



# Vermont Behavioral Risk Factor Surveillance System 2013 Data Summary



Health Surveillance

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## Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is completed by the Vermont Department of Health in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C., and most U.S. territories participate in the BRFSS.

Additional information about the BRFSS can be found on the Department of Health and CDC websites:

- <http://healthvermont.gov/research/brfss/brfss.aspx>
- <http://www.cdc.gov/brfss>

## Methodology Changes

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population.

In 2011 and forward, weights are calculated using an iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using a smaller sample size, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare results from 2011 forward with those from previous years.

The Vermont Department of Health recommends that comparisons between 2011 data and earlier years be made with caution. Statistical differences between data collected in 2011 or later and that from 2010 and earlier may be due to methodological changes, rather than changes in opinion or behavior.

# Demographics

# Demographics

Using BRFSS data, the next few pages describe the demographic make up of adult Vermont residents in 2013.

About one in every seven (14%) Vermont adults are 18-24 years of age. Two thirds are 25-44 or 45-64 (66%).

Half of adults are women (51% versus 49%).

Ninety-four percent of Vermont adults are White, non-Hispanic.

A majority of Vermont households make less than \$50,000 per year (53%). One in five makes \$50,000 to less than \$75,000 per year, while more than a quarter (28%) make \$75,000 or more.

Just over three in ten (31%) Vermont adults have a college or higher education. Four in ten (40%) have a high school education or less and about three in ten (29%) have some college education.

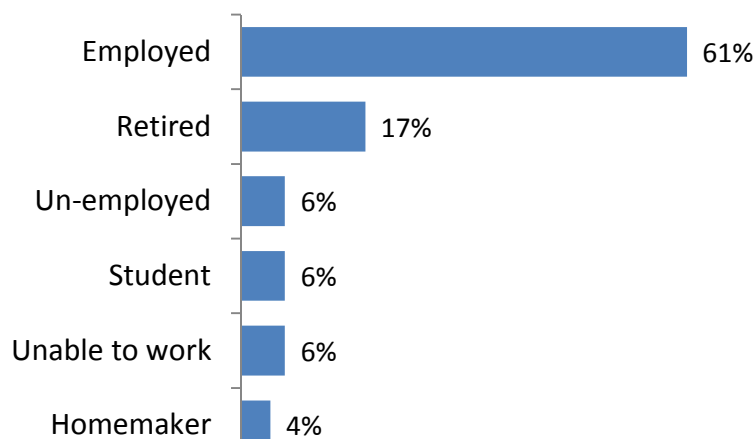
<b>Demographic Characteristics:</b>	
<b>Age</b>	<b>Percent</b>
18-24	14%
25-44	28%
45-64	38%
65 and older	20%
<b>Gender</b>	
Male	49%
Female	51%
<b>Race/Ethnicity</b>	
White, non-Hispanic	94%
Other race	6%
<b>Household Income Level</b>	
Low (<\$25K)	25%
Middle (\$25K-<\$50K)	28%
High (\$50K-<\$75K)	20%
Highest (≥\$75K)	28%
<b>Education Level</b>	
High school or Less	40%
Some college	29%
College or higher	31%

# Demographics

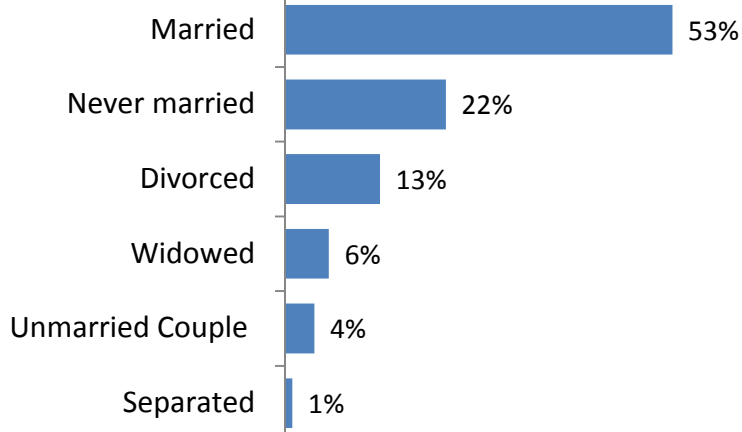
In 2013, six in ten (61%) Vermont adults were employed, which was defined as those responding 'employed for wages' or 'self-employed'. One sixth of Vermont adults were retired (17%). Currently un-employed, student, homemaker, and unable to work were each reported by six percent of adults or fewer.

More than half of Vermont adults were married (53%). Twenty-two percent had never been married, 13% were divorced, and 6% widowed. The remaining categories were each four percent or less (4% unmarried couple and 1% separated).

## Employment Status



## Marital Status



# Demographics

In 2013, a quarter (25%) of Vermont adults reported living in Chittenden county.

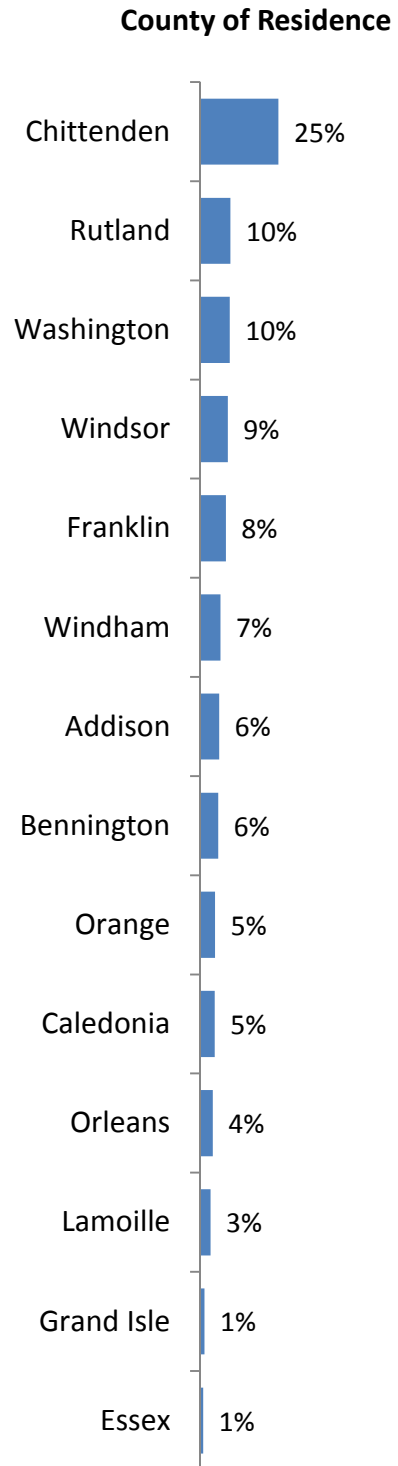
Ten percent each lived in Rutland and Washington counties and nine percent lived in Windsor county. Between five and eight percent lived in: Franklin, Addison, Windham, Bennington, Orange, and Caledonia counties. Less than five percent lived in Orleans, Lamoille, Grand Isle, and Essex counties.

Eleven percent of Vermont adults have ever been on active duty in the military. This includes National Guard or reservists who were activated to active duty.

Two percent of women 18-44 were currently pregnant.

Sixty-nine percent of Vermont adults had no children under the age of 18 in their home. An additional 14% had one child and 12% had two children in their home. Four percent had three children, while one percent counted four or more children in their household.

Eighty-five percent of Vermont adults reported using the internet at least once during the previous 30 days.





# Health Status Indicators

# General Health Status

In 2013, 12% of Vermont adults said their health is fair or poor, significantly lower than the 18% among U.S. adults.

- More than one fifth of Vermonters said their health was excellent (22%), 40% said it was very good and a quarter said good (26%).

Vermont men and women report their health as fair or poor at a similar rate.

Increasing age results in a higher proportion who report their health as fair or poor.

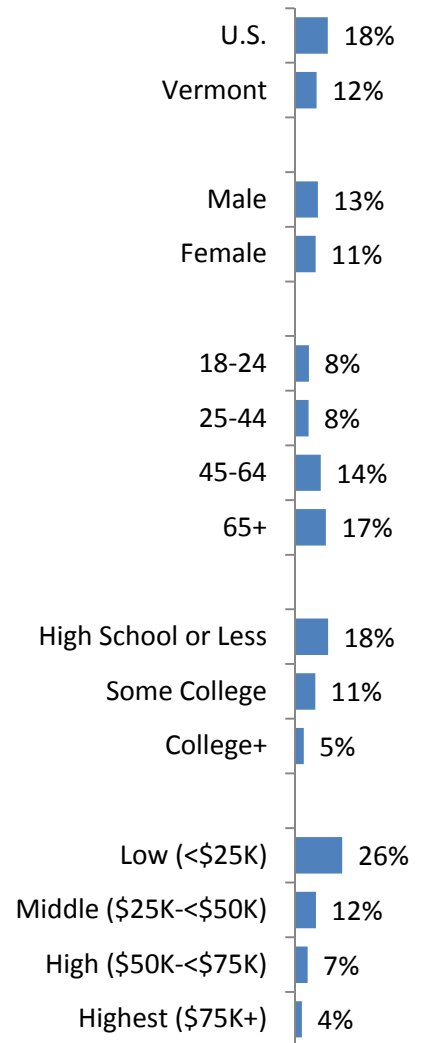
- Adults 65 and older and 45-65 report significantly worse health than those ages 18-44.

Lower levels of education and household income yield larger proportions who report fair or poor health.

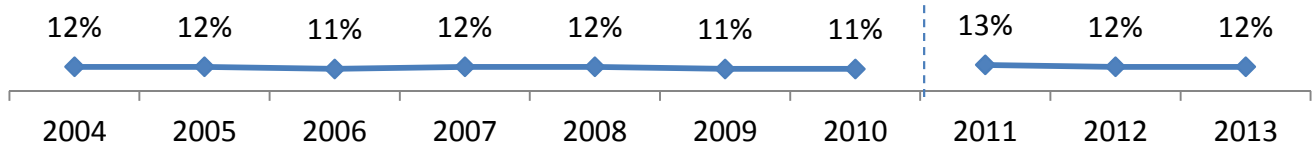
- All differences by education level are statistically significant.
- Adults in homes with low incomes are significantly more likely to have fair or poor health compared to those in homes with more income. The same is true for those in middle income homes vs. those making \$50,000 or more annually.

Overall, the proportion of Vermont adults with fair or poor health has not changed in the past 10 years.

**General Health Fair or Poor  
Vermont Adults, 2013**



**General Health Fair or Poor  
Vermont Adult Residents 2004-2013**



# Medical Health Plan Coverage

Nearly nine in ten (89%) Vermont adults under the age of 65 said they have a health plan, in 2013. This is significantly higher than the 79% reported for the U.S.

Women in Vermont are statistically significantly more likely than men to report having a health plan.

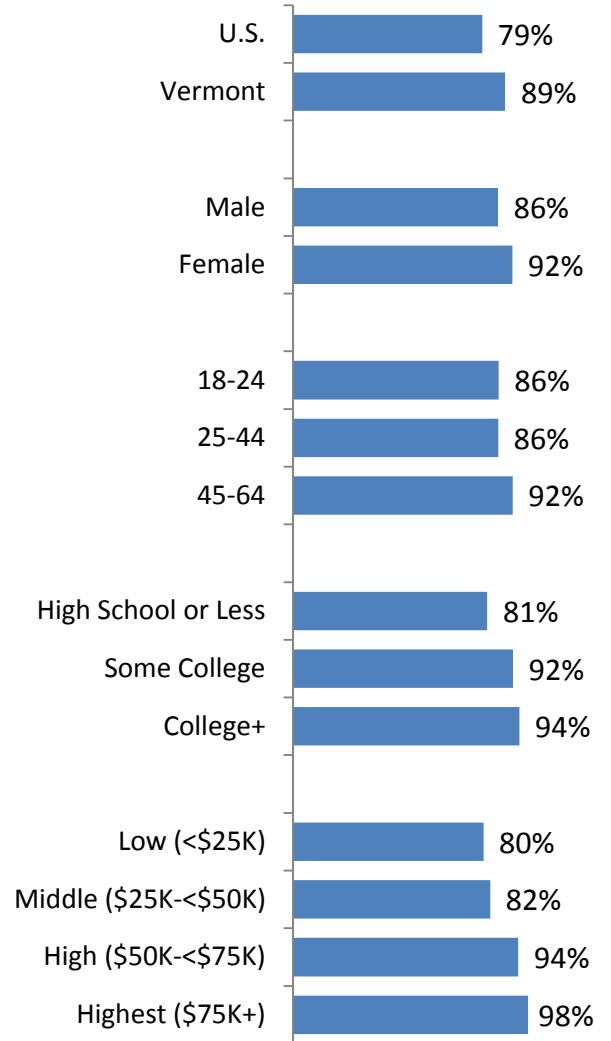
Adults 45-64 are statistically more likely to have a health plan when compared to those 18-44.

Those with the least education and lowest annual household income levels are the least likely to have a health plan.

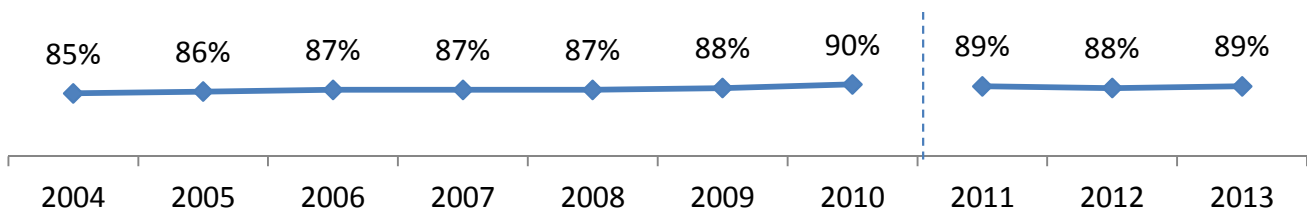
- Adults with a high school or less education are significantly less likely to have a health plan than those with more education.
- All differences by annual household income level are statistically different, except that between adults in homes making low and middle incomes.

Overall, the health care coverage rates among Vermont adults 18-64 is unchanged since 2011.

**Have a Medical Health Plan  
Vermont Adults 18-64, 2013**



**Have a Medical Health Plan  
Vermont Adult Residents 18-64, 2004-2013**



# Medical Health Plan Coverage - Medicare

Nearly all (95%) Vermont adults ages 65 and older said they have Medicare.

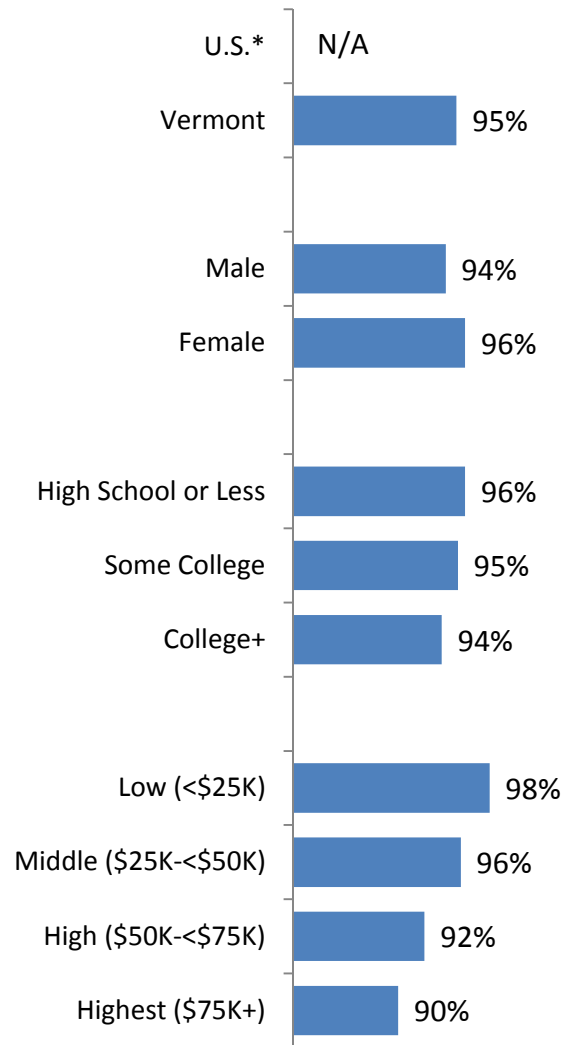
Men and women ages 65 and older report having Medicare at statistically similar rates.

There also are no statistical differences in Medicare coverage by educational level among older adults.

Reported Medicare coverage decreases with increasing annual household income level.

- Adults 65 and older with annual household incomes of \$50,000 or more are significantly less likely to report having Medicare compared with those in homes making less than \$25,000 per year.

**Medicare  
Vermont Adults 65+, 2013**



\*No national estimate available.

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# Medical Health Plan Coverage

In 2013, respondents with a health plan were also asked the type of health plan they currently have.

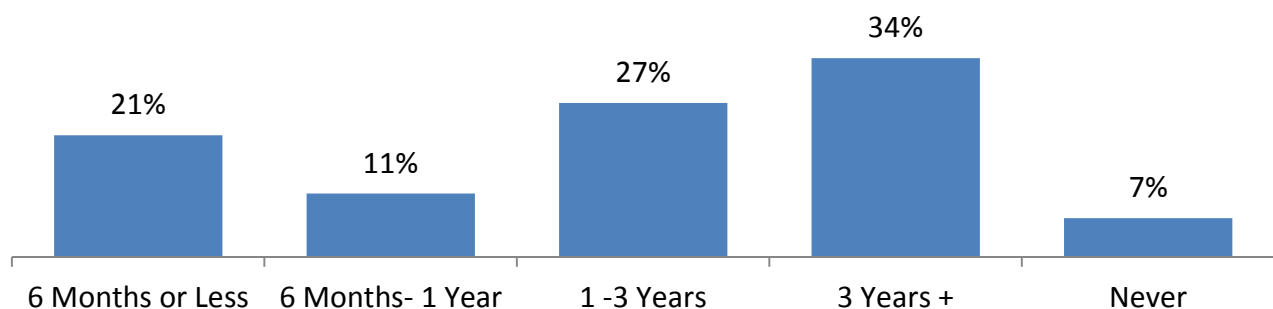
- More than half (54%) said they have private insurance through their or someone else's employer. An additional 13% purchased a plan themselves.
- About one in ten have Medicaid and three percent have insurance through the military or some other government program.
- Seven percent have insurance from some other source and four percent have multiple sources of health insurance coverage.
- Adults can have what is considered health coverage without having health insurance. Seven percent of adults felt this was the case or that none of the insurance options listed fit their situation.

Six percent of Vermont adults currently with a health plan said that they were without any insurance at least once in the last 12 months.

Looking at Vermont adults currently without health care coverage, one in five (21%) have been without health insurance for six months or less. An additional 11% have been without coverage for more than six months, but within a year. About six in ten (61%) had not had insurance in more than a year.

Seven percent of adults said they have never had health care coverage.

**Time Since Last Had Health Coverage  
Vermont Adults without Health Care Coverage, 2013**



# Medical Health Care Access

Eighty-seven percent of Vermont adults reported having a personal health care provider in 2013, significantly higher than the 76% reported by U.S. adults.

Women are statistically more likely than men to have a personal doctor.

Older adults are more likely to have a health care provider.

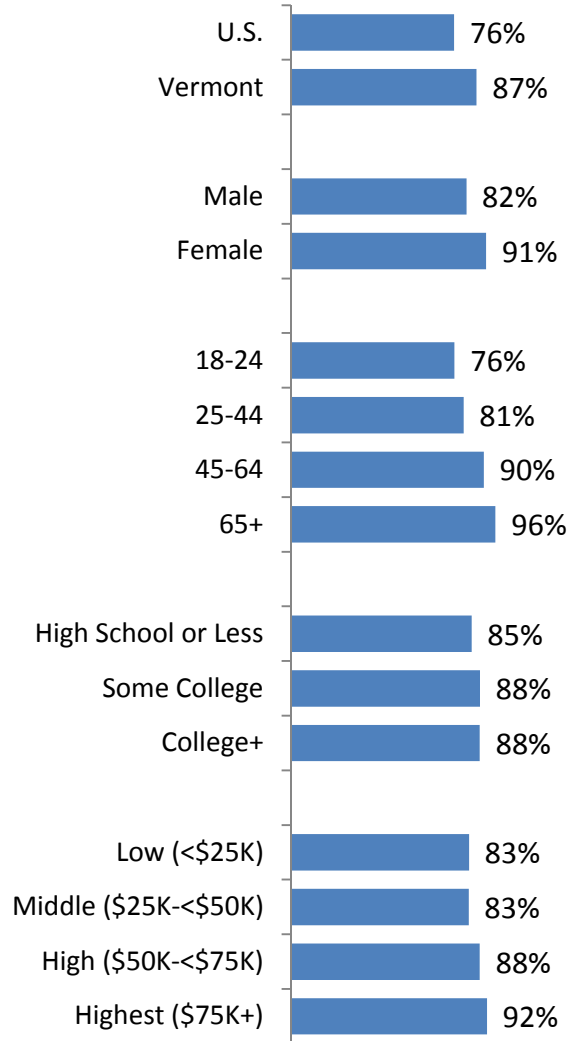
- Adults 65 and older are significantly more likely to have a personal doctor than those in all other age groups. Additionally, adults 45-64 are significantly more likely to have a doctor than those 18-44.

Vermont adults with more education and higher annual household incomes are more likely to have a personal doctor.

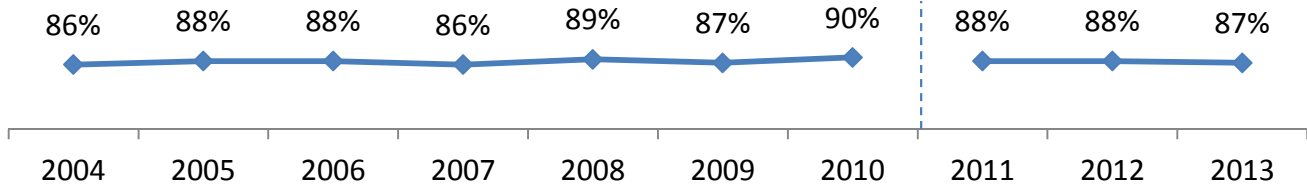
- Those with a college degree or higher are significantly more likely to have a doctor compared to those with a high school degree or less.
- Adults in homes with the highest incomes, \$75,000 or more, are more likely to have a doctor compared to those making less than low or middle incomes.

