

Brattleboro Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 VERMONT
DEPARTMENT OF HEALTH

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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 2012 statewide results from the Vermont BRFSS can also be found on the VDH website: http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent 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 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 Brattleboro Health District*

The next few pages describe the demographic makeup of Brattleboro area adults in 2011-2012.

More than half of Brattleboro adults are female. About two-thirds of adult Brattleboro residents are 25-64, with less than a quarter ages 65 and older.

- Brattleboro residents are significantly less likely than Vermont adults overall to be 25-44 (23% vs. 29%).

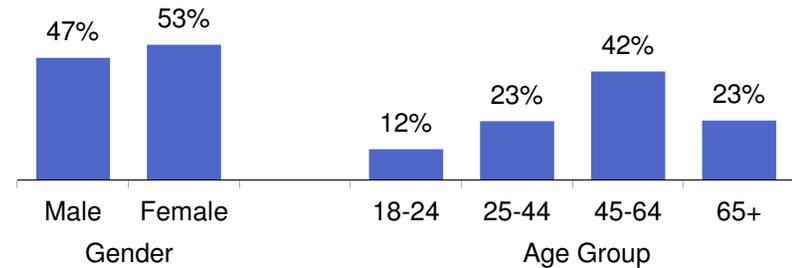
Four in ten Brattleboro area adults has a high school degree or less.

- Brattleboro adults report a similar education distribution as those in Vermont overall.

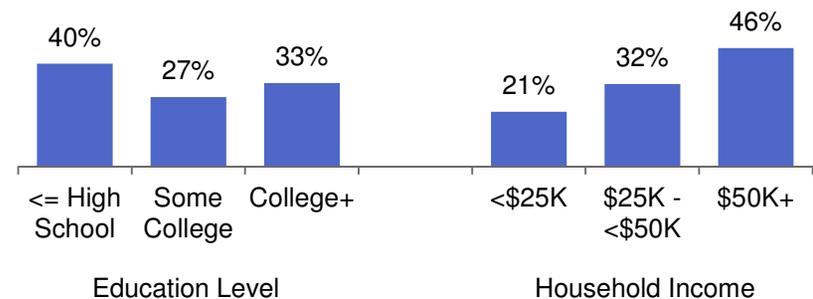
Less than a quarter of Brattleboro adults live in a home making less than \$25,000 annually, a significantly lower rate than that among Vermont adults overall (21% vs. 26%).

Three percent of adults in the Brattleboro area report being a racial or ethnic minority. This is statistically similar to the five percent reported among Vermont adults overall.

Brattleboro Residents by Gender and Age



Brattleboro Residents by Socio-Economic Status



*See page 27 for a list of the towns included in the Brattleboro Health District.

Demographics of Brattleboro Health District

About two-thirds of Brattleboro adult residents are currently employed, while nearly one in five is retired. Eight percent said they are a student or homemaker, and four percent each said they are unable to work or unemployed.

- Brattleboro area adults reported a similar employment distribution to Vermont adults overall.

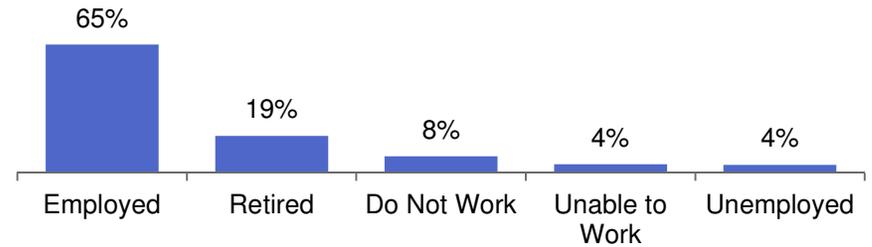
More than half of Brattleboro adults are married. Less than one in five have never married or divorced, while six percent or fewer each are widowed or part of an unmarried couple.

- Brattleboro adults are significantly more likely to be divorced than Vermont adults overall (17% vs. 12%).

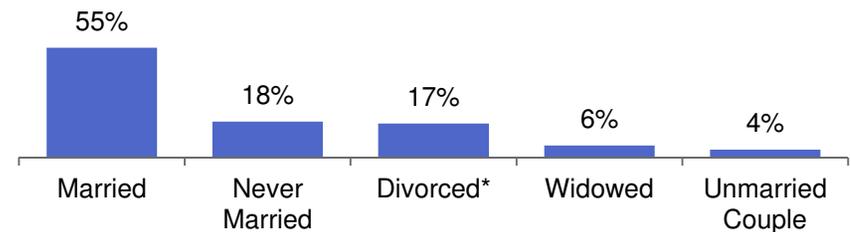
About two-thirds of adults in the Brattleboro area said there are no children less than 18 in their home. Three percent reported having three or more children.

- The number of children in the home reported by Brattleboro area adults was similar to that for Vermont overall.

Brattleboro Residents by Employment Status

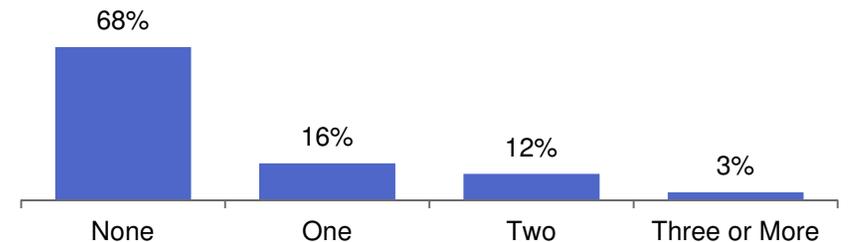


Brattleboro Residents by Marital Status



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

Brattleboro Residents by Children in Household

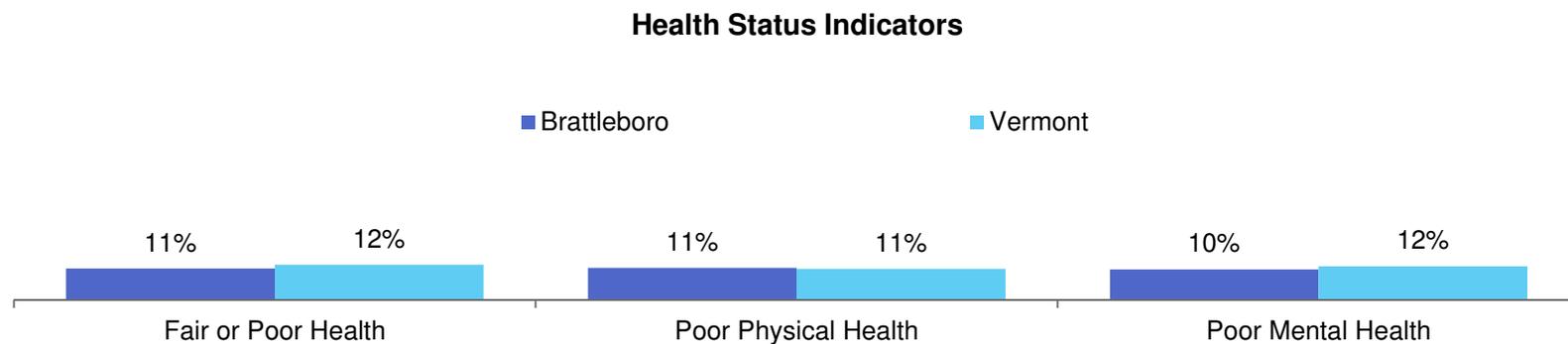


Health Status Indicators

In 2011-2012, one in nine Brattleboro area adults reported being in fair or poor general health. The same proportion reported having poor physical health, while ten percent said they had poor mental health.

