

# Brattleboro District Office

## 2016 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

# Table of Contents

	<b>Page</b>
Introduction.....	3
Demographics.....	4
Health Status Indicators.....	6
Health Access Indicators.....	8
Chronic Conditions.....	10
Risk Behaviors.....	14
Preventive Behaviors – Fruit & Vegetable Consumption.....	18
Preventive Behaviors – Physical Activity Recommendations.....	20
Preventive Behaviors – Routine Doctor Visits and Immunizations.....	21
Oral Health.....	23
HIV Screening.....	25
Cancer Screening.....	26
Appendix A.....	28

# What is the Behavioral Risk Factor Surveillance System or BRFSS?

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

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

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

A report summarizing the 2016 statewide results from the Vermont BRFSS can also be found on the VDH website: [http://www.healthvermont.gov/sites/default/files/documents/pdf/summary\\_brfss\\_2016.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfss_2016.pdf).

## Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, 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 2011 and subsequent results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

# Demographics of Brattleboro District Office\*

The next few pages describe the demographic makeup of Brattleboro area adults in 2015-2016.

About half of Brattleboro adults are female (51%). Six in ten Brattleboro adult residents are 25-64, with about a quarter (26%) are ages 65 and older.

- Brattleboro adults are statistically less likely than VT adults overall to be 25-44 (22% vs. 28%)

More than a third (35%) of Brattleboro area adults has a high school degree or less.

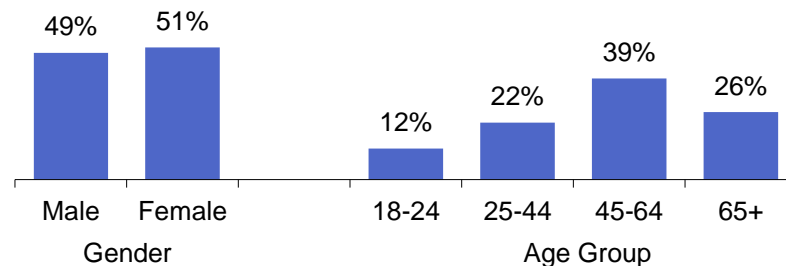
- Brattleboro adults report a similar education distribution as those in Vermont overall.

About a quarter of Brattleboro adults live in a home making less than \$25,000 annually, more than four in ten live in homes making \$50,000 or more per year.

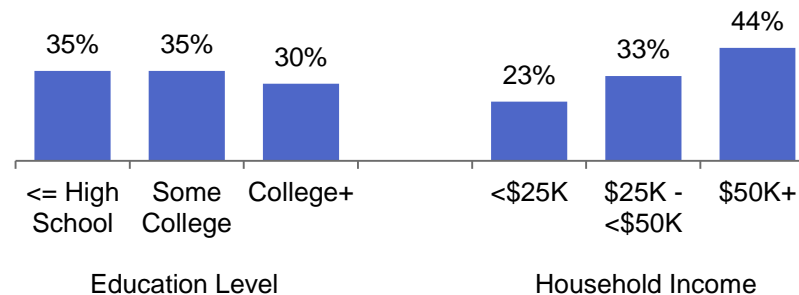
- Brattleboro area adults are statistically more likely than Vermont adults overall to report living in a home with an annual household income of \$25,000-\$49,999 (33% vs. 25%).

Five percent of adults in the Brattleboro area report being a person of color. This is statistically similar to the six percent reported among Vermont adults overall.

**Brattleboro Residents by Gender and Age**



**Brattleboro Residents by Education & Income Level**



\*See page 31 for a list of the towns included in the Brattleboro Health District.

# Demographics of Brattleboro District Office

About two-thirds of Brattleboro adult residents are currently employed, while nearly one in five are retired. Seven percent said they are a student or homemaker, five percent are unable to work, and four percent are unemployed.

- Brattleboro area adults are less likely than Vermont adults overall to report being a student or homemaker (7% vs. 8%).

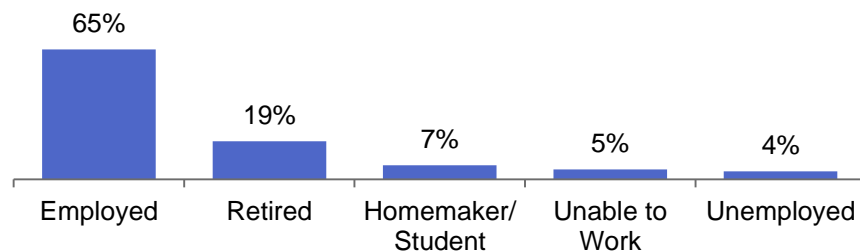
More than half of Brattleboro adults are married. Seventeen percent have never married, 14% are divorced. Less than one in ten are widowed (7%) or part of an unmarried couple (6%).

- Brattleboro area adults reported a similar marital status distribution Vermont adults overall.

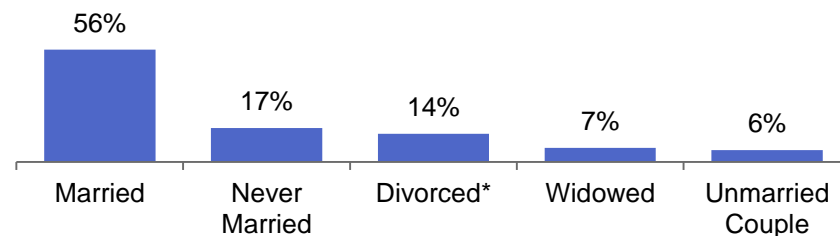
Nearly three-quarters of adults in the Brattleboro area said there are no children less than 18 years of age living in their home. Four percent reported having three or more children.

- The number of children in the home reported by Brattleboro area adults is similar to that for Vermont overall.

**Brattleboro Residents by Employment Status**

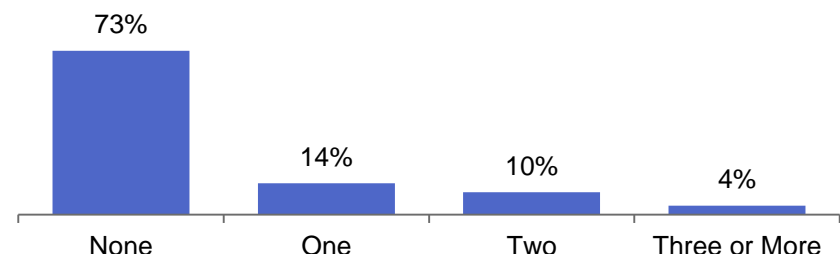


**Brattleboro Residents by Marital Status**



\*Includes those who reported their marital status as divorced or separated.

**Brattleboro Residents by Children in Household**



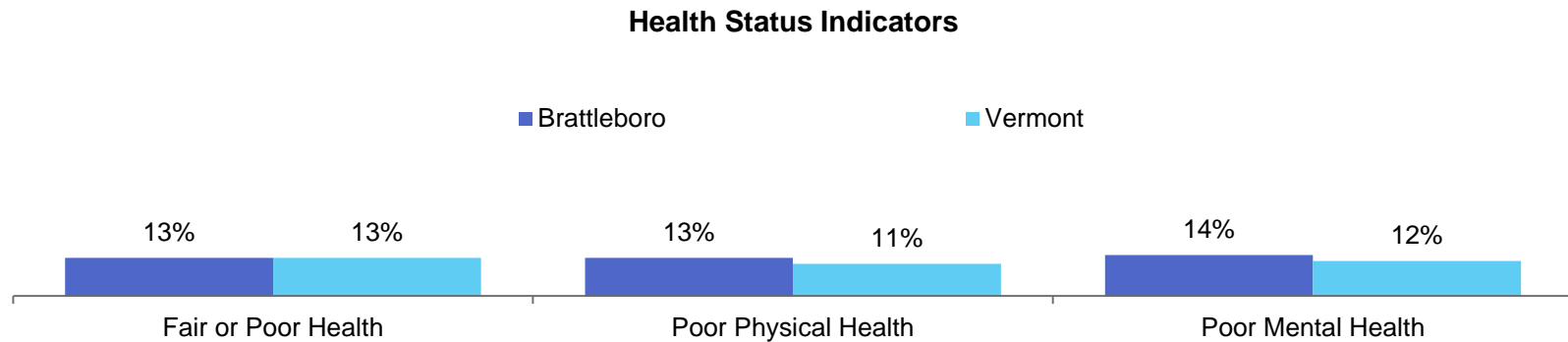
# Health Status Indicators

In 2015-2016, more than one in ten (13%) Brattleboro area adults reported being in fair or poor general health. The same proportion reported poor physical health, while 14% have poor mental health.

