



STUDY OF THE IMPACT OF THE ACA IMPLEMENTATION IN KENTUCKY

Baseline Data

Submitted to:

Foundation for a Healthy Kentucky

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Introduction

The content found in this report highlights pre-ACA trends in the measures that will be used to monitor the impact of the ACA in Kentucky. SHADAC will use these baseline data in analyses throughout the life of the study. This report has seven sections, an overview section and six sections which represent the five study domains: coverage, access, cost, quality, and health outcomes.

The overview section provides some high level analysis, points for discussion, and technical documentation. Each domain section includes a table with pre-ACA estimates for both Kentucky and the nation. Following each table, there are notes about the measure definition and data sources.

This report has a companion Excel file titled “Study of the Impact of the ACA Implementation in Kentucky: Baseline Data,” designed to serve as a resource for both the Foundation for a Healthy Kentucky and the ACA Impact Study Oversight Committee to leverage as they see fit (e.g., as items to highlight in special reports).

Overview

The report contains pre-ACA trends in some of the select measures that will be used to monitor the impact of the ACA in Kentucky. These data will serve as the quantitative baseline for the study. In addition, SHADAC will draw on these data to develop semi-annual and annual reports to the Foundation, which will include graphic displays and interpretations of the study data, including changes over time. In the interim, this report and accompanying Excel file highlight select areas of interest:

Access and Coverage

Tables 1 and 2 include select measures on access and coverage. Kentucky is fairly close to the national average in both 2012 and 2013 in terms of health insurance coverage rates (within some variation by various demographic characteristics). Across access measures, however, Kentucky deviates from the national average in a number of areas. Specifically, Kentucky's percent of emergency department (ED) visits in the past year (30.4%) is significantly higher than the national average (19.0%).

Cost

Table 3 highlights measures under the domain of cost. Kentucky residents appear to face greater barriers than the national average on measures related to cost. In 2012, 49.1% of all Kentuckians reported problems paying medical bills compared to 31.3% in the nation. In addition, 11.7% Kentuckians reported delayed care due to cost compared with a national average of 8.4%.

Quality

Measures under the quality domain are displayed in tables 4 and 5. Based on currently available data on quality of care, Kentucky is performing on par with the national average on many measures. One bright spot is that Kentucky's asthma admissions rate for younger adults is

lower than the national average. On the other hand, the state had a relatively high rate of diabetes admissions.

Health Outcomes

Table 6 displays select health outcomes measures. Among the majority of health outcome measures, Kentucky is underperforming compared to the national average. Kentucky has a high obesity rate (18%) among high school kids. In addition, adults in Kentucky are significantly more likely than adults throughout the rest of the country to report being in poor or fair health (23.3% vs. 12.9%).

Areas for Further Discussion and Next Steps

There are two indicators that we would like to discuss in more detail with the Foundation and the ACA Impact Study Oversight Committee. They are:

- 1) *Wait time to see a primary care provider (Access domain):* We will need to make an amendment to our restricted Research Data Center access proposal to get data for this indicator. Before formally submitting the request, we would like to know exactly which subpopulations the Foundation and the ACA Impact Study Oversight Committee would like included in this analysis.
- 2) *Statewide hospital readmission rates (Quality domain):* These rates were not available on the MONAHRQ web site; SHADAC would like to explore the feasibility of getting these data from an alternative source, such as the Kentucky Hospital Association. Alternatively, SHADAC could explore the availability of this measure for Medicare enrollees.

As with all of the study materials, we look forward to working collaboratively with the Foundation and the ACA Impact Study Oversight Committee to refine this deliverable over the course of the study. For example, if there are any indicators or data sources that we may have overlooked, or new sources that become available, we would be happy to add them to the file and analysis.

Methods, Assumptions and Limitations

Baseline estimates in this Excel file were created using multiple data sources. Information on the measures and data sources can be found below each table presented in the separate indicator tabs. In some cases, unstable estimates were suppressed due to low sample size or large confidence intervals (indicated in the table as "--"). In addition, estimates from the 2012 Current Population Survey were suppressed due to survey changes which prevent an accurate time trend comparison between 2012 and more recent years of data (indicated in the table as "--"). To enhance our ability to report estimates with small sample sizes, some estimates were calculated with data pooled from two consecutive years which is reflected in the notes.