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

There are no statistically significant differences in health status, regardless of the measure, when comparing Brattleboro area adults and Vermont adults overall.



Health Status Indicators

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

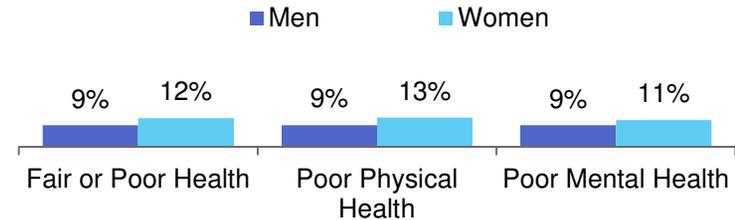
Among Brattleboro adults, reported fair or poor general health and poor physical health increase with age. However, none of the differences are statistically significant.

There are no statistical differences in poor mental health by age.

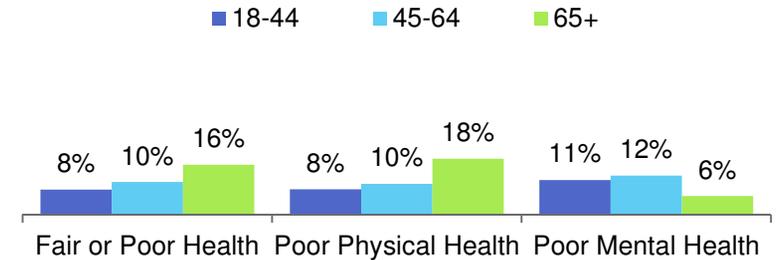
Poor health, regardless of the measure decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely to report poor physical health than those in homes making more than \$50,000 annually (20% vs. 5%).
- Additionally, those in homes making less than \$25,000 per year are significantly more likely to report poor mental health than those in homes with more income.
- Differences in general health status by annual household income are not statistically significant.

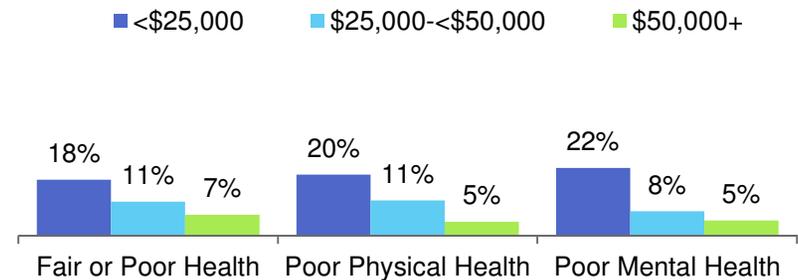
**Health Status Indicators by Gender
Brattleboro Adults**



Health Status Indicators by Age



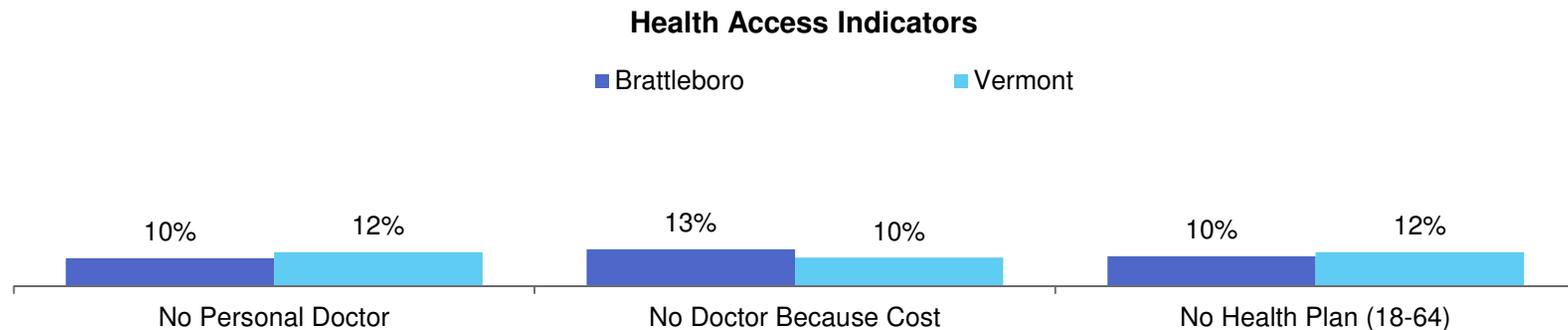
Health Status Indicators by Income Level



Health Access Indicators

In 2011-2012, one in ten adults in the Brattleboro area said they do not have a personal doctor for health care. One in eight said they needed care in the last year but did not seek it due to the cost. Among Brattleboro area adults ages 18-64, ten percent said they do not have health insurance.

There are no differences in health access, regardless of measure, when comparing Brattleboro adults with Vermont adults overall.



Health Access Indicators

There are no statistically significant differences by gender in any health access measure, among Brattleboro area adults.

Not having a personal doctor and delaying care due to cost both decrease with increasing age.

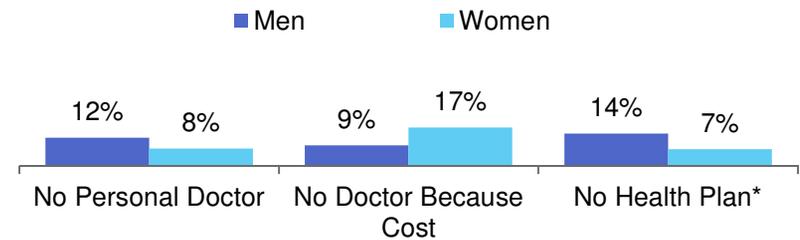
- Brattleboro adults 18-64 are significantly more likely than those 65 and older to not have delayed care due to cost in the last year.
- Differences in having a personal care doctor do not differ significantly by age.

Brattleboro adults reported similar rates by age of not having a health plan.

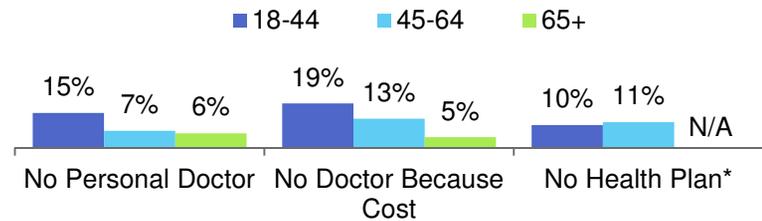
Adults in the Brattleboro area who have higher annual household incomes are less likely to report delaying care due to cost and not having a health plan.

