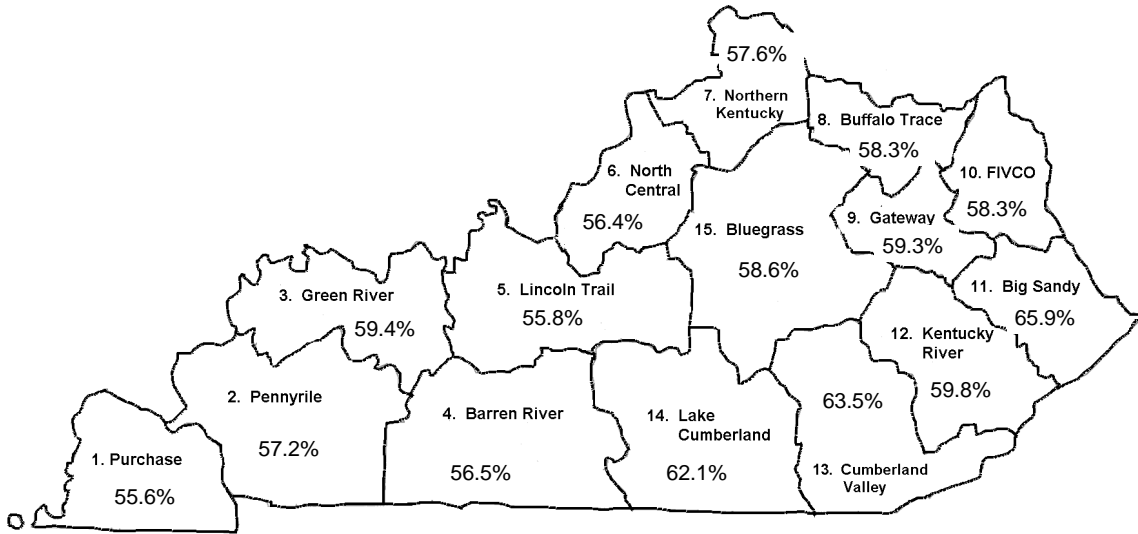
Related *Healthy Kentuckians 2010* Goal

2010 Objective 1.1	Target 2010	Kentucky BRFSS 1999 Prevalence
Reduce the prevalence of overweight among Kentuckians age 18 and older	25.0%	58.5%

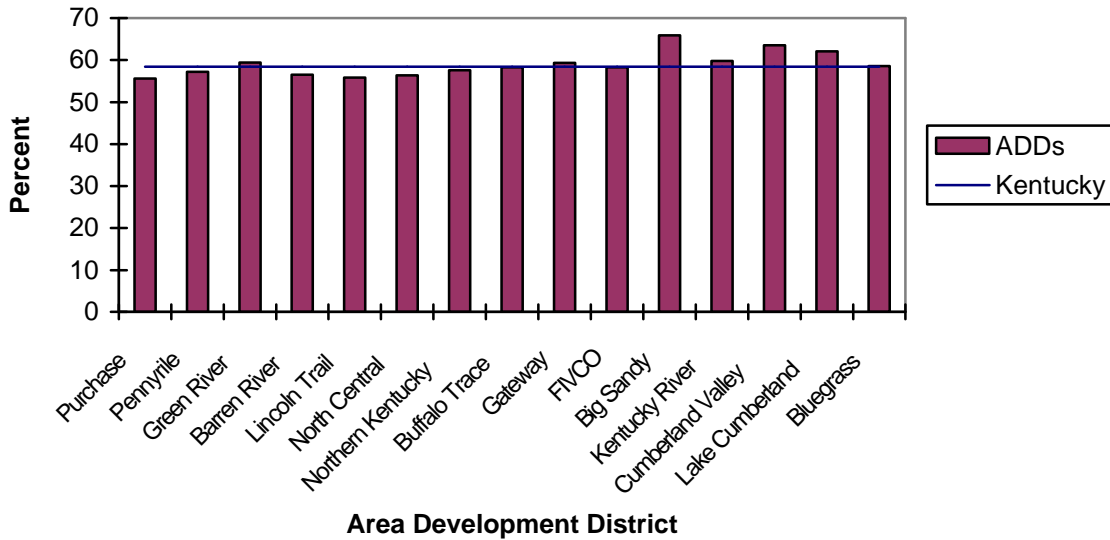
Overweight

Kentucky BRFSS Area Development District Data

Prevalence of Overweight Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997-1999



Overweight Comparison of District Averages with State Average 1997 - 1999



Diabetes

Kentucky BRFSS Statewide Data

Diabetes continues to be a major public health problem in Kentucky, and the prevalence increased from 5.3% in 1997 to 6.4% in 1999. Diabetes was the 7th leading cause of death for all Kentuckians in 1998.

People with diabetes are at increased risk for complications such as blindness, kidney failure, and cardiovascular disease. Early detection and proper treatment are necessary for reducing the morbidity and mortality caused by this serious health condition.

Diabetes occurs among all ages and races, but the elderly and certain racial groups, such as African-Americans, are affected disproportionately.

- ◆ In 1999, the prevalence among African Americans, 10.3%, was higher than the prevalence among Whites, 6.2%.
- ◆ From 1997-99, diabetes prevalence generally increased with age. In 1999, 1.9% of Kentuckians 18-44 were told by a doctor that they had diabetes compared to 15.4% of Kentuckians age 65+.
- ◆ In 1999 with a prevalence of 6.4%, Kentucky had not met its *Healthy Kentuckians 2010* goal of 6.0%.
- ◆ For the combined years 1997-99 among the ADDs, the prevalence ranged from 4.7% in Bluegrass to 8.6% in FIVCO.

Definition: Diabetes

Individuals who have ever been told by a doctor that they have diabetes.

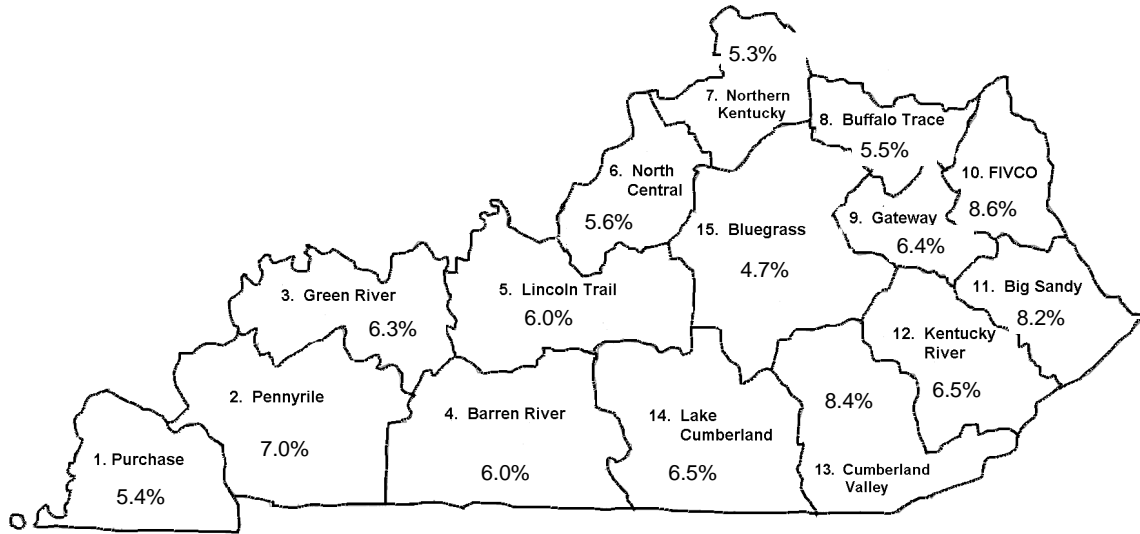
	<u>Percent</u>		
	1997	1998	1999
Total Population	5.3	5.6	6.4
Gender			
Male	5.6	5.4	6.1
Female	5.0	5.7	6.6
Race			
White	5.3	5.5	6.2
African American	6.1	8.0	10.3
Age Group			
18 – 44	1.6	1.4	1.9
45 – 54	5.8	6.2	5.6
55 – 64	11.6	11.3	13.1
65 +	11.5	13.2	15.4

Related <i>Healthy Kentuckians 2010</i> Goal		
2010 Objective 18.2	Target 2010	Kentucky BRFSS 1999 Prevalence
Decrease the rate at which the diabetes rate is climbing among Kentuckians 18 years and older	no more than 6.0%	6.4%

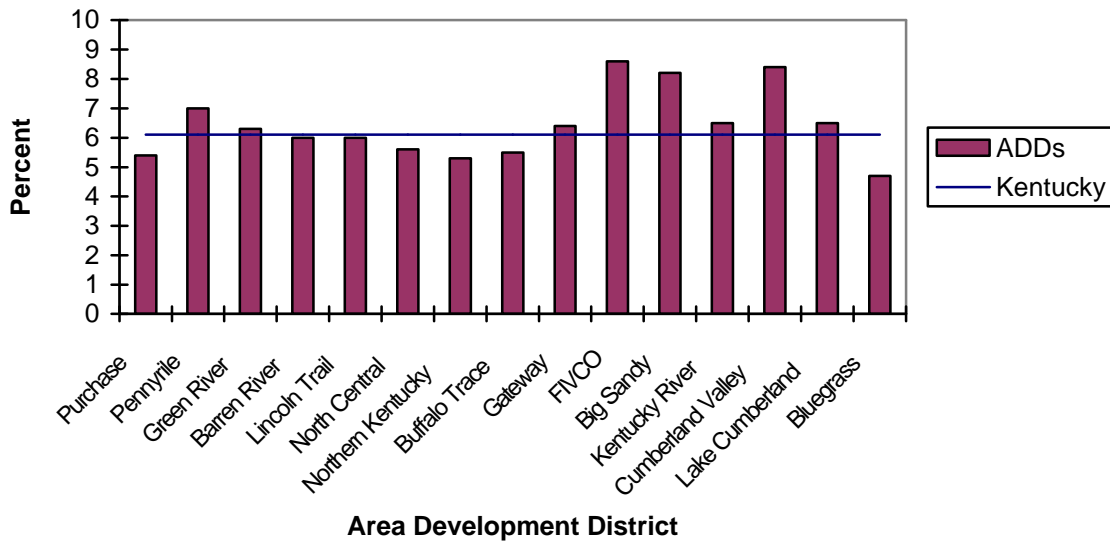
Diabetes

Kentucky BRFSS Area Development District Data

Prevalence of Diabetes Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997-1999



Diabetes Comparison of District Averages with State Average 1997 - 1999



Hypertension

Kentucky BRFSS Statewide Data

In 1998, cardiovascular disease was the leading cause of death for all Kentuckians. Many risk factors have been associated with cardiovascular disease. These include high blood pressure, smoking, obesity, high cholesterol levels, and lack of physical activity.

High blood pressure can be controlled through diet and medication. Therefore, it is important for Kentuckians to have their blood pressure checked on a regular basis by a health care professional.

- ◆ The prevalence of hypertension remained relatively stable from 1997, 27.1%, to 1999, 27.5%.
- ◆ In both 1997 and 1999, the prevalence of hypertension was higher for females than males.
- ◆ In 1999, the prevalence of hypertension was considerably higher among African-Americans at 41.6% compared to 26.7% of Whites.
- ◆ Among ADDs the highest prevalence at 37.3% was from Cumberland Valley.
- ◆ With a 1999 prevalence of 27.5%, Kentucky has not reached its *Healthy Kentuckians 2010* goal .

Definition: Hypertension

Individuals who have ever been told by a doctor that they have high blood pressure.

