



# Vermont Behavioral Risk Factor Surveillance System 2014 Data Summary



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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 (age 18 and older) Vermont residents in 2014.

About one in every eight (13%) Vermont adults are 18-24 years of age. Two thirds are 25-44 or 45-64 (65%).

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%). Eighteen percent makes \$50,000 to less than \$75,000 per year, while three in ten make \$75,000 or more.

About a third (32%) of Vermont adults have a college or higher education. Four in ten (39%) have a high school education or less and about three in ten (29%) have some college education.

In 2014, 95% of Vermont adults reported their sexual orientation as straight. Two percent each said they are lesbian/gay or bisexual. Less than one percent reported being some other sexual orientation. One percent of adults said they are transgender.

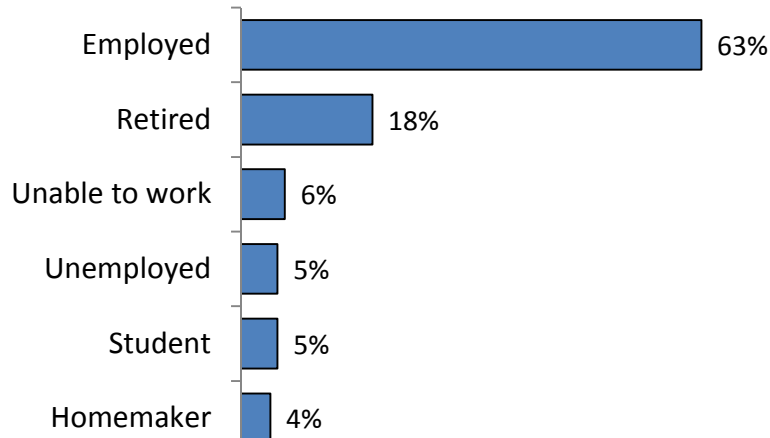
<b>Demographic Characteristics:</b>	
<b>Age</b>	<b>Percent</b>
18-24	13%
25-44	28%
45-64	37%
65 and older	21%
<b>Gender</b>	
Male	49%
Female	51%
<b>Race/Ethnicity</b>	
White, non-Hispanic	94%
Other race	6%
<b>Household Income Level</b>	
Low (<\$25K)	25%
Middle (\$25K-<\$50K)	28%
High (\$50K-<\$75K)	18%
Highest (≥\$75K)	30%
<b>Education Level</b>	
High school or Less	39%
Some college	29%
College or higher	32%

# Demographics

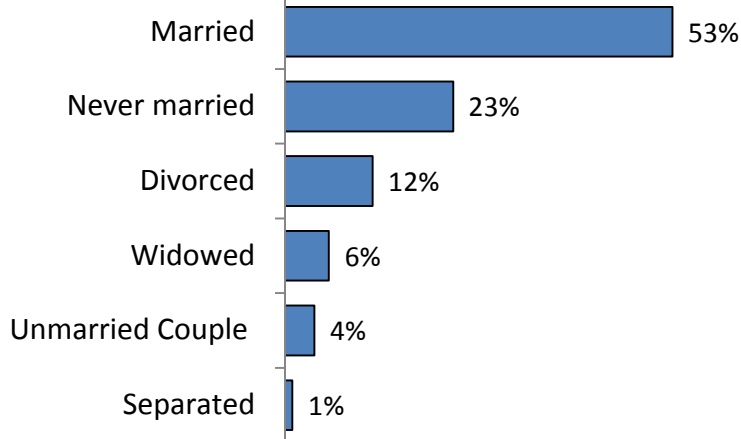
In 2014, 63% of Vermont adults were employed, which was defined as those responding 'employed for wages' or 'self-employed'. One sixth of Vermont adults were retired (18%). Currently unable to work, unemployed, student, and homemaker were each reported by six percent of adults or fewer.

More than half of Vermont adults were married (53%). Twenty-three percent had never been married, 12% were divorced, and 6% widowed. The remaining categories were each five percent or less (4% unmarried couple and 1% separated).

## Employment Status



## Marital Status



# Demographics

In 2014, a quarter (26%) of Vermont adults reported living in Chittenden county.

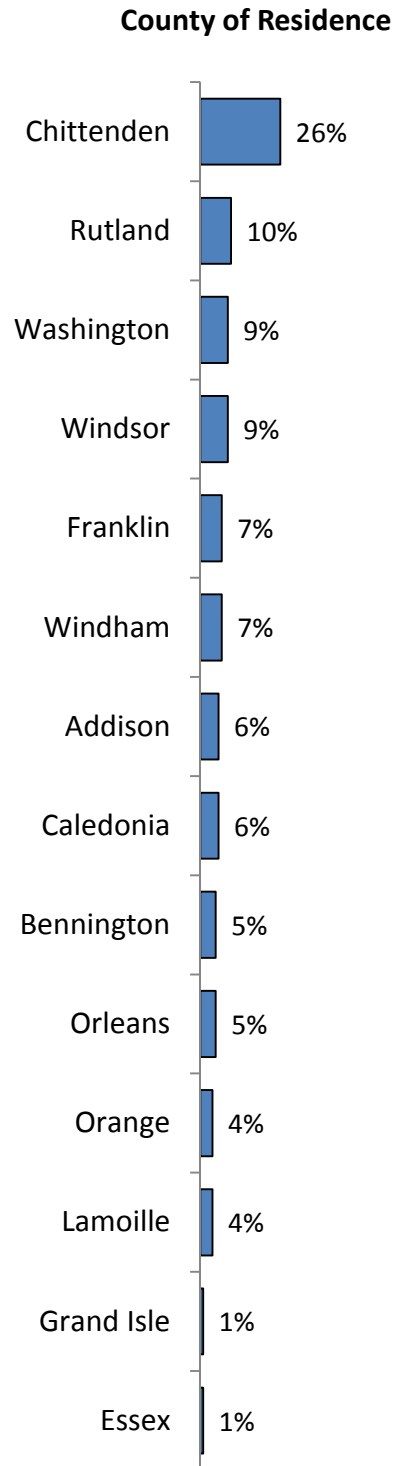
Ten percent lived in Rutland county and nine percent lived in Washington and Windsor counties. Between five and seven percent lived in: Franklin, Windham, Addison, Caledonia, Bennington, and Orleans counties. Less than five percent lived in Orange, Lamoille, Grand Isle, and Essex counties.

Twelve 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.

Four percent of women 18-44 were currently pregnant.

Seventy percent of Vermont adults had no children under the age of 18 in their home. An additional 13% 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-six percent of Vermont adults reported using the internet at least once during the previous 30 days.





# Health Status Indicators

# General Health Status

In 2014, 12% of Vermont adults said their health is fair or poor, significantly lower than the 18% among U.S. adults.

- One fifth of Vermonters said their health was excellent (21%), 39% said it was very good and three in ten said good (29%).

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.

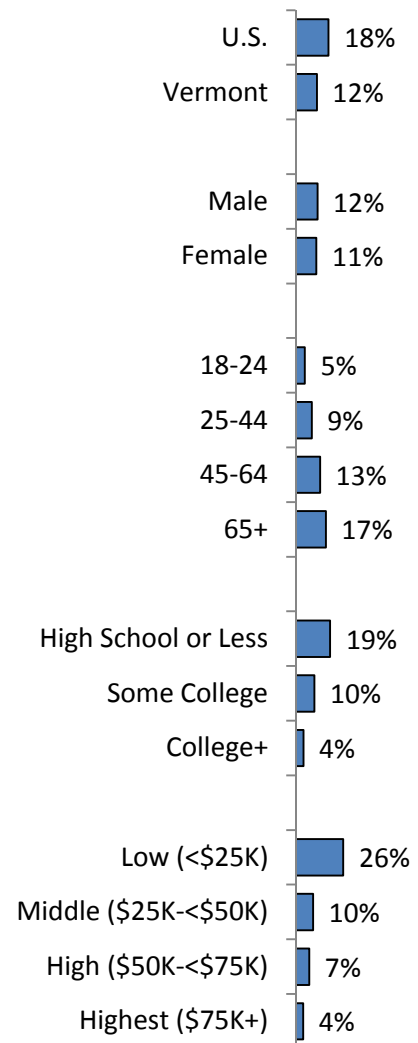
- Adults 65 and older and 45-65 report significantly worse health than those ages 18-44.

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

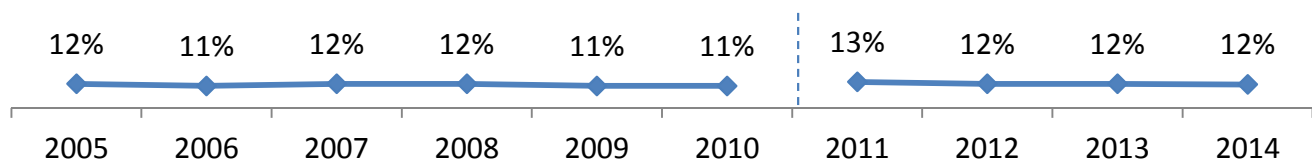
- All differences by education level are statistically significant.
- Adults in homes with low incomes are significantly more likely to have fair or poor health compared to those in homes with more income. The same is true for those in middle income homes vs. those making \$75,000 or more annually.

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, 2014**



**General Health Fair or Poor  
Vermont Adult Residents 2005-2014**



# Medical Health Plan Coverage

More than nine in ten (92%) Vermont adults under the age of 65 said they have a health plan, in 2014. This is significantly higher than the 83% reported for the U.S.

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

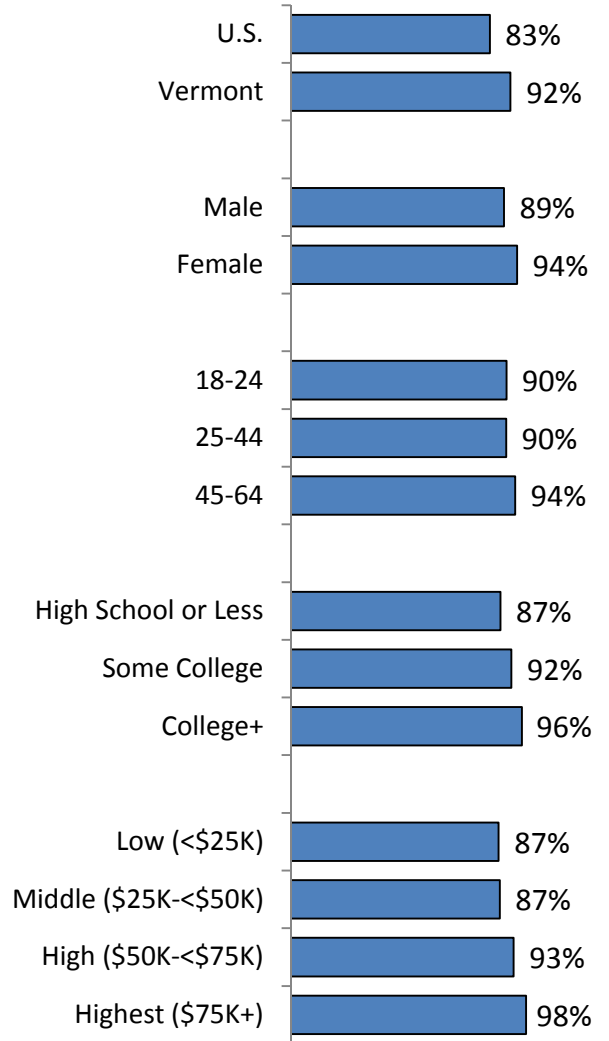
Adults 45-64 are statistically more likely to have a health plan when compared to those 25-44.

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

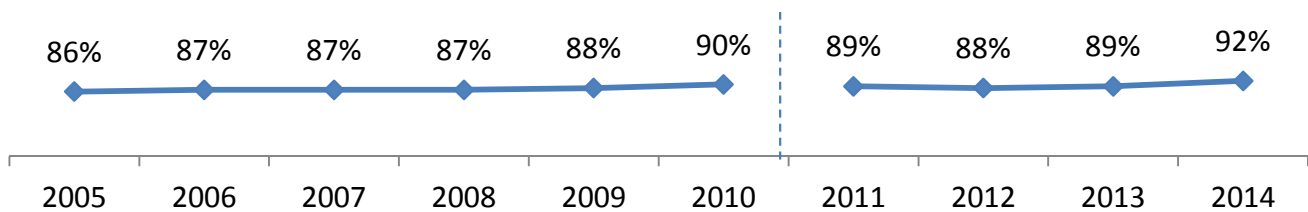
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically different, except that between adults in homes with low and middle incomes.

Overall, health care coverage rates among Vermont adults 18-64 increased significantly from 89% in 2013 to 92% in 2014.

**Have a Medical Health Plan  
Vermont Adults 18-64, 2014**



**Have a Medical Health Plan  
Vermont Adult Residents 18-64, 2005-2014**



# Medical Health Plan Coverage - Medicare

Nearly all (96%) Vermont adults ages 65 and older said they have Medicare.

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

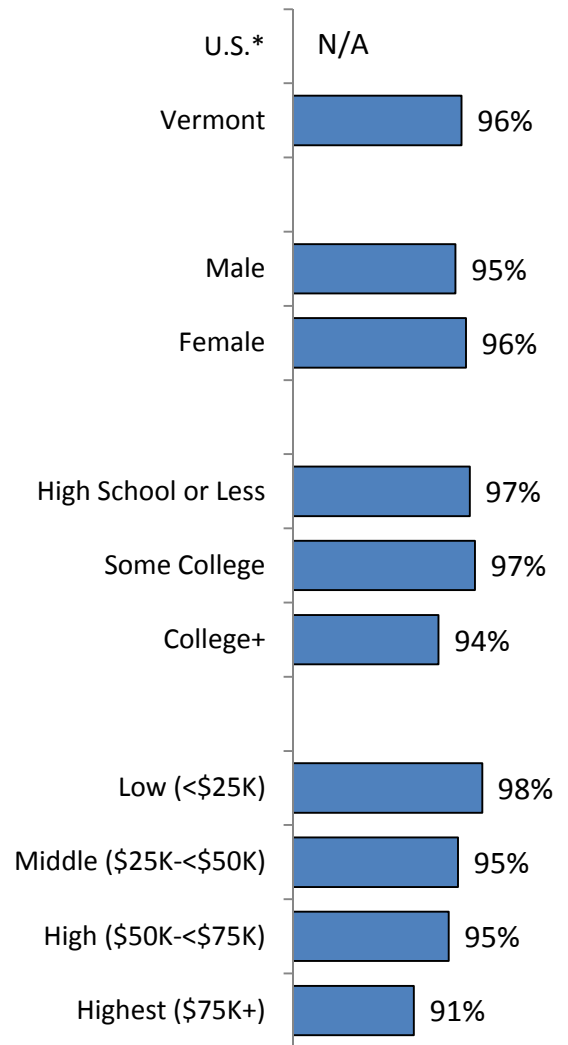
There also are no statistical differences in Medicare coverage by educational level among older adults.

Reported Medicare coverage decreases with increasing annual household income level.

- Adults 65 and older with annual household incomes of \$75,000 or more are significantly less likely to report having Medicare compared with those in homes making less than \$25,000 per year.

Overall, the Medicare coverage rate among Vermont adults ages 65 and older in 2014 is similar to that in 2013 (96% vs. 95%). Medicare coverage has been included on the BRFSS only in 2013 and 2014, no further trend is available.

**Medicare  
Vermont Adults 65+, 2014**

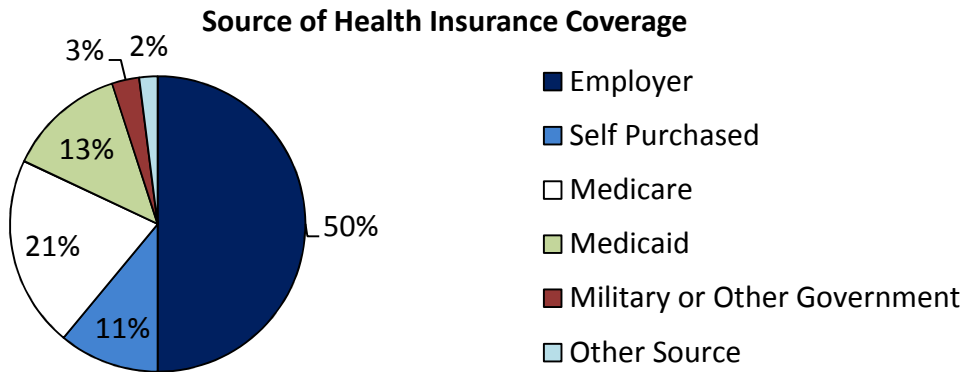


\*No national estimate available.

# Medical Health Plan Coverage

In 2014, respondents with a health plan were also asked the primary source of their health care coverage.

- Half said they have a plan purchased through their or someone else’s employer. An additional 11% purchased a plan themselves.
- Two in ten (21%) have Medicare, while 13% have Medicaid, and three percent have insurance through the military or some other government program.
- Two percent said their primary health care coverage comes from some other source.

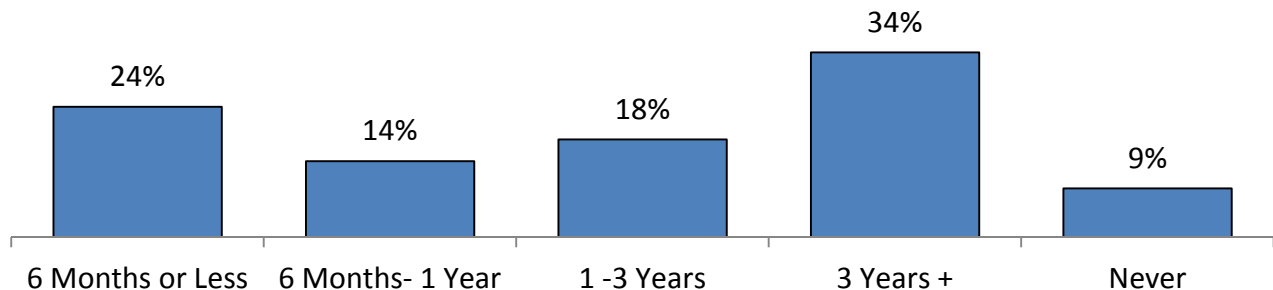


Eight percent of Vermont adults currently with a health plan said that they were without any insurance at least once in the last 12 months.

Looking at Vermont adults currently without health care coverage, a quarter (24%) have been without health insurance for six months or less. An additional 14% 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.

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

**Time Since Last Had Health Coverage  
Vermont Adults without Health Care Coverage, 2014**



# Medical Health Care Access

Eighty-seven percent of Vermont adults reported having a personal health care provider in 2014, significantly higher than the 77% 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.

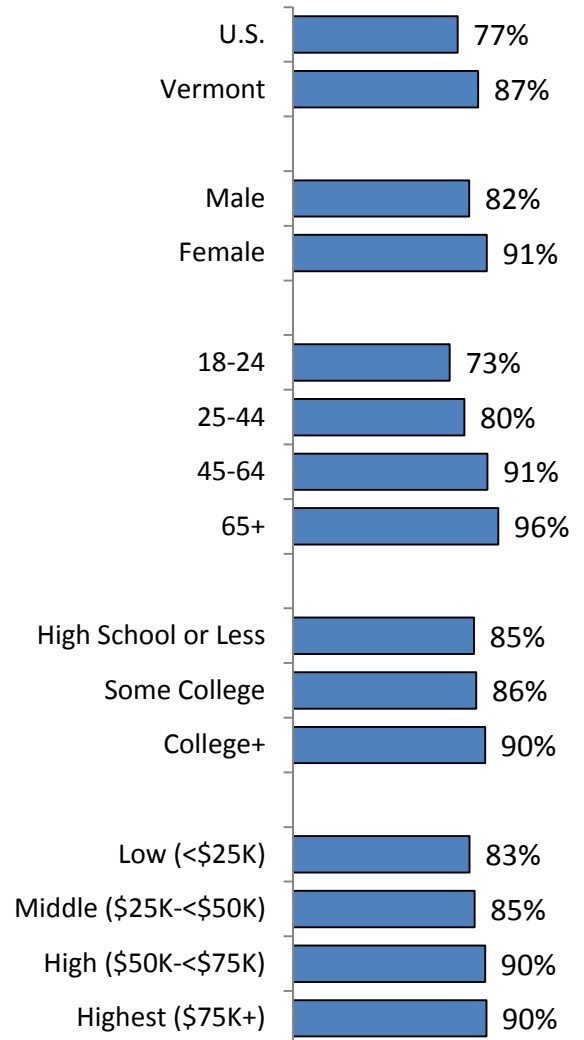
- Adults 65 and older are significantly more likely to have a personal doctor than those in all other age groups. Additionally, adults 45-64 are significantly more likely to have a doctor than those 18-44.

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

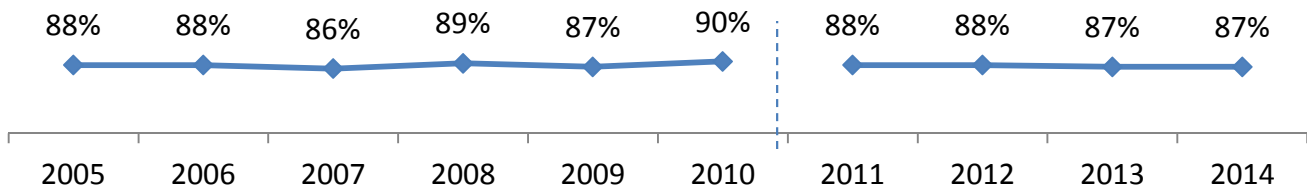
- Those with a college degree or higher are significantly more likely to have a doctor compared to those with less education.
- Adults in homes with the highest incomes, \$50,000 or more, are more likely to have a doctor compared to those making less than low or middle incomes.

The proportion of adults with a personal health care provider was unchanged from 2013 to 2014.

**Personal Health Care Provider  
Vermont Adults, 2014**



**Personal Health Care Provider  
Vermont Adult Residents 2005-2014**



[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. Fourteen percent of U.S. adults said the same, a statistically significant difference.

In 2014, 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.

Men and women report not seeing a doctor due to cost at similar rates.

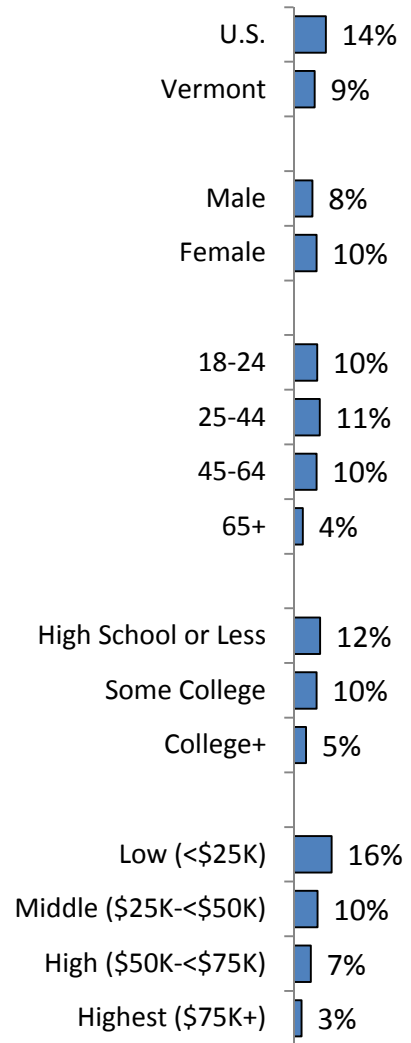
Cost as a barrier to care is significantly lower among Vermonters 65 and older, when compared with other age groups.