- Adults living in homes with the highest incomes, \$50,000 or more, are significantly less likely to have delayed care due to cost than those in homes with less income.
- Adults in homes making \$50,000 or more are also significantly less likely than those in homes making less than \$25,000 to not have a health plan (4% vs. 16%).
- Not having a personal doctor does not vary significantly by annual household income.

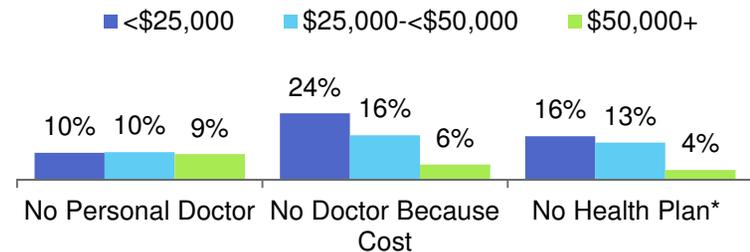
**Health Access Indicators by Gender
Brattleboro Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012, which is similar to the 25% reported among adults in the Brattleboro area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Brattleboro area reported being disabled at the same rate.

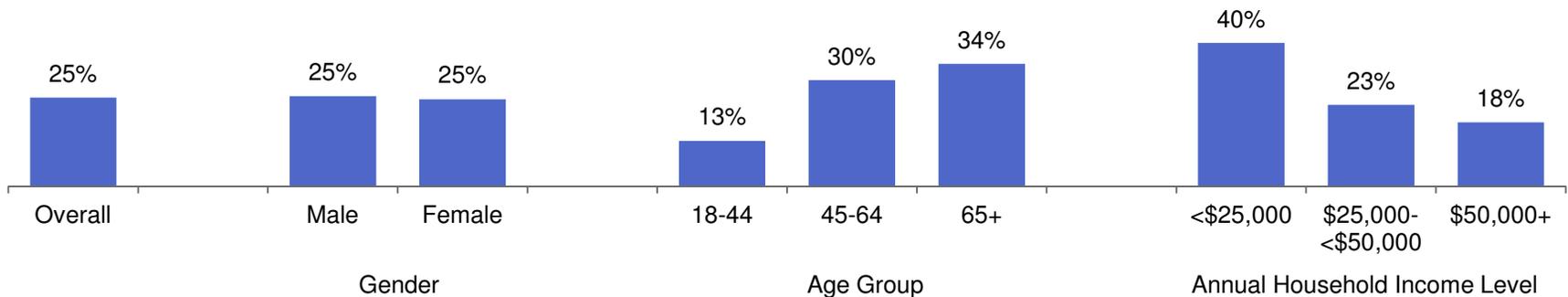
Reported disability among Brattleboro adults increases with increasing age.

- Adults 18-44 are significantly less likely to report a disability than those 25 and older.

Brattleboro area adults with lower annual household incomes are more likely to be disabled.

- Those in homes making less than \$25,000 per year are significantly more likely to report a disability than those with more annual income.

**Disability, Overall and by Sub-groups
Brattleboro Adults**



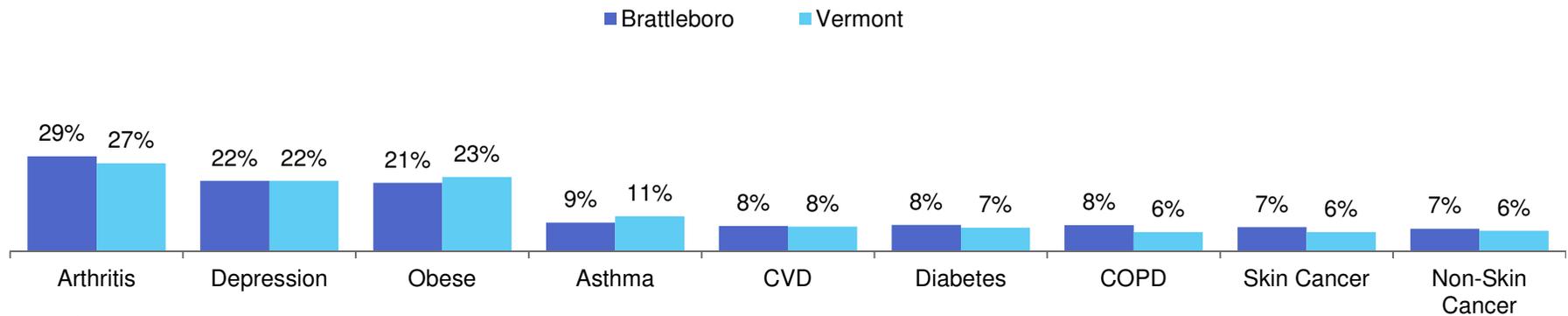
Chronic Conditions

Three in ten Brattleboro area adults reported having arthritis, while about two in ten have a depressive disorder or are obese. Less than one in ten reported each of the following chronic conditions, asthma, cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD), skin cancer, and non-skin cancers.

Brattleboro area adults reported a statistically higher rate of COPD when compared with Vermont adults (8% vs. 6%).

Similar rates of each of the following chronic conditions among Brattleboro adults were reported, as compared with Vermont adults overall: arthritis, depressive disorders, obesity, asthma, cardiovascular disease (CVD), diabetes, skin cancer, and non-skin cancer.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease.

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

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of arthritis, depressive disorders, obesity, or asthma.

Arthritis prevalence among Brattleboro adults increases with increasing age.

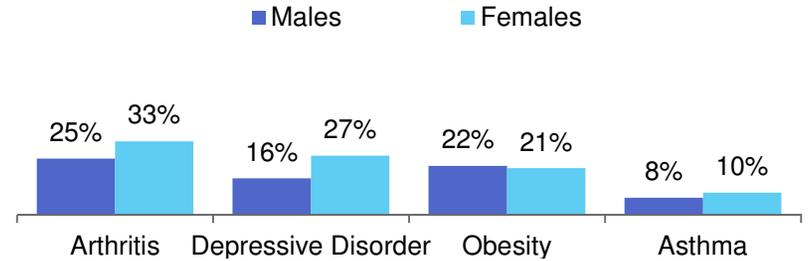
- All differences by age are statistically significant.

There are no differences by age in depressive disorders, obesity, and asthma.

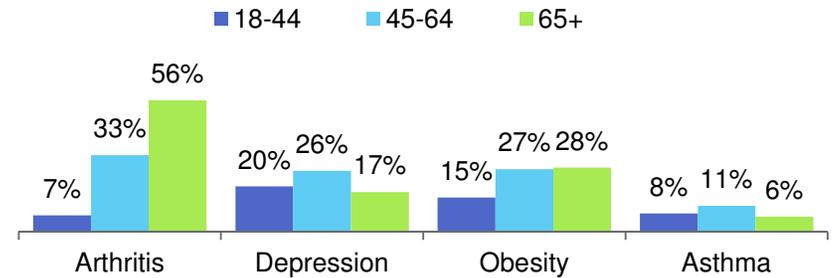
The prevalence of arthritis, depressive disorders, obesity, and asthma among Brattleboro adults all decrease as reported annual household income increases.