There was no change in the proportion of Vermont adults who have a personal health care provider from 2012 to 2013.

**Personal Health Care Provider  
Vermont Adults, 2013**



**Personal Health Care Provider  
Vermont Adult Residents 2004-2013**



[Note: This measure is a Healthy Vermonters 2020 goal.]

# Medical Health Care Access

About one in ten (9%) Vermont adults said there was a time in the last year they did not go to the doctor because of cost. Sixteen percent of U.S. adults said the same, a statistically significant difference.

Men and women report not seeing a doctor due to cost at the same rate.

Cost as a barrier to care is significantly lower among Vermonters 65 and older, when compared with other age groups.

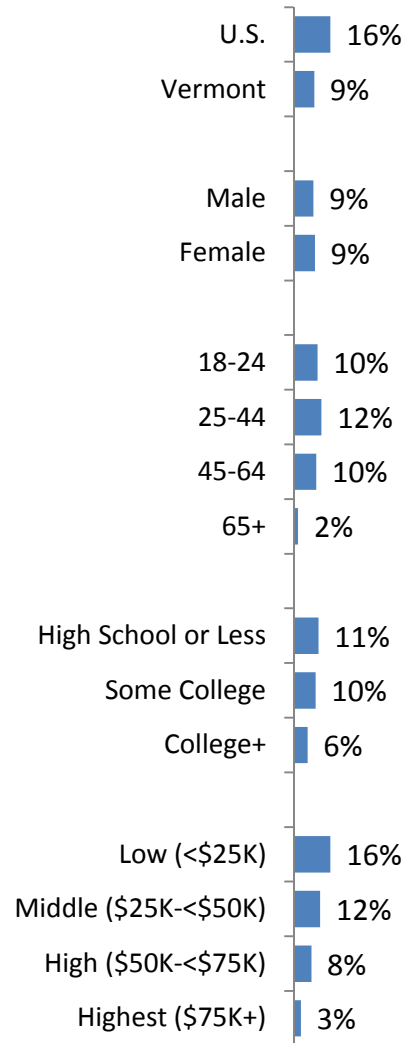
Those with lower levels of education and annual household income are more likely to have forgone care due to cost, as compared to those with more education or higher income.

- Adults with some college education or less are significantly more likely to cite cost as a barrier to medical care than those with a college degree or higher.
- Those in homes with low incomes are significantly more likely than those with high incomes, \$50,000 or more annually, to delay care due to cost.
- Similarly, those in homes with middle or high incomes are significantly more likely to cite cost as issue in receiving care, compared to those with the highest incomes.

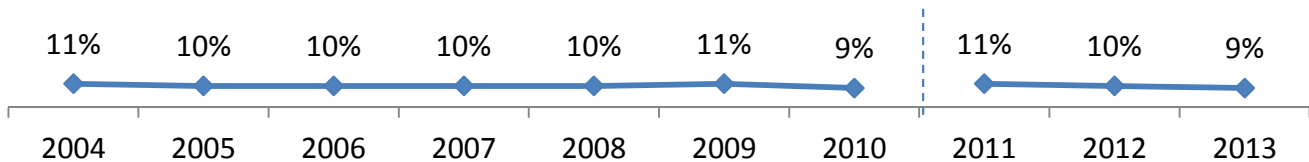
Overall, there was no change in the proportion of Vermont adults delaying medical care due to cost from 2012 to 2013.

In 2013, six percent of adults also said there was a time in the last year that they did not take medications as prescribed due to cost.

**Did Not Visit Doctor Due to Cost  
Vermont Adults, 2013**



**Did Not Visit Doctor Due to Cost  
Vermont Adult Residents 2004-2013**



[Note: This measure is a Healthy Vermonters 2020 goal.]

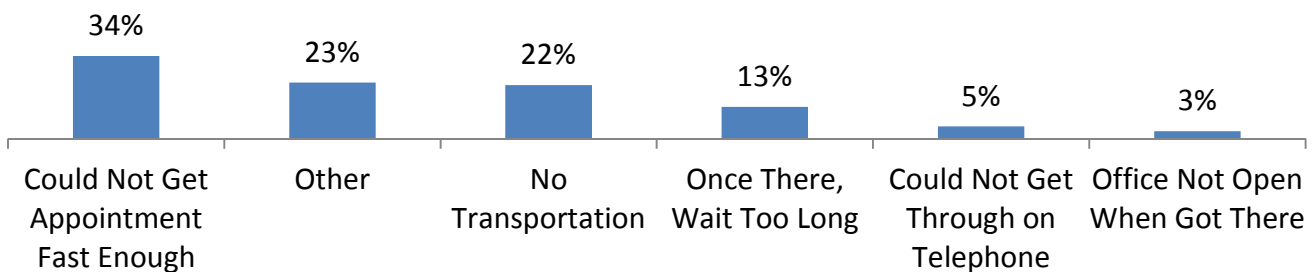
# Medical Health Care Access

In 2013, Vermont adults were asked about reasons, other than cost, for delaying medical care. Among those that delayed care, the inability to get an appointment fast enough was cited most often (34%).

About a quarter each said they delayed care due to a lack of transportation (22%) and some other reason (23%). Thirteen percent said it was because once they got to the office the wait was too long.

Five percent or fewer said it was because they couldn't get through on the telephone (5%) or that the office wasn't open when they got there (3%).

**Reasons for Delaying Medical Care (Other than Cost)  
Vermont Adults Who Delayed Care, 2013**





# Medical Health Care Access

One in five (19%) Vermont adults report they currently have medical bills they are paying off over time.

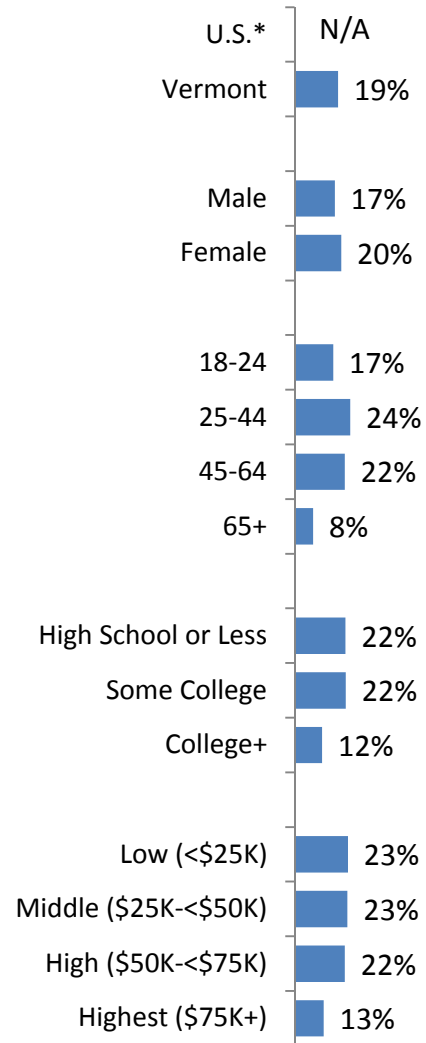
Vermont men and women report paying medical bills over time at similar rates.

Adults 65 and older are significantly less likely to be paying off medical bills over time compared with younger adults.

Those with lower education and annual household incomes are more likely to report paying medical bills over time.

- Adults with a college degree or higher are significantly less likely than those with less education to be paying medical bills over time.
- Similarly, those in homes with the highest incomes are less likely to owe money on medical bills over time than those in homes with less income.

**Paying Medical Bills Over Time  
Vermont Adults, 2013**



\*No national estimate available.

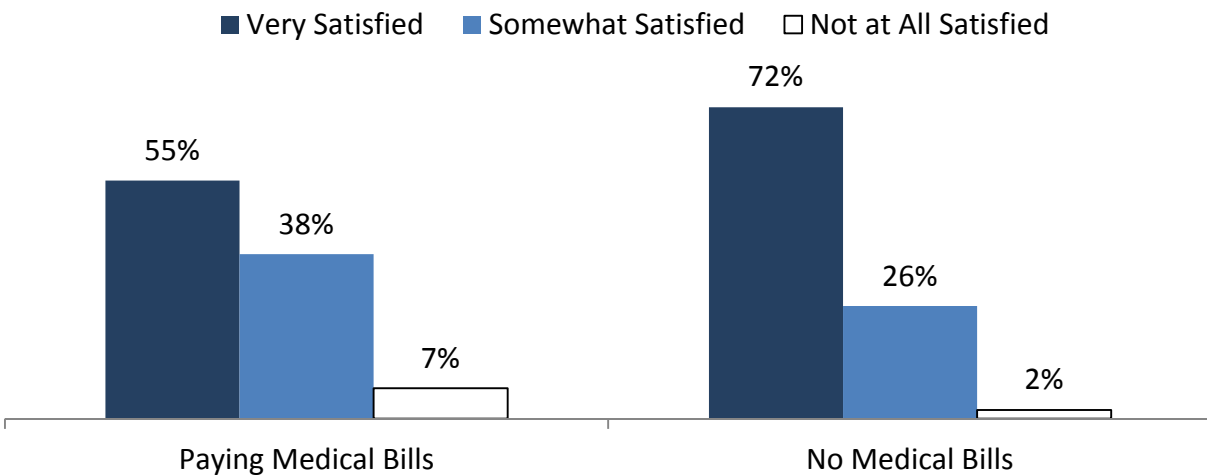
# Satisfaction with Health Care Received

In 2013, nearly all adults (97%) reported some level of satisfaction with the health care they have received. More than two-thirds (69%) were very satisfied with their care, while 28% were somewhat satisfied.

Satisfaction with health care does not vary significantly by the number of doctor visits in the last year. Regardless of the number of visits, at least two-thirds are very satisfied with the care received.

Those currently paying off medical bills over time are significantly less likely to report satisfaction with the health care they've received. Fifty-five percent of those paying off medical bills are very satisfied compared with three-quarters (72%) of those not currently paying of medical bills.

**Satisfaction with Health Care Received by  
Paying Medical Bills Over Time  
Vermont Adults, 2013**



# Quality of Life/Health Days

One in ten (10%) Vermont adults reported poor\* physical health in 2013, statistically lower than the 12% reported among U.S. adults.

Vermont men and women report poor physical health at a similar rate.

Poor physical health increases as Vermonters age.

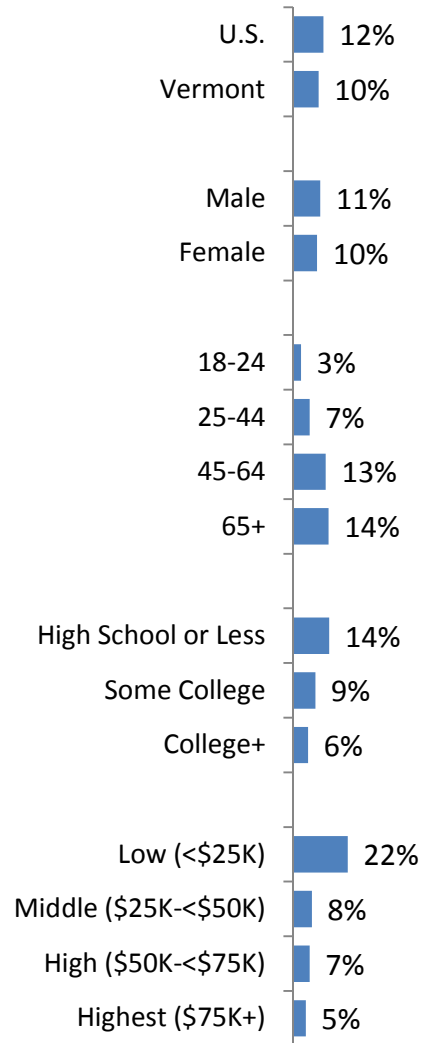
- Adults 45 and older are significantly more likely to report poor physical health than those 18-44.

Those with lower education and annual household incomes are more likely to report poor physical health.

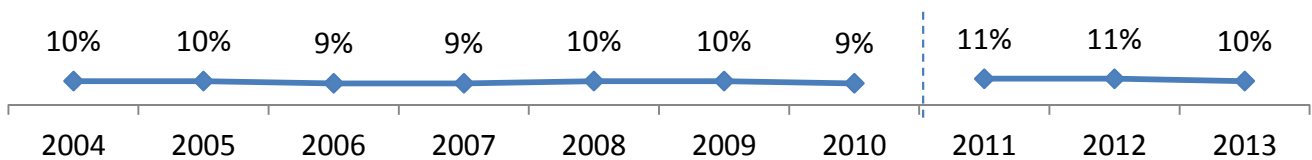
- All differences by education level are statistically significant.
- Adults in homes with low annual incomes are significantly more likely to report poor physical health than those in homes with more income.

The proportion of Vermont adults with poor physical health in 2013 is similar to that in 2012.

**Poor\* Physical Health Days  
Vermont Adults, 2013**



**Poor\* Physical Health Days  
Vermont Adult Residents 2004-2013**



\*Poor physical health defined as 14+ days in the last 30 where physical health self-reported as not good.

# Quality of Life/Health Days

In 2013, one tenth (10%) of Vermont adults reported poor\* mental health, statistically lower than the 11% among U.S. adults.

Women report higher rates of poor mental health compared to men, however the difference is not statistically significant.

Poor mental health is lowest among Vermonters 65 and older. Adults in this age group are significantly less likely to report poor mental health compared to those 25-64.

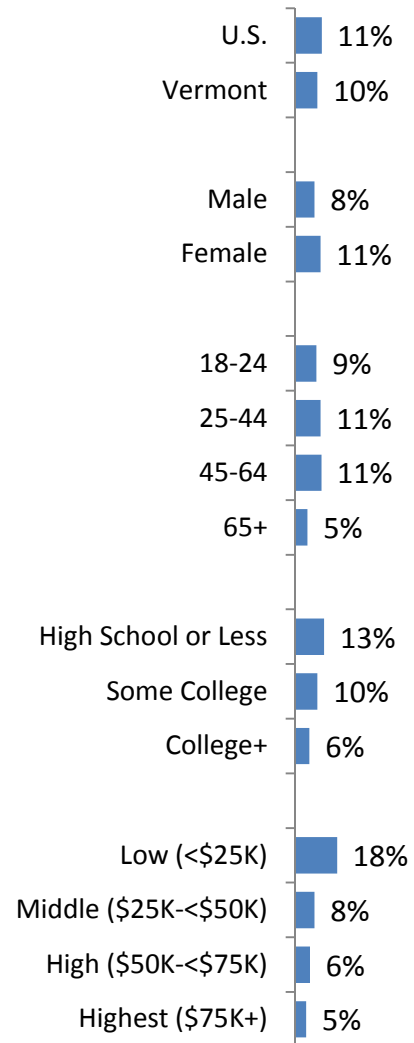
Adults with less education and lower annual household incomes more often report poor mental health.

- Those with some college education or less are significantly more likely to report poor mental health versus adults with a college degree or higher.
- Adults in homes with low incomes are significantly more likely to have poor mental health than those with more income. The same is true for those in middle income homes versus those in highest income homes.

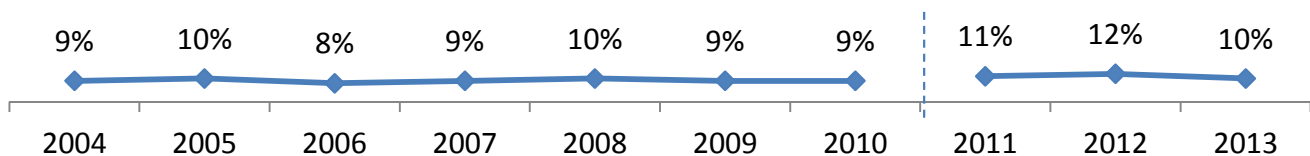
Overall, the proportion of Vermont adults with poor mental health in 2013 is similar to that in 2012.

Adults that reported any poor physical or mental health days in the last month said, on average, their poor health kept them from participating in their usual activities for 4.5 days in the last month.

**Poor\* Mental Health Days  
Vermont Adults, 2013**



**Poor\* Mental Health Days  
Vermont Adult Residents 2004-2013**



\*Poor mental health defined as 14+ days in the last 30 where mental health self-reported as not good.

# Sleep

Nearly two-thirds (63%) of Vermont adults said they get less than eight hours of sleep in a 24 hour period, on average. This is similar to the 64% among U.S. adults overall.

- The average number of sleep hours reported by Vermont adults was 7.0.

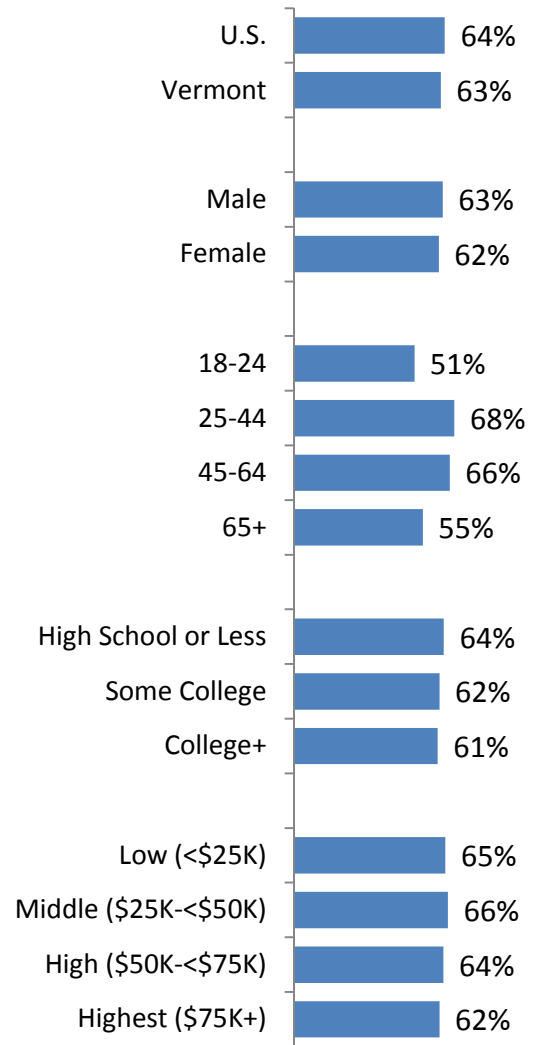
Men and women report poor sleep at similar rates.

Adults 25-64 are the most likely to report an inadequate number of sleep hours.

- Adults 25-64 are statistically more likely than those 18-24 and 65 and older to report poor sleep.

There are no differences in poor sleep by either education or annual household income level.

## Poor Sleep\* Vermont Adults, 2013



\*Poor sleep defined as less than eight hours on average in a 24 hour period.

# Disability

Disability is defined as activity limitations due to physical, emotional, or mental problems OR any health problem that requires use of special equipment (e.g. wheelchair or special phone).

In 2013, about one in five (22%) Vermont adults reported that they are disabled, which was the same for U.S. adults overall.

Men and women in Vermont report disability at similar rates.

Disability increases as age increases.

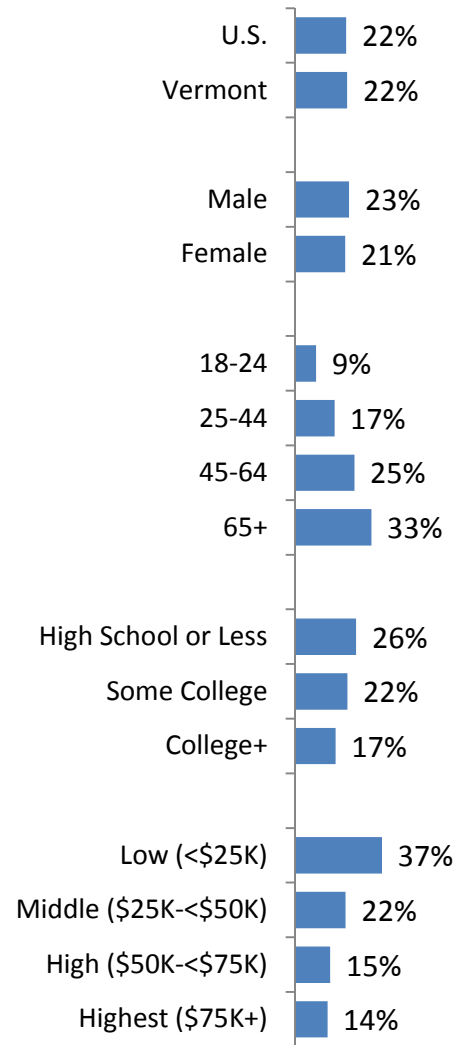
- All differences by age are statistically significant.

Those with less education and lower annual household income levels are more likely to report disability than those with more education and higher incomes.

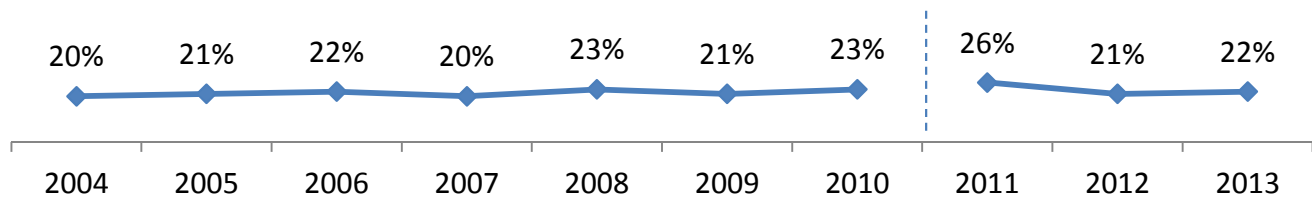
- Adults with some college education or less are significantly more likely than those with more education to report being disabled.
- Adults in homes with low incomes are significantly more likely to report disability than those in all other income categories. Similarly, adults in middle income homes are more likely to be disabled than those with higher incomes.