- Poor mental and physical health are defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Brattleboro area adults and Vermont adults overall.

Among adults in the Brattleboro area, health status indicators have not changed statistically since 2011. See Appendix A for results over time.



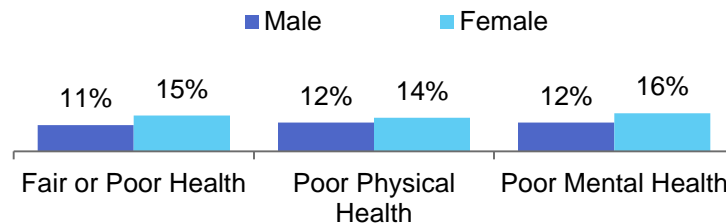
# Health Status Indicators

Rates of fair or poor health, poor physical health and poor mental health do not differ statistically by gender or age, among Brattleboro area adults.

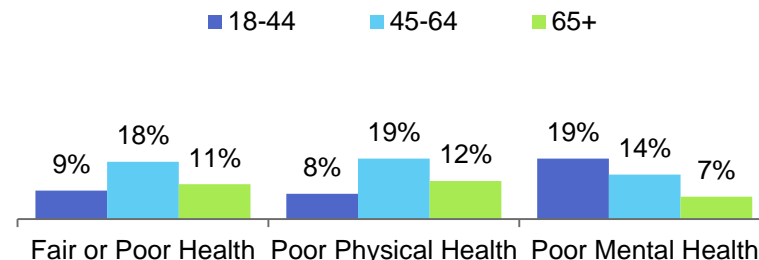
Poor health, regardless of the measure decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are statistically more likely to report fair or poor general health and poor physical health with more income annually.
- Additionally, those in homes making less than \$25,000 per year are statistically more likely to report poor mental health than those in homes making more than \$50,000 per year.

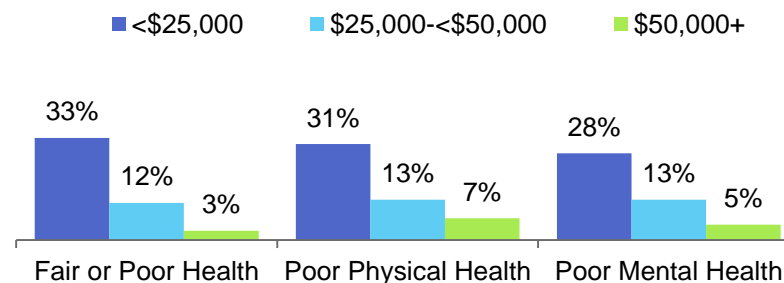
**Health Status Indicators by Gender  
Brattleboro Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**



# Healthcare Access Indicators

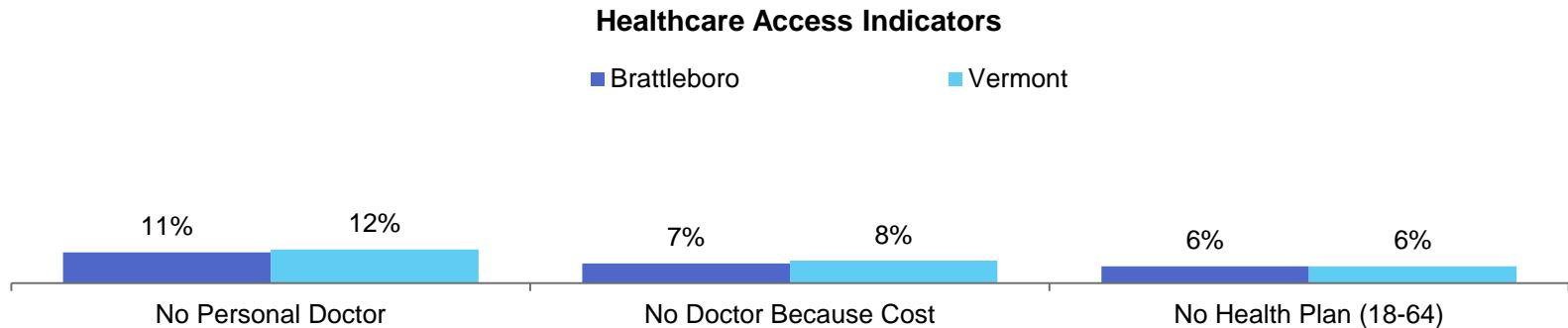
In 2015-2016, about one in ten (11%) adults in the Brattleboro area said they do not have a personal doctor for health care. Less than one in ten (7%) needed care in the last year but did not seek it due to the cost. Among Brattleboro area adults ages 18-64, six percent do not have health insurance.

There are no differences in health access, regardless of measure, when comparing Brattleboro adults with Vermont adults overall.

Additionally, among Brattleboro area adults, delaying care due to cost is trending down, from 13% in 2011-2012 to 7% in 2015-2016. However, the difference between 2011-2012 and 2015-2016 is not statistically significant.

- Changes in the proportion of adults without a personal doctor and adults 18-64 without a health plan have not changed statistically since 2011.

See Appendix A for results over time.





# Healthcare Access Indicators

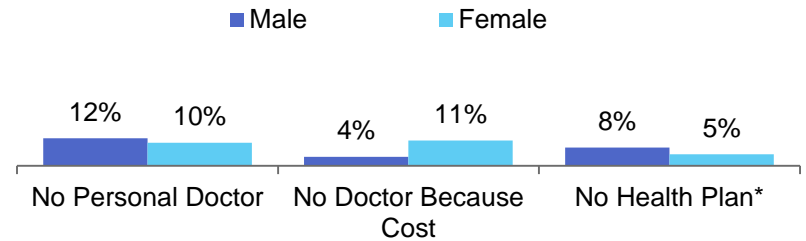
Brattleboro area women are more likely than men to report delaying care due to cost in the last year (11% vs. 4%)

There are no statistical differences by gender in having a personal primary care doctor and not having a health plan.

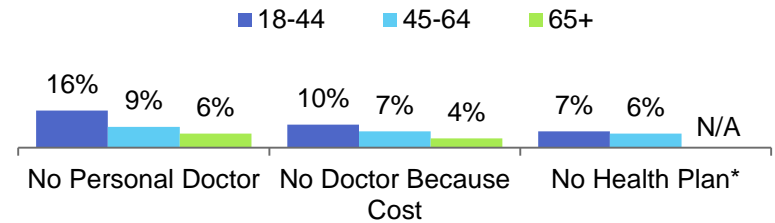
Lack of healthcare access, regardless of the measure, is highest among younger adults. However, differences by age are not statistically significant.

Similarly, adults in the Brattleboro area with lower annual household incomes are more likely to have health care access issues. However, differences in healthcare access, regardless of the measure, are not statistically significant by annual household income level.

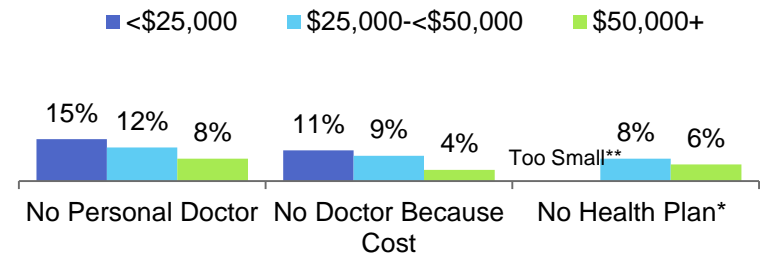
**Healthcare Access Indicators by Gender  
Brattleboro Adults**



**Healthcare Access Indicators by Age**



**Healthcare Access Indicators  
by Income Level**



\*Limited to adults 18-64.

