

Newport 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.

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 Newport District Office*

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

More than half of Newport adults are female. Two-thirds are 25-64 years old and about three in ten are 65 and older (28%).

- Newport area adults are statistically more likely than VT adults to be 65 and older (28% vs. 23%).

More than half of Newport adults have a high school degree or less (56%).

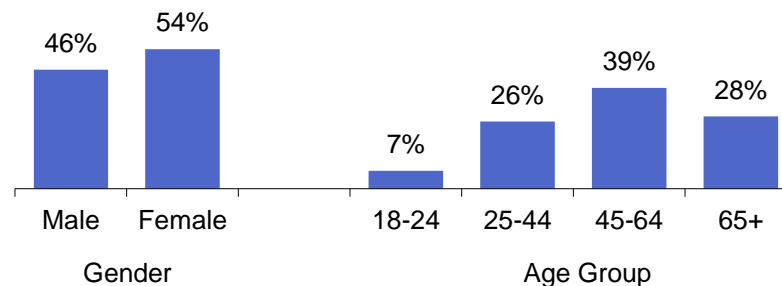
- Newport adults are statistically more likely than Vermont adults overall to have a high school or less degree (56% vs. 38%) and less likely to have a college degree or higher (18% vs. 32%).

A third of Newport adults live in a home making less than \$25,000 annually.

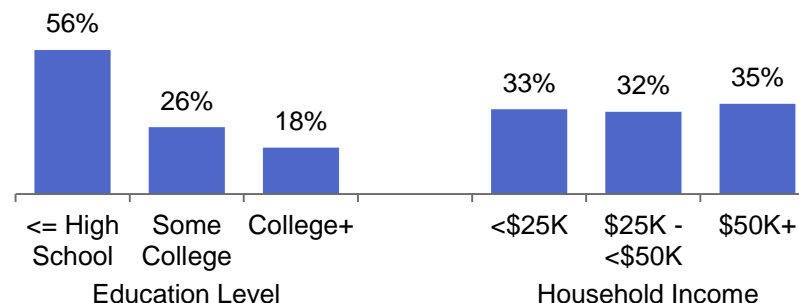
- Newport adults are statistically more likely than Vermont adults overall to live in homes making less than \$25,000 per year (33% vs. 25%) and homes making \$25,000-\$49,999 per year (32% vs 25%).
- They are statistically less likely to live in homes making \$50,000 or more annually (35% vs. 50%).

Four percent of Newport area adults report being a person of color, statistically similar to the six percent among all Vermont adults.

Newport Residents by Gender and Age



Newport Residents by Education & Income Level



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

Demographics of Newport District Office

More than half (56%) of Newport adults are currently employed and about a quarter (23%) are retired. Less than one in ten are a student or homemaker (8%), unable to work (8%) or unemployed (5%).

- Newport adults are statistically less likely to be employed (56% vs. 62%) than Vermont adults.
- Conversely, Newport residents are more likely to be retired (23% vs. 19%) compared to Vermont adults overall.

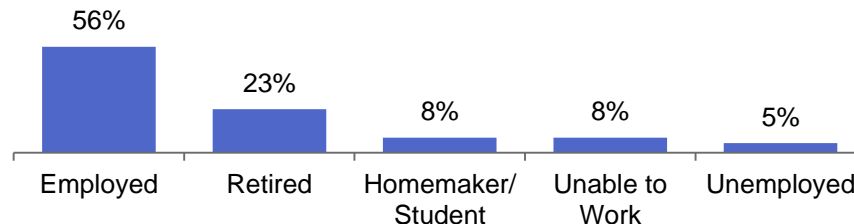
More than half (54%) of Newport adults are married. Less than two in ten (16%) have never married or are divorced. Fewer than one in ten are widowed (9%) or part of an unmarried couple (5%).

- Adults in the Newport area are statistically less likely to have never married compared with Vermont adults (16% vs. 22%).

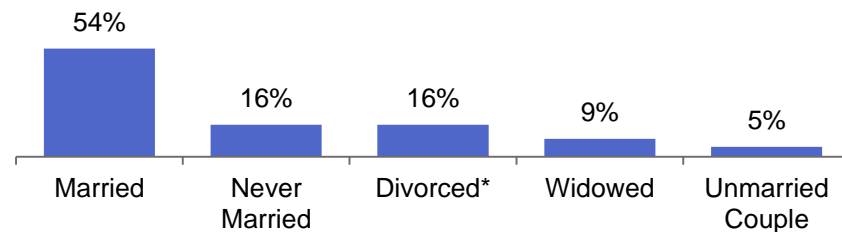
Seven in ten adults in Newport said there are no children less than 18 in their home. Five percent have three or more children.

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

Newport Residents by Employment Status

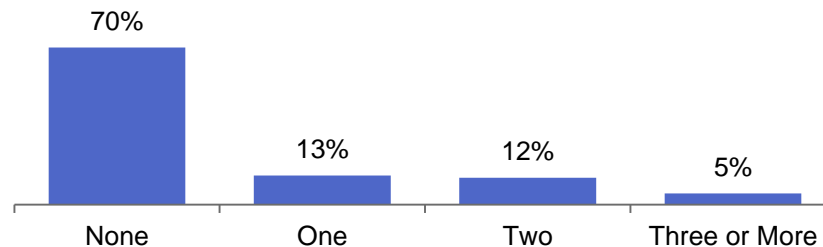


Newport Residents by Marital Status



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

Newport Residents by Children in Household



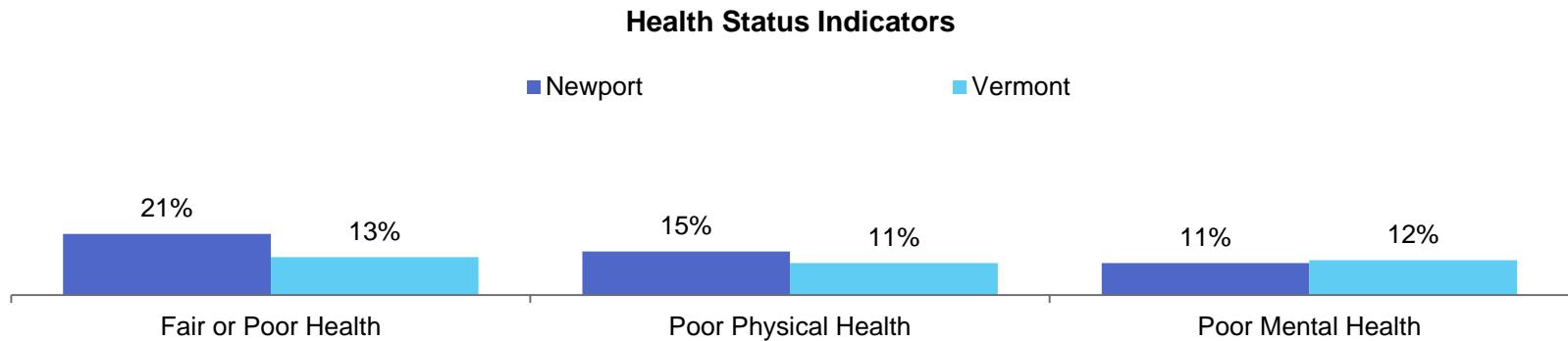
Health Status Indicators

In 2015-2016, two in ten (21%) Newport area adults reported poor or fair general health. This is statistically higher than the 13% reported from Vermont adults overall.

Fifteen percent of Newport area adults have poor physical health, while 11% have poor mental health. The proportion of Newport area adults with poor physical health is statistically higher than among Vermont adults (15% vs. 11%), whereas the proportion with poor mental health is similar for Newport and Vermont adults.

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

Health status indicators among Newport area adults, have not changed statistically since 2011. See Appendix A for results over time.