The proportion of Vermont adults reporting a disability in 2013 (22%) is similar to that in 2012 (21%), but significantly lower to that in 2011 (26%).

**Disabled  
Vermont Adults, 2013**



**Disabled  
Vermont Adult Residents 2004-2013**



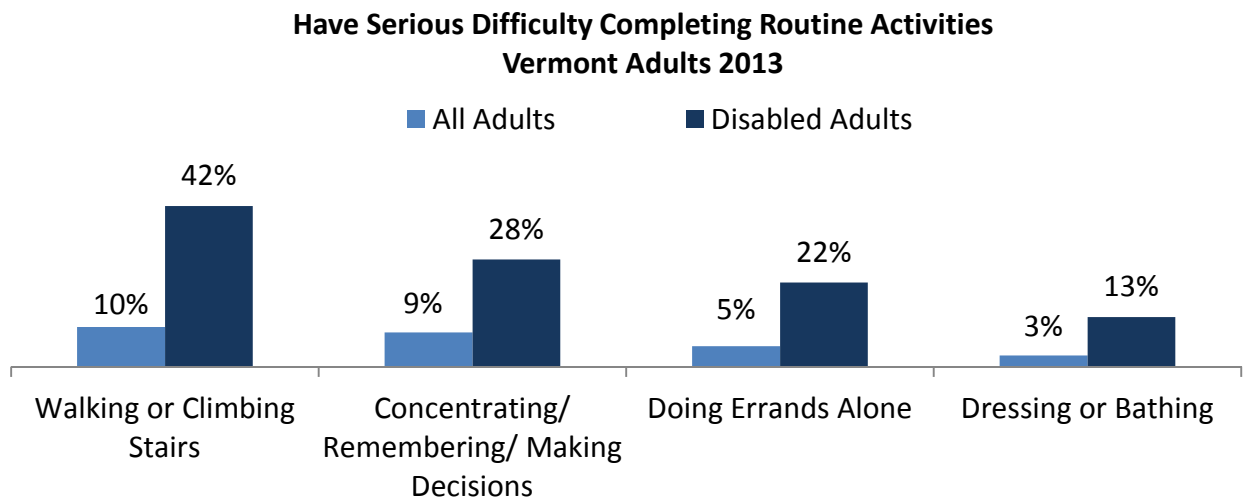
# Disability

In 2013, additional questions were included about specific challenges adults may face in completing routine activities.

Due to a physical, mental, or emotional condition, one tenth (10%) have difficulty walking or climbing stairs. Slightly fewer (9%) have serious difficulty concentrating, remembering, or making decisions.

One in twenty (5%) have difficulty doing errands, such as shopping or visiting a doctor, alone. Three percent of Vermont adults said they have serious difficulty dressing or bathing.

When limited to those who reported being disabled, the proportion with difficulty completing routine activities increased significantly. Forty-two percent reported having difficulty walking or climbing stairs and about three in ten (28%) said they have serious difficulty concentrating, remembering, or making decisions. About two in ten (22%) had difficulty completing errands alone, while more than one in ten (13%) had serious difficulty dressing or bathing.



# Chronic Conditions



# Arthritis

In 2013, more than a quarter (28%) of Vermont adults said they have arthritis, statistically higher than the 25% reported for all U.S. adults.

Vermont women report having arthritis at statistically significantly higher rates than do men.

Diagnosis of arthritis increases with increasing age.

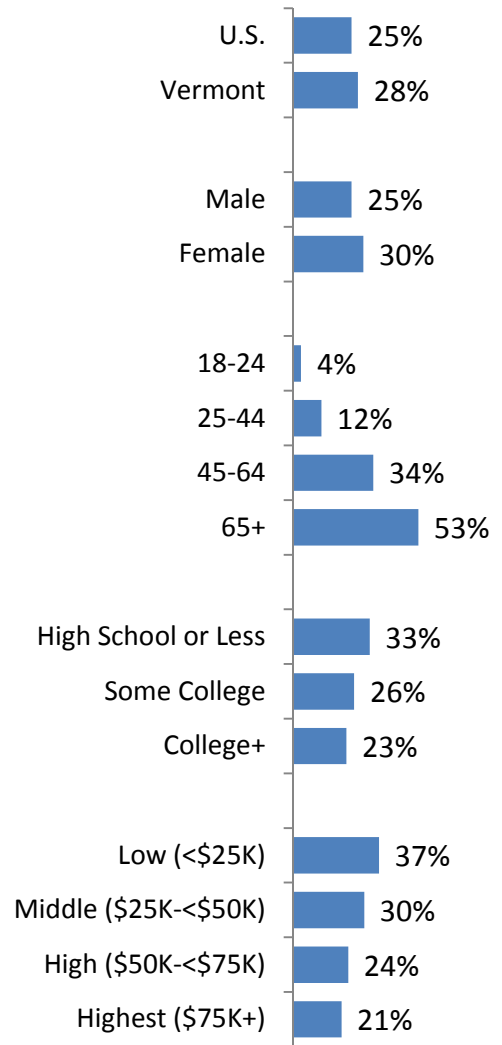
- All differences by age are statistically significant.

Prevalence of arthritis decreases with increasing education level and annual household income level.

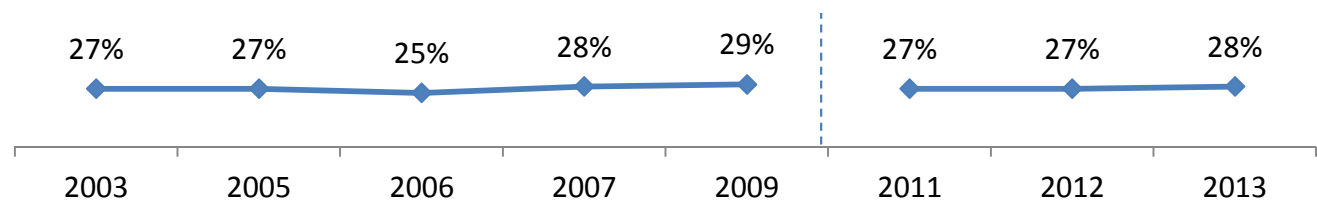
- Adults with a high school education or less are significantly more likely to have arthritis than those with more education.
- Adults in low income homes are significantly more likely to have arthritis than those in homes with more income.
- Similarly, adults in middle income homes are significantly more likely to have arthritis than those with incomes of \$50,000 or more.

Overall, in 2013 the prevalence of arthritis among Vermont adults remained similar to that in 2012.

**Adults with Arthritis  
Vermont Adults, 2013**



**Adults Diagnosed with Arthritis  
Vermont Adult Residents 2003-2013**



# Arthritis Burden

Arthritis can impact a person’s social activities and ability to work.

About half (49%) of Vermont adults with arthritis said they limited in their usual activities due to arthritis or joint symptoms.

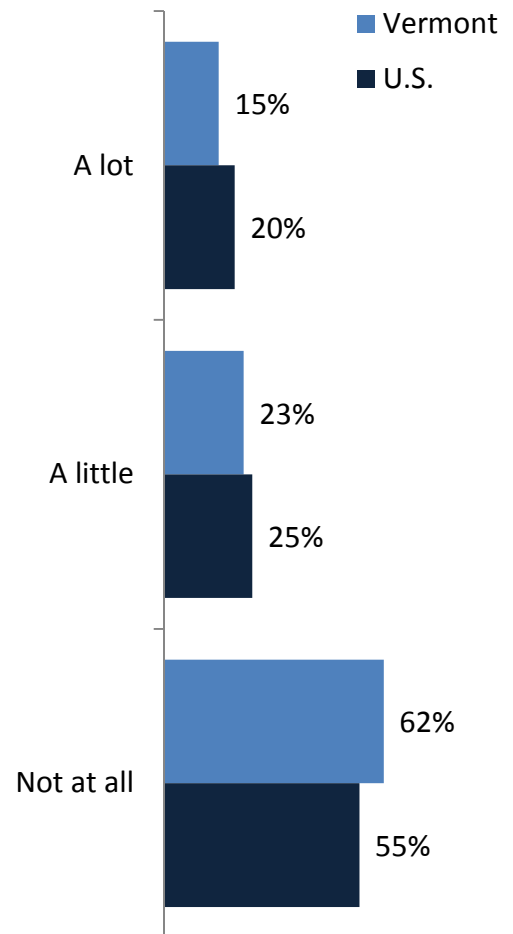
About a third (32%) said their arthritis or joint symptoms affects whether they work, the type of work they do, and/or the amount of work they do.

Nearly four out of ten (38%) Vermont adults with arthritis said their arthritis or joint symptoms limited their social activities at least a little.

- About one in seven (15%) said their social activities are limited “a lot” by their arthritis or joint symptoms, while nearly a quarter (23%) said they are affected a little.

On average, Vermont adults with arthritis rated their joint pain in the last month as 4.3, on a scale of 1 to 10.

**Extent Social Activities Limited  
Vermont Adults with Arthritis,  
2013**



**Adults Diagnosed with Arthritis  
Vermont Adults, 2013**



\*Age adjusted to U.S. 2000 population. Also note, this measure is a Healthy Vermonters 2020 goal.

# Asthma

One sixth (16%) of Vermont adults said they had ever been diagnosed with asthma, while 11% report they currently have asthma. Nine percent of U.S. adults have current asthma, statistically lower than Vermont adults.

Women are significantly more likely to report having current asthma compared to men.

The rate of asthma decreases with increasing age.

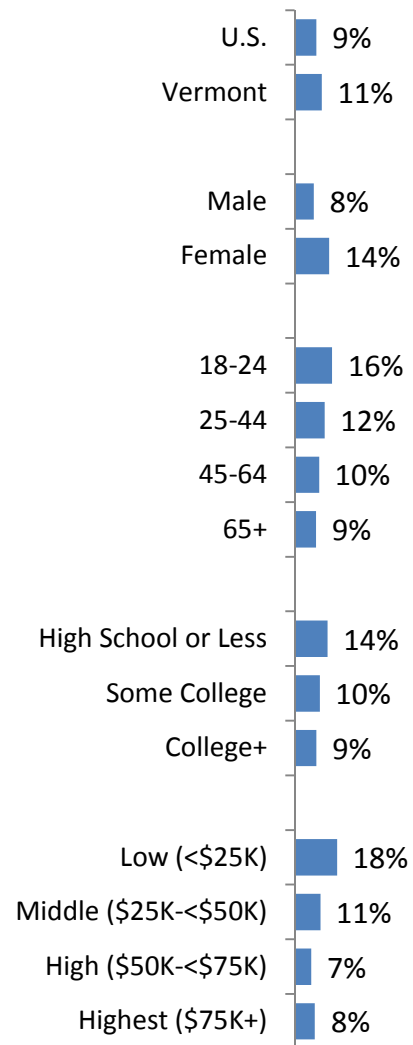
- Adults 18-44 are significantly more likely to report current asthma than those 65 and older.

Those with less education and lower annual household incomes are more likely to have asthma.

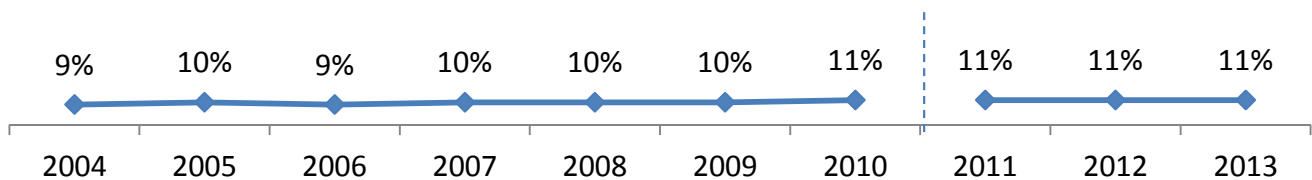
- Adults with a high school education or less have significantly a higher rate of asthma than those with a college degree or higher
- Those in homes with low annual incomes are significantly more likely to have asthma than those with more income.

The prevalence of asthma in Vermont was unchanged from 2011 through 2013.

**Adults with Current Asthma  
Vermont Adults, 2013**



**Adults with Current Asthma  
Vermont Adult Residents 2004-2013**



# Blindness

In 2013, three percent of adults reported being blind or having serious difficulty seeing, even when wearing glasses. This is significantly lower compared to the five percent reported among U.S. adults.

Men and women report blindness at similar rates.

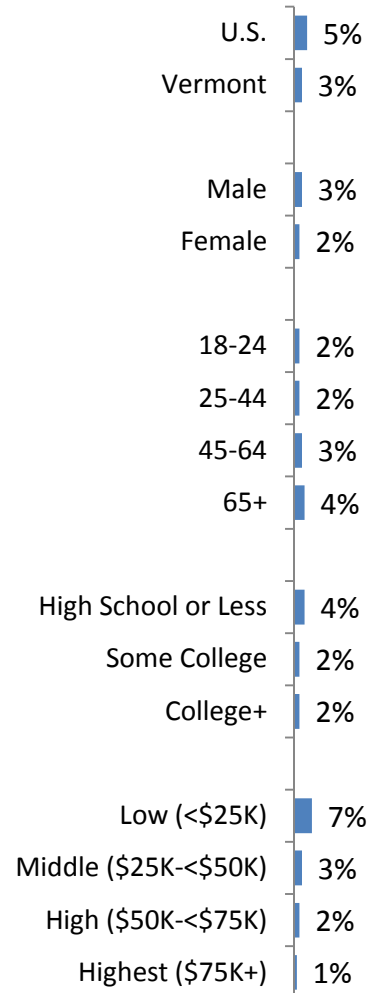
Blindness is more likely among older adults.

- Adults 65 and older are significantly more likely to report blindness than those 25-44.

Adults with less education and lower annual household incomes are more likely to be blind.

- Adults with a high school degree or less are significantly more likely to be blind than those with more education.
- Those in low income homes are significantly more likely than those in homes with more income to be blind.
- Similarly, those in middle income homes are significantly more likely to report blindness than those in the highest income homes.

**Blind  
Vermont Adults, 2013**



# Cancer Diagnosis – Non-Skin Cancer

In 2013, 7% of Vermont adults had ever been diagnosed with cancer, which was statistically different compared to the U.S. overall (7%)\*. This definition of cancer excludes skin cancer.

Women are more likely to have had cancer than men.

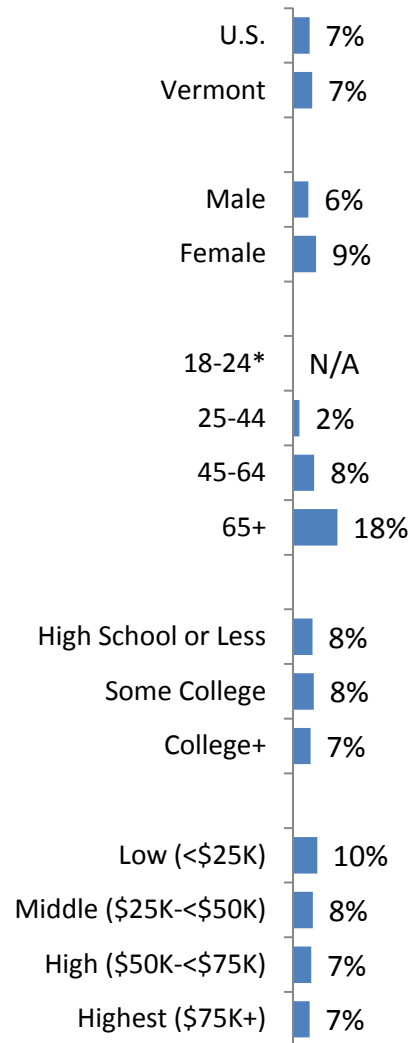
As age increases, so does the proportion of Vermont adults ever diagnosed with cancer.

- All differences by age are statistically significant.

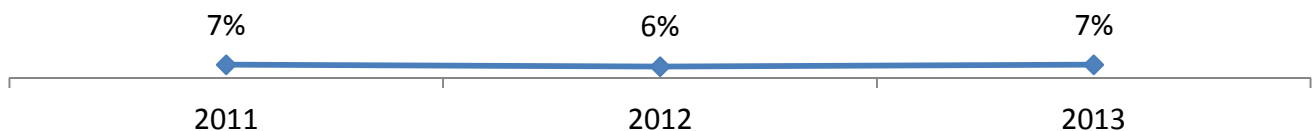
Ever having cancer does not differ statistically by education or annual household income level.

Overall, the prevalence of cancer has not changed since 2011.

**Adults Diagnosed with Cancer  
Vermont Adults, 2013**



**Adults with Cancer  
Vermont Adult Residents 2011-2013**



\*Both Vermont and U.S. percentages are 7% rounded. Not rounded, U.S. is 6.50% and Vermont is 7.47%, a statistically significant difference.

\*\*The number of 18-24 year olds in the sample is too small to report.

# Skin Cancer Diagnosis

In 2013, six percent of Vermont adults reported they had ever been diagnosed with skin cancer, the same as U.S. adults overall.

Men and women report having skin cancer at similar rates.

As age increases, so does the proportion of Vermont adults ever diagnosed with skin cancer.

- All differences by age are statistically significant.

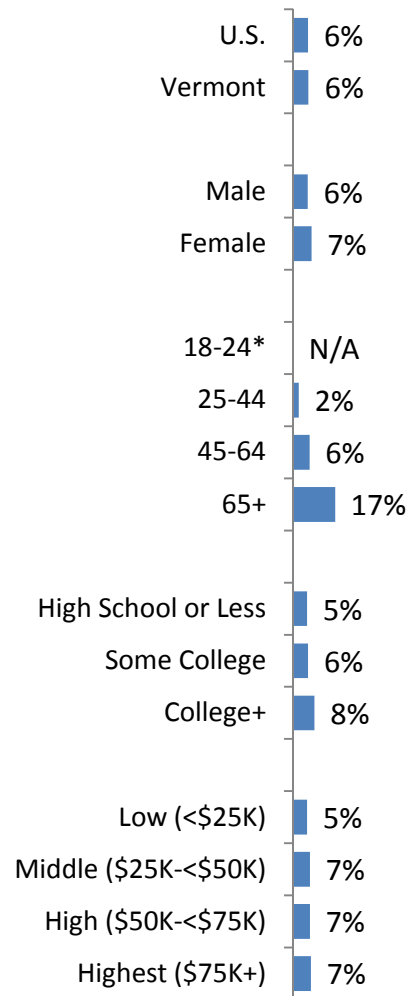
Rates of skin cancer diagnosis also increase with education level.

- Adults with a college degree or higher are significantly more likely to have ever been diagnosed with skin cancer than those with some college education or less.

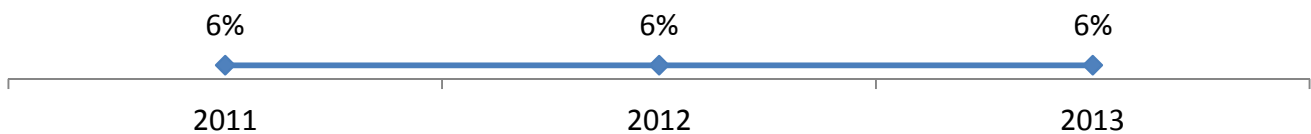
Ever having skin cancer does not differ by annual household income level.

Overall, the prevalence of skin cancer remains unchanged since 2011.

**Adults Diagnosed with Skin Cancer  
Vermont Adults, 2013**



**Adults with Skin Cancer  
Vermont Adult Residents 2011-2013**



\*The number of 18-24 year olds in the sample is too small to report.

# Cardiovascular Disease

Cardiovascular disease (CVD) is defined as ever having been diagnosed with coronary heart disease, a myocardial infarction (heart attack), or a stroke.

Fewer than one in ten (8%) Vermont adults report being diagnosed with CVD.

- 4% had coronary heart disease, 4% had a myocardial infarction, and 2% reported having a stroke.
- This is similar to the 9% among U.S. adults overall.

More males have CVD as compared to females.

CVD prevalence increases as Vermonters age.

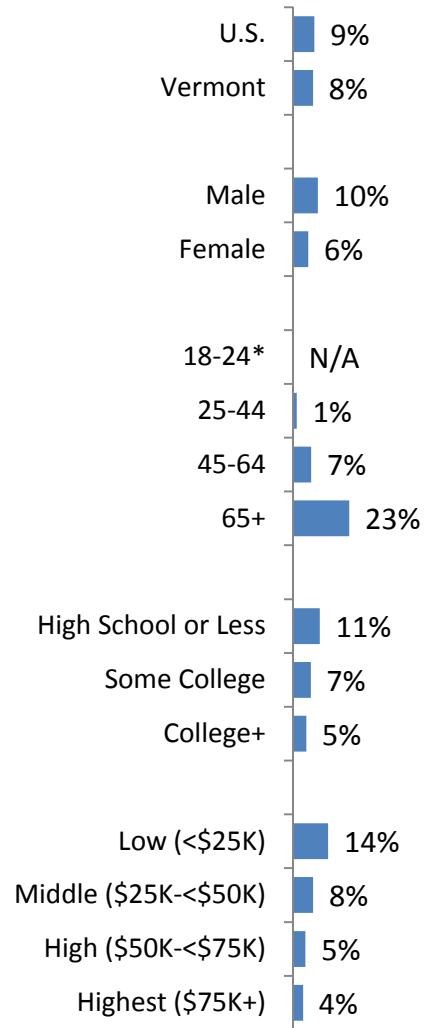
- All differences by age are statistically significant.

Adults with less education and lower annual household income levels are more likely to have CVD.

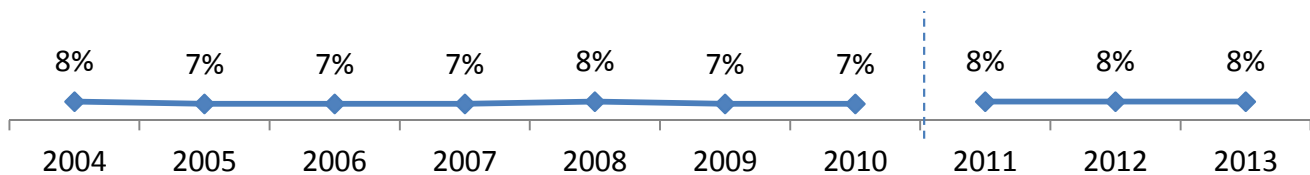
- Adults with a high school degree or less are significantly more likely to report CVD than those with at least some college education.
- Those in homes with low incomes are significantly more likely to have CVD than those in homes with more income.
- Similarly, those with middle incomes are significantly more likely to have CVD than those in homes with the highest incomes (\$75,000 or more).