\*\*Sample size too small to report.

# Chronic Conditions

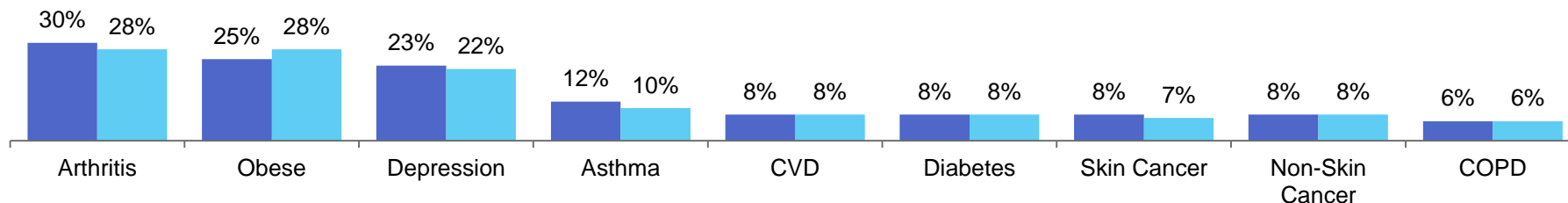
Three in ten Brattleboro area adults have arthritis, while a quarter are obese. Slightly fewer, 23%, have a depressive disorder. Twelve percent of Brattleboro adults have asthma and less than one in ten reported each of the following chronic conditions: cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD), skin cancer, and non-skin cancers.

Brattleboro area adults reported similar rates of all chronic conditions, regardless of the measure, as compared with Vermont adults overall.

The prevalence of all reported chronic conditions have not changed statistically since 2011. See Appendix A for trend results.

### Prevalence of Selected Chronic Conditions

■ Brattleboro ■ Vermont



Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

# Chronic Conditions

Among Brattleboro area adults there are no statistically significant differences by gender in the prevalence of arthritis, obesity, depression, or asthma.

Arthritis prevalence among Brattleboro adults increases with increasing age.

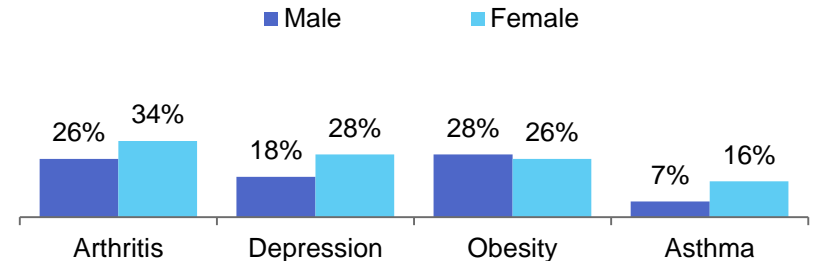
- Adults 45 and older are statistically more likely to report arthritis than those 18-44.

There are no statistical differences by age in obesity, depressive disorders, or asthma.

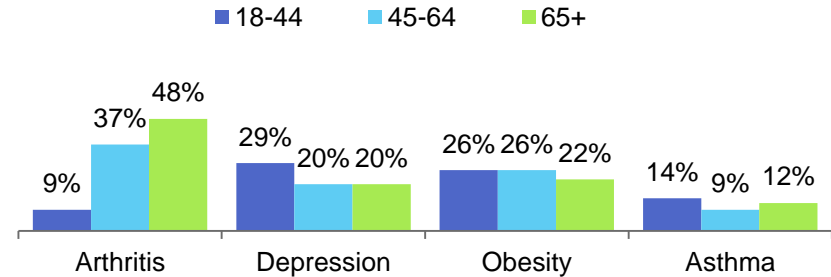
The prevalence of depressive disorders among adults in homes making less than \$25,000 annually is statistically higher than that among adults in homes with more income.

- There are no statistically significant differences in the prevalence of arthritis, obesity, or asthma by annual household income level.

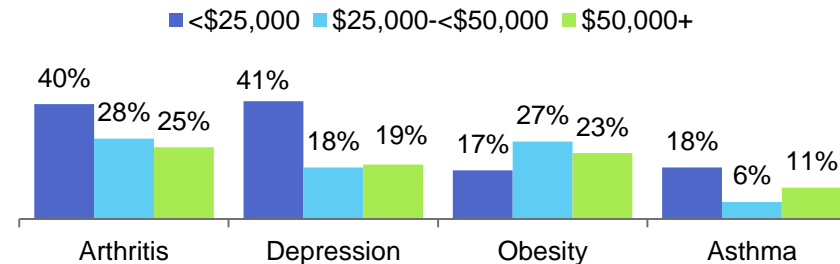
**Chronic Conditions by Gender  
Brattleboro Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

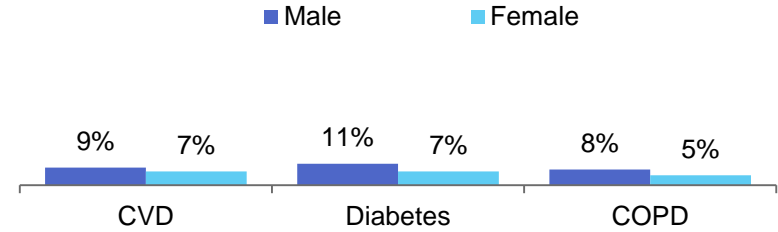
# Chronic Conditions

There are no significant differences in rates of CVD, diabetes, and COPD among Brattleboro area adults by gender or age.

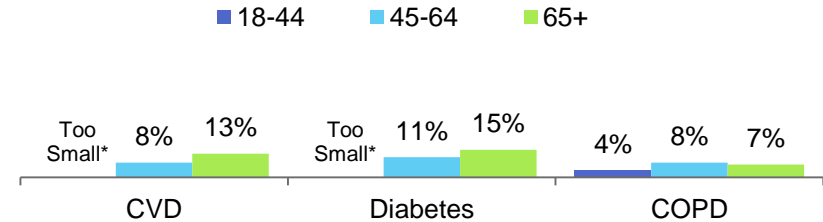
Brattleboro area adults living in homes with less income are more likely to have CVD, diabetes, and COPD.

- Adults in homes making less than \$25,000 annually are statistically more likely to have diabetes, as compared with adults in homes making \$50,000 or more per year.
- Differences in CVD and COPD prevalence by annual household income level are not statistically significant.

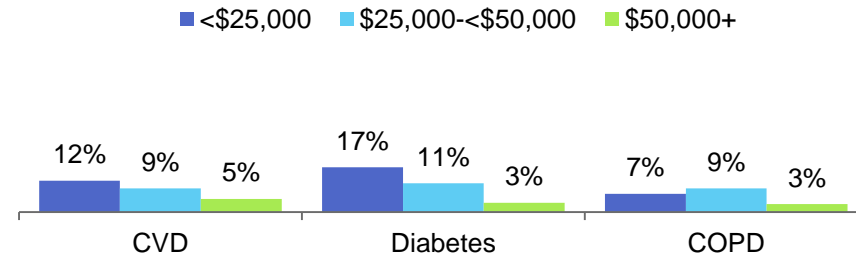
**Chronic Conditions by Gender  
Brattleboro Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report.

# Chronic Conditions

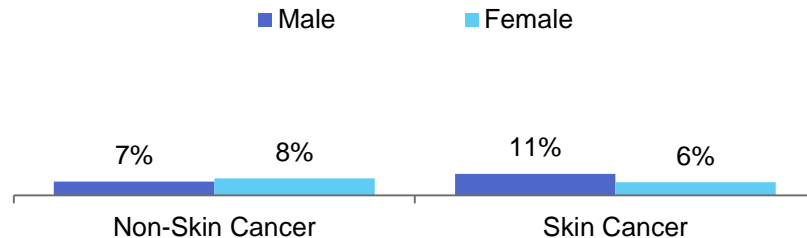
Among Brattleboro area adults, there are no statistical differences in the prevalence of skin and other cancers by gender.

The prevalence of skin cancer and non-skin cancers both increase with increasing age.

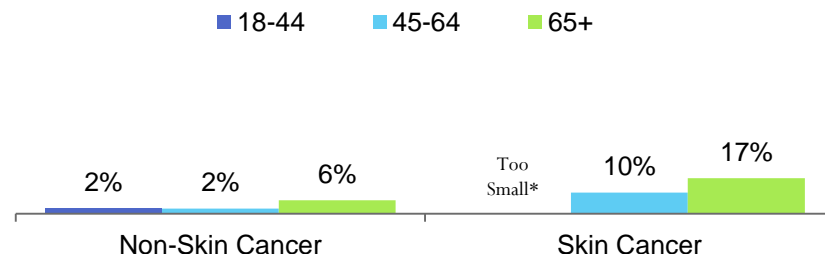
- Adults 65 and older are statistically more likely than younger adults to report ever having a non-skin cancer.

Among Brattleboro adults, adults with annual household incomes of at least \$50,000 are statistically more likely than those with an income of less than \$25,000 per year to report ever having skin cancer.

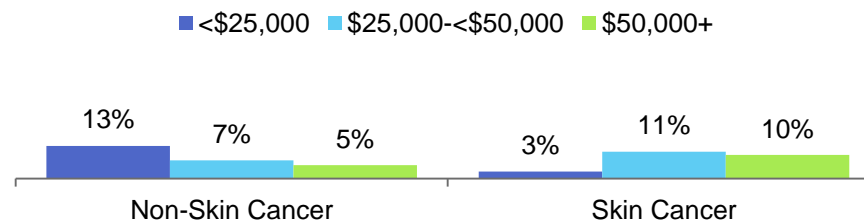
**Chronic Conditions by Gender  
Brattleboro Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report.

# Risk Behaviors

In 2015-2016, one in five Brattleboro adults currently smoke or did not participate in leisure time physical activity. Of smokers, about half, 48% tried to quit in the last year (data not shown).

Fourteen percent of Brattleboro area adults binge drank in the last months. Half as many, seven percent heavily drank during that time.

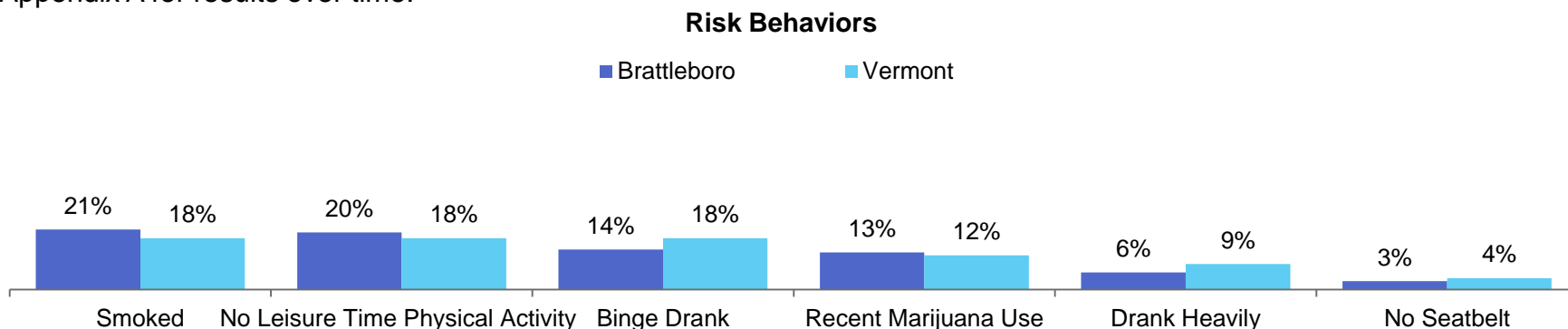
- Binge drinking is defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking is defined as more than two drinks per day for men and more than one for women.

Thirteen percent of adults in the Brattleboro area used marijuana in the last month. Few, three percent, seldom or never use a seatbelt.

Among Brattleboro area adults, smoking is trending up, from 15% in 2011-2012 to 21% in 2015-2016. Likewise, no leisure time physical activity is also increasing (13% in 2011-2012 to 20% in 2015-2016). Alcohol use, both binge and heavy drinking are trending down, with binge drinking decreasing from 18% in 2011-2012 to 14% in 2015-2016 and heavy drinking decreasing from 8% to 6% over the same time frame. However, for all of these measures the difference between 2011-2012 and 2015-2016 is not statistically significant.

- There are no statistical differences in marijuana use and non-seatbelt use since 2011.

See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

# Risk Behaviors

Male adults in the Brattleboro area are statistically more likely than female adults to smoke cigarettes.

- Differences by gender among Brattleboro area adults in not participating in leisure time physical activity are not statistically significant.

Among adults in the Brattleboro area, smoking rates decrease with increasing age.

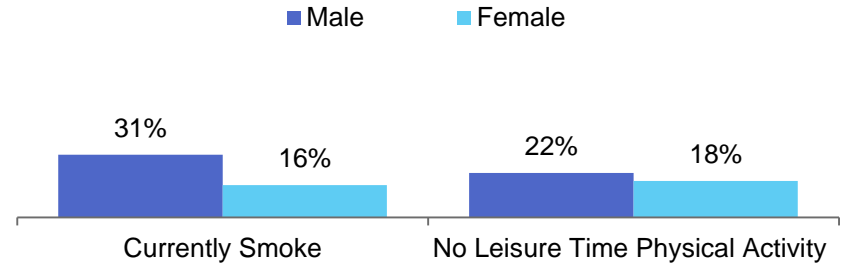
- Adults 18-44 are statistically more likely to report smoking than those 45 and older.

Conversely, not participating in physical activity is highest among adults 45 and older, however, these differences are not statistically significant.

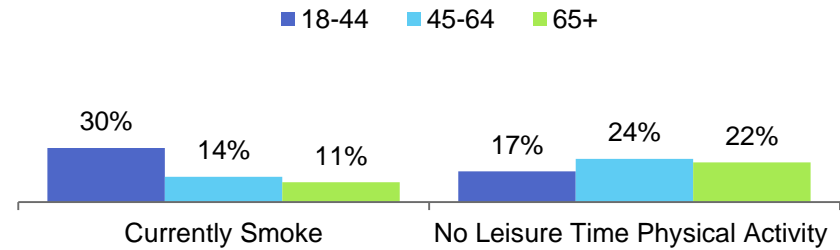
Brattleboro area adults in homes with more income are less likely to smoke and less likely to not participate in physical activity.

- Adults in homes making at least \$50,000 are statistically less likely to smoke or not participate in leisure time physical activity than those in homes with less income.

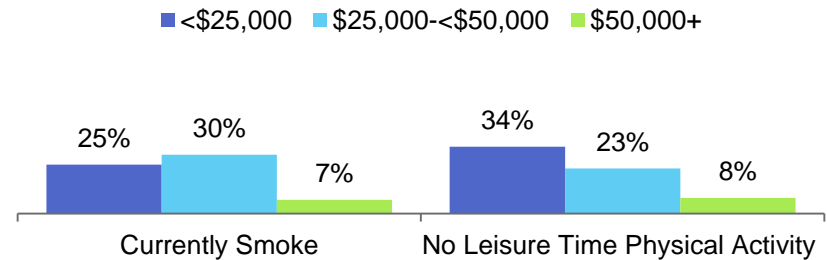
**Risk Behaviors by Gender  
Brattleboro Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

# Risk Behaviors

Among Brattleboro area adults, men are statistically more likely than women to report binge drinking (19% vs. 9%) and marijuana use (18% vs. 7%) in the previous month.