Health Status Indicators

There are no statistical differences by gender, among Newport area adults, in the rates of fair or poor general health, poor physical health, or poor mental health.

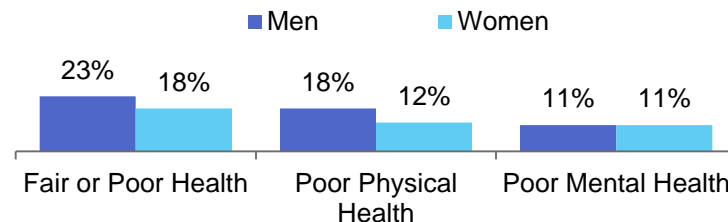
Among Newport area adults, fair or poor general health increases as age increases. Poor physical health is also more likely among older adults, while reported poor mental health is more likely among younger adults.

- Area adults 45-64 are statistically more likely than those 18-44 to have poor physical health.
- Differences in fair or poor general health and poor mental health are not statistically significant.

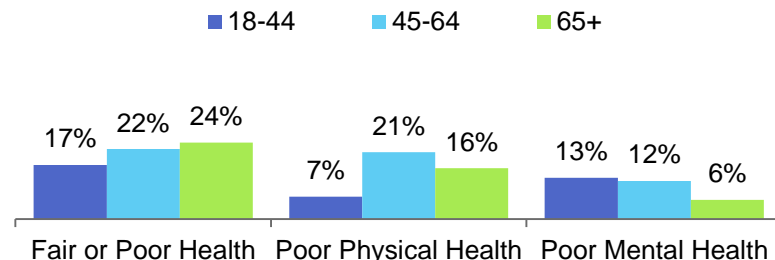
Poor health measures are highest among adults with the lowest annual household incomes.

- Newport area adults in homes making less than \$25,000 annually are statistically more likely than those with more income to report having fair or poor general health.
- Adults in homes that make less than \$25,000 are also statistically more likely to report poor physical health than those in homes making at least \$50,000.

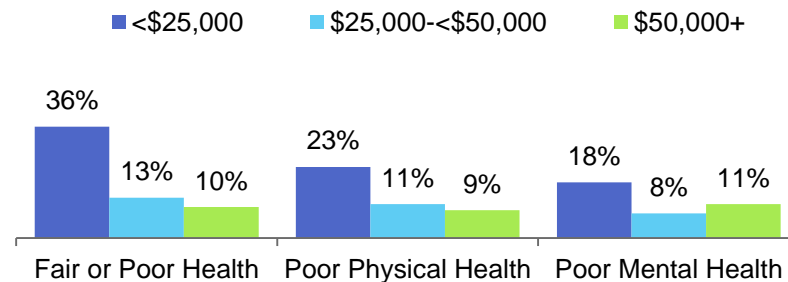
**Health Status Indicators by Gender
Newport Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

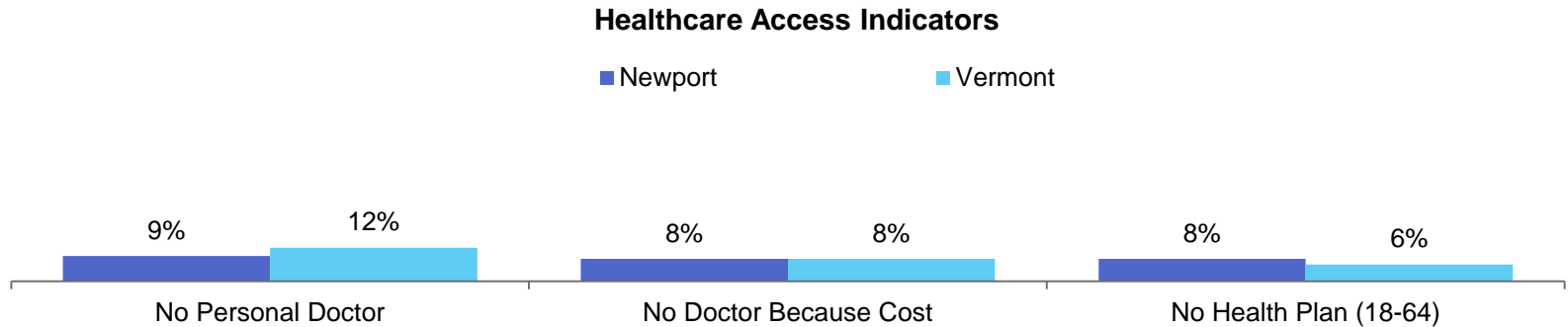


Healthcare Access Indicators

In 2015-2016, about one in ten adults in the Newport area do not have a personal doctor for health care (9%) or that they needed care in the last year but did not seek it due to the cost (8%). Among Newport area adults ages 18-64, eight percent do not have health insurance.

Newport area adults report similar rates to Vermonters overall for each of these health access indicators.

Health access indicators, among Newport area adults have not changed statistically since 2011. See Appendix A for results over time.



Healthcare Access Indicators

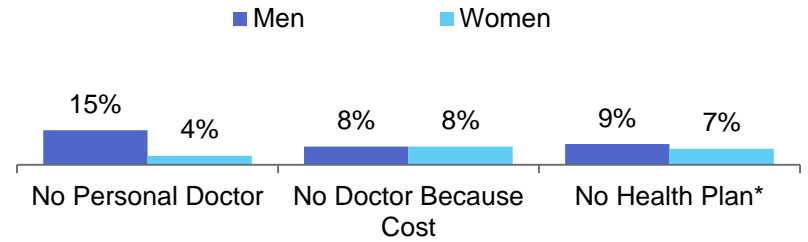
Male adults in the Newport area are statistically more likely than females to not have a personal doctor.

- Delaying care due to cost and not having a health plan, among adults 65 and older, are similar by gender.

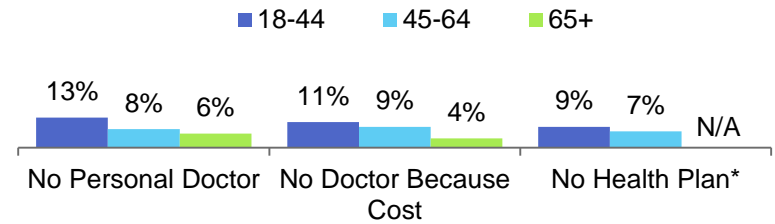
Poor healthcare access decreases with increasing age among Newport area adults, however differences are not statistically significant.

While poor healthcare access is higher among adults with lower household incomes, differences are not statistically significant.

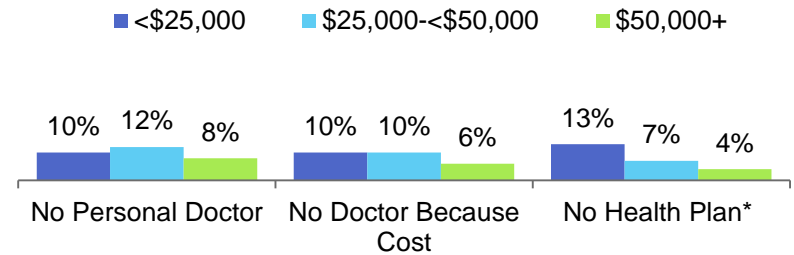
**Healthcare Access Indicators by Gender
Newport Adults**



Healthcare Access Indicators by Age



**Healthcare Access Indicators
by Income Level**



*Limited to adults 18-64.

