

St. Albans 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 St. Albans District Office*

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

About half of St. Albans adults are female. Two-thirds are ages 25-64, with one in five ages 65 and older.

- St. Albans adults report a similar age distribution as Vermont adults overall.

Forty-five percent of St. Albans area adults have a high school degree or less education.

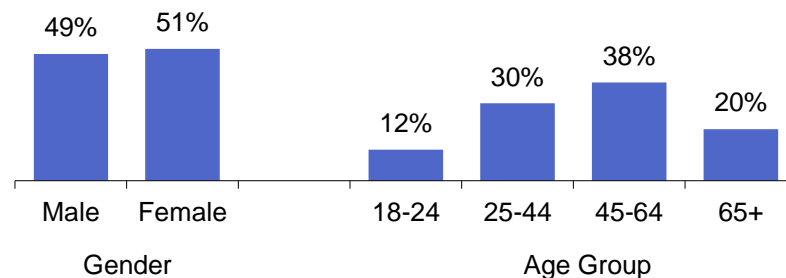
- St. Albans adults are statistically more likely than Vermont adults overall to have a high school degree or less (45% vs. 38%) and less likely to have a college education or higher (24% vs. 33%).

About half (52%) of St. Albans adults live in a home making \$50,000 or more annually, while one in five (22%) make less than \$25,000 annually.

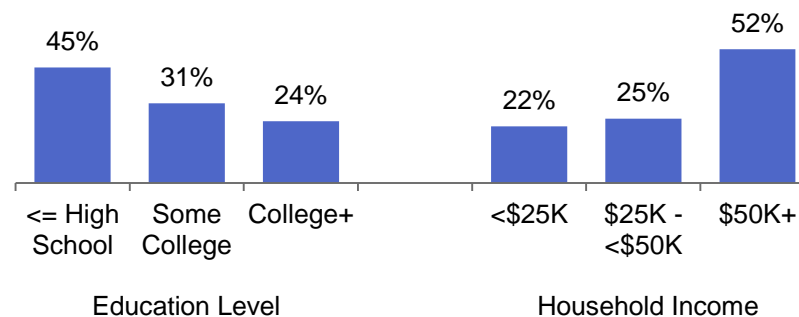
- St. Albans adults have a similar distribution by annual household income level, compared with Vermont adults overall.

Five percent of adults in the St. Albans area reported being a person of color. This is statistically similar to the six percent of Vermont adults overall.

**St. Albans Residents
by Gender and Age**



**St. Albans Residents
by Socio-Economic Status**



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

Demographics of St. Albans District Office

More than six in ten (63%) St. Albans area adults are currently employed, while nearly one in five (18%) are retired. Seven percent or fewer are a student or homemaker (7%), unable to work (7%) or unemployed (6%).

- St. Albans adults report a similar employment distribution to Vermont adults overall.

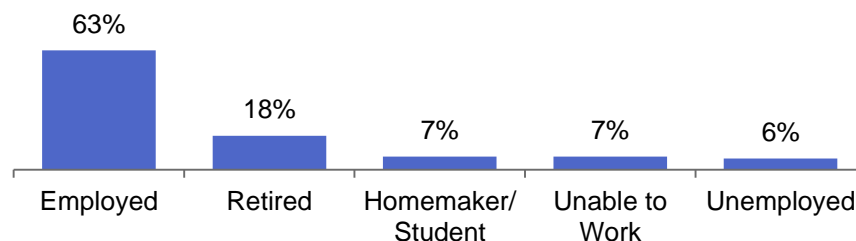
Nearly six in ten (57%) St. Albans area adults are married, while fewer than one in five (17%) have never married and fourteen percent are divorced. Seven percent or fewer each are widowed (7%) or part of an unmarried couple (5%).

- Adults in the St. Albans area have a similar distribution by marital status, compared with Vermont adults overall.

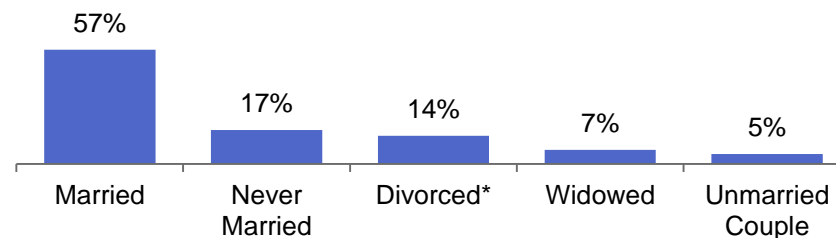
Two-thirds of adults in the St. Albans area said there are no children less than 18 in their home. Six percent reported having three or more children.

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

St. Albans Residents by Employment Status

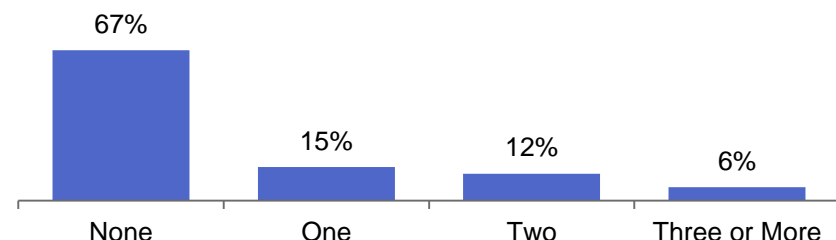


St. Albans Residents by Marital Status



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

St. Albans Residents by Children in Household



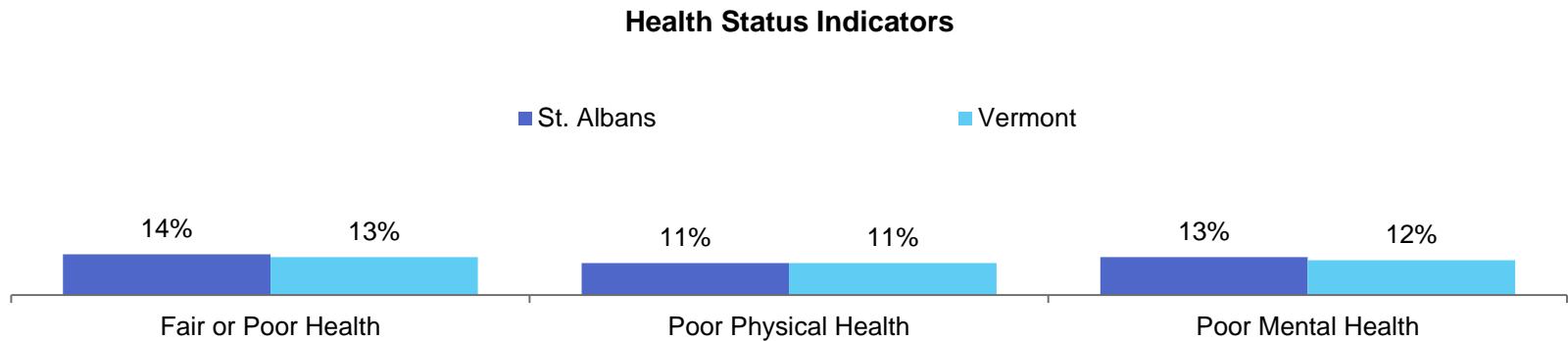
Health Status Indicators

In 2015-2016, fourteen percent St. Albans area adults reported being in fair or poor general health. Slightly less, 11% had poor physical health, while 13% reported having 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 in health status, regardless of the measure, when comparing St. Albans area adults and Vermont adults overall.

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



Health Status Indicators

There are no statistical differences by gender, for reported fair or poor general health, or poor physical and mental health.

Fair or poor general health increases with age.

- Adults 45 and older are statistically more likely than younger adults to report fair or poor general health.

While poor physical health is reported more among older adults, differences are not statistically significant.