The prevalence of CVD among Vermont adults remained unchanged since 2011.

**Adults with CVD  
Vermont Adults, 2013**



**Adults with Cardiovascular Disease  
Vermont Adult Residents 2004-2013**



\*The number of 18-24 year olds in the sample is too small to report.

# Chronic Obstructive Pulmonary Disease (COPD)

About one in twenty (6%) Vermont adults had been told they have chronic obstructive pulmonary disease, or COPD, in 2013. This is the same as the U.S. rate.

Men and women report having COPD at the same rate.

The prevalence of COPD increases as Vermonters age.

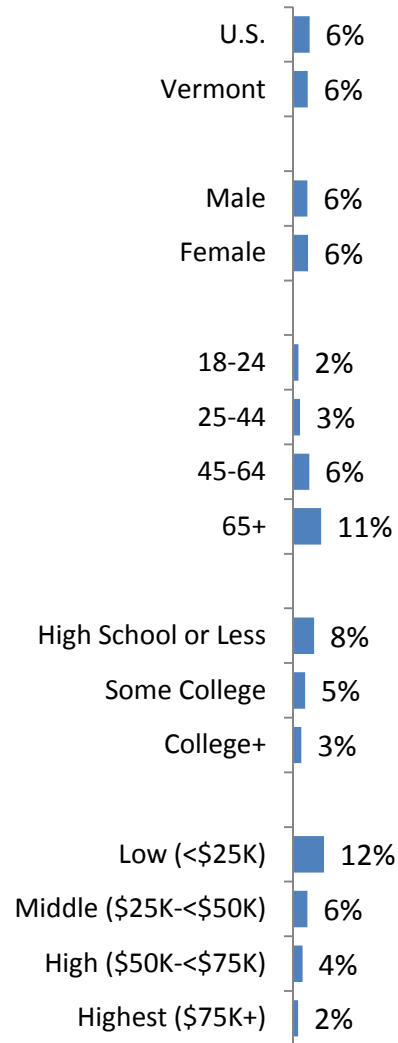
- Adults 65 and older have significantly higher rates of COPD than all other age groups. Similarly, those 45-64 have higher rates than those 18-44.

Adults with less education and lower annual household incomes are more likely to have COPD.

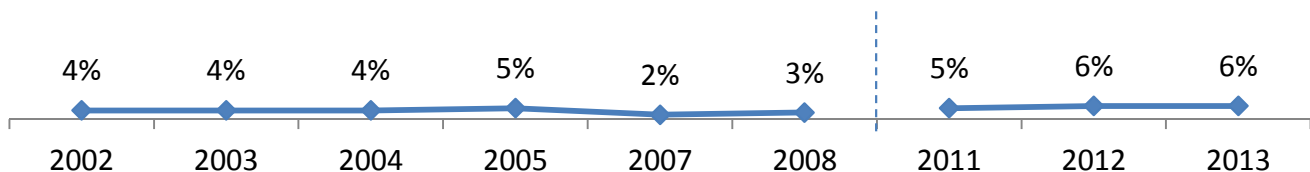
- Rates among those with a high school degree or less are statistically significantly higher than those among adults with more education.
- COPD prevalence among adults in homes with low incomes are at least double that of those in homes with more income, a statistically significant difference.
- Those in homes with middle incomes have a higher COPD prevalence than those with the highest incomes (\$75,000 or more).

Overall, the COPD prevalence among Vermont residents was similar in 2012 and 2013.

**Adults with COPD  
Vermont Adults, 2013**



**Adults with COPD  
Vermont Adult Residents 2002-2013**





# Cognitive Impairment

In 2013, Vermont included several questions on cognitive impairment and its impact on Vermont adults.

Nine percent of adults experienced worsening confusion or memory loss in the last year. Of those with worsening cognitive abilities, two percent said they had received a diagnosis of dementia (including Alzheimer's Disease). Nearly three in ten (28%) had discussed increases in confusion or memory loss with their health care provider, and 17% had received treatment.

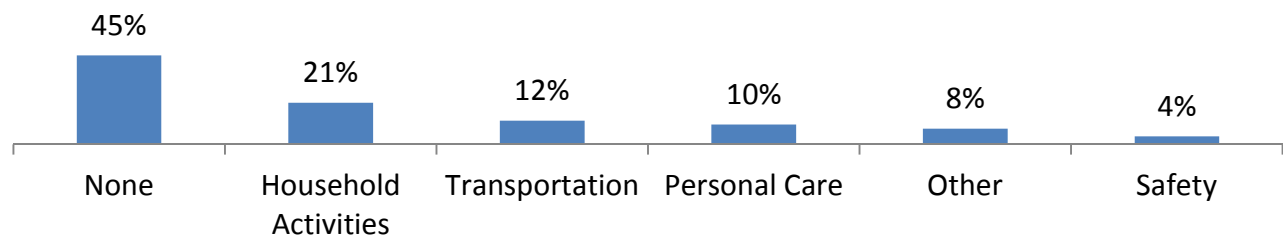
Nearly half of adults with worsening cognitive abilities said they do not need any assistance. About one in five (21%) need help with household chores like housekeeping and managing money, while about one in eight (12%) need assistance with getting to doctor's appointments and other transportation. One in ten needs help with personal care and eight percent need help with something else. Less than one in twenty (4%) said they need assistance with safety issues, for example remembering to turn off the stove.

Due to worsening confusion or memory loss, about one in seven (15%) said their confusion or memory loss always or usually interfered with their ability to work, volunteer, or participate in social activities. Eight percent always or usually gave up household activities in the last year.

One in ten (9%) adults with worsening memory loss said a family member or friend usually or always provided care or assistance for them in the last month.

Please note that care must be taken when interpreting the results from these data. Due to the nature of cognitive impairment, it is likely that its occurrence is under-reported. Also contributing to under-reporting is that the BRFSS does not interview adults in group homes (i.e. nursing homes), where patients with cognitive impairment may be living.

**Assistance Required Because of Confusion or Memory Loss  
Vermont Adult Residents With Worsening Confusion or Memory Loss, 2013**



# Depressive Disorder

More than one in five (23%) Vermont adults reported ever being told they have a depressive disorder, significantly higher than the 18% among U.S. adults.

- Depressive disorders were defined as depression, major depression, dysthymia, or minor depression.

Women are significantly more likely to report depressive disorders as compared to men.

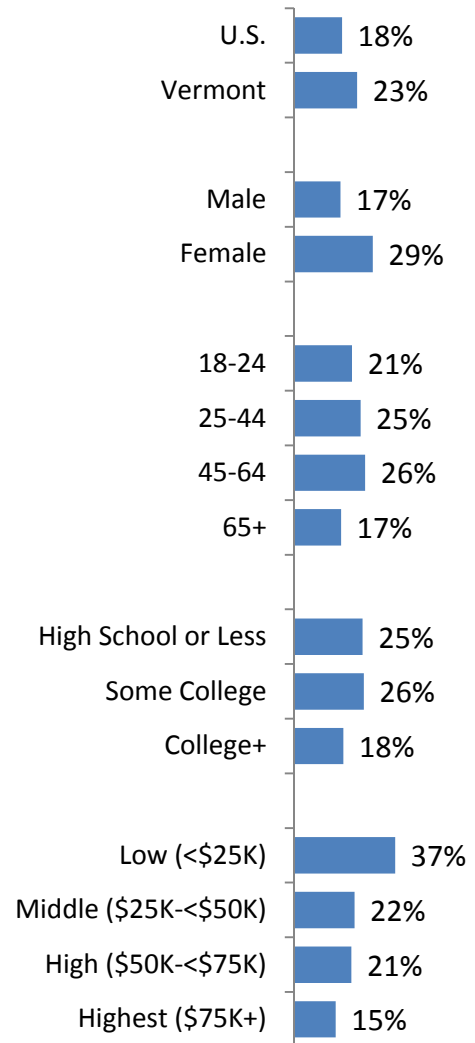
Adults 65 and older report they experience depressive disorders less than younger age groups, significantly less so compared to those 25-64 years old.

Adults with less education and lower annual household incomes report higher rates of depressive disorders.

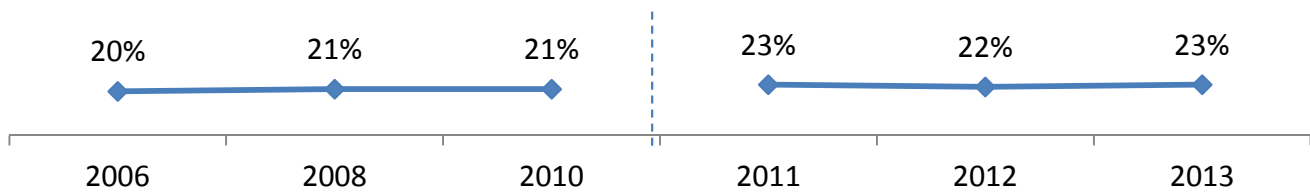
- Those with some college education or less are significantly more likely to have a depressive disorder than those with a college degree.
- Adults in homes with low incomes are significantly more likely to have a depressive disorder than those in homes with more income. Similarly, those with middle and high incomes are also more likely than those in homes with the highest incomes to have depressive disorders.

Vermont adults reported similar rates of depressive disorders in 2012 and 2013.

**Adults with a Depressive Disorder  
Vermont Adults, 2013**



**Adults with a Depressive Disorder  
Vermont Adult Residents 2006, 2008, 2010-2013**



# Pre-Diabetes

In 2013, one in twenty Vermont adults had been told they have borderline or pre-diabetes.

Men and women report having pre-diabetes at similar rates.

As age increases, so does the rate of pre-diabetes.

- Adults 65 and older are significantly more likely to report pre-diabetes than those of younger age groups.

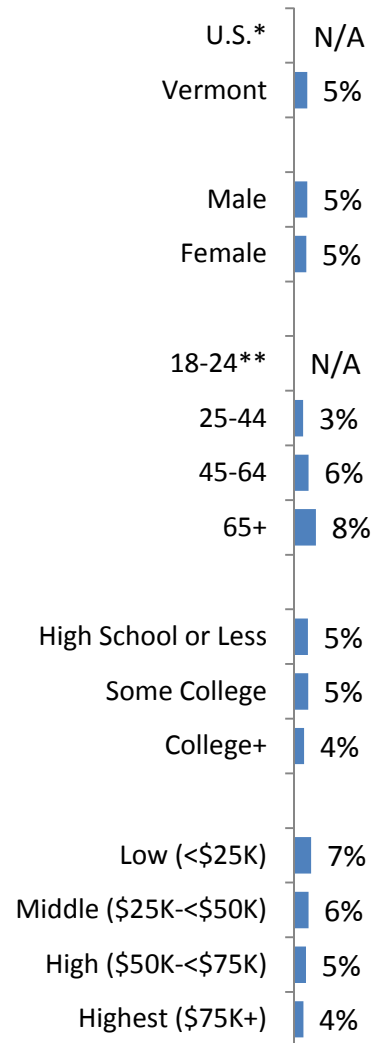
Pre-diabetes is reported similarly across education levels.

Adults in homes with low incomes are significantly more likely to report pre-diabetes than those in homes with the highest incomes.

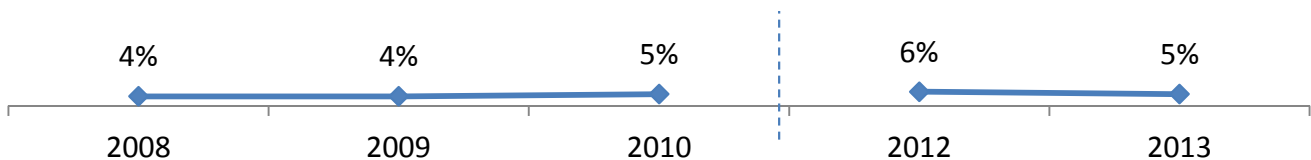
Pre-diabetes is likely under-reported due to it being a relatively new diagnosis and a low rate of testing. In 2012, the last year a question on testing was included on the survey, 53% of Vermont adults said they had been tested for diabetes or high blood sugar in the preceding three years.

Pre-diabetes prevalence was similar in 2012 and 2013.

**Adults with Pre-Diabetes  
Vermont Adults, 2013**



**Adults with Pre-Diabetes  
Vermont Adult Residents 2008-2013**



\*No national estimate available.

\*\* The number of 18-24 year olds in the sample is too small to report

# Diabetes

Less than one in ten (8%) Vermont adults have been told they have diabetes. U.S. adults have a diabetes prevalence of 10%, significantly higher than Vermont adults.

Men and women report having diabetes at a similar rate.

Diabetes prevalence increases with increasing age.

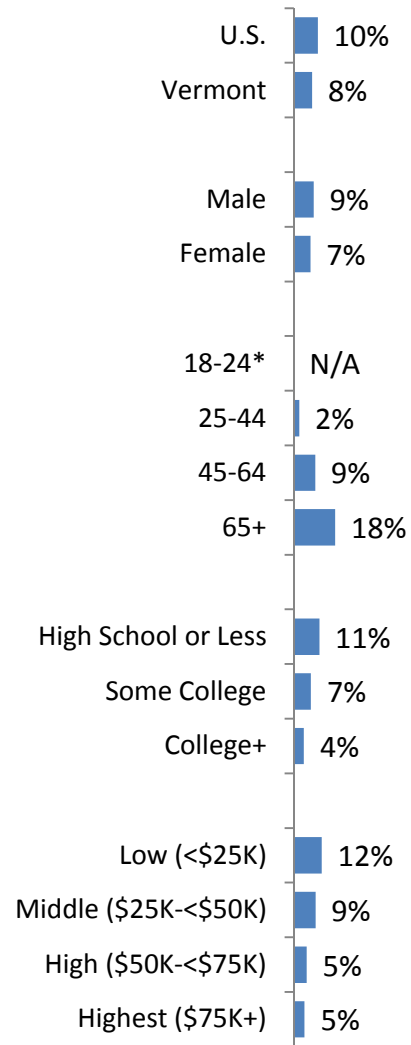
- All differences by age are statistically significant.

Adults with less education and lower annual household incomes are more likely to have diabetes.

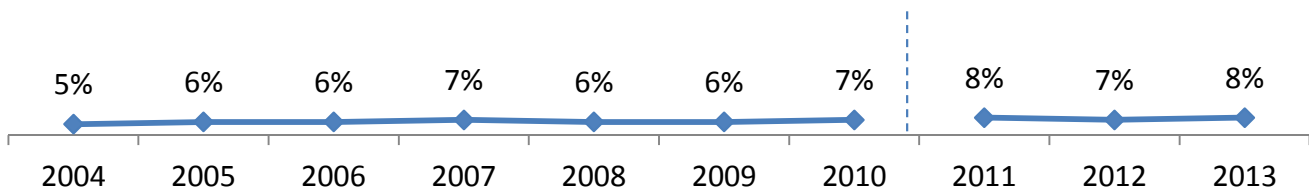
- All differences in diabetes prevalence by education level are statistically significant.
- Those in homes with low or middle annual incomes have significantly higher rates of diabetes than those with higher incomes.

Diabetes prevalence remained similar in 2012 and 2013.

**Adults with Diabetes  
Vermont Adults, 2013**



**Adults with Diabetes  
Vermont Adult Residents 2004-2013**



\*The number of 18-24 year olds in the sample is too small to report.

# High Cholesterol

Thirty-five percent of Vermont adults report they have been told they have high cholesterol. This is significantly lower, compared to 39% among all U.S. adults.

- This is likely an underestimate as only three-quarters of adults have had their cholesterol checked within the last five years.

Men are significantly more likely to report having high cholesterol than women.

Diagnoses of high cholesterol increase as Vermonters age.

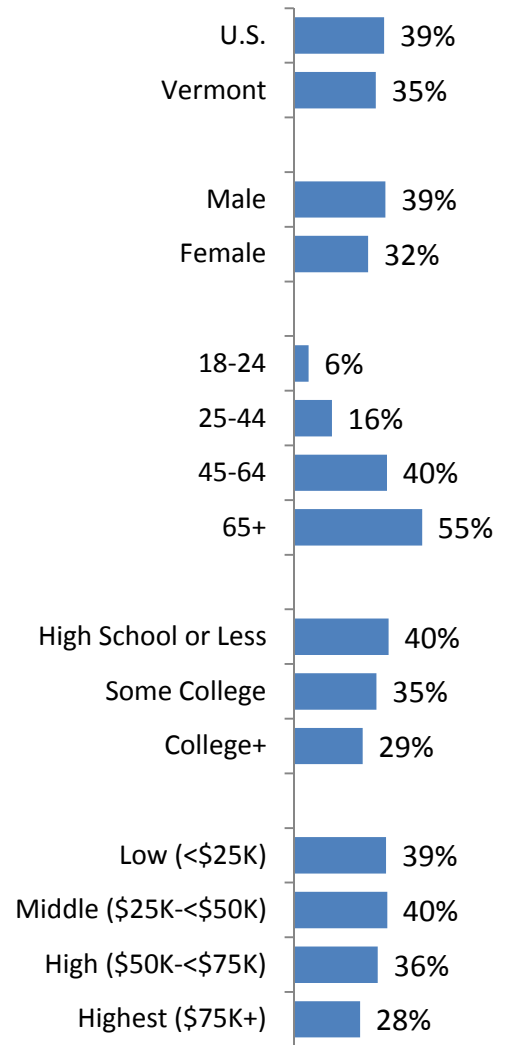
- All differences by age are statistically significant.

Rates of high cholesterol are highest among those with lower education and annual household income levels.

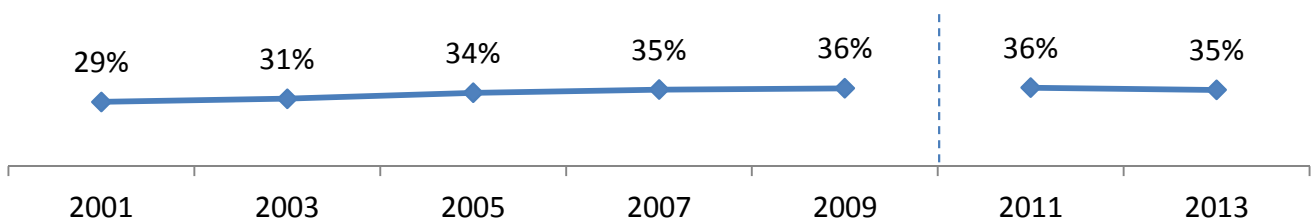
- Adults with some college or less education are significantly more likely to report high cholesterol than those with a college degree or higher.
- Adults in homes making less than \$75,000 annually are significantly more likely to have high cholesterol than those in homes making \$75,000 or more.

The prevalence of high cholesterol was similar in 2011 and 2013.

**Told Have High Cholesterol Vermont Adults, 2013**



**Told Have High Cholesterol Vermont Adults 2001-2013**



# Hypertension\*

Less than one in three (27%) Vermont adults report having been told they have hypertension, significantly less compared to the 30% among U.S. adults overall.

Men are significantly more likely to have been diagnosed with high blood pressure, as compared with women.

Hypertension increases as Vermont adults age.

- All differences by age are statistically significant.

Hypertension rates are significantly lower among adults with a college degree or higher, compared with those with less education.

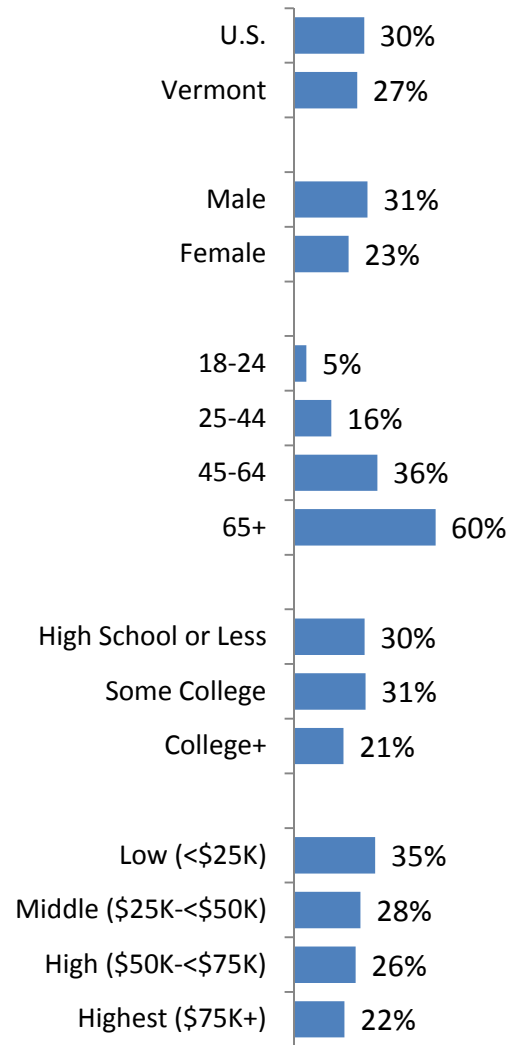
A diagnosis of hypertension decreases with increasing annual household income level.

- Adults in low income homes (<\$25,000 annually) are significantly more likely than those in homes making \$50,000 or more annually to report hypertension.
- Similarly, those in middle income homes are significantly more likely to report hypertension compared with those in the highest income homes (\$75,000 or more).

