

# Springfield District Office

## 2016 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

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

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

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

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

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

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

A report summarizing the 2016 statewide results from the Vermont BRFSS can also be found on the VDH website:

[http://www.healthvermont.gov/sites/default/files/documents/pdf/summary\\_brfss\\_2016.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfss_2016.pdf).

## Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 and subsequent results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

# Demographics of Springfield District Office\*

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

Half of Springfield adults are male. Two-thirds of are ages 25-64, with a quarter ages 65 and older.

- Springfield residents have a similar age distribution to Vermont adults overall.

More than four in ten (44%) Springfield area adults have a high school degree or less, while a quarter have a college degree or higher.

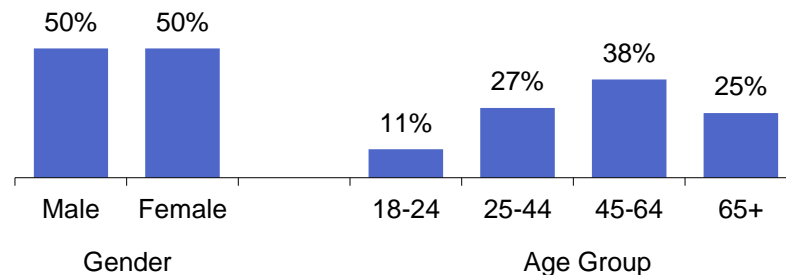
- Springfield adults are statistically less likely than Vermont adults to have a college degree (24% vs. 33%).

Nearly half of Springfield adults lives in a home making \$50,000 or more annually.

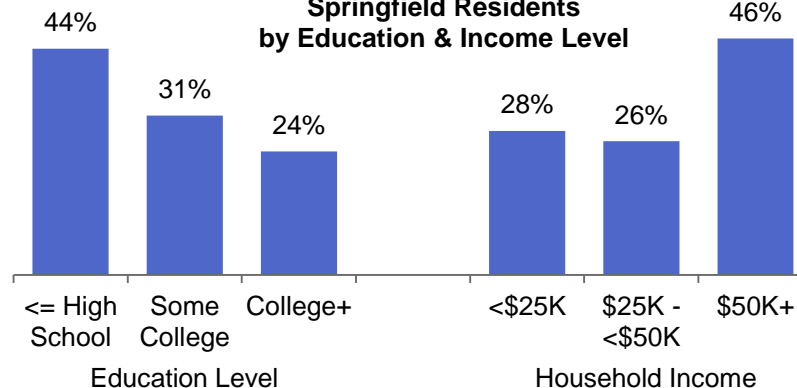
- Springfield area adults have a similar annual household income distribution to Vermont adults overall.

Three percent of adults in the Springfield area report being a person of color, statistically lower than the six percent for Vermont overall.

**Springfield Residents by Gender and Age**



**Springfield Residents by Education & Income Level**



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

# Demographics of Springfield District Office

More than half (56%) of Springfield adult residents are currently employed and one in five (21%) are retired. Eight percent or less said they are a student or homemaker/student (8%), unable to work (8%) or are unemployed (7%).

- Springfield area adults have a similar employment distribution to Vermont adults overall.

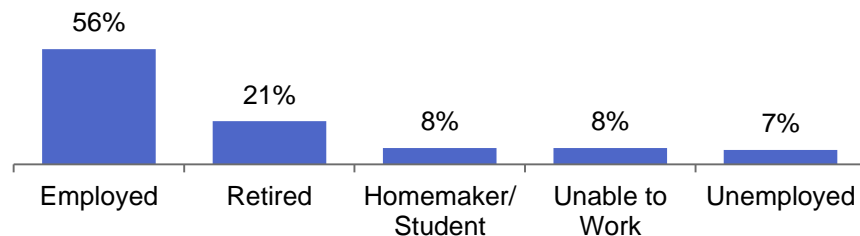
Half of Springfield adults are married. About one in five (19%) have never married, while sixteen percent are divorced. Eight percent are widowed and seven percent are part of an unmarried couple.

- Springfield adults reported a similar marital status distribution to Vermont adults overall.

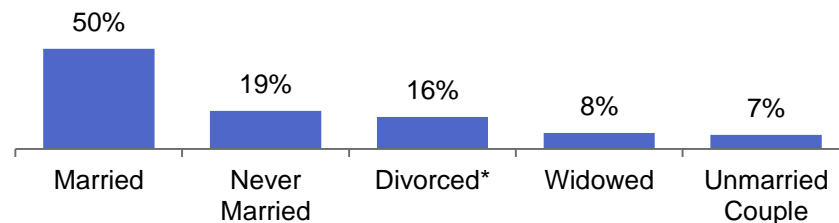
Nearly three quarters (73%) of adults in the Springfield area said there are no children less than 18 in their home. Five percent reported having three or more children.

- Springfield area adults have a similar distribution of children in the home, as compared with Vermont adults overall.

**Springfield Residents by Employment Status**

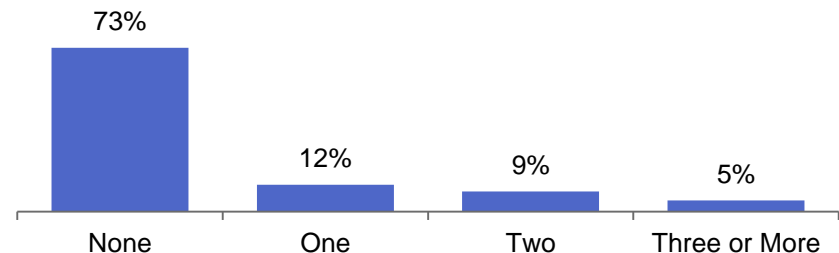


**Springfield Residents by Marital Status**



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

**Springfield Residents by Children in Household**



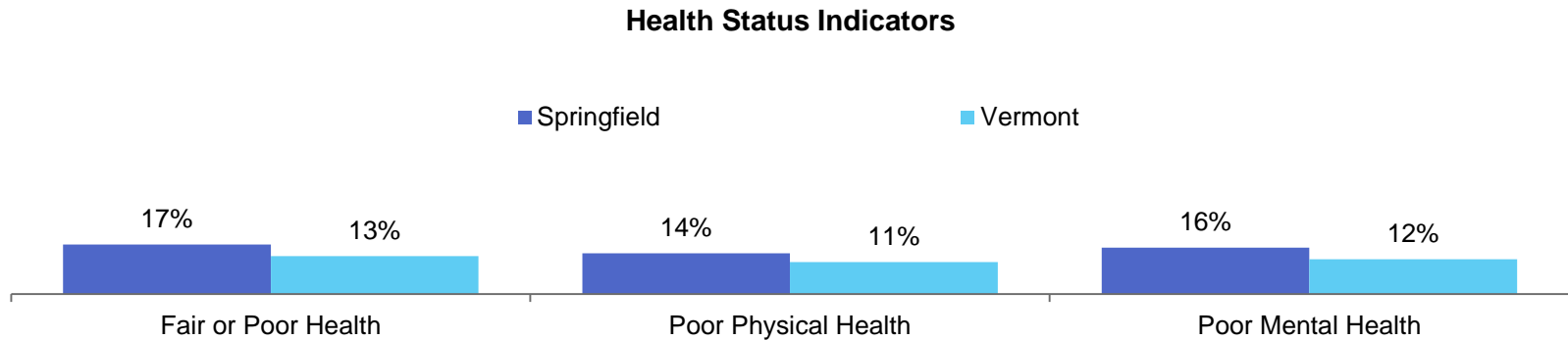
# Health Status Indicators

In 2015-2016, one in six (17%) Springfield area adults reported their general health as fair or poor. Fourteen percent have poor physical health, while 16% have poor mental health.

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

There are no statistical differences between Springfield area and Vermont adults for any of the health access measures.

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



# Health Status Indicators

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

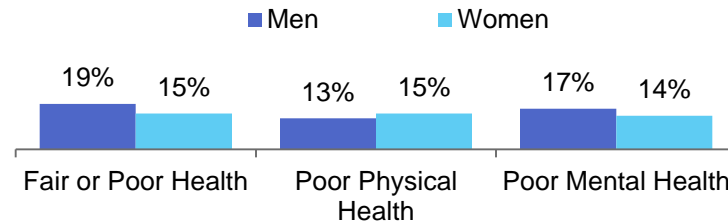
Among Springfield adults, poor physical health increases with increasing age while poor mental health decreases with age.

- Adults 65 and older are statistically more likely to report poor physical health compared to adults 18-44.
- In contrast, adults 65 and older have statistically lower rates of poor mental health than adults 18-64.
- There are no statistical differences in fair or poor general health by age.

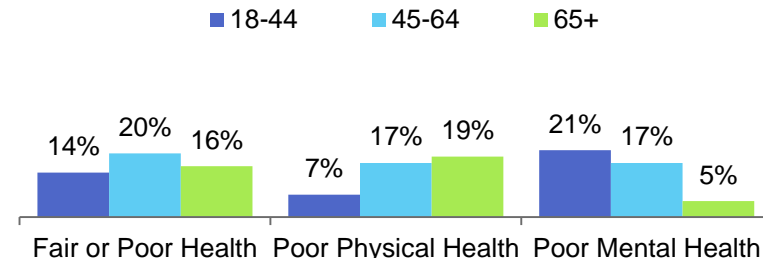
Poor health, regardless of the measure, among Springfield area adults is highest among those with the lowest annual household incomes.

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

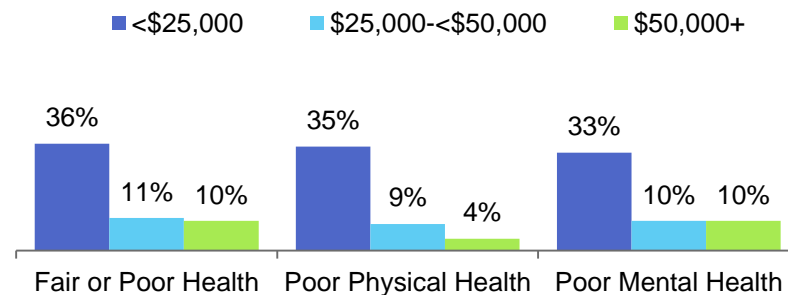
**Health Status Indicators by Gender  
Springfield Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**

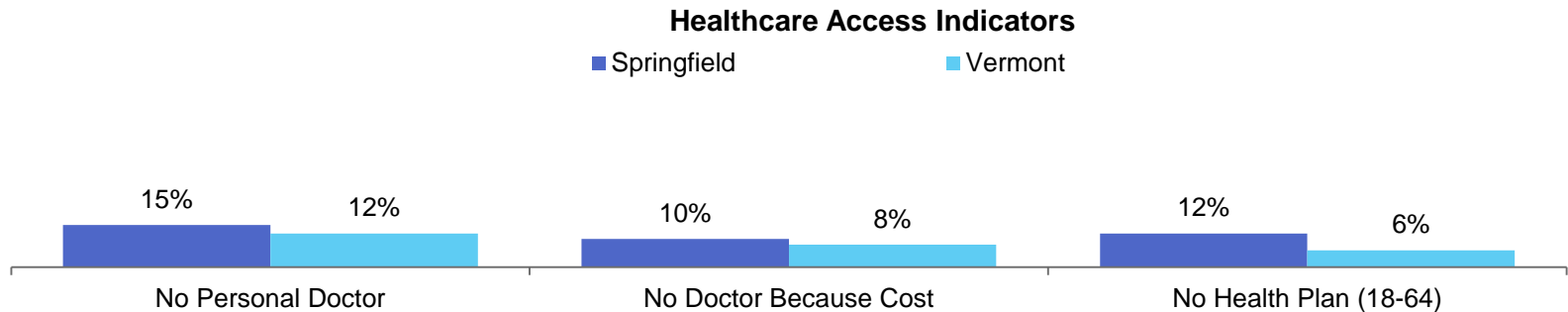


# Healthcare Access Indicators

In 2015-2016, one in seven (15%) adults in the Springfield area said they do not have a personal doctor for health care. Ten percent needed care in the last year but did not seek it due to the cost, while 12% of Springfield area adults ages 18-64 did not have health insurance.

Springfield area adults ages 18-64 are twice as likely as Vermont adults of the same age to not have a health plan (12% vs. 6%), a statistically significant difference. Not having a personal doctor and delaying medical care due to cost are similar among Springfield and Vermont adults.

Additionally, among Springfield area adults, health access indicators have not changed statistically since 2011.





# Healthcare Access Indicators

In the Springfield area, men are more than twice as likely to not have a personal doctor (22% vs. 8%), a statistically significant difference.

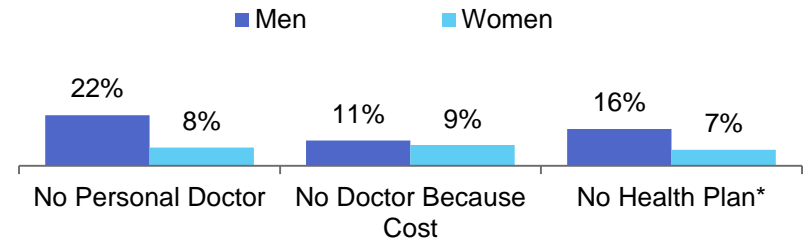
- There are no statistical differences by gender for delaying care due to cost and not having a health plan.

Poor health care access decreases with increasing age.

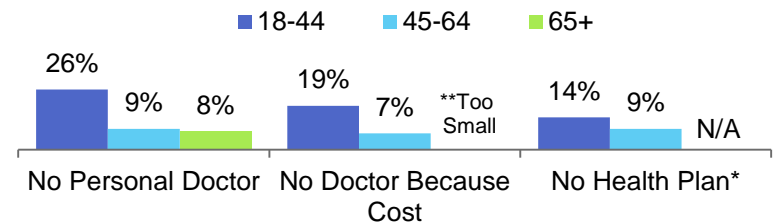
- Springfield adults 18-44 are statistically more likely than those 45 and older to not have a personal doctor.
- There are no statistically significant differences in delaying care due to cost or not having a health plan by age.

There are no statistically significant differences, among Springfield area adults, by annual household income for any health access measure.

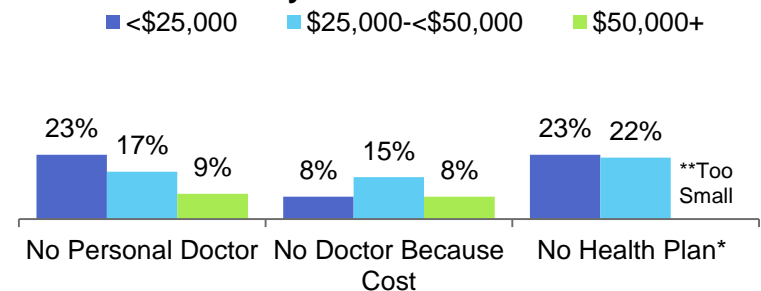
### Healthcare Access Indicators by Gender Springfield Adults



### Healthcare Access Indicators by Age



### Healthcare Access Indicators by Income Level



\*Limited to adults 18-64.

\*\*Sample size too small to report.

# Chronic Conditions

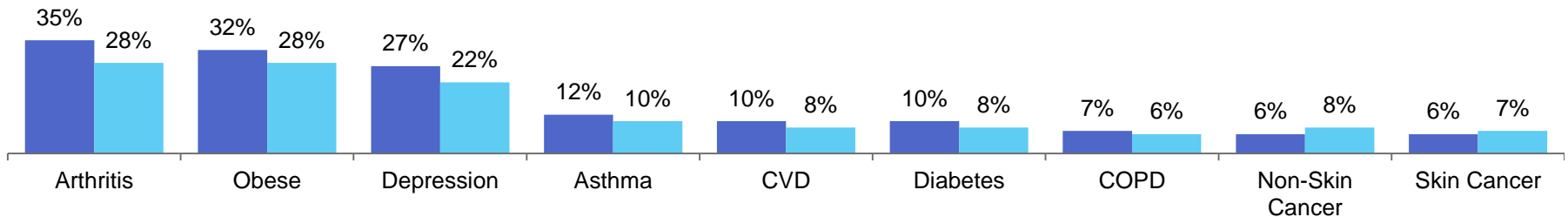
Springfield area adults have statistically higher rates of arthritis compared with Vermont adults (35% vs. 28%).

Springfield adults reported similar rates of the following chronic conditions, as compared with Vermont adults overall: obesity, depressive disorders, asthma, cardiovascular disease (CVD), non-skin cancer, chronic obstructive pulmonary disease (COPD), diabetes, and skin cancer.

The prevalence of COPD among Springfield area adults is trending up, increasing from four percent in 2011-2012 to six percent in 2015-2016. However, the difference in prevalence in these two years is not statistically significant. The prevalence of other chronic conditions have not changed statistically since 2011. See Appendix A for trend results.

**Prevalence of Selected Chronic Conditions**

■ Springfield    ■ Vermont



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

# Chronic Conditions

Springfield area women are statistically more likely than men to have a depressive disorder (34% vs. 19%).

- There are no statistical differences by gender in the prevalence of arthritis, obesity, and asthma.

Arthritis prevalence among Springfield adults increases with increasing age.

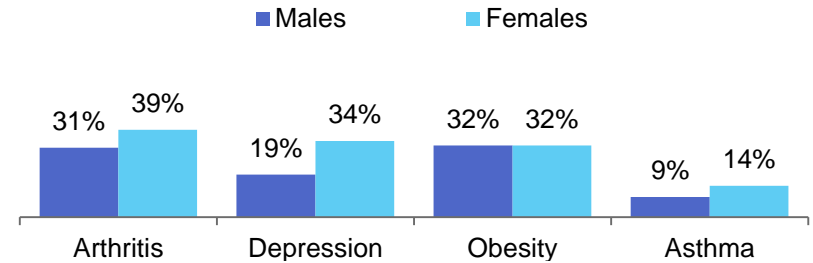
- All differences in arthritis by age are statistically significant.

There are no statistical differences in the prevalence of depression, obesity, or asthma by age among Springfield area adults.

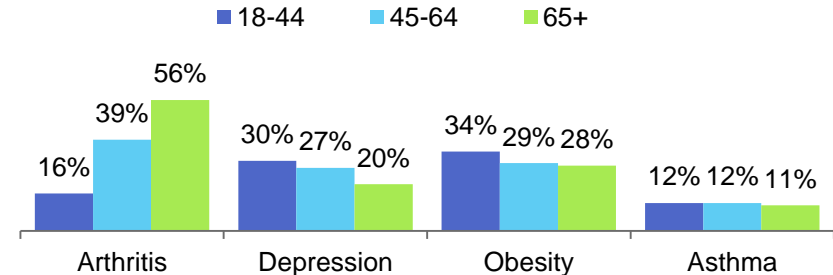
Springfield adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis, depression, obesity, and asthma.

- Adults in homes with an income of less than \$25,000 are statistically more likely to have a depressive disorder than with an income of at least \$50,000 per year.
- Differences in arthritis, obesity, and asthma prevalence by annual household income level are not statistically significant.

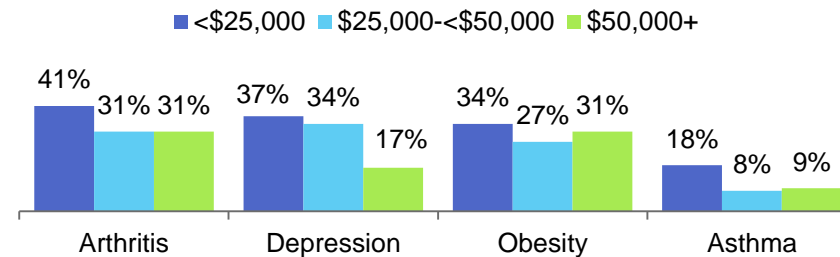
**Chronic Conditions by Gender  
Springfield Adults**



**Chronic Conditions by Age\***



**Chronic Conditions by Income Level**



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

# Chronic Conditions

There are no statistically significant differences by gender in the prevalence of CVD, diabetes, and COPD.

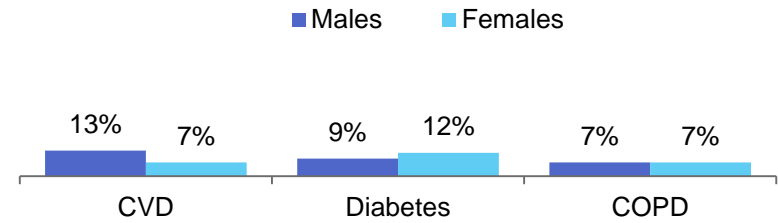
Among Springfield area adults, the prevalence of CVD, diabetes, and COPD is highest among older age groups.

- Adults 65 and older are statistically more likely to have COPD compared to adults ages 18-64.
- Differences by age in CVD and diabetes prevalence are not statistically significant.

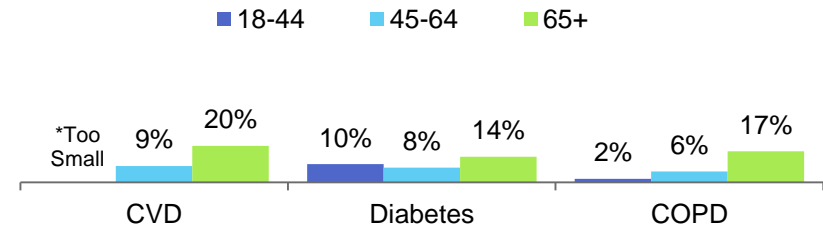
Springfield area adults in homes with less income are more likely to have CVD, diabetes, and COPD.

- Adults in homes making less than \$25,000 per year are statistically more likely to have COPD than adults in homes with incomes of at least \$50,000 per year.
- There are no statistically significant differences in the prevalence of CVD or diabetes by annual household income.

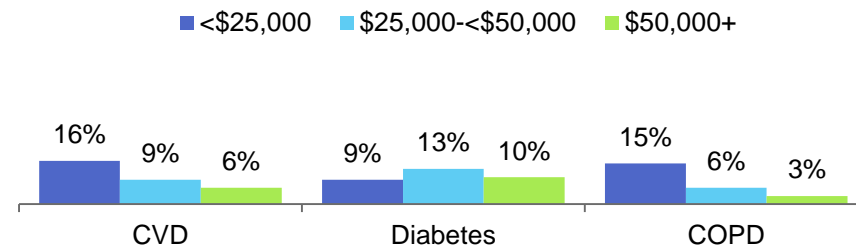
**Chronic Conditions by Gender  
Springfield Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report.

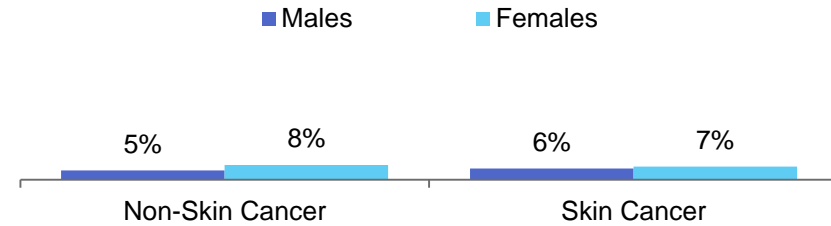
# Chronic Conditions

There are no statistical differences in the prevalence of non-skin cancers or skin cancer by gender among Springfield adults.

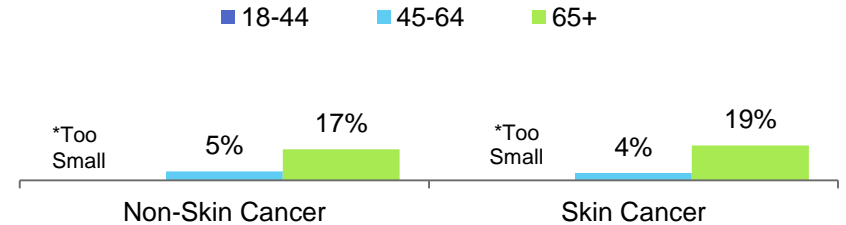
The prevalence of both skin and non-skin cancers increase with increasing age among adults in the Springfield area. These differences are statistically significant.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

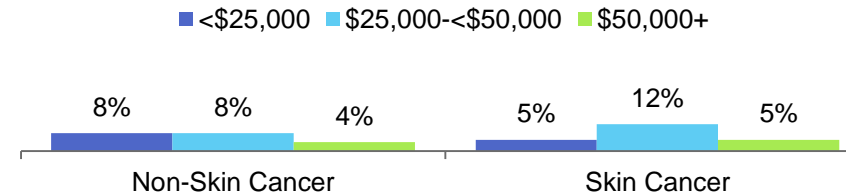
**Chronic Conditions by Gender  
Springfield Adults**



**Chronic Conditions by Age\***



**Chronic Conditions by Income Level**



\*Sample size is too small to report.

# Risk Behaviors

In 2015-2016, more than two in ten (23%) Springfield area adults reported not participating in any leisure time physical activity during the last month.

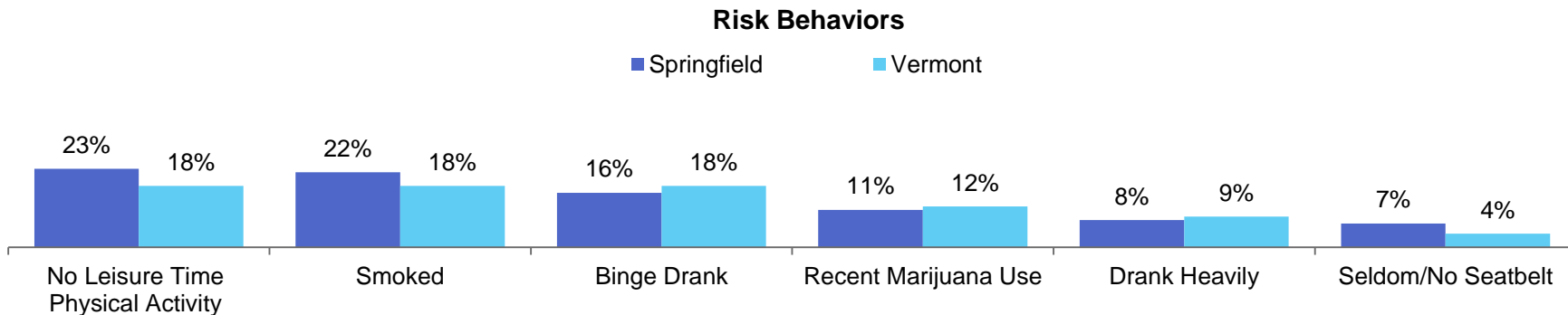
Twenty-two percent of adults in the Springfield area currently smoke. Among smokers, 46% had tried to quit in the last year.

One in six (16%) Springfield adults binge drank during the last month, while eight percent reported heavy drinking.

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

About one in ten (11%) Springfield area adults used marijuana in the last month. Seven percent said they seldom or never wear a seat belt.

There are no statistical differences between Springfield area adults and Vermont adults for any risk behavior measures. Additionally, risk behavior prevalence has not changed statistically for any measure since 2011. See Appendix A for results over time.



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

# Risk Behaviors

There are no statistically significant differences in smoking and not participating in leisure time physical activity by gender, among Springfield area adults.

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

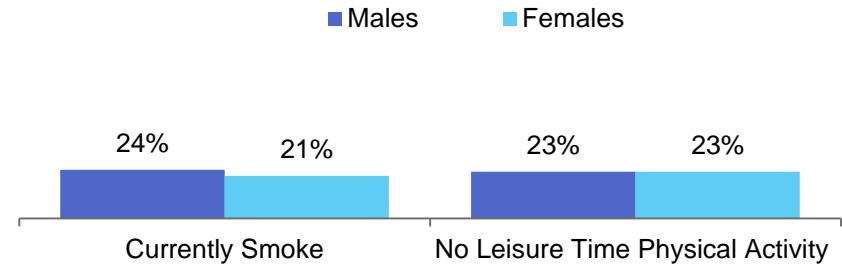
- Adults 65 and older are statistically less likely to smoke than those 18-44.

Conversely, not participating in leisure time physical activity is higher among older adults however, differences are not statistically significant.

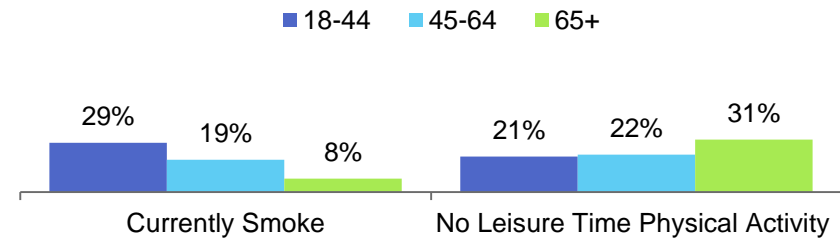
Springfield area adults in homes with more income are less likely to smoke and less likely to not participate in leisure time physical activity.

- Adults in homes with an income of at least \$50,000 annually are statistically less likely to smoke than those in homes with an income of less than \$25,000 per year.
- Though not participating in leisure time physical activity is highest among adults in homes with the lowest incomes, differences compared with higher income adults are not statistically significant.

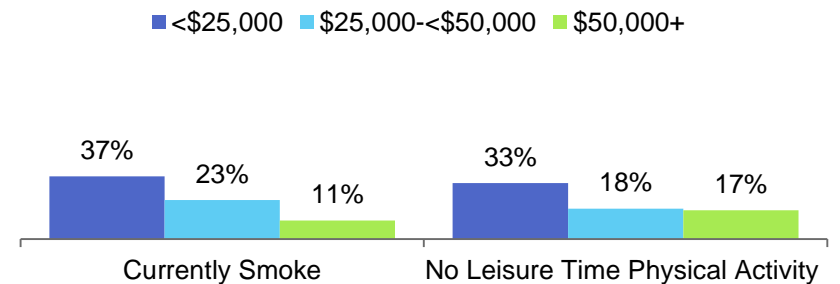
**Risk Behaviors by Gender  
Springfield Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



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

# Risk Behaviors

Men in the Springfield area are statistically more likely than women to report binge drinking (23% vs. 8%) and using marijuana (17% vs. 6%) in the last 30 days.

- There is no statistical difference in heavy drinking by gender.

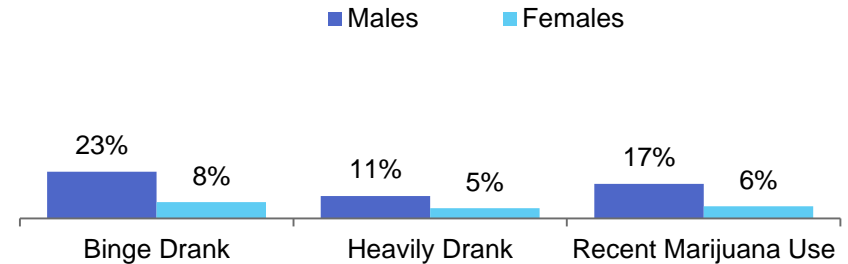
Binge drinking, heavy drinking, and recent marijuana use decrease with increasing age.

- Springfield adults 65 and older are statistically less likely to report binge drinking than younger adults.
- Differences in heavy drinking and marijuana use by age are not statistically significant.

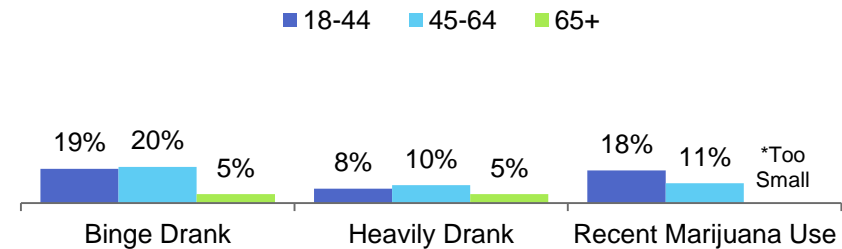
Springfield area adults in homes with an income of less than \$25,000 annually are five times as likely as those in homes with more income to have used marijuana recently, a statistically significant difference.

- Differences in binge and heavy drinking by annual household income level are not statistically significant.

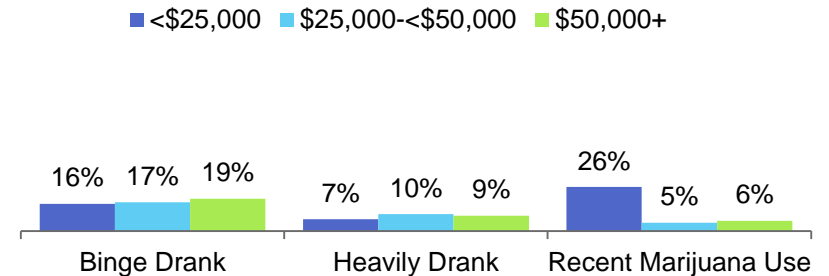
**Risk Behaviors by Gender  
Springfield Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report.



# Risk Behaviors

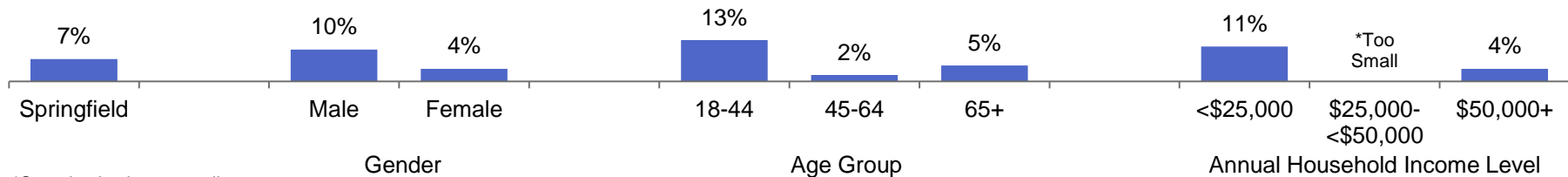
Overall, seven percent of adults in the Springfield area seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent among Vermont adults overall.

Springfield area men have a higher rate of seldom or never wearing seatbelts compared to women, however this difference is not significant.

Adults 18-44 are statistically more likely than those 45-64 to report wearing a seatbelt seldom to never (13% vs. 2%).

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

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



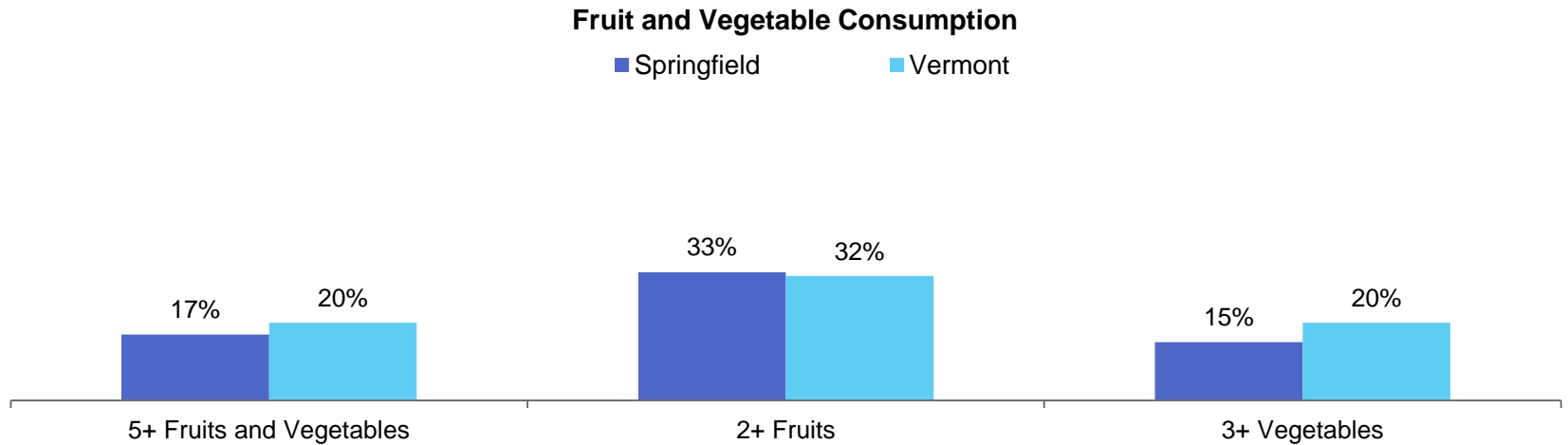
\*Sample size is too small to report.

# Preventive Behaviors

In 2013/2015, less than one in five (17%) Springfield area adults ate fruits and vegetables five or more times per day. One third ate fruits two or more times and 15% reported eating vegetables three or more times daily.

Springfield area adult consumption of fruits and vegetables is statistically similar to that of Vermont adults overall.

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



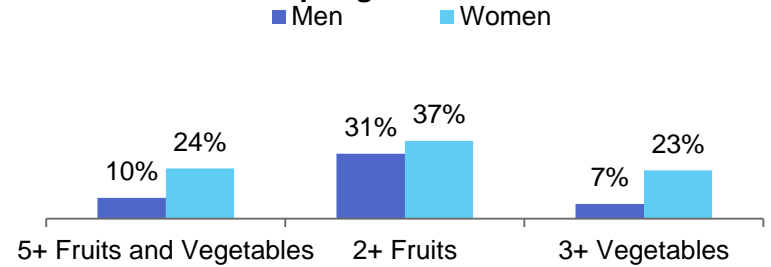
# Preventive Behaviors

Women in the Springfield area eat more fruits and vegetables than men.

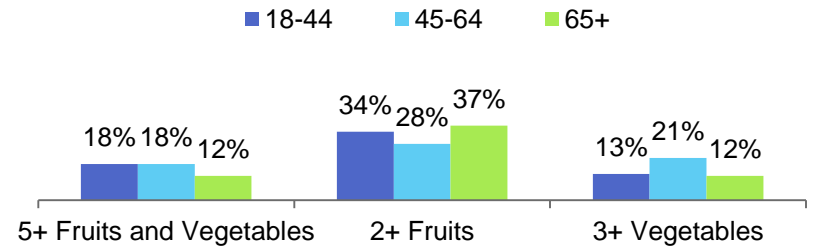
- Women are statistically more likely than men to eat fruits and vegetables five or more times and vegetables three or more times per day.
- Differences in fruit consumption by gender are not statistically significant.

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

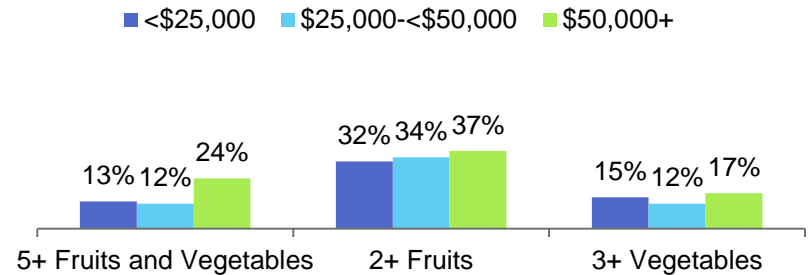
**Preventive Behaviors by Gender  
Springfield Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



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

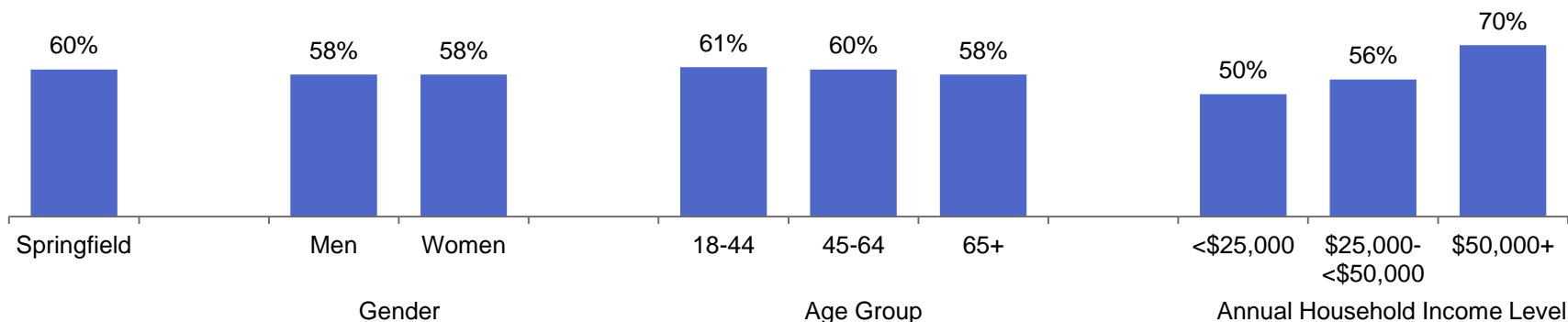
# Preventive Behaviors

In 2013-2015, six in ten (60) Springfield area adults reported meeting physical activity recommendations\*. This is similar to the 59% reported among Vermont adults.

Among Springfield adults, there are no significant differences in meeting physical activity recommendations by gender, age or annual household income.

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

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



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

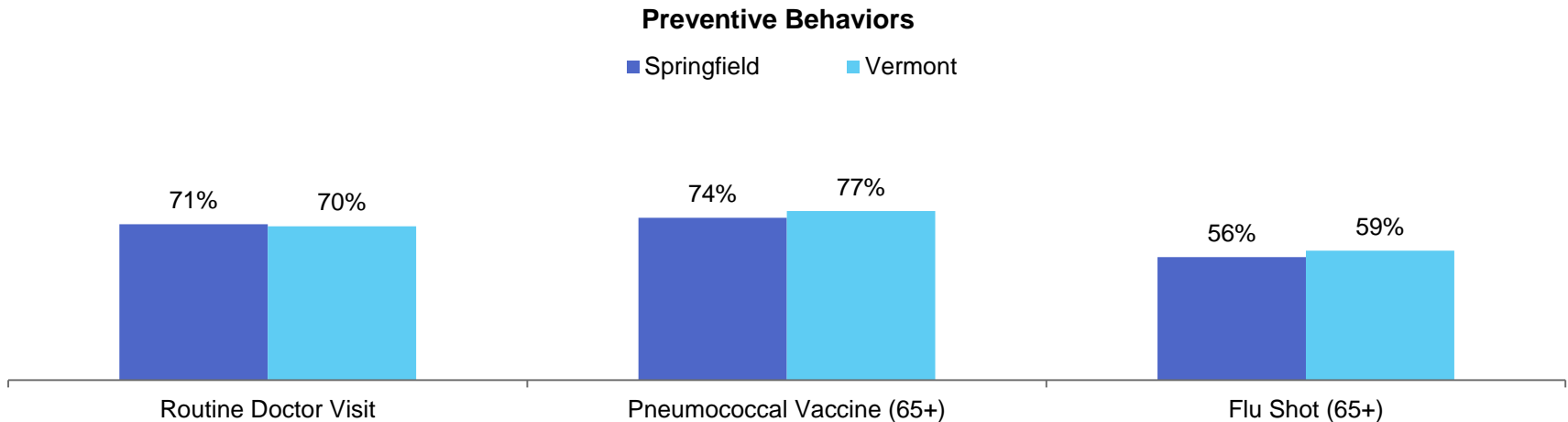
# Preventive Behaviors

Seven in ten (71%) adults in the Springfield area said they saw their doctor for a routine visit in the previous year. This is similar to the 70% reported among all Vermont adults.

Three-quarters (74%) of Springfield area adults ages 65 and older have ever gotten a pneumococcal vaccine. Less than six in ten (56%) got a flu shot in the last year.

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

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



# Preventive Behaviors

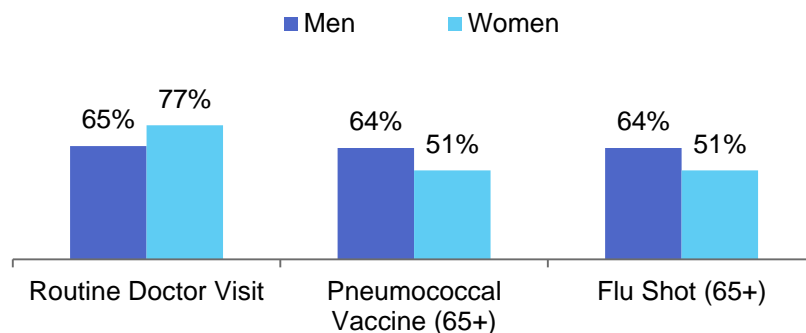
There are no statistically significant differences in routine visits to the doctor or receipt of the pneumococcal vaccine or a flu shot by gender among Springfield adults.

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

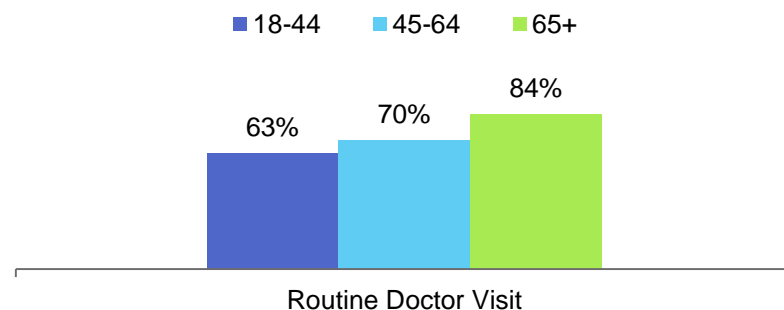
- Adults 65 and older are statistically more likely to routinely visit a doctor than adults 18-44.

Springfield area adults report similar rates by annual household income in routine doctor visits and receipt of vaccinations.

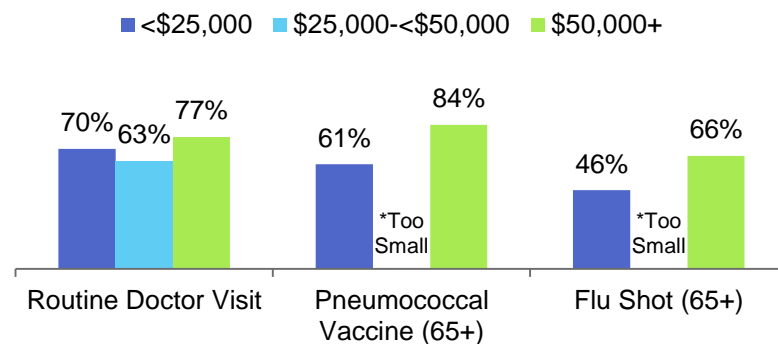
**Preventive Behaviors by Gender  
Springfield Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



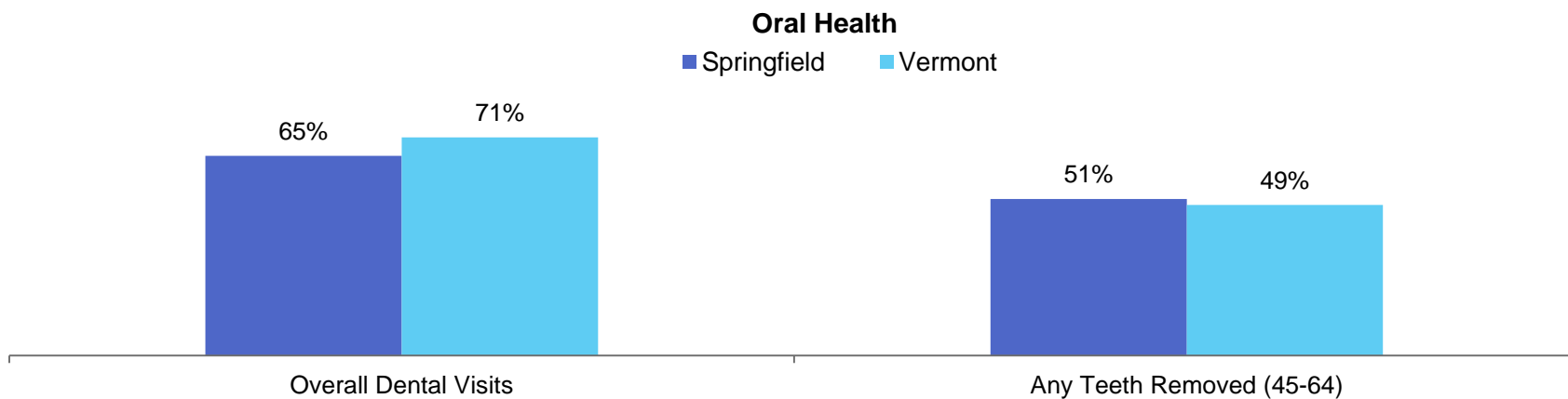
\*Sample size is too small to report.

## Oral Health

Springfield area adults routinely visit the dentist at similar rates to Vermont adults overall (65% vs. 71%).

Similarly, Springfield adults ages 45-64 have had at least one tooth removed at statistically similar rates, as compared to Vermont adults overall (51% vs 49%).

Oral health indicators, among Springfield area adults, did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.

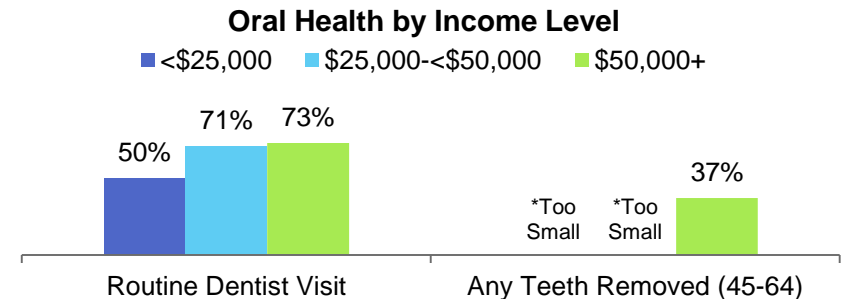
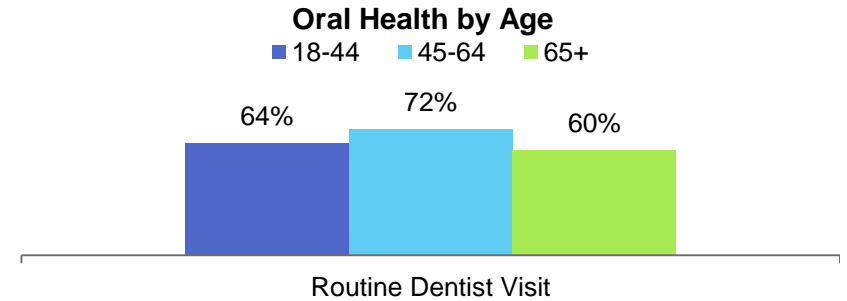
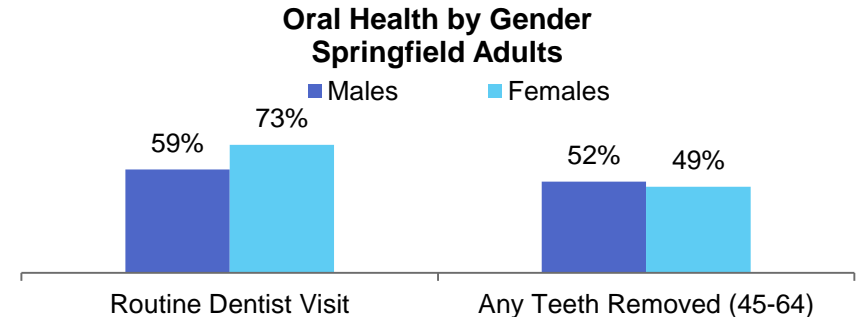


# Oral Health

Among Springfield adults, there are no differences by gender in routine dental visits and having one or more teeth removed/extracted.

Routine dental visits do not vary statistically by age.

Springfield area adults living in homes with more income are more likely to visit the dentist routinely, however, differences are not statistically significant.



\*Sample size is too small to report.



# HIV Screening

In 2015-2016, more than a third (35%) of Springfield area adults had ever been tested for HIV, similar to the 37% reported among Vermont adults overall.

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

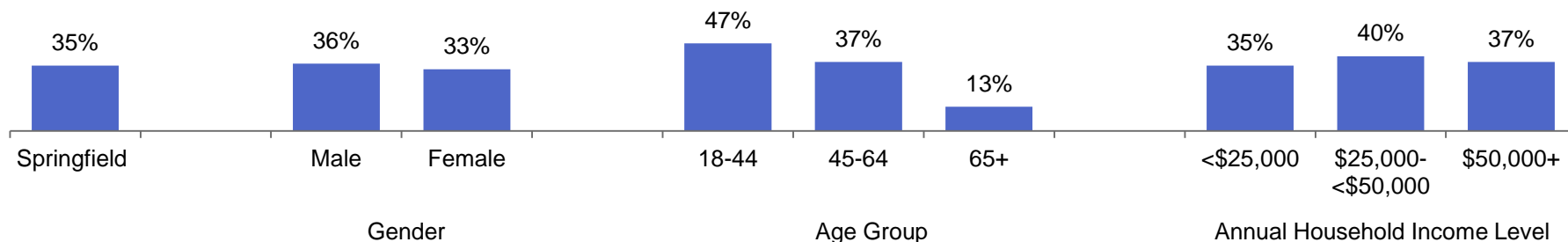
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 65 and older are statistically less likely to have been tested, as compared with younger adults.

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

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

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



# Cancer Screening

In 2014/2016, eight in ten (79%) women ages 50-74 in the Springfield area met breast cancer screening recommendations. This is the same as reported among all Vermont women in this age group.

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

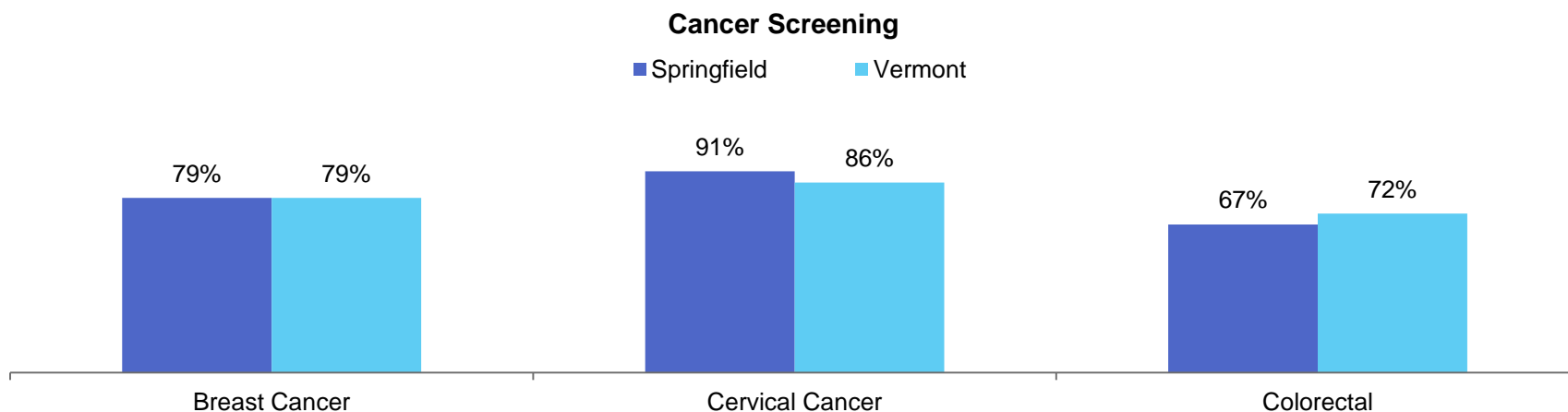
Ninety-one percent of women 21-65 who live in the Springfield area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

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

Among adults 50 to 75 living in the Springfield area, seven in ten (67%) met colorectal cancer screening recommendations. This also is similar to the rate among all Vermonters of the same age (72%).

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

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



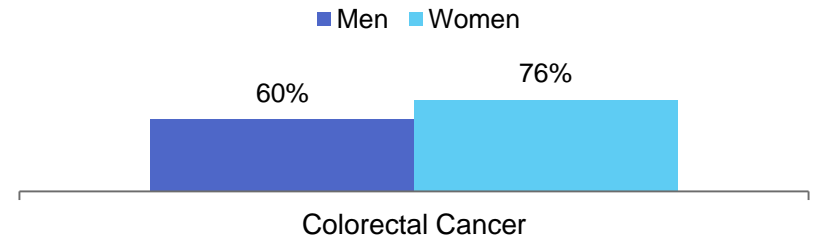
# Cancer Screening

Among Springfield area adults, there are no statistically significant differences by gender in receipt of recommended standard cancer screenings.

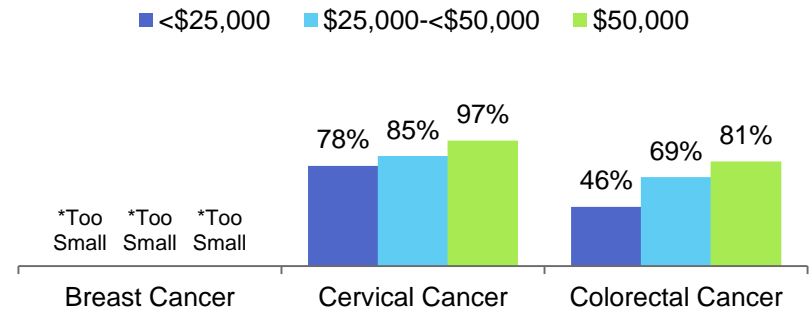
Springfield area adults in homes with more income are more likely to meet cancer screening recommendations.

- Women 21-65 in homes with the most income are statistically more likely to meet cervical cancer screening recommendations, compared to those in home with incomes of less than \$25,000 annually.
- Adults 50-75 in homes with incomes of at least \$50,000 per year are statistically more likely than those in homes with an income of less than \$25,000 annually to meet colorectal cancer screening recommendations.
- The sample size for receipt of breast cancer screening among women 50-74, is too small to report by annual household income level.

**Cancer Screening By Gender  
Springfield Adults**



**Cancer Screening by Income Level**



\*Sample size is too small to report.

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

<b>Health Status Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Fair or Poor General Health	17%	17%	16%	16%	17%	No
Poor Physical Health	10%	12%	14%	15%	14%	No
Poor Mental Health	15%	16%	12%	12%	16%	No
<b>Health Access Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
No Personal Doctor	11%	14%	15%	14%	15%	No
No Doctor Because of Cost	12%	11%	10%	8%	10%	No
No Health Plan (ages 18-64)	11%	13%	10%	7%	12%	No
<b>Chronic Conditions</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Arthritis	32%	33%	33%	32%	35%	No
Depression	24%	27%	24%	22%	27%	No
Obesity	22%	25%	27%	29%	32%	No
Asthma	10%	11%	11%	12%	12%	No
Diabetes	11%	10%	8%	8%	10%	No
Non-Skin Cancer	8%	9%	10%	8%	6%	No
Cardiovascular Disease (CVD)	10%	10%	11%	8%	10%	No
Skin Cancer	6%	7%	8%	7%	6%	No
Chronic Obstructive Pulmonary Disease (COPD)	4%	7%	9%	8%	7%	No*

\*COPD prevalence among Springfield area adults has a statistically significant upward trend, however the change from 2011-2012 to 2015-2016 is not statistically significant.

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

<b>Risk Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Smoking	20%	19%	22%	19%	22%	No
Binge Drinking	16%	15%	14%	13%	16%	No
Heavy Drinking	8%	6%	7%	7%	8%	No
No Exercise	20%	19%	17%	20%	23%	No
Seldom or Never use Seatbelt	4%	4%	4%	4%	7%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	5%	5%	7%	11%		No
<b>Preventative Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>Significant Change Since 2011</b>
Routine Doctor Visit, in Last year	72%	70%	69%	71%	71%	No
Pneumococcal Vaccine, Ever, Ages 65+	72%	73%	79%	76%	74%	No
Flu Shot in the Last Year, Ages 65+	66%	65%	70%	64%	56%	No
Ever Tested for HIV	26%	29%	31%	33%	35%	No

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

<b>Preventive Behaviors (cont).</b>	<b>2011, 2013</b>	<b>2013, 2015</b>	<b>Significant Change Since 2011</b>
Meet Physical Activity Recommendations	60%	60%	No
Eat 2+ Fruits Per Day	32%	33%	No
Eat 3+ Vegetables Per Day	16%	15%	No
Eat 5+ Fruits & Vegetables Per Day	18%	17%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	65%	65%	No
Teeth Removed , Ages 45-64	49%	51%	No
Mammogram, Last 2 Years, Women 50-74	81%	79%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	65%	67%	No
PAP Test, Last 3 Years, Women 21-65	86%		

## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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

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

Towns included in the Springfield Health District are: Grafton, Londonderry, Rockingham, Windham, Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading, Springfield, Weathersfield, West Windsor, Weston, and Windsor.