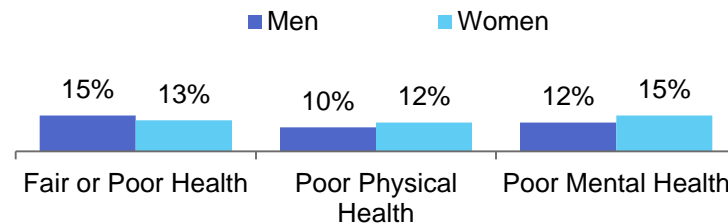
In contrast, poor mental health decreases as age increases.

- Older adults, those 65 and older, are statistically less more likely to have poor mental health compared to younger adults.

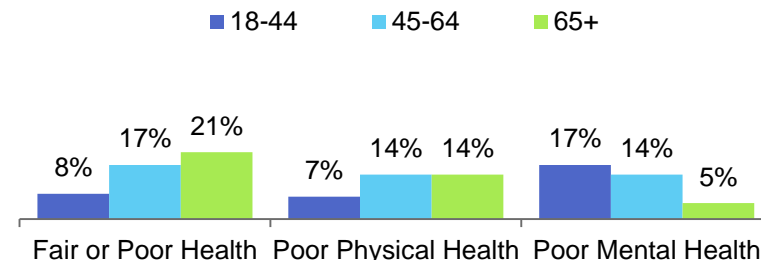
Poor health, regardless of the indicator, among St. Albans area adults is highest among those with the lowest annual household income.

- Adults in homes with an income of less than \$25,000 per year are statistically more likely than those in homes with more income to report fair or poor general health.
- Those in homes making less than \$25,000 annually are statistically more likely than those in homes making at least \$50,000 per year to report poor physical health.
- Adults in homes making less than \$50,000 per year are statistically more likely to report poor mental health than those in homes with more income.

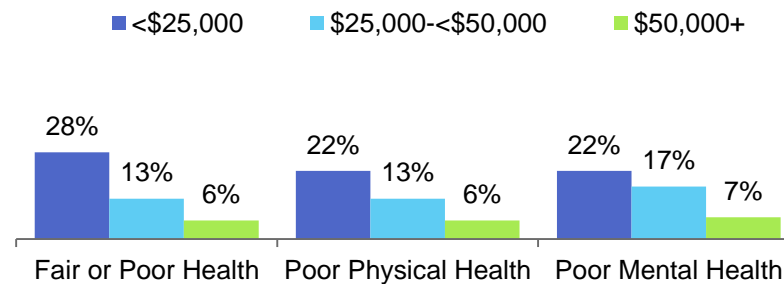
**Health Status Indicators by Gender
St. Albans Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

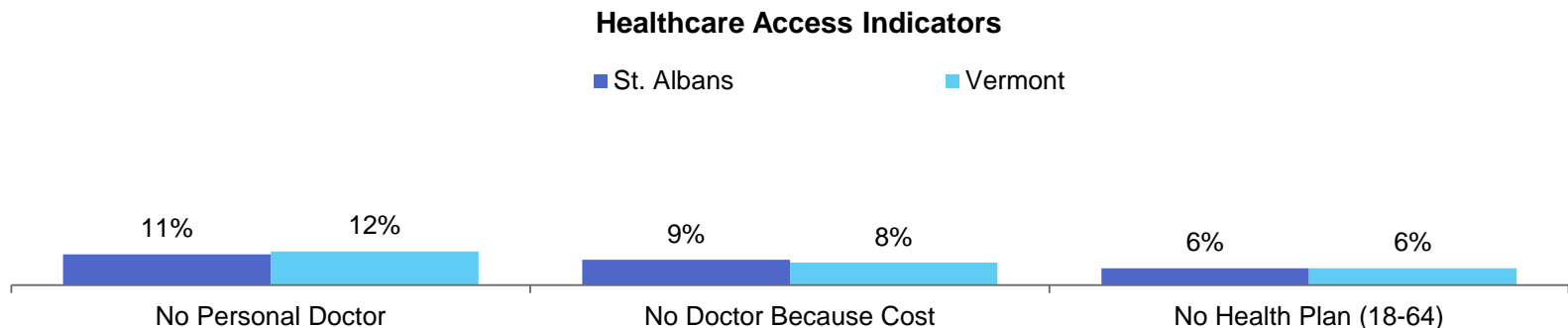


Healthcare Access Indicators

In 2015-2016, about one in nine (11%) adults in the St. Albans area said they do not have a personal doctor for health care. Fewer, nine percent, needed care in the last year but did not seek it due to the cost. Among St. Albans area adults ages 18-64, six percent did not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Albans area adults and Vermonters overall.

The proportion of St. Albans area adults 18-64 without a health plan has decreased by half since 2011-2012 (12% in 2011/2012 to 6% in 2015/2016), a statistically significant change. Other health access indicators, not having a personal doctor and delaying care due to cost, have not changed statistically since 2011. See Appendix A for results over time.



Healthcare Access Indicators

St. Albans area men are statistically more likely than women to not have a primary care physician (15% vs. 6%).

- There are no significant differences by gender in reported delays in care due to cost and not having a health plan.

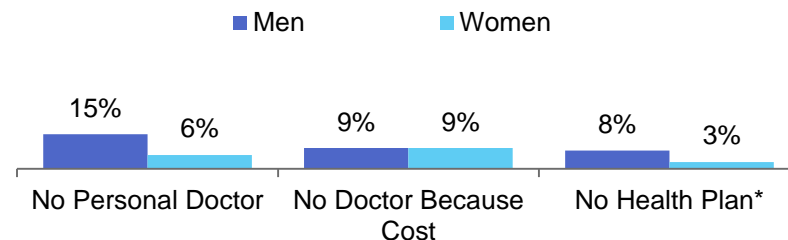
Poor healthcare access decreases with increasing age.

- All differences by age are statistically significant for not having a personal doctor.
- Adults 65 and older are statistically less likely than younger adults to have delayed care due to cost.
- There are no statistical differences in not having a health plan by age.

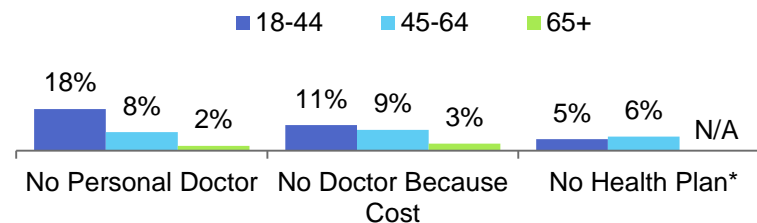
Adults in the St. Albans area with higher annual household incomes are less likely to report delaying care due to cost and not having a health plan.

- Adults living in homes with the highest incomes are statistically less likely to delay care compared with those in homes with less income.
- Similarly, adults 18-64 in homes with annual incomes of at least \$50,000 are statistically less likely than those with less income to not have a health plan.
- There are no differences in not having a personal health care provider by annual household income.

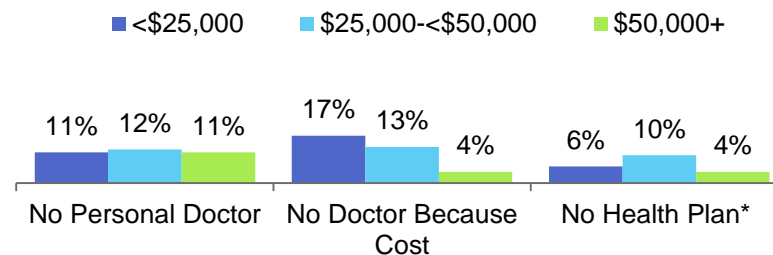
**Healthcare Access Indicators by Gender
St. Albans Adults**



Healthcare Access Indicators by Age



**Healthcare Access Indicators
by Income Level**



*Limited to adults 18-64.

Chronic Conditions

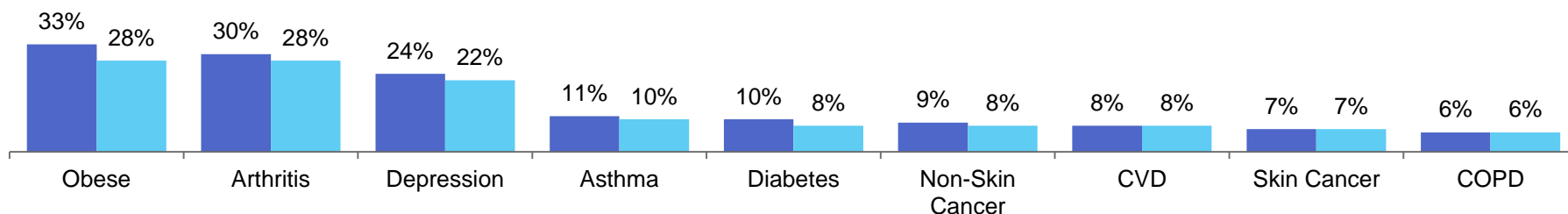
A third of St. Albans adults, are obese. Slightly fewer, three in ten have ever been diagnosed with arthritis. About a quarter have ever been diagnosed with a depressive disorder.

One in nine (11%) St. Albans adults have been diagnosed with asthma, while one in ten has diabetes. Nine percent or fewer have ever being diagnosed with a non-skin cancer, cardiovascular disease (CVD), skin cancer, or chronic obstructive pulmonary disease (COPD).

Adults in the St. Albans area are statistically more likely than Vermont adults overall to report obesity (33% vs. 28%). All other differences in chronic disease prevalence for the selected chronic conditions among St. Albans area adults and Vermont adults are not statistically significant. Additionally, the prevalence of the selected chronic conditions have not changed statistically since 2011. See Appendix A for results over time.

Prevalence of Selected Chronic Conditions

■ St. Albans ■ Vermont



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

Chronic Conditions

There are no statistical differences in the prevalence of arthritis, depression, obesity, and asthma by gender among St. Albans area adults.

Arthritis prevalence among St. Albans adults increases with increasing age.

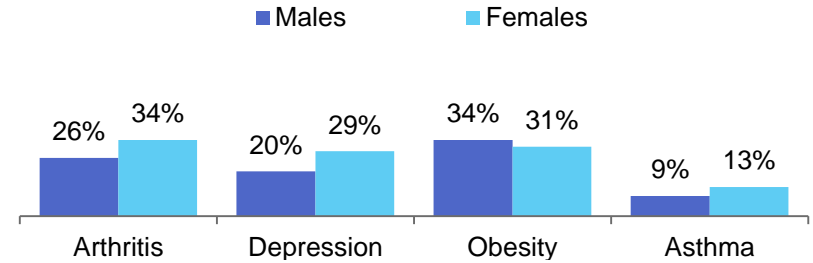
- All differences by age are statistically significant.

Adults ages 18-44 are statistically more likely than adults 65 and older to have a depressive disorder.

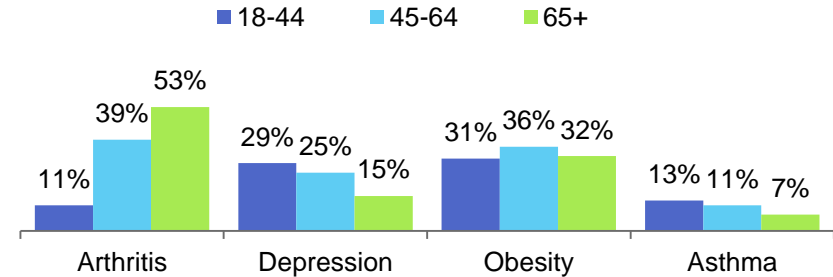
St. Albans area adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis and depression.

- St. Albans area adults in homes with an income of less than \$25,000 are statistically more likely than those with an income of at least \$50,000 annually to have arthritis.
- Adults in homes with incomes of less than \$50,000 per year are statistically more likely than those with more income to report depressive disorders.
- Adults in homes making less than \$25,000 per year are also statistically more likely than those in homes with incomes of at least \$50,000 to have asthma.
- There are no differences by annual household income level in rates of obesity or asthma.

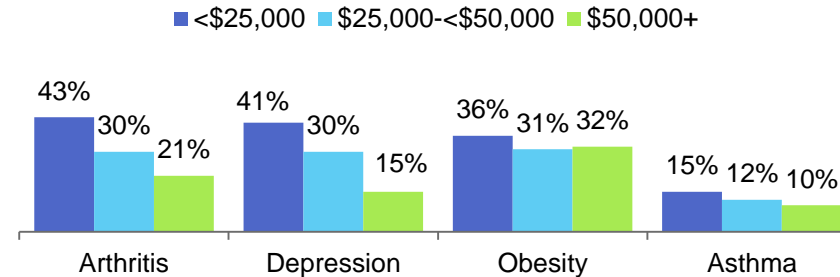
**Chronic Conditions by Gender
St. Albans Adults**



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.

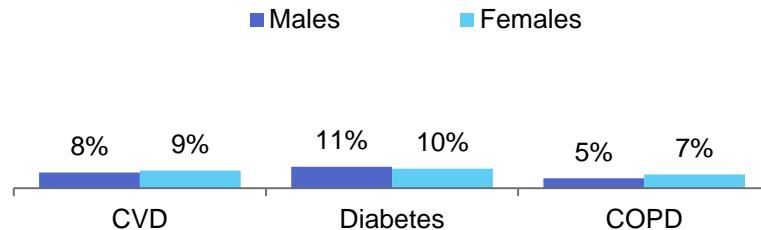
Reported CVD, diabetes and COPD among St. Albans area adults all increase as age increases.

- St. Albans adults 65 and older are statistically more likely to report CVD than younger adults.
- Adults 45 and older are statistically more likely than adults 18-44 to have been diagnosed with diabetes and COPD.

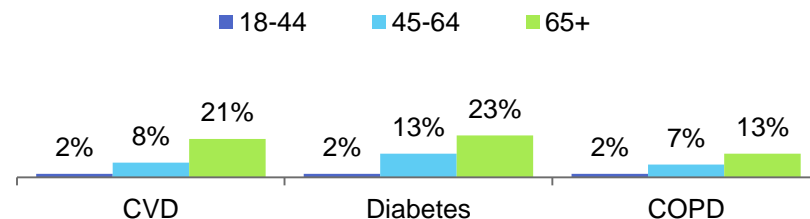
The prevalence of CVD, diabetes, and COPD all decrease as annual household income increases.

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

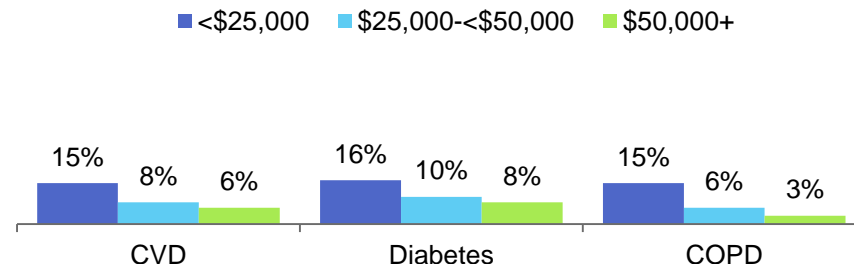
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Chronic Conditions

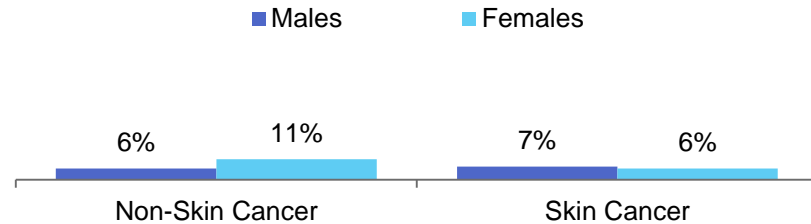
Among St. Albans adults, there are no statistical differences in the prevalence of non-skin cancer and skin cancer by gender.

Skin cancer and non-skin cancer prevalence increases with increasing age.

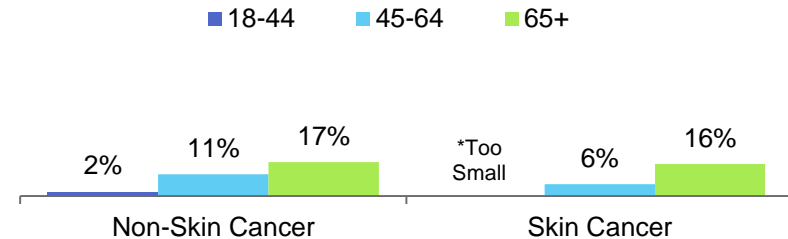
- Adults 45 and older are statistically more likely than those 18-44 to report ever having a non-skin cancer.
- Those 65 and older are statistically more likely than those 45-64 to have ever had skin cancer.

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

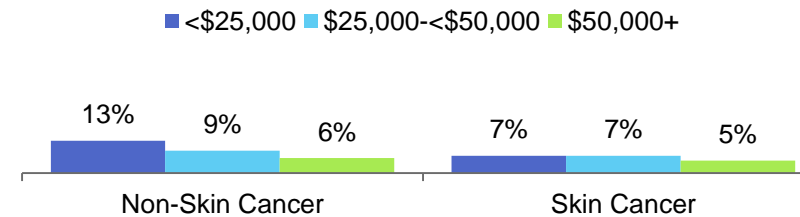
**Chronic Conditions by Gender
St. Albans Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Risk Behaviors

In 2015-2016, St. Albans area adults were statistically more likely than Vermont adults overall to not participate in any leisure time physical activity during the past month (26% vs. 18%).

About one in five (19%) St. Albans adults currently smoke, similar to the 18% among Vermont adults. Among smokers, half tried to quit in the last year (data not shown), also similar to the 59% reported among Vermont smokers.

Fifteen percent of St. Albans area adults binge drank in the last month, while half as many (8%) 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.

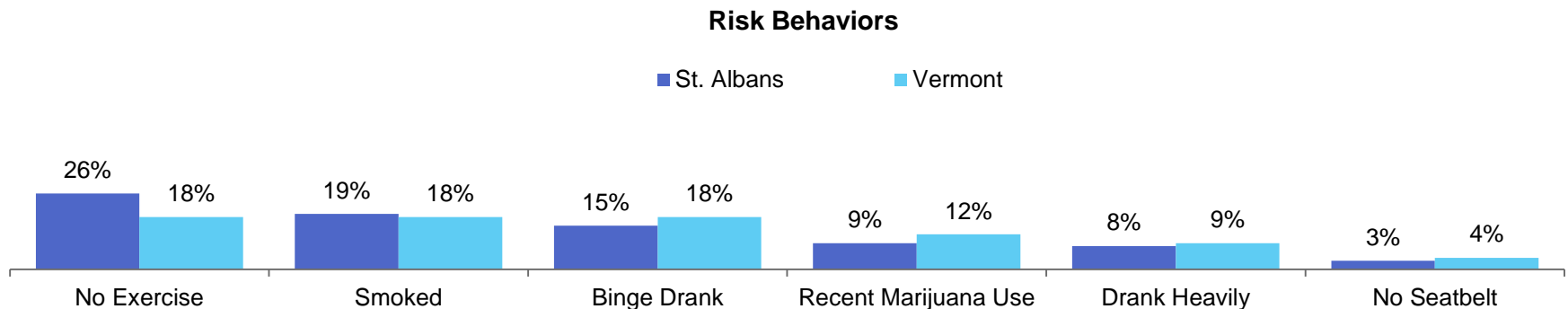
One in eleven St. Albans area adults used marijuana in the last month. Few, three percent, seldom or never wear a seatbelt.

Other than no leisure time physical activity, there are no statistical differences in risk behavior prevalence, between St. Albans area adults and Vermont adults.

Among St. Albans area adults, no leisure time physical activity is trending up, increasing consistently from 21% in 2012/2013 to 26% in 2015/2016. However, the difference in no leisure time physical activity in these two years is not statistically significant.

- Prevalence of other risk behaviors has not changed 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 differences by gender, among St. Albans area adults, in smoking and not participating in leisure time physical activity.

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

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

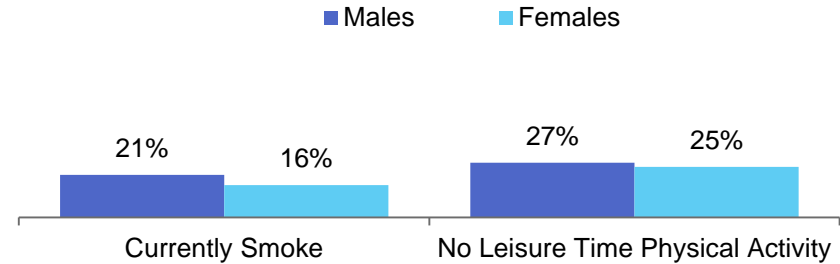
Conversely, not participating in leisure time physical activity is higher among older adults.

- St. Albans adults 65 and older are statistically more likely to not participate in physical activity compared to adults 18-64.

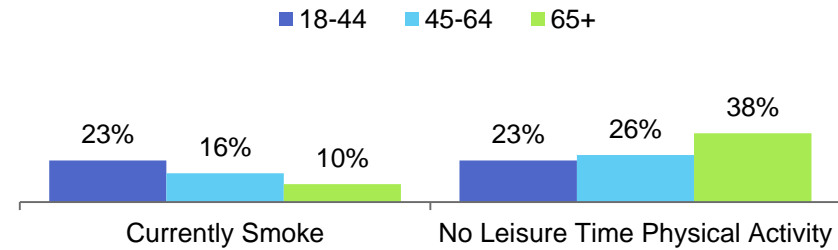
St. Albans area adults in homes with more income are less likely to currently smoke and less likely to not participate in leisure time physical activity.

- All differences in annual household income and smoking prevalence are statistically significant.
- Adults in homes that make less than \$50,000 annually are statistically more likely to not exercise compared to those in homes more household income.

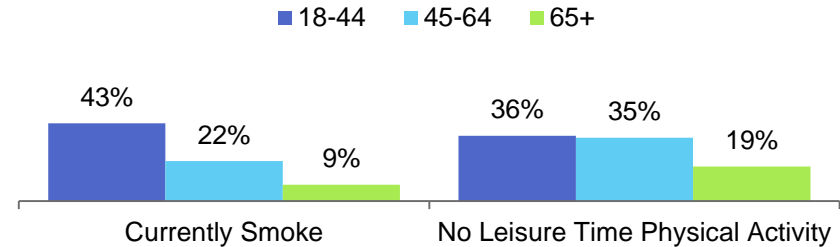
**Risk Behaviors by Gender
St. Albans Adults**



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

One in five men in the St. Albans area said they binge drank in the last month. This is statistically higher than the nine percent reported among women.

- There are no differences by gender in rates of heavy drinking.

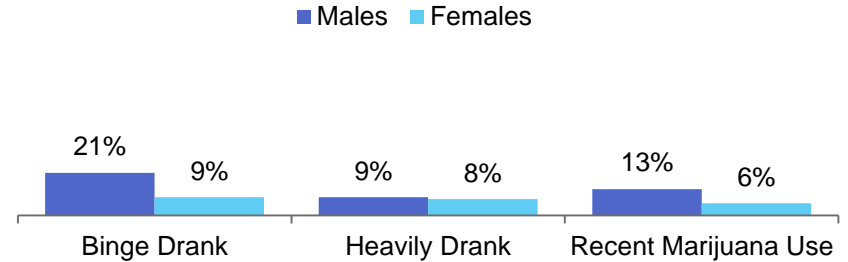
Additionally, area men are statistically more likely than women to have used marijuana recently (13% vs. 6%).

Binge drinking and recent marijuana use rates decrease with increasing age.

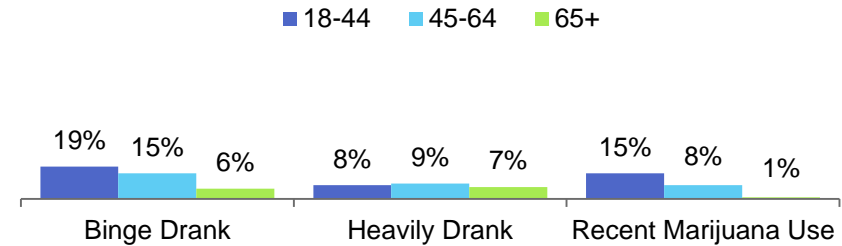
- Adults 65 and older are statistically less likely than those 18-64 to binge drink and use marijuana.
- There are no statistical differences in heavy drinking by age.

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

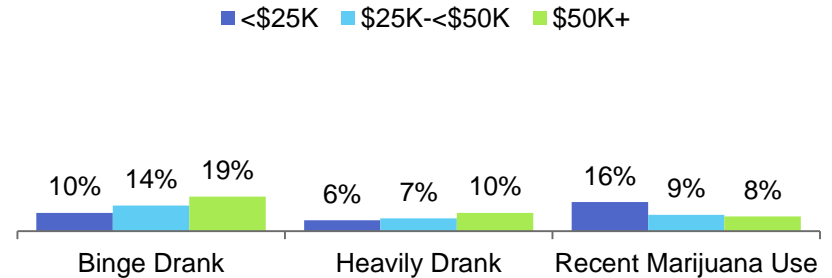
**Risk Behaviors by Gender
St. Albans Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report.

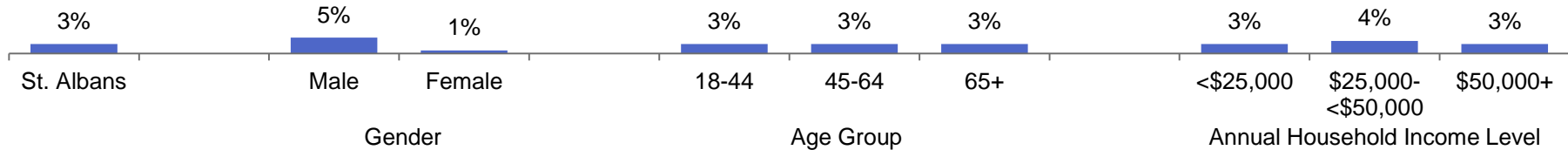
Risk Behaviors

Overall, three percent of adults in the St. Albans area seldom or never wear a seatbelt when riding or driving in a car. This is similar to the four percent reported among Vermont adults overall.

St. Albans area males are statistically more likely than females to seldom or never wear a seatbelt (5% vs. 1%).

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

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
St. Albans Adults**

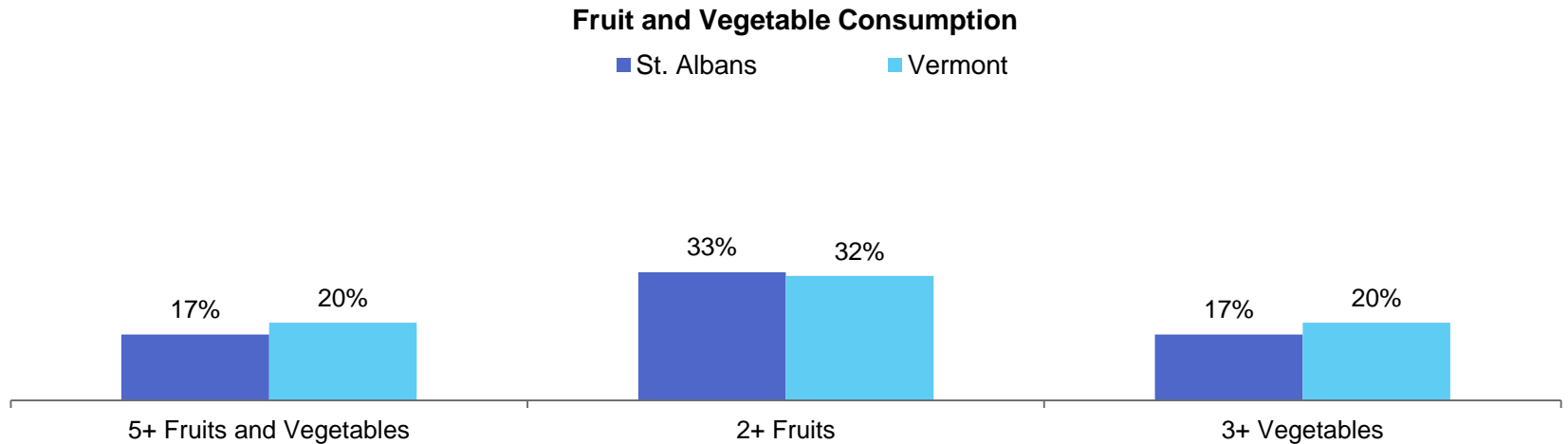


Preventive Behaviors

In 2013/2015, fewer than one in five (17%) St. Albans area adults ate fruits and vegetables five or more times per day. A third ate fruits two or more times and 17% reported eating vegetables three or more times daily.

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

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



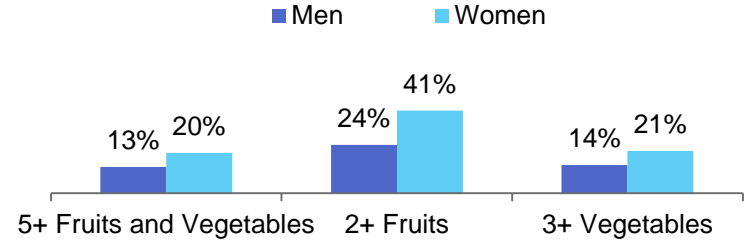
Preventive Behaviors

Women in the St. Albans area are more likely to eat fruits and vegetables than men.

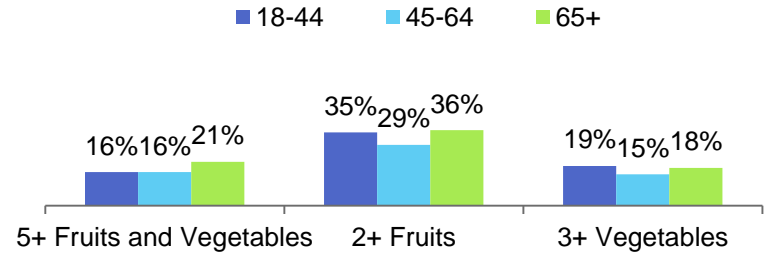
- Four in ten women ate fruits two or more times per day, a statistically higher proportion than among males (24%).
- Differences in eating fruits and vegetables at least five times and vegetables at least three times daily by gender are not statistically significant.

Among St. Albans area adults, there are no differences in fruit and vegetable consumption by age or annual household income.

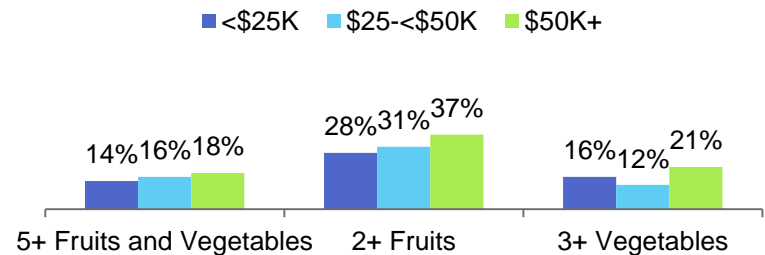
**Preventive Behaviors by Gender
St. Albans Adults**



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, half (50%) of St. Albans area adults reported met physical activity recommendations.* This is statistically lower than the six in ten (59%) among Vermont adults overall.

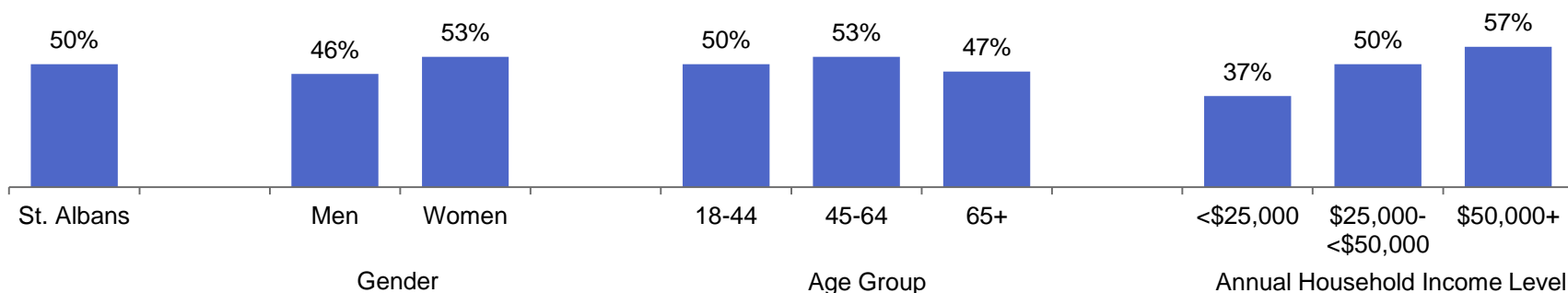
Among St. Albans adults, there are no differences in meeting physical activity recommendations by gender or age.

St. Albans area adults that live in homes with more income are more likely to meet physical activity recommendations compared to adults in homes with less income.

- Adults that make \$50,000 or more annually are statistically more likely to meet physical activity recommendations compared to adults that make less than \$25,000 annually.

Meeting physical activity recommendations 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
St. Albans 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.

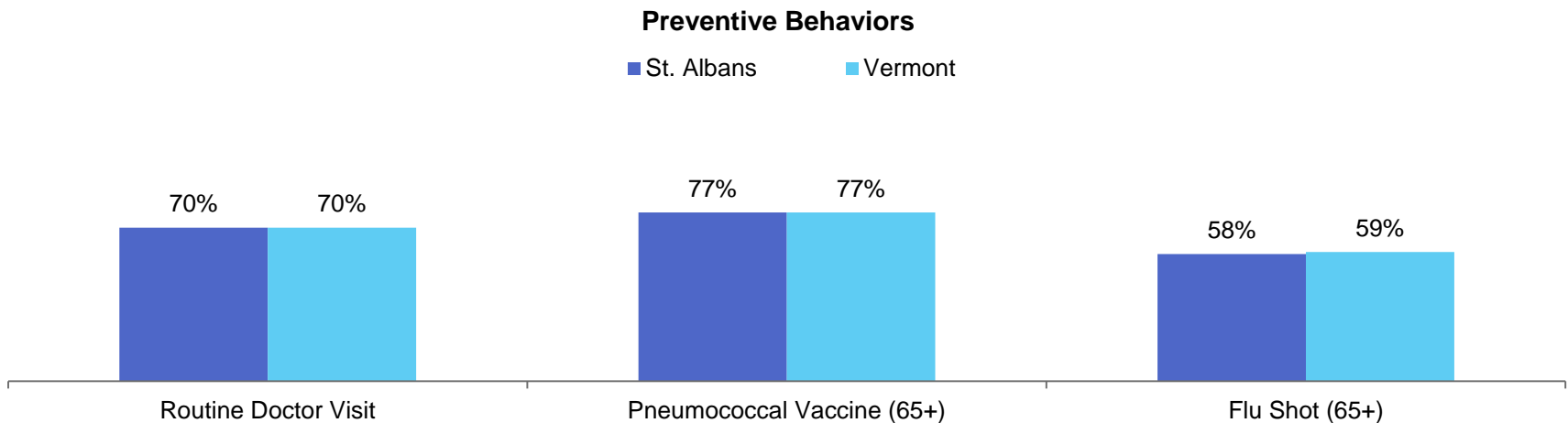
Preventive Behaviors

Seven in ten adults in the St. Albans area saw their doctor for a routine visit in the previous year, the same as reported among all Vermont adults.

Three-quarters (77%) of St. Albans area adults ages 65 and older have ever gotten a pneumococcal vaccine. Six in ten (58%) got a flu shot in the last year.

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

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



Preventive Behaviors

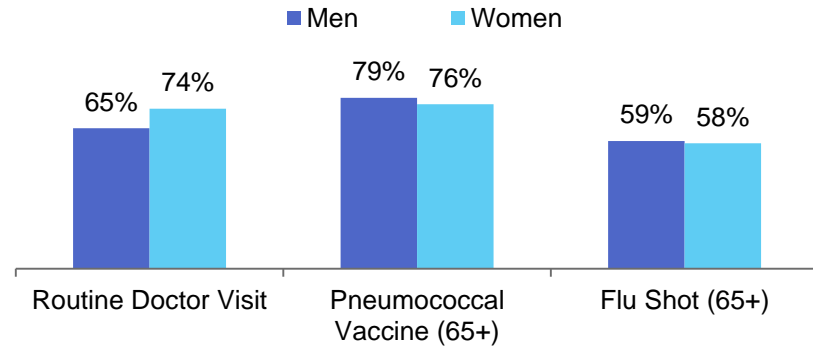
There are no statistical differences by gender among St. Albans area adults in the routine doctor visits (all adults), or receipt of pneumococcal and flu shot vaccinations (adults 65+).

Routine visits to the doctor in the last year increases as age increases.

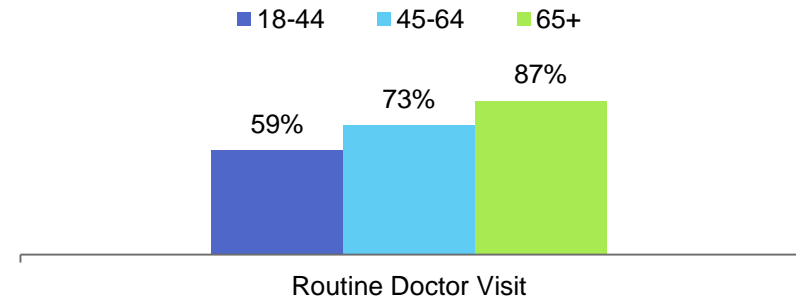
- All differences by age are statistically significant.

There are no differences by annual household income level in the receipt of doctor visits, pneumococcal vaccines, and flu shots.

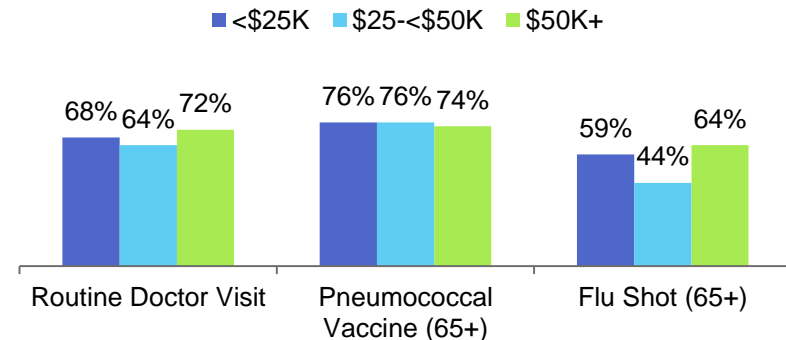
**Preventive Behaviors by Gender
St. Albans Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

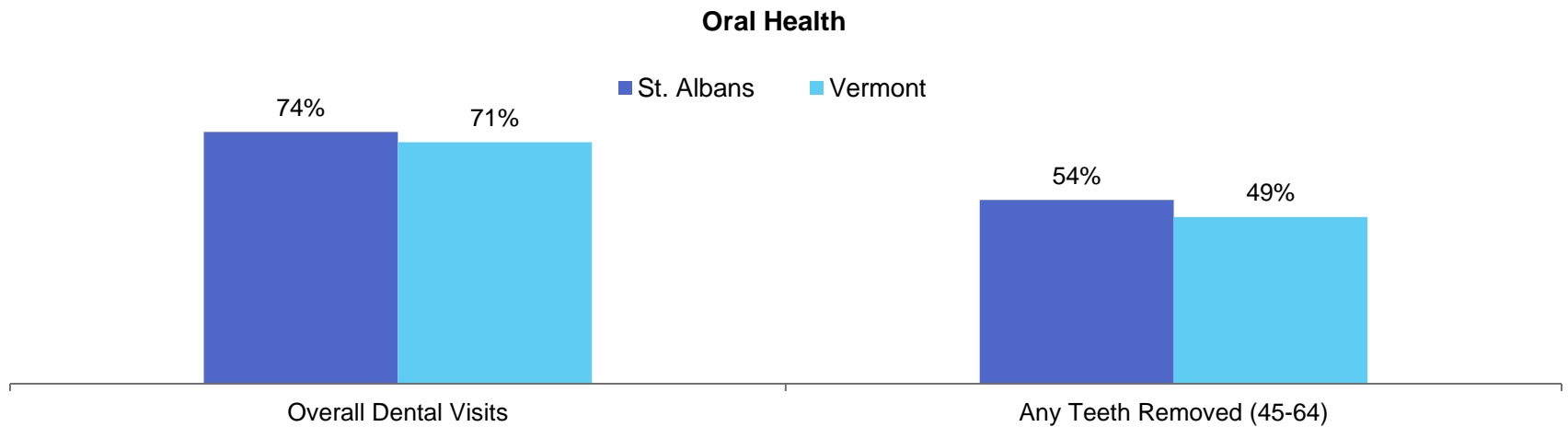


Oral Health

About three-quarters (74%) of St. Albans adults visited the dentist within the past year. More than half of adults 45-64 (54%) have had one or more teeth extracted in their lifetime.

- Reported dental visits and teeth extractions are similar among St. Albans area adults and Vermont adults overall.

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



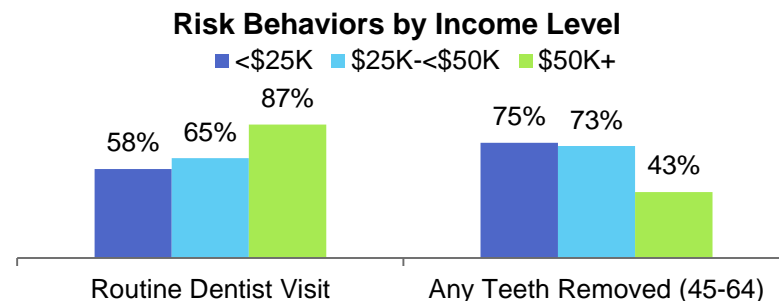
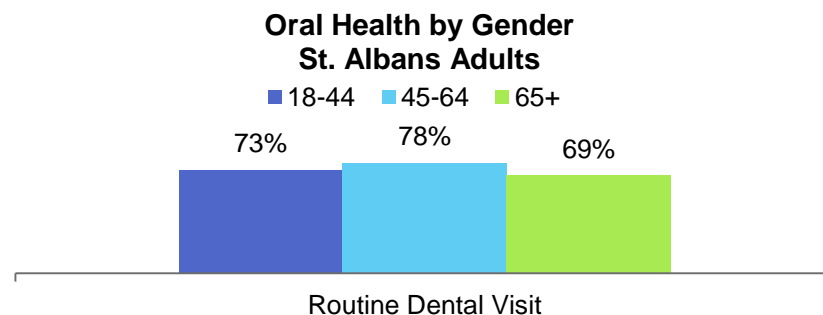
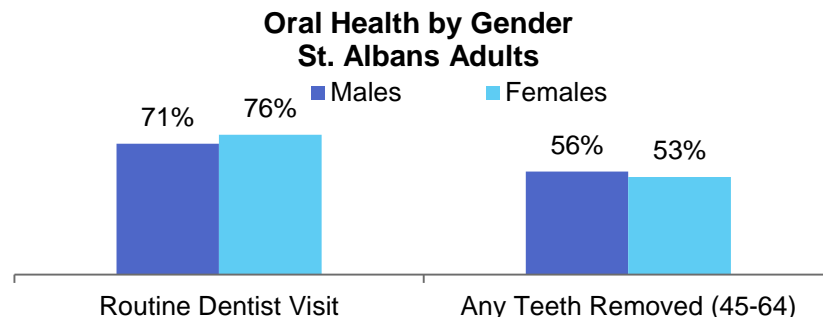
Oral Health

There are no statistically significant differences by gender and age in routine dental visits and teeth removed, among St. Albans area adults.

There are also no statistical differences in routine dental visits by age.

Adults in home with higher incomes are more likely to routinely visit the dentist and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are statistically more likely than those in homes with less income to have seen a dentist in the last year.
- Likewise, St. Albans area adults 45-64 in homes making at least \$50,000 annually are statistically less likely than those in homes with less income to have had a teeth removed.



HIV Screening

In 2015-2016, three in ten (31%) St. Albans area adults had ever been tested for HIV, this was statistically similar to the 37% reported among Vermont adults overall.

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

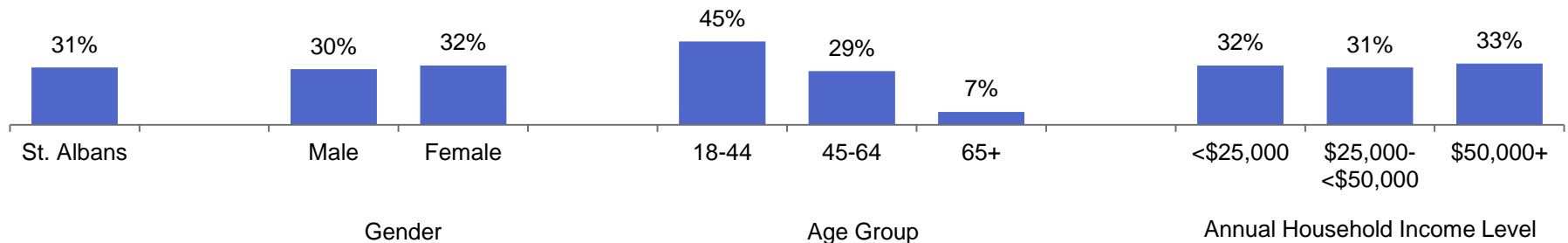
Ever having an HIV test decreases with increasing age. In other words, older adults are less likely to have had an HIV test.

- All differences by age are statistically significant.

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

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

**Ever Had HIV Test, Overall and by Sub-Groups
St. Albans Adults**



Cancer Screening

In 2014/2016, three quarters (76%) of women ages 50-74 in the St. Albans area reported 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.

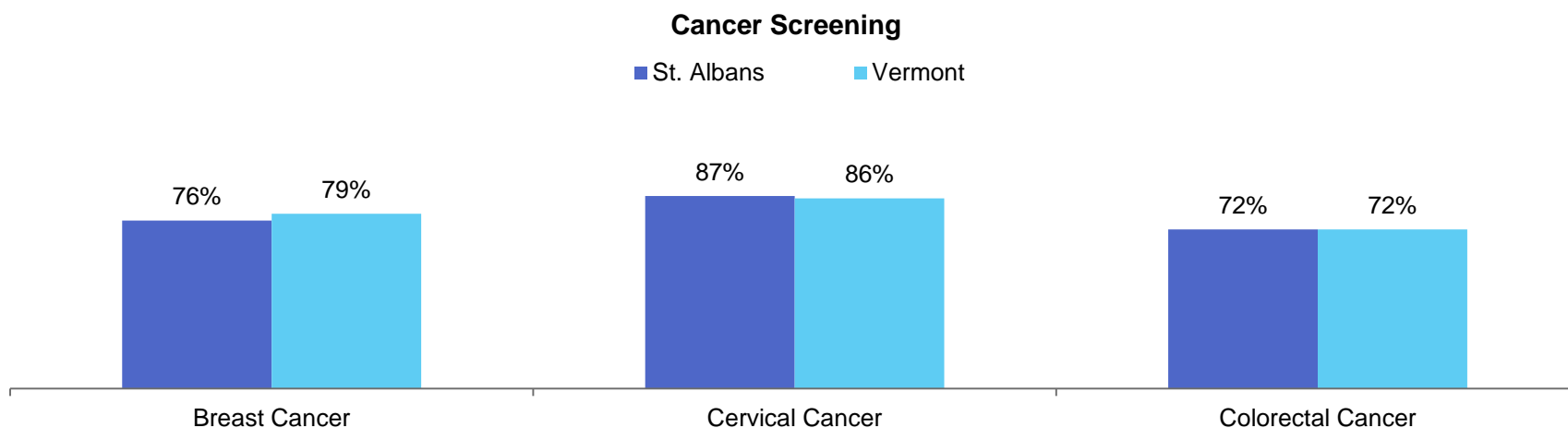
Eighty-Seven percent of women 21-65 and older who live in the St. Albans area met cervical cancer recommendations, statistically similar to the 86% among Vermont women of the same age.

- 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 St. Albans area, less than three-quarters (72%) 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.



VDH – June 2018

St. Albans District Office: BRFSS Data

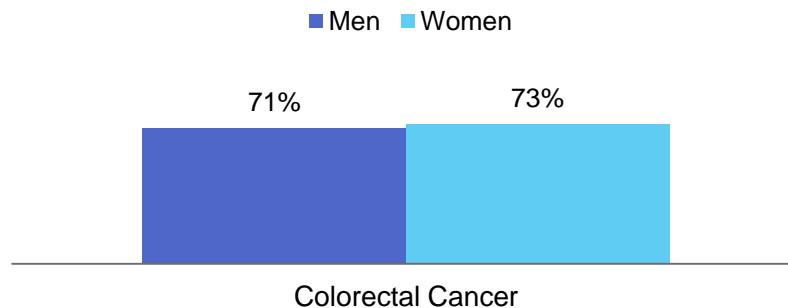
Breast and Colorectal Cancer Screening – 2014, 2016; Cervical Cancer – 2012, 2014

Cancer Screening

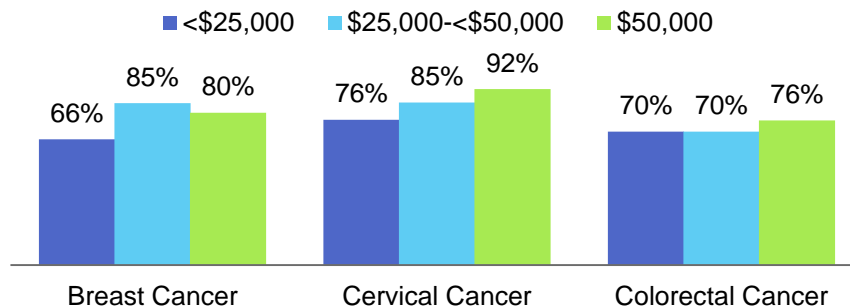
Among St. Albans area adults, there are no statistical differences by gender in receipt of recommended colorectal cancer screenings.

Likewise, there are no differences by annual household income in receipt of recommended breast, cervical, and colorectal cancer screenings.

Cancer Screening By Gender St. Albans Adults



Cancer Screening by Income Level



Appendix A: St. Albans 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	13%	13%	12%	13%	14%	No
Poor Physical Health	12%	12%	11%	12%	11%	No
Poor Mental Health	11%	10%	12%	13%	13%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	12%	11%	11%	11%	11%	No
No Doctor Because of Cost	9%	8%	8%	9%	9%	No
No Health Plan (ages 18-64)	12%	9%	7%	7%	6%	Yes
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	26%	27%	27%	30%	30%	No
Depression	19%	21%	22%	24%	24%	No
Obesity	28%	28%	28%	30%	33%	No
Asthma	11%	10%	11%	11%	11%	No
Diabetes	8%	8%	7%	9%	10%	No
Non-Skin Cancer	7%	6%	7%	8%	9%	No
Cardiovascular Disease (CVD)	8%	8%	7%	6%	8%	No
Skin Cancer	5%	6%	6%	7%	7%	No
Chronic Obstructive Pulmonary Disease (COPD)	6%	6%	6%	6%	6%	No

Appendix A: St. Albans District Office Trend Results (2011-2016)

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	21%	17%	19%	20%	19%	No
Binge Drinking	19%	20%	18%	18%	15%	No
Heavy Drinking	7%	8%	9%	9%	8%	No
No Exercise	25%	21%	21%	26%	26%	No*
Seldom or Never use Seatbelt	6%	4%	4%	3%	3%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	10%	8%	8%	9%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	69%	69%	70%	70%	70%	No
Pneumococcal Vaccine, Ever, Ages 65+	72%	72%	71%	74%	77%	No
Flu Shot in the Last Year, Ages 65+	63%	63%	61%	57%	58%	No
Ever Tested for HIV	30%	30%	29%	28%	31%	No

*No leisure time physical activity among St. Albans area adults has a statistically significant trend, however, the change from 2011-2012 to 2015-2016 is not statistically significant.

Appendix A: St. Albans District Office Trend Results (2011-2016)

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	50%	50%	No
Eat 2+ Fruits Per Day	36%	33%	No
Eat 3+ Vegetables Per Day	16%	17%	No
Eat 5+ Fruits & Vegetables Per Day	18%	17%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	73%	74%	No
Teeth Removed , Ages 45-64	45%	45%	No
Mammogram, Last 2 Years, Women 50-74	78%	76%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	73%	72%	No
PAP Test, Last 3 Years, Women 21-65	87%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

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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 included in the St. Albans Health District are: Bakersfield, Berkshire, Enosburg, Fairfax, Fairfield, Fletcher, Franklin, Georgia, Highgate, Montgomery, Richford, Sheldon, St. Albans City, St. Albans Town, Swanton, Alburgh, Grand Isle, Isle La Motte, North Hero, South Hero.