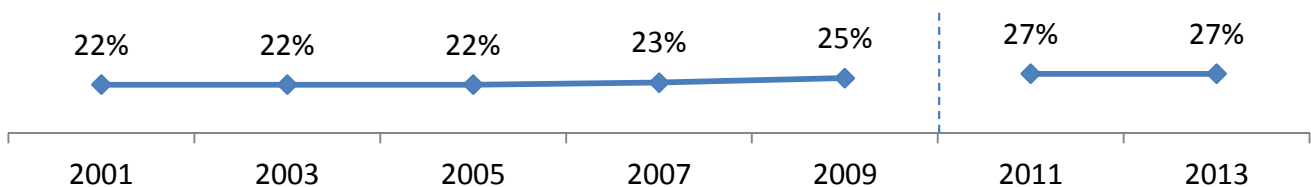
Three-quarters (73%) of adults with hypertension reported currently taking medications to treat it.

The prevalence of hypertension was unchanged from 2011 to 2013.

**Diagnosed with Hypertension\*  
Vermont Adults, 2013**



**Diagnosed with Hypertension\*  
Vermont Adults 2001-2013**



\*All data on this page are age-adjusted to the U.S. 2000 population, except that by age and that for use of blood pressure medications.

[Note: This measure is a Healthy Vermonters 2020 goal.]

# Kidney Disease

Two percent of Vermont adults reported having kidney disease in 2013, statistically lower than the three percent among U.S. adults.

- Excluded from the kidney disease definition are the occurrence of kidney stones, bladder infections, and incontinence.

Men and women report having kidney disease at a similar rate.

Adults 65 and older are significantly more likely to report kidney disease than those 25-44.

There are no differences in the prevalence of kidney disease by education level.

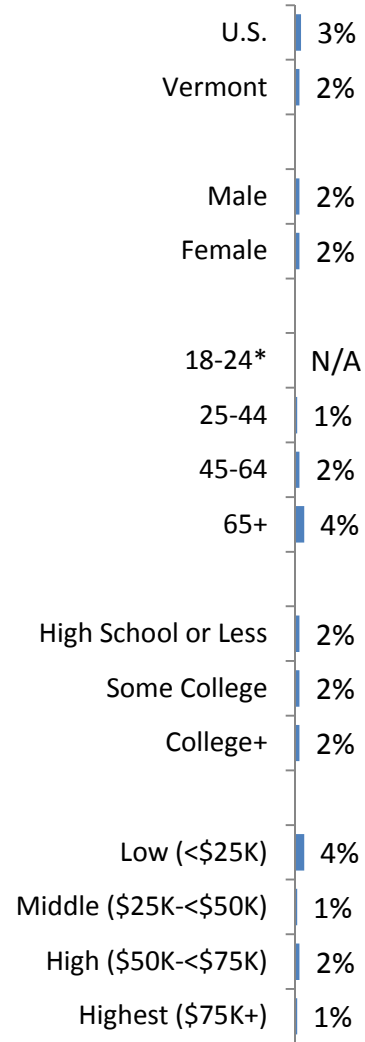
Adults in homes with low annual incomes have a higher prevalence than those with higher incomes.

- The difference is statistically significant when comparing those with low and middle incomes, as well as those with low and the highest incomes (\$75,000 or more).

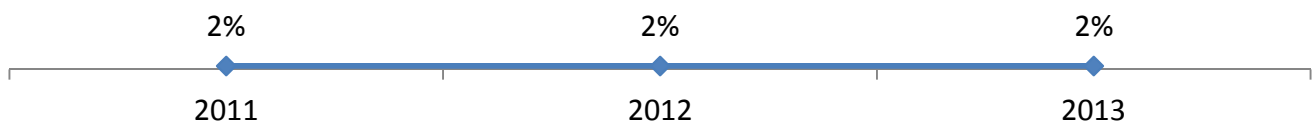
The prevalence of kidney disease was unchanged from 2011 through 2013.

Kidney disease is a concern for those with diabetes. In 2013, 7% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes.

## Adults with Kidney Disease Vermont Adults, 2013



## Diagnosed with Chronic Kidney Disease Vermont Adults 2011-2013



\*The number of 18-24 year olds in the sample is too small to report.

# Obesity & Overweight\*

In 2013, 25% of Vermont adults (20 and older) reported being obese, while an additional 37% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (29%), while the rate of overweight is similar (37% vs. 36% U.S.).

Men and women report obesity at similar rates.

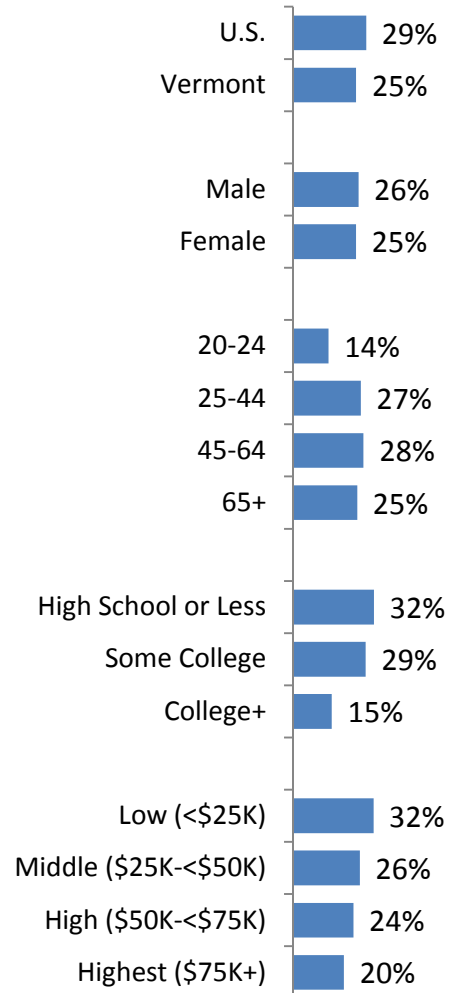
Rates of obesity are significantly higher among those 25 and older compared with those 20-24.

Adults with less education and lower annual household income levels are more likely to be obese.

- Adults with some college education or less are significantly more likely to be obese than those with more education.
- Adults in homes with low incomes are significantly more likely to be obese than those with incomes of \$50,000 or higher.
- Similarly, those with middle incomes are more likely to be obese than those with the highest incomes (\$75,000 or more).

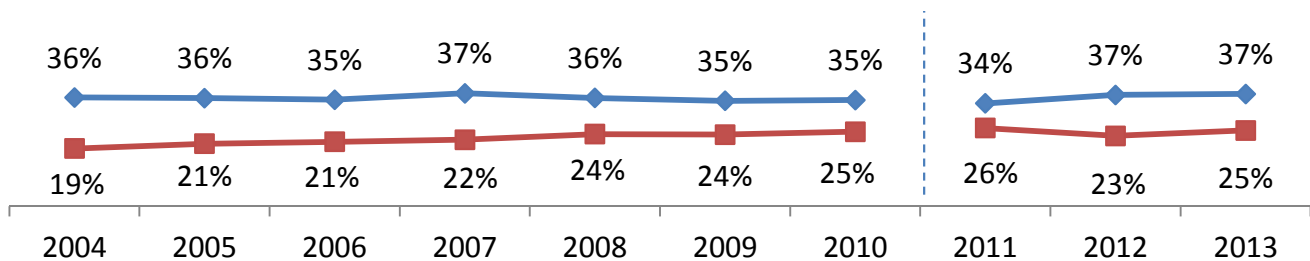
Among adults 20 and older in Vermont, the rates of overweight and obesity remained statistically similar in 2012 and 2013.

**Obese Adults\***  
**Vermont Adults 20 and Older, 2013**



◆ Overweight  
■ Obese

**Overweight and Obese Adults\***  
**Vermont Adults 20 and Older 2004-2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age. [Note: This measure is a Healthy Vermonters 2020 goal.]



# Risk Behavior Indicators

# Alcohol Consumption – Any in Last Month

More than six in ten (63%) Vermont adults said they drank alcohol during the last 30 days, in 2013. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (63% vs. 53%).

Men report drinking alcohol significantly more than women.

Alcohol consumption is highest among those 25-44 and lowest among those 65 and older.

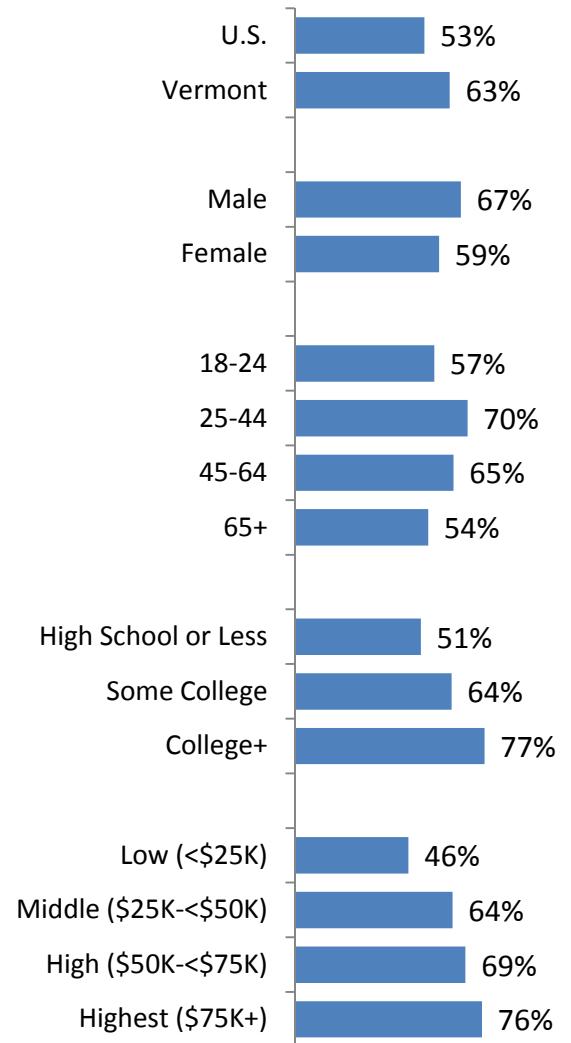
- Rates are significantly lower among those 65 and older compared to those 25-64.
- Adults 25-44 also report alcohol consumption at a significantly higher rate than do those 18-24 and 45-64.

Adults with more education and higher annual household income levels are more likely to report drinking alcohol than those with less education and lower income.

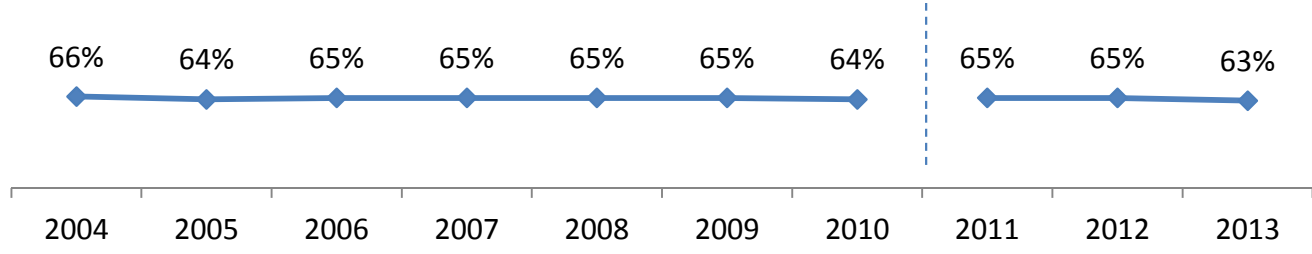
- All differences by education level are statistically significant.
- Adults in the highest income homes are significantly more likely to drink alcohol than those in low and middle income homes.
- Similarly, those in high and middle income homes are more likely to drink than those in homes with low income.

Overall, the proportion drinking alcohol among Vermont adults was statistically unchanged from 2012 to 2013.

**Any Alcohol Consumption  
Vermont Adults, 2013**



**Any Alcohol Consumption  
Vermont Adult Residents 2004-2013**



# Binge Drinking

An episode of binge drinking is defined as five or more drinks on one occasion for men and four or more for women.

In 2013, one in six (17%) Vermont adults said they binge drank in the last month, the same as U.S. adults.

Vermont men are nearly twice as likely as women to report binge drinking, a statistically significant difference.

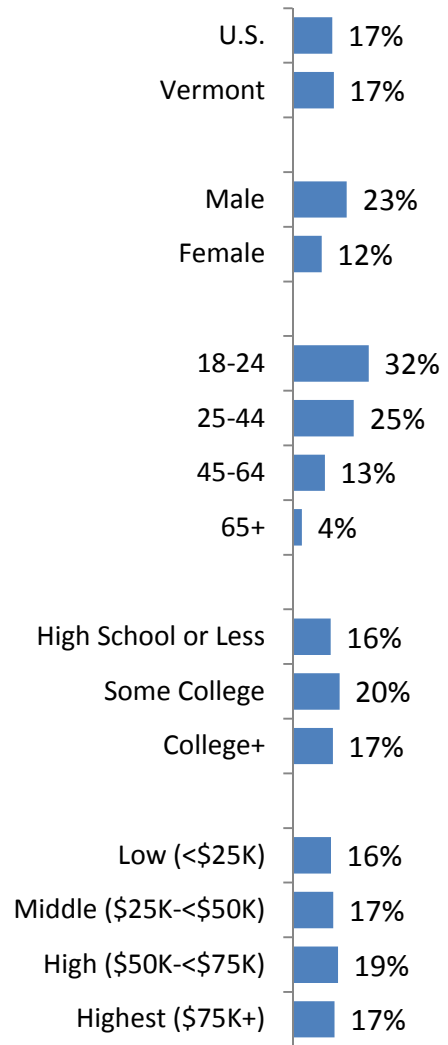
Binge drinking decreases as Vermonters get older.

- Adults 18-44 are significantly more likely to report binge drinking than those 45 and older.
- Those 45-64 are also significantly more likely to binge drink than those 65 and older.

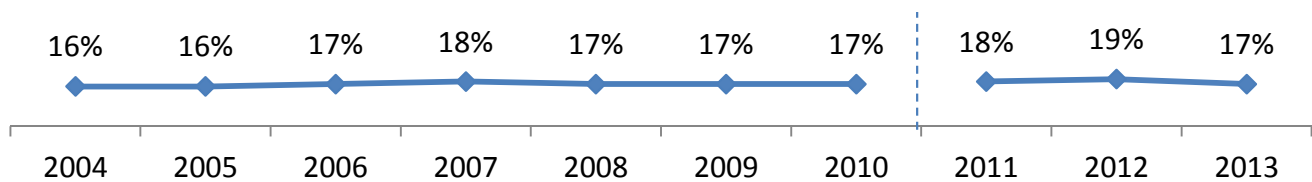
There are no differences in binge drinking by education or household income level.

Binge drinking rates among Vermont adults were statistically similar when comparing 2012 and 2013.

**Binge Drank  
Vermont Adults, 2013**



**Binge Drinking  
Vermont Adult Residents 2004-2013**



# Heavy Drinking

In 2013, 7% of Vermont adults reported drinking heavily in the last month, significantly higher than the 6% among U.S. adults overall.

- Heavy drinking is defined as more than two drinks per day for men and more than one drink for women.

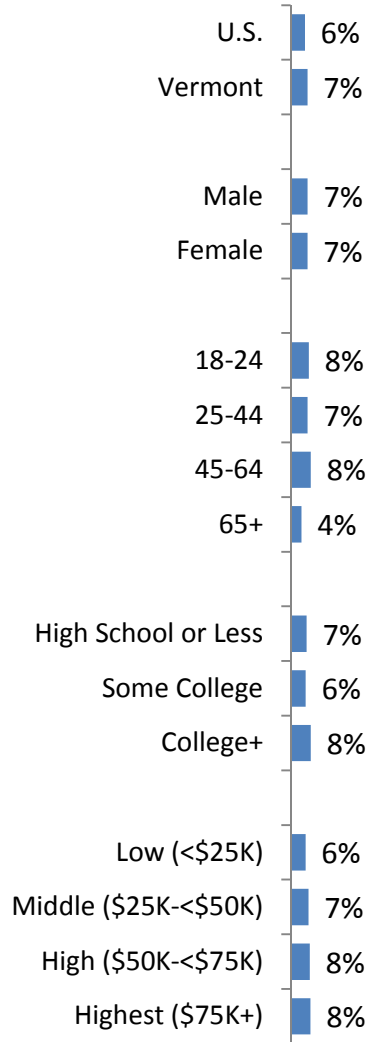
Among men and women in Vermont, heavy drinking rates are similar.

Adults 45-64 report heavy drinking at significantly higher rates than those 65 and older.

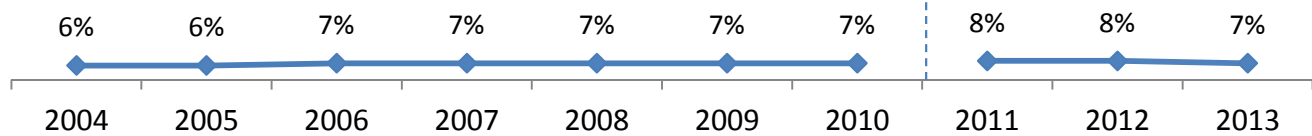
There are no statistical differences in heavy drinking by education or annual household income level.

Heavy drinking rates among Vermont adults were similar in 2012 and 2013.

**Heavy Drinking  
Vermont Adults, 2013**



**Heavy Drinking  
Vermont Adults, 2004-2013**



# Current Marijuana Use

Less than one in ten (7%) Vermont adults said they currently use marijuana. Current use is defined as use in the last 30 days.

Men are more than twice as likely as women to report current marijuana use, a statistically significant difference.

Current use of marijuana is highest among younger age groups.

- All differences by age are statistically significant except that between 18-24 and 25-44 year olds.

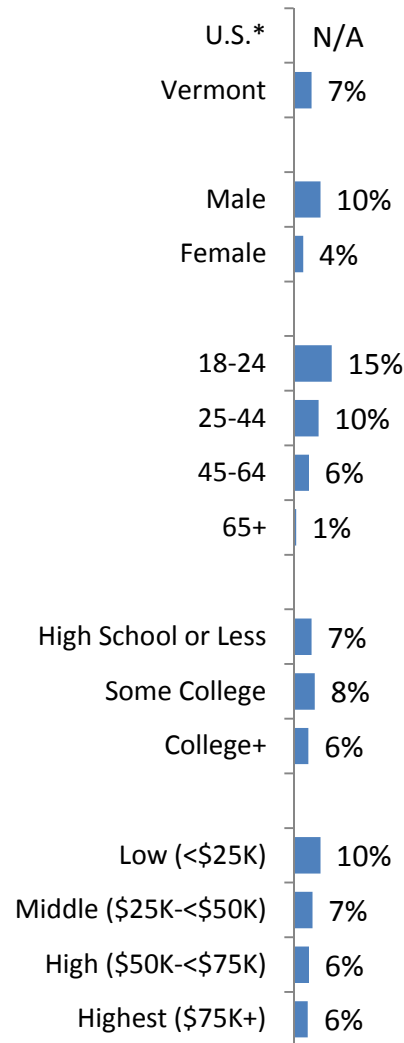
Current use of marijuana decreases with increasing education level and annual household income level.

- None of the differences by education level are statistically significant.
- Adults in the highest income homes are significantly less likely to report current marijuana use than those in low income homes.

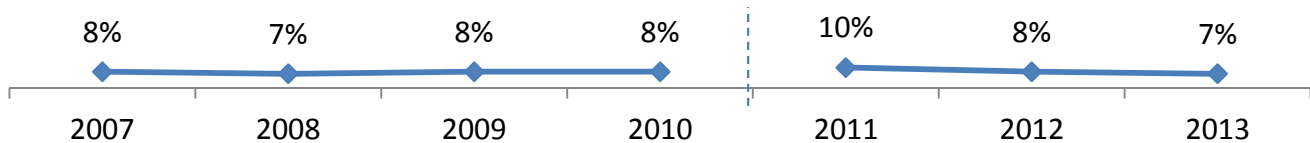
Rates of current marijuana use are similar in 2012 and 2013, however reported current use decreased significantly when comparing 2011 and 2013 (10% vs. 7%).

In 2013, 16% of current marijuana users said they also drove after its use at least once during the previous month.

**Current Use of Marijuana  
Vermont Adults, 2013**



**Current Marijuana Use  
Vermont Adult Residents 2007-2013**



\*No national estimate available.

# No Leisure Time Physical Activity\*

In 2013, one in five Vermont adults said they did **not** participate in any leisure time physical activity during the previous month, significantly lower than the 26% among U.S. adults overall.

Vermont men and women report not participating in leisure time physical activity at similar rates.

As Vermonters age, the proportion with no participation in leisure time physical activity increases.

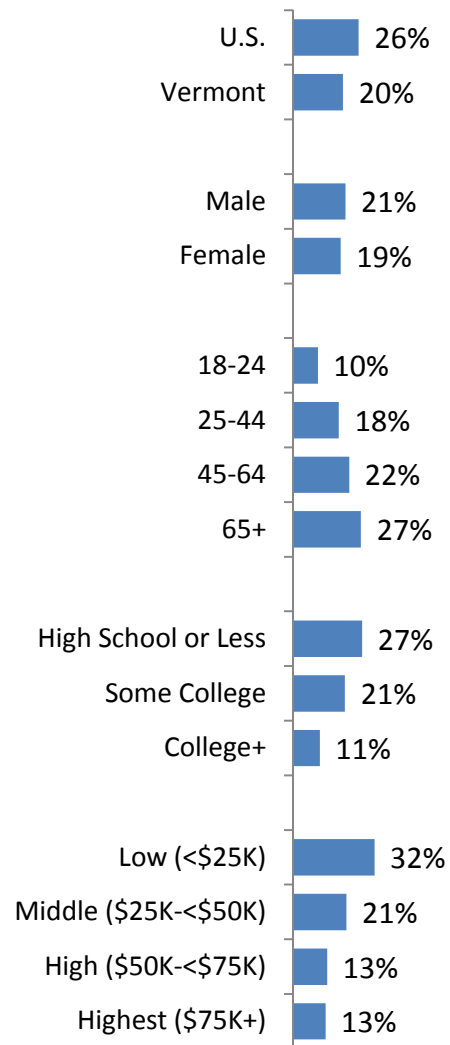
- All differences by age, except that between those 25-44 and 45-64 are statistically significant.

Adults with less education and lower annual household income levels are more likely to not participate in leisure time physical activity.