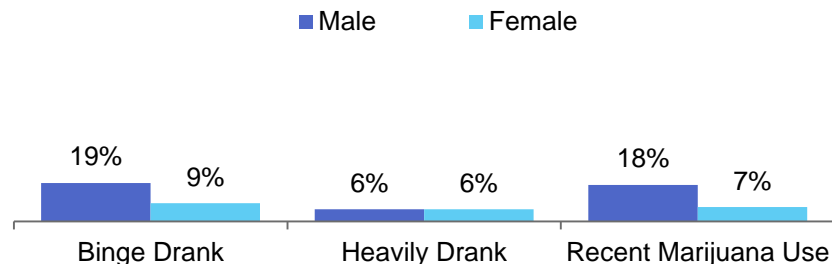
- There are no significant differences by gender in heavy drinking.

Binge drinking is highest among adults under age 65, while marijuana use decreases as age increases.

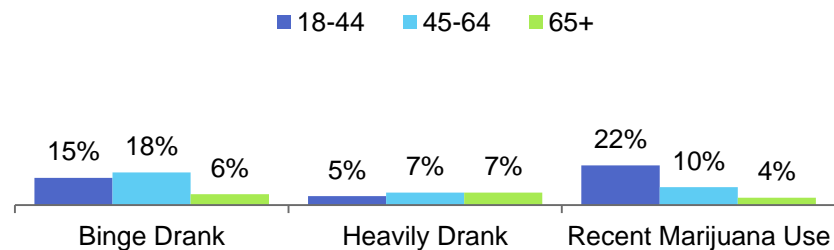
- Adults 45-64 are statistically more likely to report binge drinking than those 65 and older.
- Adults 18-44 are statistically more likely than those 65 and older to have used marijuana recently.
- Heavy drinking does not vary statistically by age.

There are no significant differences by annual household income level in rates of binge drinking, heavy drinking, or recent marijuana use.

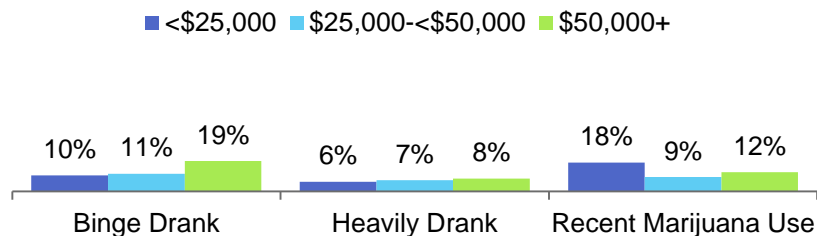
**Risk Behaviors by Gender  
Brattleboro Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report.



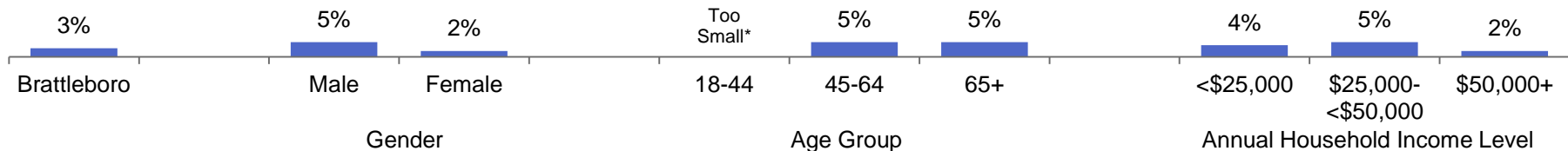
# Risk Behaviors

Overall, less than one in twenty (3%) adults in the Brattleboro area seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Brattleboro area men and women do not wear seatbelts at statistically similar rates.

Adult non-use of seatbelts in the Brattleboro area does not differ by age or annual household income level..

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
Brattleboro Adults**



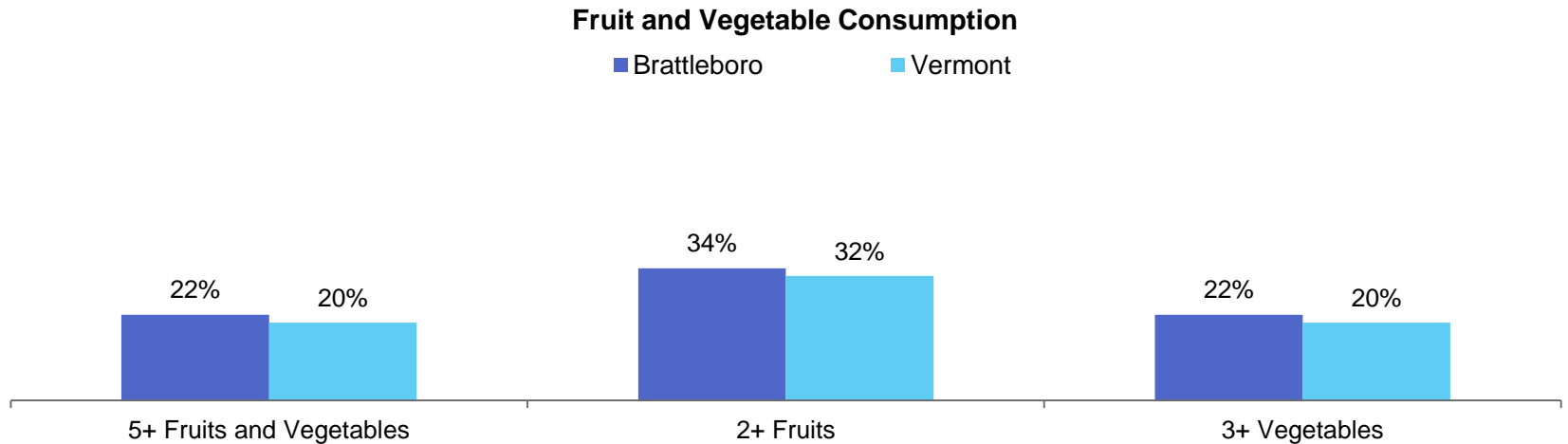
\*Sample size is too small to report.

# Preventive Behaviors

In 2013/2015, more than two in ten (22%) Brattleboro area adults ate fruits and vegetables five or more times per day. More than a third (34%) ate two or more fruits and nearly a quarter (22%) reported eating vegetables three or more times.

Brattleboro area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.

Fruit and vegetable consumption, among Brattleboro area adults, did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.

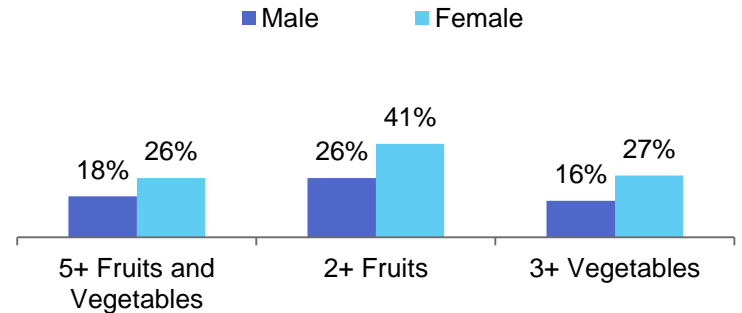


# Preventive Behaviors

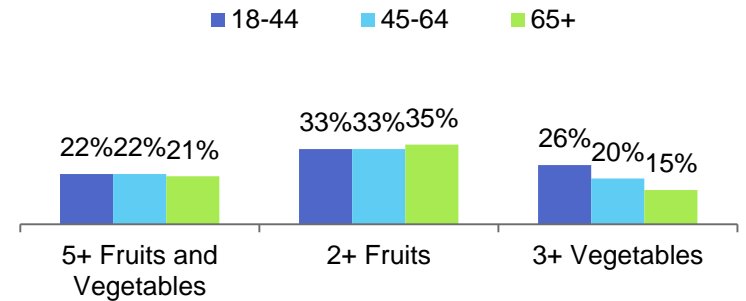
Women in the Brattleboro area eat more fruits and vegetables than men, however differences are not statistically significant.

There are no differences in fruit and vegetable consumption by age or annual household income level, among Brattleboro adults.