Significance testing between the estimate for Kentucky and the national average was done at the 95% confidence level using a t-test. Significance testing was not conducted in cases where the standard error was not available. In these cases, the difference between Kentucky and the U.S. was not calculated and the field is left blank.

Detailed methods assumptions and limitations will be included in later reports.

Table 1: Coverage

Coverage	2012			2013		
	KY	US	Diff.	KY	US	Diff.
<i>Insurance coverage by type (all)</i>						
Employer	51.2%	51.4%	-0.2%	50.2%	51.0%	-0.7%
Individual	4.4%	5.2%	-0.8% *	4.2%	5.4%	-1.2% *
Medicaid/CHIP	13.4%	13.4%	0.1%	13.6%	13.4%	0.1%
Medicare	17.4%	15.4%	2.0% *	17.6%	15.8%	1.9% *
Uninsured	13.6%	14.7%	-1.1% *	14.4%	14.5%	-0.1%
<i>Uninsured Rates (all)</i>						
Race/Ethnicity						
Hispanic/Latino	28.7%	28.8%	-0.1%	34.5%	28.2%	6.3% *
White	12.6%	10.3%	2.3% *	13.3%	10.1%	3.2% *
African American/Black	17.3%	17.1%	0.2%	16.7%	17.0%	-0.3%
Asian	16.9%	14.9%	2.0%	17.1%	14.5%	2.6%
Other/Multiple	15.5%	16.3%	-0.8%	19.3%	16.0%	3.4%
Age						
0-18	6.4%	7.5%	-1.1% *	6.4%	7.5%	-1.1% *
19-25	26.5%	26.0%	0.5%	28.0%	25.2%	2.8% *
26-44	22.6%	23.9%	-1.3% *	25.0%	23.5%	1.5% *
45-54	16.9%	17.5%	-0.6%	16.7%	17.3%	-0.6%
55-64	11.4%	13.4%	-2.0% *	12.5%	13.4%	-0.9%
65+	--	1.0%	--	0.5%	1.0%	-0.6%
Income as % of Federal Poverty Guidelines						
0-138%	25.0%	26.1%	-1.2%	26.2%	25.4%	0.9%
139-200%	17.5%	21.0%	-3.5% *	16.3%	20.5%	-4.2% *
201-400%	8.1%	12.0%	-3.8% *	9.9%	11.8%	-2.0% *
401%+	2.9%	3.7%	-0.8% *	3.4%	3.8%	-0.4%
Sex						
Males	14.8%	16.0%	-1.3% *	15.1%	15.7%	-0.6%
Females	12.4%	13.4%	-0.9% *	13.7%	13.2%	0.5%
Employer Offer Rates (all private sector employers)						
Less than 50 employees	36.4%	35.2%	1.2%	34.7%	34.8%	-0.1%
Firms with 50 or more employees	98.7%	95.9%	2.8% *	95.0%	95.7%	-0.7%
<i>Underinsured (all)^</i>						
	--	--		18.4%	19.8%	-1.4%

*Difference is statistically significant at the 95% level

NA: Data Not Available

-- Suppressed for one of the following reasons: the sample size was too small for the estimate to be statistically reliable, the standard errors were not available so statistically testing of differences was not possible or the trend data was unreliable because of a break in series.

^Income estimates in the Current Population Survey will change as adjustments are made for new income questions added in 2013.

NOTES:

Insurance Coverage by Type

SHADAC analysis of the noninstitutional population in the 2012 and 2013 American Community Survey using the Public Use Microdata Sample Files.

Insurance types are mutually exclusive. Since some people have multiple sources of coverage, a primary coverage hierarchy was used.

Uninsurance

SHADAC analysis of the noninstitutional population in the 2012 and 2013 Current Population Survey using the Public Use Microdata Sample Files.

The race categories reported are mutually exclusive. Hispanic includes all people reporting this ethnicity; all other Race/Ethnicity categories exclude Hispanic. People reporting more than one race are included in Other/Multiple.

The family income uses the Health Insurance Unit, which may differ from the Census definition of a family. The HIU defines a family based on those individuals who would most likely be considered a "family unit" in determining eligibility for public or private coverage. This definition of a family is narrower than the one used by the Census Bureau.