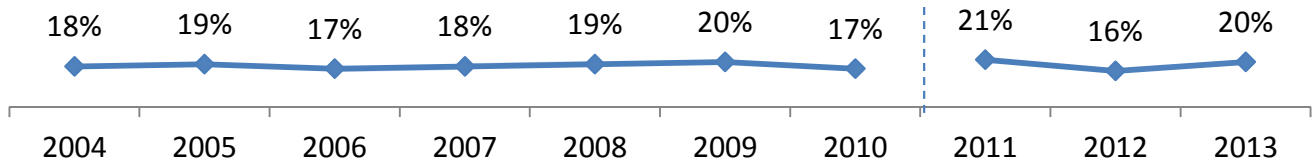
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant, except that between those in the high and highest income homes (\$50,000 - \$74,999 and \$75,000 or higher).

The proportion of adults with no leisure time physical activity increased significantly from 2012 (16%) to 2013 (20%), but is similar to that reported in 2011 (21%).

**No Leisure Physical Activity\*  
Vermont Adults, 2013**



**No Leisure Time Physical Activity\*  
Vermont Adults, 2004-2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.  
[Note: This measure is a Healthy Vermonters 2020 goal.]

# Prescription Drug Misuse

More than one in twenty (6%) Vermont adults said they had ever taken a prescription drug without a prescription in 2013.

- One percent said they did so in the last 30 days.

Men are more likely than women to report ever misusing prescription drugs, however this difference is not statistically significant.

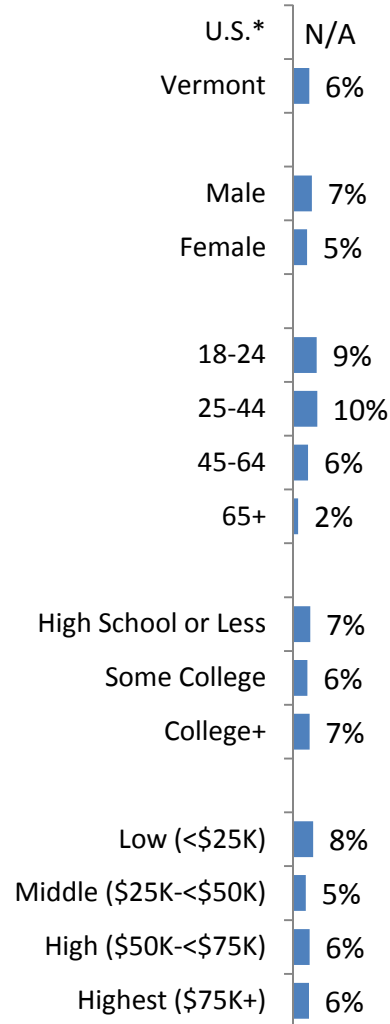
Younger adults are more likely to use drugs without a prescription, compared with older adults.

- Adults 18-44 have significantly higher rates of ever misusing prescription drugs than those 45-64 and 65 and older.
- Those 45-64 also are more likely than those 65 and older to report prescription drug misuse.

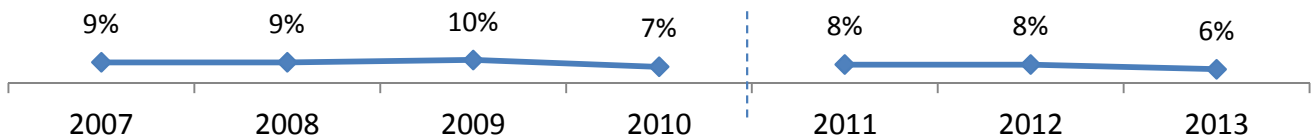
There are no statistically significant differences in ever misusing prescription drugs by education or annual household income levels.

The rate of ever misusing prescription drugs was similar in 2012 and 2013. Misuse of prescription drugs in the last 30 days is unchanged since 2011, it was one percent in each of those years.

**Ever Used Prescription Drug without Prescription Vermont Adults, 2013**



**Ever Used Prescription Drug without Prescription Vermont Adult Residents 2007-2013**



\*No national estimate available.

# Seatbelt Use

More than eight in ten (85%) of Vermont adults said, in 2013, they always wear their seatbelt when driving or riding in a car. This was significantly lower than the 88% among U.S. adults.

Men are significantly less likely to always use a seatbelt, compared with women.

Seatbelt use is significantly higher among adults 65 and older, compared to those 18-44.

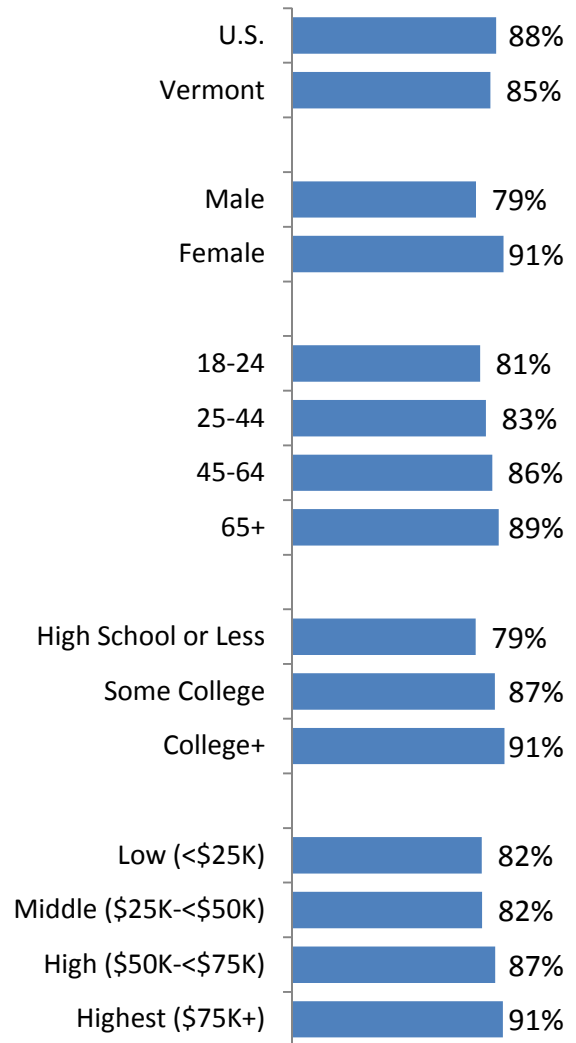
- Adults 45-64 reported always wearing their seatbelt at a similar rate to all other age groups.

Adults with less education and lower annual household incomes are less likely to always wear a seatbelt than those with more education and higher incomes.

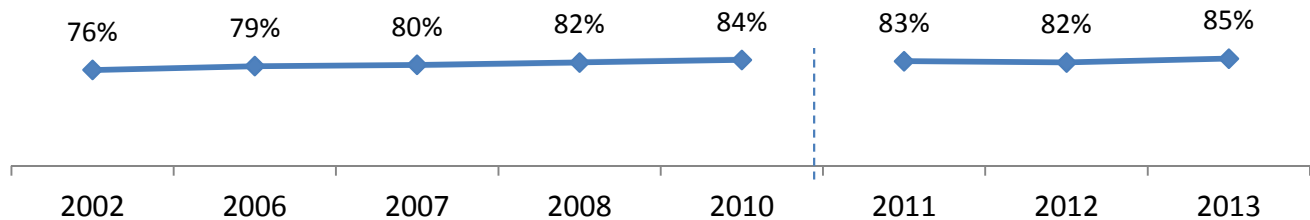
- All differences by education level are statistically significant.
- Those in homes with low and middle incomes are significantly less likely than those in the high and highest income homes to always wear a seatbelt.

Adults reported always wearing a seatbelt at a significantly higher rate in 2013 (85%) compared to 2012 (82%), but at a similar rate to that reported in 2011 (83%).

**Always Wear Seatbelt  
Vermont Adults, 2013**



**Always Wear Seat Belt  
Vermont Adult Residents 2002-2013**





# Skin Cancer Prevention

More than a third (35%) of Vermont adults said they had at least one painful sunburn lasting more than a day, during the last 12 months.

Men and women report similar rates of sunburn during the previous year.

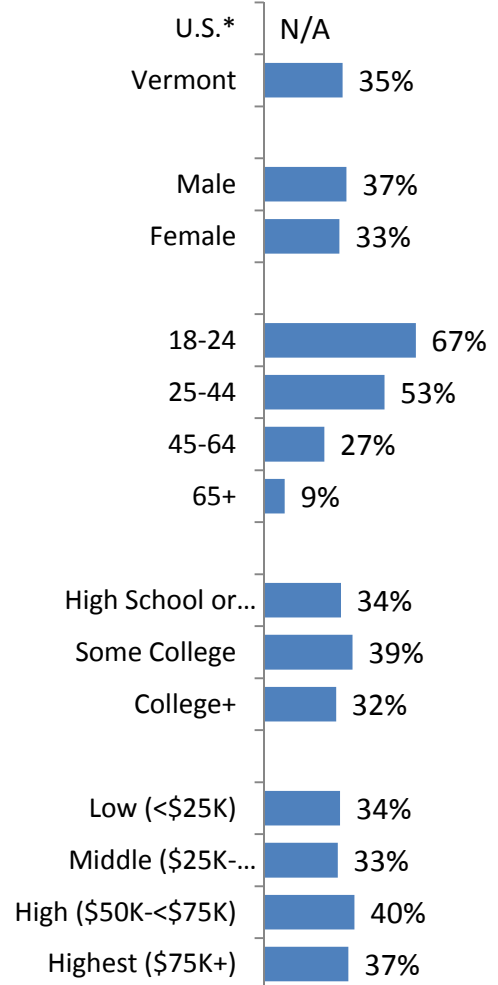
Having a sunburn in the past year decreases as Vermonters age.

- Two-thirds of 18-24 year old Vermonters said they had a sunburn in the last year. Half of those 25-44 also said they had a sunburn.
- All differences by age are statistically significant.

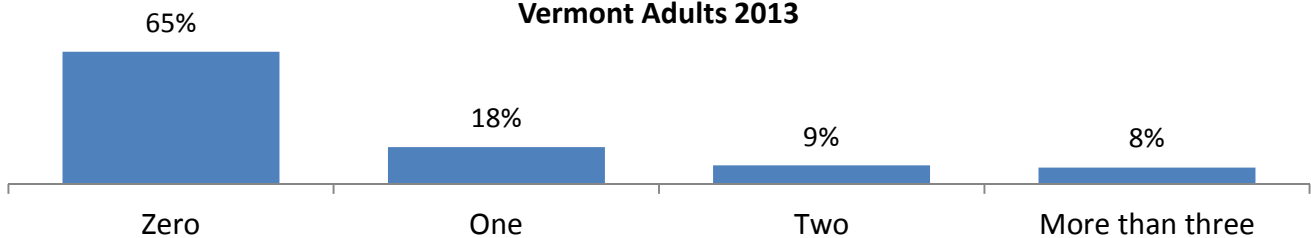
Adults with a college degree or more are significantly less likely than those with some college education to report a sunburn.

Fewer adults in middle income homes reported a painful sunburn in the previous year than those in homes with a high income.

**Painful Sunburn Lasted 1+ Days  
Vermont Adults, 2013**



**Number of Painful Sunburns in Last 12 Months  
Vermont Adults 2013**



\*No national estimate available.

# Tobacco Use – Smokeless Tobacco

Less than one in twenty (3%) Vermont adults said they use smokeless tobacco products. This is statistically lower than the 4% reported by U.S. adults overall.

- Examples of smokeless tobacco products include chewing tobacco, snuff, and snus.

Men in Vermont are significantly more likely than women to report use of smokeless tobacco.

Adults' use of smokeless tobacco decreases with increasing age. Those 65 and older are significantly less likely to report smokeless tobacco use than those in younger age groups.

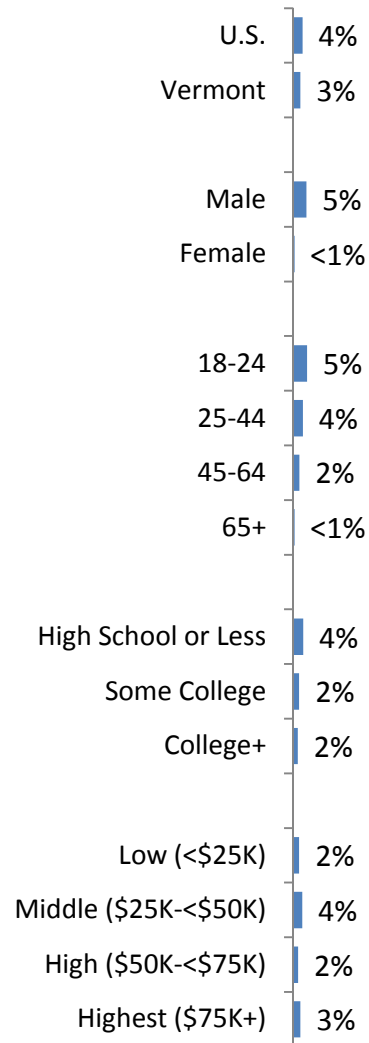
Smokeless tobacco use is also lower among those with more education.

- Adults with a college degree or higher are significantly less likely to use smokeless tobacco than those with a high school degree or less.

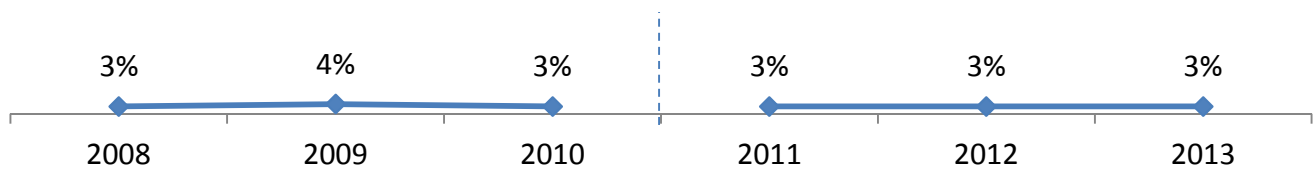
There are no statistically significant differences in the use of smokeless tobacco by annual household income level.

The proportion of Vermont adults using smokeless tobacco was unchanged from 2011 through 2013.

**Smokeless Tobacco Use  
Vermont Adults, 2013**



**Smokeless Tobacco Use  
Vermont Adult Residents 2008-2013**



# Tobacco Use – Cigarette Smoking\*

In 2013, less than two in ten (18%) reported being cigarette smokers. This is the same proportion reported by U.S. adults overall.

Men and women report smoking at statistically similar rates.

Adults 65 and older smoke at significantly lower rates than those in other age groups.

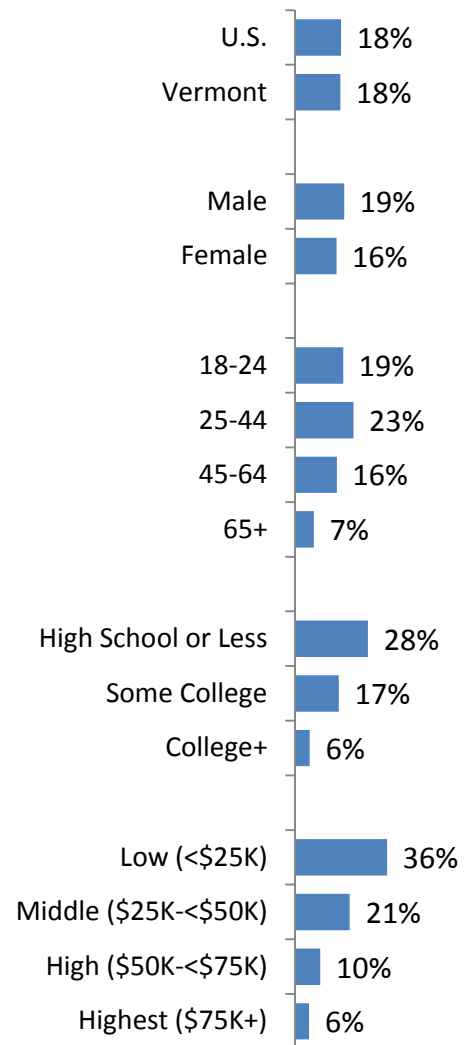
- Adults 45-64 are also significantly less likely than those 25-44 to report smoking.

Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

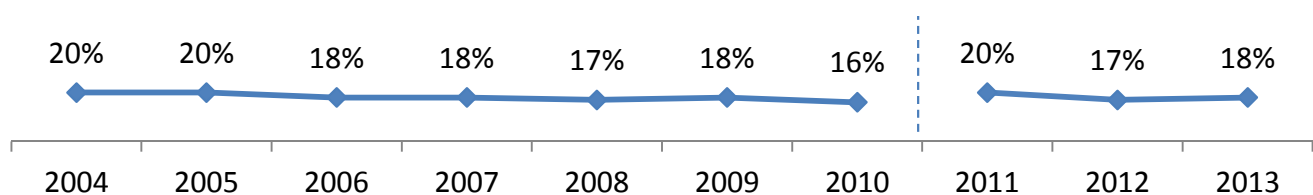
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant, except that between those in homes with high and the highest income levels.

Overall, smoking rates were statistically similar in 2012 and in 2013.

**Current Smoking\*  
Vermont Adults, 2013**



**Current Smoking\*  
Vermont Adult Residents 2004-2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.  
[Note: This measure is a Healthy Vermonters 2020 goal.]

# Tobacco Use – Quit Attempts\*

More than half (56%) of Vermont adult smokers made an attempt to quit smoking in the last year. This is statistically similar to the 59% seen among all U.S. adult smokers.

Men and women report trying to stop smoking at statistically similar rates.

Quit attempts are highest among younger adults and lowest among those 45-64. However, there are no statistically significant differences in quit attempts by age.

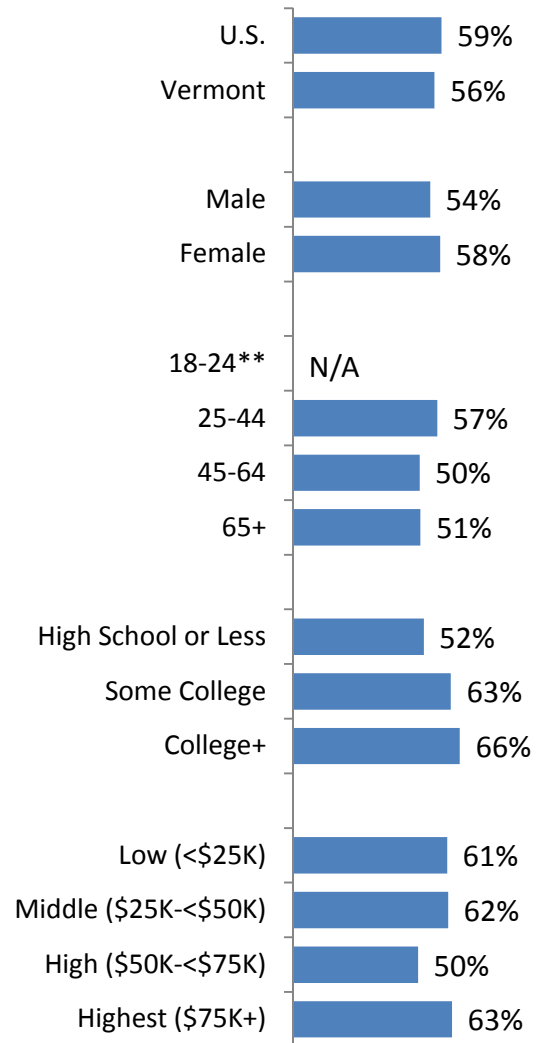
Quit attempts increase with increasing levels of education.

- Adults with a college degree or higher are significantly more likely than those with a high school degree or less to have tried to quit smoking in the last year.

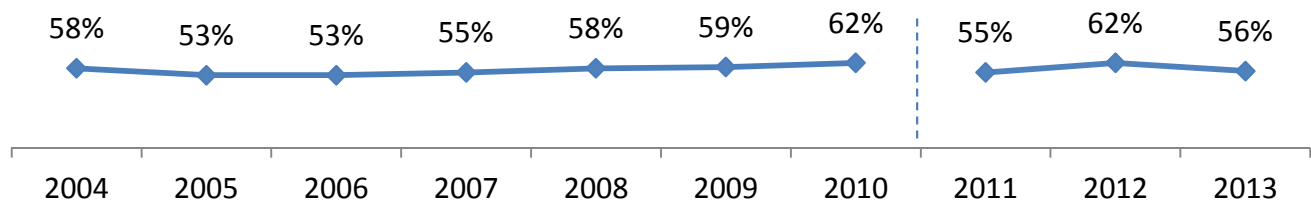
There are no statistically significant difference in quit attempts by annual household income level.

While the proportion of smokers making a quit attempt decreased from 2012 to 2013, the change is not statistically significant.

**Smoking Quit Attempts\*  
Vermont Adults, 2013**



**Smoking Quit Attempts\*  
Vermont Adult Residents 2004-2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

\*\*The number of 18-24 year olds in the sample is too small to report.

[Note: This measure is a Healthy Vermonters 2020 goal.]

# Preventive Behaviors and Health Screening

# Family Planning

In 2013, 36% of Vermont women ages 18-44 said a health care professional had ever spoken with them about ways to prepare for a healthy baby.

Nearly three-quarters (72%) of women 18-44 said they used birth control the last time they had sex.