Prevalence of Hypertension by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	27.1	NA	27.5
Gender			
Male	26.5		24.7
Female	27.7		30.1
Race			
White	26.7		26.7
African American	33.3		41.6
Age Group			
18 - 24	7.5		6.0
25 - 34	13.8		12.3
35 - 44	18.3		19.6
45 - 54	31.5		33.0
55 - 64	41.8		42.5
65 - 74	52.6		50.9
75+	49.0		53.2

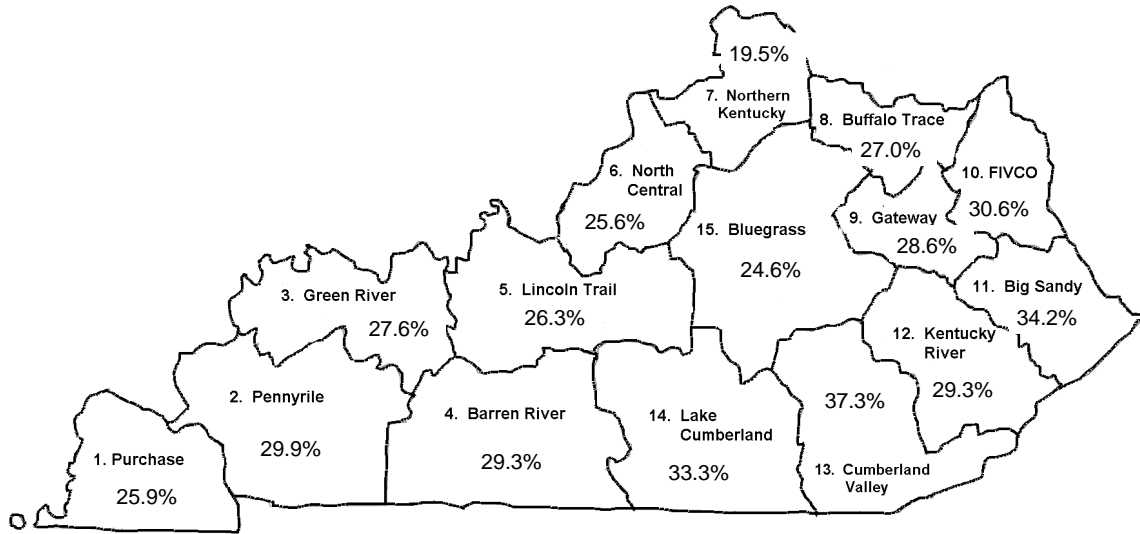
NA= Hypertension questions were not asked in 1998.

Related <i>Healthy Kentuckians 2010</i> Goal		
2010 Objective 18.2	Target 2010	Kentucky BRFSS 1999 Prevalence
Decrease the proportion of adult Kentuckians with high blood pressure	20.0%	27.5%

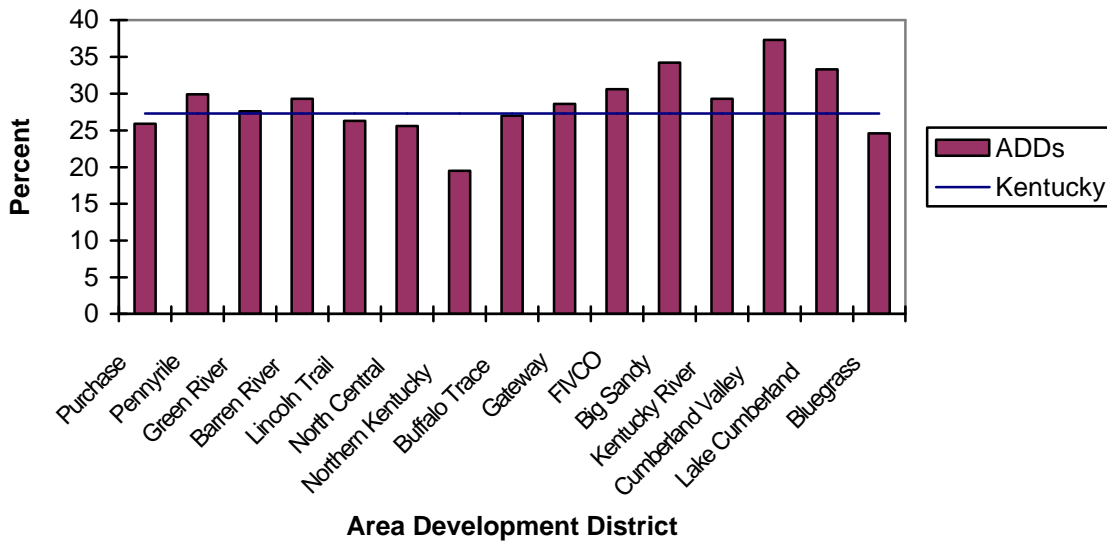
Hypertension

Kentucky BRFSS Area Development District Data

**Prevalence of Hypertension
Kentucky Behavioral Risk Factor Surveillance System
Area Development District Averages 1997 and 1999**



**Hypertension
Comparison of District Averages with State Average
1997 and 1999**



Alcohol Misuse – Acute Drinking

Kentucky BRFSS Statewide Data

Acute or binge drinking is a serious public health problem, particularly among young adults.

- ◆ In 1999, the highest prevalence at 18.8% was among respondents age 18-24.

Acute drinking can lead to injuries and alcohol poisoning. It can also be a co-factor in the transmission of sexually transmitted diseases.

- ◆ The overall prevalence of acute drinking was similar from 1997 to 1999.
- ◆ The prevalence among males is almost 5 times the prevalence among females.
- ◆ The ADD with the highest prevalence of acute drinking is Northern Kentucky at 15.2%. The ADD with the lowest prevalence is Cumberland Valley at 6.0%.

Definition: Acute Drinking

Had five or more alcoholic beverages in past month on one or more occasions.

Prevalence of Acute Drinking by Gender, Race, and Age
Kentucky BRFSS
 (Excludes Missing, Refused, and “Don’t Know”)

Year	Percent		
	1997	1998	1999
Total Population	9.4	NA	9.8
Gender			
Male	15.7		16.7
Female	3.7		3.7
Race			
White	9.4		9.9
African American	8.4		8.7
Age Group			
18 - 24	17.3		18.8
25 - 34	13.4		15.8
35 - 44	11.0		10.4
45 - 54	8.7		8.2
55 +	2.8		8.9

NA= Acute drinking questions were not asked in 1998.

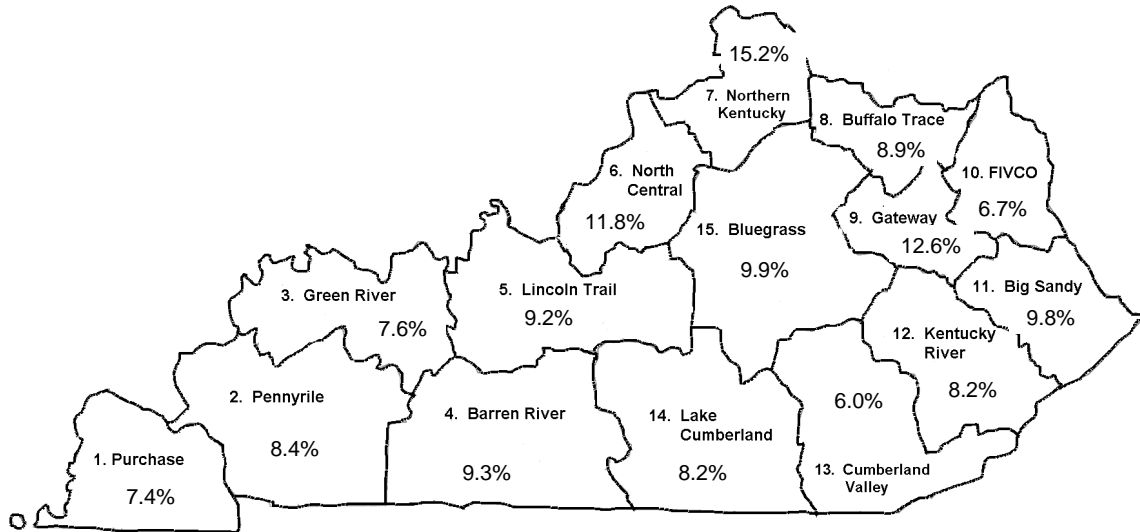
Related *Healthy Kentuckians 2010* Goal

2010 Objective 26.18	Target 2010	Kentucky BRFSS 1999 Prevalence
(Developmental) Reduce by one-fourth the proportion of Kentuckians of all ages who report binge drinking in the past month	see objective	9.8%

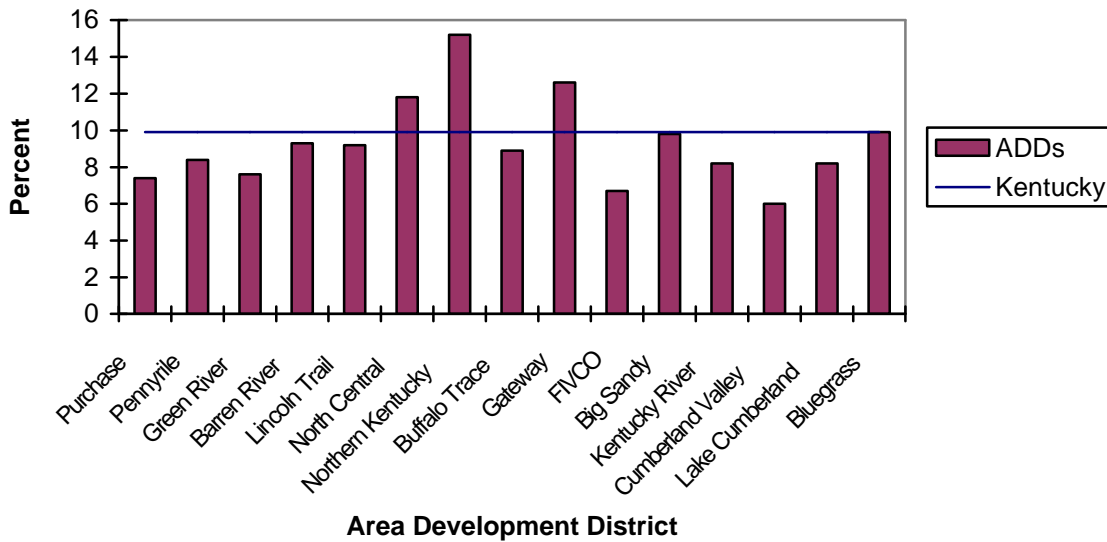
Alcohol Misuse – Acute Drinking

Kentucky BRFSS Area Development District Data

Prevalence of Acute Drinking Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Acute Drinking Comparison of District Averages with State Average 1997 and 1999



Alcohol Misuse – Chronic Drinking

Kentucky BRFSS Statewide Data

Chronic alcohol abuse is related to morbidity and mortality from liver disease and alcohol psychoses. Maternal alcohol consumption during pregnancy is one of the leading preventable causes of birth defects.

- ◆ The prevalence of chronic drinking has remained the same at 2.7% from 1997 to 1999.
- ◆ A considerably higher percentage of males are chronic drinkers compared to females. In 1999, 5.2% of males were chronic drinkers while only 0.4% of females were chronic drinkers.
- ◆ The prevalence of chronic drinking is very similar among Whites and African Americans.
- ◆ The ADD with the highest prevalence of chronic drinking was Gateway at 4.6% and the ADD with the lowest percentage was Cumberland Valley at 1.4%.

Definition: Chronic Drinking

Had an average of 60 or more alcoholic beverages in past month .

Prevalence of Chronic Drinking by Gender, Race, and Age
Kentucky BRFSS
(Excludes Missing, Refused, and “Don’t Know”)

Year	Percent		
	1997	1998	1999
Total Population	2.7	NA	2.7
Gender			
Male	4.9		5.2
Female	0.8		0.4
Race			
White	2.8		2.7
African American	1.7		2.8
Age Group			
18 - 24	6.0		3.6
25 - 34	2.0		3.2
35 - 44	2.5		3.0
45 - 54	2.2		2.8
55 +	2.3		1.7

NA= Chronic drinking questions were not asked in 1998.

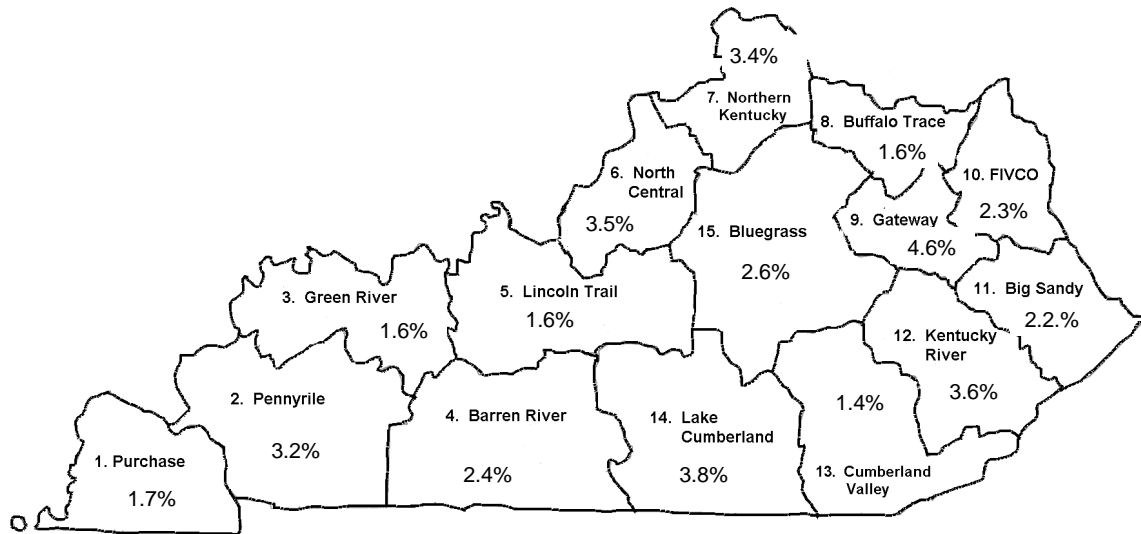
Related *Healthy Kentuckians 2010* Goal

No related *Healthy Kentuckians 2010* goal.