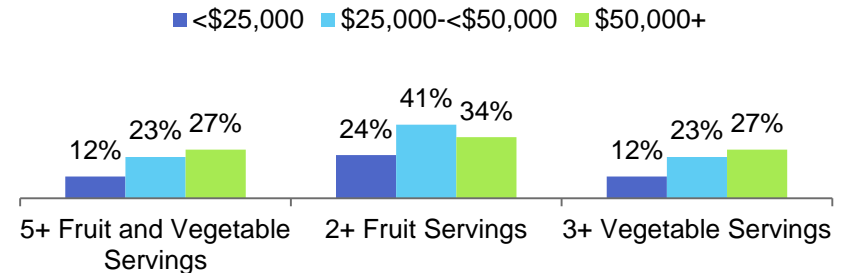
**Preventive Behaviors by Gender  
Brattleboro Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.

# Preventive Behaviors

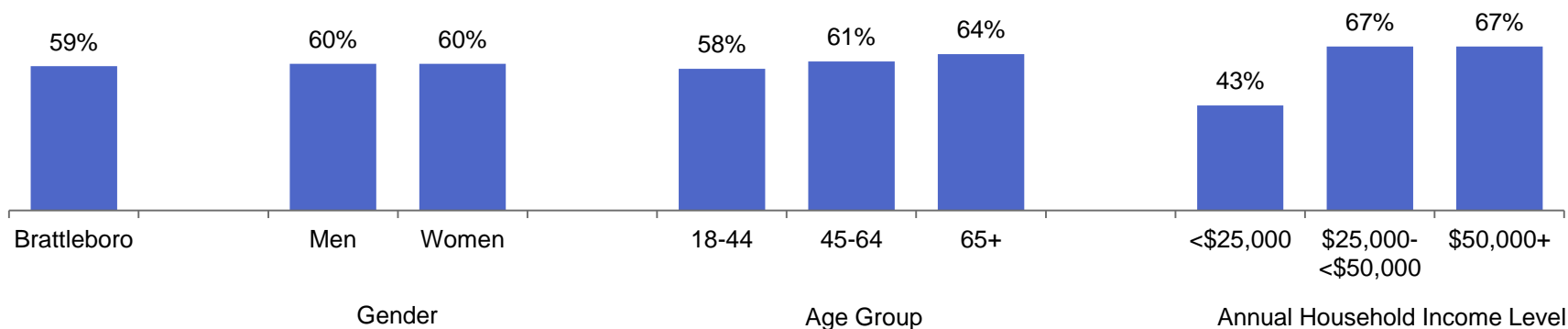
In 2013/2015, about six in ten (59%) Brattleboro area adults met physical activity recommendations\*. This is the same as reported among Vermont adults overall.

Men and women in the Brattleboro area met physical activity recommendations at the same rate, 60%.

Among Brattleboro adults, there are no significant differences in meeting physical activity recommendations by age. Those in homes making at least \$50,000 per year are statistically more likely to meet physical activity recommendations, as compared with those in homes making less than \$25,000 per year.

Meeting physical activity recommendations did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Brattleboro Adults**



\*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see: [www.cdc.gov/physicalactivity/everyone/guidelines/index.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html).

Note: Met physical activity recommendations data, except that by age, are age adjusted to the U.S. 2000 population.

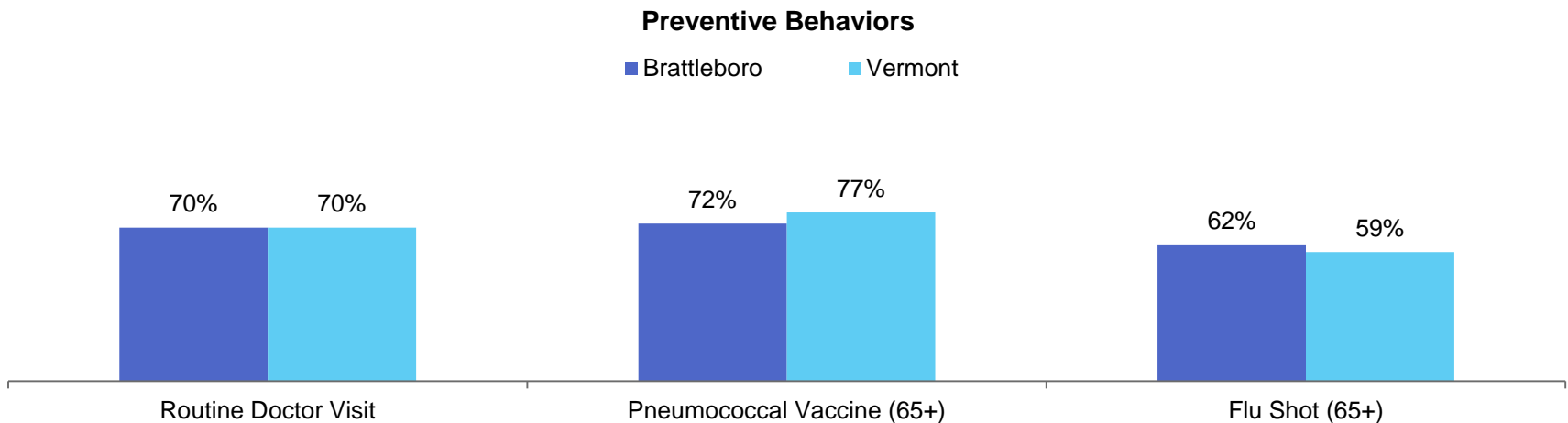
# Preventive Behaviors

Seven in ten adults in the Brattleboro area saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

More than seven in ten (72%) Brattleboro area adults ages 65 and older have ever gotten a pneumococcal vaccine. More than six in ten (62%) reported getting a flu shot in the last year.

- Vermont adults, ages 65 and older get pneumococcal and flu shot vaccines at similar rates to Brattleboro adults, 77% and 59%, respectively.

Routine doctor visits and receipt of vaccinations among Brattleboro area adults have not changed since 2011. See Appendix A for results over time.



# Preventive Behaviors

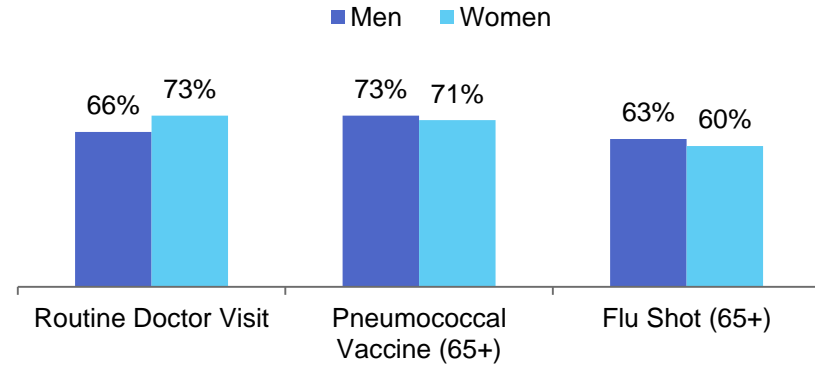
There are no statistical differences by gender in routine visits to a doctor, among Brattleboro area adults. Men and women 65 and older also reported have rates of annual flu shots and ever getting the pneumococcal vaccine.

Routine visits to the doctor in the last year increase with age.

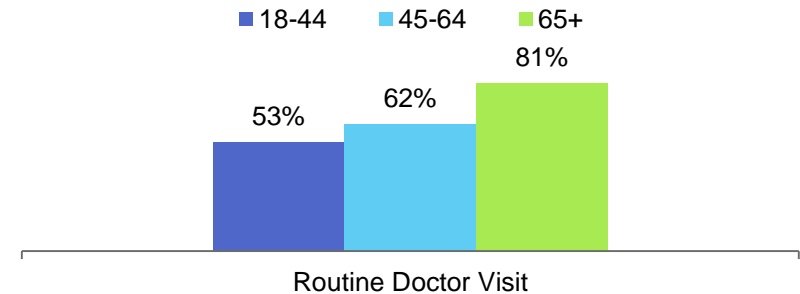
- Adults 65 and older are statistically more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Brattleboro area adults, in the occurrence of routine doctor visits or receipt of vaccinations by annual household income level.

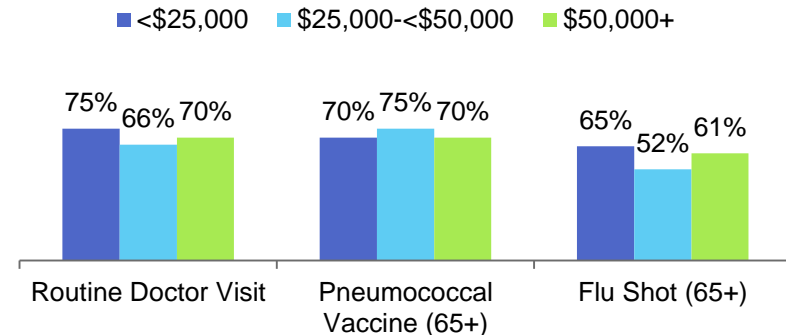
**Preventive Behaviors by Gender  
Brattleboro Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**

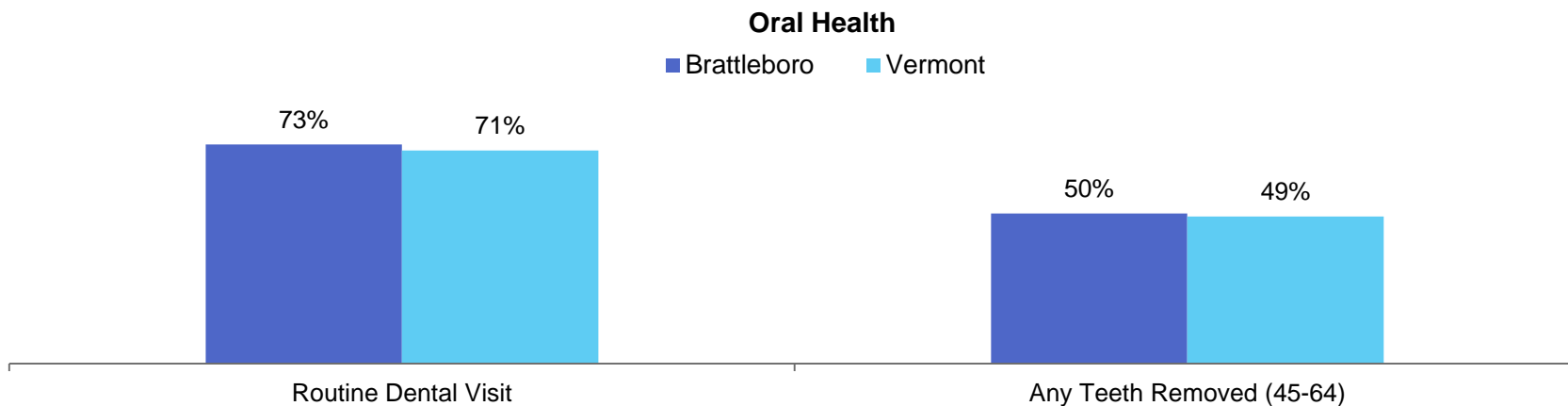


# Oral Health

More than seven in ten (73%) Brattleboro adults saw a dentist in the last year, similar to the 71% among Vermont adults overall.

Half of adults ages 45-64 have had at least one tooth removed, also similar to that reported among Vermont adults (49%).

Reported routine dental visits and teeth extractions did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.



Note: Routine dental visit data are age adjusted to the U.S. 2000 standard population.

# Oral Health

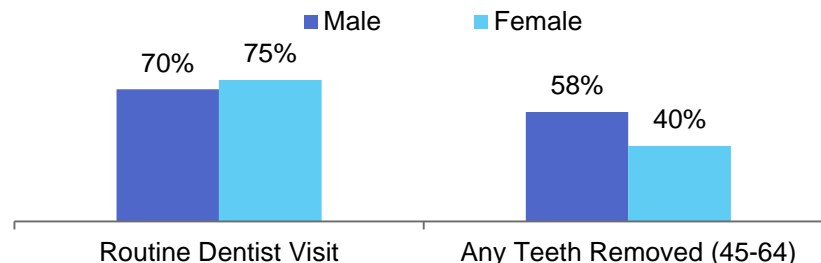
Among Brattleboro area adults, men and women are as likely to regularly visit their primary dentist and have one or more teeth removed/extracted.

Differences by age for routine visits to the dentist are not statistically significant.

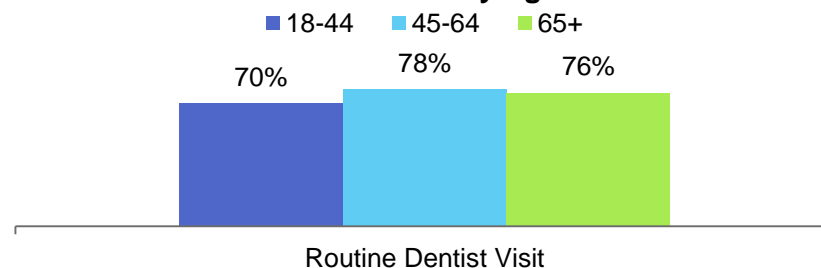
Brattleboro Area adults living in homes with more income are more likely than those in homes with less income to routinely see their dentist and less likely to have had teeth removed.

- All differences in routine dental visits by annual household income level are statistically significant.
- Adults in homes earning at least \$50,000 annually are statistically less likely than those making less than \$25,000 per year to have had at least one tooth removed.

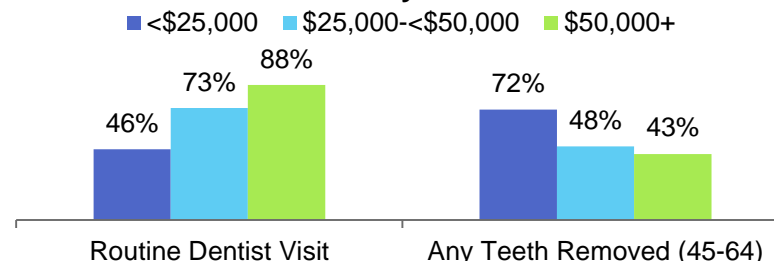
**Oral Health by Gender  
Brattleboro Adults**



**Oral Health by Age**



**Oral Health by Income Level**



Note: Routine dental visit data, except that by age, are age adjusted to the U.S. 2000 standard population.



# HIV Screening

In 2015-2016, more than a third of Brattleboro area adults had ever been tested for HIV, the same as among Vermont adults overall.

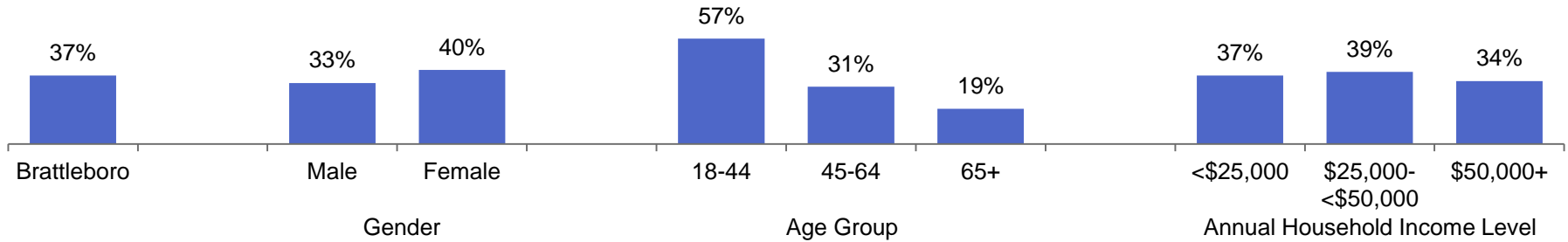
Men and women in the Brattleboro area experience HIV testing at statistically similar rates.

Ever having an HIV test decreases with increasing age. Adults 18-44 are statistically more likely to have been tested for HIV, compared with adults 45 and older.