- Adults in homes making \$50,000 or more annually are significantly less likely than those with incomes of less than \$25,000 to report a depressive disorders (15% vs. 36%).
- Differences in arthritis, obesity and asthma prevalence are not statistically significant.

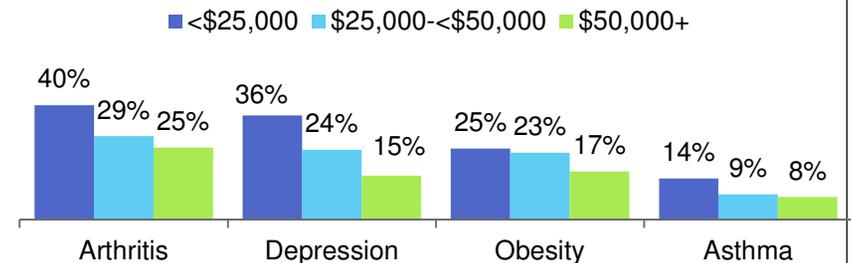
**Chronic Conditions by Gender
Brattleboro Adults**



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 for the prevalence of cardiovascular disease, diabetes, and COPD among Brattleboro area adults.

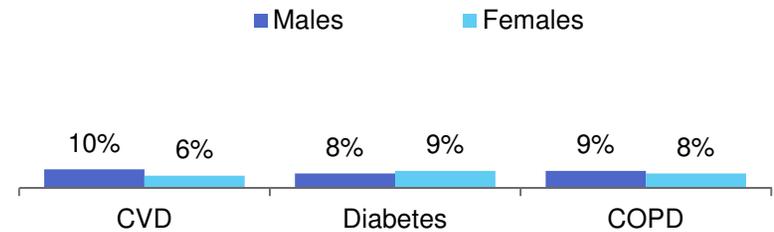
Reported cardiovascular disease, diabetes and COPD among Brattleboro area adults all increase as age increases.

- Adults 65 and older are significantly more likely to report cardiovascular disease than those 45-64 (21% vs. 7%).
- Similarly, those 65 and older are also more likely to report COPD than those 18-44 (14% vs. 4%).
- Differences in diabetes prevalence by age are not statistically significant.

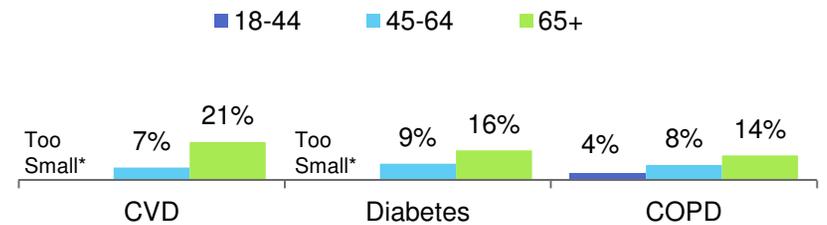
Brattleboro area adults living in homes with less income are more likely to say they have cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having COPD.
- Differences in cardiovascular disease and diabetes by annual household income level are not statistically significant.

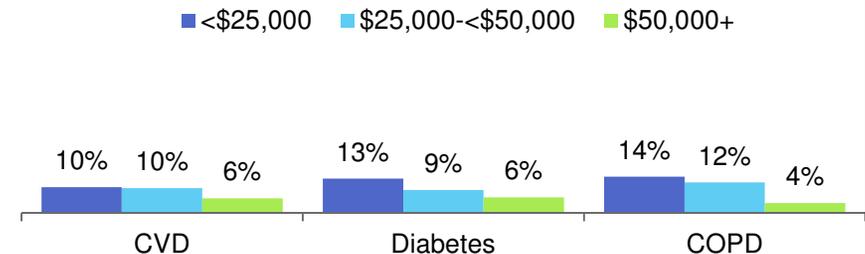
**Chronic Conditions by Gender
Brattleboro Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

Among Brattleboro area adults, non-skin cancer is significantly more likely to be reported by females than males.

- Ten percent of women reported ever being diagnosed with non-skin cancer, compared with four percent of men.

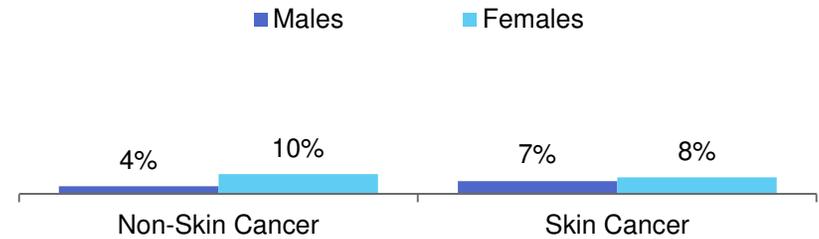
There is no statistical difference in the prevalence of skin cancer by gender.

The prevalence of skin cancer and non-skin cancers both increase with increasing age.

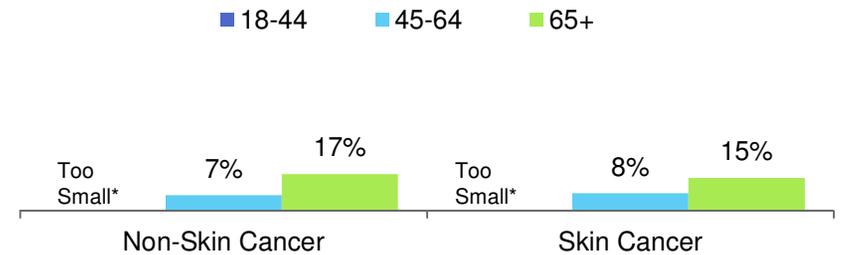
- Brattleboro adults 65 and older are significantly more likely than those 45-64 to report ever having a non-skin cancer.
- Skin cancer prevalence does not vary significantly by age.