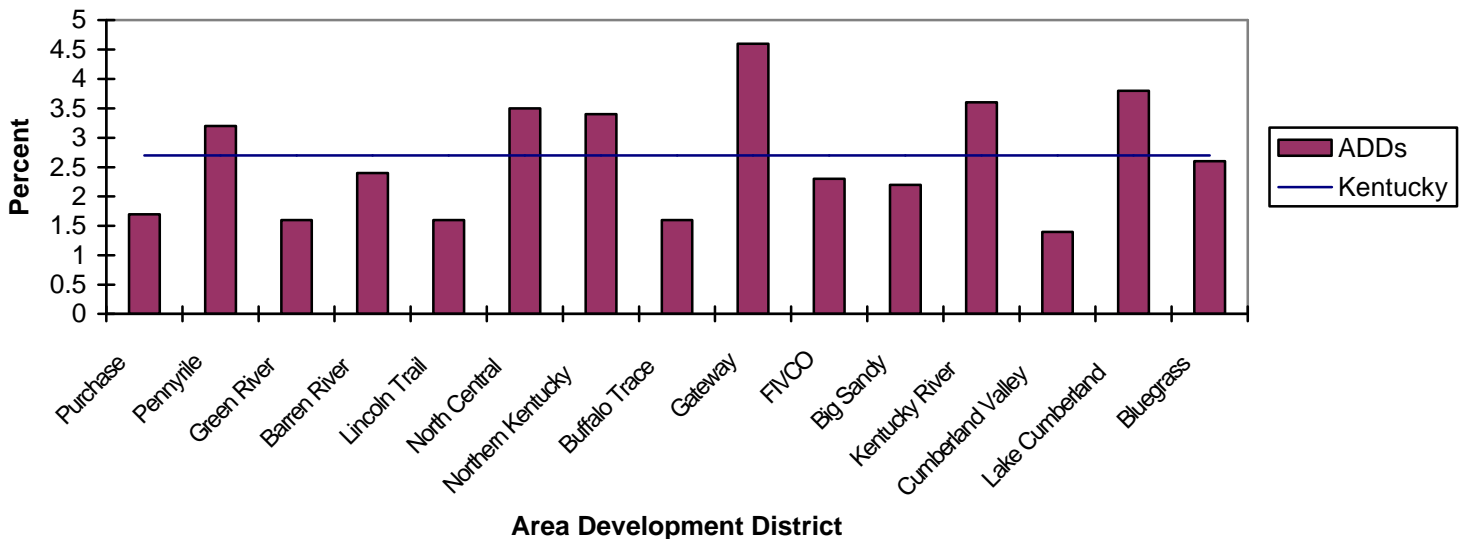
Alcohol Misuse – Chronic Drinking

Kentucky BRFSS Area Development District Data

Prevalence of Chronic Drinking Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Chronic Drinking Comparison of District Averages with State Average 1997 and 1999



Alcohol Misuse – Drinking and Driving

Kentucky BRFSS Statewide Data

In 1999 nationwide, over one-third of all traffic fatalities were alcohol related. In that year approximately 15,800 persons died in alcohol related traffic accidents.

Reducing the blood concentration standard to .08% and enforcing this standard are positive steps to reducing the prevalence of drinking and driving and the number of traffic related fatalities.

- ◆ In 1999, 1.6% of Kentucky adults stated that they had driven after having too much to drink. This is a slight increase from 1997 when the prevalence was 0.6%.
- ◆ In 1997 the prevalence of drinking and driving was similar between males and females. However, in 1999 the prevalence was 2.6% for males and 0.7% for females.
- ◆ For both 1997 and 1999, the prevalence of drinking and driving was higher among African Americans compared to Whites.

Definition: Drinking and Driving

Having driven after having too much to drink one or more times in past month.

Prevalence of Drinking and Driving by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	0.6	NA	1.6
Gender			
Male	0.8		2.6
Female	0.4		0.7
Race			
White	0.5		1.5
African American	1.4		2.3
Age Group			
18 - 24	0.6		3.4
25 - 34	0.7		2.4
35 - 44	1.2		1.8
45 - 54	0.4		1.0
55 +	0.1		0.4

NA= Drinking and driving questions were not asked in 1998.

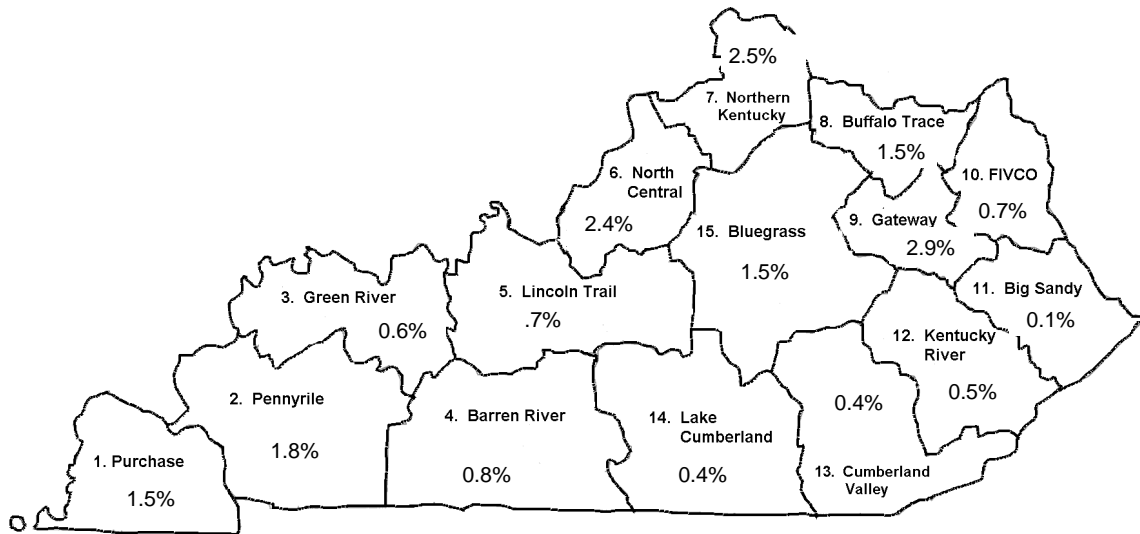
Related *Healthy Kentuckians 2010* Goal

2010 Objective 26.19	Target 2010	Kentucky BRFSS 1999 Prevalence
(Developmental) Reduce by half the proportion of persons who report having driven a vehicle (while drunk), or having ridden with a driver who had been drinking during the past month	see objective	1.6%

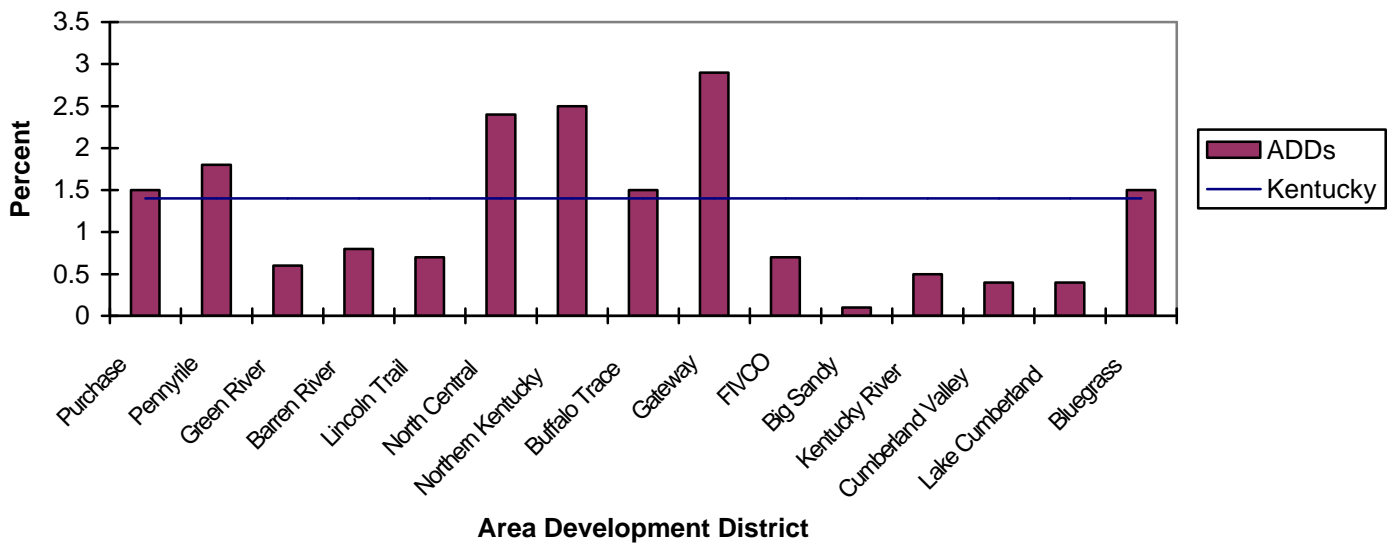
Alcohol Misuse – Drinking and Driving

Kentucky BRFSS Area Development District Data

Prevalence of Drinking and Driving Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Drinking and Driving Comparison of District Averages with State Average 1997 and 1999



Health Status - Fair or Poor

Kentucky BRFSS Statewide Data

By examining the health status of a population, insight may be gained into current and future health problems.

- ◆ From 1997 to 1999 the percentage of Kentuckians who report their health to be fair or poor has remained constant at approximately 22%.
- ◆ A slightly higher percentage of females have reported a fair or poor health status compared to males.
- ◆ African Americans have a higher prevalence of fair or poor health status compared to Whites. In the three years presented, the greatest disparity occurred in 1998 with 26.1% of African Americans reporting a fair or poor health status compared to 21.8% of Whites.
- ◆ Kentuckians age 18-24 were least likely to report that their health status was fair or poor while those age 65+ were most likely to report a fair or poor health status.
- ◆ The prevalence among the ADDs ranged from 15.5% in Northern Kentucky to 34.8% in Big Sandy.

Definition: Health Status - Fair or Poor

Individuals who report that their health status is fair or poor.

Prevalence of Health Status: Fair or Poor By Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	21.8	21.9	21.6
Gender			
Male	21.6	20.5	20.1
Female	22.0	23.1	23.0
Race			
White	21.7	21.8	21.5
African American	24.7	26.1	25.1
Age Group			
18 – 24	8.3	8.0	5.9
25 – 34	10.3	11.0	9.4
35 – 44	15.5	14.5	13.3
45 – 54	20.8	23.7	23.9
55 – 64	33.3	35.3	33.3
65 – 74	41.8	41.6	42.1
75+	49.5	39.2	48.6

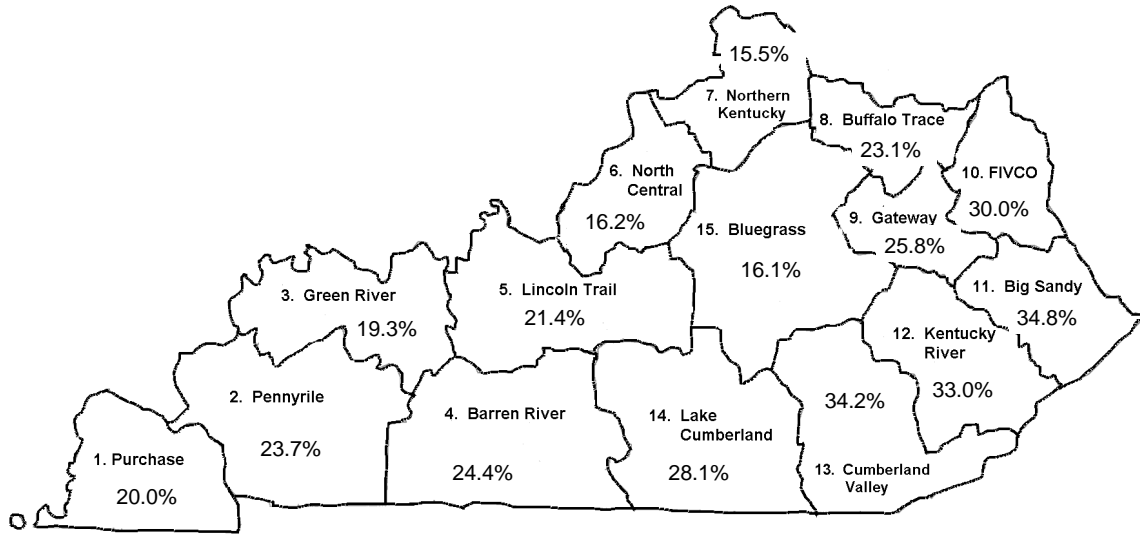
Related *Healthy Kentuckians 2010* Goal

No related *Healthy Kentuckians 2010* goal.

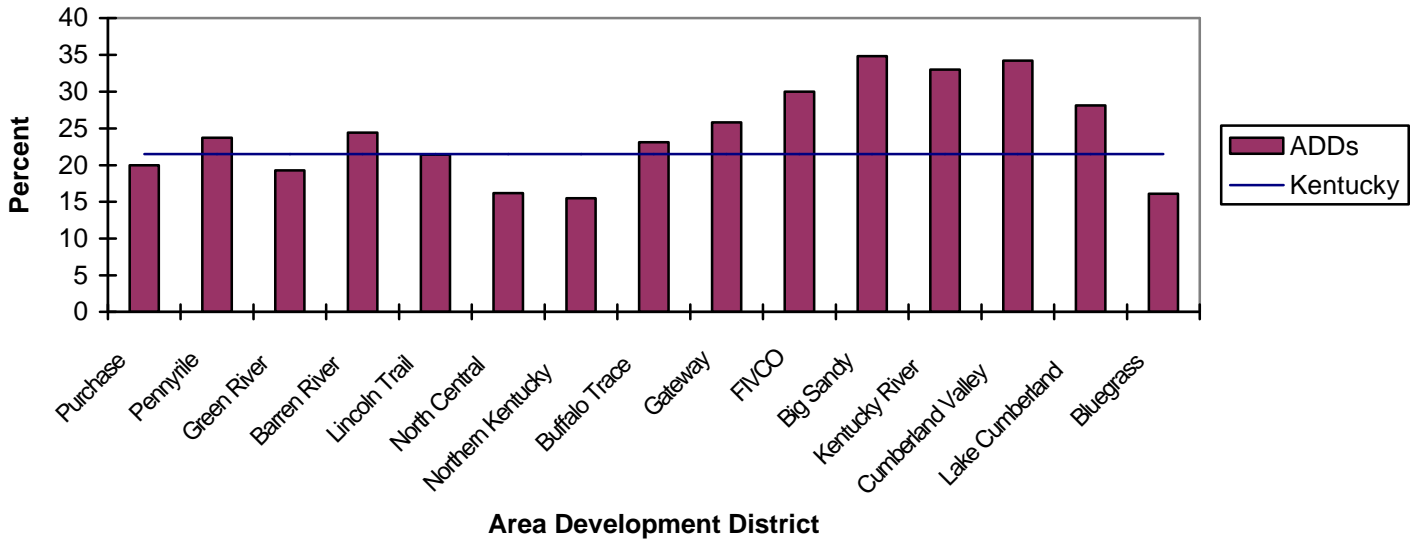
Health Status: Fair or Poor

Kentucky BRFSS Area Development District Data

Prevalence of Health Status: Fair or Poor
Kentucky Behavioral Risk Factor Surveillance System
Area Development District Averages 1997-1999



Health Status: Fair or Poor
Comparison of District Averages with State Average
1997 - 1999



Lack of Health Care Coverage

Kentucky BRFSS Statewide Data

The absence of health insurance hinders access to necessary health services such as preventive care, primary care and emergency treatment.

- ◆ In 1999, 14.5% of adult Kentuckians were without health care coverage. This is a small increase from the 1997 prevalence of 13.8%.
- ◆ A slightly higher percentage of African Americans are without health care coverage compared to Whites.
- ◆ A very low percentage of Kentuckians 65 and older are without health insurance.
- ◆ Almost one-third of Kentuckians age 18-24 are without health care coverage.
- ◆ The prevalence among the ADDs ranged from 7.4% in North Central to 26.6% in Kentucky River.
- ◆ Kentucky must make considerable progress to meet its *Healthy Kentuckians 2010* goal of reducing the proportion of adults without health care coverage to zero percent.

Definition: Lack of Health Care Coverage

Individuals who report having no type of health care coverage (health insurance).

Prevalence of Lack of Health Care Coverage By Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")

Year	Percent		
	1997	1998	1999
Total Population	13.8	14.4	14.5
Gender			
Male	13.8	15.2	14.2
Female	13.9	13.6	14.8
Race			
White	13.6	13.8	14.3
African American	16.0	22.8	16.3
Age Group			
18 – 24	28.2	30.6	28.5
25 – 34	20.9	19.5	18.6
35 – 44	13.5	15.1	15.5
45 – 54	11.7	12.3	13.8
55 – 64	11.2	11.3	11.6
65 – 74	0.5	1.4	2.2
75+	0.2	0.4	2.0

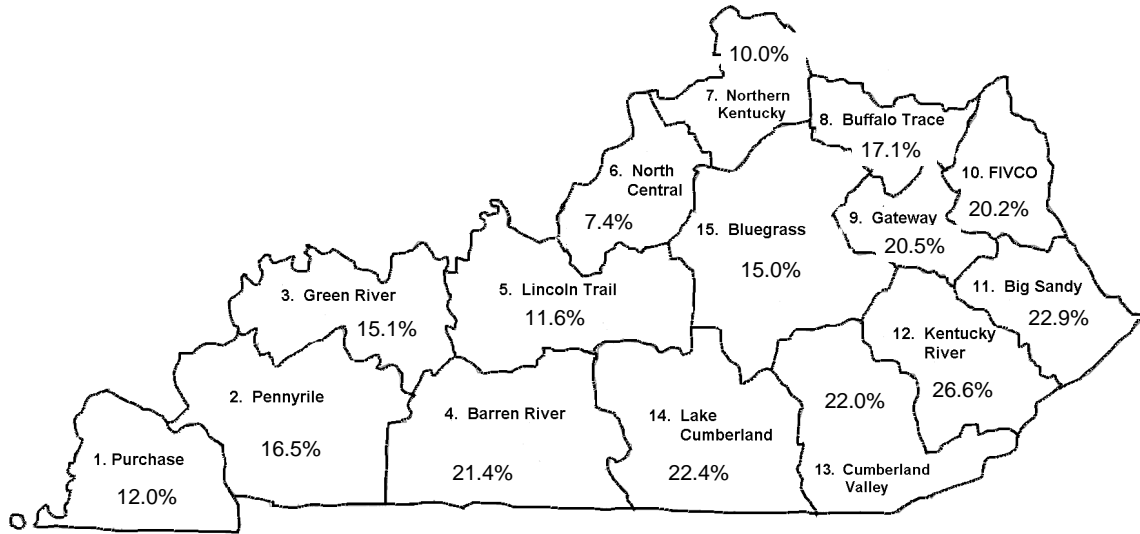
Related *Healthy Kentuckians 2010* Goal

2010 Objective 10.1	Target 2010	Kentucky BRFSS 1999 Prevalence
Reduce to zero the proportion of children and adults without health care coverage	0%	14.5%

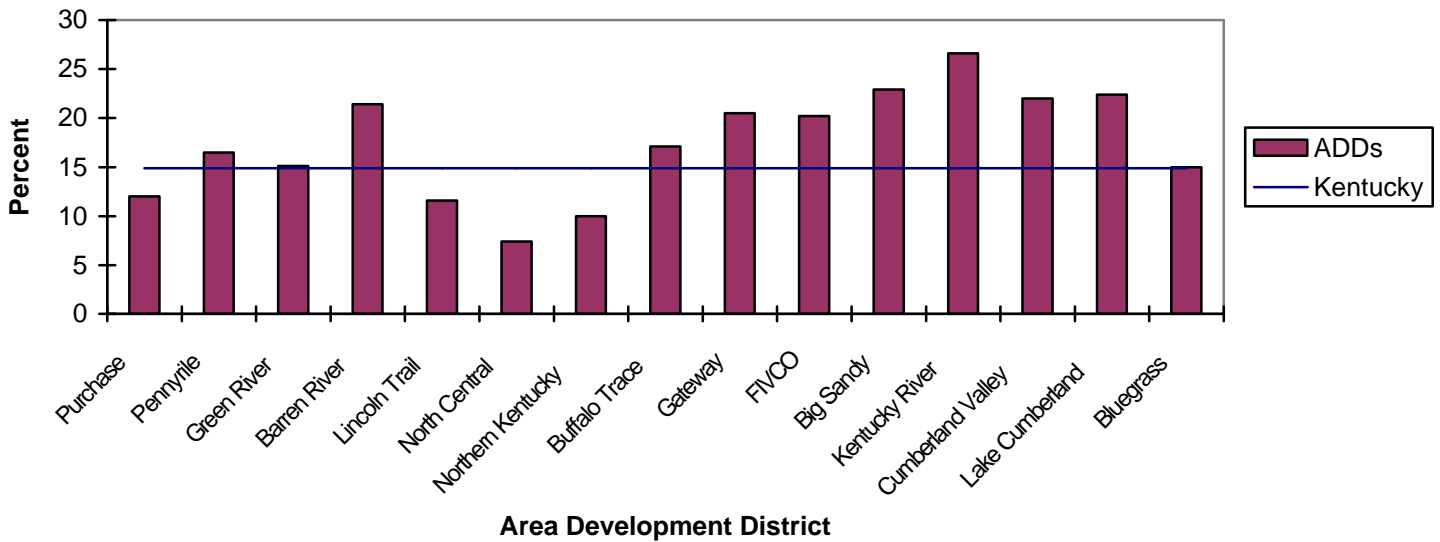
Lack of Health Care Coverage

Kentucky BRFSS Area Development District Data

**Prevalence of Lack of Health Care Coverage
Kentucky Behavioral Risk Factor Surveillance System
Area Development District Averages 1997-1999**



**Lack of Health Care Coverage
Comparison of District Averages with State Average
1997 - 1999**



Breast Cancer Screening

Kentucky BRFSS Statewide Data

In Kentucky, breast cancer is the second leading cause of cancer deaths for women. In 1998, approximately 3000 women were newly diagnosed with breast cancer.

If breast cancer is detected early, women have a much improved chance for survival. The American Cancer Society recommends that women age 40 and older receive a mammogram and a clinical breast exam every year.

The American Cancer Society also recommends a clinical breast exam every three years for women age 20 to 39. Women age 20 and older should conduct breast self exams every month.

- ◆ The prevalence of screening increased from 66.4% in 1997 to 68.3% in 1999.
- ◆ This trend must continue in order for Kentucky to meet its *Healthy Kentuckians 2010* objective of 85.0%.
- ◆ In 1999, the prevalence among White women (68.3%) was very similar to the prevalence among African American women (67.2%) .
- ◆ The ADD with the highest screening prevalence was Purchase at 75.8%, while the ADD with the lowest prevalence was FIVCO at 59.8%.

Definition: Breast Cancer Screening

Women age 50 and older who have had a mammogram and a clinical breast exam within the past two years.

Prevalence of Breast Cancer Screening by Race			
Kentucky BRFSS			
(Excludes Missing, Refused, and "Don't Know")			
	<u>Percent</u>		
Year	1997	1998	1999
Total Population	66.4	63.8	68.3
Race			
White	66.8	63.3	68.3
African American	60.7	71.4	67.2

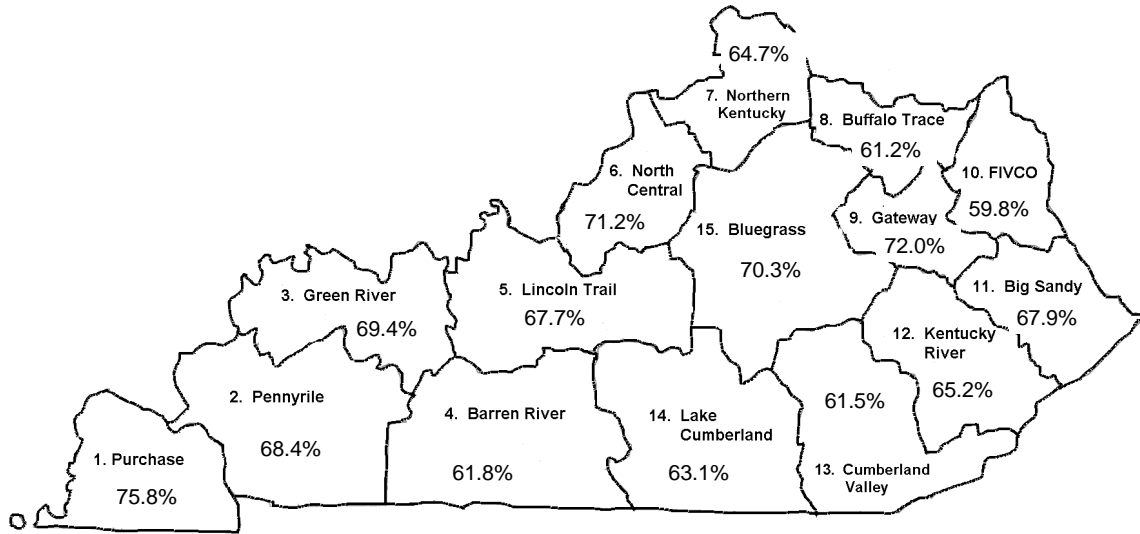
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 17.5	Target 2010	Kentucky BRFSS 1999 Prevalence
To increase the proportion of women age 50 + who have received a clinical breast exam and mammogram within the preceding one to two years	85.0%	68.3%

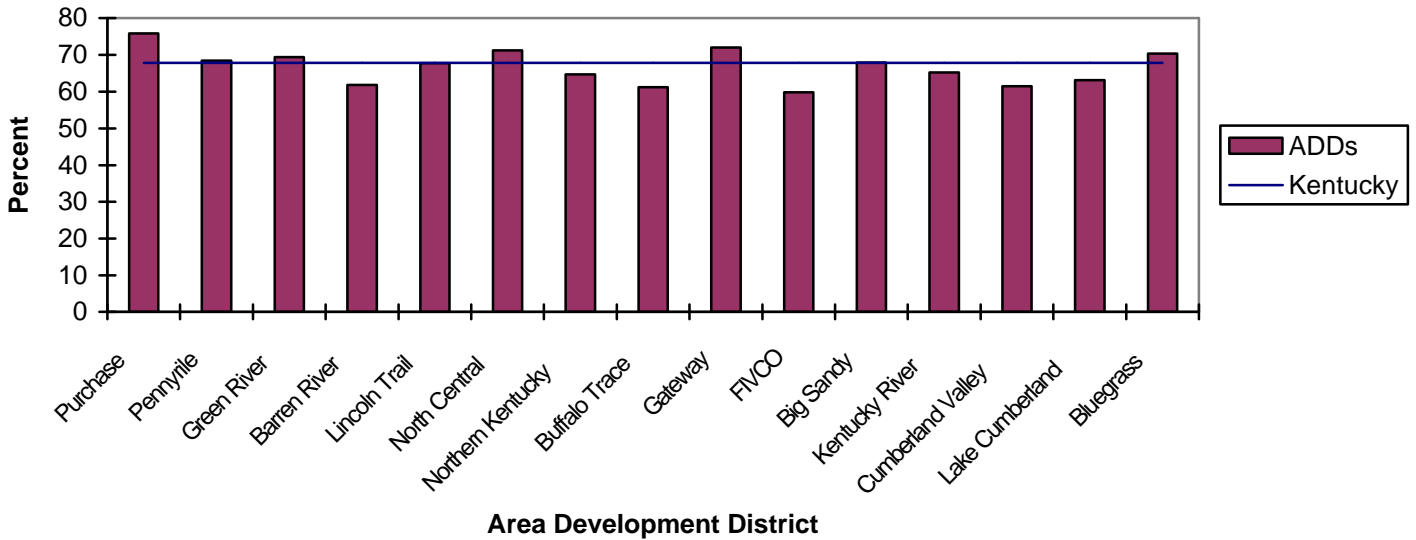
Breast Cancer Screening

Kentucky BRFSS Area Development District Data

**Prevalence of Breast Cancer Screening
Kentucky Behavioral Risk Factor Surveillance System
Area Development District Averages 1997-1999**



**Breast Cancer Screening
Comparison of District Averages with State Average
1997 - 1999**



Cervical Cancer Screening

Kentucky BRFSS Statewide Data

The American College of Obstetricians and Gynecologists and the American Cancer Society recommend an annual Pap test for all females beginning at age 18, or earlier if sexually active. Pap tests are recommended to be at the discretion of the provider after three or more annual tests have been normal.

Women who are past menopause should have regular Pap tests. Women who have undergone a hysterectomy in which the cervix was removed do not need to be tested unless the hysterectomy occurred because of cervical cancer.

- ◆ In the three year period, the highest screening prevalence, 84.3%, occurred in 1998.
- ◆ From 1997 to 1999, a higher percentage of African American women were screened for cervical cancer compared to White women.
- ◆ In all three years, the age group with the highest percentage of screening was the 25-34 age group.
- ◆ The ADD with the highest screening prevalence was North Central at 87.7%, and the ADD with the lowest screening prevalence was Kentucky River at 75.2%.

Definition: Cervical Cancer Screening

Women age 18 and older with an intact cervix who have had a Pap test within the past three years.

Prevalence of Cervical Cancer Screening by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")

Year	Percent		
	1997	1998	1999
Total Population	81.7	84.3	83.4
Race			
White	81.0	84.1	83.3
African American	89.9	86.3	87.5
Age Group			
18 – 24	83.4	85.1	81.9
25 – 34	90.0	93.3	93.5
35 – 44	85.8	90.4	87.3
45 – 54	79.0	85.9	84.6
55 – 64	69.6	76.5	81.4
65 – 74	77.3	67.1	71.0
75+	61.4	59.3	53.1

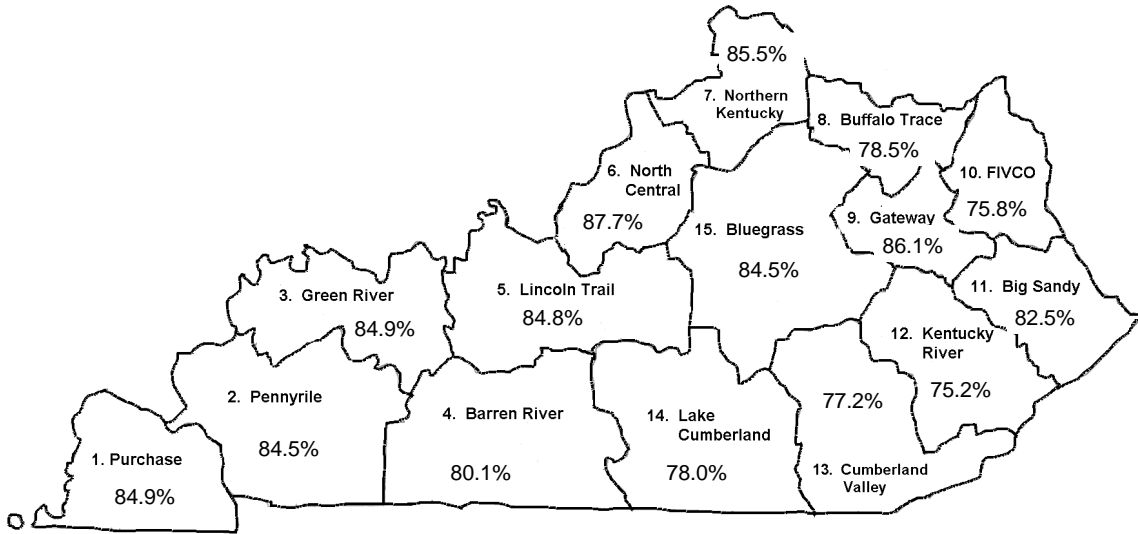
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 17.6	Target 2010	Kentucky BRFSS 1999 Prevalence
To increase the proportion of women age 18+ who have received a Pap test within the preceding one to three years	85.0%	83.4%

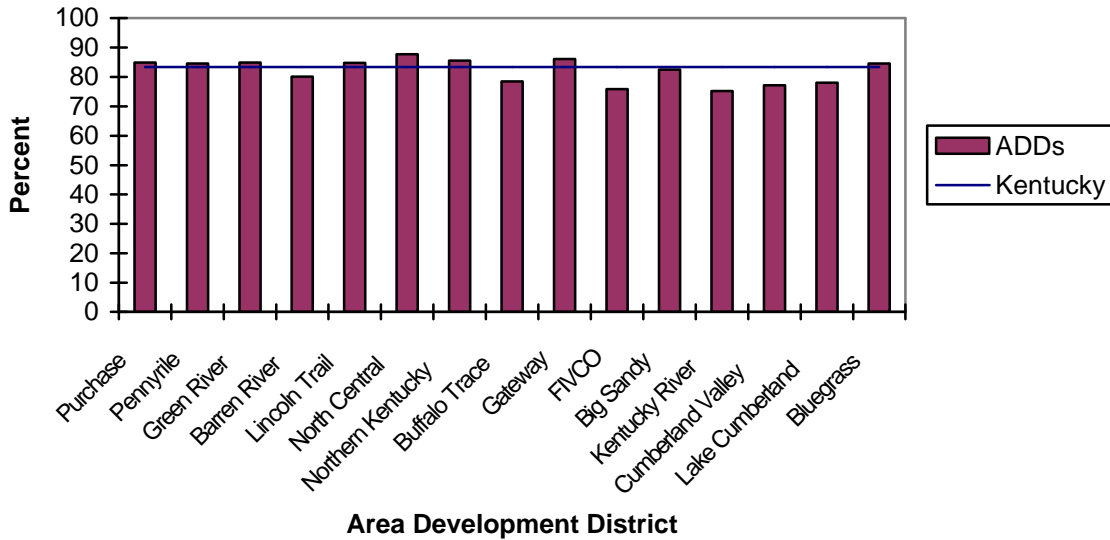
Cervical Cancer Screening

Kentucky BRFSS Area Development District Data

**Prevalence of Cervical Cancer Screening
Kentucky Behavioral Risk Factor Surveillance System
Area Development District Averages 1997-1999**



**Cervical Cancer Screening
Comparison of District Averages with State Average
1997 - 1999**



Colorectal Cancer Screening

Kentucky BRFSS Statewide Data

The U.S. Preventive Services Task Force and the American Cancer Society recommend the following screening procedures for all adults age 50 and older:

- An annual fecal occult blood test (FOBT) – a chemical test for blood in the stool sample.
- A flexible sigmoidoscopy every five years.
- Total colon examination by colonoscopy every 10 years or by double contrast barium enema (DCBE) every 5 to 10 years.

- ◆ From 1997 to 1999, the prevalence of colorectal cancer screening among those age 50 and older remained the same at approximately 34%.
- ◆ The prevalence among males decreased from 36.8% to 33.6%, while the prevalence among females increased from 32.2% to 35.6%.
- ◆ The prevalence of screening among whites remained the same from 1997 to 1999 at 34.4%. However, the screening prevalence among African Americans increased from 31.3% in 1997 to 41.6% in 1999.
- ◆ The ADD prevalences ranged from 27.8% in Gateway to 43.3% in Penryrile.

Definition: Colorectal Cancer Screening

Persons 50 and older who have ever had a sigmoidoscopy or proctoscopy.

Prevalence of Colorectal Cancer Screening by Gender and Race Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")

Year	Percent		
	1997	1998	1999
Total Population	34.2	NA	34.7
Gender			
Male	36.8		33.6
Female	32.2		35.6
Race			
White	34.4		34.4
African American	31.3		41.6

NA = Questions relating to colorectal cancer screening were not asked in 1998.

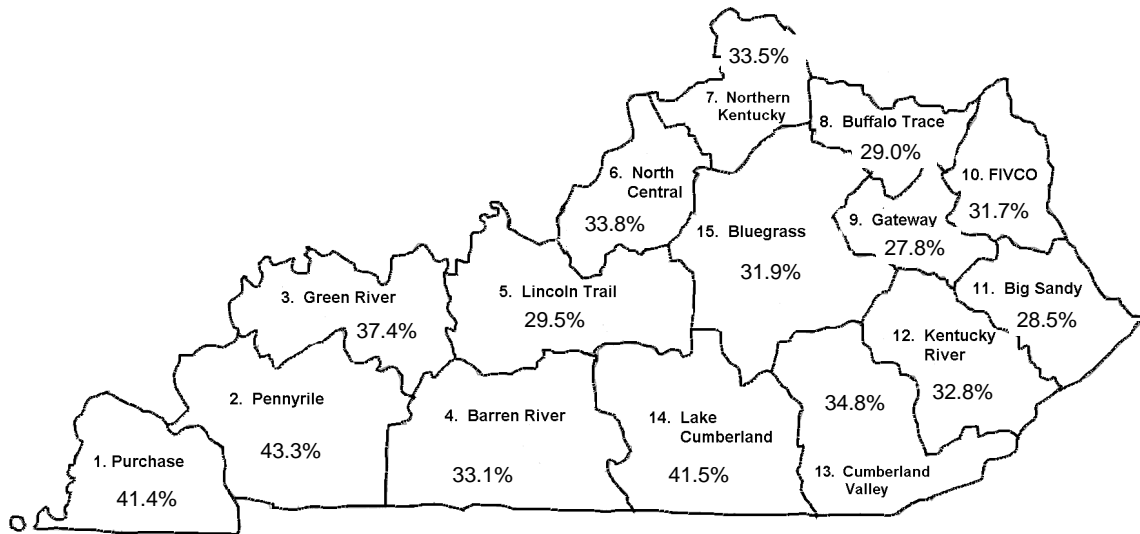
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 17.8	Target 2010	Kentucky BRFSS 1999 Prevalence
To increase the proportion of people ages 50 and older who have ever received a proctosigmoidoscopy	40.0%	34.7%

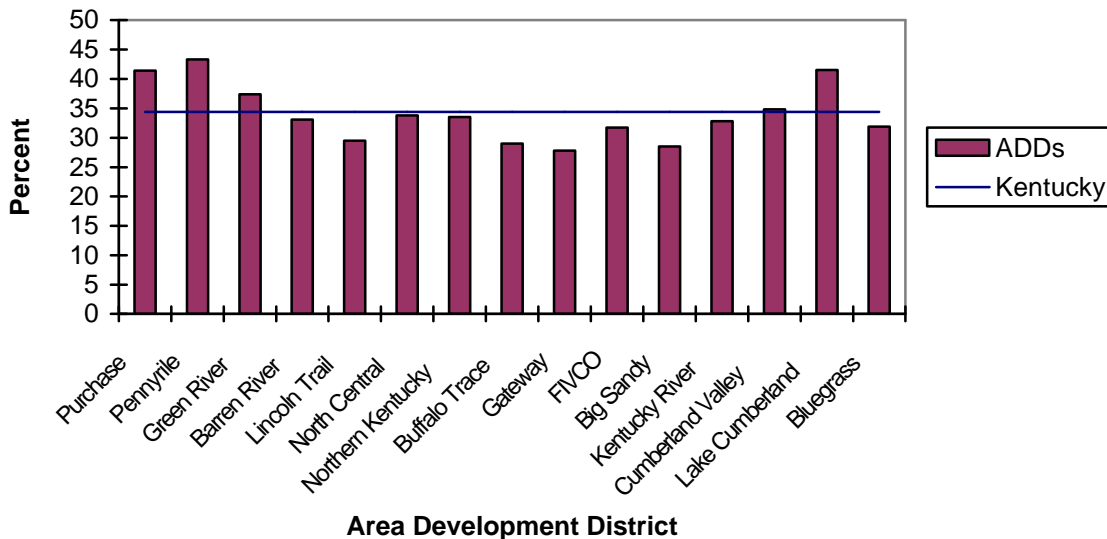
Colorectal Cancer Screening

Kentucky BRFSS Area Development District Data

Prevalence of Colorectal Cancer Screening Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Colorectal Cancer Screening Comparison of District Averages with State Average 1997 and 1999



Physical Activity

Kentucky BRFSS Statewide Data

Regular physical activity can help prevent deaths from cardiovascular disease, a leading cause of death in Kentucky. The risk of developing diabetes and colon cancer can also be reduced through regular physical activity. Exercise is important as well for overall physical and mental health.

- ◆ In 1998, only 29.9% of Kentuckians were physically active.
- ◆ The overall percentage decreased from 35.5% in 1997 to 29.9% in 1998.
- ◆ The percentage among males decreased from 36.2% in 1997 to 32.8% in 1998.
- ◆ The percentage among females decreased from 34.9% in 1997 to 27.3% in 1998.
- ◆ The ADD with the highest percentage of physically active persons was North Central at 38.5. The ADD with the lowest percentage was Buffalo Trace at 17.8.
- ◆ In 1998, Kentucky had not reached the *Healthy Kentuckians 2010 goal*.

Definition: Physical Activity

Leisure time activity for at least 20 minutes per session, three or more times a week.

Prevalence of Physical Activity by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	<u>Percent</u>		
	1997	1998	1999
Total Population	35.5	29.9	NA
Gender			
Male	36.2	32.8	
Female	34.9	27.3	
Race			
White	35.9	29.8	
African American	32.4	33.7	
Age Group			
18 – 24	39.5	40.7	
25 – 34	42.4	32.4	
35 – 44	37.8	32.1	
45 – 54	35.1	25.8	
55 – 64	32.0	28.4	
65 – 74	31.4	24.6	
75+	16.4	19.0	

NA = Physical activity questions were not asked in 1999.

Related *Healthy Kentuckians 2010 Goal*

2010 Objective 1.2

Target 2010

Kentucky BRFSS 1998 Prevalence

Increase the proportion of Kentuckians (18 and older) who engage regularly in physical activity for at least 20 minutes three or more times per week

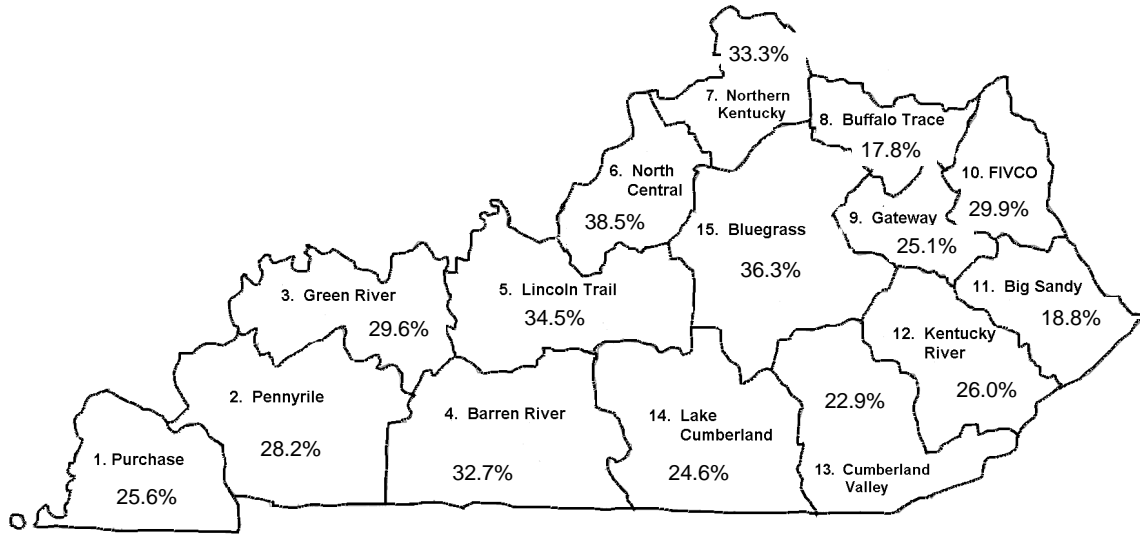
50.0%

29.9%

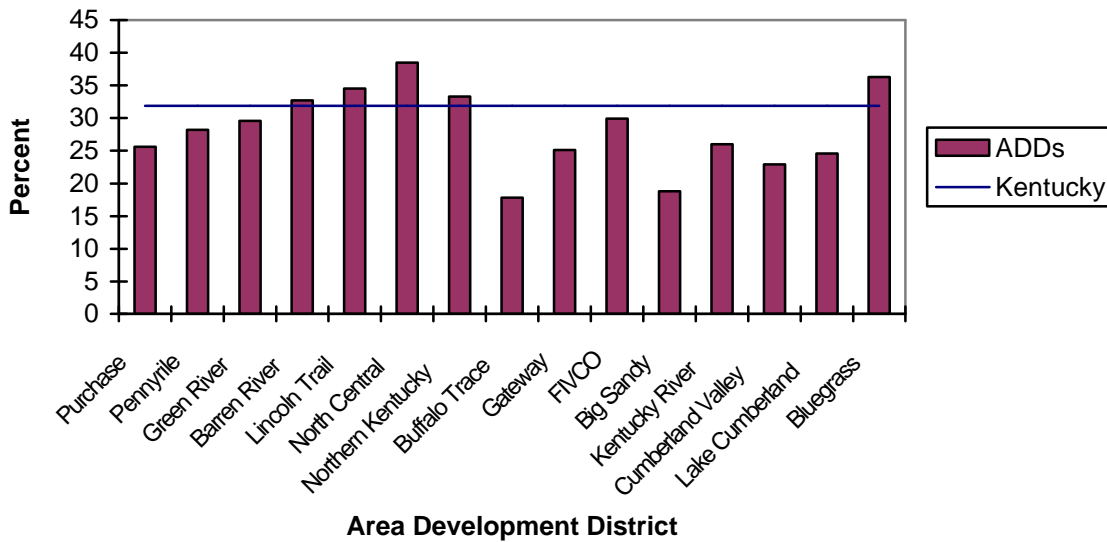
Physical Activity

Kentucky BRFSS Area Development District Data

Prevalence of Physical Activity Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997-1998



Physical Activity Comparison of District Averages with State Average 1997 - 1998



Consumption of Fruits and Vegetables

Kentucky BRFSS Statewide Data

Proper nutrition is essential for maintaining good health and well-being. One of the recommendations in the Dietary Guidelines for Americans, published by the US Departments of Health and Human Services and Agriculture, is that one should choose a diet with plenty of vegetables, fruits, and grain products which are high in complex carbohydrates, fiber, minerals and vitamins and low in fat content.

The dietary guidelines recommend that all persons consume at least five servings of fruits and vegetables a day.

- ◆ In 1998, 15.7% of Kentuckians consumed at least five servings of fruits and vegetables a day.
- ◆ A higher percentage of females consumed five a day compared to males in both 1997 and 1998.
- ◆ A higher percentage of Whites consumed five a day compared to African Americans.
- ◆ In 1998, the 18-24 age group had the lowest percentage at 12.3, while the 75+ age group had the highest percentage at 22.6.

Definition: Consumption of Fruits and Vegetables

Persons age 18 and older who consume at least five fruits and vegetables a day.

Prevalence of Fruit and Vegetable Consumption by Gender, Race, and Age Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
Year	Percent		
	1997	1998	1999
Total Population	15.5	15.7	NA
Gender			
Male	11.0	12.1	
Female	19.8	18.9	
Race			
White	15.7	16.0	
African American	13.5	8.9	
Age Group			
18 – 24	16.0	12.3	
25 – 34	11.9	13.7	
35 – 44	12.5	15.1	
45 – 54	16.3	14.7	
55 – 64	19.8	17.0	
65 – 74	19.5	19.7	
75+	18.4	22.6	

NA = Fruit and vegetable questions were not asked in 1999.

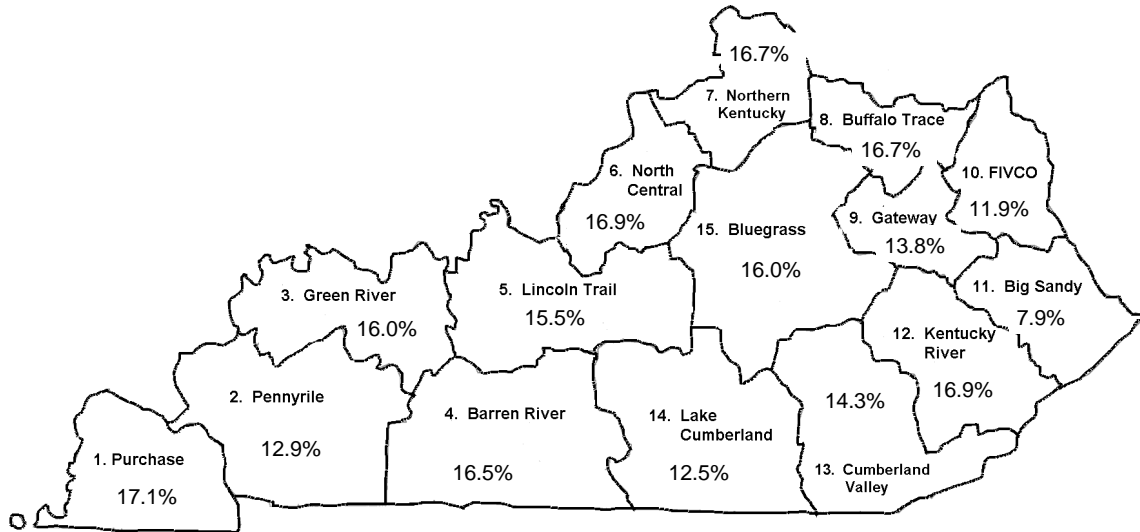
Related Healthy Kentuckians 2010 Goal

Part of 2010 Objective 2.5	Target 2010	Kentucky BRFSS 1998 Prevalence
To increase the proportion of people age two and older who meet the Dietary Guidelines minimum average daily goal of at least five servings of vegetables and fruits	40.0%	15.7%

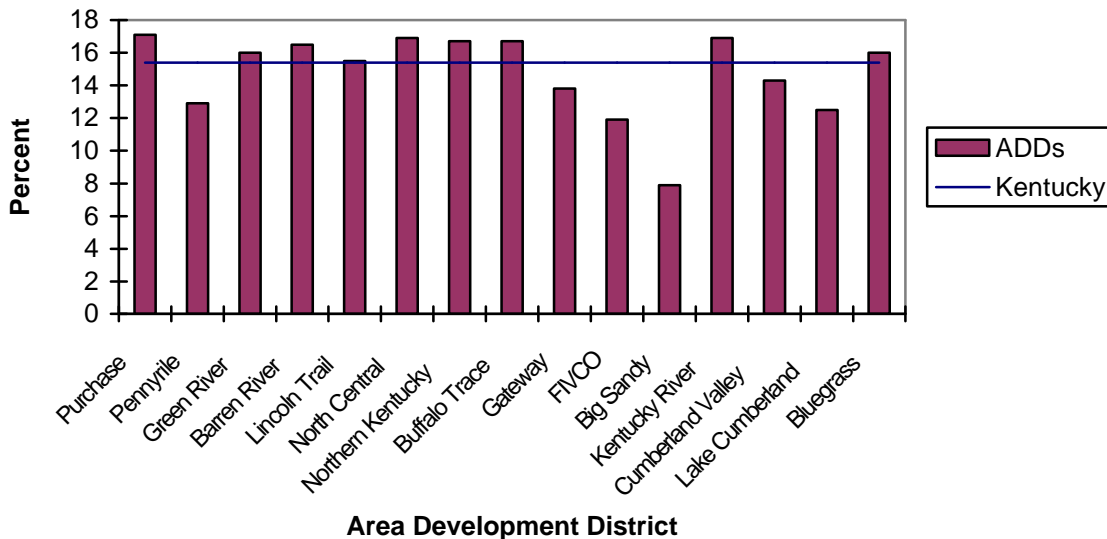
Consumption of Fruits and Vegetables

Kentucky BRFSS Area Development District Data

Prevalence of the Consumption of Fruits and Vegetables Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997-1998



Consumption of Fruits and Vegetables Comparison of District Averages with State Average 1997 - 1998



Influenza Immunization

Kentucky BRFSS Statewide Data

The CDC recommends an annual flu shot for those persons in high risk groups such as, adults 50 years of age or older, those with chronic diseases and those persons who are immunocompromised.

In 1998, pneumonia and influenza combined were the sixth leading cause of death for all Kentuckians. In that same year, 91.3% of Kentuckians who died from pneumonia or influenza were age 65 and older.

- ◆ Influenza immunization increased from 61.2% in 1997 to 68.4% in 1999.
- ◆ From 1997 to 1999 immunization increased for both males and females.
- ◆ In 1999, the prevalence of immunization was considerably higher for Whites at 69.5% compared to African Americans at 47.3%.
- ◆ The ADD with the highest prevalence of influenza immunization, 72%, was Purchase, while the ADD with the lowest prevalence was Big Sandy at 54.8%.

Definition: Influenza Immunization

Persons age 65 and older who have received a flu shot in the past year.

Prevalence of Influenza Immunization by Gender and Race Kentucky BRFSS (Excludes Missing, Refused, and "Don't Know")			
	Percent		
Year	1997	1998	1999
Total Population	61.2	NA	68.4
Gender			
Male	62.9		70.6
Female	60.1		66.9
Race			
White	62.1		69.5
African American	*		47.3

NA = Influenza immunization questions were not asked in 1998.

* = Sample size was too small for reliable estimates.

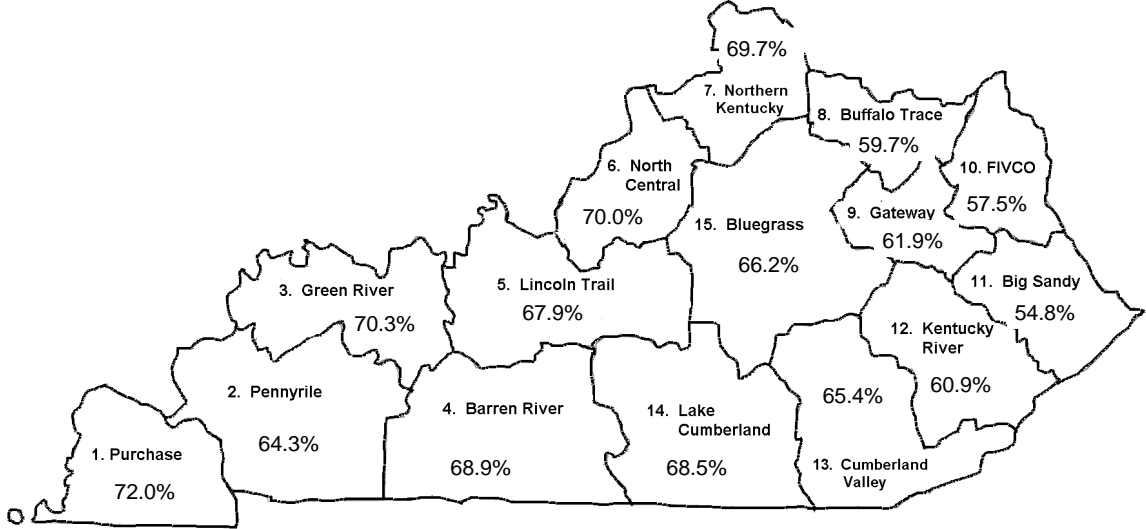
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 22.12	Target 2010	Kentucky BRFSS 1999 Prevalence
To increase the rate of influenza immunization coverage among non-institutionalized adults 65 years of age or older	75.0%	68.4%

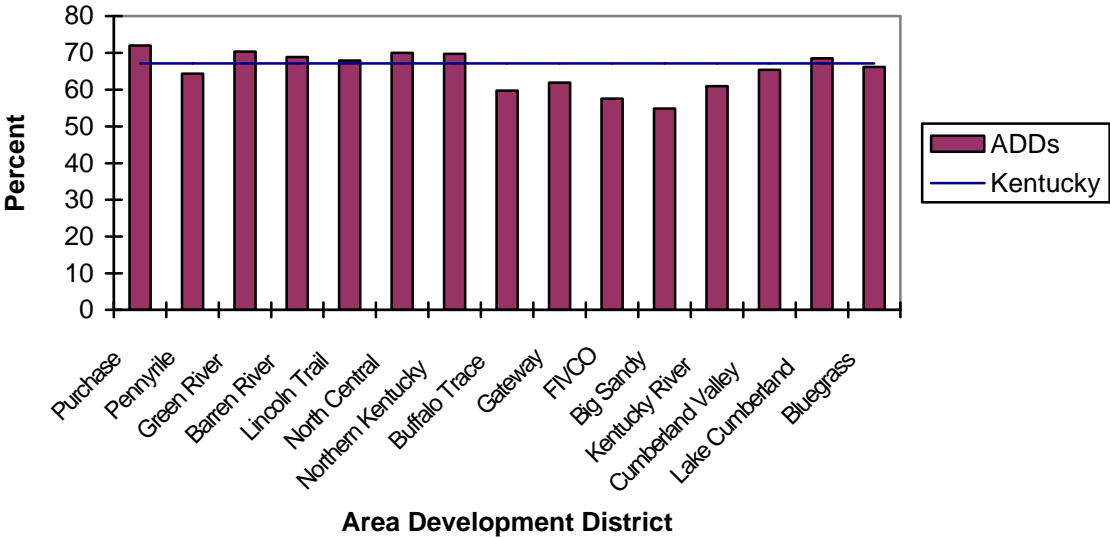
Influenza Immunization

Kentucky BRFSS Area Development District Data

Prevalence of Influenza Immunization Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Influenza Immunization Comparison of District Averages with State Average 1997 and 1999



Pneumonia Immunization

Kentucky BRFSS Statewide Data

The CDC recommends a pneumococcal vaccine for those persons in high risk groups such as, adults 65 years of age or older, those with chronic diseases, and those persons who are immunocompromised.

- ◆ The prevalence of pneumonia immunization increased dramatically from 38.6% in 1997 to 52.0% in 1999.
- ◆ In 1997 and 1999 a higher prevalence of males had ever received a pneumonia vaccination compared to females.
- ◆ In 1999, 52.8% of Whites had ever received a pneumonia vaccination compared to only 36.4% of African Americans.
- ◆ The ADD with the highest vaccination prevalence was Northern Kentucky at 58.0%, while the ADD with the lowest prevalence was Big Sandy at 33.8%.

Definition: Pneumonia Immunization

Persons age 65 and older who have ever received a pneumonia vaccination.

**Prevalence of Pneumonia Immunization by Gender and Race
Kentucky BRFSS
(Excludes Missing, Refused, and "Don't Know")**

Year	Percent		
	1997	1998	1999
Total Population	38.6	NA	52.0
Gender			
Male	41.6		54.9
Female	36.6		50.1
Race			
White	39.1		52.8
African American	*		36.4

NA = Pneumonia immunization questions were not asked in 1998.

* = Sample size was too small for reliable estimates.

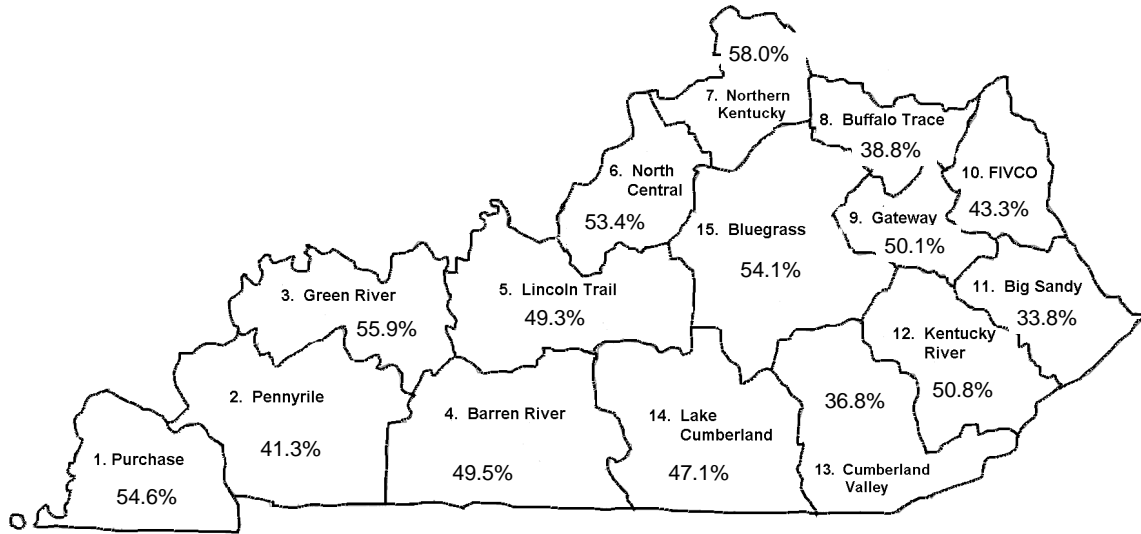
Related *Healthy Kentuckians 2010* Goal

Part of 2010 Objective 22.12	Target 2010	Kentucky BRFSS 1999 Prevalence
To increase the rate of pneumonia immunization coverage among noninstitutionalized adults 65 years of age or older	70.0%	52.0%

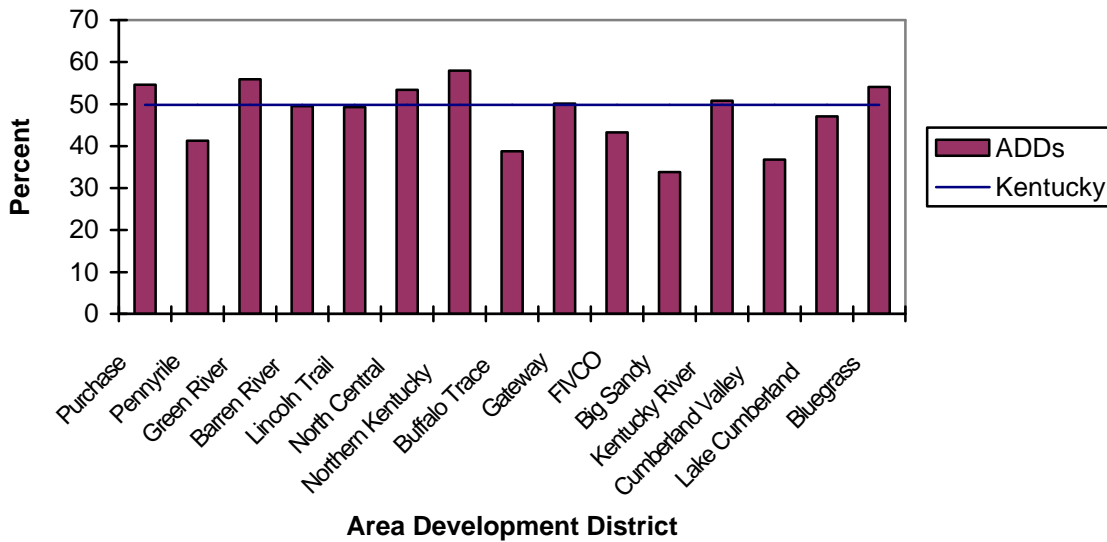
Pneumonia Immunization

Kentucky BRFSS Area Development District Data

Prevalence of Pneumonia Immunization Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1997 and 1999



Pneumonia Immunization Comparison of District Averages with State Average 1997 and 1999



HIV Testing

Kentucky BRFSS Statewide Data

According to the Centers for Disease Control and Prevention, approximately 800,000 to 900,000 persons are infected with Human Immunodeficiency Virus (HIV) nationwide, and of these approximately 200,000 do not know that they are infected.

Early detection of HIV is extremely important. Treatments are available to help those infected live longer and healthier lives. These treatments are most effective when administered before HIV infection progresses to AIDS. Also, individuals who find out that they are infected can take precautions to prevent transmitting infection to others.

- ◆ The prevalence of HIV testing in the past year was 13.9% in 1998 and 15.7% in 1999.
- ◆ The HIV testing prevalence between males and females was similar in 1998 and 1999.
- ◆ For 1998 and 1999 a higher percentage of African Americans tested for HIV in the past year compared to Whites.
- ◆ In 1999, persons age 25-34 had the highest testing percentage.

Definition: HIV Testing

Persons age 18 to 64 who have received a HIV test in the past year.

Prevalence of HIV Testing by Gender, Race, and Age
Kentucky BRFSS
 (Excludes Missing, Refused, and "Don't Know")

Year	Percent		
	1997	1998	1999
Total Population	NC	13.9	15.7
Gender			
Male		13.5	15.8
Female		14.2	15.6
Race			
White		12.5	14.4
African American		32.3	32.7
Age Group			
18 – 24		21.3	20.4
25 – 34		17.4	21.8
35 – 44		13.4	16.8
45 – 54		7.5	10.6
55 – 64		9.6	6.2

NC = HIV testing questions in 1997 were phrased differently than those in 1998 and 1999.

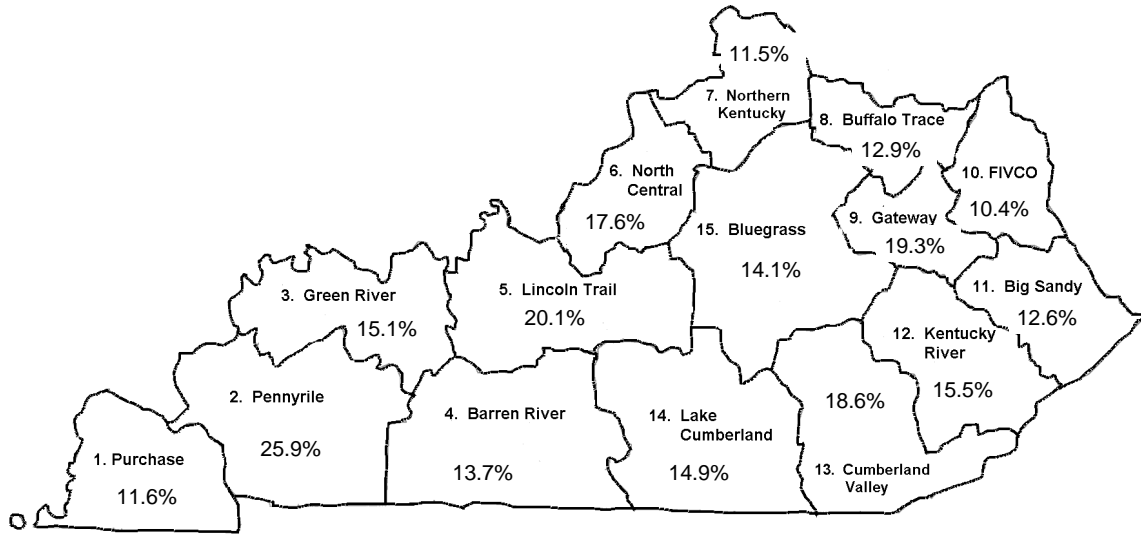
Related *Healthy Kentuckians 2010* Goal

No related *Healthy Kentuckians 2010* goal.

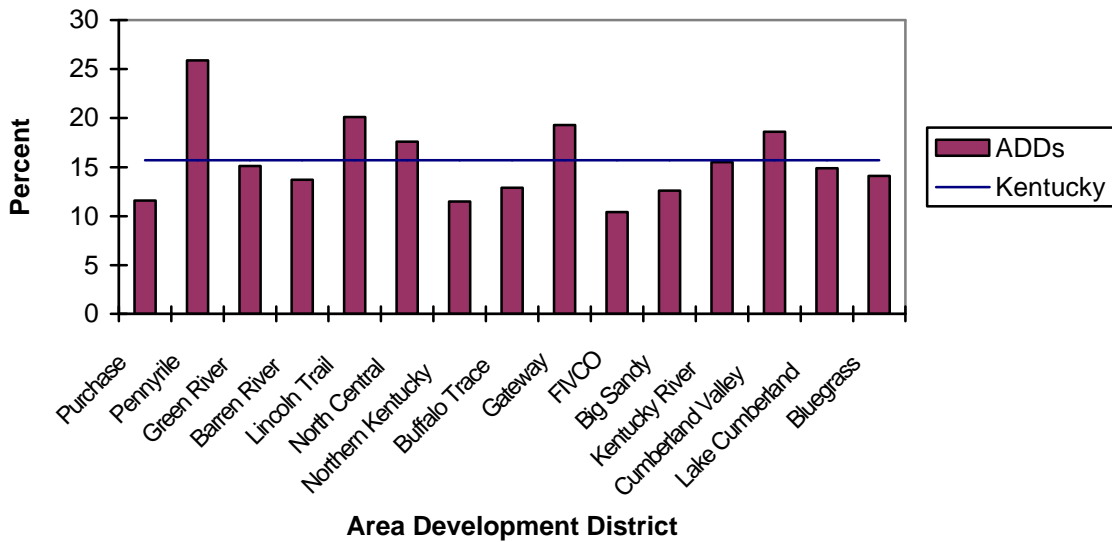
HIV Testing

Kentucky BRFSS Area Development District Data

Prevalence of HIV Testing Kentucky Behavioral Risk Factor Surveillance System Area Development District Averages 1998 and 1999



HIV Testing Comparison of District Averages with State Average 1998 and 1999



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APPENDICES

Comparison of Kentucky BRFSS Prevalences to the Nation 1997 – 1999

Risk Factors		1997 Percentage	1998 Percentage	1999 Percentage
Current Cigarette Smoking	KY Prevalence	30.7	30.8	29.7
	National Median	23.2	22.9	22.7
Overweight	KY Prevalence	56.4	58.1	58.5
	National Median	NP	NP	56.2
Diabetes	KY Prevalence	5.3	5.6	6.4
	National Median	4.8	5.4	5.6
Hypertension	KY Prevalence	27.1	NA	27.5
	National Median	23.0	NA	24.0
Alcohol Misuse Chronic Drinking	KY Prevalence	2.7	NA	2.7
	National Median	3.0	NA	3.6
Alcohol Misuse Acute Drinking	KY Prevalence	9.4	NA	9.8
	National Median	14.5	NA	14.9
Alcohol Misuse Drinking and Driving	KY Prevalence	0.6	NA	1.6
	National Median	1.9	NA	2.4
Health Status: Fair or Poor	KY Prevalence	21.8	21.9	21.6
	National Median	13.0	12.7	13.1
Lack of Health Care Coverage	KY Prevalence	13.8	14.4	14.5
	National Median	12.0	13.0	12.4

National Median: This percentage is the median or 50% of all 50 states as well as Washington DC. and Puerto Rico. These data were obtained from the CDC's BRFSS Prevalence Reports for 1997, 1998, and 1999.

NA = Question not asked in that year

NP = Data not present in Prevalence Report

Comparison of Kentucky BRFSS Prevalences to the Nation 1997 – 1999

Preventive Health Practices		1997 Percentage	1998 Percentage	1999 Percentage
Breast Cancer Screening	KY Prevalence	66.4	63.8	68.3
	National Median	66.4	67.8	68.3
Cervical Cancer Screening	KY Prevalence	81.7	84.3	83.4
	National Median	84.1	84.9	85.4
Colorectal Cancer Screening	KY Prevalence	34.2	NA	34.7
	National Median	NP	NA	NP
Physical Activity	KY Prevalence	35.5	29.9	NA
	National Median	NP	NP	NA
Consumption of Fruits and Vegetables	KY Prevalence	15.5	15.7	NA
	National Median	NP	23.8	NA
Influenza Immunization	KY Prevalence	61.2	NA	68.4
	National Median	65.9	NA	67.4
Pneumonia Immunization	KY Prevalence	38.6	NA	52.0
	National Median	45.8	NA	54.9
HIV Testing	KY Prevalence	NC	13.9	15.7
	National Median	NC	NP	NP

National Median: This percentage is the median or 50% of all 50 states as well as Washington DC. and Puerto Rico. These data were obtained from the CDC's BRFSS Prevalence Reports for 1997, 1998, and 1999.

NA = Question not asked in that year

NP = Data not present in Prevalence Report

NC = Questions were not consistent with other years

Risk Factors - Total Population

Statewide Prevalence and Confidence Intervals 1997-1999

Risk Factor	1997 Prevalence % (CI)	1998 Prevalence % (CI)	1999 Prevalence % (CI)
Current Smoking	30.7 (29.0, 32.5)	30.8 (29.1, 32.5)	29.7 (28.3, 31.2)
Overweight	56.4 (54.5, 58.2)	58.1 (56.3, 60.0)	58.5 (56.9, 60.1)
Diabetes	5.3 (4.5, 6.0)	5.6 (4.8, 6.4)	6.4 (5.7, 7.1)
Hypertension	27.1 (25.5, 28.7)	NA	27.5 (26.2, 28.9)
Acute Drinking	9.4 (8.2, 10.6)	NA	9.8 (8.8, 10.9)
Chronic Drinking	2.7 (2.1, 3.4)	NA	2.7 (2.1, 3.2)
Drinking and Driving	0.6 (0.3, 0.8)	NA	1.6 (1.1, 2.1)
Health Status: Fair or Poor	21.8 (20.3, 23.4)	21.9 (20.4, 23.3)	21.6 (20.4, 22.8)
Lack of Health Care Coverage	13.8 (12.4, 15.2)	14.4 (12.9, 15.8)	14.5 (13.4, 15.6)

CI = 95% Confidence Interval
 NA = Questions not asked in that
 year

Preventive Health Practices Total Population

Statewide Prevalence and Confidence Intervals 1997-1999

Risk Factor	1997 Prevalence % (CI)	1998 Prevalence % (CI)	1999 Prevalence % (CI)
Breast Cancer Screening	66.4 (63.4, 69.4)	63.8 (60.6, 66.9)	68.3 (65.8, 70.8)
Cervical Cancer Screening	81.7 (79.6, 83.8)	84.3 (82.3, 86.3)	83.4 (81.7, 85.1)
Colorectal Cancer Screening	34.2 (31.6, 36.8)	NA	34.7 (32.4, 37.0)
Physical Activity	35.5 (32.8, 38.2)	29.9 (28.2, 31.7)	NA
Consumption of Fruits and Vegetables	15.5 (13.7, 17.4)	15.7 (14.3, 17.0)	NA
Influenza Immunization	61.2 (57.5, 65.0)	NA	68.4 (65.4, 71.3)
Pneumonia Immunization	38.6 (34.8, 42.4)	NA	52.0 (48.7, 55.3)
HIV Testing	NC	13.9 (12.3, 15.4)	15.7 (14.3, 17.1)

CI = 95% Confidence Interval

NA = Questions not asked in that year

NC = Questions were not consistent with other years

**Comparison of 1998 BRFSS Sample
to 1998 Kentucky Population
Age 18 and Older**

Demographic Characteristics	Unweighted BRFSS Sample Size	Unweighted BRFSS Percentage	Weighted BRFSS Percentage	1998 Population Estimate Percentage
GENDER				
Male	1363	36.7	47.6	47.6
Female	2355	63.3	52.5	52.4
RACE				
White	3430	92.3	92.7	92.5
African-American	257	6.9	6.3	6.7
Other	27	0.7	0.8	0.8
Missing	4	0.1	0.1	0.0
AGE				
18-24 Years	317	8.5	13.0	13.5
25-34 Years	644	17.3	18.6	18.6
35-44 Years	764	20.6	20.8	21.4
45-54 Years	681	18.3	17.4	17.6
55-64 Years	498	13.4	11.9	12.2
65-74 Years	463	12.5	11.3	9.2
75+ Years	347	9.3	6.9	7.6
Missing	4	0.1	0.1	0.0