Employer Offer Rates

SHADAC analysis of the 2012 and 2013 Medical Expenditure Panel Survey/Insurance component accessed May 2015 at http://meps.ahrq.gov/mepsweb/data_stats/MEPSnetIC/startup.

Estimates are by firm size and for private employers only.

Underinsured

Estimates were based on SHADAC's analysis of the civilian noninstitutional population in the 2013 Current Population Survey.

Underinsured is defined as the percentage of people whose family has spent 10% or more of their income in health care in the past year.

Table 2: Access

Access	2012			2013		
	KY	US	Diff.	KY	US	Diff.
Usual source of care (all)	83.6%	86.9%	-3.3%	NA	NA	*
Age						
0-18	93.8%	96.2%	-2.4%	NA	NA	*
19-64	77.6%	80.9%	-3.3%	NA	NA	*
65+	94.1%	96.7%	-2.6%	NA	NA	*
Changes to medical drug use due to cost (19+)	NA	NA		NA	NA	
Age						
19-64	34.1%	24.1%	10.0%	NA	NA	*
65+	26.2%	22.1%	4.1%	NA	NA	
Provider visit in the last year (all)	73.8%	70.8%	3.0%	NA	NA	
Age						
0-18	85.8%	82.6%	3.2%	NA	NA	*
19-64	65.6%	63.0%	2.6%	NA	NA	
65+	91.4%	86.0%	5.4%	NA	NA	*
ED visit in the last year (all)	30.4%	19.0%	11.4%	NA	NA	*
Age						
0-18	27.8%	17.8%	10.0%	NA	NA	*
19-64	30.2%	18.8%	11.4%	NA	NA	*
65+	35.3%	22.2%	13.1%	NA	NA	*
Found doctor when needed (all)	94.8%	96.5%	-1.7%	NA	NA	
Age						
0-18	98.0%	97.7%	0.3%	NA	NA	
19-64	93.1%	95.8%	-2.7%	NA	NA	
65+	97.0%	97.8%	-0.8%	NA	NA	
Told provider accepts insurance (all)	96.5%	97.0%	-0.5%	NA	NA	
Age						
0-18	95.0%	97.6%	-2.6%	NA	NA	*
19-64	96.7%	96.6%	0.1%	NA	NA	
65+	98.5%	97.9%	0.6%	NA	NA	
Wait time to see PCP (all)	NA	NA		NA	NA	

Access	2012			2013		
	KY	US	Diff.	KY	US	Diff.
Serious Mental Illness (18+)	4.7%	4.0%	--	5.0%	4.1%	--
Age						
18-25	4.2%	4.0%	--	4.6%	4.2%	--
26+	4.8%	4.0%	--	5.0%	4.1%	--
Any Mental Illness (18+)	19.5%	18.2%	--	19.7%	18.5%	--
Age						
18-25	19.0%	19.1%	--	20.7%	19.5%	--
26+	19.6%	18.0%	--	19.5%	18.4%	--
Needed but did not receive illicit drug abuse treatment (12+)	2.5%	2.4%	--	2.3%	2.4%	--
Age						
12-17	3.3%	4.0%	--	2.8%	3.5%	--
18-25	7.0%	7.0%	--	6.1%	6.9%	--
26+	1.6%	1.4%	--	1.6%	1.5%	--
Needed but did not receive alcohol abuse treatment (12+)	5.1%	6.3%	--	5.9%	6.4%	--
Age						
12-17	3.2%	3.5%	--	3.0%	3.0%	--
18-25	11.8%	13.9%	--	13.2%	13.3%	--
26+	4.3%	5.4%	--	5.0%	5.6%	--
No dental visit in the past year (18+)	39.7%	32.8%	--	NA	NA	

*Difference is statistically significant at the 95% level

NA: Data Not Available

-- Suppressed for one of the following reasons: the sample size was too small for the estimate to be statistically reliable, the standard errors were not available so statistically testing of differences was not possible or the trend data was unreliable because of a break in series.

NOTES:

Usual Source of Care

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>. The percentage of people who had a usual source of medical care other than an emergency department in the last year.

Changes to drugs due to cost

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>. Percentage of people who made changes to medical drugs due to cost in the last year. This includes asking the doctor for cheaper medications, delaying refills, taking less medication than prescribed, skipping dosages, using alternative therapies, and/or buying medications out of the country.