Chronic Conditions

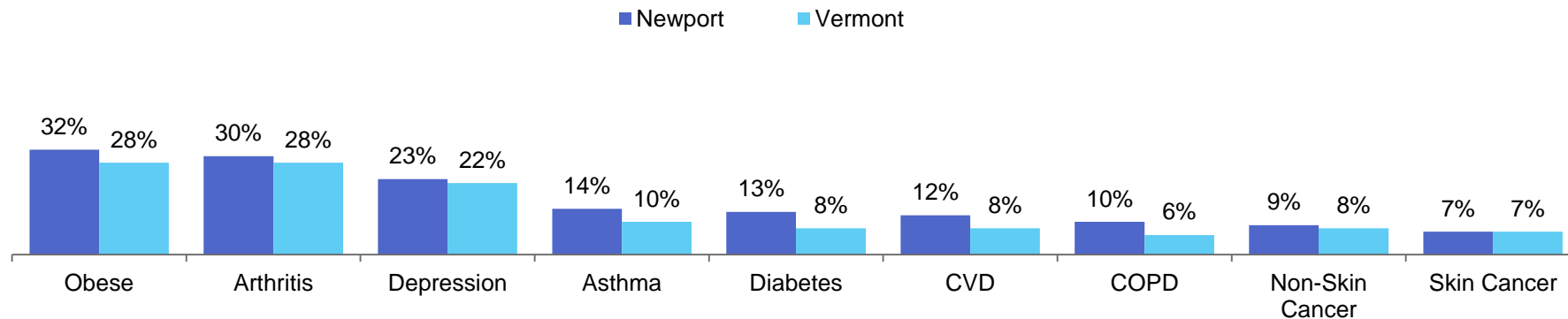
Newport area adults have statistically higher rates of cardiovascular disease (CVD), diabetes, and chronic obstructive pulmonary disease (COPD) when compared with Vermont adults.

- Thirteen percent of adults in the Newport area have diabetes, compared with less than one in ten (8%) among Vermont adults overall.
- About one in eight (12%) Newport adults have CVD, compared with 8% among Vermont adults overall.
- One in ten adults living in the Newport area have COPD, compared with 6% among Vermont adults overall.

Newport area and Vermont adults reported similar rates of the following chronic conditions: obesity, depression, asthma, diabetes, non-skin cancer, and skin cancer.

Among adults in the Newport area, the prevalence of chronic conditions have not changed statistically since 2011. See Appendix A for results over time.

Prevalence of Selected Chronic Conditions



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

Chronic Conditions

Newport area women are statistically more likely than men to have a depressive disorder (28% vs. 16%).

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

Among Newport area adults, arthritis prevalence increases as age increases.

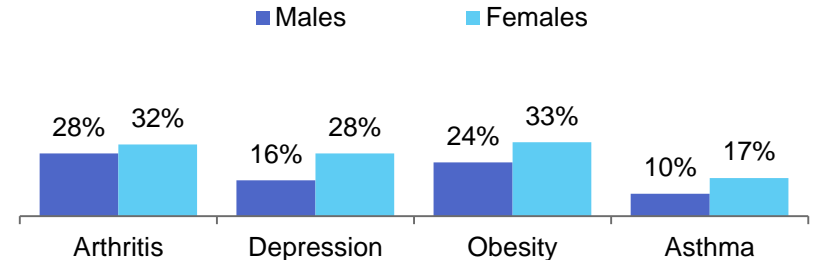
- Adults ages 45 and older have a statistically higher prevalence of arthritis than adults 18-44.

There are no statistical differences by age for rates of depression, obesity, and asthma.

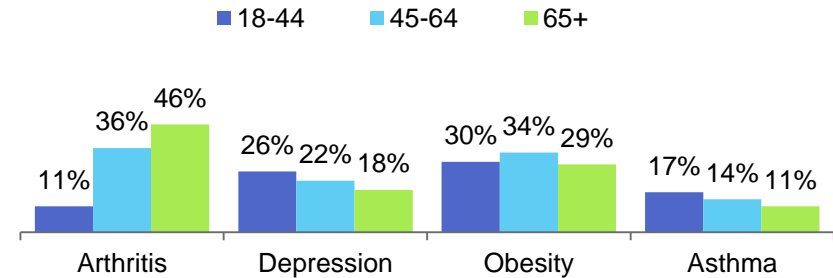
Newport adults living in homes with low incomes are more likely than those in homes with more income to have arthritis, depressive disorders, be obese, or have asthma.

- Newport area adults in homes making less than \$25,000 per year are statistically more likely than those in homes making \$50,000 or more per year to have arthritis and asthma.
- Adults in homes making less than \$25,000 per year are statistically more likely than those in homes with more income to have depression.
- Those in homes making less than \$25,000 are statistically more likely to be obese, than those in homes with an income of \$25,000-\$49,999.

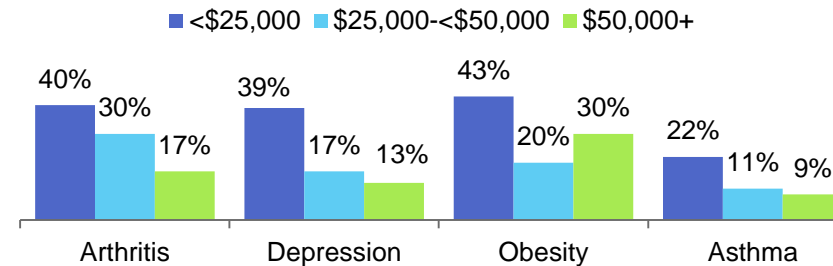
**Chronic Conditions by Gender
Newport Adults**



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 CVD, diabetes, and COPD.

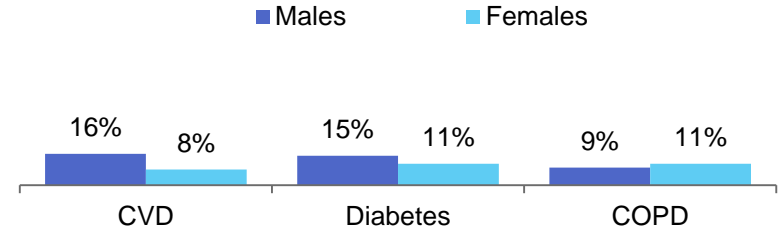
Among Newport area adults, the prevalence of CVD, diabetes and COPD are higher among older adults.

- Adults 65 and older are statistically more likely to report having CVD than younger adults.
- Prevalence of diabetes and COPD do not vary statistically by age.

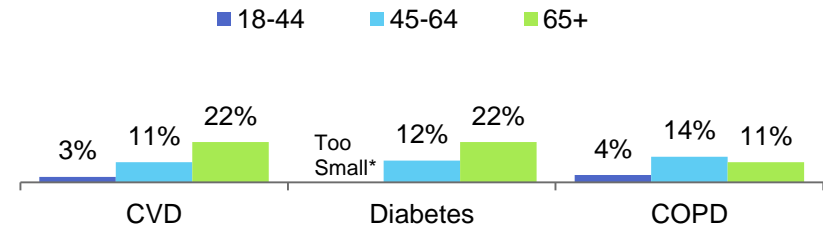
The prevalence of CVD, Diabetes, and COPD decrease as annual household income increases.

- Adults in homes making less than \$25,000 per year are statistically more likely to have diabetes and COPD compared to those living in homes making at least \$50,000.
- There are no statistically significant differences in the prevalence of CVD by income level.

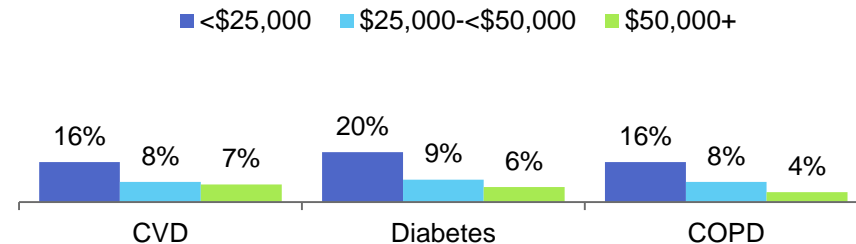
**Chronic Conditions by Gender
Newport Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Chronic Conditions

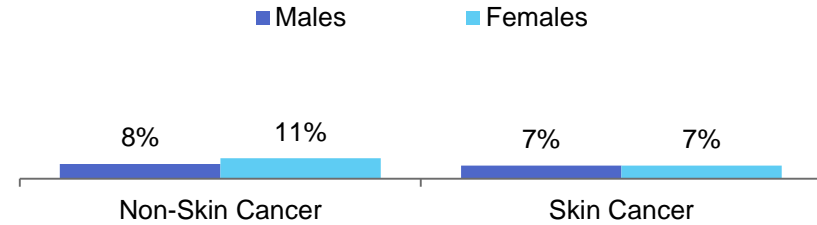
There are no statistical differences in the prevalence of non-skin cancers or skin cancer by gender, among Newport adults.

The prevalence of both skin and non-skin cancers in Newport area adults is higher among older age groups.

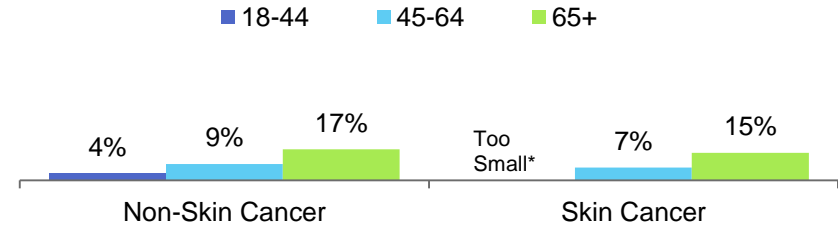
- Adults 65 and older are statistically more likely to have been diagnosed with non-skin cancer, compared to adults 18-44.
- Differences in skin cancer prevalence by age are not statistically significant.

There are no statistical differences in the prevalence of skin and non-skin cancers by annual household income levels.

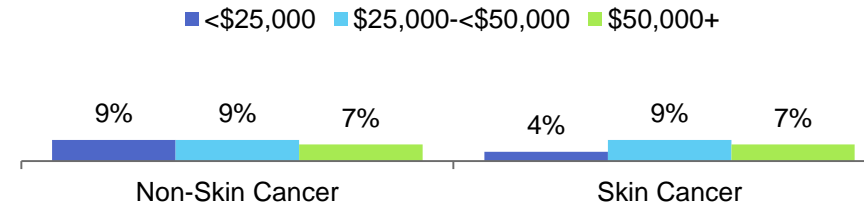
**Chronic Conditions by Gender
Newport Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Risk Behaviors

Nearly three in ten (28%) of adults in the Newport area currently smoke cigarettes, statistically higher than the 18% reported by Vermont adults.

- Among Newport area smokers, 57% tried to quit smoking at least once during the previous year, which is also similar to the 59% among Vermont smokers (data not shown).

A quarter of Newport area adults did not participate in any leisure time physical activity during the past month. This is higher than, but statistically similar to the 18% among Vermont adults overall.

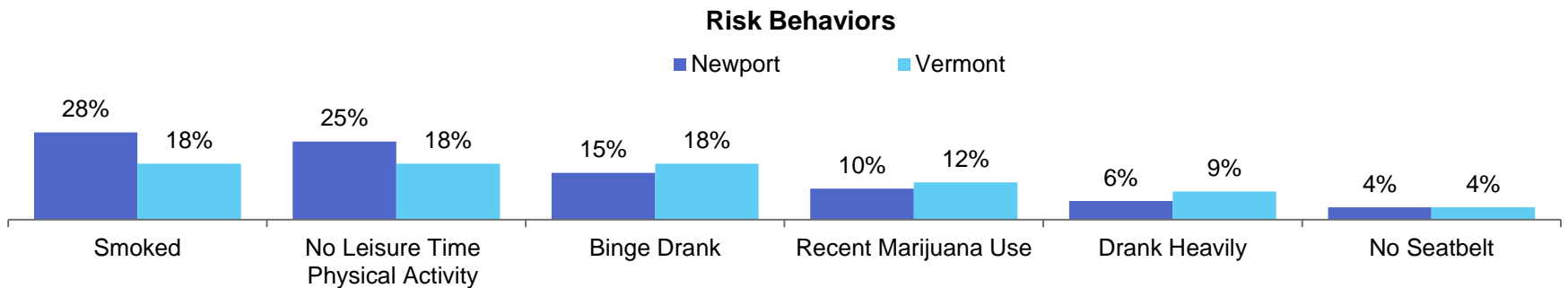
Fifteen percent of Newport adults binge drank during the previous month, while less, six percent drank heavily.

- 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.

One in ten used marijuana in the last month, while four percent seldom or never wore a seatbelt.

Other than smoking, rates of all other risk behaviors are similar for Newport area and Vermont adults overall.

Additionally, prevalence of risk behaviors among Newport area adults have not changed statistically from 2011-2012 to 2015-2016. See Appendix A for results over time.



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

Risk Behaviors

Men and women in the Newport area smoke and do not participate in leisure time physical activity at similar rates.

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

- Adults 18-64 are statistically more likely than those 65 and older to smoke.

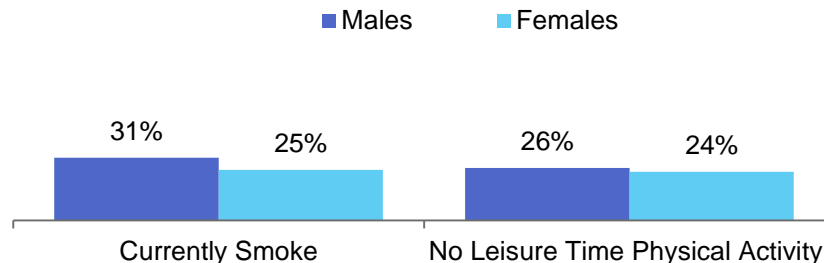
There are no statistical differences by age in rates of not participating in physical activity.

Newport area adults in homes with more income are less likely to currently smoke.

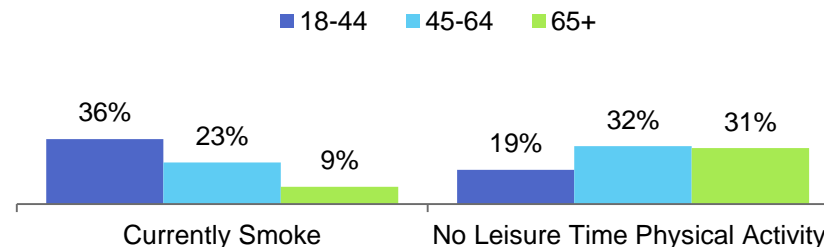
- Adults in homes making \$50,000 or more per year are statistically less likely to smoke compared to those in homes making less than \$25,000.

There are no statistical differences by annual household income level by not participating in physical activity among Newport area adults.

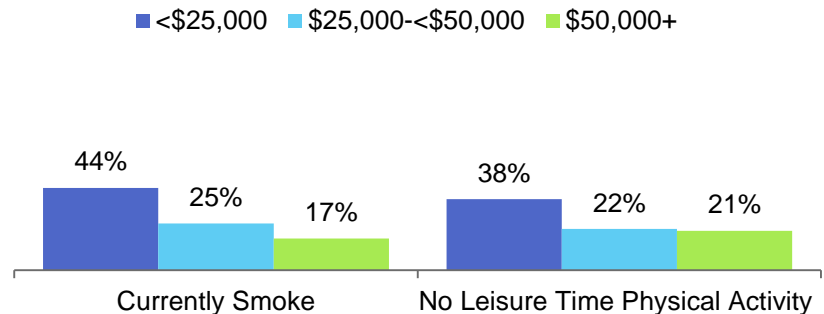
**Risk Behaviors by Gender
Newport Adults**



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

Though the prevalence of binge drinking, heavy drinking, and recent marijuana use among Newport area adults is higher among males than females, differences are not statistically significant.

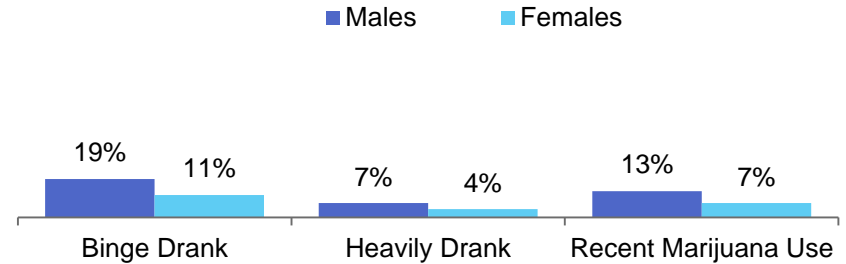
Binge drinking and marijuana use decrease with increasing age.

- Newport area adults ages 45 and older are statistically less likely than those 18-44 to report binge drinking and marijuana use in the last month.

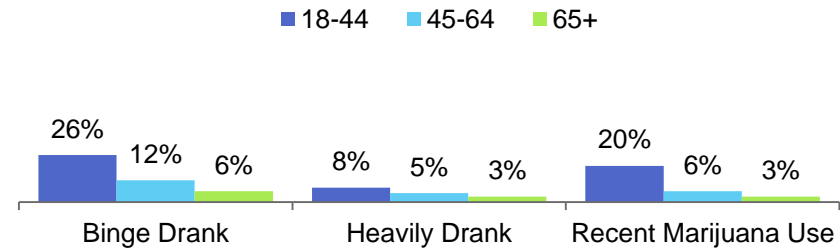
Heavy drinking does not differ statistically by age.

There are no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level, among Newport area adults.

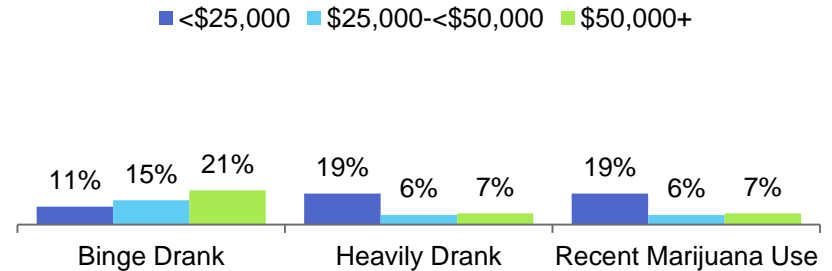
**Risk Behaviors by Gender
Newport Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



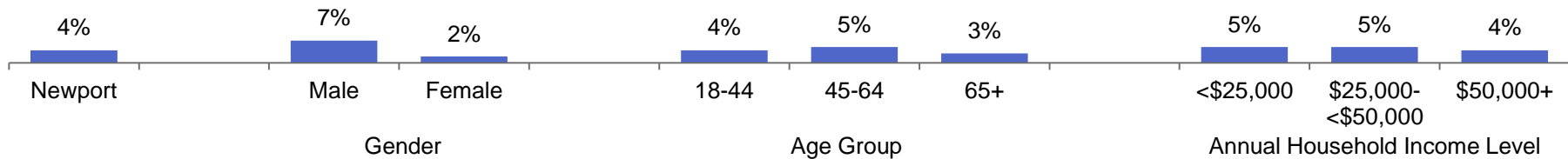
*Sample size is too small to report.

Risk Behaviors

Overall, four percent of adults in the Newport area seldom or never wear a seatbelt when riding or driving a car. This is statistically similar to the four percent of Vermont adults who reported the same.

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

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



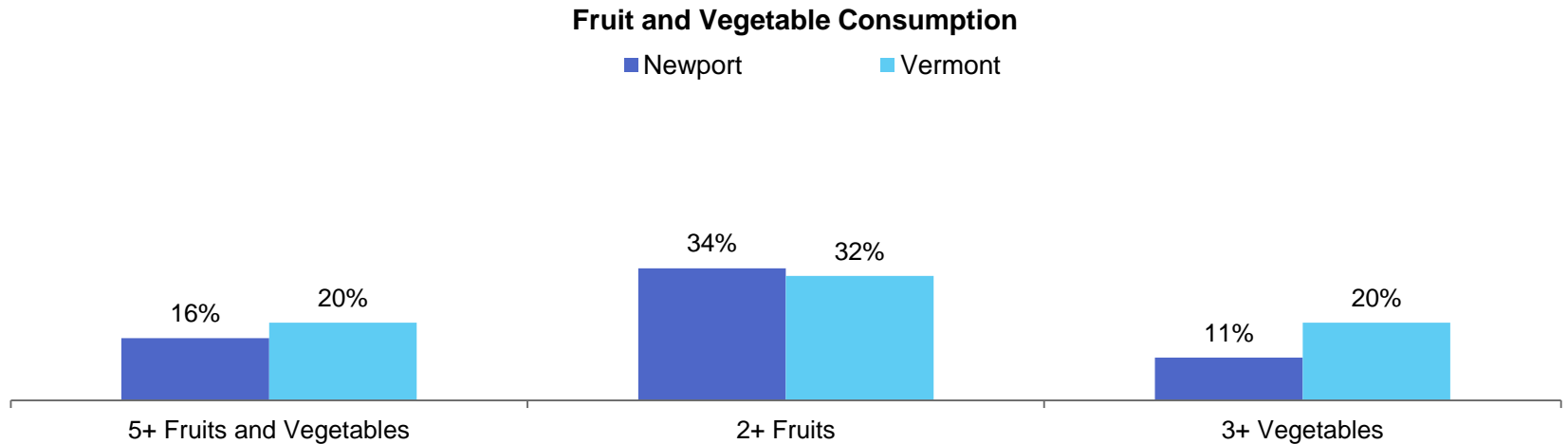
Preventive Behaviors

In 2013/2015, about one in six (16%) Newport area adults ate fruits and vegetables five or more times per day. A third (34) ate two or more fruits while only 11% reported eating three or more vegetables.

Newport area adults ate vegetables at least three times daily at a statistically lower rate than Vermont adults overall (11% vs. 20%).

- Newport area adult consumption of five or more fruits and vegetables and two or more fruits is statistically similar to that among Vermont adults.

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

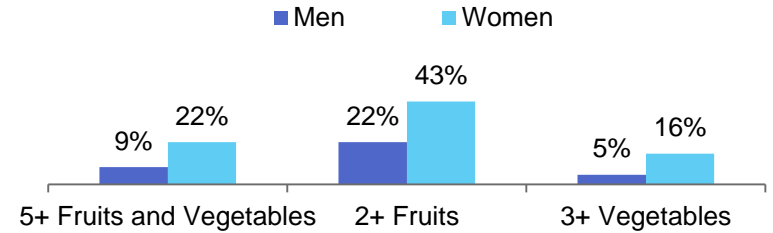


Preventive Behaviors

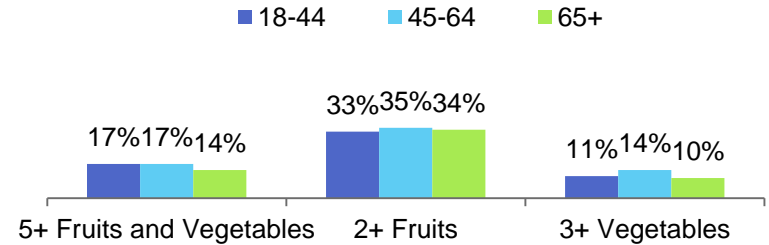
Women in the Newport area are statistically more likely than men to eat fruits and vegetables, regardless of the measure.

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

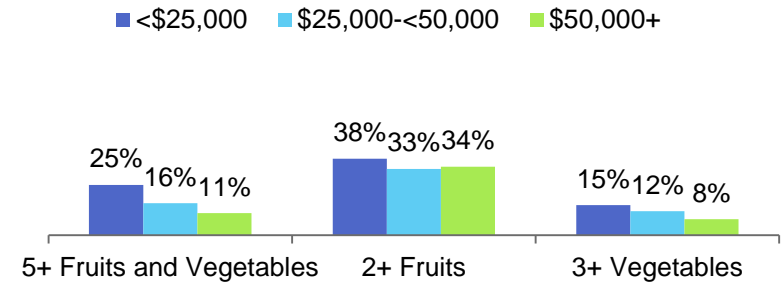
**Preventive Behaviors by Gender
Newport Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



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

Preventive Behaviors

In 2013/2015, more than half (56%) of Newport area adults met physical activity recommendations*. This is similar to the 59% among Vermont adults overall.

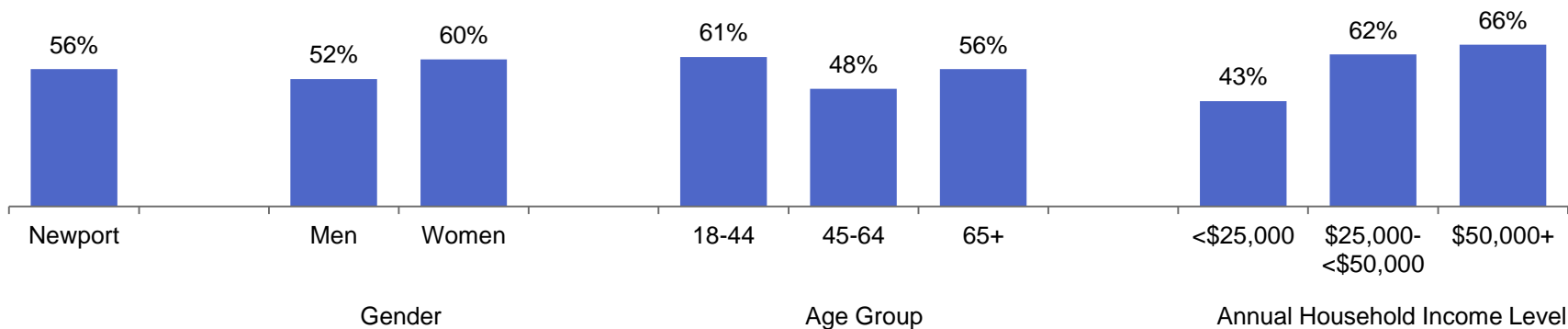
There also are no significant differences in meeting physical activity recommendations by gender or age.

Meeting physical activity recommendations, among Newport area adults, is higher among those in homes with higher annual household incomes.

- Adults in homes making at least \$50,000 per year are statistically more likely than those in homes making less than \$25,000 per year.

Meeting physical activity recommendations did not change statistically from 2011/2013 to 2013/2015. See Appendix A for results over time.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Newport 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.

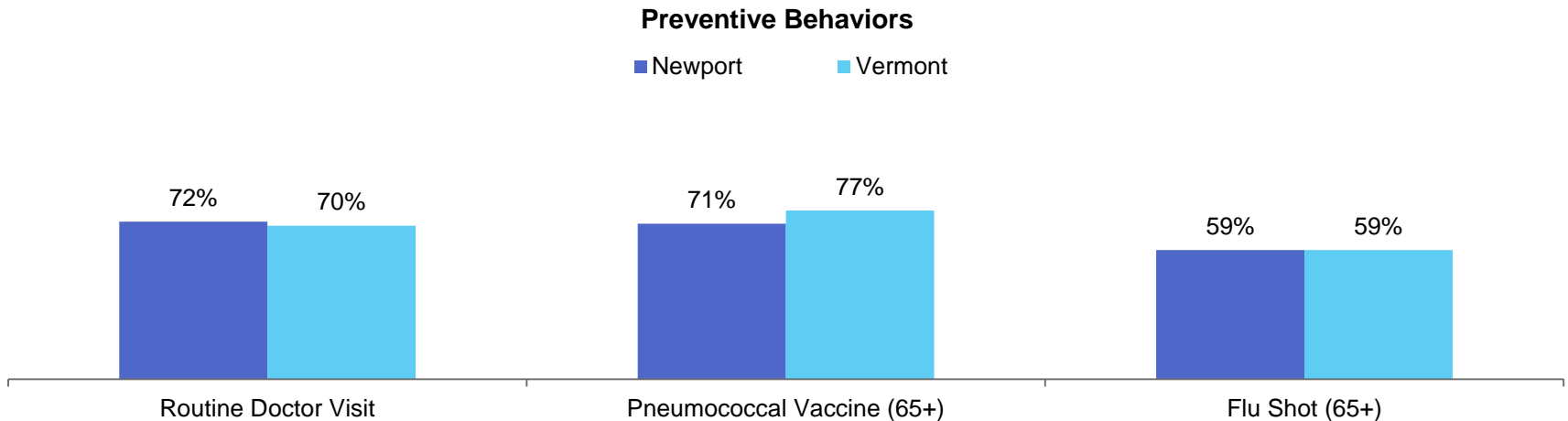
Preventive Behaviors

Over seven in ten adults (72%) in the Newport area saw their doctor for a routine visit in the previous year. This is similar to the 70% reported among all Vermont adults.

Seventy-one percent of Newport area adults ages 65 and older have ever gotten a pneumococcal vaccine. Six in ten (59%) got a flu shot in the last year.

- Newport area adults, ages 65 and older, got to Vermont adults, 77% and 59%, respectively.

Routine doctor visits and receipt of vaccinations among Newport 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 Newport area adults.

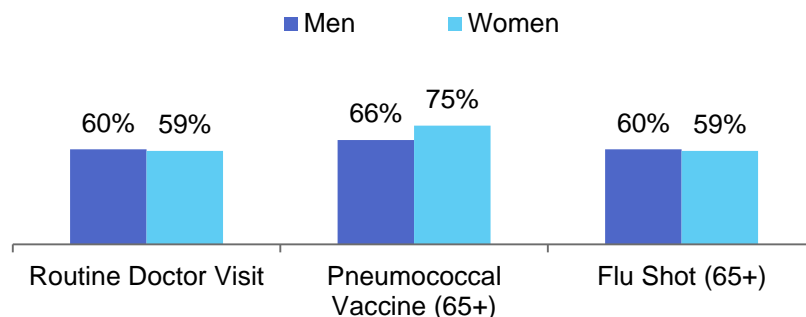
Routine visits to the doctor in the last year increase with age.

- Adults 45 and older are statistically more likely than those 18-44 to have had a routine doctor visit in the last year.

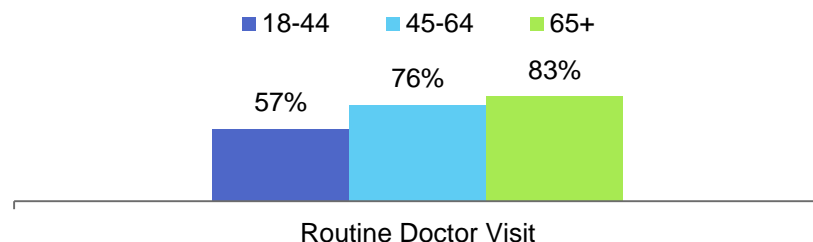
Newport area adults ages 65 and older with annual household incomes of less than \$50,000 per year are statistically more likely to have had a pneumococcal vaccine, compared with those in homes with more income.

- Reported routine dental visits and receipt of a flu shot are similar by annual household income level.

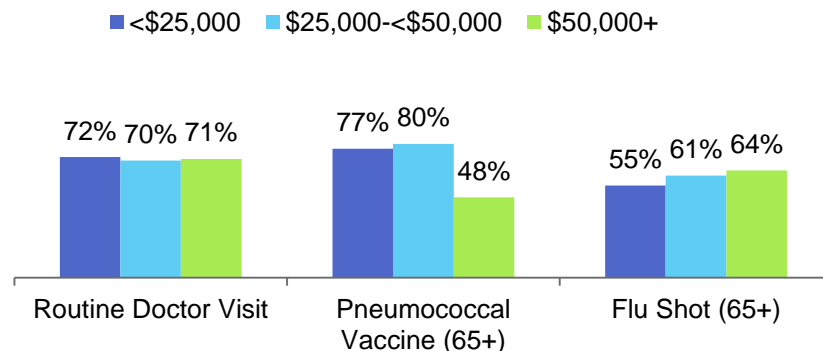
**Preventive Behaviors by Gender
Newport Adults**



Preventive Behaviors by Age



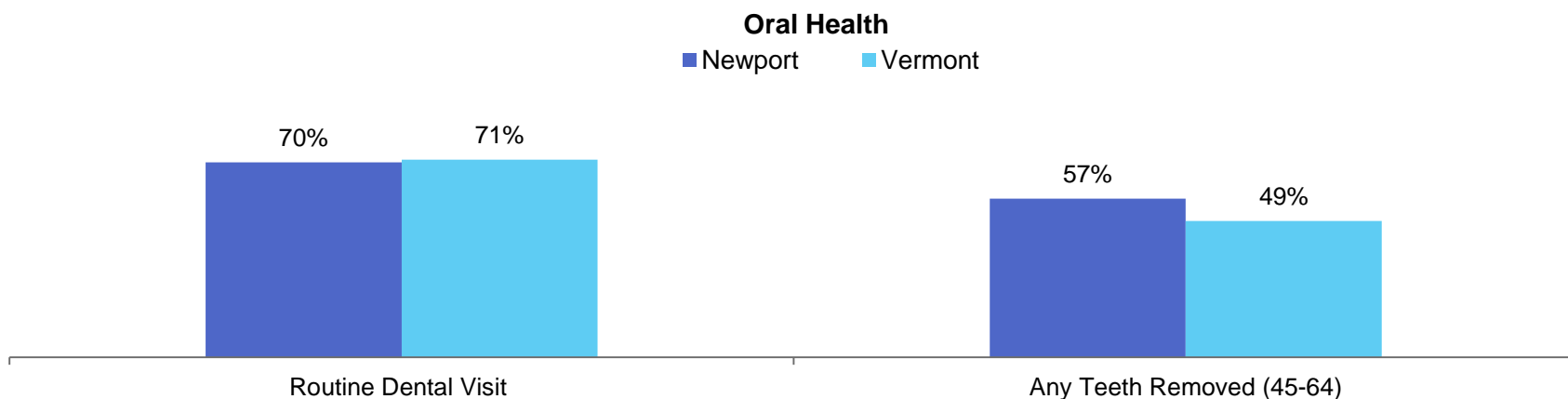
Preventive Behaviors by Income Level



Oral Health

Newport area adults routinely visit the dentist at a similar rate as Vermont adults overall (70% vs. 71%). Adults 45-64 have had at least one tooth removed at a higher, but statistically similar rate than Vermont adults of the same age (57% vs. 49%).

Reported routine dental visits and teeth extractions did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.



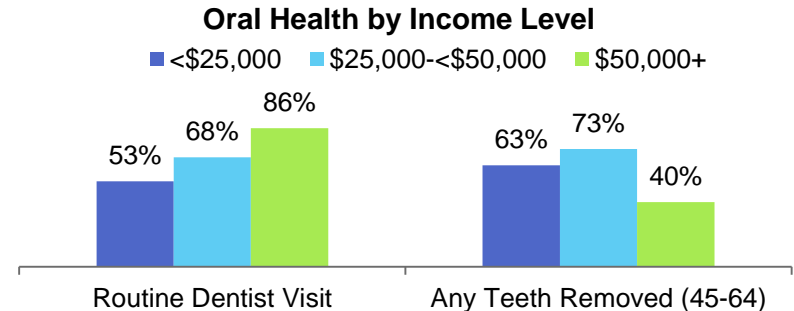
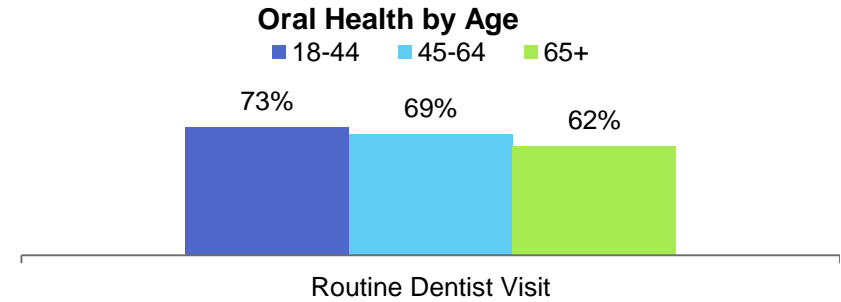
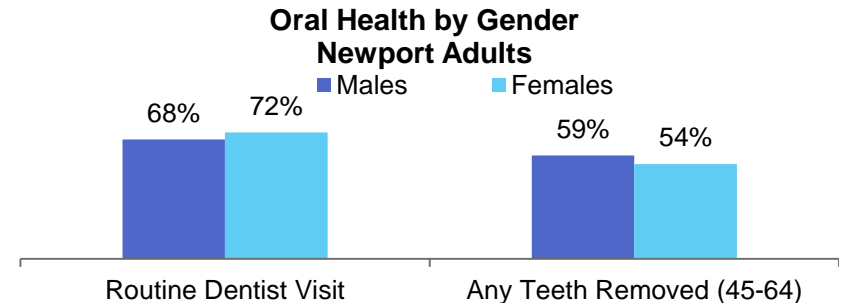
Oral Health

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

Routine dental visits do not vary statistically by age.

Newport area adults living in homes with more income are more likely to visit the dentist routinely and less likely to have had teeth removed.

- Adults in homes making \$50,000 per year are statistically more likely to visit the dentist than those in homes with less income.
- Adults 45-64 in homes making at least \$50,000 are also statistically less likely to have had teeth removed than those in homes making \$25,000 - \$49,999.



HIV Screening

In 2015-2016, three in ten Newport area adults had ever been tested for HIV. This is statistically similar to the 37% reported among Vermont adults overall.

Men and women in the Newport area experience HIV testing at statistically similar rates (26% vs. 33%).

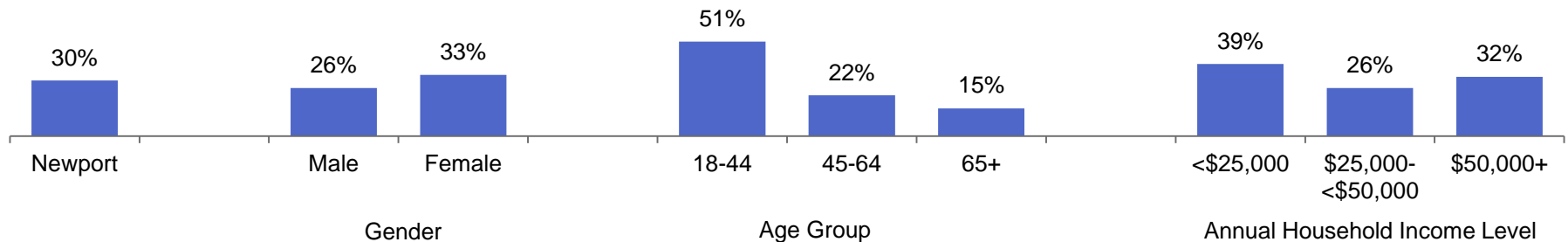
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults ages 45 and older are less likely to have been screened for HIV compared to younger age groups.

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

Among adults in the Newport area, HIV Test rates have not changed statistically since 2011. See Appendix A for results over time.

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



Cancer Screening

In 2014/2016, more than eight in ten (83%) women ages 50-74 in the Newport area met breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

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

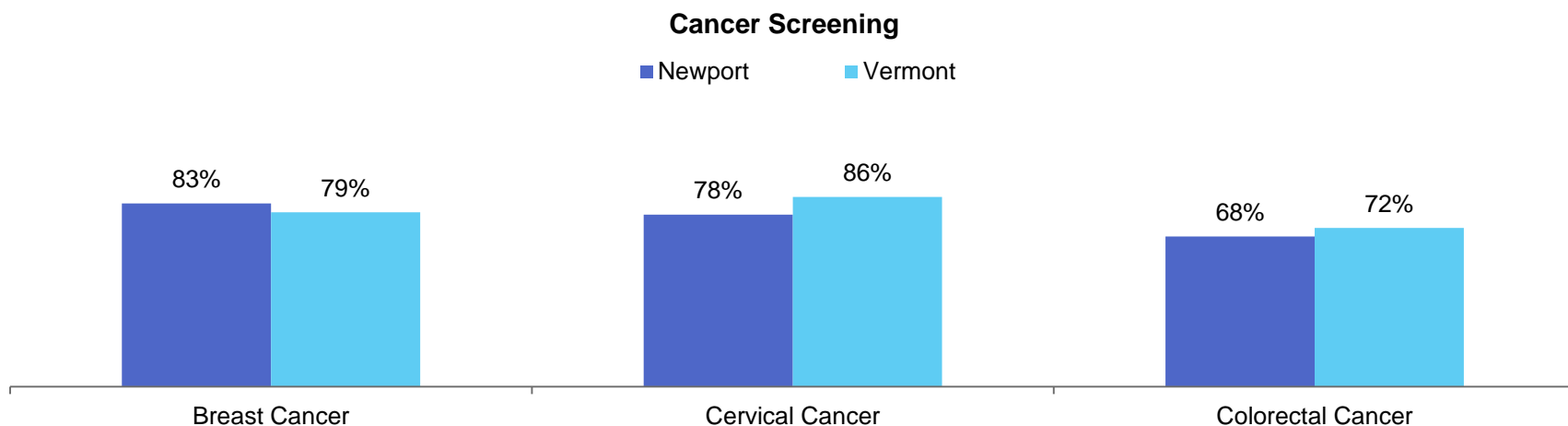
More than three-quarters (78%) of women 21-65 who live in the Newport area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- 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 Newport area, approximately two-thirds (68%) met colorectal cancer screening recommendations. This rate is statistically lower than that 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 every 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



VDH – June 2018

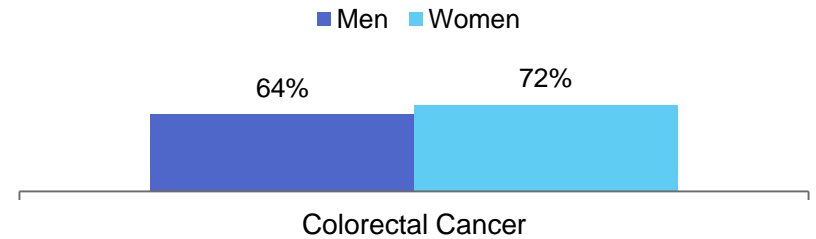
Newport District Office: BRFSS Data

Breast and Colorectal Cancer Screening - 2014, 2016; Cervical Cancer - 2012, 2014

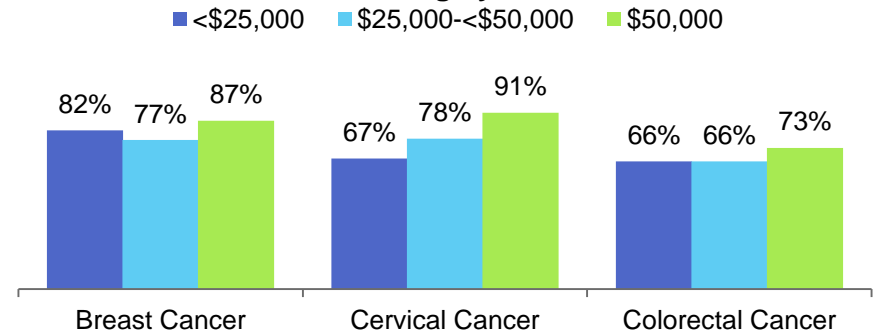
Cancer Screening

Among Newport area adults, there are no statistically significant differences in receipt of recommended colorectal cancer screening by gender or annual household income level.

Cancer Screening By Gender Morrisville Adults



Cancer Screening by Income Level



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

Health Status Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Fair or Poor General Health	20%	20%	16%	18%	21%	No
Poor Physical Health	16%	17%	13%	14%	15%	No
Poor Mental Health	14%	12%	13%	11%	11%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	14%	14%	11%	11%	9%	No
No Doctor Because of Cost	13%	10%	11%	10%	8%	No
No Health Plan (ages 18-64)	12%	16%	12%	10%	8%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	33%	37%	33%	31%	30%	No
Depression	22%	20%	21%	20%	23%	No
Obesity	32%	25%	29%	31%	32%	No
Asthma	13%	12%	11%	12%	14%	No
Diabetes	9%	9%	10%	12%	13%	No
Non-Skin Cancer	6%	9%	9%	8%	9%	No
Cardiovascular Disease (CVD)	13%	13%	12%	12%	12%	No
Skin Cancer	5%	6%	6%	7%	7%	No
Chronic Obstructive Pulmonary Disease (COPD)	10%	9%	9%	10%	10%	No

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

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	30%	25%	20%	23%	28%	No
Binge Drinking	17%	15%	16%	15%	15%	No
Heavy Drinking	6%	7%	7%	6%	6%	No
No Exercise	27%	28%	26%	27%	25%	No
Seldom or Never use Seatbelt	5%	5%	5%	4%	4%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	5%	5%	5%	10%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	71%	70%	71%	71%	72%	No
Pneumococcal Vaccine, Ever, Ages 65+	70%	66%	64%	68%	71%	No
Flu Shot in the Last Year, Ages 65+	64%	63%	62%	60%	59%	No
Ever Tested for HIV	26%	25%	23%	23%	30%	No

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

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	55%	56%	No
Eat 2+ Fruits Per Day	32%	34%	No
Eat 3+ Vegetables Per Day	12%	11%	No
Eat 5+ Fruits & Vegetables Per Day	17%	16%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	68%	70%	No
Teeth Removed , Ages 45-64	55%	51%	No
Mammogram, Last 2 Years, Women 50-74	80%	83%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	62%	68%	No
PAP Test, Last 3 Years, Women 21-65	78%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

Jessie.hammond@vermont.gov

802-863-7663

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

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

Towns in the Newport Health District are: Averill, Averys Gore, Bloomfield, Brighton, Brunswick, Canaan, Ferdinand, Lemington, Lewis, Norton, Warners Gore, Warren Gore, Albany, Barton, Brownington, Charleston, Coventry, Derby, Glover, Holland, Irasburg, Jay, Lowell, Morgan, Newport City, Newport Town, Troy, Westfield, and Westmore.