Among Brattleboro adults, there are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

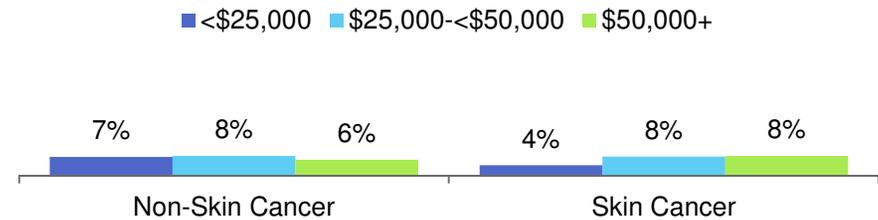
**Chronic Conditions by Gender
Brattleboro Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

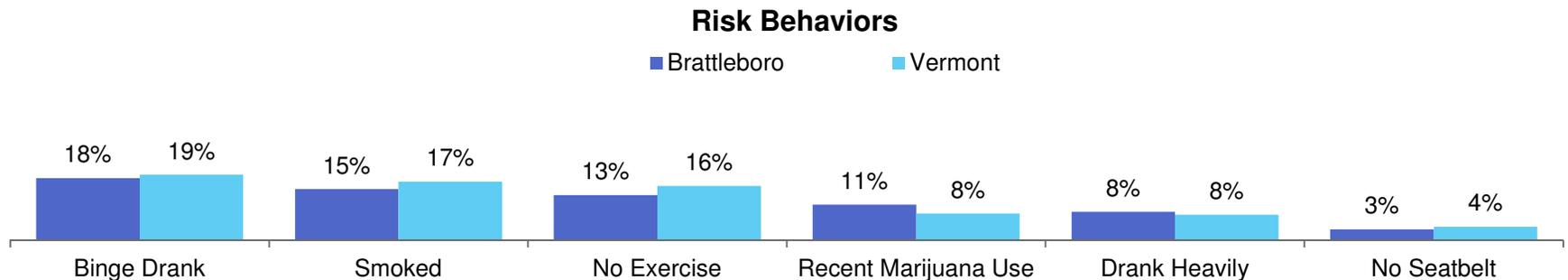
Risk Behaviors

In 2011-2012, Brattleboro adults were significantly less likely than Vermont adults to not participate in exercise (13% vs. 16%).

About one in seven adults said they currently smoke, which is similar to the 17% reported among Vermont adults. Of smokers, nearly two-thirds tried to quit in the last year, similar to the 62% reported among Vermont adults.

Brattleboro area adults and Vermont adults reported similar rates of binge drinking (18% vs. 19%), recent marijuana use (11% vs. 8%), heavy drinking (8% vs. 8%), and seldom or never wearing a seatbelt (3% vs. 4%).

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



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

Risk Behaviors

There are no statistically significant differences by gender among Brattleboro area adults in smoking and not participating in physical activity.

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

- Adults 18-64 are significantly more likely to report smoking than those 65 and older.

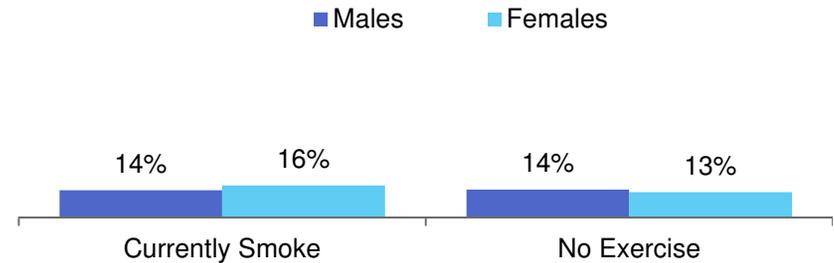
Conversely, not participating in physical activity increases with increasing age.

- All differences by age are statistically significant.

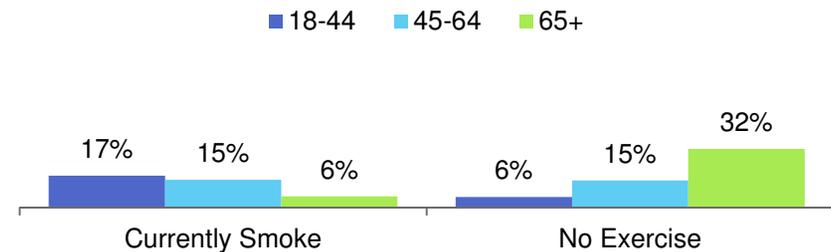
Brattleboro area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely than those in homes with less income to not participate in physical activity.
- Similarly, those in homes making \$50,000 or more are also significantly less likely to smoke than those in homes making \$25,000 or less (6% vs. 27%).

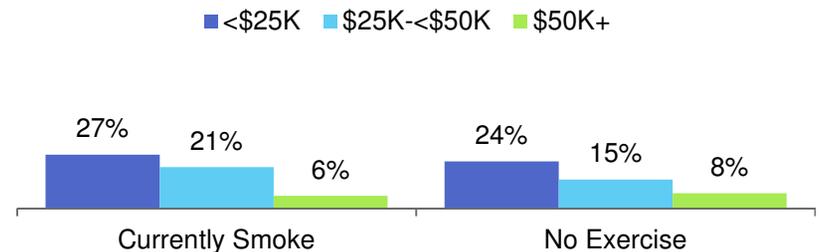
**Risk Behaviors by Gender
Brattleboro Adults**



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

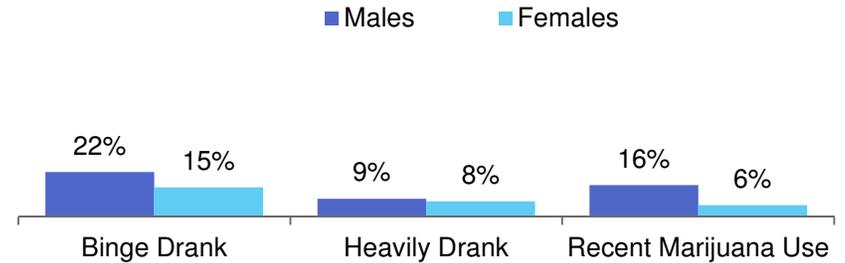
There are no significant differences by gender in binge drinking, heavy drinking, or recent marijuana use among Brattleboro area adults.

Binge drinking, heavy drinking and recent marijuana rates are all highest among Brattleboro adults ages 18-44.

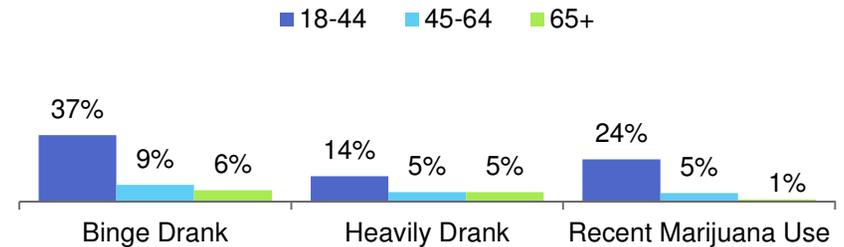
- All differences in binge drinking by age are statistically significant.
- Adults 18-44 are significantly more likely than those 45-64 to report binge drinking and recent marijuana use.
- Differences in heavy drinking do not vary significantly by age.

There are no significant differences by annual household income level in rates of binge drinking, heavy drinking, and recent marijuana use.

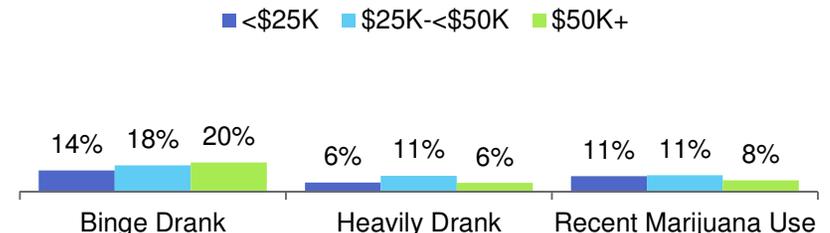
**Risk Behaviors by Gender
Brattleboro Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report.