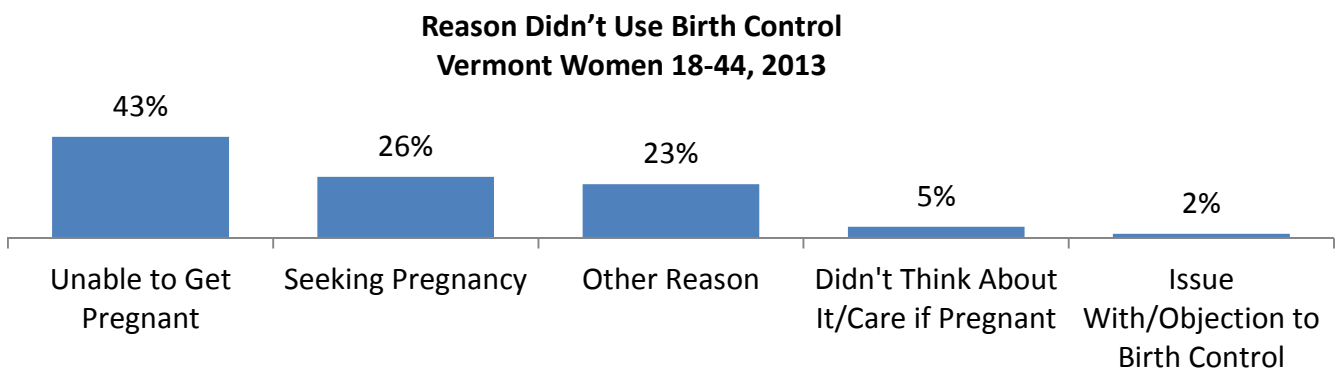
Of those that used birth control, more than a third (36%) said it was a shot, pill, contraceptive patch or a diaphragm.

- More than one in five (22%) used a permanent birth control method (male or female sterilization).
- About two in ten used short and long acting birth control methods (20% short and 17% long), while 5% used some other method. Short-acting birth control includes condoms, withdrawal, sponge, fertility awareness, foam, jelly, film, and cream. Long-acting birth control includes contraceptive implants and IUD (all types).

Women who did not use birth control during their most recent sex, most often said it was because they are unable to get pregnant for one of the following reasons: they don't think they or their partner could get pregnant, they or their partner has been sterilized, they had a hysterectomy, are currently pregnant, or they have a same sex partner.

About a quarter (26%) said they didn't use birth control because they are trying to become pregnant, while 5% said they didn't think about it or didn't care if they got pregnant, and 2% had an issue with or an objection to using birth control.

Nine percent of women of childbearing age said they want a child in the next year and an additional 14% would like one in one to two years time. Four in ten (41%) report wanting a child in the future, but two or more years from now.



# Immunizations – Flu Shot

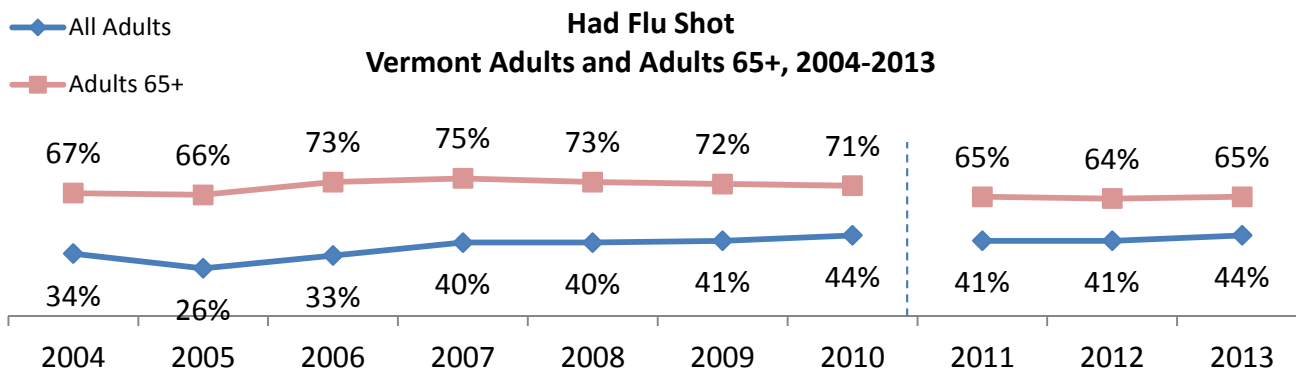
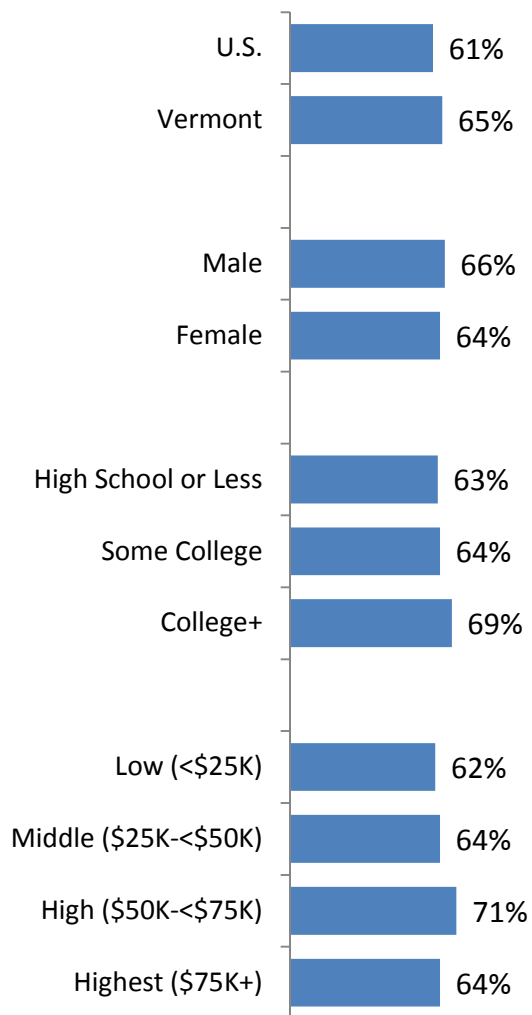
About two-thirds (65%) of Vermont adults 65 and older report having a flu shot in the previous 12 months, significantly higher than the rate (61%) for U.S. adults overall.

Men and women 65 and older get flu shots at similar rates.

Receipt of a flu shot does not differ statistically across education level or annual household income.

Flu vaccination rates were statistically unchanged from 2012 to 2013 for adults ages 65 and older. However, among all adults, the vaccination rate increased significantly from 41% in 2012 to 44% in 2013.

**Had Flu Shot  
Vermont Adults 65 and Older,  
2013**



[Note: This measure is a Healthy Vermonters 2020 goal.]

# Immunizations – Pneumococcal Vaccine

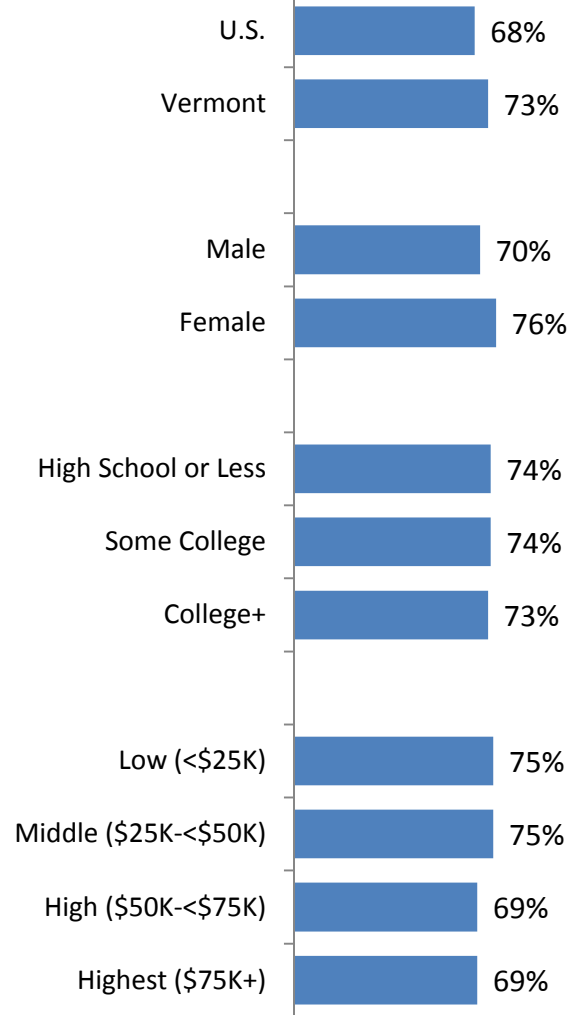
Less than three-quarters (73%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine. This is significantly higher than the 68% reported by U.S. adults 65 and older.

Men and women 65 and older receive pneumococcal vaccinations at similar rates.

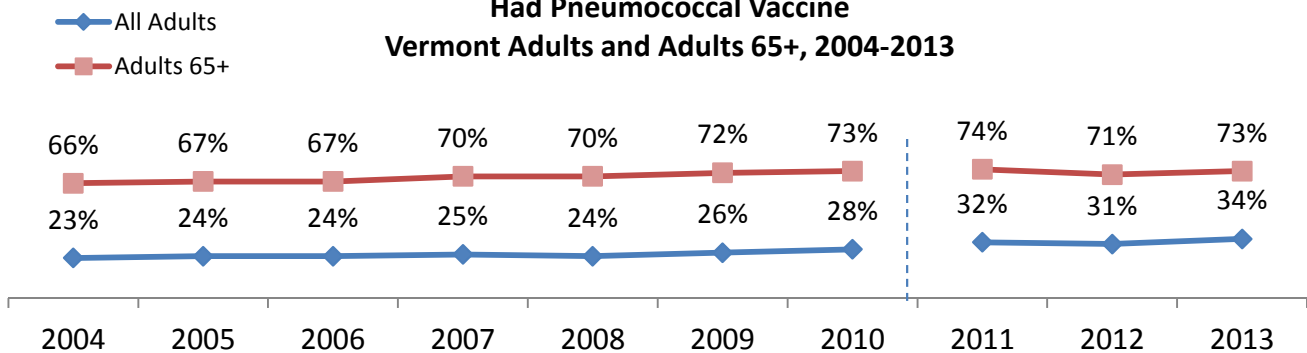
There are no statistical differences for receipt of the pneumococcal vaccine by education level or annual household income level.

Overall, pneumococcal vaccination rates remained similar in 2013, as compared with 2012, for adults 65 and older. However, vaccination rates were significantly higher for all adults in 2013 vs. 2012 (34% vs. 31%).

**Had Pneumococcal Vaccine  
Vermont Adults 65 and Older,  
2013**



**Had Pneumococcal Vaccine  
Vermont Adults and Adults 65+, 2004-2013**



[Note: This measure is a Healthy Vermonters 2020 goal.]



# Immunizations – Tetanus

In 2013, three-quarters (73%) of Vermont adults said they had a tetanus shot in the last 10 years.

- A third (33%) said their tetanus shot included Tdap and 9% said it did not.
- An additional third (31%) did not know whether their tetanus shot included Tdap.

Men and women report getting a tetanus shot at similar rates.

Younger adults have the highest tetanus shot rates, while those 65 and older have the lowest rates.

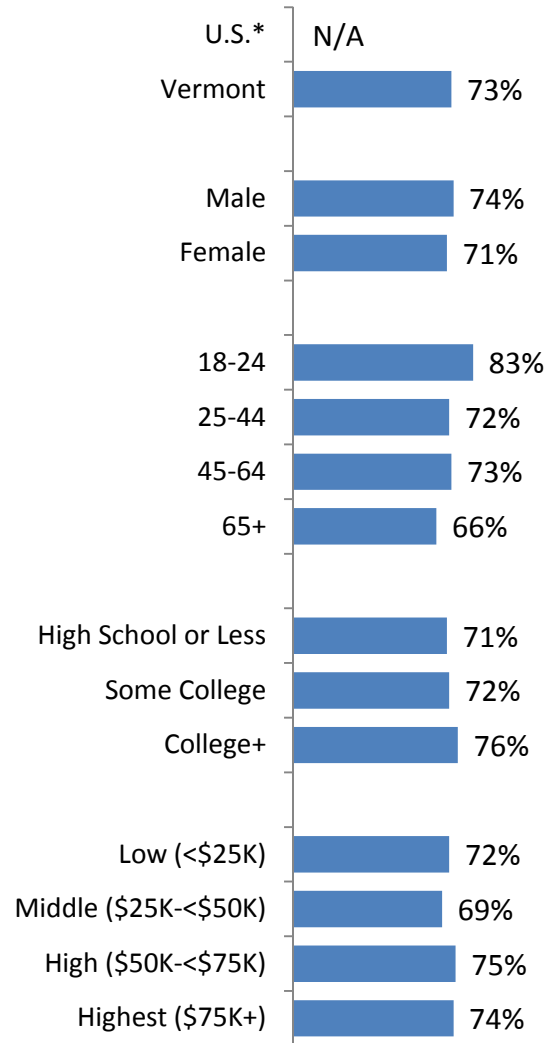
- Adults 18-24 are significantly more likely to have had a tetanus shot than those in other age groups. Conversely, those 65 and older are significantly less likely to have received one.

Receipt of a tetanus shot increases with increasing education level.

- Adults with a college degree or higher are significantly more likely to have gotten a tetanus shot than those with a high school degree or less.

There are no statistical differences in receipt of a tetanus shot by annual household income level.

**Had Tetanus Shot  
Vermont Adults, 2013**



\*No national estimate available.

# Routine Doctor Visits

While most (88%) Vermont adults had at least one doctor visit in the last year, only two-thirds (67%) of had a routine checkup in the previous year.

- A routine checkup is defined as a general physical exam, not an exam for a specific injury, illness, or condition.
- 17% had a routine checkup a year ago to less than two years ago; 9% had one two years to less than five years ago, and 7% had a routine doctor's visit five or more years ago\*.
- U.S. adults reported a similar rate of routine checkups in the last year (69%).

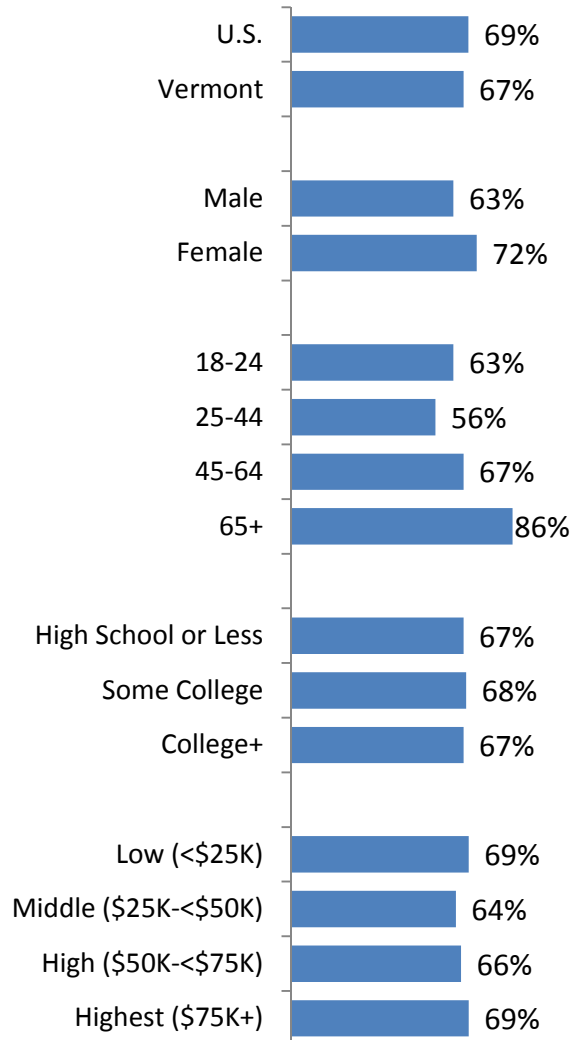
Women routinely get checkups more than men.

Adults 65 and older get routine checkups at significantly higher rates than all other age groups. Adults 45-64 also are more likely to routinely visit their doctor than those 25 to 44.

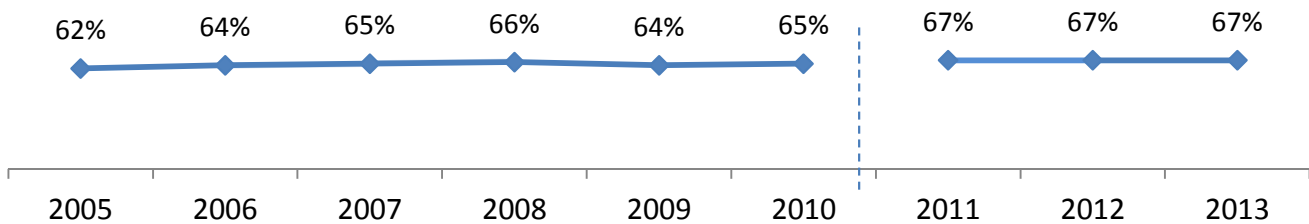
There are no statistically significant differences in routine doctor checkups by education level or annual household income.

Overall, the proportion making a routine visit to their doctor during the previous year remained unchanged from 2011 through 2013.

**Routine Doctor Visit in Last Year  
Vermont Adults, 2013**



**Routine Doctor Visit in Last Year  
Vermont Adult Residents 2005-2013**



\*Saw a doctor five or more years ago includes those who have never seen a doctor for a routine visit.

# Cholesterol Screening\*

Three-quarters of Vermont adults reported having their cholesterol checked within the past five years.

- Half of adults said they had their cholesterol checked within the past year.

Men and women had their cholesterol checked at similar rates.

Getting one's cholesterol checked in the last five years increases with increasing age. The rate among those 45 and older is more than double that among those 18-24.

- All differences by age are statistically significant.

As education level increases so does the percent of adults getting their cholesterol check in the last five years.

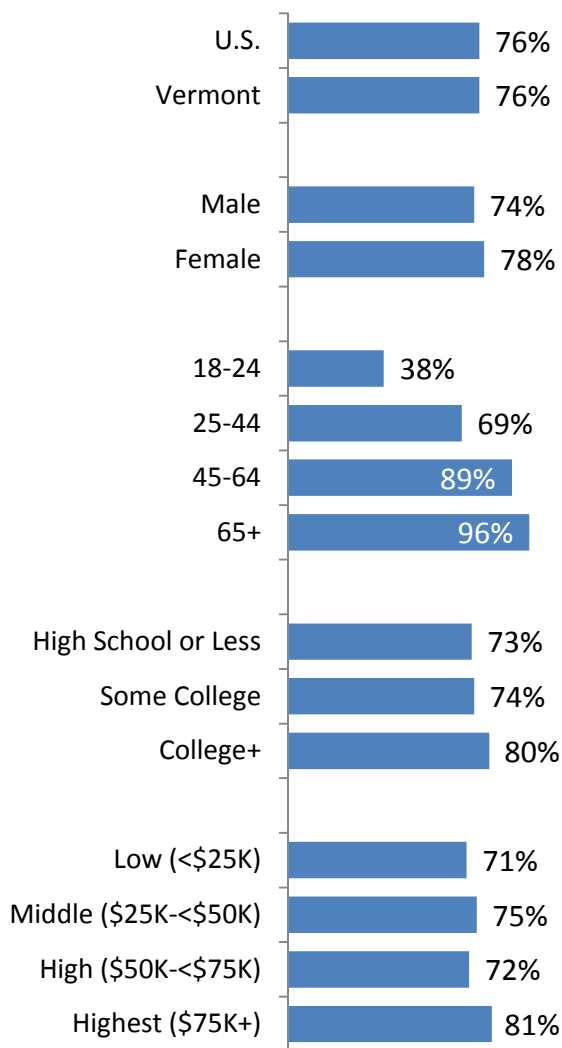
- Adults with a college degree or higher are significantly more likely than those with less education to have had their cholesterol checked in the last five years.

Adults in homes with the highest incomes are the most likely to have had their cholesterol checked in the last five years.

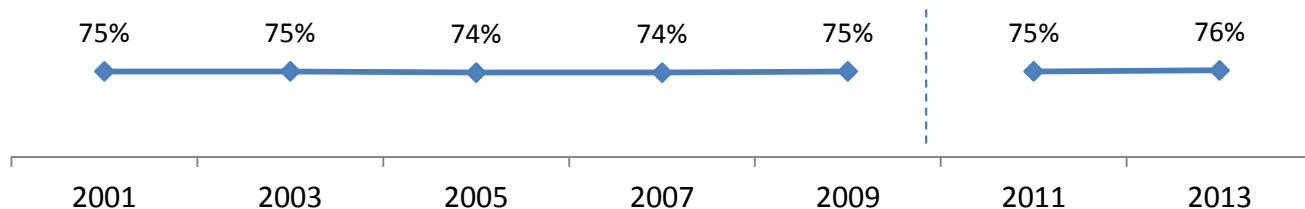
- Individuals in homes with the highest incomes are significantly more likely than those in low and high income homes to have had their cholesterol checked.

Overall, the rate of getting cholesterol checked was statistically similar in 2011 and 2013.

**Cholesterol Checked in Last Five Years\***  
**Vermont Adults, 2013**



**Cholesterol Checked in Last Five Years\***  
**Vermont Adult Residents 2001-2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.  
[Note: This measure is a Healthy Vermonters 2020 goal.]

# Fruit Consumption\*

More than a third (35%) of Vermont adults reported eating fruit two or more times per day. This is significantly higher than the 30% reported by U.S. adults.

Women are significantly more likely than men to eat fruit two or more times daily.

Consumption of fruit is highest among adults 65 and older, however, none of the differences by age are statistically significant.

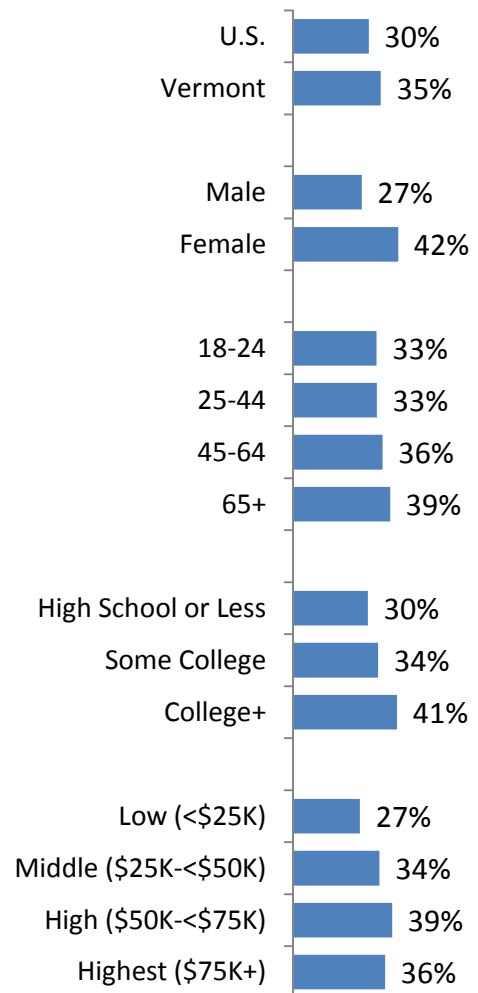
Adults with more education and higher annual household incomes are more likely to eat fruit at least twice daily.