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.

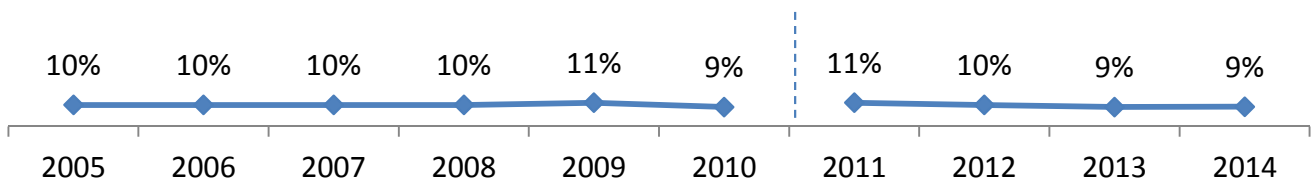
- Adults with some college education or less are significantly more likely to cite cost as a barrier to medical care than those with a college degree or higher.
- All differences by annual household income level are statistically significant, except that between those making \$25,000-\$49,999 and \$50,000-\$74,999.

Overall, there was no change in the proportion of Vermont adults delaying medical care due to cost from 2013 to 2014.

**Did Not Visit Doctor Due to Cost  
Vermont Adults, 2014**



**Did Not Visit Doctor Due to Cost  
Vermont Adult Residents 2005-2014**



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

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## Medical Health Care Access

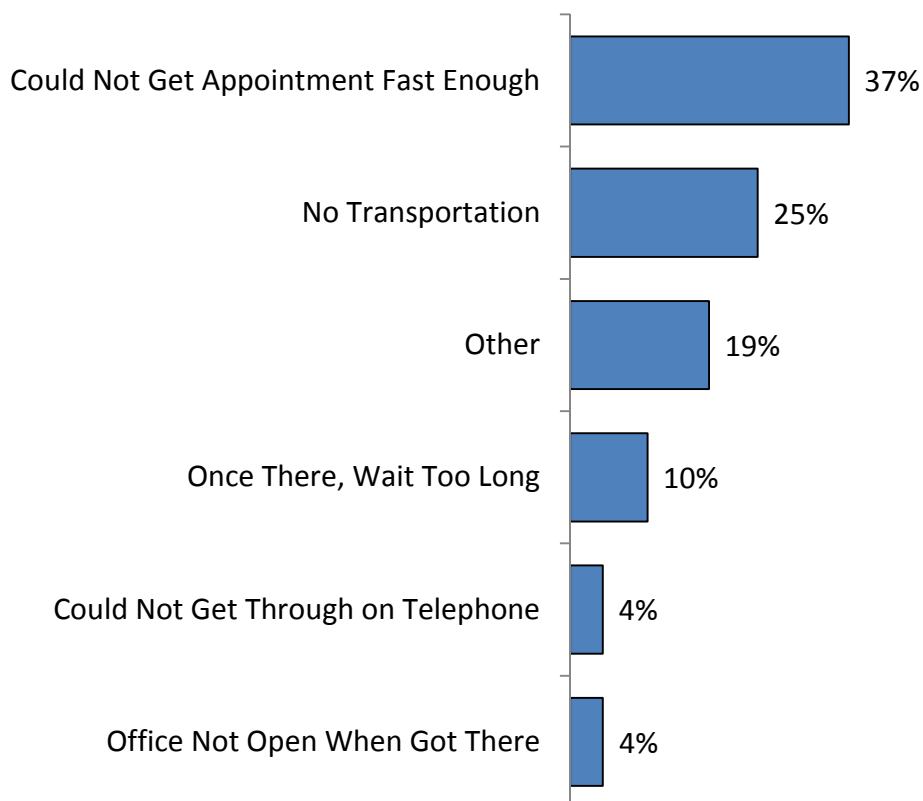
In 2014, Vermont adults were asked about reasons, other than cost, for delaying medical care. Among those that delayed care, the inability to get an appointment fast enough was cited most often (37%).

A quarter said they delayed care due to a lack of transportation (25%) and one in five (19%) said care was delayed due to some other reason. One in ten said it was because once they got to the office the wait was too long.

Four percent each said it was because they couldn't get through on the telephone or that the office wasn't open when they got there .

Reasons for delaying needed medical care were reported in reported in similar proportions to 2013.

**Reasons for Delaying Medical Care (Other than Cost)  
Vermont Adults Who Delayed Care, 2014**





# Medical Health Care Access

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

Vermont women are significantly more likely than men to report paying medical bills over time.

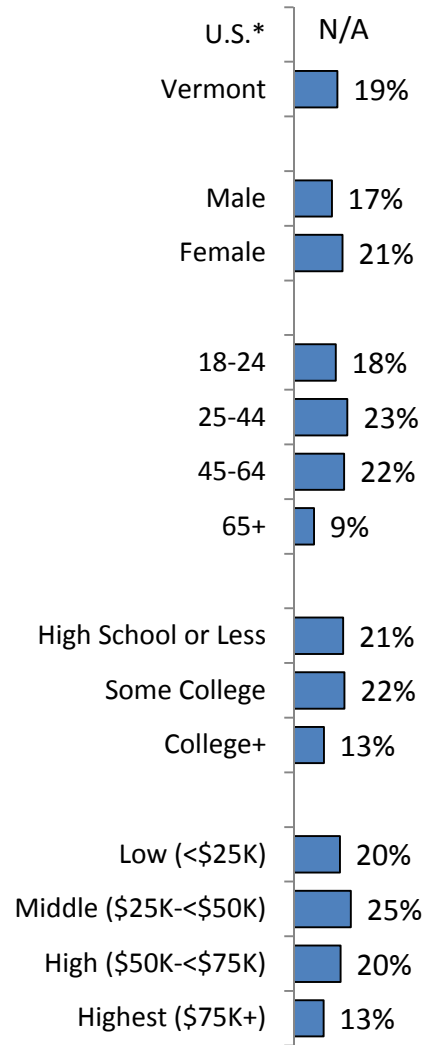
Adults 65 and older are significantly less likely to be paying off medical bills over time compared with younger adults.

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

- Adults with some college education or less are significantly more likely than those with a college degree or higher to be paying medical bills over time.
- Similarly, those in homes with the annual incomes of less \$75,000 are significantly more likely than those making \$75,000 or more per year to owe money on medical bills over time.

There was no change in the proportion of Vermont adults paying medical bills over time from 2013 to 2014.

**Paying Medical Bills Over Time  
Vermont Adults, 2014**

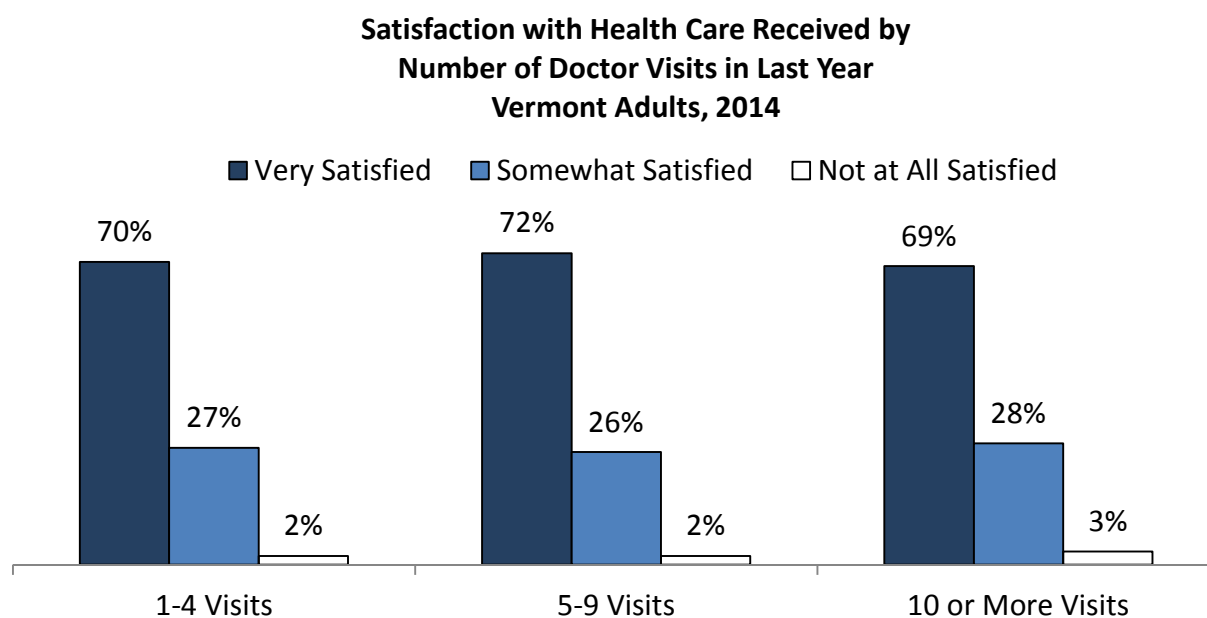


\*No national estimate available.

## 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.

Among those with at least one doctor visit in the last year, satisfaction with the health care they received does not vary as the number of visits increases. Regardless of the number of visits, about seven in ten are very satisfied with the care received.



# Quality of Life/Healthy Days

One in ten (10%) Vermont adults reported poor\* physical health in 2014, statistically lower than the 12% reported among U.S. adults.

Vermont women report higher rates of poor physical health than men, however the difference is not statistically significant.

Poor physical health increases as Vermonters age.

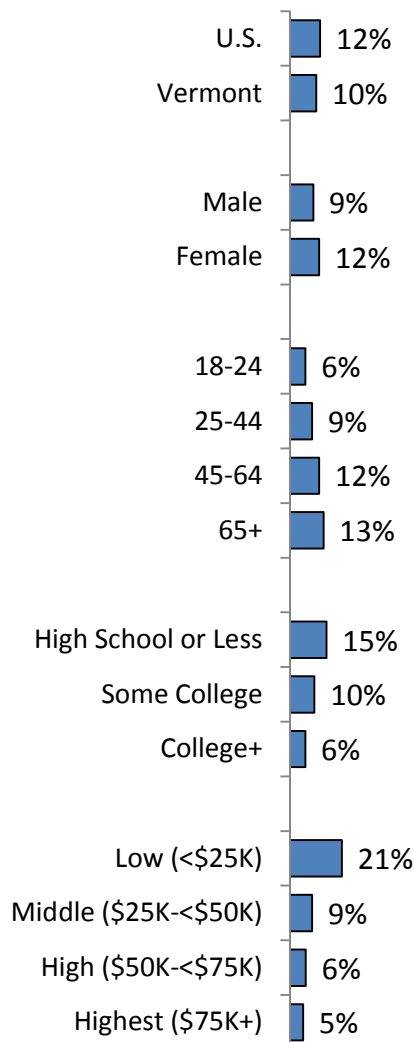
- Adults 65 and older are significantly more likely to report poor physical health than those 18-44.
- Those 45-64 are also significantly more likely to report poor physical health compared with adults 18-24.

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

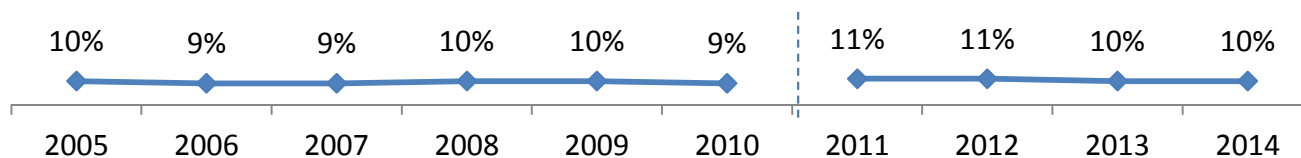
- All differences by education level are statistically significant.
- Adults in homes with low annual incomes are significantly more likely to report poor physical health than those in homes with more income.
- Those in homes with middle incomes are also significantly more likely to have poor physical health compared with those in homes making \$75,00 or more.

The proportion of Vermont adults with poor physical health in 2014 is unchanged from 2013.

**Poor\* Physical Health Days  
Vermont Adults, 2014**



**Poor\* Physical Health Days  
Vermont Adult Residents 2005-2014**



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

# Quality of Life/Healthy Days

In 2014, one tenth (10%) of Vermont adults reported poor\* mental health, statistically lower than the 11% among U.S. adults.

Vermont men and women report statistically similar rates of poor mental health.

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 18-64.

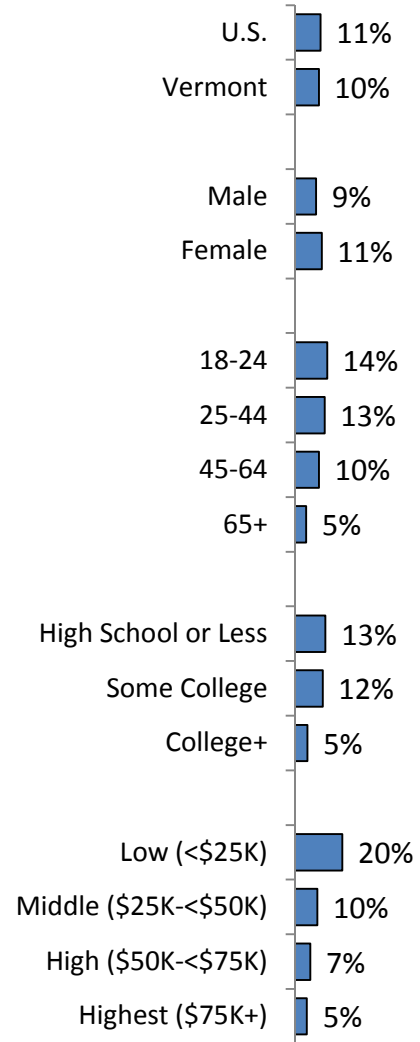
Adults with less education and lower annual household incomes more often report poor mental health.

- Those with some college education or less are significantly more likely to report poor mental health versus adults with a college degree .
- 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.

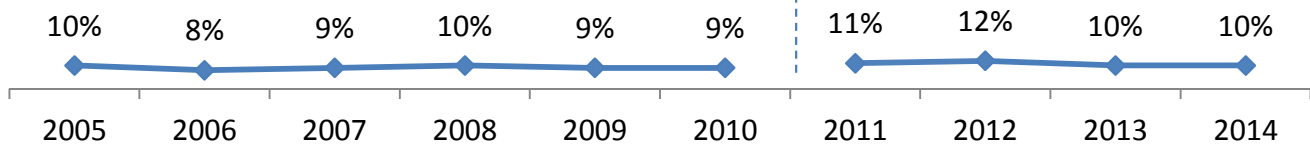
Overall, the proportion of Vermont adults with poor mental health in 2014 is unchanged from 2013.

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, 2014**



**Poor\* Mental Health Days  
Vermont Adult Residents 2005-2014**



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

# Sleep

More than six in ten (62%) Vermont adults said they get less than eight hours of sleep in a 24 hour period, on average. This is statistically lower than 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.

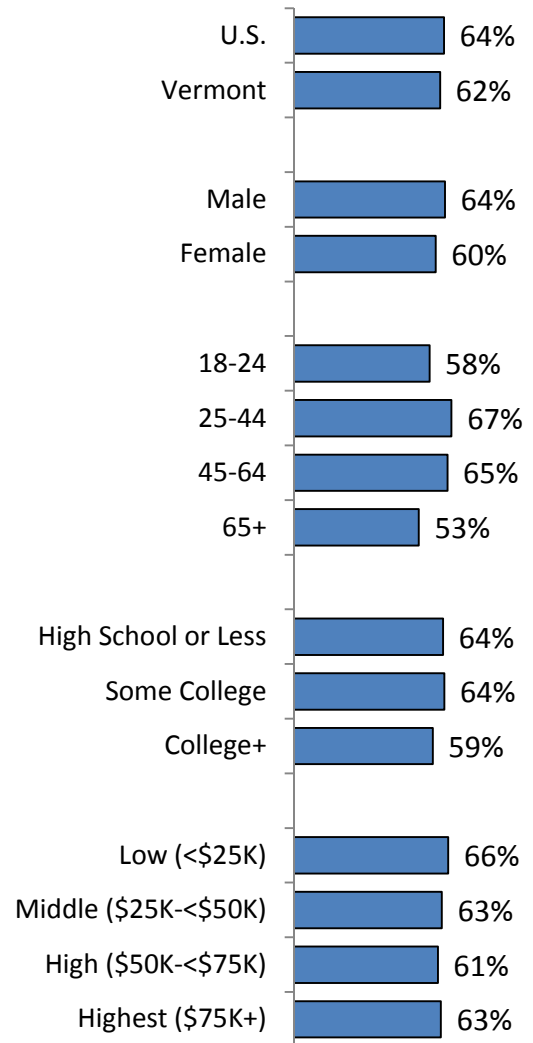
Adults 25-64 are the most likely to report an inadequate number of sleep hours.

- 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.

The proportion reporting poor sleep in 2014 is similar to that in 2013 (62% vs. 63%).

**Poor Sleep\***  
**Vermont Adults, 2014**



\*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 2014, about a quarter (24%) of Vermont adults reported that they are disabled, which was similar to the 23% among U.S. adults overall.

Men and women in Vermont report disability at similar rates.

Disability increases as age increases.

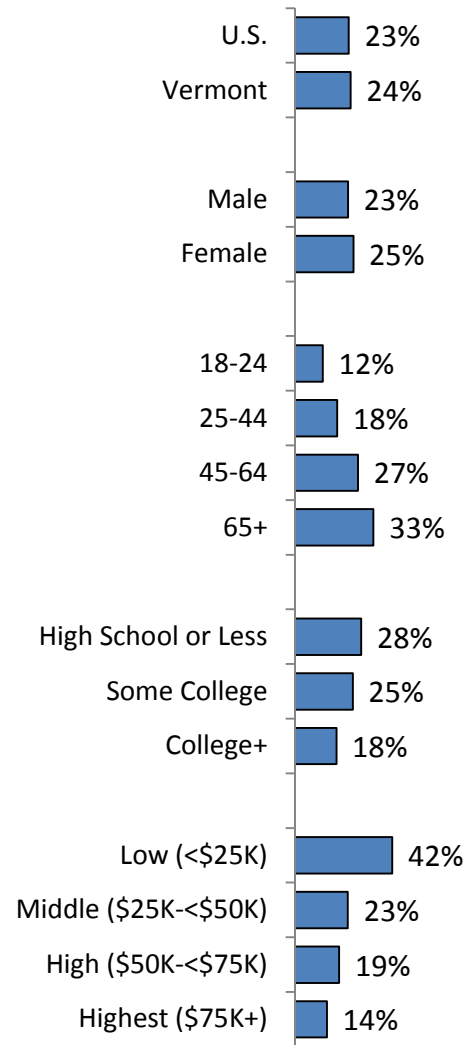
- All differences by age are statistically significant, except that between adults 18-24 and 25-44.

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

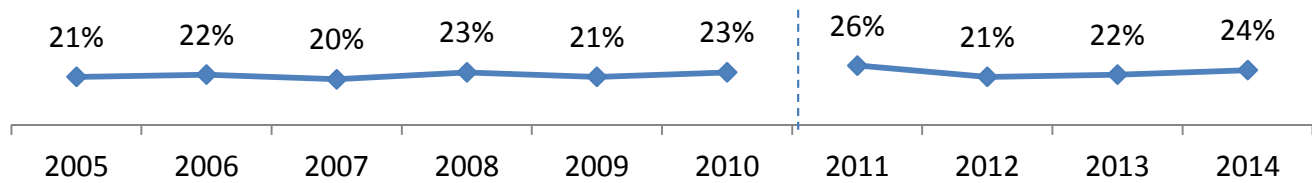
- Adults with some college education or less are significantly more likely than those with more education to report being disabled.
- All differences by annual household income level are statistically significant, except that between those with incomes of \$25,000 - \$49,999 and \$50,000 - \$74,999.

The proportion of Vermont adults reporting a disability in 2014 (24%) is similar to that in 2013 (22%), but statistically higher than the 21% reported in 2012.

**Disabled  
Vermont Adults, 2014**



**Disabled  
Vermont Adult Residents 2005-2014**



# Disability

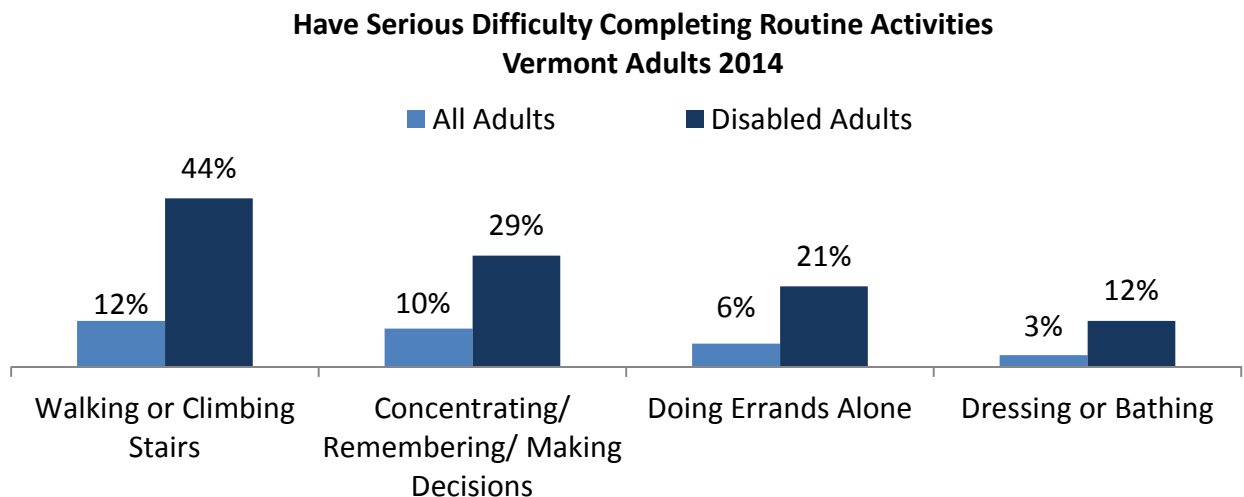
In 2014, additional questions were included about specific challenges adults may face in completing routine activities.

Due to a physical, mental, or emotional condition, one in eight have difficulty walking or climbing stairs. Slightly fewer, one in ten have serious difficulty concentrating, remembering, or making decisions.

Six percent of Vermont adults have difficulty doing errands, such as shopping or visiting a doctor, alone, while three percent said they have serious difficulty dressing or bathing.