Risk Behaviors

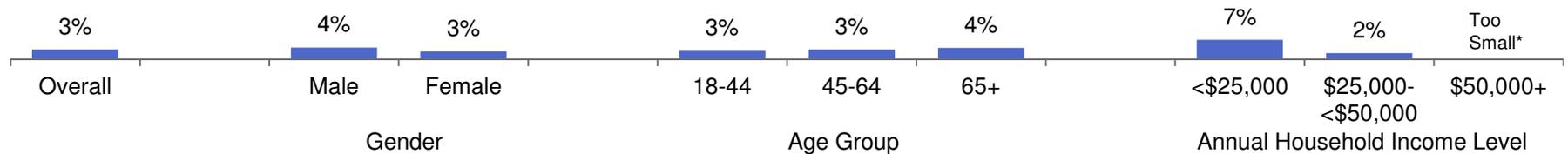
Overall, less than one in twenty (3%) adults in the Brattleboro area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Brattleboro area men and women do not wear seatbelts at statistically similar rates.

Adult non-use of seatbelts in the Brattleboro area does not differ by age.

Non-use of seatbelts among Brattleboro area adults decreases with increasing annual household income, however the differences are not statistically significant.

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

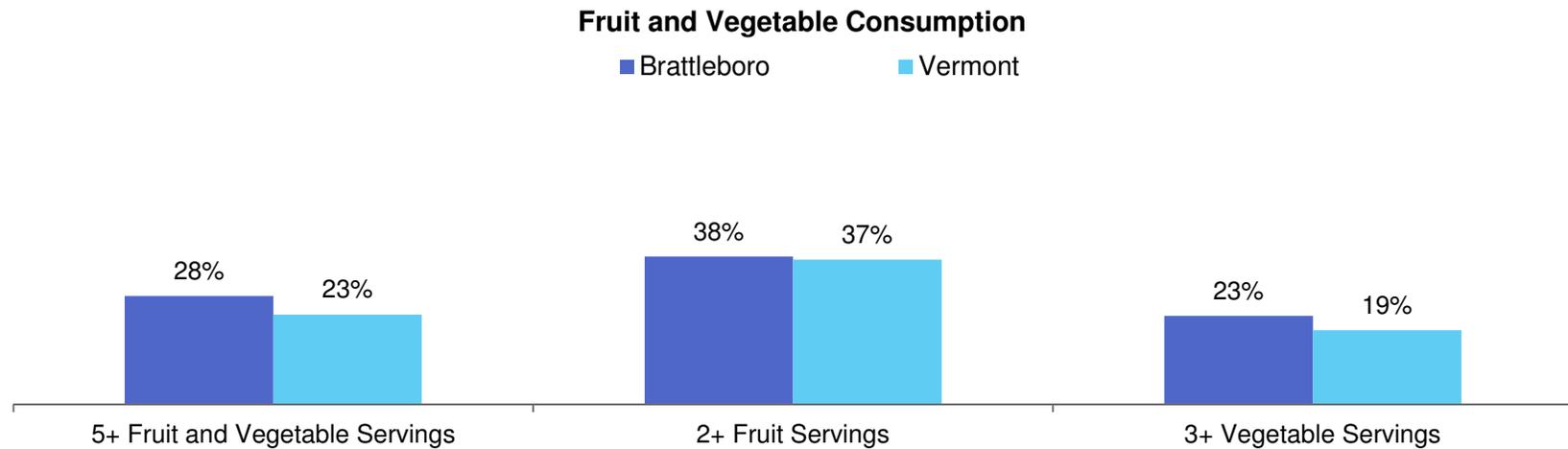


*Sample size is too small to report

Preventive Behaviors

In 2011, more than a quarter of Brattleboro area adults reported eating the recommended five or more fruit and vegetable servings per day. Nearly four in ten ate two or more fruits and 23% reported eating three or more vegetable servings.

Brattleboro area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.



Preventive Behaviors

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

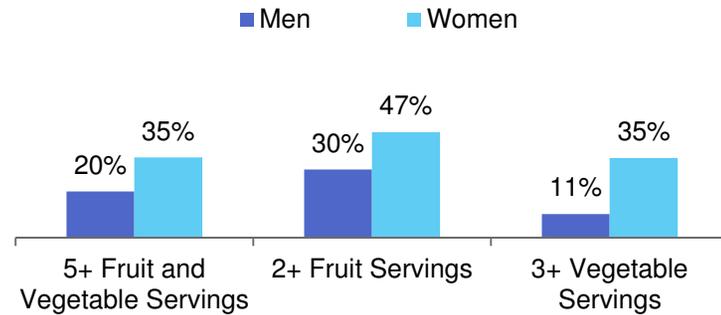
- About a third of women said they eat three or more vegetable servings daily. This is significantly higher than the 11% reported by men.
- Differences in fruit consumption are not significant by gender. Nor are those in overall consumption of five or more daily fruit and vegetable servings.

There are no differences in fruit and vegetable consumption by age, among Brattleboro adults.

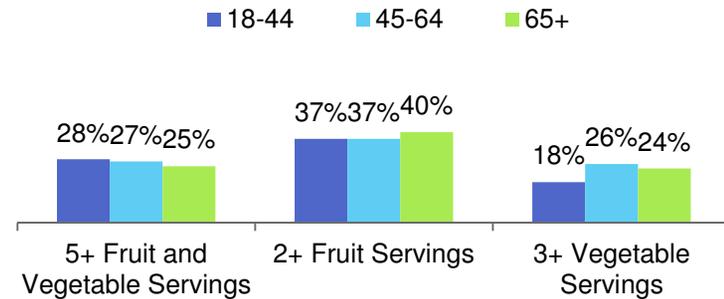
Consumption of fruits and vegetables increases with annual household income level, among Brattleboro area adults.

- Adults in homes making \$50,000 or more per year are significantly more likely to report eating five or more fruits and vegetables per day than those in homes making less than \$25,000 a year (42% vs. 14%).
- There are no statistical differences by annual household income level in the consumption of two or more fruits or three or more vegetables daily.

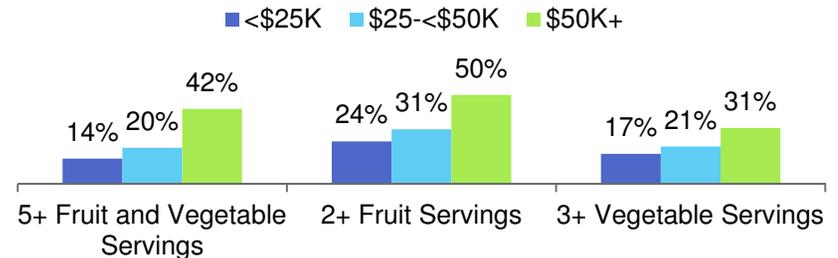
**Preventive Behaviors by Gender
Brattleboro Adults**



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.