There are no differences, among adults in the Brattleboro area, in HIV testing by annual household income level.

HIV testing among Brattleboro adults has not change statistically since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups  
Brattleboro Adults**



# Cancer Screening

In 2014/2016, eight in ten women ages 50-74 in the Brattleboro area met breast cancer screening recommendations. This is statistically similar to the rate among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

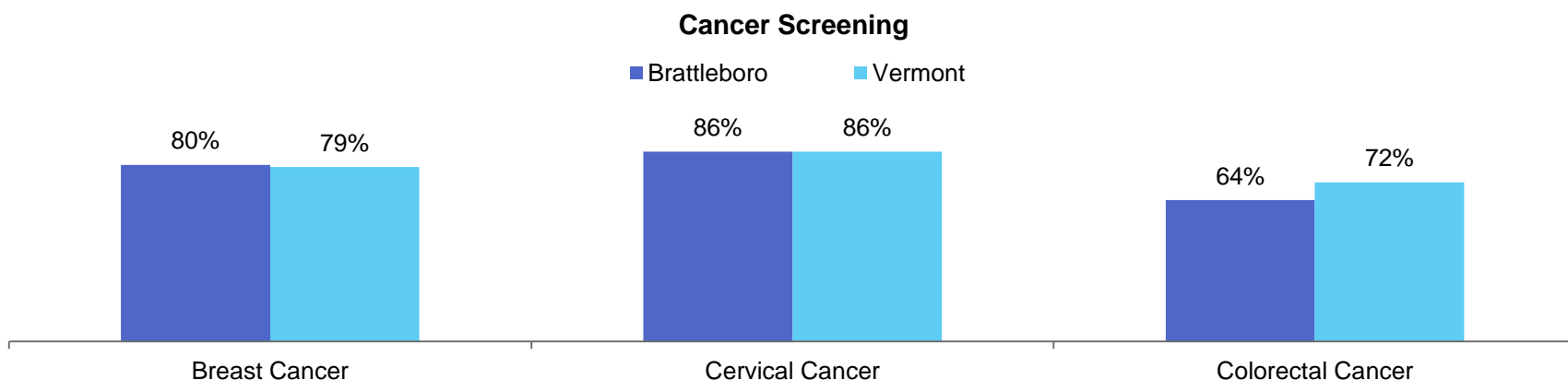
Eighty-six percent of women 21-65 who live in the Brattleboro area met cervical cancer recommendations, the same as among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Brattleboro area, sixty-four percent met colorectal cancer screening recommendations. This is statistically lower than the rate among all Vermonters of the same age.

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy every five years and FOBT every three years OR colonoscopy every ten years.

Receipt of mammograms among women 50-74, and of colorectal cancer screening among adults 50-75 did not change statistically from 2012/2014 to 2014/2016. Changes in cervical cancer screening could not be measured due to a difference in how hysterectomies were asked about in 2016 and earlier years.



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

VDH – June 2018

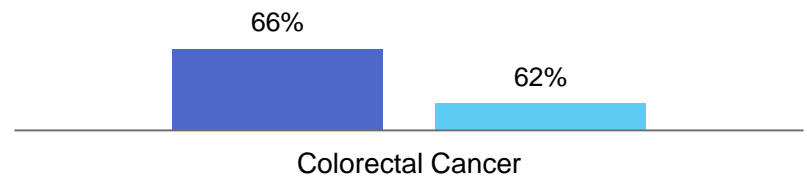
Brattleboro District Office: BRFSS Data,  
Breast and Colorectal Cancer Screening - 2014, 2016; Cervical Cancer – 2012, 2014

# Cancer Screening

Among Brattleboro area adults, there are no statistically significant differences in receipt of recommended colorectal cancer screening by gender or annual household income level.

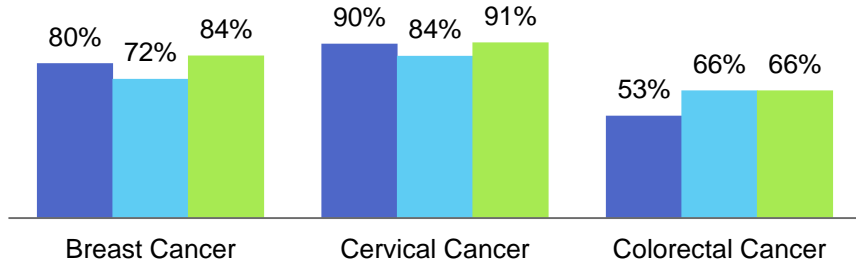
### Cancer Screening By Gender Brattleboro Adults

■ Male ■ Female



### Cancer Screening by Income Level

■ <\$25,000 ■ \$25,000-<\$50,000 ■ \$50,000



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

# Appendix A: Brattleboro District Office Trend Results (2011-2014)

<b>Health Status Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Fair or Poor General Health	11%	11%	11%	12%	13%	No
Poor Physical Health	11%	11%	12%	13%	13%	No
Poor Mental Health	10%	10%	11%	13%	14%	No
<b>Health Access Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
No Personal Doctor	10%	11%	13%	13%	11%	No
No Doctor Because of Cost	13%	12%	11%	7%	7%	No*
No Health Plan (ages 18-64)	10%	12%	14%	12%	6%	No
<b>Chronic Conditions</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Arthritis	29%	29%	31%	30%	30%	No
Depression	22%	23%	26%	26%	23%	No
Obesity	21%	22%	25%	27%	25%	No
Asthma	9%	8%	12%	14%	12%	No
Diabetes	8%	7%	9%	9%	8%	No
Non-Skin Cancer	7%	7%	7%	7%	8%	No
Cardiovascular Disease (CVD)	8%	8%	9%	10%	8%	No
Skin Cancer	7%	7%	7%	6%	8%	No
Chronic Obstructive Pulmonary Disease (COPD)	8%	8%	7%	7%	6%	No

\*Delaying care due to cost among Brattleboro area adults has a statistically significant downward trend, however the change from 2011-2012 to 2015-2016 is not statistically significant.

# Appendix A: Brattleboro District Office Trend Results (2011-2014)

<b>Risk Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Smoking	15%	14%	19%	25%	21%	No*
Binge Drinking	18%	20%	15%	12%	14%	No*
Heavy Drinking	8%	8%	7%	6%	6%	No*
No Exercise	13%	15%	20%	21%	20%	No*
Seldom or Never use Seatbelt	3%	3%	3%	3%	3%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	10%	8%	11%	13%		No
<b>Preventative Behaviors</b>	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	66%	63%	63%	68%	70%	No
Pneumococcal Vaccine, Ever, Ages 65+	77%	72%	66%	65%	72%	No
Flu Shot in the Last Year, Ages 65+	62%	62%	59%	60%	62%	No
Ever Tested for HIV	35%	33%	35%	35%	37%	No

\*Smoking and no leisure time physical activity among Brattleboro area adults have statistically significant upward trends, however, due to decreases in 2015-2016 the change from 2011-2012 to the most recent year is not statistically significant. Future data will illustrate whether the change in 2015-2016 represents a change in the trend. Likewise, binge drinking and heavy drinking have statistically significant downward trends, however the change from 2011-2012 to 2015-2016 is not statistically significant.

# Appendix A: Brattleboro District Office Trend Results (2011-2016)

<b>Preventive Behaviors (cont).</b>	<b>2011, 2013</b>	<b>2013, 2015</b>	<b>Significant Change Since 2011</b>
Meet Physical Activity Recommendations	61%	59%	No
Eat 2+ Fruits Per Day	36%	34%	No
Eat 3+ Vegetables Per Day	21%	22%	No
Eat 5+ Fruits & Vegetables Per Day	25%	22%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	73%	73%	No
Teeth Removed , Ages 45-64	42%	43%	No
Mammogram, Last 2 Years, Women 50-74	81%	80%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	71%	64%	No
PAP Test, Last 3 Years, Women 21-65	86%		

## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

[Jessie.Hammond@vermont.gov](mailto:Jessie.Hammond@vermont.gov)

802-863-7663

Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Brattleboro Health District are: Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilmington.