

Vermont Adult Behavioral Risk Factor Survey

Data Brief – Women’s Health

Females composed slightly more than half of the Vermont population in 2010 (51%)¹. In recognition of Women’s Health week, May 12th through May 18th, 2013, this data brief describes the leading causes of death and hospitalization among Vermont women, the proportion of women not meeting various prevention and cancer screening guidelines, as well as the prevalence of risk factors and chronic diseases.

Mortality and Hospitalization:

In 2009, when adjusted for age, the five leading causes of death among Vermont women were cancer, diseases of the heart, chronic obstructive pulmonary diseases (COPD), accidents, and Alzheimer’s disease. Deaths due to cancer or heart diseases occurred significantly more often than the other top causes². (Figure 1)

Specifically looking at cancer deaths, the age-adjusted rates show that women most frequently die from lung cancer (44.4/100,000), breast cancer (20.5/100,000) and colon and rectal cancer (14.2/100,000)³.

The most common causes of inpatient hospitalization among women are related to pregnancy and childbirth. Excluding pregnancy and childbirth hospitalizations, osteo-arthritis was the leading reason for inpatient stays among Vermont women in 2009. This was followed by pneumonia, mood disorders, congestive heart failure, cardiac dysrhythmias, and COPD and bronchiectasis⁴. (Figure 2)

Figure 1: Leading Causes of Death, Vermont Women
Age-Adjusted Rate/100,000 Population, 2009

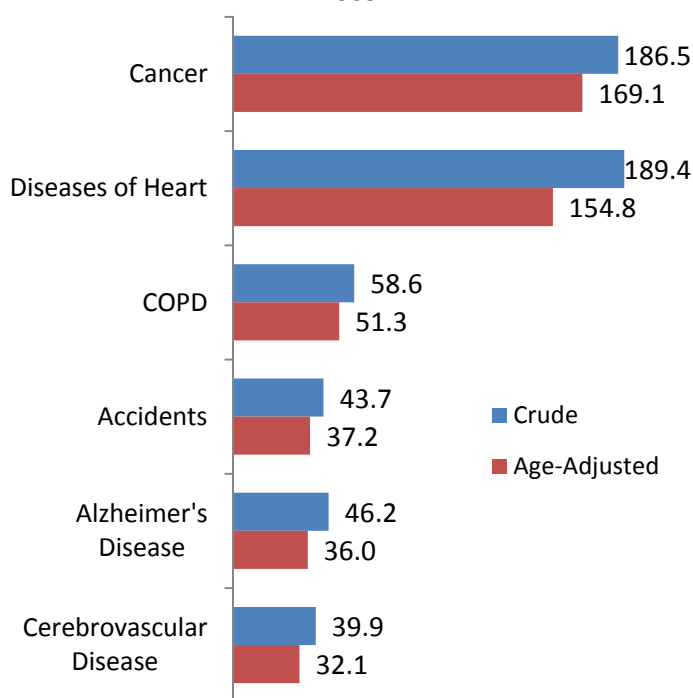
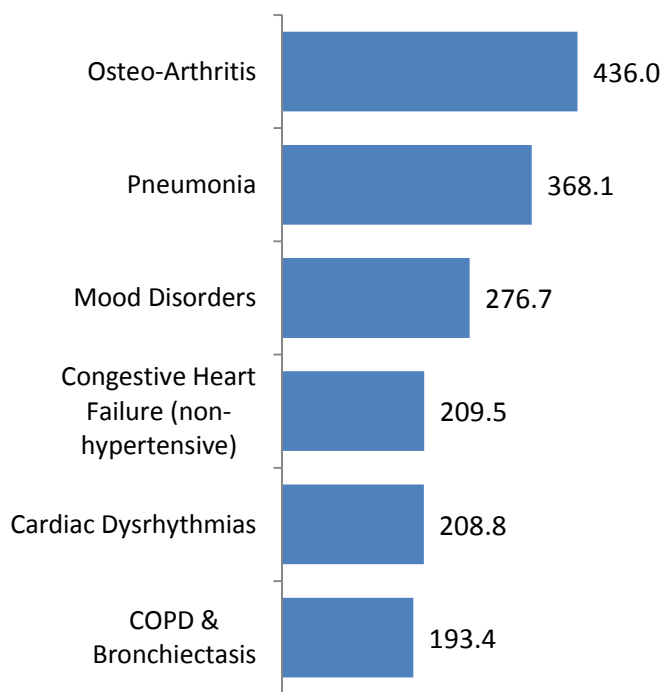


Figure 2: Leading Causes of Hospitalization*, Vermont Women
Rate/100,000 Population, 2009



*Excluding hospitalizations related to pregnancy or childbirth.

¹ US Census Bureau, 2010 Census

² Vermont Vital Statistics, 2009: <http://www.healthvermont.gov/research/index.aspx#vitalstats>

³ Vermont Department of Health, Cancer Registry – <http://healthvermont.gov/prevent/cancer/documents/AAIncMort2005-2009.pdf>

⁴ 2009 Vermont Uniform Hospital Discharge Data Set

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Preventative Behaviors and Cancer Screening:

There is significant room for improvement in Vermont women’s participation in various preventive behaviors and cancer screening activities.

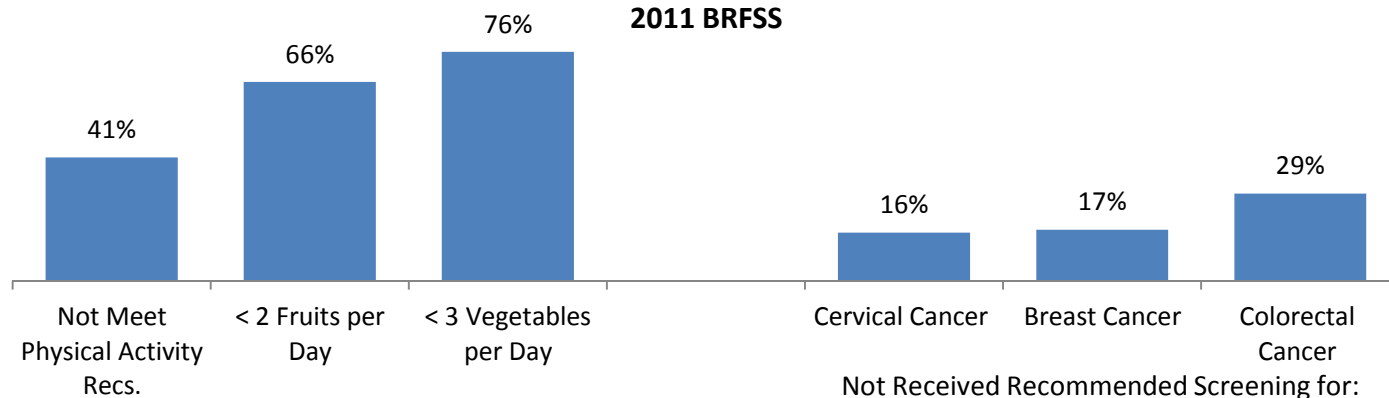
The adult recommendations for weekly physical activity are 150 minutes of moderate activity or 75 minutes of vigorous activity. About four in ten Vermont women (41%) reported NOT meeting these guidelines in 2011. Two-thirds of adult women reported eating less than the recommended two or more fruits per day and about three-quarters said they do not eat the suggested three or more vegetables per day.

Screening for cervical cancer, via a PAP test, is recommended every three years for women ages 21 and older. In 2010, 16% of Vermont women 21 and older said they had not received a PAP test during this time frame. Breast cancer screening, via a mammogram every two years, is recommended for women ages 50-74. In 2010, 17% of Vermont women in this age group had not had a mammogram during the previous two years.

Current colorectal cancer screening guidelines are for women ages 50-75 to receive a fecal oral blood test (FOBT) yearly or a sigmoidoscopy every five years, with a FOBT every three years or a colonoscopy every 10 years. In 2010, nearly three in ten (29%) Vermont women, of the appropriate age, said they did not meet these screening guidelines. (Figure 3)

Figure 3: Preventive Behaviors and Cancer Screening*

Vermont Women
2011 BRFSS



*All data in Figure 3 are age adjusted to the U.S. 2000 standard population.

Note: data for cervical cancer screening is limited to women 21 and older. That for breast cancer screening is women ages 50-74 and for colorectal cancer screening it is women 50-75. All other measures are adults 18 and older.

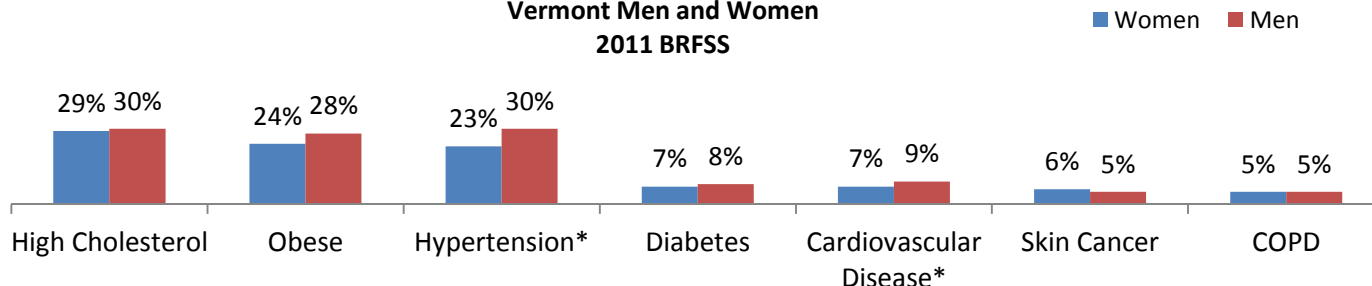
Chronic Disease and Risk Behaviors:

Generally speaking, Vermont women report chronic diseases and risk behaviors at similar or lower rates than men. In 2011, these included high cholesterol, hypertension, diabetes, cardiovascular disease, skin cancer and COPD. (Figure 4)

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Figure 4: Prevalence of Chronic Conditions
Vermont Men and Women
2011 BRFSS

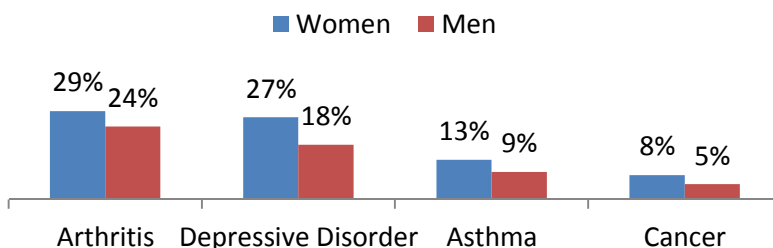


*Reported hypertension and cardiovascular disease was significantly higher among men than women.

Note: Obesity data is limited to adults 20 and older. Obesity and hypertension data are age adjusted to the U.S. 2000 standard population.

There were, however, exceptions. In 2011, Vermont women were significantly more likely than men to report having ever been diagnosed with arthritis, asthma, a cancer other than skin cancer, and a depressive disorder. (Figure 5)

Figure 5: Prevalence of Chronic Conditions
Vermont Men and Women
2011 BRFSS



Women also were significantly more likely than men to report experiencing four or more adverse childhood experiences (16% vs. 11%). This data is from 2010; please see the data brief on adverse childhood experiences for more information about this topic

(http://www.healthvermont.gov/research/brfss/documents/2010_data_brief_ace.pdf)

Women were significantly less likely than men to report smoking (18% vs. 23%), binge drinking (13% vs. 25%) and using marijuana in the last 30 days (6% vs. 14%).

For more information about women’s health programs at the Vermont Department of Health please contact Nicole Lukas at 802-651-1612 or Nicole.Lukas@state.vt.us.

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (802-863-7663; Jessie.Hammond@state.vt.us).