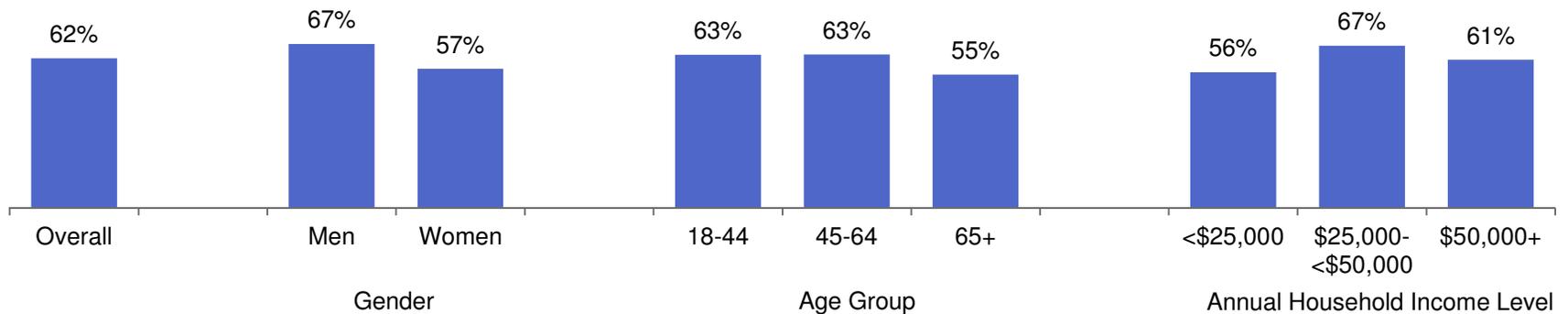
Preventive Behaviors

In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 62% reported among Brattleboro area adults.

Men and women in the Brattleboro area reported meeting physical activity recommendations at statistically similar rates, 67% for men and 57% for women.

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

**Met Physical Activity Recommendations, Overall and by Sub-groups
Brattleboro 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:

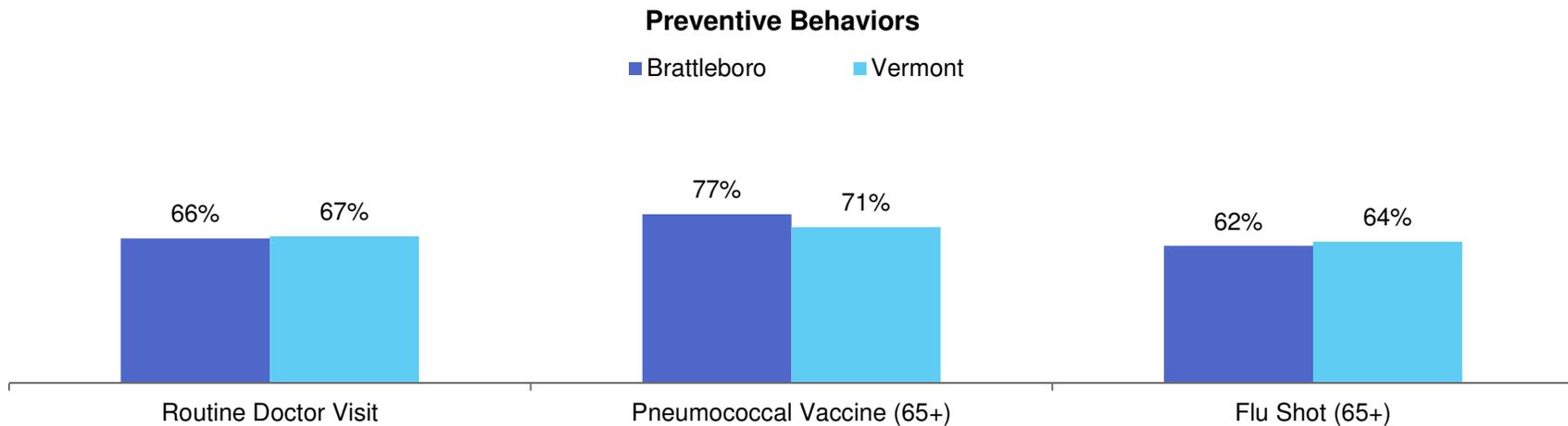
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

Two-thirds of adults in the Brattleboro area said they saw their doctor for a routine visit in the previous year. This is similar to the 67% reported among all Vermont adults.

About three-quarters (77%) of Brattleboro area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 62% reported getting a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Brattleboro adults, 71% and 64%, respectively.



Preventive Behaviors

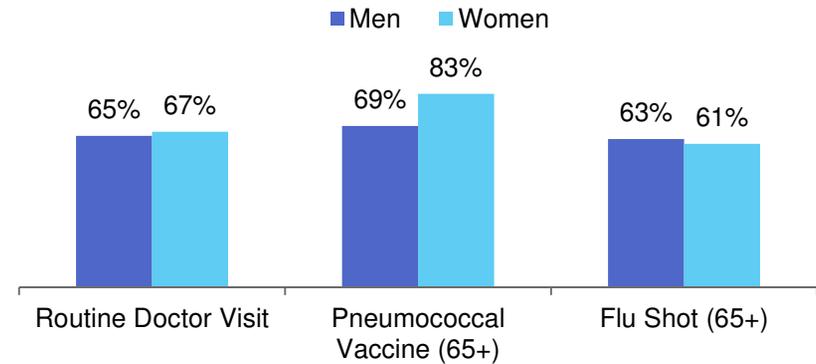
There are no statistical differences by gender in routine visits to a doctor, among Brattleboro area adults. Men and women 65 and older also reported similar rates of annual flu shots and ever getting the pneumococcal vaccine.

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

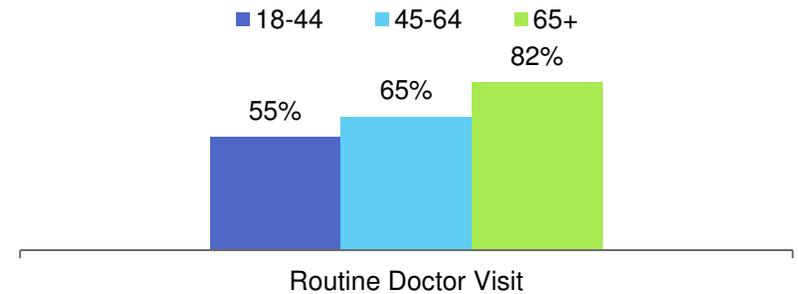
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Brattleboro area adults, in the occurrence of routine doctor visits or receipt of vaccinations by annual household income level.