- Adults with at least a college degree are significantly more likely than those with less education to eat fruit two or more times daily.
- Adults in homes with middle incomes or higher are significantly more likely than those in low income homes to eat fruit at least twice daily.

The proportion of adults eating fruit two or more times daily was statistically similar in 2011 and 2013 (37% vs. 35%).

Due to changes to the questions about fruit consumption in 2011, data from 2011 and 2013 cannot be made to previous years. As a result, trend data on fruit consumption is not available.

## 2+ Daily Servings of Fruit\* Vermont Adults, 2013



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Additional information about recommendations regarding fruit consumption can be found:

<http://www.choosemyplate.gov/food-groups/>

# Vegetable Consumption\*

Nearly one in five (18%) Vermont adults reported eating vegetables three or more times daily, a significantly higher proportion than U.S. adults overall.

Women are twice as likely as men to report eating vegetables at least three times per day.

- This difference is statistically significant.

Vermont adults report eating vegetables at similar rates across all age groups.

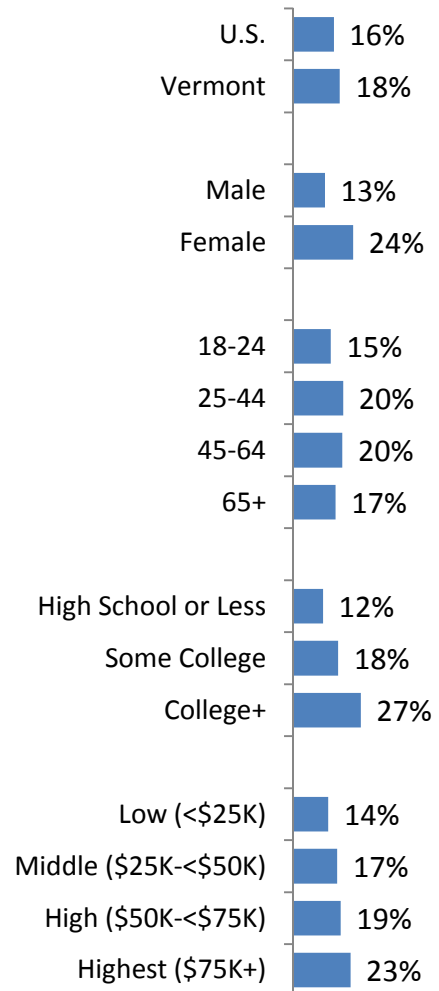
Adults with more education and higher annual household incomes are more likely to eat vegetables at least three times per day.

- All differences by education level are statistically significant.
- Adults in homes with the highest incomes are significantly more likely than those in homes with the lowest incomes eat vegetables three or more times daily.

The proportion of adults who report consuming vegetables at least three times a day was statistically unchanged from 2011 to 2013 (19% vs. 18%).

Due to changes to the questions about vegetable consumption in 2011, data from 2011 and 2013 cannot be made to previous years. As a result, trend data on vegetable consumption is not available.

## 3+ Daily Servings of Vegetables\* Vermont Adults, 2013



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Additional information about recommendations regarding fruit consumption can be found:

<http://www.choosemyplate.gov/food-groups/>

# Fruit & Vegetable Consumption\*

A fifth (21%) of Vermont adults report eating fruits and vegetables at least five times per day. This is significantly higher than the 17% reported by U.S. adults overall.

Nearly twice as many women reported eating fruits and vegetables five or more times per day compared to men.

- This difference is statistically significant.

Vermont adults report eating fruits and vegetables at similar rates across all age groups.

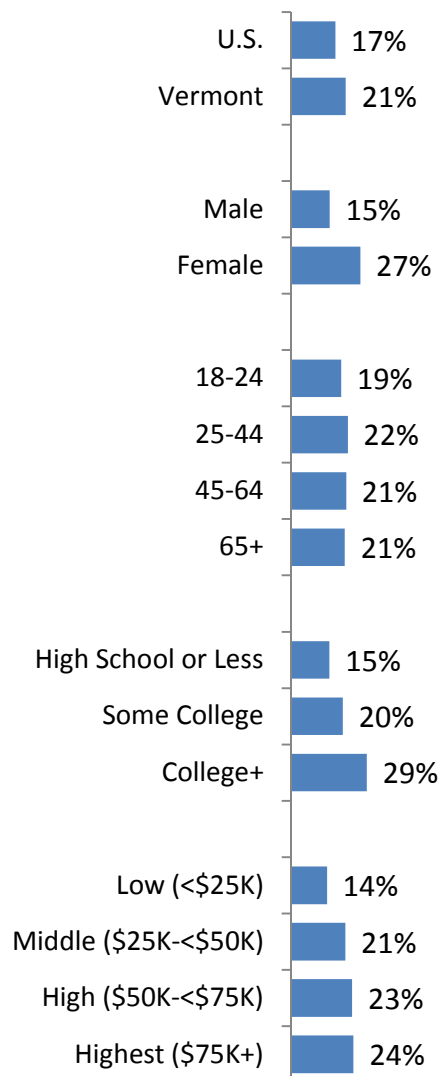
Adults with more education and higher annual household incomes are more likely to eat five or more fruits and vegetables at least five times daily.

- Adults with a college degree or higher are significantly more likely than those with less education to eat five or more fruits and vegetable per day.
- Adults in homes with middle incomes or higher are significantly more likely than those in low income homes to eat five or more fruit and vegetable per day.

The proportion of Vermont adults who reported eating at least five fruits and vegetables daily was statistically unchanged from 2011 (23%) to 2013 (21%).

Due to changes to the questions about fruit and vegetable consumption in 2011, data from 2011 and 2013 cannot be made to previous years. As a result, trend data on fruit and vegetable consumption is not available.

**5+ Daily Servings of Fruit & Vegetables\*  
Vermont Adults, 2013**



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age. Additional information about recommendations regarding fruit consumption can be found: <http://www.choosemyplate.gov/food-groups/>

# Sugar Sweetened Beverage Consumption

In 2013, Vermont adults were asked about their consumption of sugar sweetened beverages. Sugar sweetened beverages fall into two categories:

- Regular soda or pop that contains sugar (excludes diet soda).
- Sugar sweetened fruit drinks (e.g. Kool-Aid and lemonade), sweet tea, and sports or energy drinks (e.g. Gatorade and Red Bull). Excluded are: 100% fruit juice, diet drinks, and artificially flavored drinks.

Twelve percent of adults said they have at least two sugar sweetened beverages per day. On average, adults said they drink sugar sweetened beverages 0.5 times per day.

Men are significantly more likely than women to report having at least two sugar sweetened beverages per day.

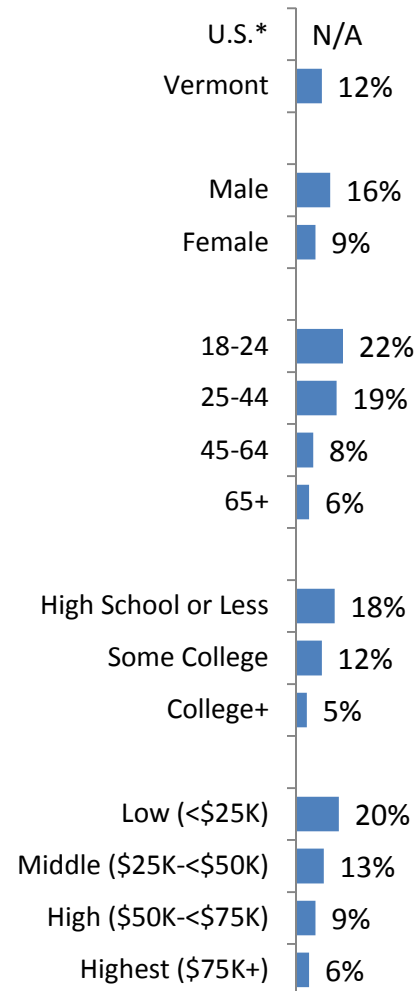
Consumption of multiple sugar sweetened beverages decreases with increasing age.

- Adults 18-44 are significantly more likely than those 45 and older to report having at least two beverages per day.

Adults with less education and lower annual household incomes are more likely to report having at least two sugar sweetened beverages per day.

- All differences by education level are statistically significant.
- Adults in low income homes are significantly more likely than those in homes with more income to have two or more sugar sweetened beverages per day.
- Those in homes with middle incomes are also significantly more likely than those in homes with the highest incomes (\$75,000 or more) to report drinking two or more beverages daily.

**2+ Sugar Sweetened Beverages  
Vermont Adults, 2013**



\*No national estimate available.

# Met Physical Activity Recommendations\*

Aerobic physical activity recommendations are defined as 150 minutes of moderate activity or 75 minutes of vigorous activity per week\*\*.

Fifty-nine percent of Vermont adults met aerobic physical activity recommendations in 2013, significantly higher than the 50% reported by U.S. adults.

There are no significant differences in meeting aerobic physical activity guidelines by gender or age.

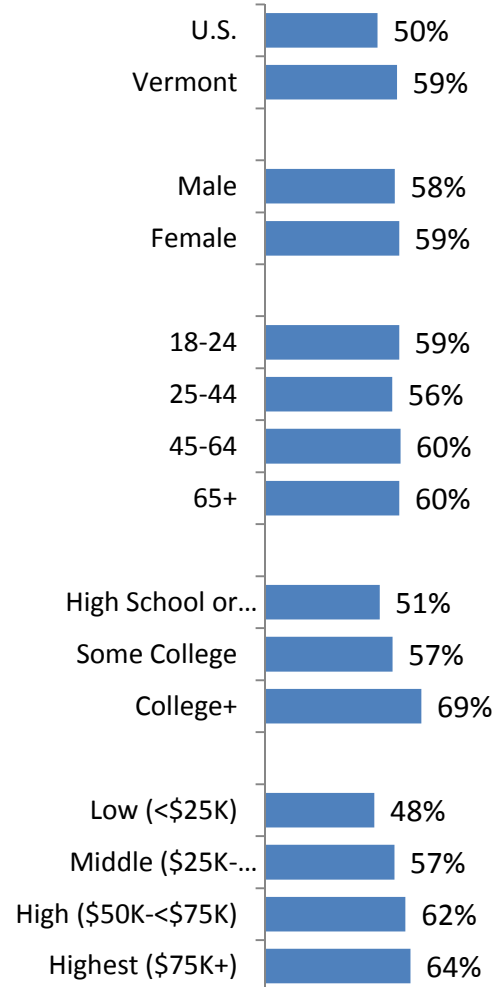
Participation in physical activity increases with increasing education level and income level.

- Adults with a college education or higher are significantly more likely than those with less education to meet physical activity recommendations.
- Those in homes with middle or higher incomes are significantly more likely meet physical activity guidelines than those with low incomes.

Overall, the proportion of Vermont adults meeting aerobic physical activity recommendations is unchanged from 2011 to 2013, 59% in both years.

Due to changes in the physical activity questions in 2011, data from 2011 and 2013 cannot be made to previous years. As a result, trend data for physical activity recommendations is not available.

## Met Aerobic Physical Activity Recommendations\* Vermont Adults, 2013



\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

\*\*Additional information about physical activity recommendations can be found here:

<http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

[Note: This measure is a Healthy Vermonters 2020 goal.]



# Met Strength Building Recommendations

The recommendation for muscle strengthening activities is to participate in this type of activity at least twice per week\*.

Three in ten Vermont adults participated in muscle strengthening activities at least twice a week in 2013.

Men and women report meeting strength training recommendations at statistically similar rates.

Participation in muscle building activities decreases with increasing age.

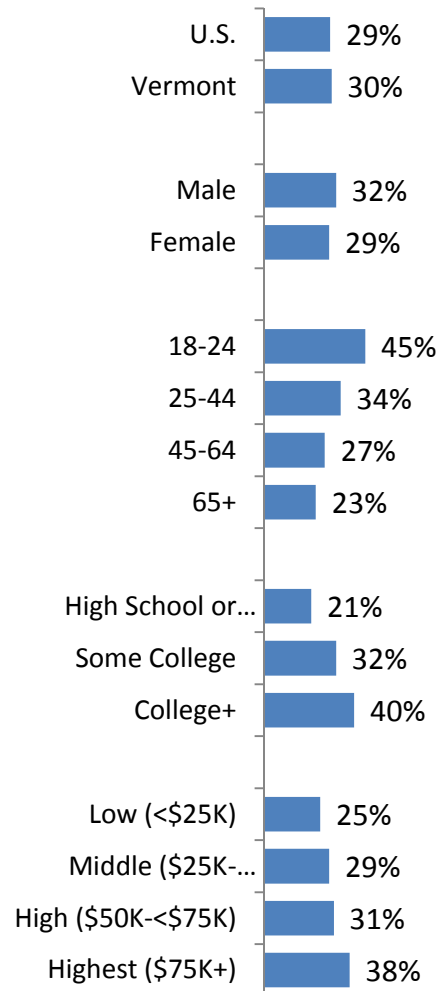
- All differences except that between those 45-64 and 65 and older are statistically significant.

Adults with more education and more annual household income levels are more likely to meet strength training recommendations.

- All differences by education level are statistically significant.
- Adults in the highest income homes are significantly more likely than those in homes with middle or low incomes to meet strength training recommendations.

The proportion of Vermont adults who participate in strength training at least twice a week was similar in 2011 and 2013 (29% vs. 30%).

**Met Strength Building Recommendations  
Vermont Adults, 2013**



\*Additional information about strength building recommendations can be found here: <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

# HIV Screening – Ever

Three in ten (31%) Vermont adults reported ever being tested for HIV, in 2013. This increases to 36% when looking at adults 18-64.

HIV testing among both all Vermont adults and those 18-64 is significantly lower than the rates for U.S. adults overall (38%) and 18-64 (44%).

Men are as likely as women to have ever been tested.

Adults 25-44 are significantly more likely to have ever been tested for HIV than those in all other age groups. Those 65 and older are significantly less likely to have been tested compared to younger adults.

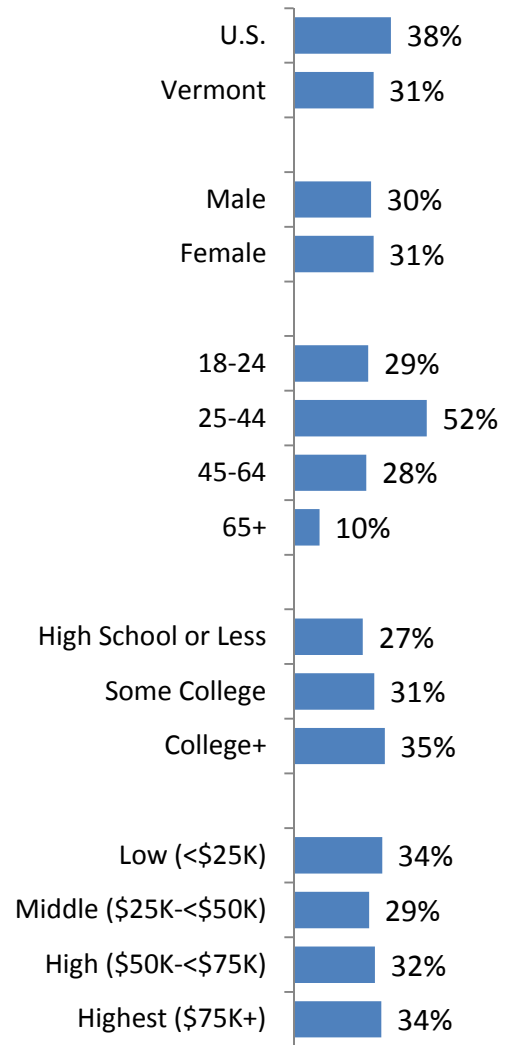
Vermont adults with more education are more likely to have been tested for HIV than those with less education.

- Adults with a college degree or higher are significantly more likely to have been tested than those with a high school degree or less.

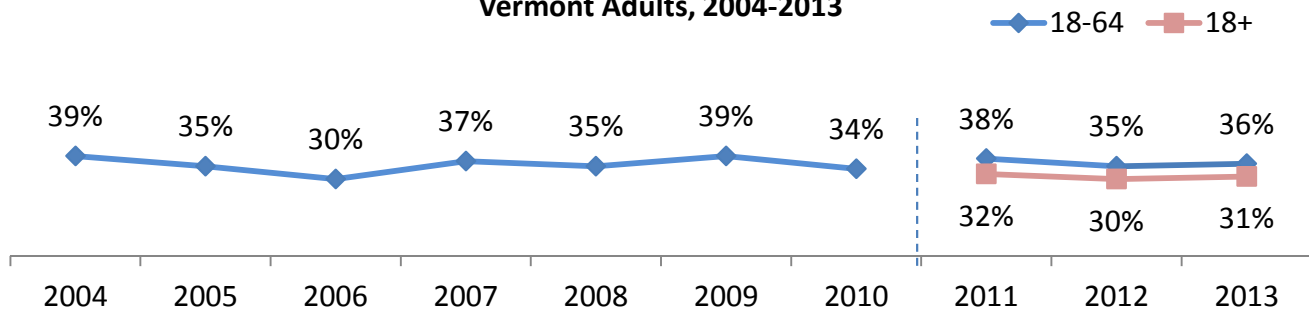
There are no statistical differences in HIV testing by annual household income level.

Ever tested for HIV rates among Vermont adults are statistically unchanged from 2012 to 2013.

**Ever Tested for HIV  
Vermont Adults, 2013**



**Ever Tested for HIV  
Vermont Adults, 2004-2013**



# HIV Screening – In Last Year

Six percent of Vermont adults report they were tested for HIV in the last year. When limited to adults 18 to 64, this increases slightly to eight percent.

Recent HIV testing is significantly higher among U.S. adults overall (11%) and those 18-64 (13%), as compared to Vermont adults.

Men and women report similar rates of recent HIV testing.

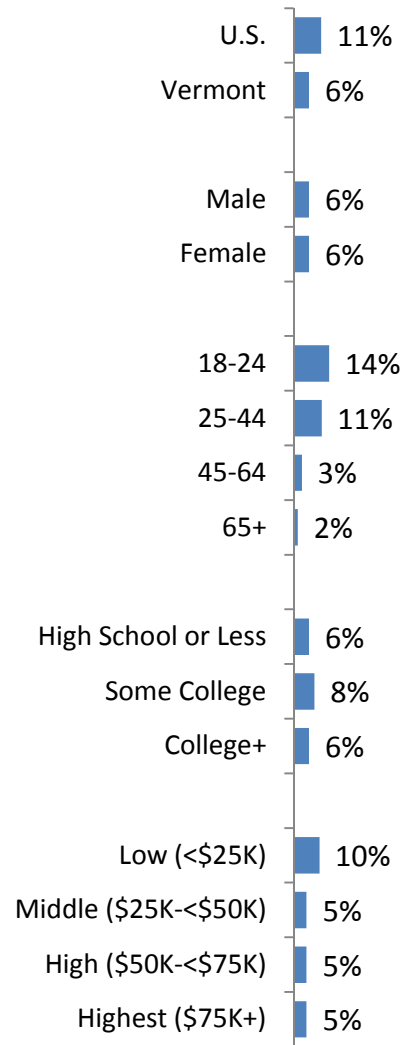
Adults 18-44 are significantly more likely to report recent HIV tests versus those 45 and older.

There are no statistically significant differences in recent HIV tests by education level.

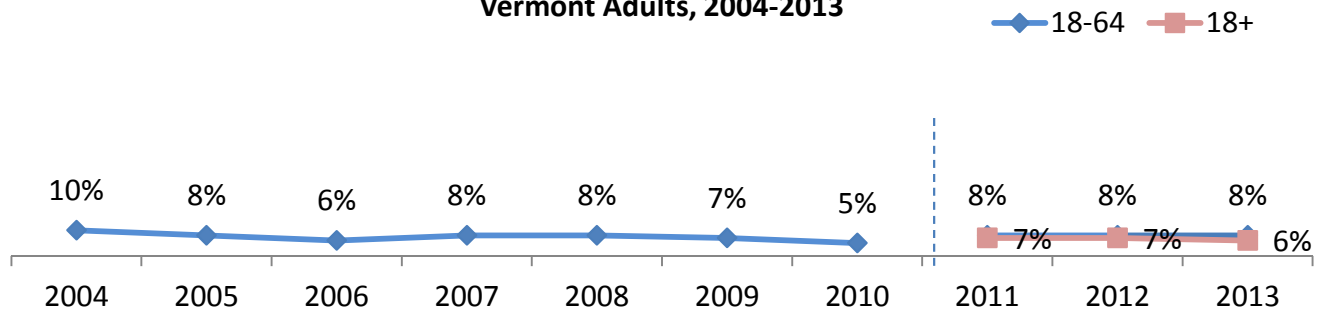
Adults in low income homes are significantly more likely to report recent HIV tests than those in homes with middle and highest incomes .

Overall, receipt of a recent HIV test was similar in 2012 and 2013, both for adults overall (7% in 2012 and 6% in 2013 ) and those 18 to 64 years of age (8% both years).

**HIV Tested in Last Year  
Vermont Adults, 2013**



**Tested for HIV in Last Year  
Vermont Adults, 2004-2013**



# HIV Screening – Where Tested

Adults ever tested for HIV were also asked where their most recent HIV test occurred.

In 2013, more than half (52%) said their last HIV test was at a private doctor's office. The next most common testing locations were at a clinic (16%) and somewhere else (13%).

Seven percent of adults who had an HIV test said their most recent test was in a hospital, while 5% said it was at home, 3% got a test at a counseling and testing site, and 2% in an emergency room.

One percent each said they were tested in a jail or prison and a drug treatment facility.

