Racial and Ethnic Minority Health – Data Brief
2011-2012 Vermont Behavioral Risk Factor Survey

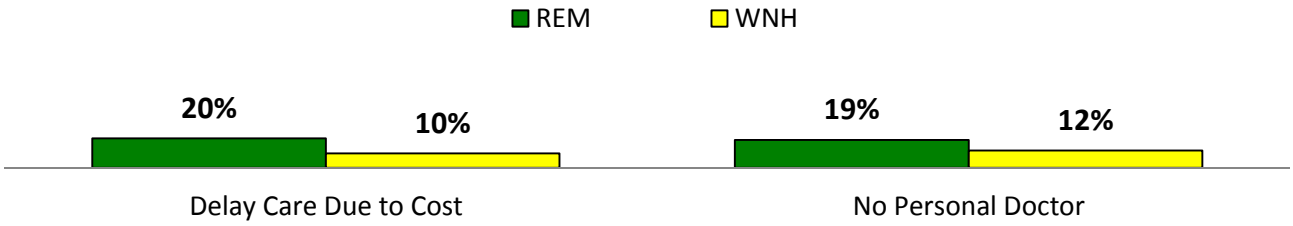
Background

April is National Minority Health Month and in recognition of this, Vermont's 2011-2012 Behavioral Risk Factor Surveillance System data looks at health disparities that continue to exist by race, among Vermont adults. Racial and ethnic minorities are defined as those who report being American Indian, Asian, Black, Hawaiian/Pacific Islander, Hispanic, or multiple races.

Healthcare Access

In Vermont, two in ten adult racial and ethnic minorities didn't see a doctor in the last year because of cost, which was twice that of white non-Hispanic adults (10%), a statistically significant difference. What's more, racial and ethnic minorities are significantly more likely to not have a personal doctor (19%), compared to white non-Hispanics (12%). Among Vermont adults, ages 18 to 64, racial and ethnic minorities and White, non-Hispanics have similar rates of not having health insurance (13% vs. 11%).

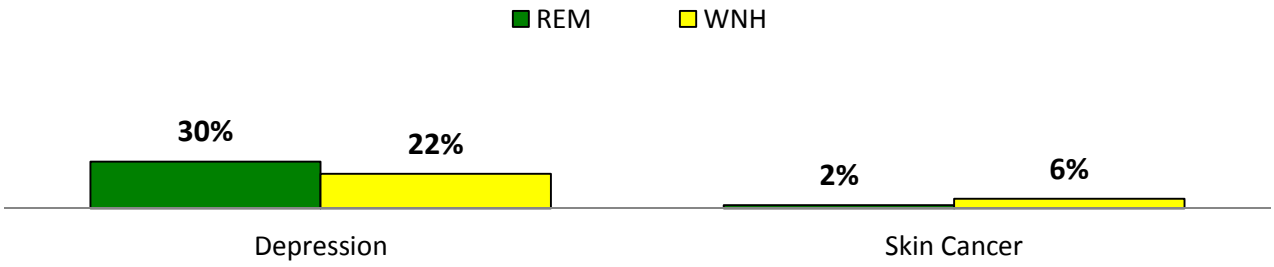
Healthcare Access by Race and Ethnicity[1]



Chronic Disease

There are no significant differences in most chronic diseases by race; the exceptions are prevalence of depression and skin cancer. Nearly a third of racial and ethnic minorities reported a depressive disorder, which is almost 40% higher than that of White non-Hispanics (22%). Skin cancer is significantly lower among Vermont racial and ethnic minorities (2%) compared to White non-Hispanics (6%).

Chronic Disease by Race and Ethnicity[1]



Risk Behaviors

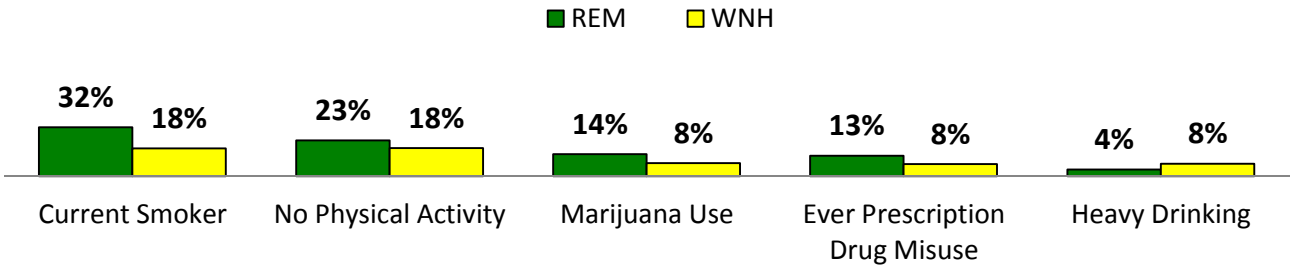
In 2011-2012, smoking, no physical activity, recent use of marijuana, ever misusing prescription drugs, and heavy drinking are all significantly higher among racial and ethnic minorities than White non-Hispanics.

[1] In figure legends, 'REM' is used to indicate racial and ethnic minorities while 'WNH' is used for White non-Hispanic.

A third of racial and ethnic minorities currently smoke and more than a fifth didn't exercise, compared with 18% of White non-Hispanics. Nearly one in seven racial and ethnic minorities had recently used marijuana, whereas only eight percent of White non-Hispanics said the same. One in eight racial and ethnic minorities and one in thirteen White, non-Hispanic adults had ever misused prescription drugs. Reported heavy drinking among racial and ethnic minorities was half that among White non-Hispanics (4% vs. 8%).

There are no significant differences in binge drinking (22% vs. 19%) between racial and ethnic minorities and White, non-Hispanic Vermont adults.

Risk Behaviors by Race and Ethnicity[1]



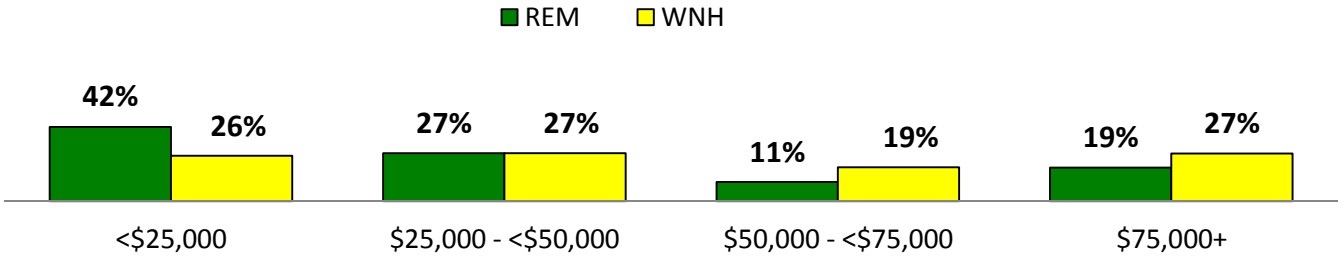
Demographics

Racial and ethnic minorities in Vermont have significantly lower annual household incomes than White, non-Hispanics. Four in ten racial and ethnic minorities have an annual household income of less than $25,000, significantly higher than that in white non-Hispanics (26%). Compared to racial and ethnic minorities, White non-Hispanics are more likely to have an annual household income of more than $75,000 (27% vs. 19%).

Racial and ethnic minorities tend to be younger than White non-Hispanics. In 2011-2012, two-thirds (64%) of adult racial and ethnic minorities were ages 18 to 44, compared with 42% of White non-Hispanics. In contrast, nearly six in ten (58%) White non-Hispanic adults were 45 and older, whereas only 36% of racial and ethnic minorities were in this age group.

About six in ten (58%) Vermont racial and ethnic minorities are male, compared with about half (48%) of White, non-Hispanics, a significant difference. There are no statistically significant differences by education level between the two race groups.

Annual Household Income by Race and Ethnicity[1]



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