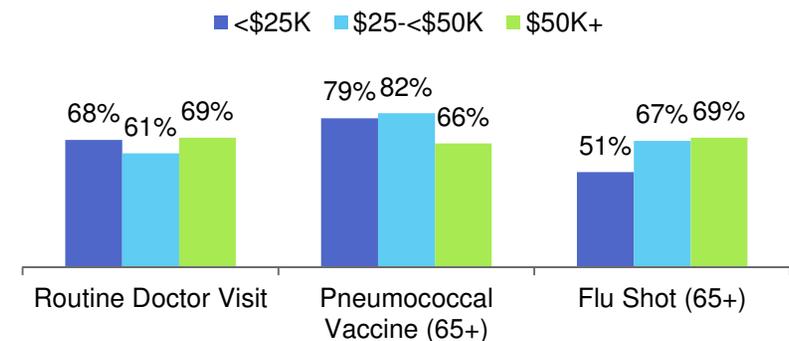
**Preventive Behaviors by Gender
Brattleboro Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

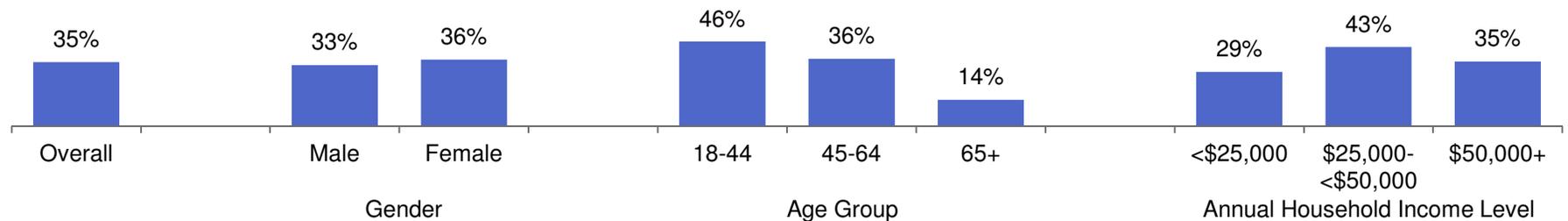
In 2011-2012, more than a third of Brattleboro area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

Men and women in the Brattleboro area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age, however, only the difference between adults 65 and older and younger adults is statistically significant.

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

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



Cancer Screening

In 2012, more than eight in ten (82%) women ages 50-74 in the Brattleboro area reported meeting breast cancer screening recommendations. This is the same rate reported among all Vermont women in this age group.

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

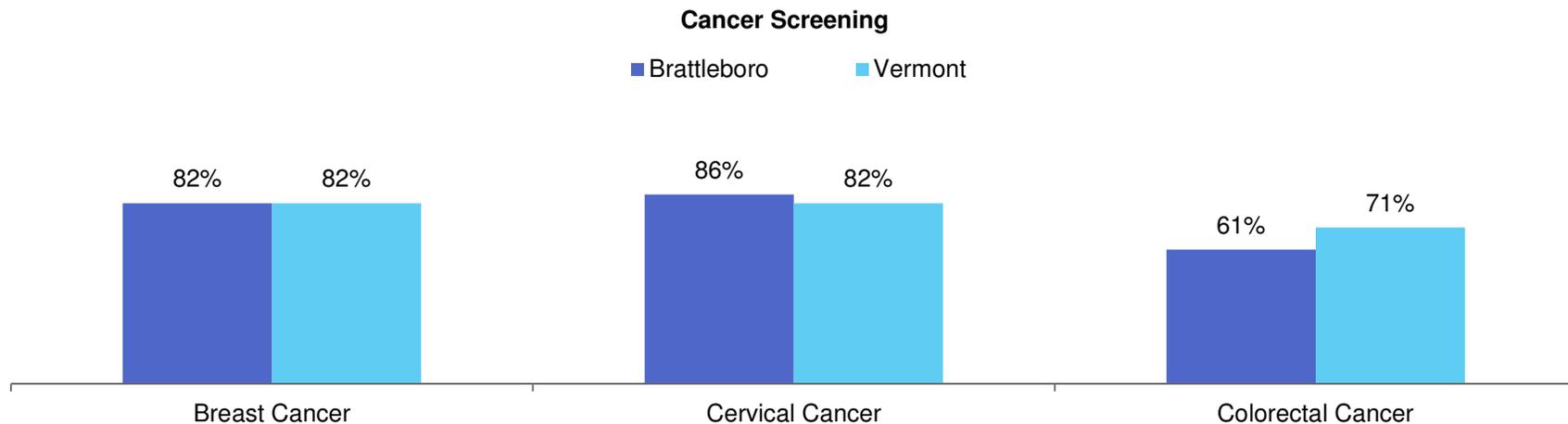
Eighty-six percent of women 21 and older who live in the Brattleboro area met cervical cancer recommendations, statistically similar to the 82% among Vermont women of the same age.

- 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 Brattleboro area, roughly six in ten (61%) met colorectal cancer screening recommendations. This is significantly lower than the rate reported by all Vermonters of the same age (71%).

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

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

Less than six in ten Brattleboro area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). This is same as the rate reported among Vermont adults overall (58%).

Men and women in the Brattleboro area use physical activity community resources at similar rates.

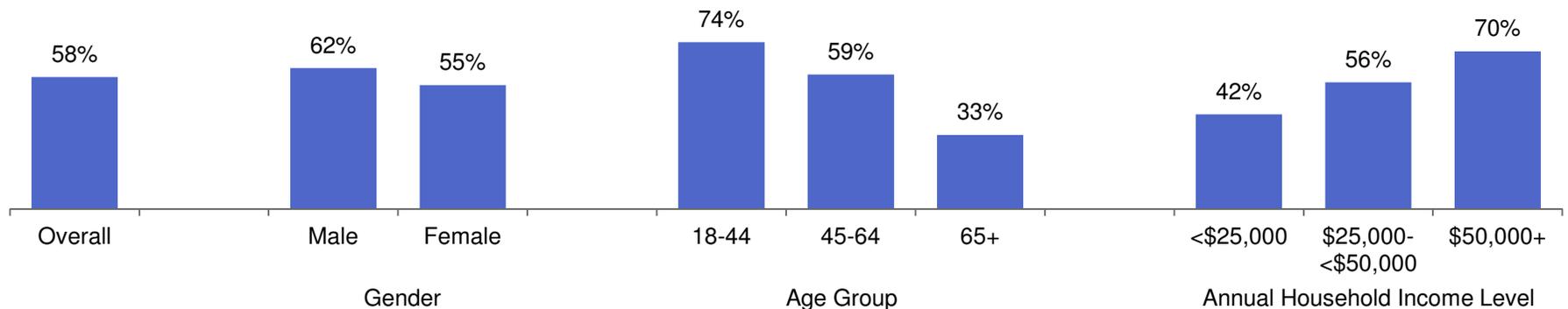
Use of community resources for physical activity decreases with increasing age.

- Brattleboro adults ages 65 and older are significantly less likely than those 18-64 to use community resources for physical activity.

Brattleboro area adults' use of community resources for physical activity increases with increasing annual household income level.

- Adults in homes making \$50,000 or more annually are significantly more likely to use community resources for physical activity than those in homes making less than \$25,000 (70% vs. 42%).

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
Brattleboro Adults**



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 Brattleboro Health District are: Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilmington.