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HEALTH EQUITY BRIEF

Chronic Disease and Vermonters of Color

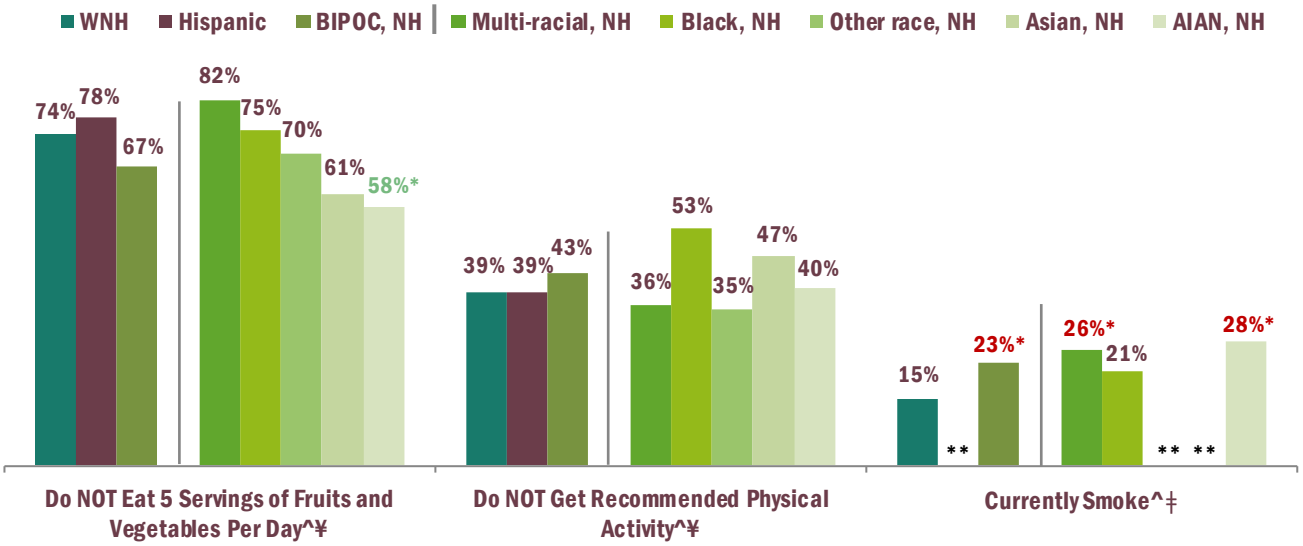
The quality of life of Vermonters of color is disproportionally impacted by chronic disease compared to White, non-Hispanic Vermonters. Vermonters who are Black, Indigenous, and people of color (BIPOC) have high rates of both unhealthy behaviors and chronic diseases. There are multiple and often complex factors that influence these health inequalities. Avoidable inequalities lead to uneven access to resources and opportunities for health. This is often due to historically unfair treatment and discrimination of people based on the social groups to which they belong, such as race or ethnicity.

3-4-50 is a simple concept to help us grasp the reality that **3 health behaviors** contribute to **4 chronic diseases** that claim the lives of more than **50 percent** of Vermonters. This data brief looks at these measures for Hispanic and BIPOC, non-Hispanic Vermonters compared to White, non-Hispanic (WNH) Vermonters.

3 BEHAVIORS

Poor nutrition, lack of physical activity and tobacco use are three health behaviors that contribute to the development and severity of chronic disease. BIPOC Vermonters are more likely to smoke than WNH Vermonters (23% vs. 15%). Compared to WNH Vermonters, American Indian or Alaskan Native (AIAN) Vermonters and Vermonters identifying as multi-racial are significantly more likely to currently smoke (28% and 26%, respectively). Compared to WNH and BIPOC Vermonters overall, AIAN adults are significantly less likely to have a poor diet (WNH = 74%, BIPOC = 78%, AIAN = 58%). Not meeting physical activity guidelines is statistically similar across all racial and ethnic groups.

Health Behaviors that Contribute to Chronic Disease



** Indicates statistical difference from White, non-Hispanic adults*
*** Value is suppressed, or not shown, because unweighted sample size is < 50 or relative standard error (RSE) is > 30.*
Note: Estimates unavailable for Native Hawaiian or Pacific Islander adults due to suppression.

¥Data Source: BRFSS, 2017 and 2019
‡Data Source: BRFSS, 2019 and 2020
^Age-adjusted to the U.S. 2000 population

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LEAD TO 4 CHRONIC DISEASES

BIPOC Vermonters are disproportionately affected by chronic disease.

- Compared to WNH Vermonters, BIPOC Vermonters have significantly higher rates of diabetes (11% vs. 8%), and similar rates of lung disease (17% vs. 15%), cardiovascular disease (CVD) (10% vs. 8%) and cancer (6% vs. 8%).
- AIAN Vermonters have twice the rate of lung disease (31%) and diabetes (20%) as well as three times the rate of CVD (24%) than that of WNH Vermonters. These rates are also significantly higher than those of BIPOC Vermonters overall.
- Vermont adults identifying as multi-racial have significantly higher rates of lung disease (24%), diabetes (13%), and CVD (13%) compared to WNH adults.
- Hispanic Vermonters have significantly lower rates of diabetes (3%) and CVD (4%) compared to WNH and BIPOC Vermonters overall.

Chronic Disease Diagnosis	Lung Disease (Asthma/COPD)	Diabetes	CVD	Cancer
White, Non-Hispanic	15%	8%	8%	8%
Hispanic	17%	3%*	4%*	**
Black, Indigenous, and People of Color, Non-Hispanic (overall)	17%	11%*	10%	6%
Black, Non-Hispanic	13%	9%	**	**
American Indian or Alaskan Native, Non-Hispanic	31%*	20%*	24%*	8%
Multi-racial, Non-Hispanic	24%*	13%*	13%*	8%
Other Race, Non-Hispanic	19%	9%	10%	8%

** Indicates statistical difference from White, non-Hispanic adults*

*** Value suppressed because unweighted sample size is < 50 or relative standard error (RSE) is > 30.*

Note: Prevalence estimates not available for Asian and Native Hawaiian or Pacific Islander adults because of suppression. Statistical comparisons are not completed on suppressed values.

Data Source: BRFSS, 2016-2020

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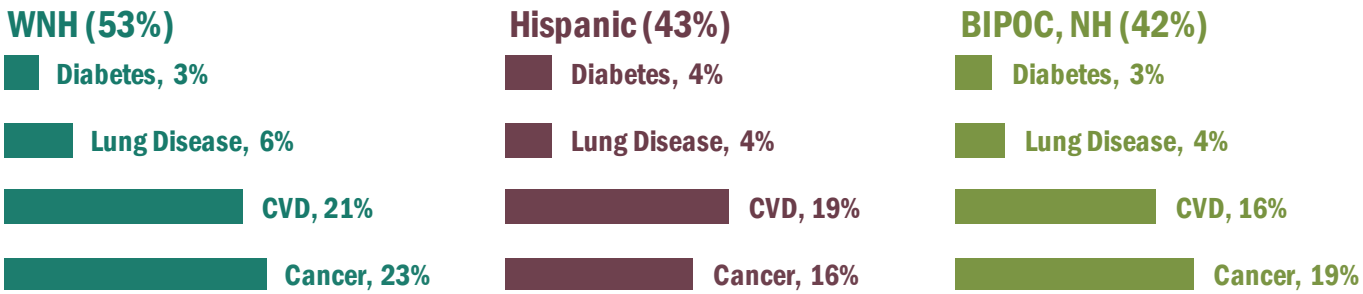
4 CHRONIC DISEASES ACCOUNT FOR MORE THAN 50 PERCENT OF ALL VERMONTER DEATHS

- Between 2016 and 2020, lung disease, diabetes, cancer, and CVD accounted for 53% of deaths among WNH Vermonters, 43% among Hispanic Vermonters, and 42% among BIPOC Vermonters.

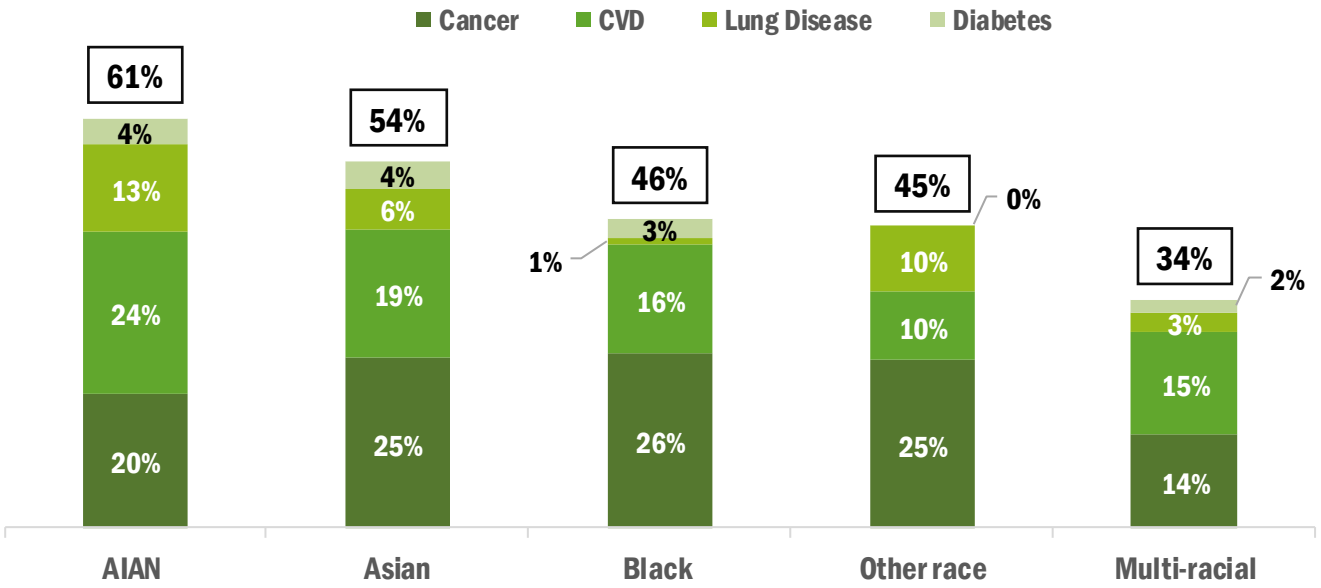
Proportion of 3-4-50 Chronic Diseases among all Vermont Deaths, 2016-2020



3-4-50 RELATED DEATHS AMONG BIPOC VERMONTERS

- Overall, 3-4-50 related deaths accounted for more than 50% of deaths among Asian and AIAN Vermonters (54% and 61%, respectively).
- Among 3-4-50 related deaths, cancer was the leading cause of death for Asian and Black Vermonters, as well as Vermonters of other races. CVD was the leading cause of death among AIAN Vermonters and Vermonters of more than one race.

Proportion of 3-4-50 Chronic Diseases among all BIPOC, Non-Hispanic Deaths, 2016-2020



Note: Estimates are not reported for Native Hawaiian or Pacific Islander adults due to small sample size (N=6), which may provide misleading results.

Data Source: Vermont Vital Statistics, 2016-2020

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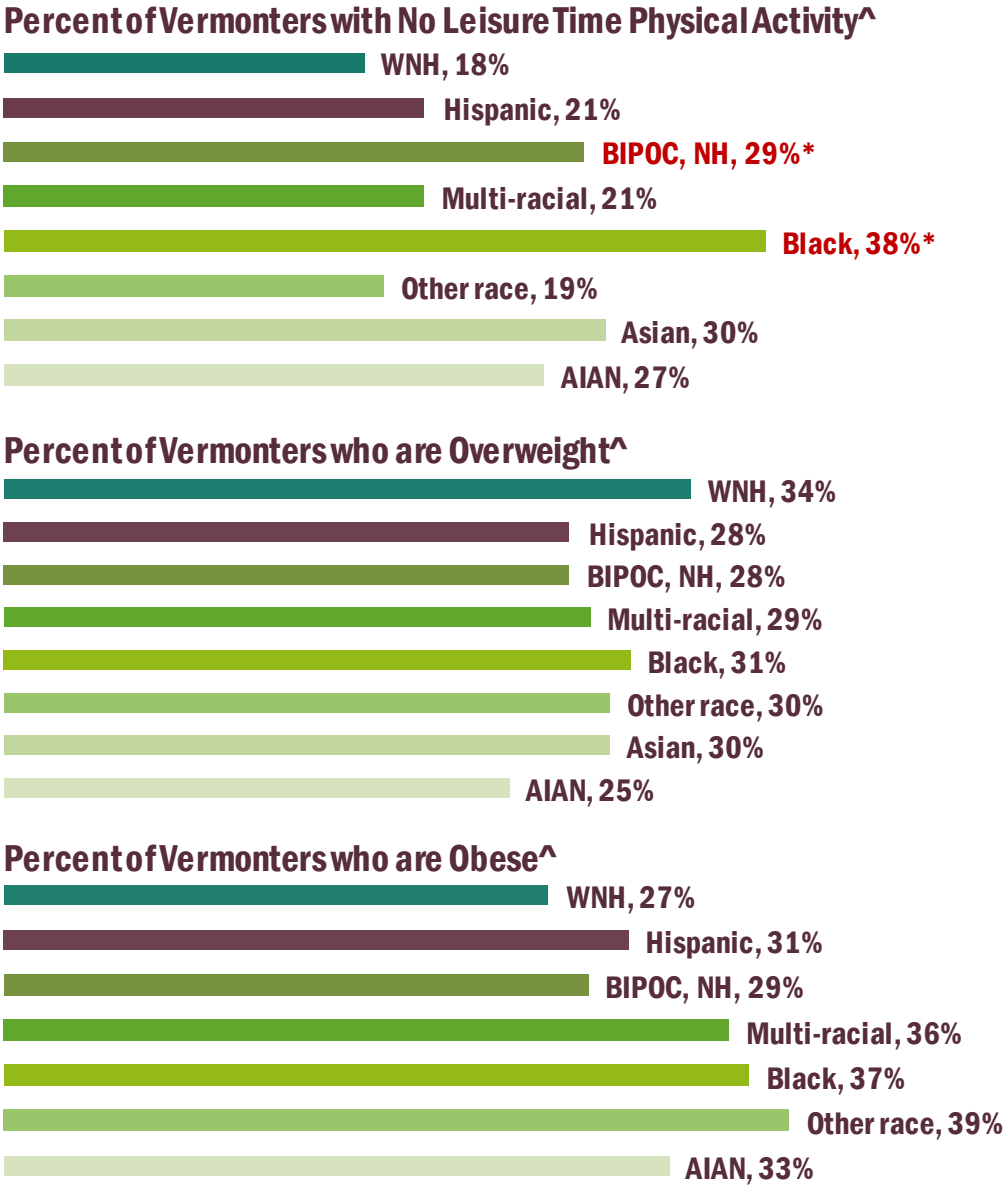
RISK FACTORS FOR CHRONIC DISEASE

- Rates of no leisure time physical activity are significantly higher among BIPOC Vermonters (29%) than WNH Vermonters (18%). Among BIPOC, Black Vermonters have the highest rate of no leisure time physical activity (38%).
- The percent of Vermonters who are obese does not differ significantly by race and ethnicity, though WNH Vermonters have the lowest rate of obesity (27%) compared to all other racial and ethnic groups (range: 29-39%).



Data Source: BRFSS 2019, 2020
^Age-adjusted to the U.S. 2000 population
** Indicates statistical difference from White, non-Hispanic adults.*
Note: Prevalence estimates not available for Asian and Native Hawaiian or Pacific Islander adults because the unweighted sample size is < 50 or relative standard error (RSE) is > 30.

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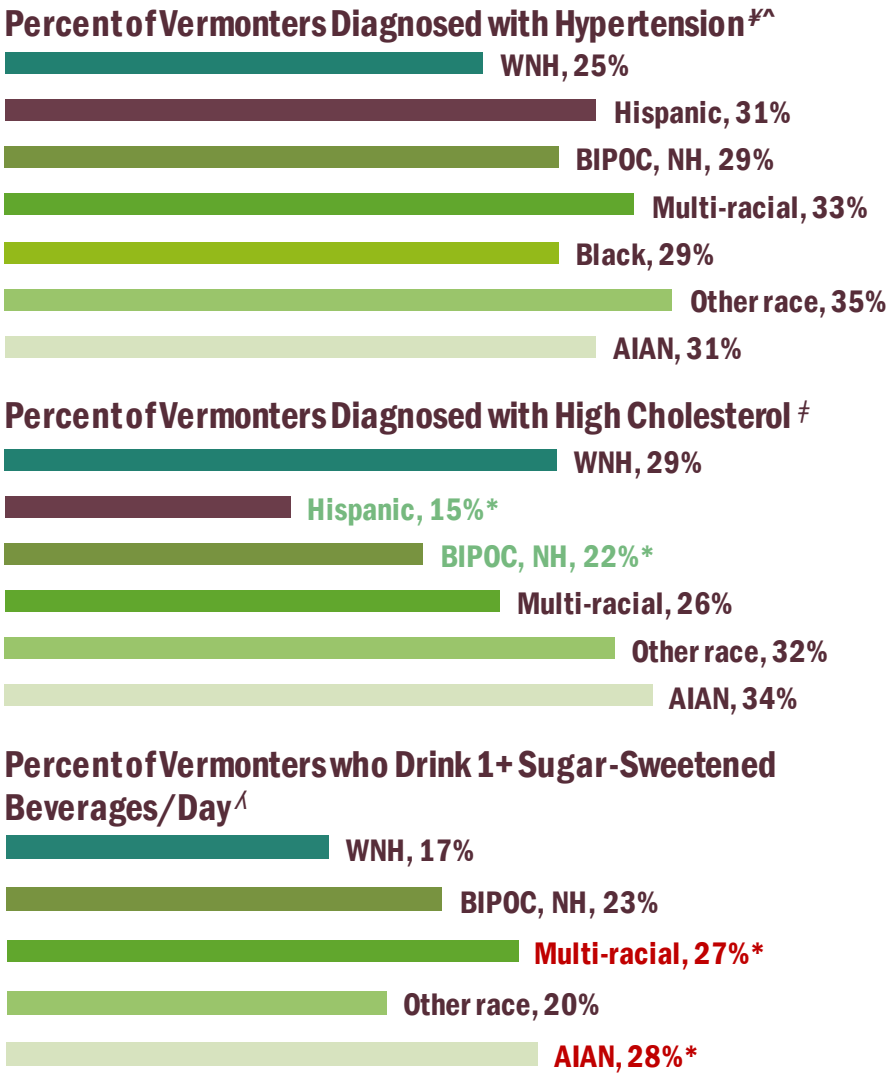
- Rates of hypertension are statistically similar across all racial and ethnic groups, though all BIPOC and Hispanic Vermonters have higher rates (range: 29-35%) compared to WNH Vermonters (25%).
- BIPOC and Hispanic Vermonters have statistically lower rates of diagnosed high cholesterol (22% and 15%, respectively) compared to WNH Vermonters (29%).
- AIAN Vermonters and Vermonters identifying as multi-racial have significantly higher rates of consuming one or more sugar-sweetened beverages a day (28% and 27%, respectively) than WNH Vermonters (17%).



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^ Data Source: BRFSS, 2013 and 2017
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** Indicates statistical difference from White, non-Hispanic adults.*
Note: Prevalence estimates not available for Black, Asian, Hispanic, and Native Hawaiian or Pacific Islanders because unweighted sample size is < 50 or relative standard error (RSE) is > 30.

For questions related to the data presented here, email 3-4-50@vermont.gov.