Provider visit in the last year

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.
Percentage of individuals who had any visit to a general doctor or provider during the past twelve months.

Emergency department visit in the last year

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.

Found doctor when needed

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.

Told provider accepts insurance

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.
The estimate reports the percentage of people who reported that their provider does accept their insurance type in the last year.

Wait time to see PCP

Data on this indicator was not readily available.

Serious Mental Illness

2011, 2012, and 2013 National Survey on Drug Use and Health accessed May 2015 at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.htm>. The 2012 estimates are actually 2011/2012 and the 2012 estimates are actually 2012/2013.

Any Mental Illness

2011, 2012, and 2013 National Survey on Drug Use and Health accessed May 2015 at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.htm>. The 2012 estimates are actually 2011/2012 and the 2012 estimates are actually 2012/2013.

Needed but did not receive illicit drug abuse treatment

2011, 2012, and 2013 National Survey on Drug Use and Health accessed on May 2015 at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.htm>
The 2012 estimates are actually 2011/2012 and the 2012 estimates are actually 2012/2013.

Needed but did not receive alcohol abuse treatment

2011, 2012, and 2013 National Survey on Drug Use and Health accessed on May 2015 at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.htm>
The 2012 estimates are actually 2011/2012 and the 2012 estimates are actually 2012/2013.

No dental visit in the last year

2012 Behavioral Risk Factor Surveillance Surveys as reported in the Kentucky Department for Public Health's Annual Report accessed May 2015 at <http://chfs.ky.gov/nr/rdonlyres/b83944d8-a64f-4c6e-b9ac-303c89313fe5/0/2012kybrfsannualreport.pdf>
The estimate reports the percentage of adults who did not have a dental visit in the past year.

Table 3: Cost

Cost	2012			2013		
	KY	US	Diff.	KY	US	Diff.
Trouble paying medical bills (all)	49.1%	31.3%	17.8%	NA	NA	*
Age						
0-18	52.3%	37.1%	15.2%	NA	NA	*
19-64	52.7%	32.6%	20.1%	NA	NA	*
65+	22.9%	15.8%	7.1%	NA	NA	*
Delayed needed care due to cost (all)	11.7%	8.4%	3.3%	NA	NA	*
Age						
0-18	--	3.0%	NA	NA	NA	
19-64	16.9%	11.7%	5.2%	NA	NA	*
65+	5.1%	3.6%	1.5%	NA	NA	*
Went without needed care due to cost (all)	10.0%	6.2%	3.8%	NA	NA	*
Age						
19-64	14.4%	9.0%	5.4%	NA	NA	*
Uncompensated care (in millions)	NA	NA		\$1,900	NA	
Premiums (Private Sector Employers)						
Family	\$15,734	\$15,473	\$261	\$15,463	\$16,029	-\$566
Individual	\$5,397	\$5,384	\$13	\$5,257	\$5,571	-\$314
Median OOP spending[^]	--	--		\$1,100	\$1,200	-\$100

*Difference is statistically significant at the 95% level

NA: Data Not Available

-- Suppressed for one of the following reasons: the sample size was too small for the estimate to be statistically reliable, the standard errors were not available so statistically testing of differences was not possible or the trend data was unreliable because of a break in series.

[^]Income estimates in the Current Population Survey will change as adjustments are made for new income questions added in 2013.

NOTES:

Trouble paying medical bills

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.

The estimate reports the percentage of people who had trouble paying off medical bills in the last year or were currently paying off medical bills.

Delayed needed care due to cost

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.

The estimate reports the percentage of people who delayed seeking medical care because of worry about the cost in the last year.

Uncompensated care

Kentucky Hospital Association (KHA) data as reported in page 35 of the Medicaid Expansion Report, 2014 accessed May 15 at http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf

The estimate only includes data for the first three quarters of 2013. This estimate may change as the source or methodology changes in future reports. A comparable estimate is not available for the national level for reference.

Went without needed care due to cost

SHADAC analysis of the civilian non-institutional population in the 2012 National Health Interview Survey using the SHADAC Health Access Data Center accessed May 2015 at <http://datacenter.shadac.org/>.

The estimate reports the percentage of people who needed medical care but did not get it because they could not afford it in the last year.

Premiums (Private Sector Employers)

SHADAC analysis of the 2012 and 2013 Medical Expenditure Panel Survey/Insurance component accessed May 2015 at http://meps.ahrq.gov/mepsweb/data_stats/MEPSnetIC/startup.

Median OOP Spending

Estimates were based on SHADAC's analysis of the civilian noninstitutional population in the 2013 Current Population Survey.

OOP is out-of-pocket spending on healthcare including spending on premiums.

Table 4: Quality

Quality	2011			2013		
	KY	US	Diff.	KY	US	Diff.
Hospital readmission rate (admissions)	NA	14.0%		NA	NA	
Diabetes short-term admissions (rate per 100,000)	76	63	13 --	NA	NA	
Hypertension admissions (rate per 100,000)	69	63	6 --	NA	NA	
Asthma admissions (rate per 100,000 younger adults)	56	63	-7 --	NA	NA	
Quality	2012			2013		
	KY	US	Diff.	KY	US	Diff.
Death rate in low mortality DRGs (rate per 1,000)	0.47	0.27	0.20 ‡	NA	NA	
Low birth weights (all births)	8.7%	8.0%	0.7% ‡	9.0%	8.0%	1.0%
Race/Ethnicity						
Non-Hispanic White	8.2%	7.0%	1.2% ‡	8.0%	7.0%	1.0%
Non-Hispanic Black	13.8%	13.2%	0.6% ‡	13.0%	13.0%	0.0%
Hispanic	6.8%	7.0%	-0.2% ‡	6.0%	7.0%	-1.0%
Preventive care utilization (18+)						
Cholesterol Awareness	NA	NA		77.0%	76.4%	--
Colorectal Cancer Screening	65.9%	67.3%	--	NA	NA	
Tetanus shot	NA	NA		56.3%	58.7%	--
Unprotected Sex Among High School Students	NA	NA	NA	15.1%	13.7%	1.4%
Sex						
Female	NA	NA	NA	18.6%	15.7%	2.9%
Male	NA	NA	NA	11.2%	11.5%	-0.3%
Breastfeeding Rates (newborn infants)						
Ever	61.3%	79.2%	--	NA	NA	NA
at 6 months	31.5%	49.4%	--	NA	NA	NA
at 12 months	22.8%	26.7%	--	NA	NA	NA

*Difference is statistically significant at the 95% level

NA: Data Not Available

-- Suppressed because the sample size was too small for the estimate to be statistically reliable or the trend data was unreliable because of a break in series.

‡ Testing of differences not applicable because this is a population measure, not a sample measure.

NOTES:

Hospital Readmission Rate

Although data on this indicator for the national level was available through HCUPnet (accessed in May 15 at <http://hcupnet.ahrq.gov/>), data at the state level was not readily available.

Diabetes short-term admissions

2011 Kentucky Cabinet for Health and Family Services Prevention Quality Indicators report. Accessed May 2015 on line at <http://chfs.ky.gov/ohp/healthdata/pqis.htm>.
The estimate reports the Diabetes Short-term Complications Admission Rate for adults (PQI 1).

Hypertension Admissions

2011 Kentucky Cabinet for Health and Family Services Prevention Quality Indicators report. Accessed May 2015 on line at <http://chfs.ky.gov/ohp/healthdata/pqis.htm>.
The estimate reports the Hypertension Admission Rate for adults (PQI 7).

Asthma admissions (children and young adults)

2011 Kentucky Cabinet for Health and Family Services Prevention Quality Indicators report. Accessed May 2015 on line at <http://chfs.ky.gov/ohp/healthdata/pqis.htm>.
The estimate reports the Asthma in Younger Adults Admission Rate (PQI15) for adults.

Death rate in low mortality DRGs

KY MONAHRQ Quality Indicators, 2012 accessed May 2015 at https://prd.chfs.ky.gov/MONAHRQ/2012/MONAHRQ/qual/cls/pro/T_L_A.html?type=1&topic=L&tab=0&hosps=21067001&se=1&rgn=All The estimate reports the Dying in the Hospital while Getting Care for a Condition that Rarely Results in Death Rate cases.

Low birth weights

2013 and 2012 National Vital Statistics Reports, Supplemental Tables (Table I-9), accessed May 2015 online at http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01_tables.pdf
Percent of low birth weight births (<5 pounds 8 ounces).

Preventive care utilization - Cholesterol Awareness

2012 Behavioral Risk Factor Surveillance Survey accessed May 2015 at <http://apps.nccd.cdc.gov/brfss/years.asp?yr=2013&state=KY&cat=CC>.
The estimate reports the percentage of adults who have had their blood cholesterol checked within the last 5 years.

Preventive care utilization - Colorectal Cancer Screenings

2012 Behavioral Risk Factor Surveillance Survey accessed May 2015 at <http://apps.nccd.cdc.gov/brfss/years.asp?yr=2013&state=KY&cat=CC>.
The estimate reports the percentage of adults aged 50 or more who have ever had a sigmoidoscopy or colonoscopy.

Preventive care utilization - Tetanus shot

2012 Behavioral Risk Factor Surveillance Survey accessed May 2015 at <http://apps.nccd.cdc.gov/brfss/years.asp?yr=2013&state=KY&cat=CC>.
The estimate reports the percentage of people who have had a tetanus shot (either a Tdap or other tetanus shot) since 2005.

Unprotected Sex Among High School Students

2013 Youth Risk Behaviors Surveillance Survey as reported in Table 73 of the Morbidity and Mortality Weekly Report from June 13, 2014 accessed May 2015 at http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf?utm_source=rss&utm_medium=rss&utm_campaign=youth-risk-behavior-surveillance-united-states-2013-pdf.
The estimate reports the percentage of high school students who did not use any method to prevent pregnancy during their last sexual intercourse.

Breastfeeding Rates

2012 and 2013 National Immunization survey as reported in the 2014 National Breastfeeding Report Card accessed May 2015 at <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>
The estimate reports the percentage of babies who were reported as being breastfed , ever, at 6 months, or at 12 months.

Table 5: Health Outcomes

Health Outcomes	2012			2013		
	KY	US	Diff.	KY	US	Diff.
Obesity						
Age						
High School Students	NA	NA		18.0%	13.7%	4.3% *
Adults (18+)	30.8%	30.8%	0.0%	33.2%	31.0%	2.1% *
Poor/Fair Health (18+)	23.1%	13.0%	10.2% *	23.3%	12.9%	10.5% *
Chronic Disease Prevalence (18+)	26.1%	21.0%	5.1% *	25.1%	20.4%	4.7%
Premature death (<= 75)	8,869	6,412	2,457	NA	NA	

*Difference is statistically significant at the 95% level

NA: Data Not Available

-- Suppressed for one of the following reasons: the sample size was too small for the estimate to be statistically reliable, the standard errors were not available so statistically testing of differences was not possible or the trend data was unreliable because of a break in series.

NOTES:

Obesity - High School Students

SHADAC analysis of the 2013 Youth Risk Behavior Surveillance Survey accessed on May 2015 at

<http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>

The estimate reports the percentage of students who were above the 95th percentile for Body Mass Index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

Obesity - Adults

SHADAC analysis of the 2011, 2012, and 2013 Behavioral Risk Factor Surveillance Survey accessed on May 2015 at <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>. Estimates for 2012 are based on the combined data from 2011 and 2012.

The estimate reports the percentage of adults with a Body Mass Index of over 30.

Poor/Fair Health

SHADAC analysis of the 2011, 2012, and 2013 Behavioral Risk Factor Surveillance Survey accessed on May 2015 at <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>. Estimates for 2012 are based on the combined data from 2011 and 2012.

The estimate reports the percentage of adults who report being in poor or fair health.

Chronic Disease (diabetes, asthma, cardiovascular)

SHADAC analysis of the 2011, 2012, and 2013 Behavioral Risk Factor Surveillance Survey accessed on May 2015 at <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>. Estimates for 2012 are based on the combined data from 2011 and 2012.

Estimates report the percentage of adults who report having one or more of the following chronic conditions: diabetes, cardiovascular disease, heart attack, stroke and asthma.

Premature Death

Web-based Injury Statistics Query and Reporting System (WISQARS) database system, National Center for Injury Prevention and Control, Centers for Diseases Control and Prevention (CDC) accessed May 2015 at <http://webappa.cdc.gov/sasweb/ncipc/ypll10.html>.

Estimates report the years of potential life lost (YPLL) before age 75, using the YPLL Age-Adjusted Rate and 2000 as the standard year.