When limited to those who reported being disabled, the proportion with difficulty completing routine activities increases significantly. Forty-four percent reported having difficulty walking or climbing stairs and about three in ten (29%) said they have serious difficulty concentrating, remembering, or making decisions. About two in ten (21%) had difficulty completing errands alone, while more than one in ten (12%) had serious difficulty dressing or bathing.

For both all adults and those with a disability, reported difficulty completing routine activities were similar in 2013 and 2014.



# Social and Emotional Support

Less than one in ten (7%) of Vermont adults said they rarely or never get the social and emotional support they need.

- Six in ten (59%) report they always get the support they need. A quarter said they usually get needed social and emotional support. Nine percent said they sometimes get it.

Men are significantly more likely than women to not get needed social and emotional support.

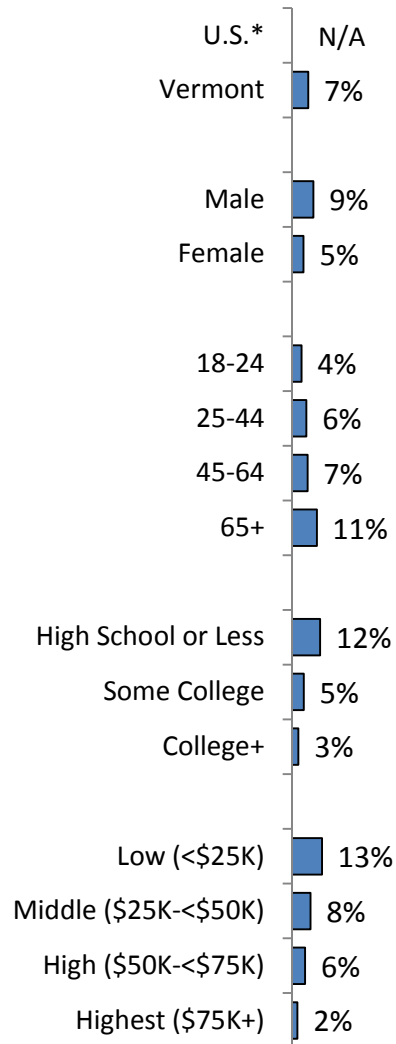
Adults 65 and older report a lack of social and emotional support significantly more than younger adults.

Adults with less education and lower annual household income levels are more likely to report never or rarely getting social and emotional support .

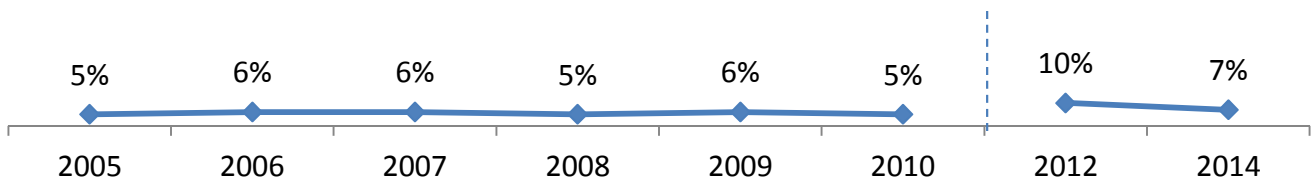
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant, except that between adults in homes making \$25,000-\$49,999 and \$50,000 - \$74,999.

The proportion of adults overall who rarely or never get the social and emotional support they need decreased significantly from 2012 to 2014 (10% vs. 7%).

**Rarely/Never Get Social and Emotional Support Vermont Adults, 2014**



**Rarely/Never Get Emotional Support Vermont Adults, 2005-2014**



\*No national estimate available.



# Falls

Three in ten (31%) of Vermont adults 45 and older said they fell at least once in the last 12 months. Twenty-eight percent of U.S. adults said the same, a statistically significant difference.

The average number of falls in the last year among Vermont adults at least 45 years of age is 1.0.

Seven percent of adults 45 and older reported two falls, four percent said they'd fallen three times, and five percent fell at least four times in the last year.

Men and women said they experienced at least one fall at similar rates.

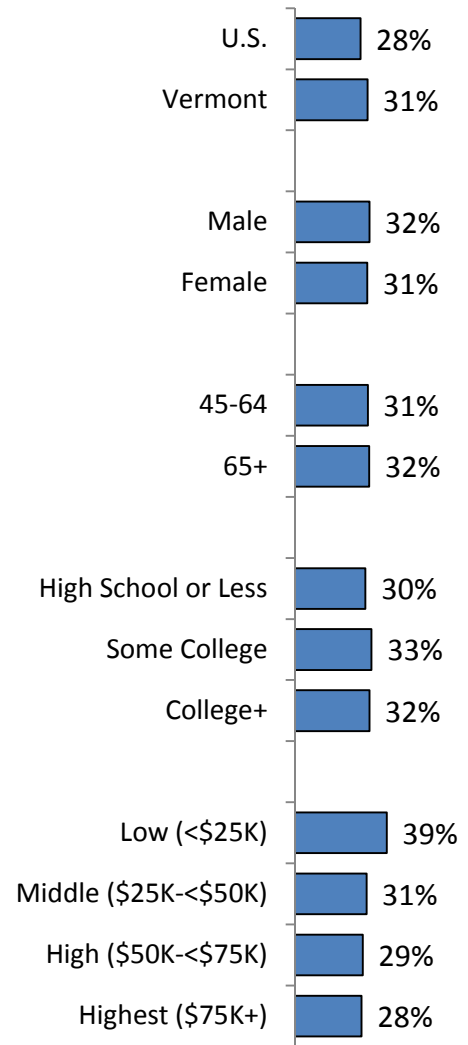
Adults 45-64 and 65 and older report falling at least once at similar rates.

There are also no differences in the experience of falls by education level.

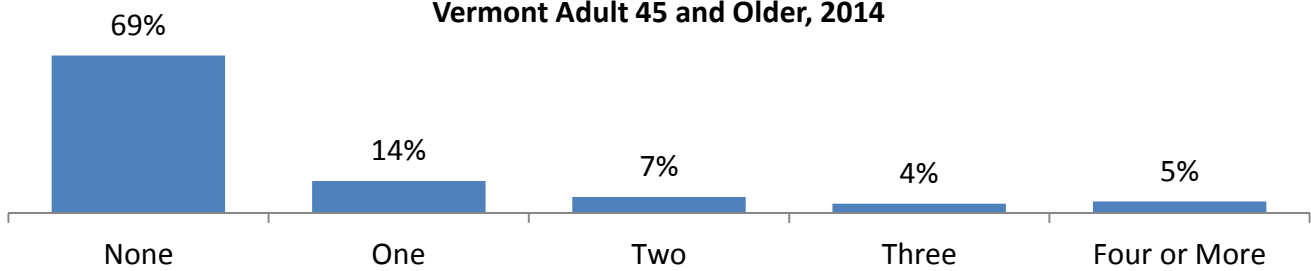
Adults 45 and older in homes with the lowest annual incomes are significantly more likely than those in homes with more income to report having at least one fall in the last year.

Overall, the proportion of adults 45 and older with at least one fall in the last 12 months in 2014 is similar to that in 2012 (31% vs. 32%).

**Fell in Last 12 Months  
Vermont Adults 45+, 2014**



**Number of Falls  
Vermont Adult 45 and Older, 2014**



# Falls in Last Year, Resulted in Injury

In 2014, nearly four in ten (38%) Vermont adults 45 and older who fell at least once also said a fall resulted in an injury. Forty-one percent of U.S. adults 45 and older said they fell and were injured, which is similar to the Vermont rate.

- An injury was defined as a fall that caused limitations in regular activities for at least a day or a visit to the doctor.

More than a quarter (27%) of adults 45 and older who fell at least once, said only one fall resulted in an injury. Six percent said two falls resulted, two percent said three injuries resulted, and four percent had at least four injuries.

Women report falls with injuries significantly more than males.

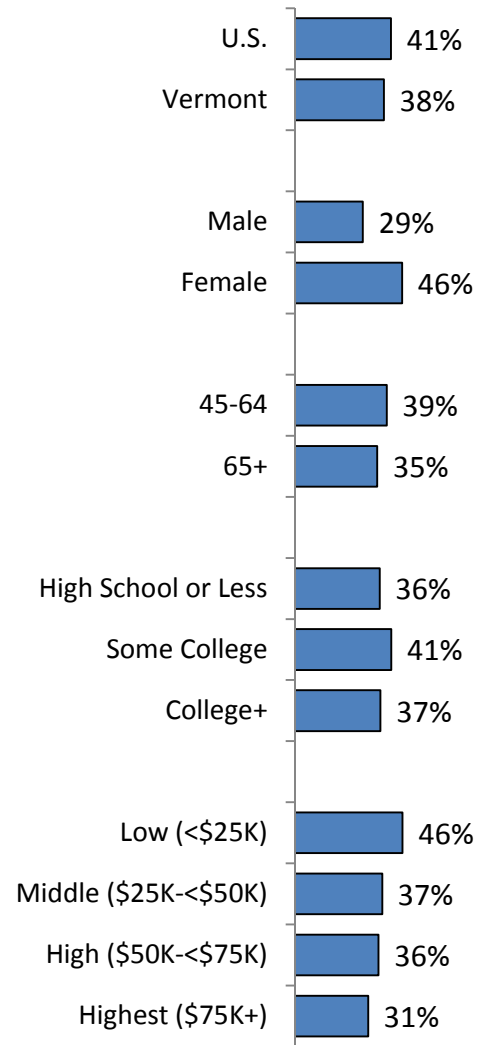
Adults 45-64 and 65 and older report falls resulting in an injury at similar rates.

There are no differences in injuries from falls by education level.

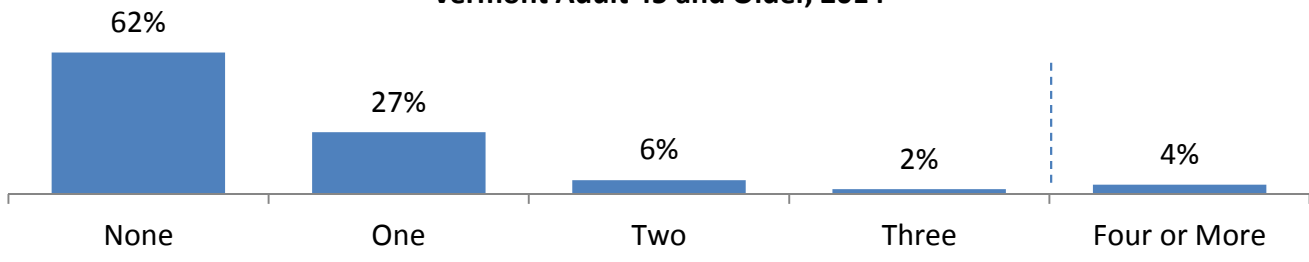
Adults in homes with low incomes are significantly more likely to report a fall with an injury than adults in homes making \$75,000 or more per year.

The proportion of Vermont adults 45 and older that fell in the last year and were injured in 2014 is statistically similar to that in 2013 (38% vs. 34%).

**Fall Resulting in Injury  
Vermont Adults 45+, 2014**



**Fell and Were Injured  
Vermont Adult 45 and Older, 2014**



# Chronic Conditions

# Arthritis

In 2014, more than a quarter (28%) of Vermont adults said they have arthritis, statistically higher than the 26% 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.

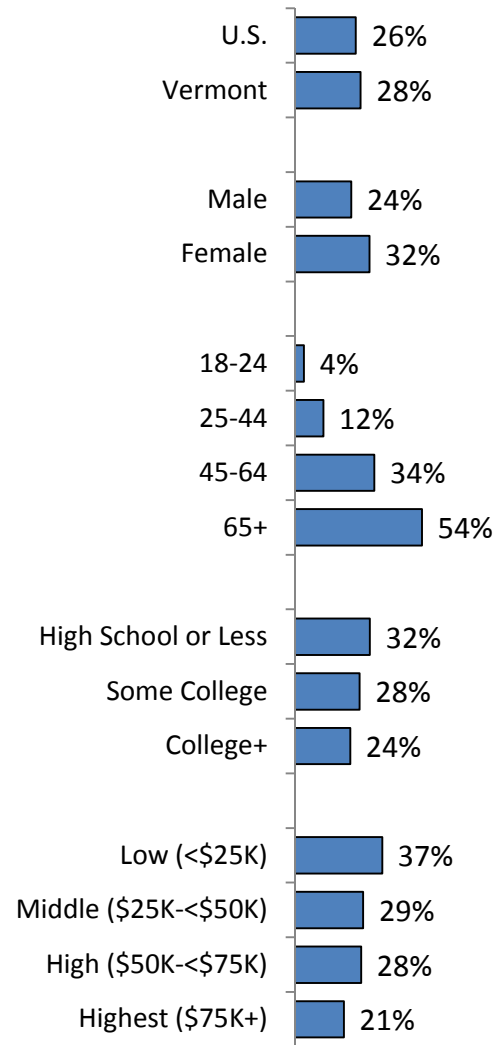
- All differences by age are statistically significant.

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

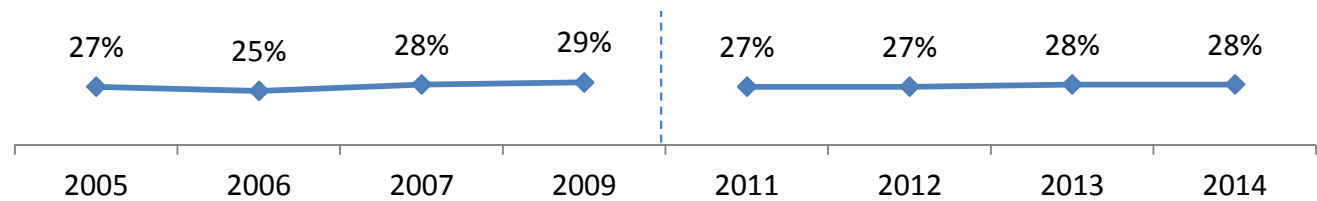
- Adults with a high school education or less are significantly more likely to have arthritis than those with a college degree or higher.
- All differences by annual household income level are statistically significant, except that between adults in homes making \$25,000-\$49,999 and \$50,000-\$74,999.

Overall, the prevalence of arthritis has remained similar since 2011.

**Adults with Arthritis  
Vermont Adults, 2014**



**Adults Diagnosed with Arthritis  
Vermont Adult Residents 2005-2014**



# 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.

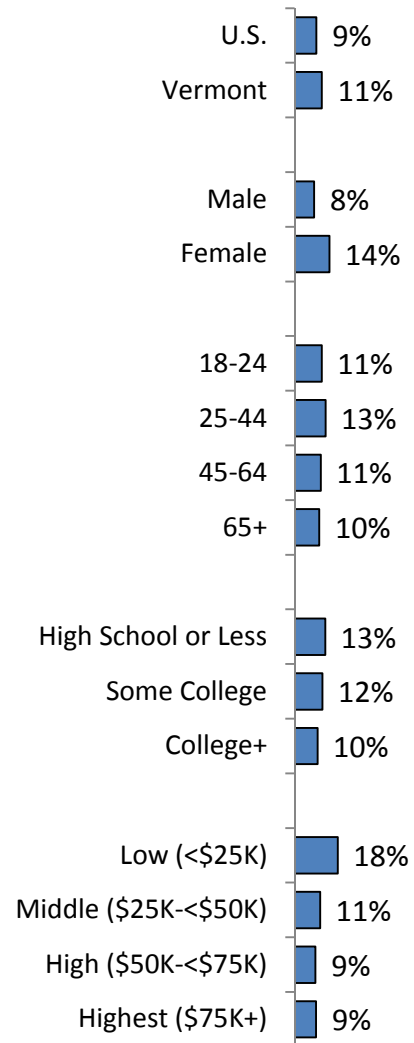
There are no statistical differences in asthma prevalence by age.

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

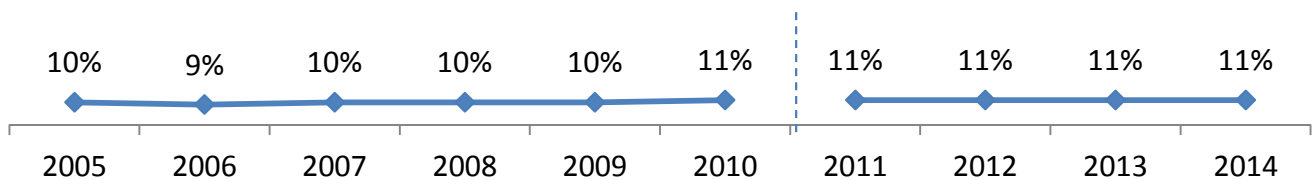
- Adults with a high school education or less have significantly a higher rate of asthma than those with a college degree or higher
- Those in homes with low annual incomes are significantly more likely to have asthma than those with more income.

The prevalence of asthma in Vermont is unchanged since 2011.

**Adults with Current Asthma  
Vermont Adults, 2014**



**Adults with Current Asthma  
Vermont Adult Residents 2005-2014**



# Blindness

In 2014, 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.

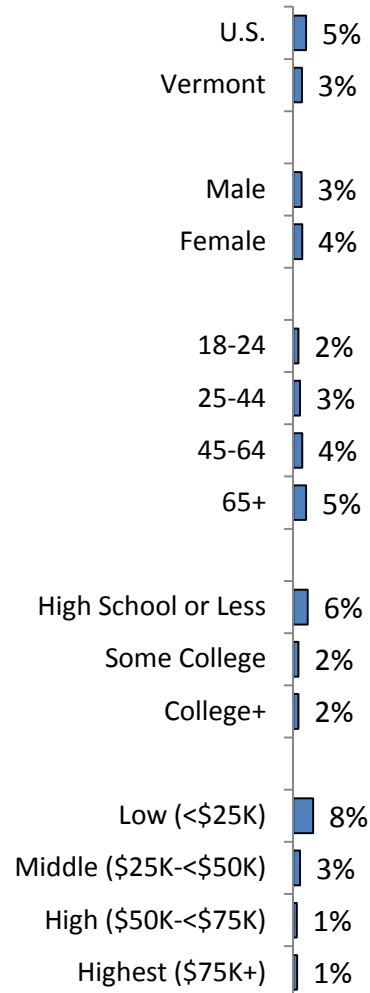
Blindness is more likely among older adults, however, none of the differences by age are statistically significant.

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.

The proportion of Vermont adults with significant vision impairment is unchanged from 2013 to 2014.

**Blind  
Vermont Adults, 2014**



# Cancer Diagnosis – Non-Skin Cancer

In 2014, 7% of Vermont adults had ever been diagnosed with cancer, which was statistically similar to the U.S. overall (6%). This definition of cancer excludes skin cancer.

Women are more likely to have had cancer than men.

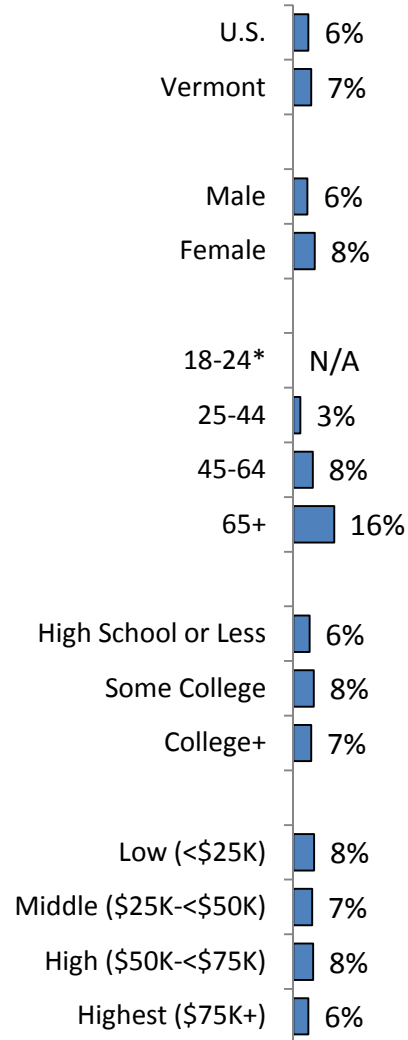
As age increases, so does the proportion of Vermont adults ever diagnosed with cancer.

- All differences by age are statistically significant.

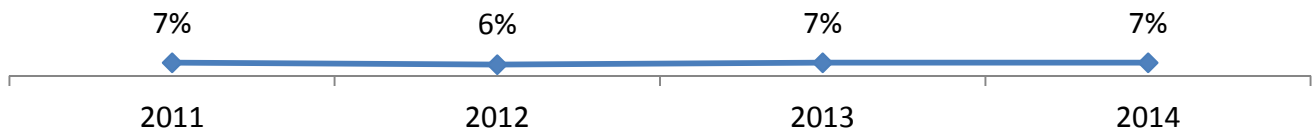
Ever having cancer does not differ statistically by education or annual household income level.

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

**Adults Diagnosed with Cancer  
Vermont Adults, 2014**



**Adults with Cancer  
Vermont Adult Residents 2011-2014**



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

# Skin Cancer Diagnosis

In 2014, 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.

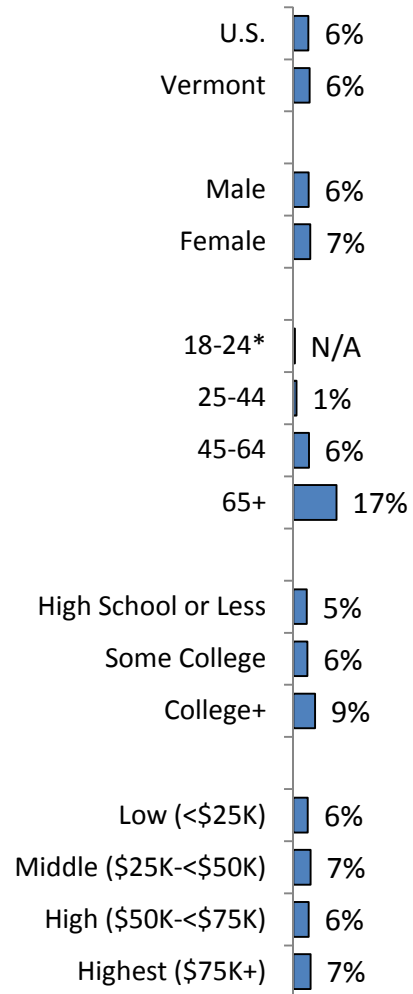
Rates of skin cancer diagnosis also increase with education level.

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

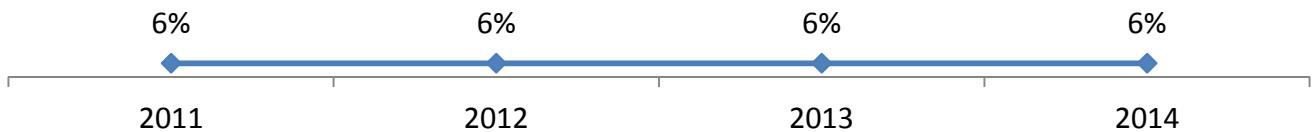
Ever having skin cancer does not differ by annual household income level.

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

**Adults Diagnosed with Skin Cancer  
Vermont Adults, 2014**



**Adults with Skin Cancer  
Vermont Adult Residents 2011-2014**



\*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 (7%) 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 statistically lower than the nine percent among U.S. adults overall.

More males have CVD as compared to females.

CVD prevalence increases as Vermonters age.

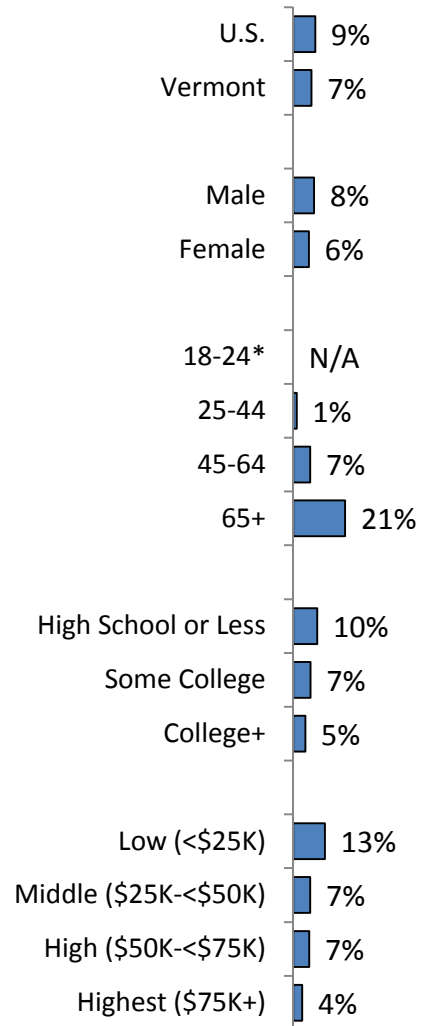
- All differences by age are statistically significant.

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

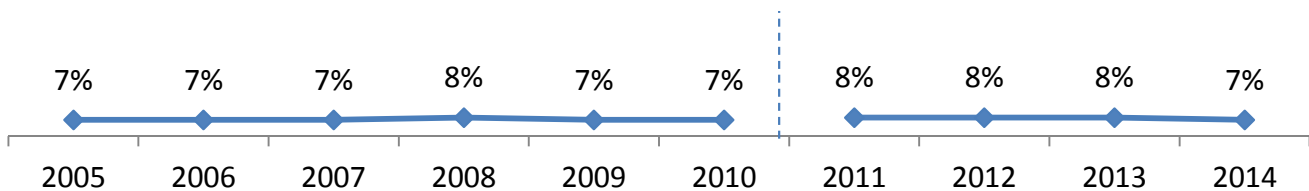
- Adults with some college education or less are significantly more likely to report CVD than those with a college education or more.
- All differences by annual household income level are statistically significant except that between those in homes making \$25,000-\$49,999 and \$50,000-\$74,999 annually.

The prevalence of CVD among Vermont adults remains statistically unchanged since 2011.

**Adults with CVD  
Vermont Adults, 2014**



**Adults with Cardiovascular Disease  
Vermont Adult Residents 2005-2014**



\*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 2014. This is similar to the U.S. rate.

Men and women report having COPD at a similar rate.

The prevalence of COPD increases as Vermonters age.

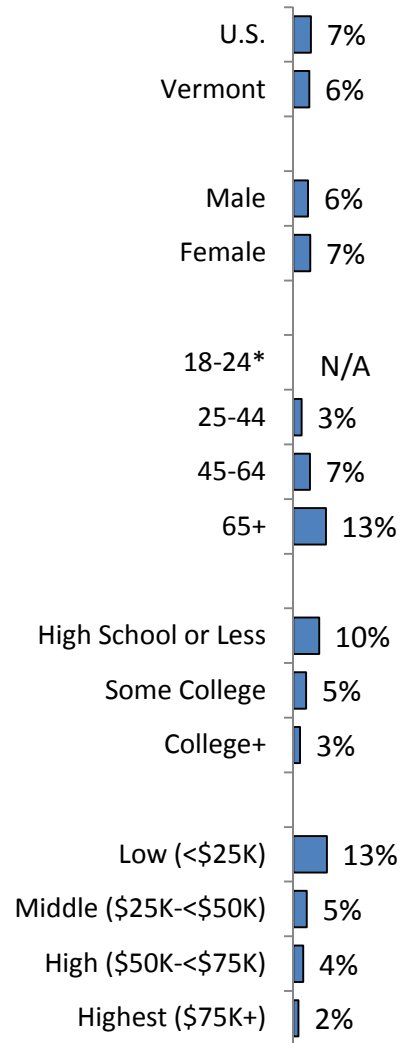
- All differences by age are statistically significant.

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

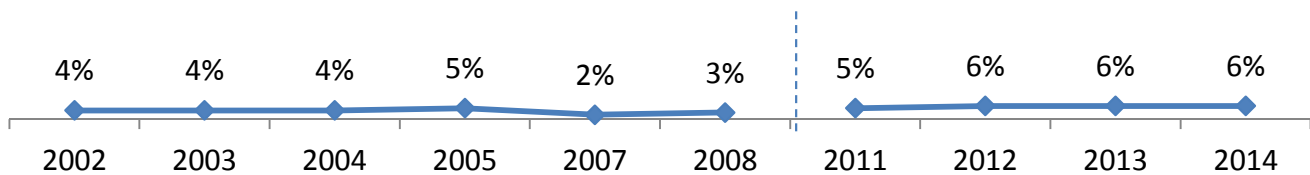
- All differences by education level are statistically significant.
- COPD prevalence among adults in homes with low incomes are at least double that of those in homes with more income, a statistically significant difference.
- Those in homes with middle incomes have a higher COPD prevalence than those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

Overall, the COPD prevalence among Vermont residents is statistically unchanged since 2011.

**Adults with COPD  
Vermont Adults, 2014**



**Adults with COPD  
Vermont Adult Residents 2002-2014**



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

# Depressive Disorder

More than one in five (22%) 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.

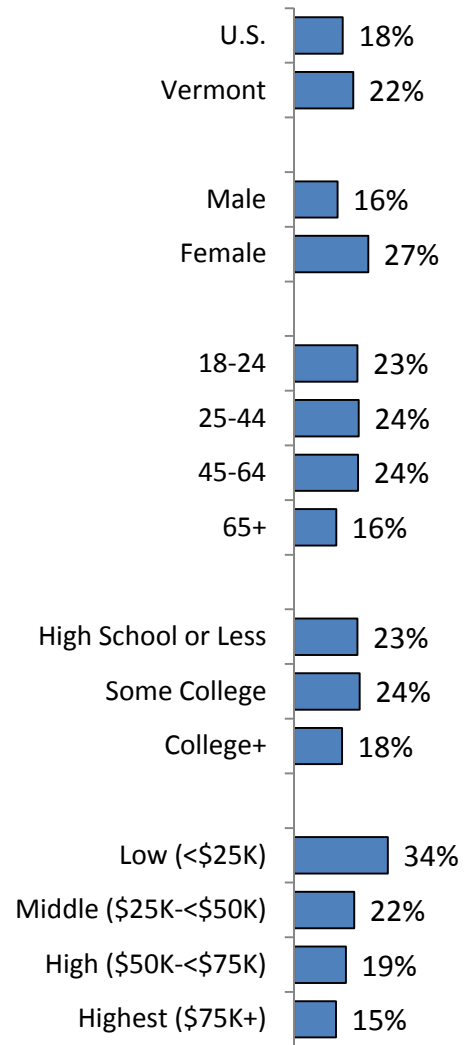
Adults 65 and older are significantly less likely than younger age groups to report they have been diagnosed with a depressive disorder.

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

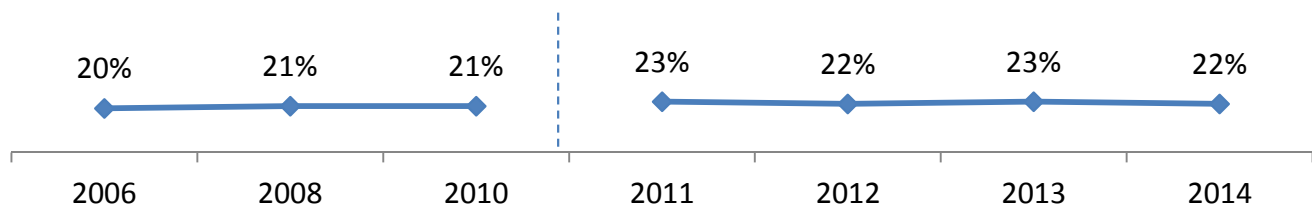
- Those with some college education or less are significantly more likely to have a depressive disorder than those with a college degree or higher.
- Adults in homes with low incomes are significantly more likely to have a depressive disorder than those in homes with more income. Similarly, those with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

Vermont adults have reported similar rates of depressive disorders since 2011.

**Adults with a Depressive Disorder  
Vermont Adults, 2014**



**Adults with a Depressive Disorder  
Vermont Adult Residents 2006, 2008, 2010-2014**



# Pre-Diabetes

In 2014, six percent of 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.

- All differences by age are statistically significant.

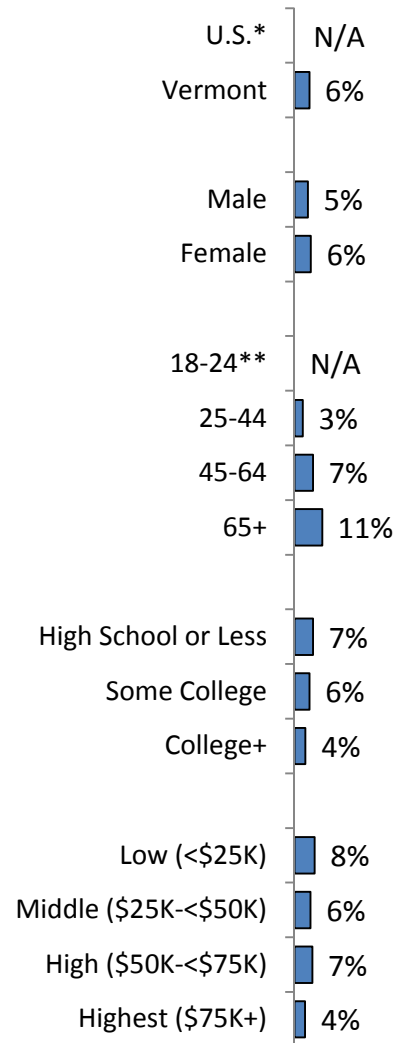
Adults with a high school degree or less are significantly more likely to report pre-diabetes than those with a college degree or higher.

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

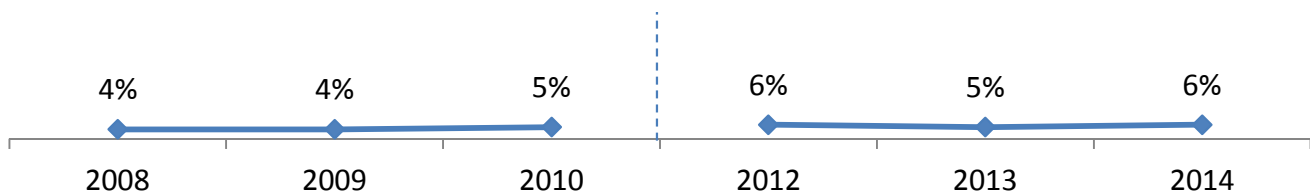
Pre-diabetes is likely under-reported due to it being a relatively new diagnosis and a low rate of testing. In 2014, the last year a question on testing was included on the survey, 52% of Vermont adults said they had been tested for diabetes or high blood sugar in the preceding three years.

Pre-diabetes prevalence was similar in 2012, 2013, and 2014.

**Adults with Pre-Diabetes  
Vermont Adults, 2014**



**Adults with Pre-Diabetes  
Vermont Adult Residents 2008-2014**



\*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 11%, significantly higher than Vermont adults.

Men and women report having diabetes at a similar rate.

Diabetes prevalence increases with increasing age.

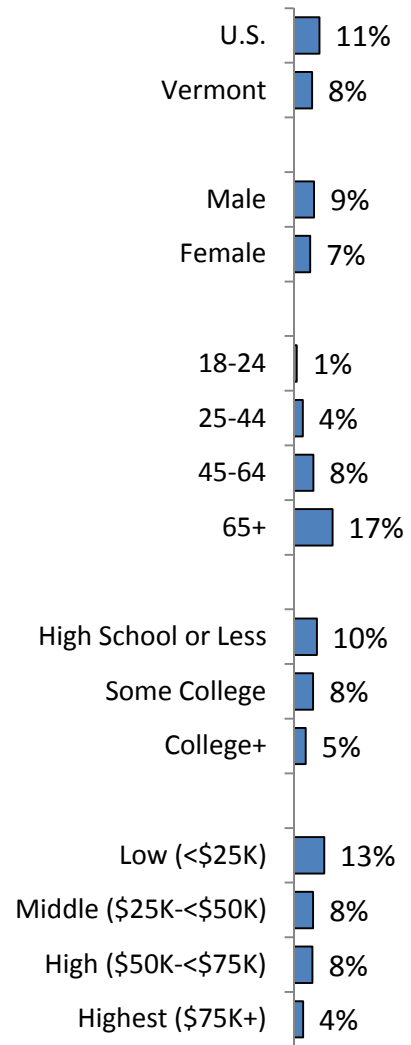
- All differences by age are statistically significant, except that between adults 18-24 and 25-44.

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

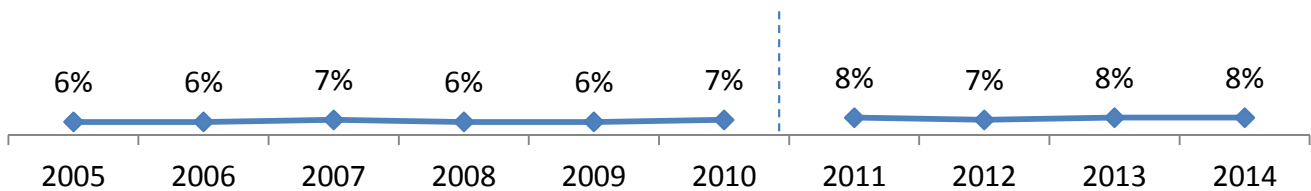
- Adults with some college education or less are significantly more likely than those with at least a college degree to have diabetes.
- All differences by annual household income level are statistically significant except that between adults in homes making \$25,000-\$49,999 and \$50,000-\$74,999 annually.

Diabetes prevalence remains similar since 2011.

**Adults with Diabetes  
Vermont Adults, 2014**



**Adults with Diabetes  
Vermont Adult Residents 2005-2014**



# Kidney Disease

Three percent of Vermont adults reported having kidney disease in 2014, the same as reported 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 of younger age groups. Those 45-64 are also significantly more likely to report kidney disease than those 25-44.

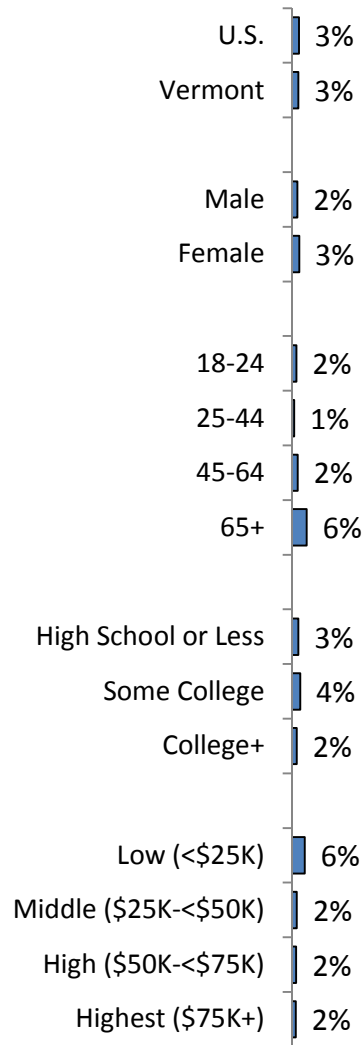
There are no differences in the prevalence of kidney disease by education level.

Adults in homes with low annual incomes are significantly more likely to report kidney disease than those with higher incomes.

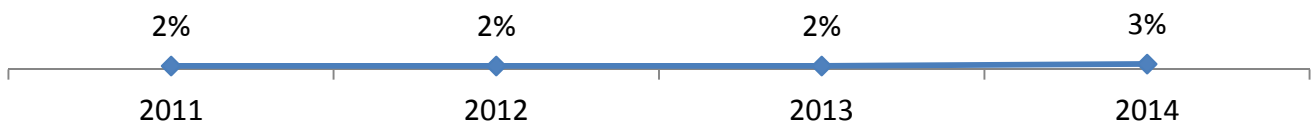
The prevalence of kidney disease is statistically unchanged from 2011 through 2014.

Kidney disease is a concern for those with diabetes. In 2014, 8% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes, a statistically significant difference.

**Adults with Kidney Disease  
Vermont Adults, 2014**



**Diagnosed with Chronic Kidney Disease  
Vermont Adults 2011-2014**



# Obesity & Overweight\*

In 2014, 25% of Vermont adults (20 and older) reported being obese, while an additional 36% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (30%), while the rate of overweight is similar (36% vs. 35% U.S.).

Men and women report obesity at similar rates.

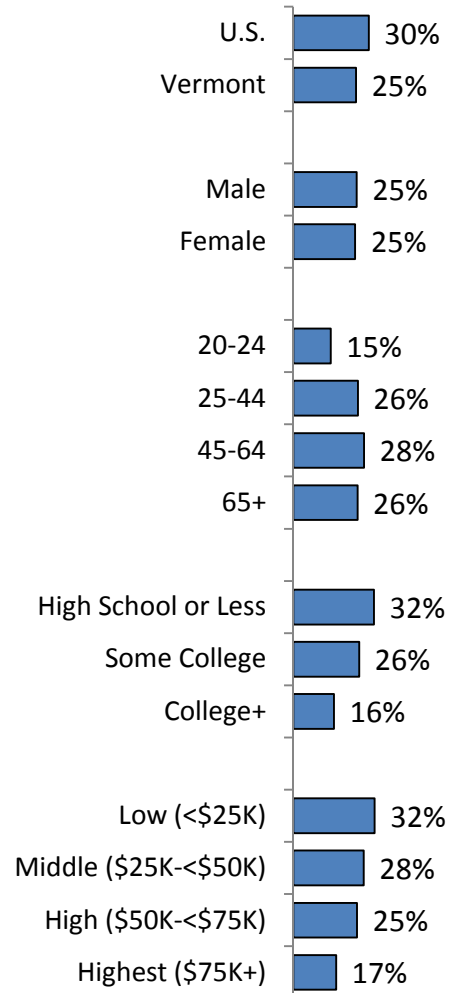
Rates of obesity are significantly higher among those 25 and older compared with those 20-24.

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

- All differences by education level are statistically significant.
- Adults in homes with incomes less than \$75,000 are significantly more likely to be obese than those where the annual household income is \$75,000 or more.
- Similarly, those with middle incomes are more likely to be obese than those with the highest incomes (\$75,000 or more).

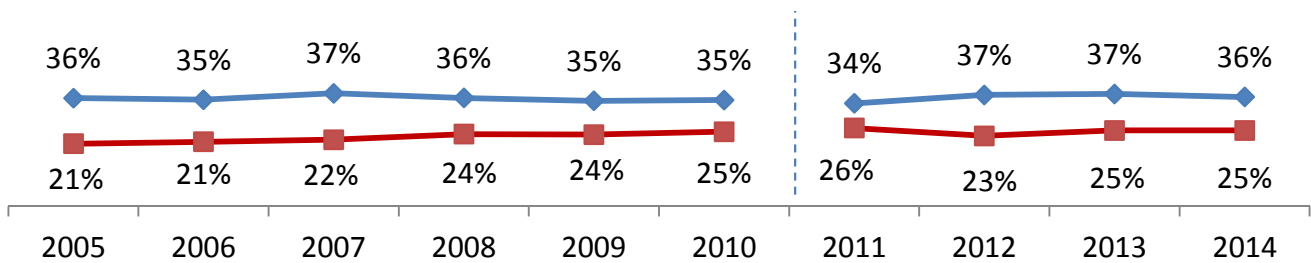
In 2014, among adults 20 and older in Vermont, the rates of overweight and obesity remained statistically similar in 2013, as well as since 2011.

**Obese Adults\***  
**Vermont Adults 20 and Older, 2014**



◆ Overweight  
■ Obese

**Overweight and Obese Adults\***  
**Vermont Adults 20 and Older 2005-2014**

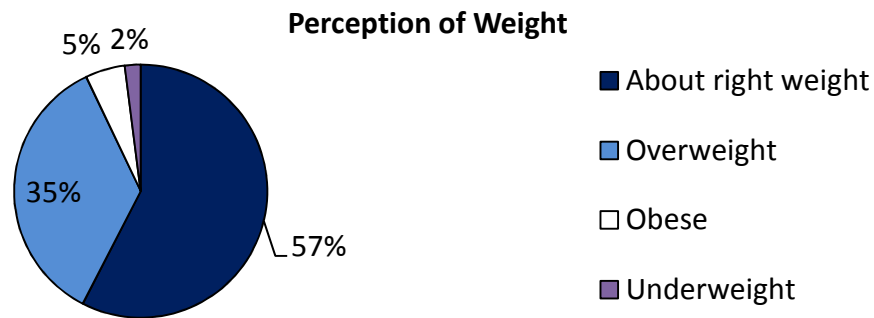


\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

# Obesity & Overweight – Perception of Weight

In 2014, an additional question was included on perceived weight status. In other words, whether the adult thinks they are underweight, about the right weight, overweight, or obese.

In general, more than half of adults said they were about the right weight. More than a third said they were overweight, while five percent reported being obese. Two percent said they were underweight.

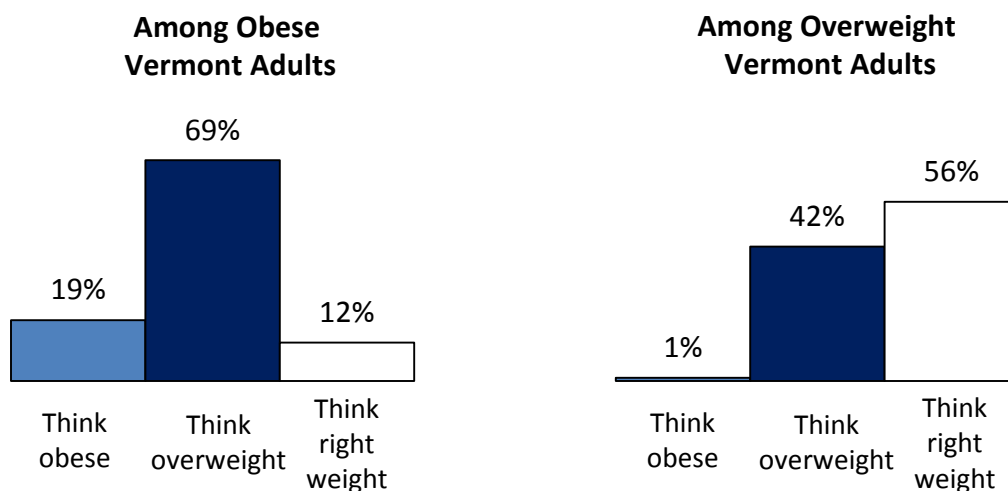


Among obese adults, based upon their Body Mass Index, 19% reported that they think they are obese. Nearly seven in ten (69%) said they think they are overweight. Twelve percent said they think they are about the right weight or underweight.

Among those adults who are overweight, more than half (56%) reported they are about the right weight or underweight, and 42% said they think they are overweight. One percent said they are obese.

Nearly all (94%) adults who are neither overweight or obese reported that they are about the right or under weight. Six percent said they are overweight.

## Perception of Weight by BMI Category





# Risk Behavior Indicators

# Alcohol Consumption – Any in Last Month

Nearly two-thirds (64%) of Vermont adults said they drank alcohol during the last 30 days, in 2014. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (64% vs. 52%).

Men report drinking alcohol significantly more than women.

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

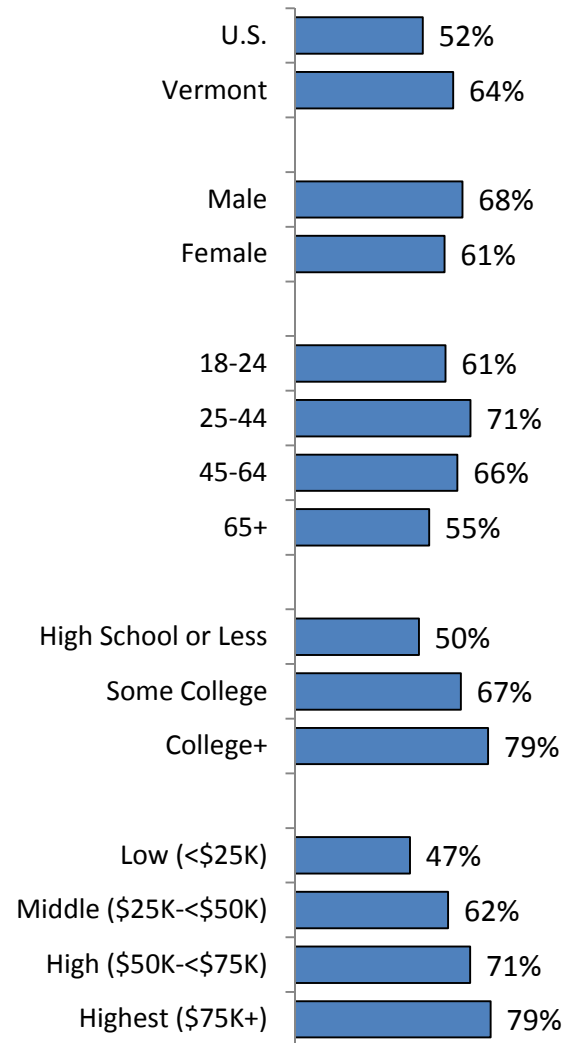
- Rates are significantly higher among those 25-44 compared with all other age groups.
- Adults 45-64 are also significantly more likely to report alcohol consumption than those 65 and older.

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.

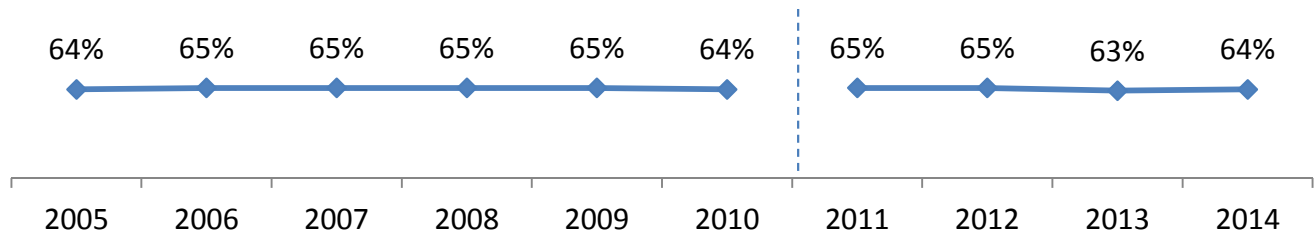
- All differences by education level and annual household income level are statistically significant.

Overall, the proportion drinking alcohol among Vermont adults is statistically unchanged since 2011.

**Any Alcohol Consumption  
Vermont Adults, 2014**



**Any Alcohol Consumption  
Vermont Adult Residents 2005-2014**



# 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 2014, more than one in six (18%) Vermont adults said they binge drank in the last month, significantly higher than the 16% among 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.

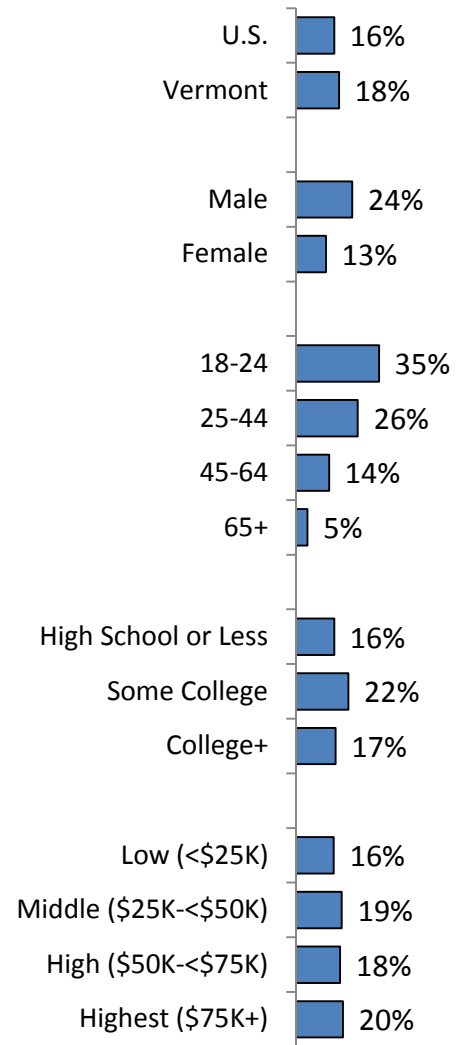
- All differences by age are statistically significant.

Adults with some college education are significantly more likely to report binge drinking than those of other education levels.

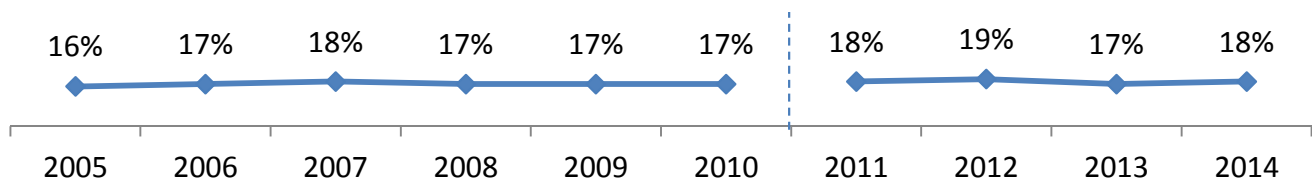
There are no differences in binge drinking by annual household income level.

Binge drinking rates among Vermont adults are unchanged since 2011.

**Binge Drank  
Vermont Adults, 2014**



**Binge Drinking  
Vermont Adult Residents 2005-2014**



# Heavy Drinking

In 2014, 9% 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.

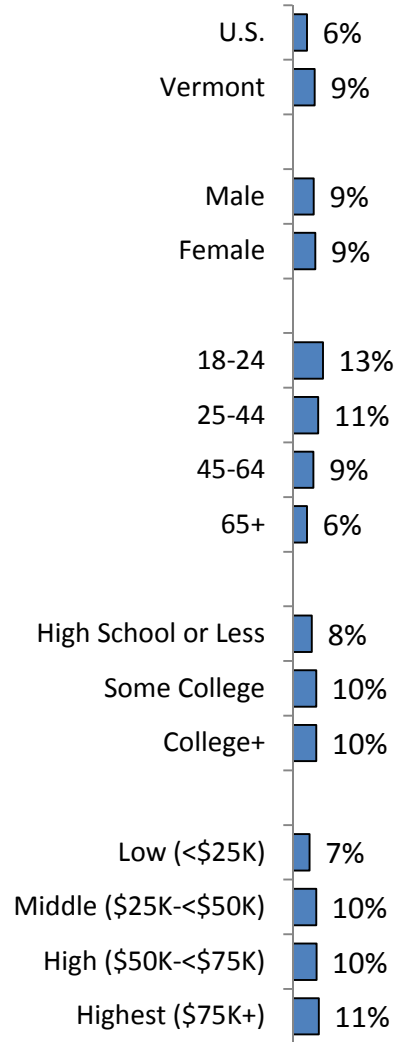
Among men and women in Vermont, heavy drinking rates are similar.

Adults 65 and older report heavy drinking at a significantly lower rate than younger adults.

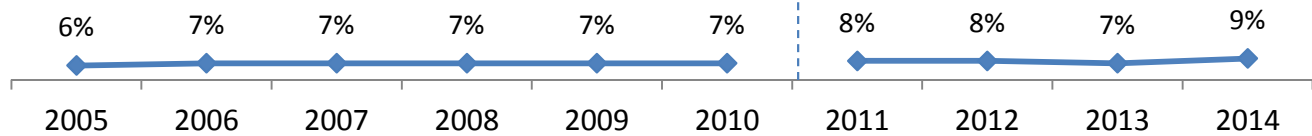
There are no statistical differences in heavy drinking by education or annual household income level.

Heavy drinking rates among Vermont adults increased significantly from seven percent in 2013 to nine percent in 2014. However, the rate in 2014 is similar to that in both 2011 and 2012 (8%).

**Heavy Drinking  
Vermont Adults, 2014**



**Heavy Drinking  
Vermont Adults, 2005-2014**



# Drunk Driving

In 2014, fewer than one in twenty (3%) Vermont adults reported driving after having too much to drink at least once in the last month. This is the same as that reported among U.S. adults overall.

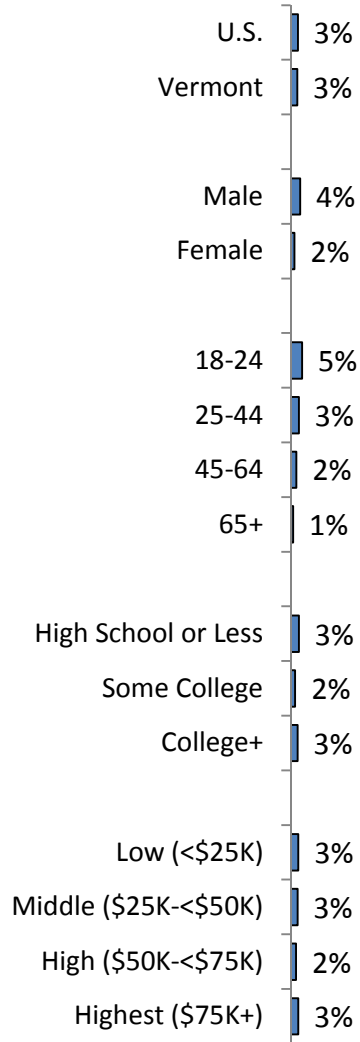
Men are twice as likely as women to say they recently drank and drove, a statistically significant difference.

Adults 18-24 are five times as likely as adults 65 and older to report driving after drinking, a statistically significant difference.

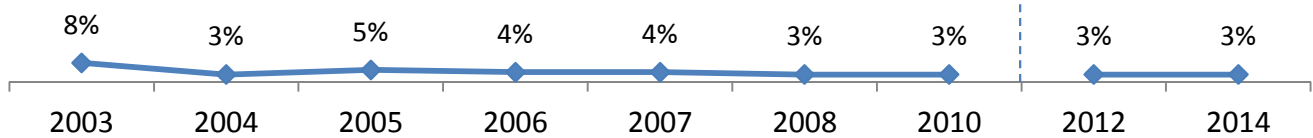
Drinking and driving does not vary across education or annual household income level.

Overall, reported drinking and driving is unchanged from 2012 to 2014.

**Drank and Drove  
Vermont Adults, 2014**



**Drank and Drove  
Vermont Adults, 2003-2010, 2012, 2014**



# No Leisure Time Physical Activity\*

In 2014, 18% of Vermont adults said they did **not** participate in any leisure time physical activity during the previous month, significantly lower than the 24% 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.

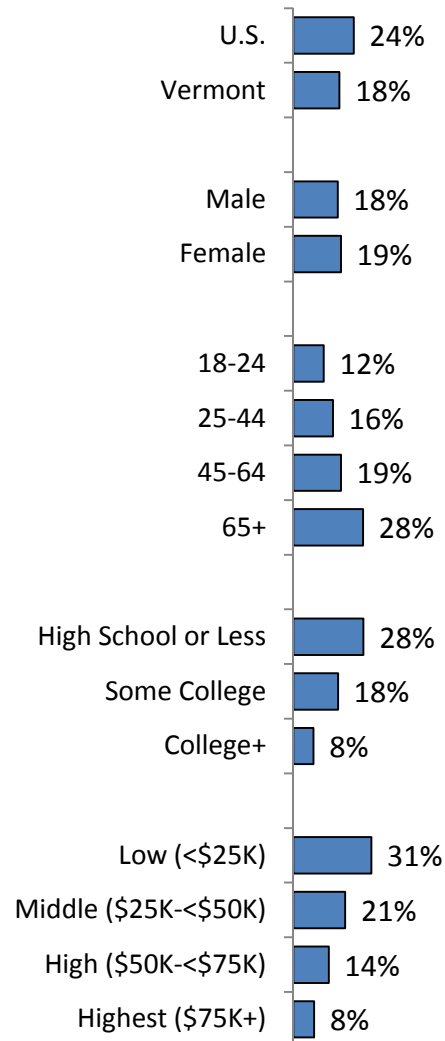
- Adults 65 and older are significantly more likely than those 18-44 to not participate in physical activity. Those 45-64 are also more likely than those 18-24 to not participate in physical activity.

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

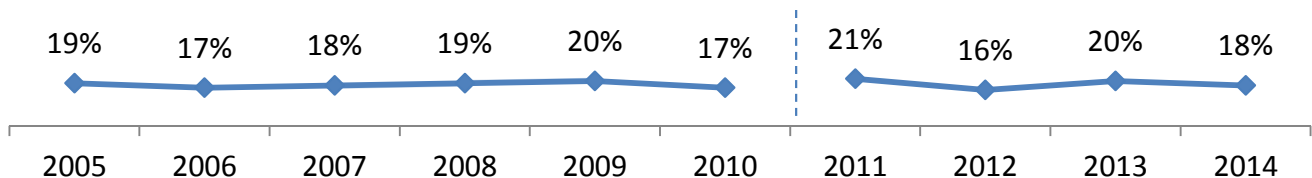
- All differences by education and annual household income level are statistically significant.

The proportion of adults with no leisure time physical activity in 2014 is statistically similar to that in 2011-2013.

**No Leisure Physical Activity\*  
Vermont Adults, 2014**



**No Leisure Time Physical Activity\*  
Vermont Adults, 2005-2014**



\*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.]

# Seatbelt Use

About one in twenty (4%) Vermont adults said, in 2014, they seldom or never wear their seatbelt when driving or riding in a car. This is significantly higher than the three percent among U.S. adults.

Men are significantly more likely to seldom or never use a seatbelt, compared with women.

Not using a seatbelt use is higher among adults 18-44.

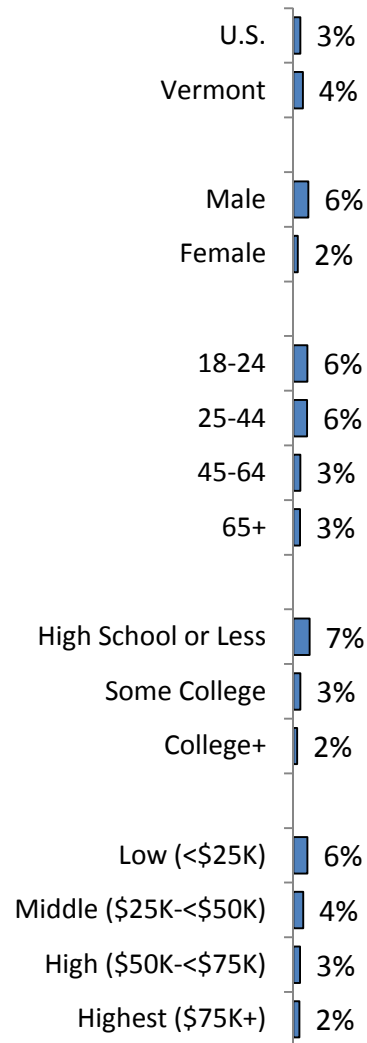
- Adults 25-44 are significantly more likely to not use a seatbelt compared with those 45 and older.

Adults with less education and lower annual household incomes are more likely to seldom or never wear a seatbelt than those with more education and higher incomes.

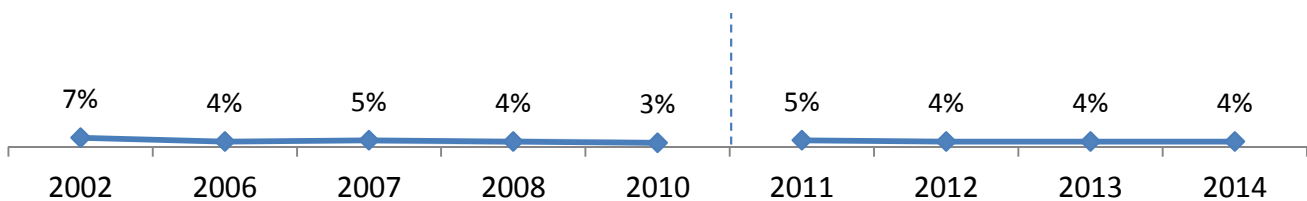
- Adults with a high school education or less are significantly more likely than those with more education to not use a seatbelt.
- Those in homes with low incomes are significantly more likely than those with incomes of \$50,000 or more to not use a seatbelt.

Adults reported always wearing a seatbelt at a similar rate in 2014 to that in 2011-2013.

**Seldom/Never Wear Seatbelt Vermont Adults, 2014**



**Seldom/Never Wear Seat Belt Vermont Adult Residents 2002, 2006-2008, 2010-2014**



# Tobacco Use – Smokeless Tobacco

Less than one in twenty (3%) Vermont adults said they use smokeless tobacco products. This is similar to the four percent 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 18-44.
- Adults 45-64 are also significantly less likely than those 18-24 to report using smokeless tobacco.

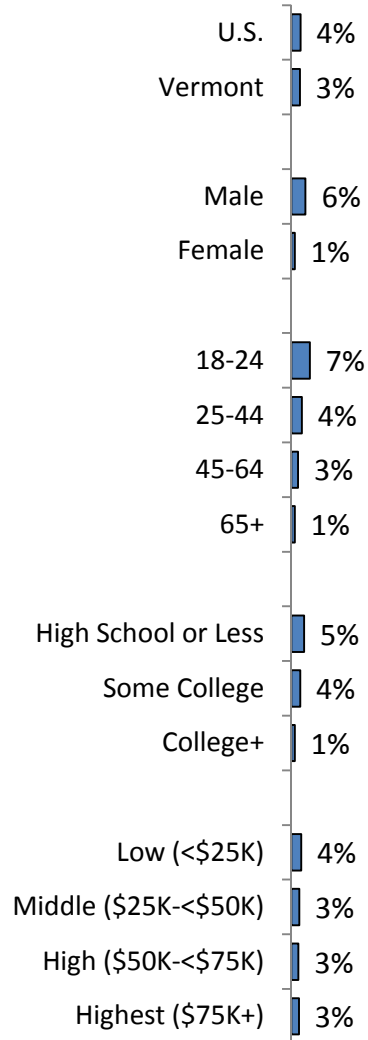
Smokeless tobacco use is also lower among those with more education.

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

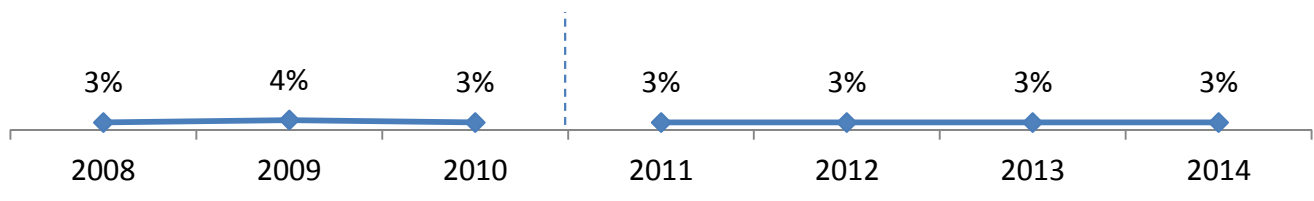
There are no statistically significant differences in the use of smokeless tobacco by annual household income level.

The proportion of Vermont adults using smokeless tobacco was unchanged from 2011 through 2014.

## Smokeless Tobacco Use Vermont Adults, 2014



## Smokeless Tobacco Use Vermont Adult Residents 2008-2014





# Tobacco Use – Cigarette Smoking\*

In 2014, 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.

Smoking prevalence is highest among adults 25-44 and lowest among those 65 and older.

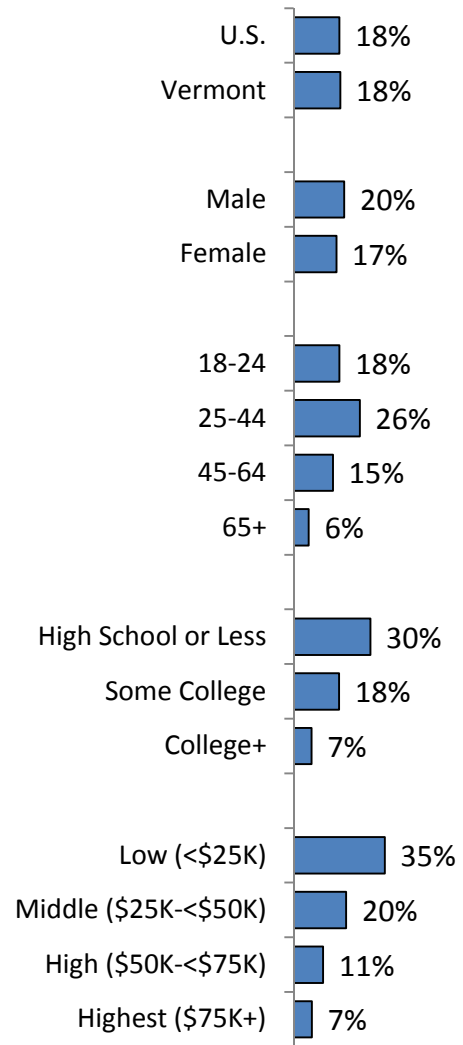
- Adults 25-44 are significantly more likely to report smoking compared with all other age groups.
- Adults 65 and older are significantly less likely to smoke than younger adults.

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

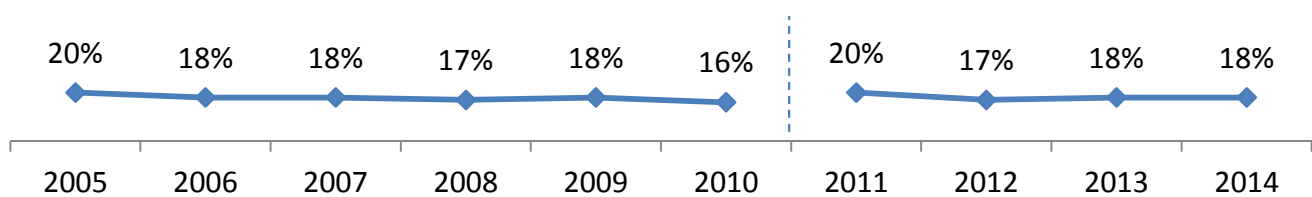
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant, except that between those in homes with high and the highest income levels.

Overall, smoking rates are statistically unchanged since 2011.

**Current Smoking\*  
Vermont Adults, 2014**



**Current Smoking\*  
Vermont Adult Residents 2005-2014**



\*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\*

Six in ten (59%) of Vermont adult smokers made an attempt to quit smoking in the last year. This is similar to the 60% seen among all U.S. adult smokers.

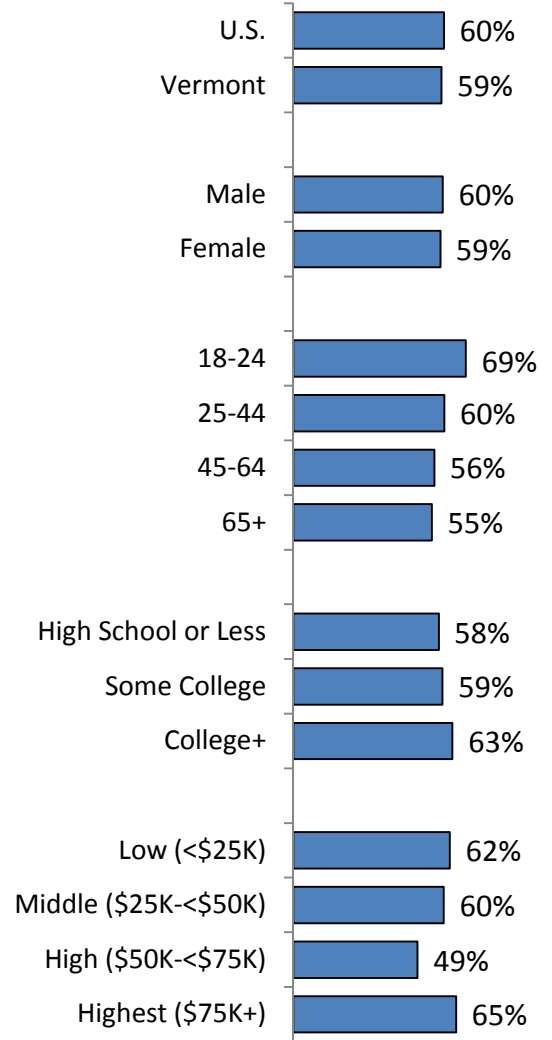
Men and women report trying to stop smoking at the same rate.

Quit attempts are highest among younger adults and lowest among those 65 and older. However, there are no statistically significant differences in quit attempts by age.

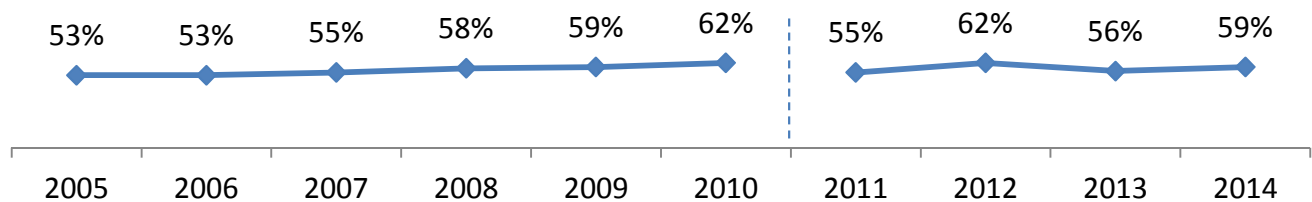
There also are no statistically significant differences in quit attempts by education or annual household income level.

While the proportion of smokers making a quit attempt increased from 2013 to 2014, there has been no statistically significant change in the rate since 2011.

**Smoking Quit Attempts\*  
Vermont Adults, 2014**



**Smoking Quit Attempts\*  
Vermont Adult Residents 2005-2014**



\*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.]

# Intimate Partner Violence – Physically Hurt

In 2014, questions were included on intimate partner violence. Thirteen percent of adults said that a partner had ever physically hurt them. Two percent said they had been physically hurt in the last year.

- Physically hurt was defined as being hit, slapped, pushed, kicked or hurt them in any way.

Women are significantly more likely than men to report ever being physically hurt by a partner. (16% vs. 9%)

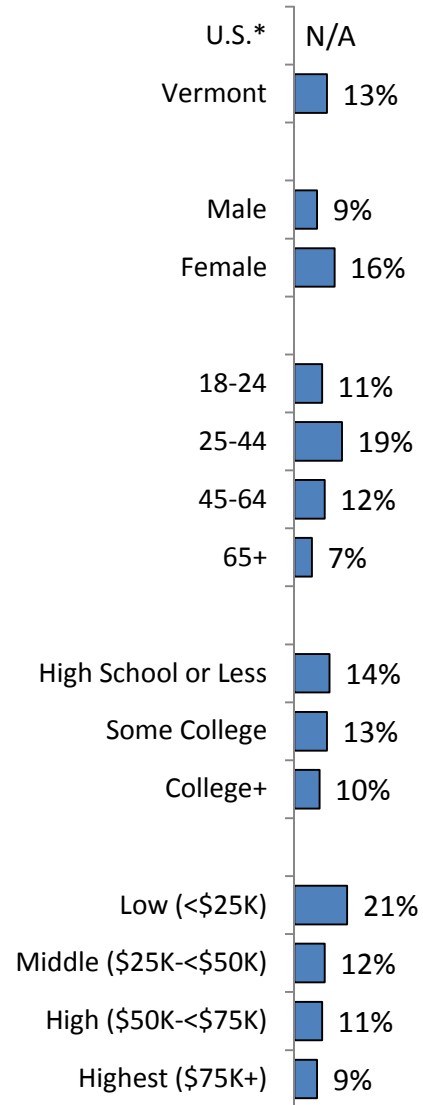
Adults 25-44 are significantly more likely than those in other age groups to report ever experiencing physical harm due to intimate partner violence.

- Adults 65 and older are significantly less likely than younger adults to report being physically hurt by a partner.

Adults with some college education or less are significantly more likely to have experienced physical harm by a partner than those with a college degree.

Similarly, those adults in homes making less than \$25,000 per year are significantly more likely than those in home with more income to report being physically hurt by an intimate partner.

**Ever Physically Hurt by Intimate Partner  
Vermont Adults, 2014**



\*No national estimate available.

# Intimate Partner Violence – Threatened

In 2014, 12% of adults reported that an intimate partner had ever threatened them or made them feel unsafe. One percent said this had happened in the last year.

Women are significantly more likely than men to report ever being threatened by a partner. (19% vs. 5%)

Adults 25-44 are significantly more likely than those in other age groups to report ever being threatened by an intimate partner.

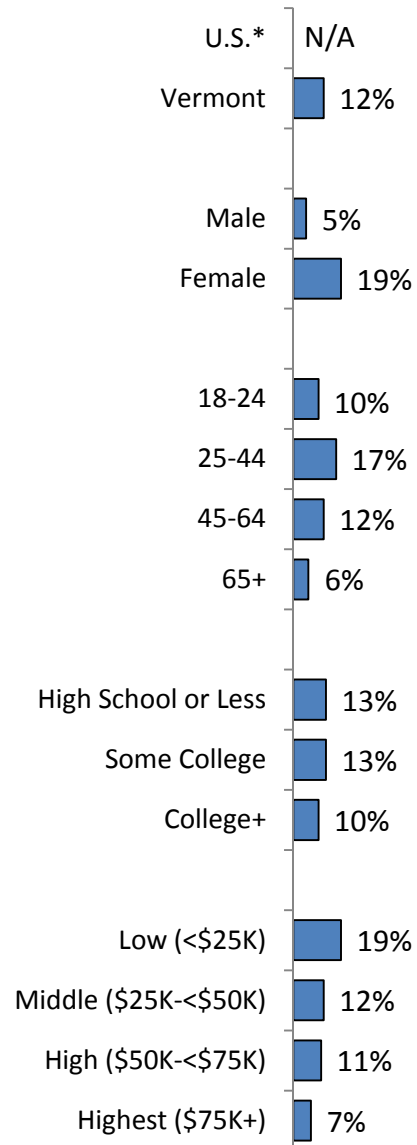
- Adults 65 and older are significantly less likely than younger adults to report being threatened by a partner.

Adults with some college education are significantly more likely to have been threatened by a partner than those with a college degree (13% vs. 10%).

Similarly, those adults in homes making less than \$25,000 per year are significantly more likely than those in home with more income to report being threatened by an intimate partner.

- Adults in homes making \$75,000 or more annually are significantly less likely than those with less income to report being threatened by a partner.

**Ever Threatened by Intimate Partner  
Vermont Adults, 2014**



\*No national estimate available.

# Intimate Partner Violence – Controlled Activities

In 2014, 13% of adults reported that an intimate partner had ever tried to control their daily activities. Two percent said this had happened in the last year.

Women are significantly more likely than men to report a partner ever tried to control their behavior (16% vs. 9%).

Adults 25-44 are significantly more likely than those 45 and older to report a partner tried to control their activities.

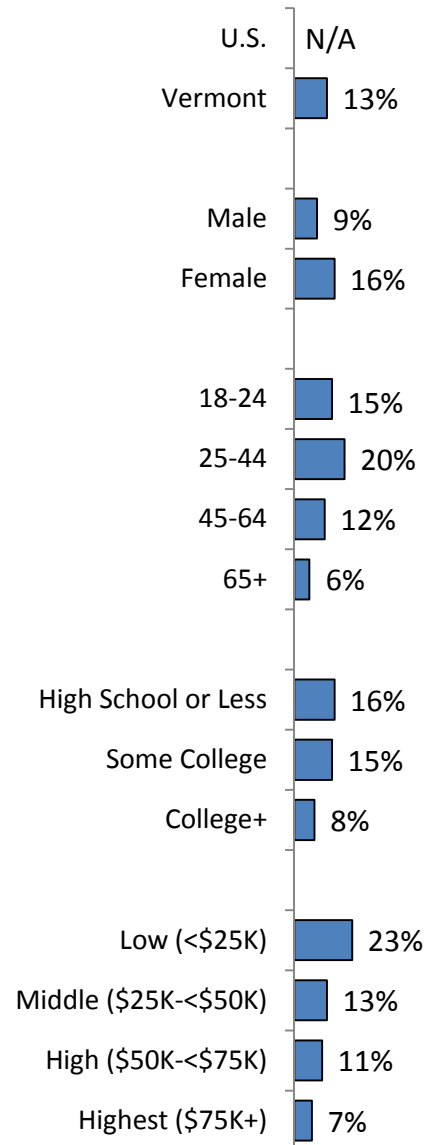
- Adults 65 and older are significantly less likely than younger adults to report being controlled by a partner.

Adults with some college education or less are significantly more likely to have been threatened by a partner than those with a college degree .

Similarly, those adults in homes making less than \$25,000 per year are significantly more likely than those in home with more income to report being controlled by an intimate partner.

- Adults in homes making \$75,000 or more annually are significantly less likely than those with less income to report being controlled by a partner.

**Intimate Partner Ever Tried to Control Activities  
Vermont Adults, 2014**



\*No national estimate available.

# Preventive Behaviors and Health Screening

# Immunizations – Flu Shot

More than six in ten (63%) Vermont adults 65 and older report having a flu shot in the previous 12 months, significantly higher than the rate (60%) for U.S. adults of the same age.

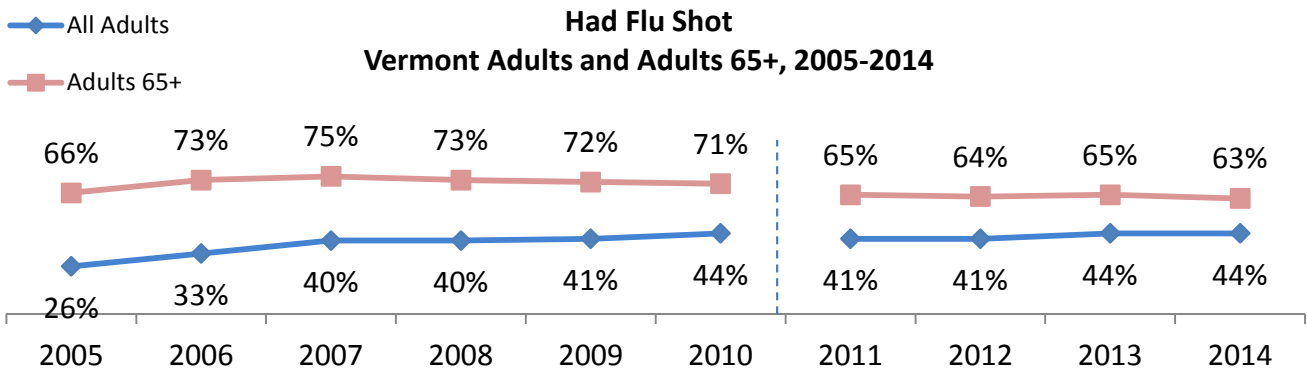
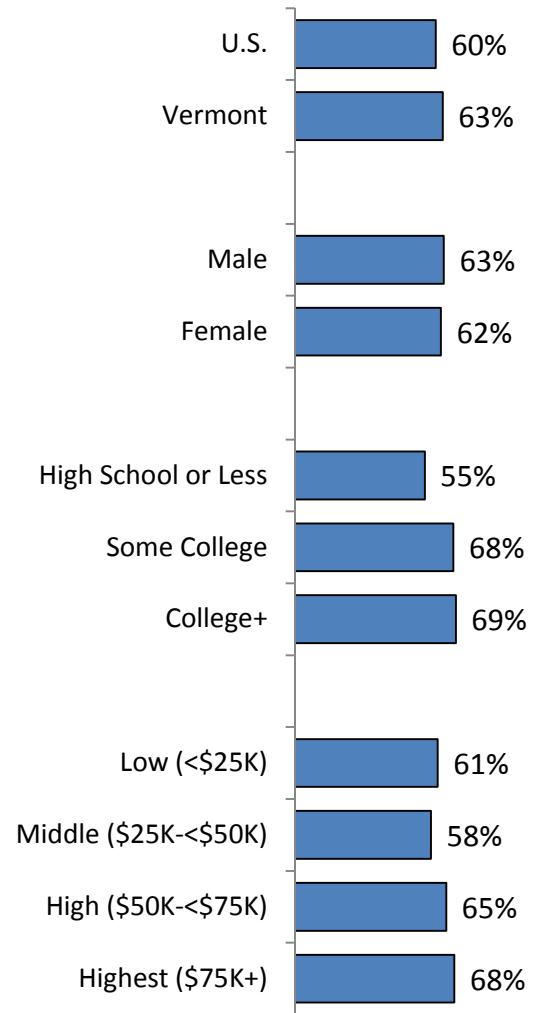
Men and women 65 and older get flu shots at similar rates.

Adults over the age of 64 with a high school education or less are significantly less likely than those with more education to have gotten a flu shot in the last year.

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

Flu vaccination rates among those 65 and older decreased from 2013 to 2014, however, this change is not statistically significant. Among all adults, the rate is unchanged from 2013, but is significantly higher than the 41% reported in 2012.

**Had Flu Shot  
Vermont Adults 65 and Older,  
2014**



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

# Immunizations – Pneumococcal Vaccine

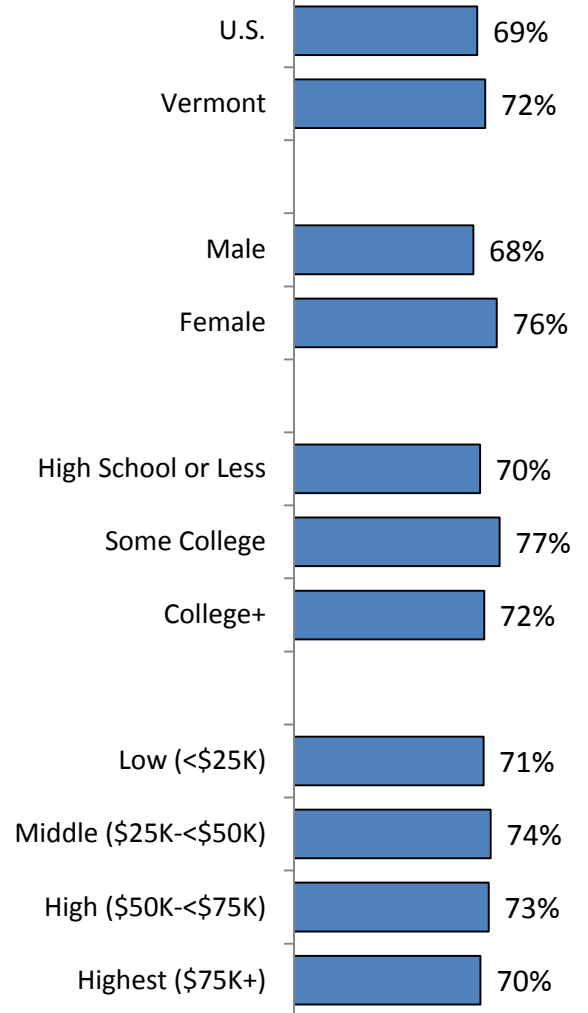
Less than three-quarters (72%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine. This is significantly higher than the 69% reported by U.S. adults 65 and older.

Women 65 and older are significantly more likely than men to receive pneumococcal vaccinations (76% vs. 68%).

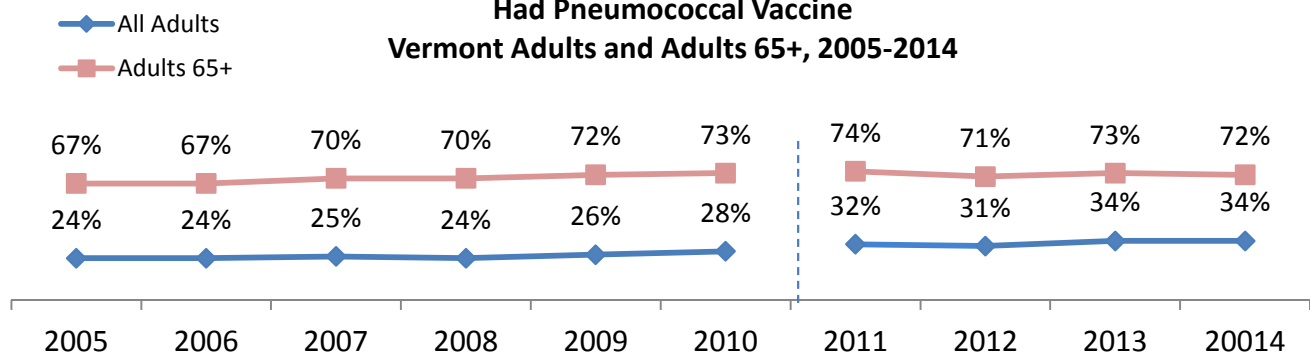
There are no statistical differences for receipt of the pneumococcal vaccine by education level or annual household income level.

Overall, pneumococcal vaccination rates have remained similar since 2011 for adults 65 and older. Pneumococcal vaccination rates among adults was the same in 2013 and 2014 (34%).

**Had Pneumococcal Vaccine  
Vermont Adults 65 and Older,  
2014**



**Had Pneumococcal Vaccine  
Vermont Adults and Adults 65+, 2005-2014**



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



# Immunizations – Tetanus

In 2013, three-quarters (74%) of Vermont adults said they had a tetanus shot in the last 10 years.

- A third (32%) said their tetanus shot included Tdap and 10% 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 65 and older are significantly less likely to have had a tetanus shot than those 45-64.

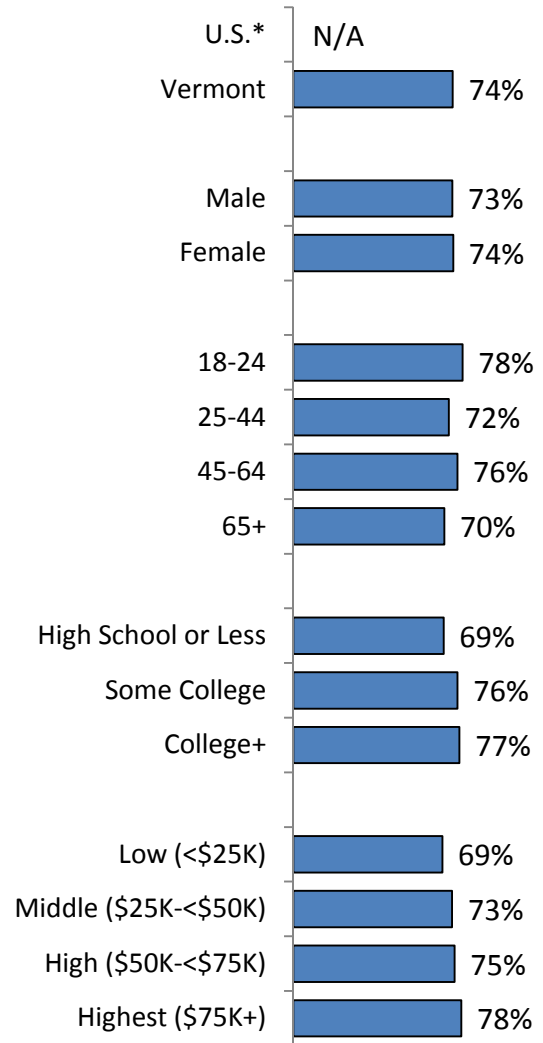
Receipt of a tetanus shot increases with increasing education level.

- Adults with a high school degree or less are significantly less likely to have gotten a tetanus shot than those with at least some high school education.

Adults in homes with the lowest annual household income level are significantly less likely to have had a tetanus shot compared with those in homes with the highest incomes.

The proportion of adults who had received a tetanus shot in 2014 was similar to that in 2013 (74% vs. 73%).

**Had Tetanus Shot  
Vermont Adults, 2014**



\*No national estimate available.

# Immunizations – Shingles

In 2014, three in ten Vermont adults ages 50 and older said they had ever received a vaccine for shingles, significantly higher than the 21% for the U.S.

Men and women report getting a shingles vaccine at similar rates.

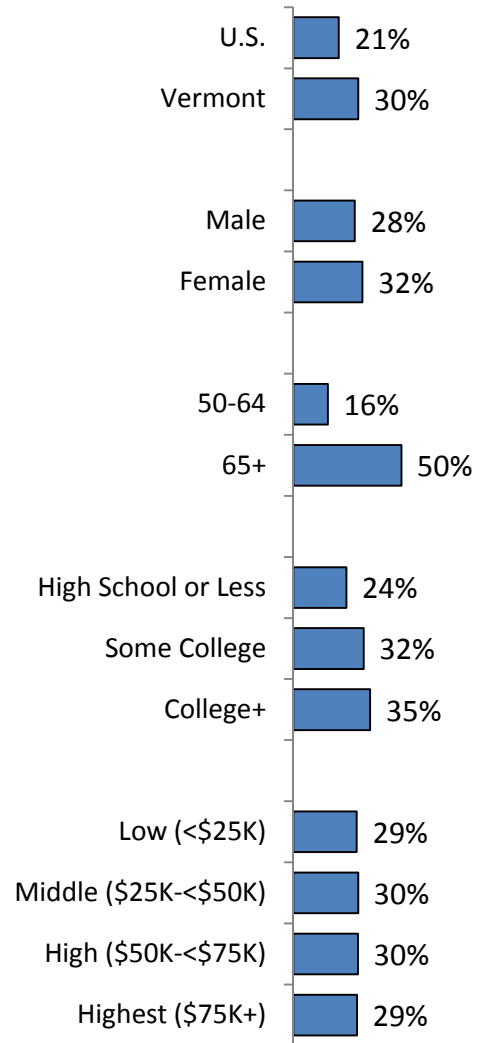
Adults 65 and older are significantly more likely than those 50-64 to have had a shingles vaccine.

Adults ages 50 and older with at least some college education are significantly more likely than those with less education to have had a shingles vaccine.

There are no statistical differences in receipt of a shingles vaccine by annual household income level.

The proportion of adults ages 50 and older who have a shingles vaccination in 2014 is nearly twice that reported in 2012 (30% vs. 17%), a statistically significant difference. The sharp increase in shingles vaccination rates between 2012 and 2014 is likely due in part to the increased availability of the vaccine at pharmacies and through programs such as the Vaccines for Adults.

**Had Shingles Vaccine  
Vermont Adults 50+, 2014**



# Routine Doctor Visits

While most (88%) Vermont adults had at least one doctor visit in the last year, only two-thirds (68%) 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 significantly higher rate of routine checkups in the last year (70%).

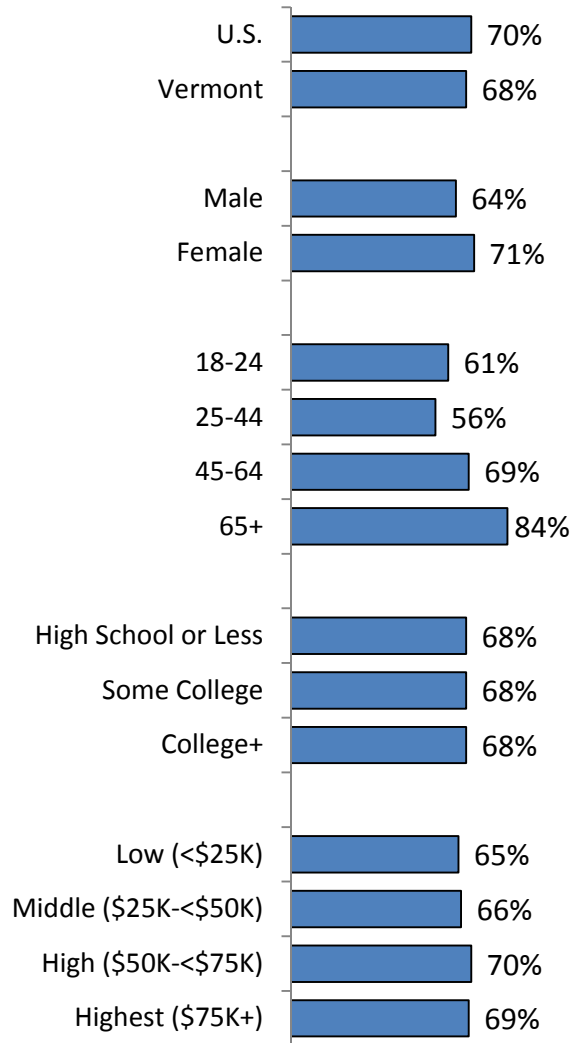
Women routinely get checkups more than men.

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 18 to 44.

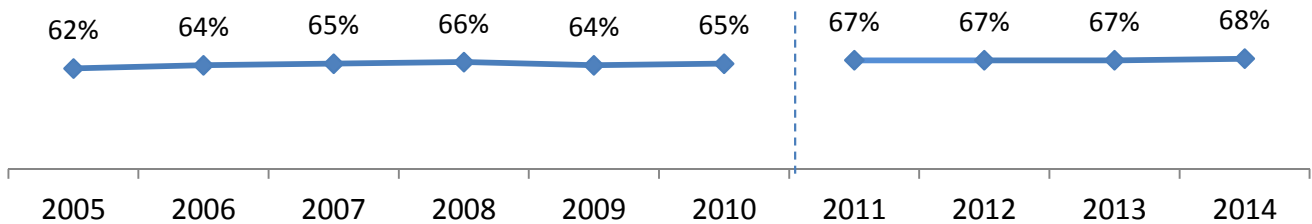
There are no statistically significant differences in routine doctor checkups by education level or annual household income.

Overall, the proportion making a routine visit to their doctor during the previous year remains unchanged since 2011.

**Routine Doctor Visit in Last Year  
Vermont Adults, 2014**



**Routine Doctor Visit in Last Year  
Vermont Adult Residents 2005-2014**



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

# Visited Dentist in Last Year\*

More than seven in ten (72%) Vermont adults saw their dentist for any reason during the previous year.

- Vermont's rate of recent dental visits is significantly higher than the 64% reported for U.S. adults.

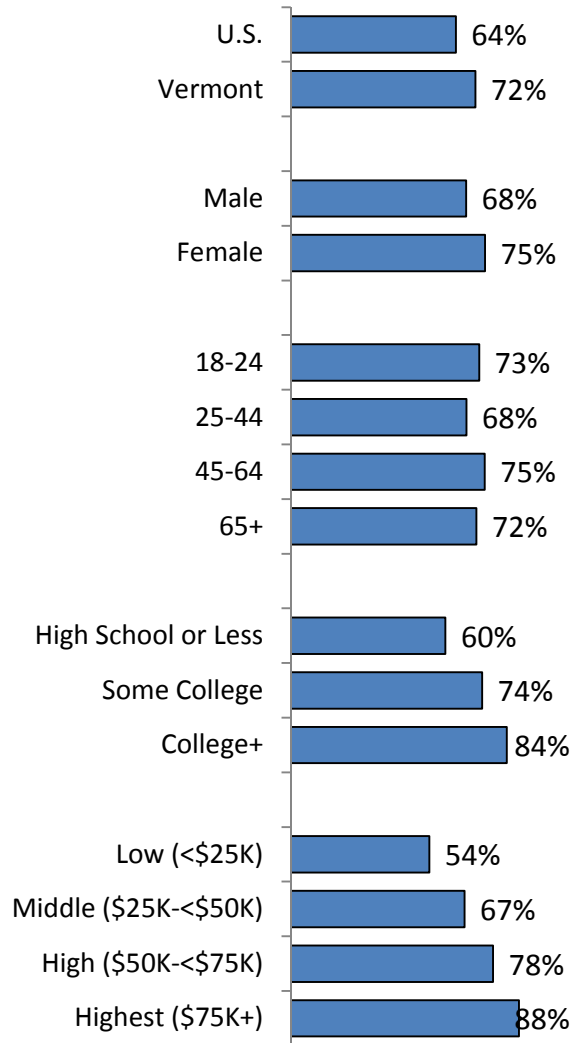
Women routinely saw their dentist at a significantly higher rate than men.

Adults 45 to 64 said they visited their dentist in the last year at a higher rate than those 25 to 44.

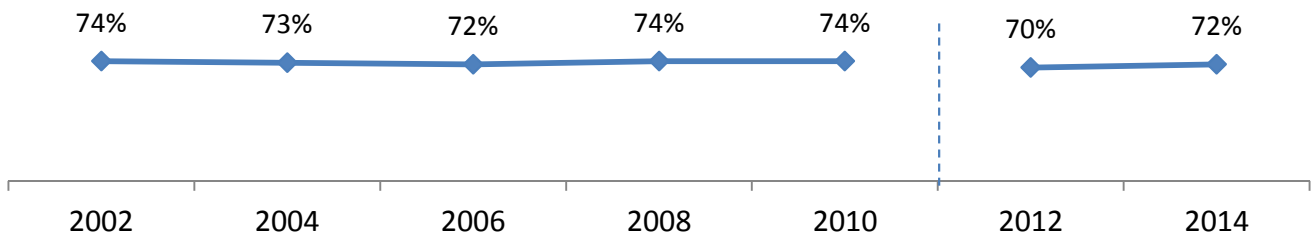
All differences by education and annual household income level are statistically significant.

Overall, the proportion who saw their dentist for any reason in 2014 is similar to that in 2012.

**Visited Dentist in Last Year  
Vermont Adults, 2014**



**Visited Dentist in Last Year  
Vermont Adult Residents 2002-2014**



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

# Teeth Extracted

In 2014, 49% of Vermont adults 45-64 said they've had at least one tooth extracted. Fifty-five percent of U.S. adults 45 to 64 reported the same, a significantly higher rate than in Vermont.

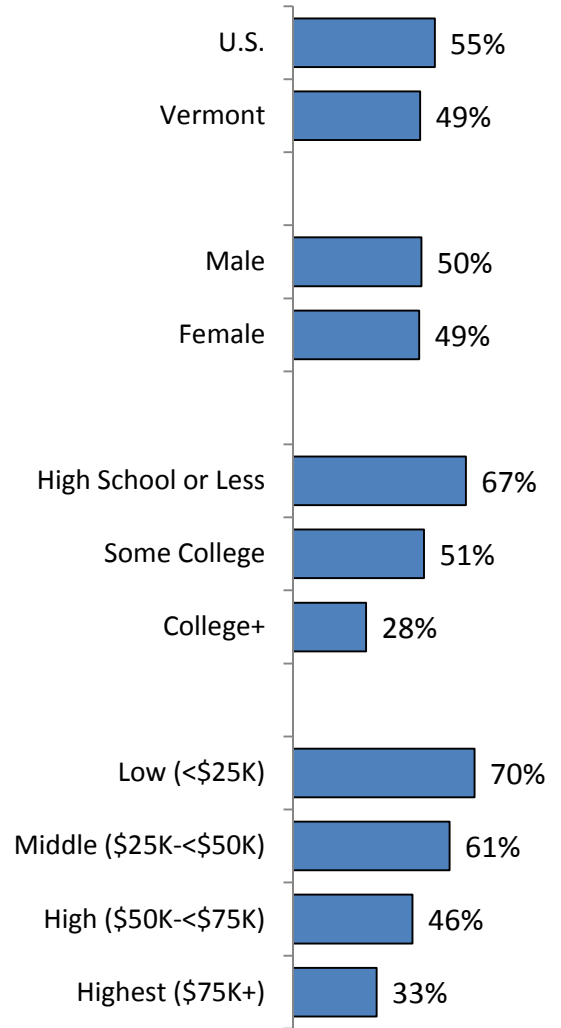
Men and women report tooth extraction at a similar rate.

Adults with less education and lower annual household income levels are more likely than those with more education or income to report tooth extractions.

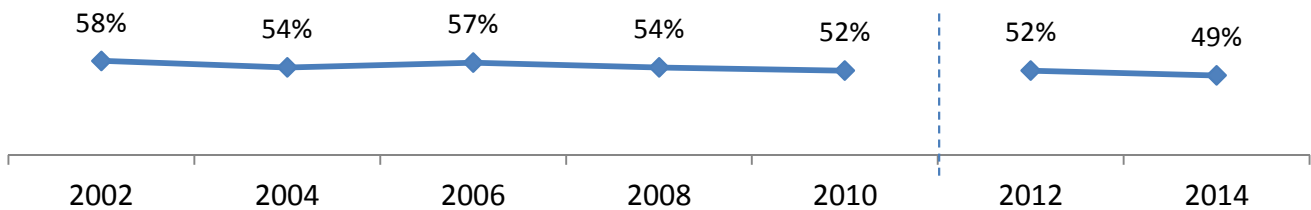
- All differences by education and annual household income level are statistically significant.

Overall, the proportion of adults 45-64 with at least one tooth extraction is lower in 2014 than in 2012 (49% vs. 52%), however this difference is not statistically significant.

**Any Teeth Extracted  
Vermont Adults, Ages 45 to 64,  
2014**



**Any Teeth Extracted  
Vermont Adult Ages 45 to 64, 2002-2014**



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

# Breast Cancer Screening\*

In 2014, eight in ten (79%) Vermont women ages 50 to 74 had a mammogram in the last two years. The same proportion of U.S. women reported meeting the guideline.

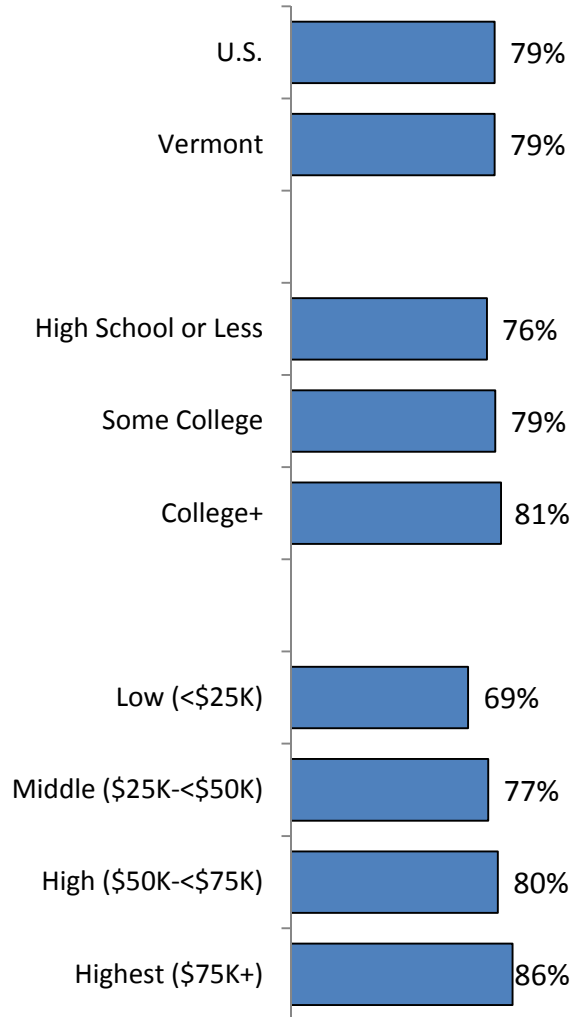
There are no statistically significant differences by education level.

Women 50 to 74 in homes with more annual household income are more likely to have received a mammogram in the last two years.

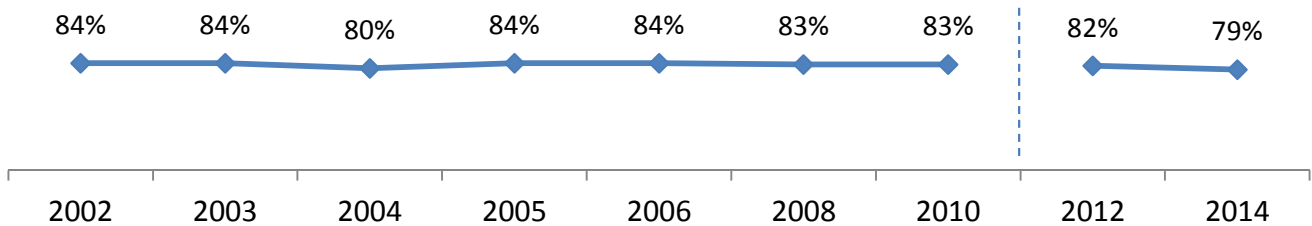
- Women 50 to 74 in homes making \$75,000 or more per year are significantly more likely than those in homes making less than \$50,000 annually to have had a mammogram.
- Additionally, women in homes making \$50,000-\$74,999 are also significantly more likely than those in homes making less than \$25,000 per year to have received a mammogram.

Overall, the proportion of women 50-74 who have had a mammogram in the last two years is lower, but statistically similar in 2012 and 2014.

**Meet Breast Cancer Screening Recommendations\*  
Vermont Women,  
Ages 50-74, 2014**



**Meet Breast Cancer Screening Recommendations\*  
Vermont Women, Ages 50-74, 2002-2014**



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

# Cervical Cancer Screening\*

The USPTF recommends that women ages 21 to 65 receive screening for cervical cancer (PAP test) every three years. In 2014, about eight in ten (86%) women 21 to 65 and older had received a PAP test in the last three years. This is statistically higher than the 82% among U.S. women.

Women 25 to 64 are the most likely to have received cervical cancer screening in the last three years, while those 21 to 24 are the least likely.

- Women 25 to 65 are significantly more likely than those 21-24 to have received a PAP test.

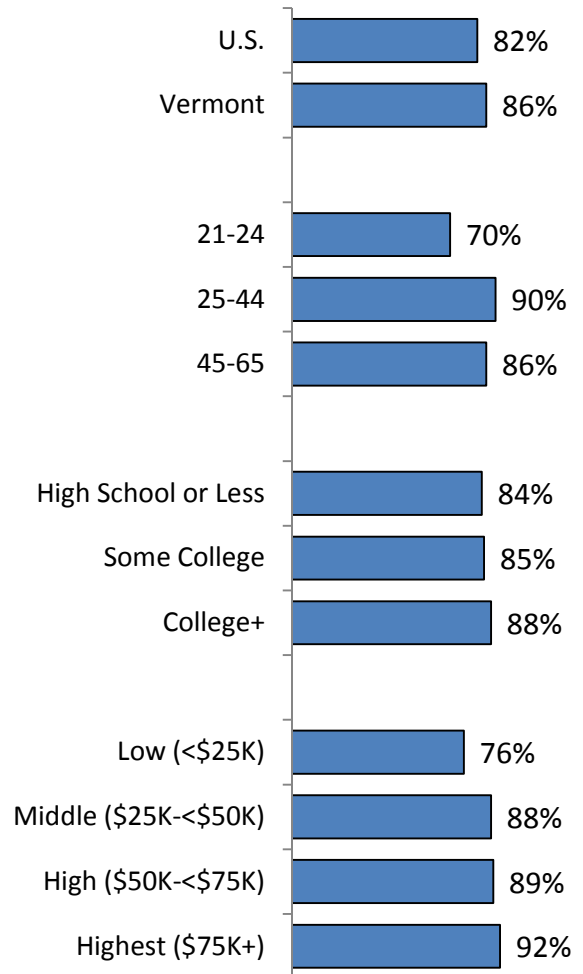
There are no statistically significant differences in the rate of cervical cancer screening by education level.

Women with higher annual household incomes are more likely than those with less to meet cervical cancer screening guidelines.

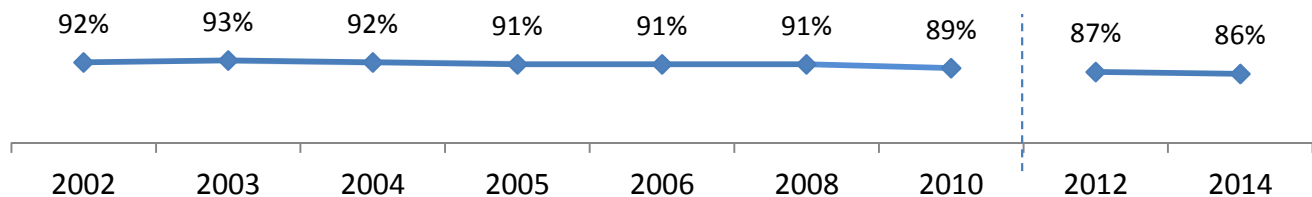
- Women in homes making at least \$25,000 per year are significantly more likely than those with less income to have received a PAP test in the last three years.

Overall, the proportion of women ages 21 to 65 who meet cervical cancer screening guidelines in 2014 is similar to that in 2012.

**Meet Cervical Cancer Screening Recommendations\*  
Vermont Women, 21 to 65,  
2014**



**Meet Cervical Cancer Screening Recommendations\*  
Vermont Women Ages 21 to 65, 2002-2014**



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

[Note: This measure is a Healthy Vermonters 2020 goal. In 2015 this indicator was changed from “the percent of female adults age 21 and older receiving cervical cancer screening” to “the percent of female adults age 21-65 receiving cervical cancer screening.” This revision aligns the indicator with the USPSTF guidance regarding cervical cancer screening and with Healthy People 2020 objective C-15.]

# Colorectal Cancer Screening\*

In 2014, 71% of Vermont adults 50 to 75 met colorectal cancer screening recommendations, significantly higher than the 66% reported for U.S. adults overall.

Colorectal cancer screening recommendations are:

- Fecal Occult Blood Test (FOBT) in the last year OR
- Sigmoidoscopy in the last five years and a FOBT in the last three years OR
- Colonoscopy in the last 10 years

Men and women ages 50 to 75 report meeting colorectal cancer screening recommendations at the same rate.

Adults with a high school education or less are significantly less likely than those with at least some college education to meet colorectal cancer screening recommendations.

Adults in homes with low annual incomes (less than \$25,000) are significantly less likely than those with more income to meet colorectal cancer screening guidelines.

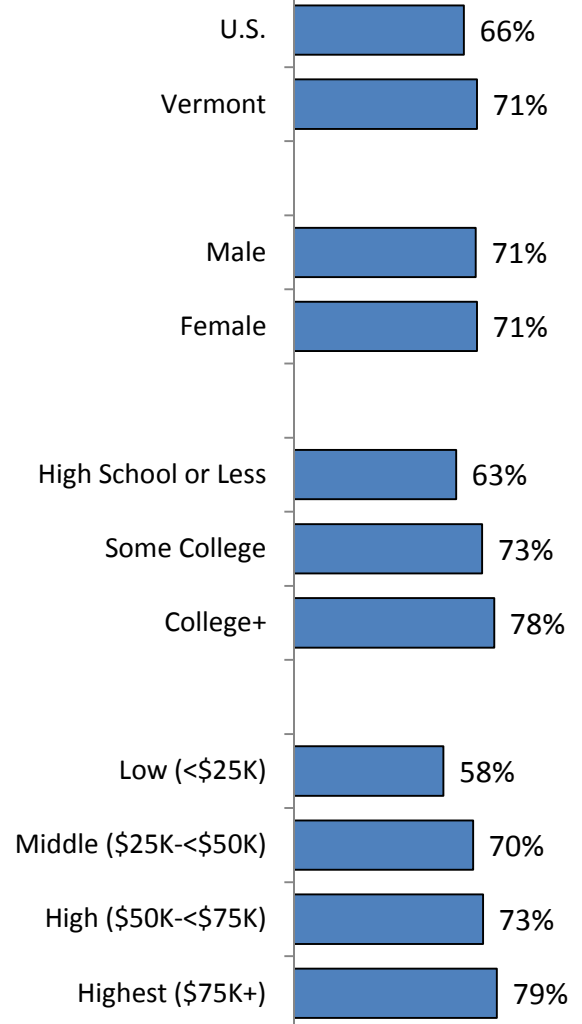
Additionally, those in homes making \$25,000 - \$49,999 per year are significantly less likely than those in homes making at least \$75,000 per year.

The proportion of adults 50 to 75 meeting colorectal cancer screening is similar to that in 2012.

## Meet Colorectal Cancer Screening Recommendations\*

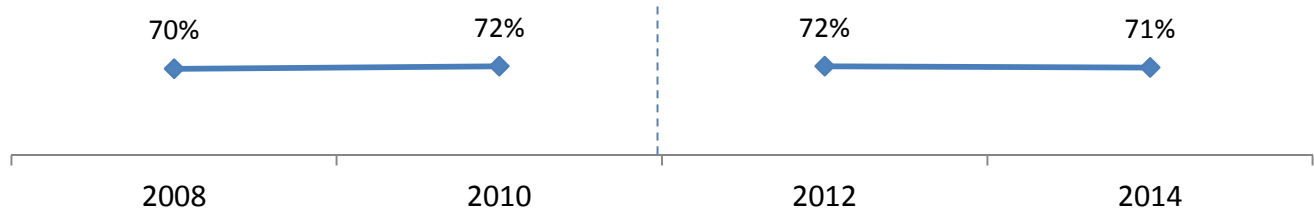
### Vermont Adults, 50-75,

2014



## Meet Colorectal Cancer Screening Recommendations\*

### Vermont Adults, 50-75, 2008-2014



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

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



# Prostate Cancer Screening\*

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF)\* recommendations for preventive cancer screenings. Currently, the USPSTF recommends against protein-specific antigen, or PSA, testing.

In 2014, 56% of Vermont men ages 50 and older said a health care professional had ever recommended a PSA test. This is statistically lower than the 63% reported among U.S. men 50 and older.

About four in ten (38%) Vermont men 50 and older said their doctor had ever discussed the disadvantages of a PSA test with them. Conversely, 69% reported discussions about advantages.

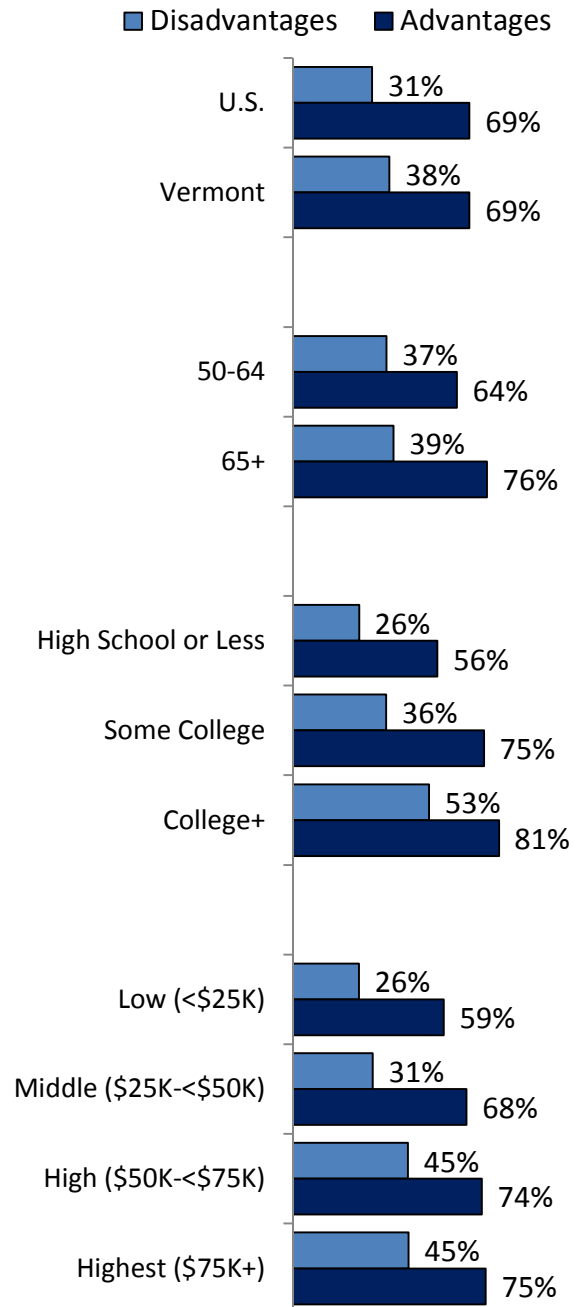
- As compared to the U.S., Vermont men 50 and older were significantly more likely to report a conversation with their doctor about the disadvantages and as likely to report discussing the advantages.

Men 65 and older are significantly more likely to report conversations about PSA test advantages than those 50 to 64. However, the age groups reported similar rates of conversations about the disadvantages to the test.

Conversations about PSA test advantages and disadvantages are reported more often among those with more education and higher annual household income levels.

- Men 50 and older with at least some college education are significantly more likely than those with a high school degree or less to have discussed the advantages or disadvantages.
- Men 50 and older in homes with incomes of \$50,00 or higher are significantly more likely than those with incomes of \$25,00 or less to have discussed the PSA test.

**Doctor Discussed Advantages and Disadvantages of PSA Test  
Vermont Men 50 and Older, 2014**



\*The USPSTF recommendations: <http://www.uspreventiveservicetaskforce.org/recommendations.htm>

# Alcohol Screening – Doctor Asked About Alcohol Use

In 2014, eight in ten Vermont adults with a routine checkup in the last year said that they were asked about alcohol use at that appointment.

- This includes questions both in person or on a form.

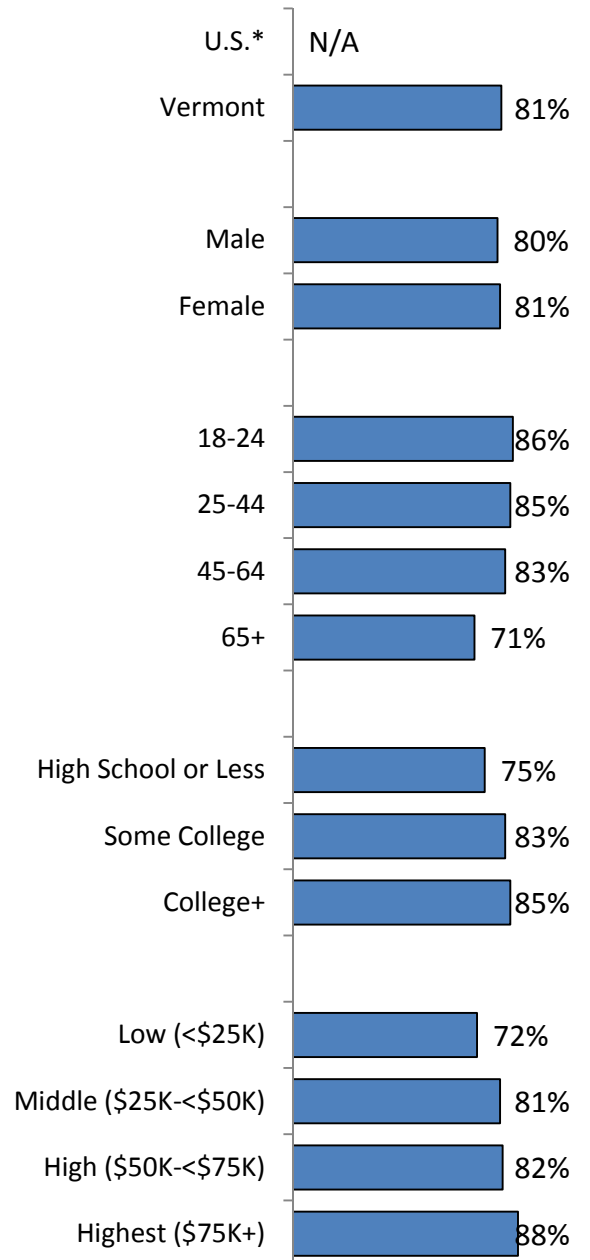
Men and women report being asked about alcohol use at similar rates.

Adults 65 and older are significantly less likely than younger adults to report being asked about alcohol use.

Adults with less education and lower annual household incomes are less likely to report being asked about alcohol use than those with more education and higher incomes.

- Adults with a high school degree or less are significantly less likely to report being asked about alcohol use compared with those with more education.
- All differences by annual household income level are statistically significant, except that between adults in homes making \$25,000-\$49,999 and \$50,000-\$74,999.

**Asked If Drink Alcohol  
Vermont Adults with Check-up in  
Last Year, 2014**



\*No national estimate available.

# Alcohol Screening – Advice About Harmful Drinking

Less than three in ten Vermont adults with a checkup in the last year were provided information about what level of drinking is harmful or risky for your health.

Men are significantly more likely than women to report being given advice about harmful drinking levels.

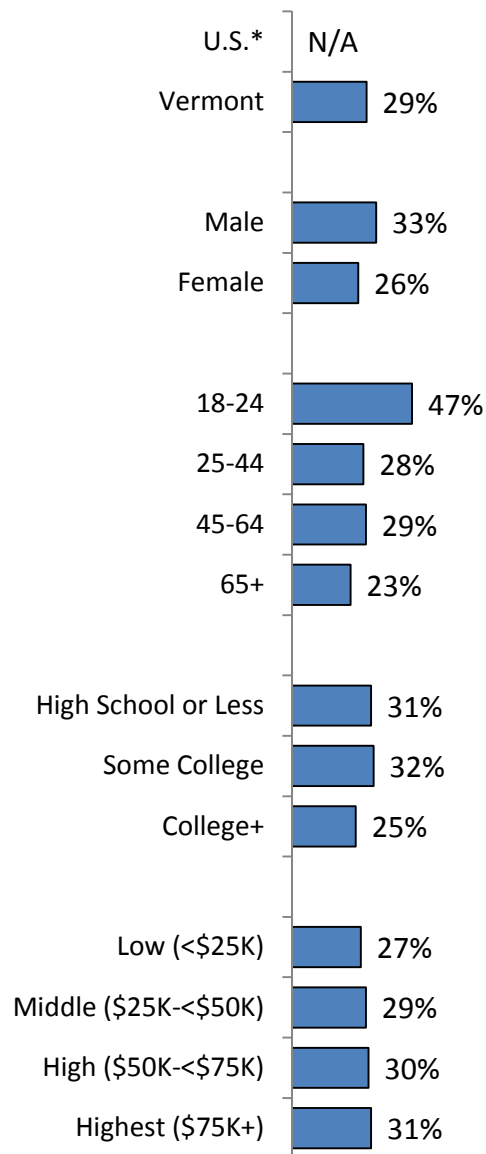
Adults 18 to 24 are the most likely to say they were given advice about harmful drinking levels, significantly higher than all other age groups.

- Adults 45 to 64 are also significantly more likely than those 65 and older to report being given information about harmful drinking.

Adults with some college education or less are significantly more likely than those with at least a college degree to have been given advice about harmful drinking levels.

There are no statistically significant differences by annual household income level in advice about harmful drinking levels.

**Offered Advice About Level of Drinking that is Harmful Vermont Adults with Check-up in Last Year, 2014**



\*No national estimate available.

# Antibiotic Overuse

In 2014, more than three-quarters (77%) of Vermont adults said they take prescribed medications until gone all of the time.

- An additional 13% take prescribed medications until gone most of the time. Five percent each said they take them until gone some of the time and never.

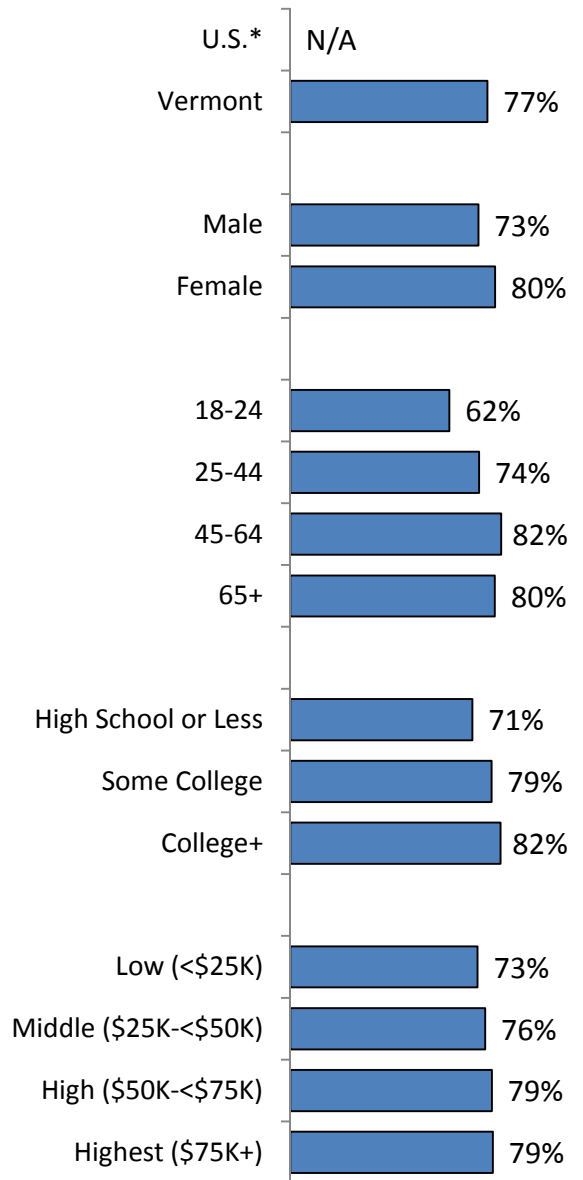
Women report taking prescribed medications until gone all of the time at a significantly higher rate than men.

Adults ages 44 and younger are significantly less likely than those 45 and older to report always taking all prescribed medication.

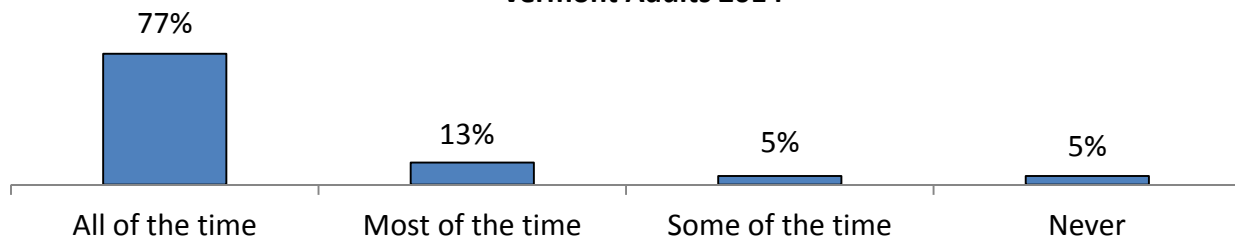
Adults with at least some college education are significantly more likely than those with less to report taking prescription medications until gone all of the time.

There are no statistically significant differences in taking prescription medications by annual household income level.

**Always Take All Prescribed Antibiotics Vermont Adults, 2014**



**Take Antibiotic Until It's Gone Vermont Adults 2014**



\*No national estimate available.

# HIV Screening – Ever

Three in ten (31%) Vermont adults reported ever being tested for HIV, in 2014. This increases to 37% 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 (37%) and 18-64 (42%).

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.

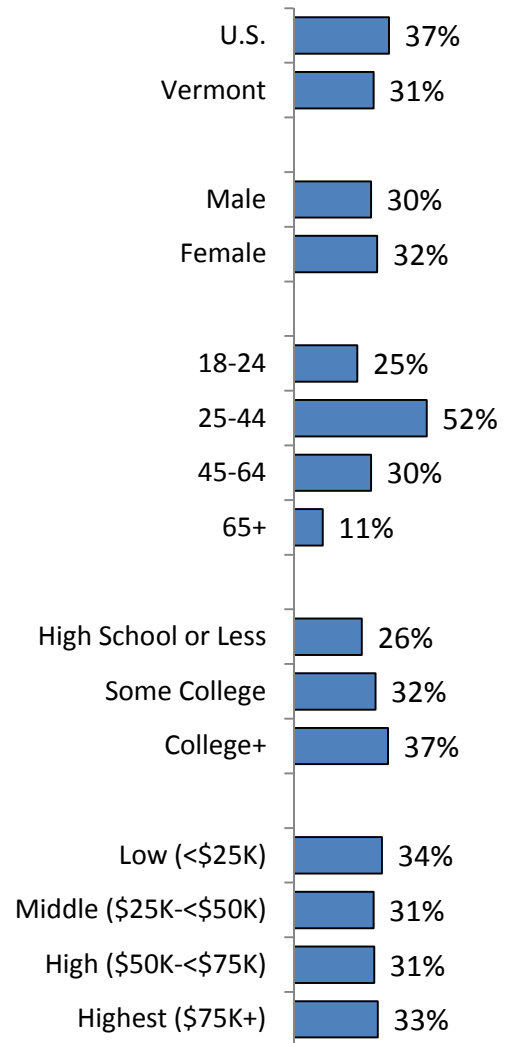
Vermont adults with more education are more likely to have been tested for HIV than those with less education.

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

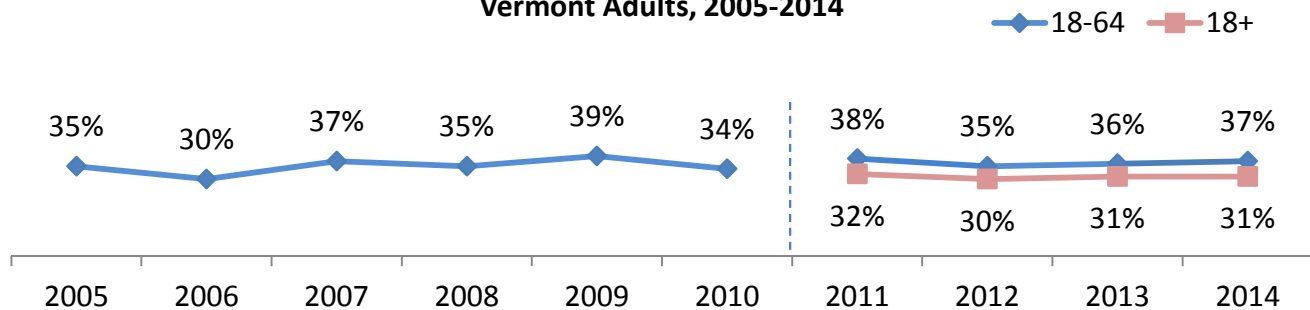
There are no statistical differences in HIV testing by annual household income level.

Ever tested for HIV rates among Vermont adults, overall and ages 18-64, are statistically unchanged since 2011.

**Ever Tested for HIV  
Vermont Adults, 2014**



**Ever Tested for HIV  
Vermont Adults, 2005-2014**



# 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 (10%) and those 18-64 (13%), as compared to Vermont adults.

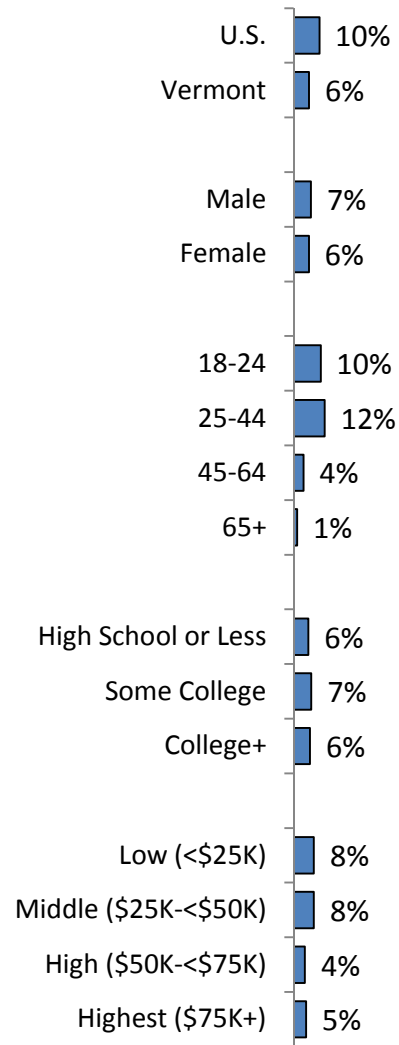
Men and women report similar rates of recent HIV testing.

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

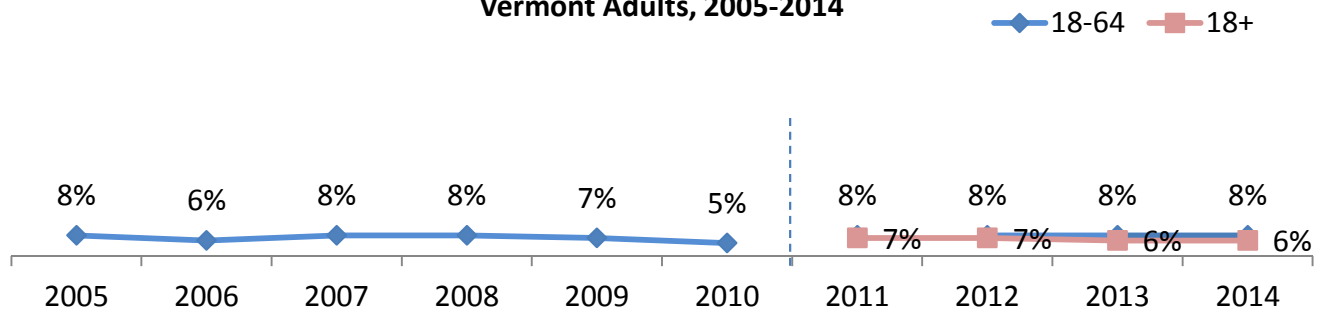
There are no statistically significant differences in recent HIV tests by education or annual household income level.

Overall, receipt of a recent HIV test is unchanged from 2013, both for adults overall and those 18 to 64 years of age .

**HIV Tested in Last Year  
Vermont Adults, 2014**



**Tested for HIV in Last Year  
Vermont Adults, 2005-2014**



# HIV Screening – Where Tested

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

In 2014, half of Vermont adults ever tested for HIV said their last HIV test was at a private doctor's office. The next most common testing locations were at a clinic (17%) and somewhere else (14%).

Eight percent of adults who had an HIV test said their most recent test was in a hospital, while four percent said it was at home, three percent got a test at a counseling and testing site, and two percent in an emergency room.

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

**Where Received HIV Test  
Vermont Adults Ever Tested for HIV, 2014**

