

The Health of Vermonters Living with Disabilities



Demographics, Health Status, Preventative and Risk Behaviors, and Health Outcomes

August 2018

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The Vermont Department of Health's (VDH) Improving the Health of Vermonters with Mobility Limitations and Intellectual Disabilities through Integrated Chronic Disease Prevention Programs project is funded by cooperative agreement #NU27DD000008-01-00 with the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of VDH and do not necessarily represent the views of the CDC or the Department of Health and Human Services.

People with disabilities have higher rates of chronic disease compared to people who don't have a disability. <u>The Health of Vermonters Living with Disabilities Data Pages</u> is a summary of the health and health behaviors of adults with disabilities. This report looks at many health factors such as chronic disease, mental health, and substance use. The Vermont Department of Health's Chronic Disease and Disability Program will use this information to work with state and local partners to lower the rates of chronic disease among Vermonters with disabilities. The Program will use this report to:

- Share information with state and community partners about why it's important that health programs can be used by all Vermonters, including people with disabilities.
- Help self-advocates and caregivers teach other community members about why the health of people with disabilities is important.
- Decide what changes can be made to health programs, laws, and the built environment to help lower rates of chronic disease.

This report reviews a lot of different information about health. The report was designed so that each page can be used as a separate information sheet to talk about one health topic at a time. Each data point is also broken down by type of disability in the Appendix. It's hard to find data that looks just at the health of people with disabilities. Health Department data systems usually focus on the reason why a person needs medical care and how they got that care. Information from these data systems can tell us if a person went to the emergency room, what health issue a patient was diagnosed with, and how many people were born or died during a certain amount of time. These data systems do not tell us about patient disability status.

The Behavioral Risk Factor Surveillance System (BRFSS) is a data system that collects the most health information about Vermonters with disabilities compared to other data systems. As a result, BRFSS was the main data source used to create this report. It's important to note that this data may be different than other BRFSS reports. Some BRFSS reports age-adjust data so that it can be compared to the U.S. This report does not age-adjust so that the information presented shows the current health status of Vermonters with a disability.

Data from the United States Census: American Community Survey (ACS) data is used in this report to determine the disability status across all ages. Data from the National Core Indicators (NCI) Survey is shown in Appendix B for a few measures that are similar to the BRFSS. Note that this data source is limited to Vermonters receiving State services. The NCI and BRFSS data are not comparable.

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The National Survey on Children's Health (NSCH) and Vermonters who qualify for Medicaid due to Social Security Administration Disability status (Medicaid Claims) are two other data systems that were looked at but not used for this report. The NSCH was not included because there were not enough people who answered the survey to get information on Vermont children with a disability. The Medicaid Claims data was not used because only one third of adults with disabilities in the state are enrolled in this Medicaid program¹ and disability type is not specified. These data systems may be used in future reports when more data are available or to learn about certain Vermonters with disabilities.

¹Social Security Administration. (2018, 01 02). SSA Disability Claim Data. Retrieved from Data.gov: https://catalog.data.gov/dataset/ssa-disability-claim-data

- The <u>Behavioral Risk Factor Surveillance Survey</u> (BRFSS) is a telephone survey that is done every year. 6,000 7,000 Vermont adults answer the survey. All questions are tested to make sure respondents understand the questions in the same way. The BRFSS performs similarly compared to other health-related surveys.
- BRFSS does not include people living in institutions or group homes. Since people living in group homes may be more likely to have a disability, the BRFSS may not include information about all Vermont adults with a disability.
 Questions used to define disability do not include information on permanence or duration of a disability or underlying medical condition.
- BRFSS uses six questions to ask about disability of Vermonters:
 - Mobility: serious difficulty walking or climbing stairs.
 - **Cognitive:** serious difficulty concentrating, remembering, or making decisions.
 - Visual: blindness or serious difficulty seeing, even when wearing glasses.
 - Hearing: deafness or serious difficulty hearing.
 - Self-Care: any difficulty dressing or bathing.
 - Independent Living: any difficulty doing errands alone.
 - These questions are combined to give information about three other disability types:
 - Any disability: one or any combination of the above;
 - Multiple disabilities: any combination of the above;
 - No disability: none of the above.

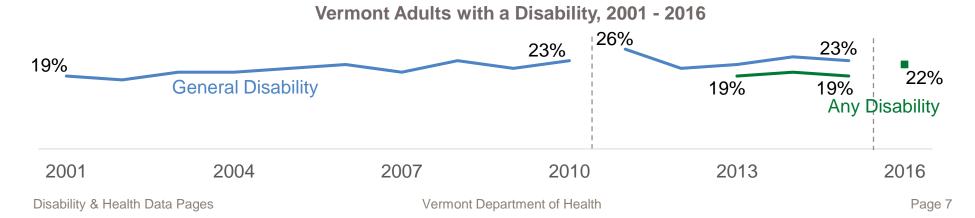
Disability & Health Data Pages

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Behavioral Risk Factor Surveillance Survey (continued) Data Sources

- It is important to consider factors such as age and gender when looking at health information for Vermonters with a disability. For example, people that are different ages report having a cognitive disability at about the same rate.
 People that are older are more likely to say they have a hearing disability compared to people that are younger.
 Vermonters reporting these disabilities types also report very different marijuana use, HIV screening behaviors and depression diagnosis. The differences may be because of age as well as their disability type.
- □ Until 2015, BRFSS used two questions to define general disability:
 - Activity limitations due to physical, emotional or mental problems, OR
 - Any health problem that requires use of special equipment.

In 2013, BRFSS started to ask questions about mobility, cognitive, visual, self-care, and independent living disabilities. In 2016, BRFSS started asking about hearing disability. Adding the hearing disability question in 2016 changed the number of people that might report having a disability. As a result, the number of adults with a disability before 2016 can't be compared to the number of adults with a disability after 2016.



US Census American Community Survey

The American Community Survey (ACS) is a national survey led by the US Census. The survey is distributed by mail and completed either by mail, phone, online or in-person. In 2016, the ACS interviewed 8,650 Vermonters. This report uses 1-year estimates from Fact Finder table S1810. The ACS and BRFSS use the same 6 questions to define any disability. These questions were content tested by the ACS in 2006¹.

National Core Indicators Survey

- The <u>National Core Indicators</u> (NCI) program tracks performance of state developmental disability agencies using a standard survey. The NCI survey is led by the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute.
- The NCI measures more than 100 performance measures around outcomes of state services and helps us look at Vermonters that receive State services other than case management. This report only focuses on the health and safety-related indicators that are like indicators used in BRFSS. In 2015-2016 the NCI interviewed 326 Vermont adults.

Vermont Department of Disabilities, Aging and Independent Living

For information on direct services to support Vermonters living with a disability, visit <u>http://dail.vermont.gov/</u>.
 Information on direct services provided by program type can be found here:

http://dail.vermont.gov/sites/dail/files//documents/Compiled_2017_Annual_Report.pdf

¹US Census Bureau (2018, 01 02). *Evaluation Report Covering Disability*. Retrieved from Census.gov: https://www.census.gov/content/dam/Census/library/working-papers/2007/acs/2007_Brault_01.pdf

1 in 5 Vermont adults have at least one type of disability, and 1 in 10 have two or more disabilities. Vermonters with a disability have significant differences in health compared to Vermonters without a disability:

- Health Status: One third of Vermonters with a disability report poor physical health and one third report poor mental health. Adults with a disability are less likely to report seeing the dentist in the last year and are twice as likely to have ever had a tooth pulled compared to adults without a disability. Adults age 65 and older with a disability are twice as likely to report a fall in the last year than those adults with no disability.
- Chronic Conditions: 95% percent of adults with a disability have a chronic condition. 2 out of 3 adults with a disability have two or more chronic conditions. Adults with a disability are three times as likely than adults without a disability to have asthma, COPD, diabetes, cardiovascular disease, kidney disease, cognitive decline and depression. Three-quarters of Vermont adults with a disability are overweight or obese.

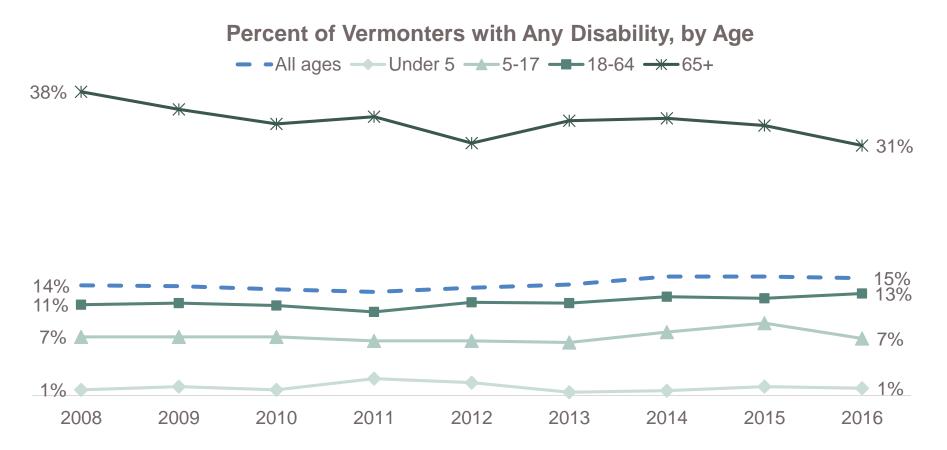
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- Preventative Behaviors: Adults with a disability are less likely to meet physical activity and strength training recommendations or eat the recommended amount of fruits and vegetables. Adults with a disability are less likely to get recommended cancer screenings than adults with no disability.
- Risk Behaviors: Adults with a disability are three times as likely to smoke cigarettes and twice as likely to use marijuana than adults with no disability. People that have a disability are less likely to use alcohol use and binge drink compared to people who don't have a disability. Vermont adults living with a disability are twice as likely to have ever experienced sexual violence and intimate partner violence.

Any Disability Across Ages

One in seven (15%) Vermonters has a disability. The proportion of Vermonters with any disability increases as age increases.

The percent of the population, and at each age group, reporting a disability has stayed the same since 2008. While the disability trend appears to decrease for older adults, this is not a significant change.



Any Disability

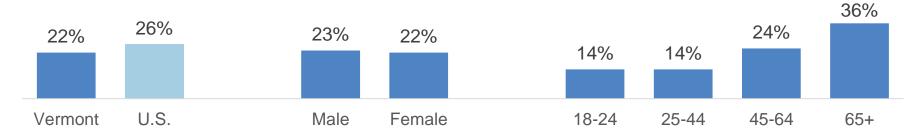
An estimated 110,000 Vermont adults have a disability.

Two in ten (22%) Vermont adults report a disability. This is lower than the 26% of U.S. adults.

Disability includes anyone who reports serious difficulty seeing, hearing, walking or climbing stairs, dressing or bathing, concentrating or making decisions, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone.

Men and women have similar rates of disability. Disability increases with age.

Vermont adults are significantly less likely to report a disability than U.S. adults. Disability significantly increases with ages among Vermont adults except between adults 18-24 and 25-44.



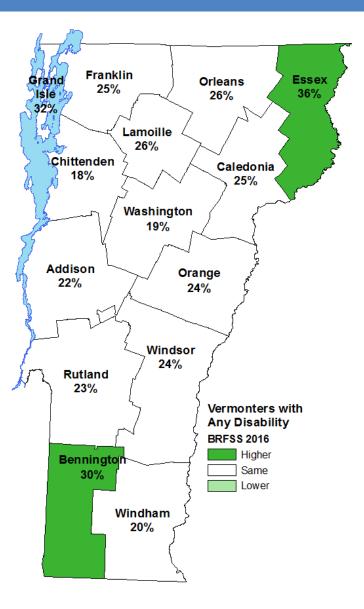
Vermont Adults with a Disability

This disability by age graph is different from the page before because of the different data sources. All differences are within the margins of error.

Any Disability (continued)

Residents of Essex and Bennington counties are statistically more likely to report a disability than Vermont overall.

Due to methodology changes, any disability over time is not available for the BRFSS. See more information on these changes on page 7.



Mobility Disability

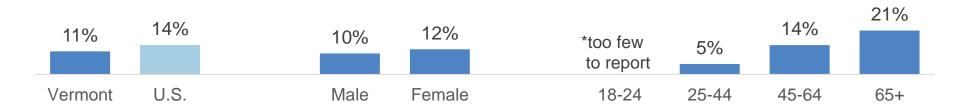
An estimated 55,000 Vermont adults have a mobility disability.

One in ten (11%) Vermont adults report a mobility disability. This is less than the 14% of U.S. adults.

Mobility disability is defined as difficulty walking or climbing stairs due to a physical, mental, or emotional condition.

Women (12%) are more likely to have a mobility disability than men (10%). Mobility disability increases with age.

Vermont adults are significantly less likely to report a mobility disability than U.S. adults. Women are significantly more likely to have a mobility disability than men. Mobility disability significantly increases with age among Vermont adults over 24.



Vermont Adults with a Mobility Disability

Mobility Disability (continued)



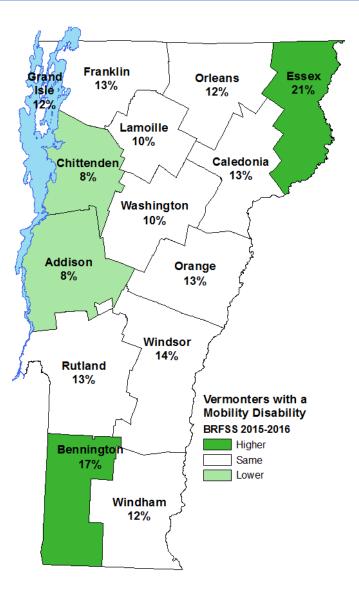
Residents of Essex and Bennington counties have statistically higher rates of mobility disability than Vermont overall.

Residents of Chittenden and Addison counties have statistically lower rates of mobility disability than Vermont overall.

There has been no change in mobility disability since 2013.

Vermont Adults with a Mobility Disability, 2013 - 2016

| 10% | 12% | 11% | 11% |
|------|------|------|------|
| | | | |
| 2013 | 2014 | 2015 | 2016 |



Cognitive Disability



An estimated 46,000 Vermont adults have a cognitive disability. Adults with a cognitive disability may be underrepresented because they may be less likely to answer the phone to complete the survey and adults living in an institution or group home are not captured in the survey.

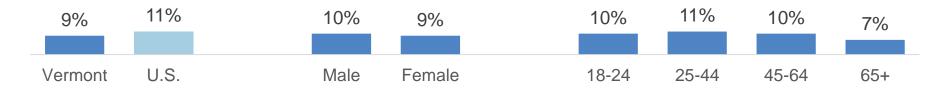
One in ten (9%) Vermont adults report a cognitive disability. This is less than the 11% of U.S. adults.

Cognitive disability is defined as having serious difficulty concentrating or making decisions due to a physical, mental or emotional condition.

Men and women have similar rates of cognitive disability.

Adults age 65 and older are less likely to have a cognitive disability than adults ages 24-44 and 45-64. Older adults may be underrepresented because of the reasons mentioned above.

Vermont adults are significantly less likely to report a cognitive disability than U.S. adults. Cognitive disability is reported statistically less among adults 65 and older.



Vermont Adults with a Cognitive Disability

Cognitive Disability (continued)

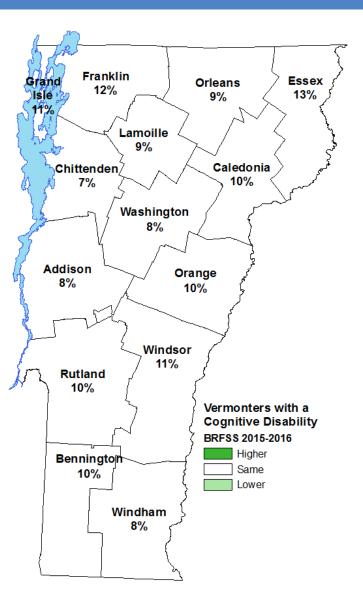


Cognitive disability is similar across Vermont counties.

There has been no change in cognitive disability among adults since 2013.

Vermont Adults with a Cognitive Disability, 2013 - 2016

| 9% | 10% | 9% | 9% |
|------|------|------|------|
| | | | |
| 2013 | 2014 | 2015 | 2016 |



Hearing Disability 🔊

An estimated 31,000 Vermont adults have a hearing disability.

One in twenty (6%) Vermont adults report a hearing disability. This is similar to the 6% of U.S. adults.

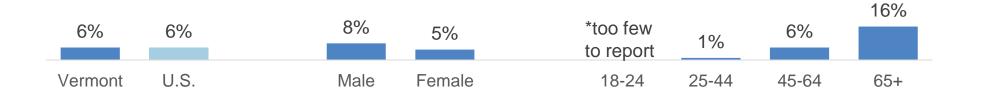
Hearing disability is defined as having serious difficulty hearing or deafness.

Men (8%) are more likely to have a hearing disability than women (5%).

Hearing disability increases with age with 16% of adults age 65 and older reporting a hearing disability compared to 1% of adults age 25-44.

Vermont men are significantly more likely to report a hearing disability than women.

Hearing disability significantly increases with age among adults over 24.



Vermont Adults with a Hearing Disability

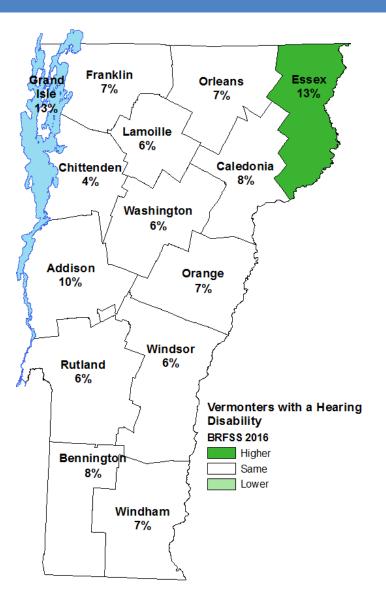
Hearing Disability (continued)



Essex County residents have a statistically higher rate of hearing disability when compared to Vermont overall.

Other counties may be higher as than Vermont as well, but the differences are not statistically significant.

Note: 2016 was the first year the BRFSS collected data on hearing disability. While some people have concerns asking about hearing difficulty on a telephone survey, the question has been validated through the Centers for Disease Control and Prevention. Additionally, the BRFSS prevalence of hearing disability is slightly higher than the American Community Survey hearing disability estimate of 5% among Vermont adults. The ACS uses the same question as the BRFSS, but the ACS is initiated through mail and can be completed in several ways that do not require a telephone.



Independent Living Disability

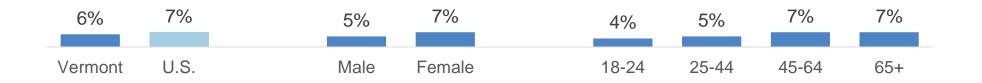
An estimated 29,000 Vermont adults have an independent living disability.

One in twenty (6%) Vermont adults report an independent living disability. This is similar to the 7% of U.S. adults.

Independent living disability is defined as difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental or emotional condition.

There are no differences in reported independent living disability by sex or age.

Vermont Adults with an Independent Living Disability



Independent Living Disability (continued)



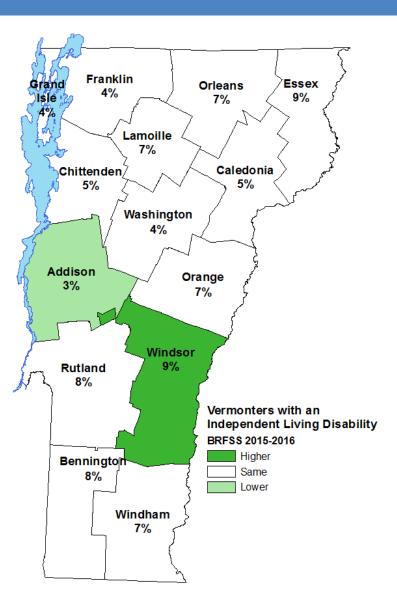
Independent living disability is statistically higher among Windsor County residents and lower among Addison County residents when compared to Vermont overall.

Other counties may be higher as than Vermont as well, but the differences are not statistically significant.

There has been no change in independent living disability since 2013.

| Disability 2013 - 2016 | | | | |
|------------------------|------|------|------|--|
| 5% | 6% | 6% | 6% | |
| 2013 | 2014 | 2015 | 2016 | |

Vermont Adults with an Independent Living





An estimated 17,000 Vermont adults have a visual disability.

One in thirty (3%) Vermont adults report a visual disability. This is less than the 5% of U.S. adults.

Visual disability is defined as blindness or having serious difficulty seeing even when wearing glasses.

Men and women have similar rates of visual disability.

Adults 45 and older are more likely to report a visual disability than Vermonters age 25-44.

Vermont adults are significantly less likely to report a visual disability than U.S. adults.

Visual disability is significantly higher among adults 45 and older than those 25-44.

Vermont Adults with a Visual Disability



Visual Disability (continued)

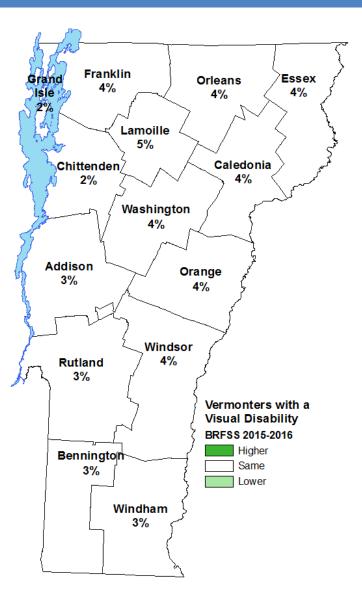


Visual disability is similar across Vermont counties.

There has been no change in reported visual disability since 2013.

Vermont Adults with a Visual Disability, 2013 - 2016

| 3% | 3% | 3% | 3% |
|------|------|------|------|
| 2013 | 2014 | 2015 | 2016 |



Self-care Disability



An estimated 15,000 Vermont adults have a self-care disability.

One in thirty (3%) Vermont adults report a self-care disability. This is less than the 4% of U.S. adults.

Self-care disability is defined by having difficulty dressing or bathing.

Men and women have similar rates of self-care disability.

Adults 45 and older are more likely to report a self-care disability than Vermonters age 25-44.

Vermont adults are significantly less likely to report a self-care disability than U.S. adults.

Self-care disability is significantly higher among adults 45 and older than those 25-44.

Vermont Adults with a Self-care Disability

| 3% | 4% | 3% | 3% | *too few to report | 1% | 5% | 4% |
|---------|------|------|--------|-----------------------|-------|-------|-----|
| Vermont | U.S. | Male | Female | 18-24 | 25-44 | 45-64 | 65+ |

Self-care Disability (continued)

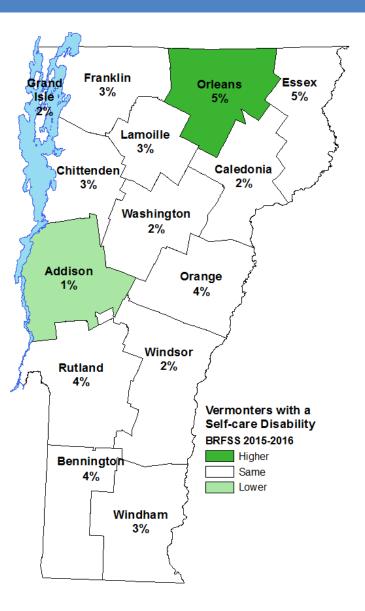


Self-care disability is statistically higher among Orleans county residents and lower among Addison county residents than Vermont overall.

There has been no change in reported self-care disability since 2013.

Vermont Adults with a Self-care Disability, 2013 - 2016

| 3% | 3% | 3% | 3% |
|------|------|------|------|
| 2013 | 2014 | 2015 | 2016 |



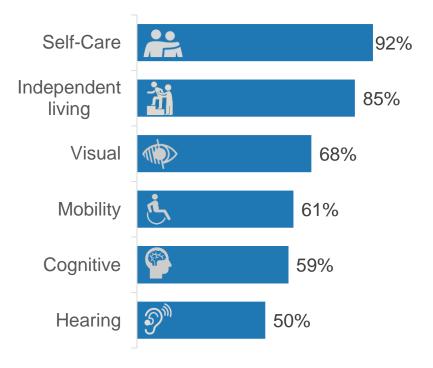
Adults with More than One Disability

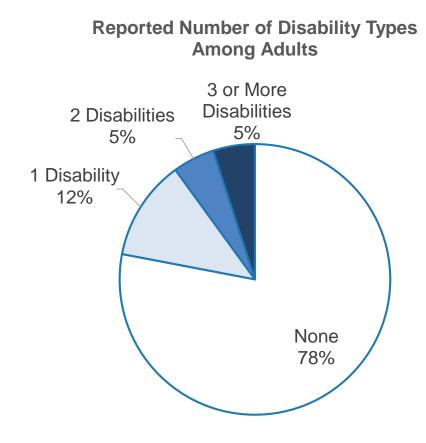
Of the 22% of Vermonters with a disability, nearly half, or 49,000 have more than one disability.

Most (92%) Vermonters with a self-care disability also have another disability.

Adults with a hearing disability are the least likely to have an additional type of disability.

Adults with More than One Disability by Disability Type



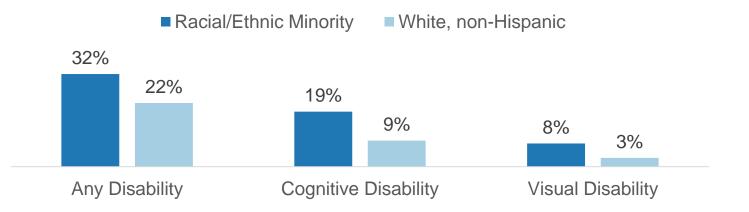


People of Color

Vermonters of racial or ethnic minority are more likely to have a disability. One third (32%) of Vermont adults of color have a disability.

This is more than the one fifth (22%) of white, non-Hispanic adults with a disability.

Vermonters of color report cognitive and visual disabilities twice as often as white Vermont adults. All other disability types are similar by race.



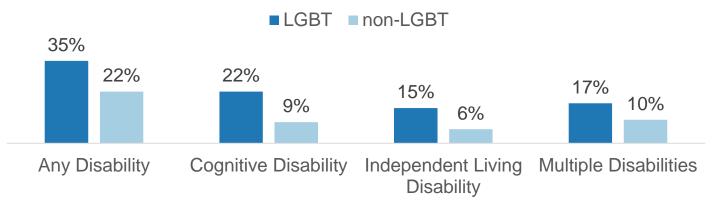
Vermont adults of color are statistically more likely to report any disability, cognitive disability and visual disability than white, non-Hispanic Vermonters.

Sexual Orientation and Gender Identity

Lesbian, Gay, Bisexual and Transgender Vermonters are more likely to have a disability. One third (35%) of LGBT Vermont adults report having a disability.

This is more than the one fifth (22%) of non-LGBT adults with a disability.

LGBT Vermonters report cognitive, independent living and multiple disabilities twice as often as non-LGBT adults. All other disability types are similar by sexual orientation and gender identity.



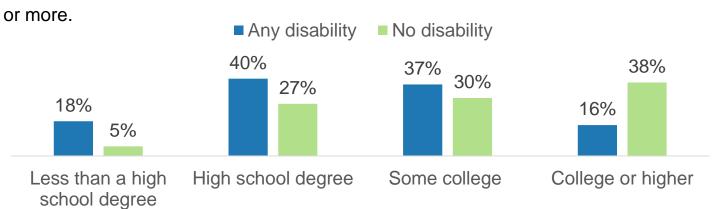
LGBT adults are statistically more likely to report any disability, cognitive disability, independent living disability, and multiple disabilities than non-LGBT Vermonters.

Education

Vermonters with a disability are less educated compared to Vermonters without a disability.

58% of adults with a disability have a high school degree or less. Six in ten Vermont adults with a disability have a high school degree or less education.

Two in ten (18%) adults with a disability have less than a high school degree and four in ten adults with a disability have a high school degree. Four in ten adults with a disability have some college education and two in ten (16%) have a college education



Vermont adults with a disability are statistically more likely to have a high school degree or less than those without a disability. Adults without a disability are more likely to have a college degree or higher than adults with a disability.

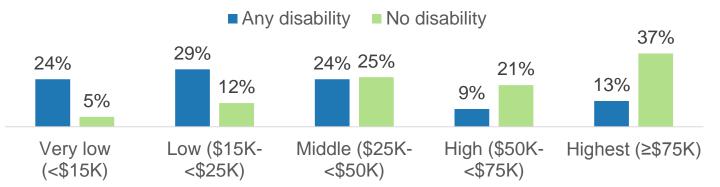
Household Income

Vermonters with a disability live in homes that make less money than Vermonters without a disability.

53% of adults with a disability live in a house that makes less than \$25,000 annually. Half of Vermont adults with a disability live in a house with an annual income less than \$25,000.



One-quarter (24%) of adults with a disability live in a house that makes less than \$15,000 per year. Three in ten (29%) adults with a disability live in a house making \$15,000 to less than \$25,000. One-quarter of adults with a disability make \$25,000 to less than \$50,000 per year and two in ten (22%) make more than \$50,000 per year.



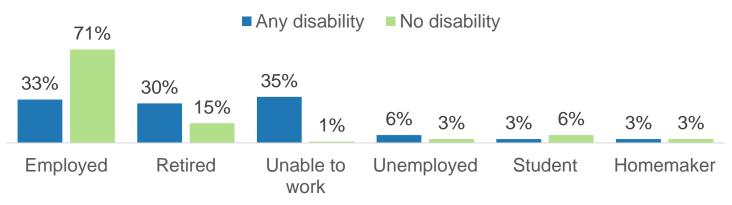
Vermont adults with a disability are statistically more likely to have a household income of less than \$25K per year than those without a disability. Adults without a disability are more likely to have a household income of \$50K or more than adults with a disability.

Employment

Vermonters with a disability are less likely to be working.

35% of Vermont adults with a disability are unable to work. One-third (35%) of Vermont adults with a disability are unable to work.

Similar proportions of adults with a disability are currently working (33%) or retired (30%). One in twenty (6%) are unemployed and looking for work. Adults with a disability are more likely to be retired or unable to work and less likely to be working than adults without a disability.



Vermont adults with a disability are statistically more likely to be retired, unable to work, or unemployed than those without a disability. Adults without a disability are more likely to be employed than adults with a disability.

Home Life – Marital Status, Children

Adults with a disability are less likely to be married.

Vermonters with a disability are more likely to be divorced or widowed and have no children in the home. Four in ten (38%) adults with a disability are married, less than the six in ten (57%) of adults without a disability.

One-quarter (23%) of adults with a disability are single and have never been married, similar to adults without a disability (21%).

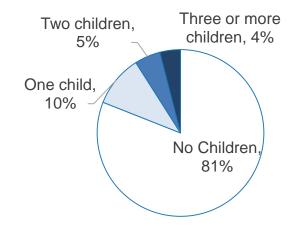
Adults with a disability are two times as likely to be divorced than those without a disability (19% vs 10%). They are also three times as likely to be widowed as Vermonters without a disability (14% vs. 5%).

One-fifth (19%) of adults with a disability live in a home with children, compared to one-third of adults without a disability (32%).

Differences in adults who are widowed and have children in the home is likely influenced by disability affecting more older Vermonters.

Vermont adults with a disability are statistically more likely to be divorced, widowed, separated, or have no children than those without a disability. Adults without a disability are more likely to be married or have two or more children than adults with a disability.

Adults with a disability and children in their home

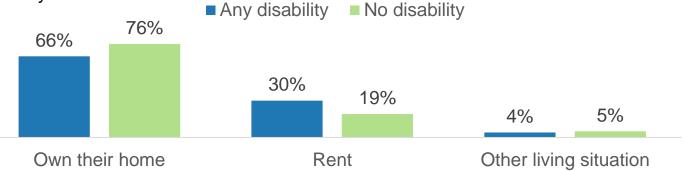


Housing and Veteran Status

Vermont adults with a disability are less likely to own and more likely to rent their homes compared to those without a disability.

Vermonters with a disability, especially a hearing disability, are more likely to be a veteran. Two-thirds of Vermont adults with a disability own their own home.

Three in ten (30%) adults with a disability rent their home. Adults with a hearing disability own (80%) and rent (18%) their homes at similar rates to those without a disability.



One-sixth (15%) of Vermont adults with a disability are veterans of the military. This is more than the one-tenth (10%) of adults who veteran and are not disabled.

Vermonters with a hearing disability are much more likely to be veterans (26%).

Vermont adults with a disability are statistically more likely to rent and or be a veteran than those without a disability. Adults without a disability are more likely to own their home than adults with a disability.

Health Status

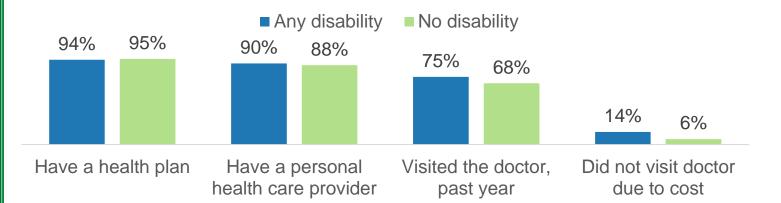
- Quality of Life
- Health Care Access
- Insurance Type
- Oral Health
- Falls

Health Care Access

Vermonters with a disability are more likely to have gone to the doctor in the last year than those without a disability.

14% of Vermont adults with a disability did not go to the doctor because of the cost, in the last year. Most Vermonters with a disability (94%) have a health insurance plan, while nine in ten have a usual health care provider. This is similar to Vermonters without a disability (95%, 88%)

Three-quarters of Vermont adults with a disability saw a doctor in the last year, more than Vermonters without a disability. Twice as many (14%) adults with a disability did not see the doctor because of the cost than adults without a disability.



Vermont adults with a disability are statistically more likely to have visited the doctor in the past year, and more likely to not have seen the doctor due to cost than those without a disability. There is no statistical difference in having a health plan and a personal care provider when comparing adults with and without a disability.

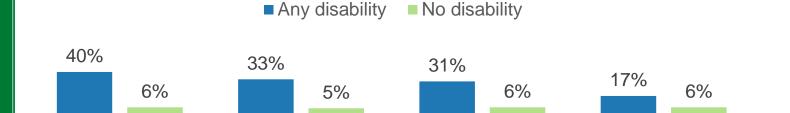
Quality of Life

As compared with adults without a disability, indicators of poor health are at least three times higher among those with a disability.

Adults with a disability are less likely to get the emotional support they need. Four in ten (40%) Vermonters with a disability say they have fair or poor general health. This is seven times more than adults without a disability.

One third of adults with a disability have poor physical health (33%) and poor mental health (31%).

One in five (17%) adults with a disability do not get the emotional support they need, three times that among adults without a disability (6%).

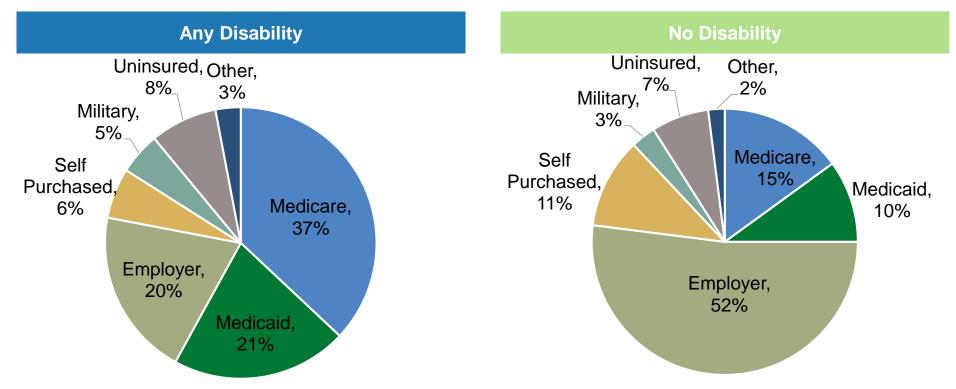


Fair or poor general Poor physical health Poor mental health Rarely or never get health emotional support

Vermont adults with a disability are statistically more likely to have fair or poor health, poor physical health, poor mental health and rarely or never get the emotional support they need than those without a disability. Poor physical health is defined as 14 or more days in the past 30 where their physical health was not good. Poor mental health is defined as 14 or more days in the past 30 where the past 30 where their mental health was not good.

Primary Health Insurance Provider

Vermont adults with a disability have different health insurance providers than those without a disability. Two-thirds (63%) of Vermont adults with a disability receive their insurance through a government program. This is more than two times the percent of Vermonters without a disability (28%). Vermonters with a disability are much less likely to have health insurance through an employer (20%) than those with no disability (52%).



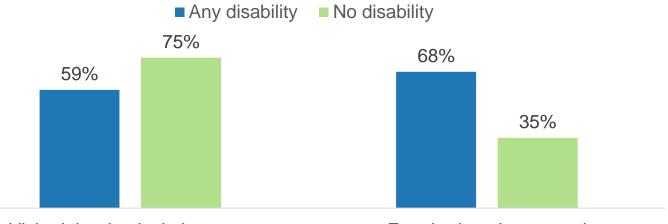
All differences in insurers are significant between Vermonters with a disability and those without, except differences in other insurance types and uninsured rates. Note that differences in health insurance providers are influenced by the older age and lower rate of employment of Vermonters with a disability.

Disability & Health Data Pages

Oral Health

Vermonters with a disability are less likely to have gone to the dentist and more likely to have had teeth removed than those without a disability.

59% of Vermont adults with a disability have visited the dentist in the last year. Six in ten Vermont adults with a disability went to the dentist in the past year. This is less than the three-quarters (75%) of adults without a disability that visited the dentist. Adults with a disability are almost twice as likely to have ever had a tooth removed (68% vs. 35%) compared to adults without a disability.



Visited the dentist in last year

Ever had teeth removed

Vermont adults with a disability are statistically more likely to have ever had teeth removed than those without a disability. Adults without a disability are statistically more likely to have visited the dentist in the last year than adults with a disability.

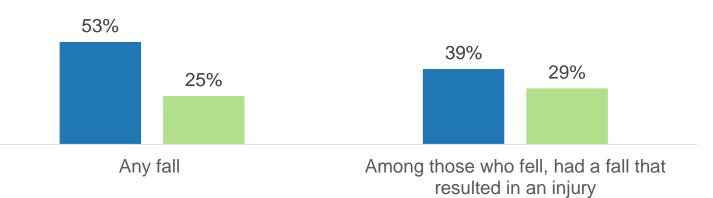
Falls

Vermonters age 65 and older with a disability are more likely to have fallen in the past year than those without a disability.

53% of Vermont adults age 65 and older with a disability have fallen in the last year. Half of Vermont adults age 65 and older with a disability fell in the past year. This is double the proportion of adults 65+ without a disability that fell in the last year (26%). Among adults age 65 and older with a disability who fell at least once in the past year, four in ten (39%) had a fall that caused an injury.

Falls in the Past Year Among Adults Age 65 and Older

Any disability No disability



Older Vermont adults with a disability are statistically more likely to have fallen in the past year than those without a disability. There is no statistical difference in falls resulting in an injury between older adults with and without a disability.

Chronic Conditions

- Arthritis
- Lung Disease Asthma & COPD
- Cancer
- Cardiovascular Disease & Hypertension
- Cholesterol
- Cognitive Decline
- Depression
- Diabetes & Kidney Disease
- Weight Status
- Overall Burden of Chronic Conditions

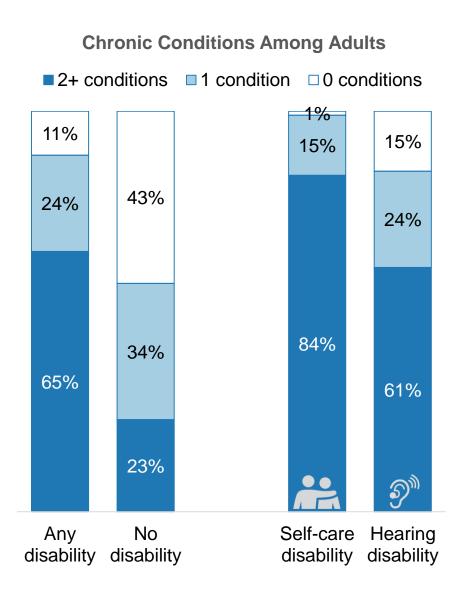
Overall Burden of Chronic Conditions

Vermont adults with a disability are more likely to report chronic conditions than adults without a disability.

- Nine in ten (89%) Vermont adults with a disability report at least one chronic condition. This is More than the six in ten (57%) among adults without a disability reporting at least one chronic condition.
- Two-thirds (65%) of adults with a disability have two or more chronic conditions. This is almost three times as often than adults without a disability (23%).

Vermonters with a self-care disability are the most likely to have at least one chronic condition among Vermonters with a disability (99%). While those with a hearing disability are the least likely to have two or more chronic conditions (61%).

Vermonters with a disability are statistically more likely to have one or more and two or more chronic conditions than those with no disability.



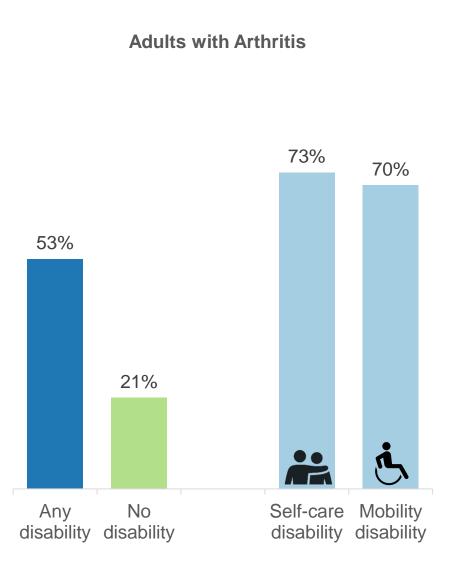
Arthritis

More than half (53%) or 58,000 Vermont adults with a disability also have arthritis.

 Vermonters with a disability are more than two times as likely to have arthritis than those with no disability (21%).

Seven in ten Vermonters with a self-care (73%) or mobility (70%) disability have arthritis. Adults with these disabilities are the most likely to have arthritis among those with a disability.

Vermonters with a disability are statistically more likely to report arthritis than those with no disability.

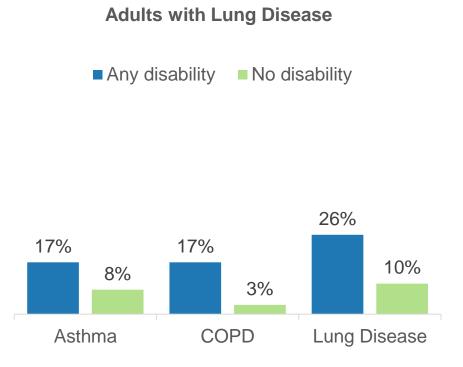


Lung Disease – Asthma and COPD

One in four (26%), or 28,000 Vermont adults with a disability also have lung disease.

- Lung disease is defined as having asthma and/or chronic obstructive pulmonary disease (COPD).
- Vermonters with a disability are more than two times as likely to report having lung disease as those with no disability (10%).
- Two in ten (17%) Vermonters with a disability have asthma. This is the same as the two in ten (17%) who have COPD.
- One in four (23%) adults with a mobility disability report having asthma.

Vermonters with a disability are statistically more likely to report asthma, COPD and lung disease than those with no disability.



Cancer

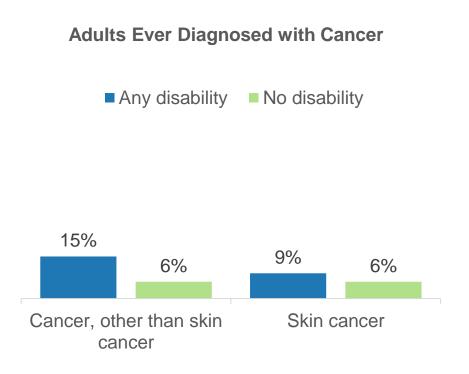
One in six (15%), or 17,000 Vermont adults with a disability have also ever been diagnosed with non-skin cancer.

- One in six (15%) adults with a disability have ever been diagnosed with cancer.
- Vermonters with a disability are three times as likely to report being diagnosed with cancer than those with no disability (6%).

One in ten (9%) Vermonters with a disability have ever had skin cancer.

 Vermonters with a hearing disability are more than two times as likely as those without a disability to report skin cancer (14%).

Vermonters with a disability are statistically more likely to report cancer and skin cancer than those with no disability.



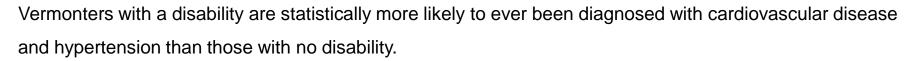
Cardiovascular Disease and Hypertension

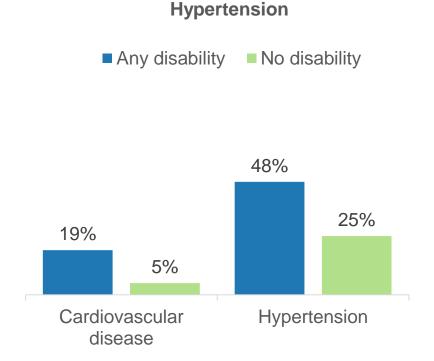
One in five, or 21,000 Vermont adults with a disability have also ever been diagnosed with cardiovascular disease (CVD).

- Cardiovascular disease is defined as a diagnosis of coronary heart disease, a myocardial infarction (heart attack), or a stroke.
- Vermonters with a disability are four times as likely to have been diagnosed with CVD as those with no disability (5%).

Five in ten (48%) Vermonters with a disability have been diagnosed with high blood pressure (hypertension).

 Vermonters with a mobility disability are three times as likely to report having high blood pressure (61%) compared to adults without a disability.





Adults Ever Diagnosed with Cardiovascular Disease and

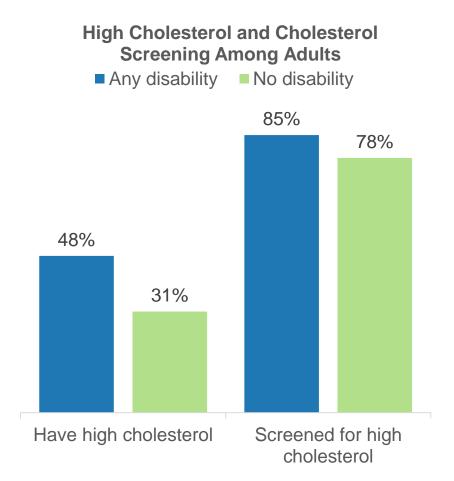
High Cholesterol and Screening

Half (48%), or 38,000 Vermont adults with a disability have ever been told they have high cholesterol.

 Vermonters with a disability are more likely than those with no disability to have high cholesterol (31%).

Most (85%) Vermonters with a disability were screened for high cholesterol in the past five years.

- Vermonters with disability are more likely to be screened for high cholesterol than adults without a disability.
- Adults with a mobility disability are the most likely to have been screened for high cholesterol (92%).



Vermonters with a disability are statistically more likely to ever been told they had high cholesterol and to have been screened for high cholesterol than those with no disability.

Cognitive Decline

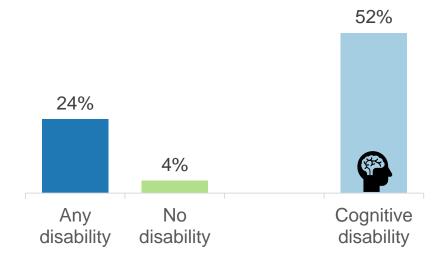
One in four (24%), or 18,000 Vermont adults with a disability also report having worsening confusion or memory loss in the past year.

 Vermonters with a disability are five times more likely than those with no disability to report cognitive decline (4%).

Half (52%) of Vermonters with a cognitive disability report worsening confusion or memory in the past year.

Vermonters with a disability are statistically more likely to report cognitive decline than those with no disability.

Adults with Worsening Confusion or Memory Loss in the Past Year



Depressive Disorder

Half (45%) or 49,000 Vermont adults with a disability also report ever being told they have a depressive disorder.

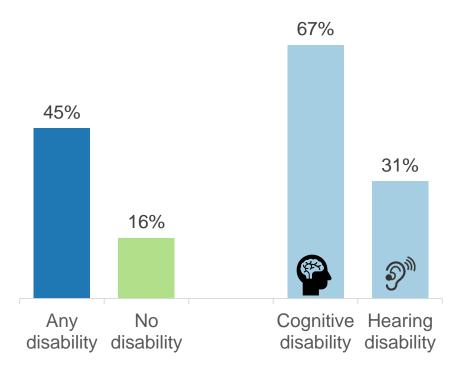
 Vermonters with a disability are three times more likely than those with no disability to have a depressive disorder (16%).

Vermonters with a cognitive disability report the highest rate of depression with two in three (67%) reporting a depressive disorder.

Vermont adults with a hearing disability are the least likely among those with a disability to report depression, although one in three (31%) still report ever being told they had a depressive disorder.

Vermonters with a disability are statistically more likely to have depression than those with no disability.

Adults with Depression



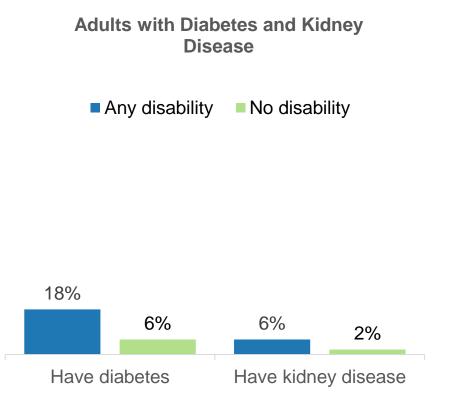
Diabetes and Kidney Disease

One fifth (18%) or 20,000 Vermont adults with a disability have been told they also have diabetes.

 Vermonters with a disability are three times more likely than those with no disability to have diabetes (6%).

One in twenty (6%) Vermonters with a disability have been diagnosed with chronic kidney disease. This is three times more than Vermonters without a disability (2%).

Vermonters with a disability are statistically more likely to have diabetes and kidney disease than those with no disability.



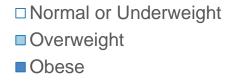
Overweight and Obesity

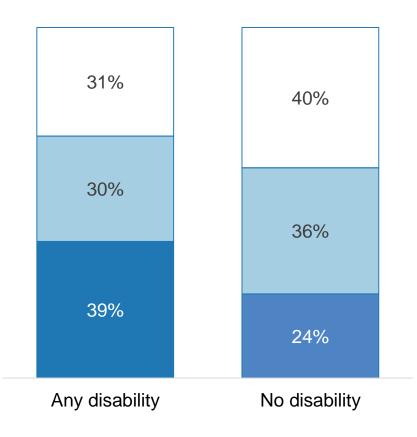
Seven in ten (69%) Vermont adults (age 20 and older) with a disability are above a healthy weight.

Three in ten (30%) Vermonters with a disability are overweight, less than the four in ten (36%) among those without a disability. However, adults with a disability are much more likely to be obese (39% vs. 24%).

Vermonters with a disability are statistically more likely to be obese and statistically less likely to be overweight than those with no disability.

Adult Weight Status





Preventative Behaviors

- Physical Activity
- Nutrition
- Older Adult Immunizations
- Cancer screenings
- HIV testing

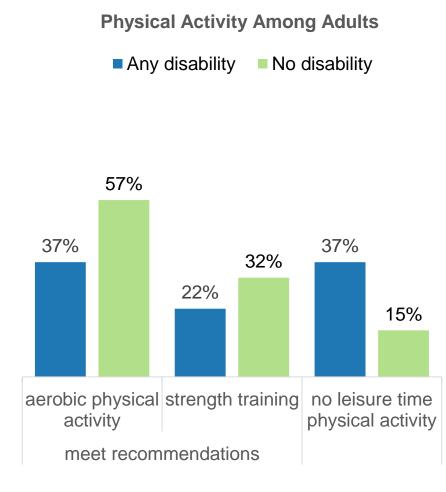
Physical Activity

Vermont adults with a disability get less exercise than those without a disability.

- Four in ten (37%) adults with a disability meet aerobic physical activity recommendations and two in ten (22%) meet strength training recommendations, compared with 63% and 32% among those without a disability.
- Adults with a self-care disability are the least likely to get enough aerobic physical activity (21%).
 Adults with a visual disability are the least likely to meet strength training guidelines (18%).

Adults with a disability report no leisure time physical activity twice as often as those with no disability (37% vs. 15%).

Vermonters with a disability are statistically less likely to meet physical activity and strength training recommendations and statistically more likely to have no leisure time activity than those with no disability.



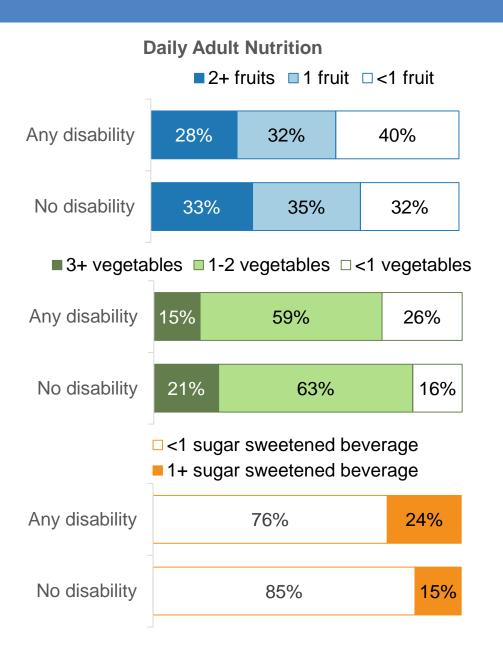
Nutrition

Vermont adults with a disability are less likely to eat fruits and vegetables than adults with no disability.

- Three in ten (28%) adults with a disability eat two or more fruits each day while four in ten (44%) have less than one.
- One in seven (15%) adults with a disability eat three or more vegetables each day and one in four (26%) have less than one.

Adults with a disability are more likely to drink soda or sugar sweetened beverages on a daily basis (24%) when compared to those without a disability (15%).

Vermonters with a disability are statistically less likely to eat 2+ fruits and 3+ vegetables daily and are statistically more likely to drink a sugar sweetened beverage daily than those with no disability.



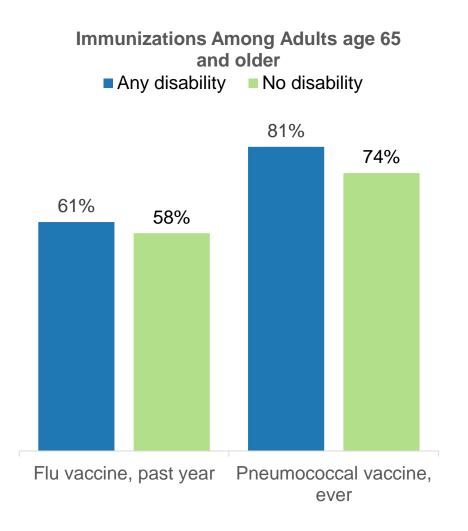
Older Adult Immunizations

Older Vermont adults with a disability have similar immunization rates to those without a disability.

- Six in ten (61%) adults age 65 and older, with a disability, received a flu vaccine in the past 12 months.
- Eight in ten (81%) adults age 65 and older, with a disability, have ever received a pneumococcal vaccine.

Older Vermonters with a mobility disability are more likely to have ever had a pneumococcal vaccine (85%) than those without a disability (74%)

Older Vermonters with a mobility disability are statistically more likely to have had a pneumococcal vaccine than those with no disability, all other differences are not significant.



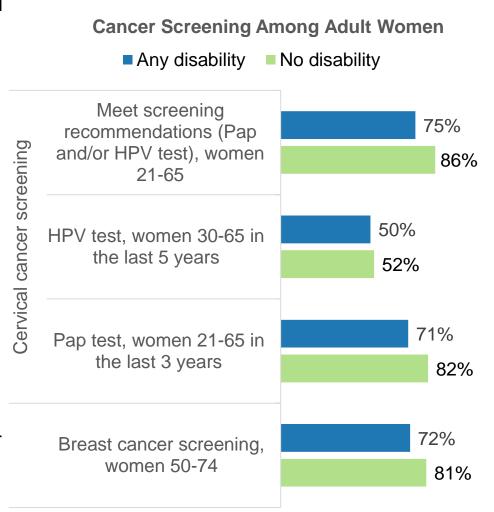
Breast and Cervical Cancer Screenings

Women with disabilities are less likely to meet cervical cancer and breast cancer screening recommendations than those without a disability.

- Three-quarters (75%) of women with a disability age 21 to 65 meet cervical cancer screening recommendations. See the <u>BRFSS</u> <u>annual report</u> for a description of these recommendations.
- Seven in ten (72%) women with a disability age 50-74 have had a mammogram in the past two years. This is less than the 8 in 10 (81%) of women without disabilities.

Women 21-65 with a disability are statistically less likely to have had a Pap test and meet cervical cancer screening recommendations than women age 21-65 without a disability. Women 50-74 with a disability are

statistically less likely to meet breast cancer screenings than those without a disability.



Colorectal Cancer Screening

Two in three (66%) Vermont adults age 50 to 75 with a disability meet colorectal cancer screening recommendations:

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

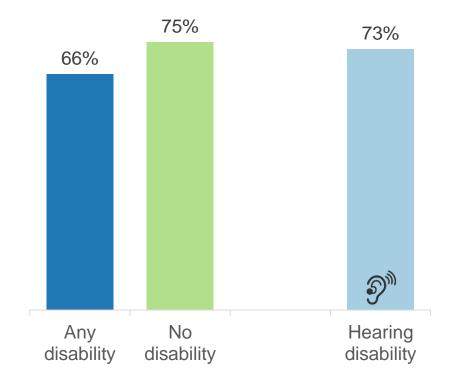
Vermonters with a disability meet colorectal cancer screening recommendations less often than the three in four (75%) Vermonters without a disability.

 Adults with a hearing disability are the most likely to have met colorectal cancer screening recommendations among Vermonters with a disability.

Vermonters age 50-75 with a disability are statistically

less likely to have met colorectal cancer screening recommendations than those with no disability.

Adults Age 50 to 75 Meeting Colorectal Cancer Screening Recommendations

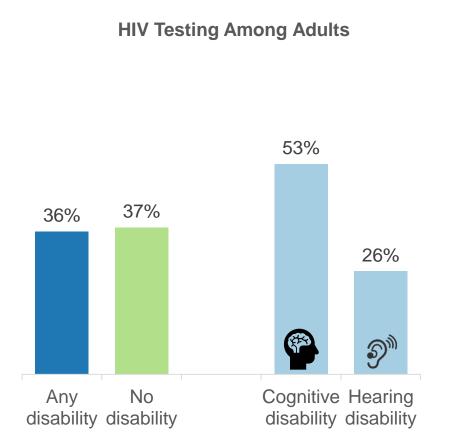


HIV Testing

One in three (36%), or 37,000 Vermont adults with a disability report that they have ever been tested for HIV. This is similar to adults without a disability (37%).

Adults with a cognitive disability are the most likely to have ever been tested for HIV (53%). Vermonters with a hearing disability are the least likely to have ever been tested for HIV.

Differences in HIV testing of adults with a cognitive or hearing disability may be influenced by age. Hearing disability is most common in adults 65 and older, and only 13% of all of Vermont's population 65 and older have ever been tested for HIV. Similarly, 58% of Vermont adults age 25-44 have ever been tested for HIV and the distribution of Vermont's population with a cognitive disability is evenly distributed across age groups making it a younger group overall than the other disability types.



HIV testing among Vermonters with a cognitive disability is statistically higher than those without a disability and it is statistically lower among adults with a hearing disability when compared to those with no disability.

Risk Behaviors

- Sexual & Intimate Partner Violence
- Alcohol Consumption
- Marijuana
- Prescription Drug Misuse
- Tobacco Use

Sexual and Intimate Partner Violence

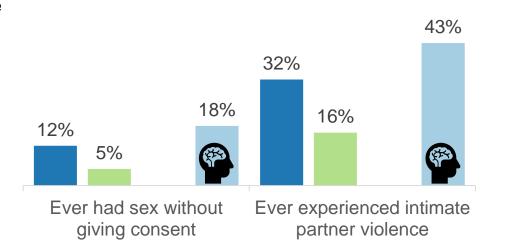
Vermonters living with a disability are twice as likely as those without a disability to have experienced sexual and intimate partner violence.

- One in eight (12%) adults with a disability has ever had sex without giving consent, more than double adults with no disability (5%).
- One in three (32%) adults with a disability have ever experienced intimate partner violence, double Vermonters with no disability (16%).

Adults with a cognitive disability are the most likely to have experienced sexual (18%) and intimate partner violence (43%) among disability types, nearly three times more likely than adults without a disability.

Sexual Violence and Intimate Partner Violence Among Adults

Any disability No disability Cognitive disability



Vermonters with a disability are statistically more likely to have experienced intimate partner violence or sexual violence than those with no disability.

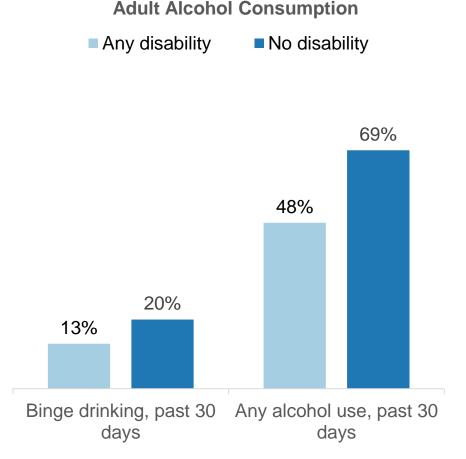
Alcohol Use

Vermont adults with a disability are less likely to drink any alcohol or binge drink alcohol than Vermonters without a disability.

- Half (48%) of Vermont adults with a disability have had any alcohol in the past month.
- One in seven (13%) adults with a disability binge drank in the last month.
 - Binge drinking is having five or more alcoholic drinks on one occasion for men and four or more for women.

One in ten (9%) Vermonters with a disability drank heavily in the last month the same as Vermonters with no disability.

 Heavy drinking is having more than two drinks per day for men and more than one drink for women.



Vermonters with a disability are statistically less likely to have drank or binge drank in the past month than those with no disability.

Marijuana Use and Prescription Drug Misuse

Vermont adults with a disability are nearly twice as likely as those without a disability to report using marijuana.

 One in five (18%) Vermont adults with a disability have used marijuana in the past month.

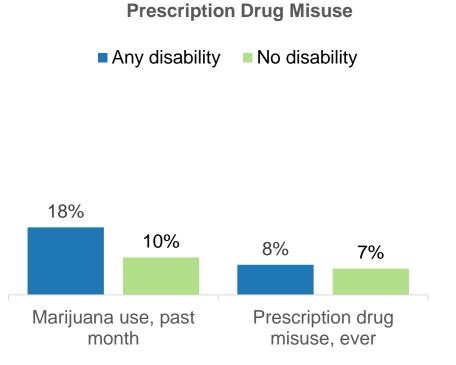
Vermont adults with a cognitive disability are three times as likely (29%) to use marijuana as those without a disability.

Vermont adults with a disability misuse prescription drugs at similar rates to adults without a disability.

 One in twelve (8%) Vermont adults with a disability have ever taken a prescription drug without a prescription.

Vermonters with a disability and a cognitive disability are statistically more likely to use marijuana than those with no

disability. There is no statistical difference in prescription drug misuse between Vermonters with a disability and those with no disability.



Adult Marijuana Use and

Risk Behaviors

Tobacco Use

Adults with a disability are twice as likely as adults without a disability to smoke cigarettes^ or use any tobacco.

- One in four (28%) Vermont adults with a disability smoked cigarettes in the past month.
- Half (52%) of smoking adults living with a disability made a quit attempt in the last year.

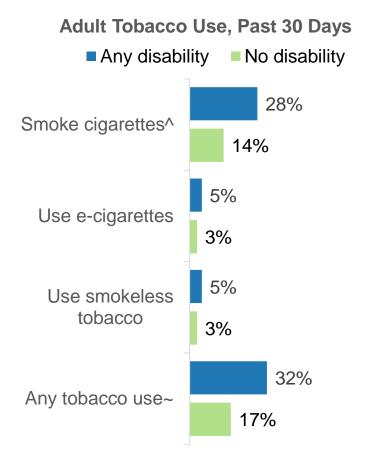
One in twenty (5%) adults with a disability used e-cigarettes in the past month. This is similar to those using smokeless tobacco.

E-cigarette use is reported three times as often among Vermonters living with a cognitive disability (9%), an independent living disability (9%) and multiple disabilities (8%).

Vermonters with a disability are statistically more likely to report smoking cigarettes and any tobacco use than Vermonters with

no disability. There is no statistical difference in e-cigarette use, smokeless tobacco use and smoking quit attempts between Vermonters with a disability and those without.

- ^ Note: cigarette smoking is non age-adjusted and most Vermont publications age-adjust for this indicator.
- ~ Does not include cigars.



Appendix A: Health Indicators by Disability Type

| | | None | Any | Mobility | Cognitive | Hearing | Indep. living | Visual | Self-care | Multiple disabilities |
|------------------------|----------------------------|------|-----|----------|-----------|---------|---------------|--------|----------------------------------|--------------------------|
| Sex | Male | 77% | 23% | 10% | 10% | 8% | 5% | 3% | 3% | 9% |
| | Female | 78% | 22% | 12% | 9% | 5% | 7% | 3% | 3% | 10% |
| Age | 18-24 | 86% | 14% | - | 10% | - | 4% | 2% | - | 4% |
| | 25-44 | 86% | 14% | 5% | 11% | 1% | 5% | 1% | 1% | 6% |
| | 45-64 | 76% | 24% | 14% | 10% | 6% | 7% | 4% | 5% | 12% |
| | 65+ | 64% | 36% | 21% | 7% | 16% | 7% | 5% | 4% | 15% |
| Race/ | White, non-Hispanic | 78% | 22% | 11% | 9% | 6% | 6% | 3% | 3% | 9% |
| ethnicity | Racial/Ethnic Minority | 68% | 32% | 14% | 19% | 6% | 9% | 8% | <u>3%</u> - 1% 5% 4% | 13% |
| Sexual Orientation/ | Heterosexual/ Cisgender | 78% | 22% | 11% | 9% | 7% | 6% | 3% | 3% | 10% |
| Gender Identity | LGBT | 65% | 35% | 12% | 22% | 7% | 15% | 6% | 6% | 17% |

Disability Type Among Select Demographic Characteristics

Demographic Characteristics Among Vermonters with a Disability

| | | None | Any | Mobility | Cognitive | Hearing | Indep. living | Visual | Self-care | Multiple disabilities |
|----------------|-----------------------|------|-----|----------|-----------|---------|---------------|--------|-----------|--------------------------|
| Education | Less than high school | 5% | 18% | 17% | 23% | 17% | 21% | 24% | 20% | 23% |
| | High school | 27% | 40% | 42% | 39% | 37% | 44% | 38% | 40% | 40% |
| | Some college | 30% | 37% | 26% | 26% | 27% | 26% | 23% | 30% | 26% |
| | College or higher | 38% | 16% | 15% | 11% | 20% | 9% | 15% | 10% | 11% |
| Household | Very low (<\$15K) | 5% | 24% | 28% | 32% | 19% | 33% | 31% | 33% | 30% |
| Income | Low (\$15K-<\$25K) | 12% | 29% | 31% | 30% | 23% | 35% | 30% | 36% | 35% |
| | Middle (\$25K-<\$50K) | 25% | 24% | 22% | 22% | 30% | 19% | 27% | 14% | 22% |
| | High (\$50K-<\$75K) | 21% | 9% | 7% | 6% | 13% | 5% | 8% | 5% | 7% |
| | Highest (≥\$75K) | 37% | 13% | 12% | 11% | 14% | 8% | 5% | 12% | 7% |
| Employment | Employed | 71% | 33% | 19% | 38% | 31% | 18% | 31% | 11% | 20% |
| Status | Retired | 15% | 30% | 35% | 14% | 48% | 23% | 32% | 26% | 29% |
| | Unable to Work | 1% | 35% | 56% | 35% | 24% | 53% | 35% | 71% | 51% |
| | Unemployed | 3% | 6% | 5% | 8% | 1% | 9% | 4% | 4% | 6% |
| | Student | 6% | 3% | <1% | 5% | 1% | 4% | 4% | 1% | 2% |
| | Homemaker | 3% | 3% | 3% | 3% | 6% | 3% | 2% | 3% | 3% |
| Marital Status | ³ Married | 57% | 38% | 40% | 26% | 46% | 28% | 36% | 37% | 33% |
| | Never Married | 21% | 23% | 14% | 36% | 11% | 30% | 20% | 17% | 22% |
| | Divorced | 10% | 19% | 22% | 20% | 20% | 21% | 21% | 26% | 22% |
| | Widowed | 5% | 14% | 19% | 7% | 18% | 13% | 13% | 12% | 16% |
| | Unmarried Couple | 6% | 4% | 3% | 7% | 3% | 3% | 5% | 3% | 4% |
| | Separated | 1% | 2% | 3% | 4% | 1% | 5% | 5% | 4% | 4% |
| Children in | No children | 68% | 81% | 86% | 72% | 87% | 73% | 77% | 77% | 78% |
| the home | One child | 14% | 10% | 6% | 16% | 8% | 15% | 11% | 10% | 12% |
| | Two children | 13% | 5% | 5% | 7% | 3% | 6% | 8% | 4% | 5% |
| | Three + children | 5% | 4% | 3% | 5% | - | 6% | 4% | 9% | 5% |
| Housing | Own their home | 76% | 66% | 70% | 53% | 80% | 56% | 67% | 68% | 63% |
| | Rent | 19% | 30% | 27% | 42% | 18% | 42% | 30% | 29% | 34% |
| | Other | 5% | 4% | 3% | 5% | 2% | 2% | 3% | 3% | 3% |
| Veteran | | 10% | 15% | 15% | 12% | 26% | 9% | 14% | 16% | 13% |

Shaded boxes indicate statistical significance when compared to no disability.

Health Status Among Vermonters with a Disability

| | | None | Any | Mobility | Cognitive | Hearing | Indep. living | Visual | Self-care | Multiple disabilities |
|--|--|------|-----|----------|-----------|---------|---------------|--------|-----------|--------------------------|
| Quality of Life Fair/poor general health | | 6% | 40% | 58% | 43% | 30% | 61% | 44% | 80% | 56% |
| | Poor physical health | 5% | 33% | 54% | 35% | 26% | 55% | 36% | 78% | 52% |
| | Poor mental health | 6% | 31% | 32% | 53% | 22% | 49% | 40% | 45% | 44% |
| | Rarely/never get emotional support | 6% | 17% | 17% | 20% | 16% | 19% | 19% | 23% | 20% |
| Health Care | Have a medical health plan | 95% | 94% | 95% | 92% | 95% | 97% | 96% | 97% | 95% |
| Access | Personal health care provider | 88% | 90% | 95% | 88% | 92% | 90% | 86% | 97% | 92% |
| | Did not visit doctor due to cost | 6% | 14% | 15% | 20% | 13% | 17% | 15% | 18% | 16% |
| | Visited the doctor in last year | 68% | 75% | 82% | 67% | 79% | 71% | 72% | 77% | 75% |
| Insurance | Employer | 52% | 20% | 15% | 22% | N/A | 11% | 17% | 18% | 14% |
| Туре (2014) | Self Purchased | 11% | 6% | 6% | 6% | N/A | 4% | 5% | 5% | 4% |
| | Medicare | 15% | 37% | 45% | 28% | N/A | 43% | 39% | 40% | 40% |
| | Medicaid | 10% | 21% | 18% | 27% | N/A | 29% | 22% | 26% | 27% |
| | Military | 3% | 5% | 5% | 5% | N/A | 5% | 2% | 2% | 5% |
| | Other | 2% | 3% | 4% | 2% | N/A | 1% | 4% | - | 4% |
| | Uninsured | 7% | 8% | 6% | 9% | N/A | 7% | 11% | 6% | 7% |
| Oral Health | Visited the dentist in the last year | 75% | 59% | 50% | 59% | 47% | 53% | 60% | 51% | 55% |
| | Ever had teeth removed | 35% | 68% | 77% | 66% | 71% | 69% | 78% | 79% | 75% |
| Falls | Fell in last 12 months, adults 65+ | 25% | 53% | 59% | 63% | 51% | 62% | 62% | 63% | 60% |
| | Fell in last 12 months, resulted in injury, adults 65+ | 29% | 39% | 40% | 36% | 38% | 45% | 48% | - | 43% |

Shaded boxes indicate statistical significance when compared to no disability.

All indicators are non age-adjusted, and therefore should be interpreted with caution when comparing to Healthy Vermonters 2020 data.

Chronic Conditions, Physical Activity and Nutrition Among Vermonters with a Disability

| | | None | Any | Mobility | Cognitive | Hearing | Indep. living | Visual | Self-care | Multiple disabilities |
|-----------------------------|--|------|------------|--------------------|-----------|------------|---------------|-----------|-----------|--------------------------|
| Chronic | Arthritis | 21% | 53% | 70% | 48% | 54% | 58% | 59% | 73% | 61% |
| Conditions | Asthma | 8% | 17% | 23% | 19% | 14% | 24% | 20% | 34% | 23% |
| | Non-skin cancer | 6% | 15% | 19% | 12% | 17% | 16% | 15% | 22% | 16% |
| | Skin cancer | 6% | 9% | 10% | 5% | 14% | 4% | 8% | 4% | 7% |
| | Cardiovascular disease Chronic obstructive pulmonary | 5% | 19% | 26% | 18% | 28% | 21% | 22% | 30% | 24% |
| | disease (COPD) | 3% | 17% | 26% | 16% | 16% | 23% | 25% | 35% | 23% |
| | Cognitive decline | 4% | 24% | 26% | 52% | 24% | 38% | 35% | 35% | 36% |
| | Depressive disorder | 16% | 45% | 46% | 67% | 31% | 63% | 50% | 47% | 55% |
| | Diabetes | 6% | 18% | 25% | 15% | 19% | 19% | 20% | 24% | 21% |
| | High cholesterol (2015) | 31% | 48% | 53% | 46% | N/A | 50% | 52% | 48% | 54% |
| | Cholesterol screening in the past | 78% | 85% | 92% | 77% | N/A | 88% | 84% | 87% | 88% |
| | five years (2015) | 25% | 83% 48% | 92 <i>%</i> 61% | 38% | N/A N/A | 51% | 55% | 47% | 54% |
| | Hypertension (2015) | | 40% 6% | | | 7% | | 55% 7% | | 9% |
| | Kidney disease | 2% | | 9% | 5% | | 10% | | 14% | |
| | Obese | 24% | 39% | 47% | 40% | 32% | 48% | 37% | 47% | 43% |
| | Overweight | 36% | 30% | 29% | 27% | 35% | 25% | 31% | 30% | 29% |
| | One or more chronic condition | 57% | 89% | 96% | 90% | 85% | 94% | 88% | 99% | 94% |
| <u></u> | Two or more chronic conditions | 23% | 65% | 79% | 66% | 61% | 75% | 67% | 84% | 74% |
| Physical Activity and | Meet aerobic physical activity recommendations (2015) Meet strength training | 57% | 37% | 30% | 42% | N/A | 27% | 39% | 21% | 28% |
| Nutrition | recommendations (2015) | 32% | 22% | 21% | 24% | N/A | 21% | 18% | 21% | 20% |
| | No leisure time physical activity | 15% | 37% | 52% | 32% | 34% | 45% | 36% | 61% | 46% |
| | 2 or more fruits/day (2015) | 33% | 28% | 31% | 22% | N/A | 30% | 28% | 35% | 28% |
| | Less than 1 fruit/day (2015) | 32% | 40% | 38% | 44% | N/A | 38% | 40% | 35% | 41% |
| | 3 or more vegetables/day (2015) Less than 1 vegetable/day | 21% | 15% | 13% | 13% | N/A | 15% | 13% | 13% | 12% |
| | (2015) Drink 1 or more sodas/sugar | 16% | 26% | 27% | 29% | N/A | 27% | 31% | 25% | 32% |
| | sweetened beverages (2013) | 15% | 24% | 22% | 27% | N/A | 25% | 28% | 18% | 26% |

Shaded boxes indicate statistical significance when compared to no disability.

All indicators are non age-adjusted, and therefore should be interpreted with caution when comparing to Healthy Vermonters 2020 data.

| Preventative Behaviors, Screenings, Substance Use and | Domestic Violence Among Vermonters with a Disability |
|---|--|
|---|--|

| | | None | Any | Mobility | Cognitive | Hearing | Indep. living | Visual | Self-care | Multiple disabilities |
|----------------|--|------|-----|----------|-----------|---------|---------------|--------|-----------|--------------------------|
| Immunization | ^s Flu shot (65+) | 58% | 61% | 63% | 46% | 62% | 55% | 57% | 53% | 59% |
| | Pneumococcal (65+) | 74% | 81% | 85% | 65% | 78% | 81% | 86% | 77% | 83% |
| Breast cancer | screening (women 50-74) | 81% | 72% | 67% | 74% | 81% | 61% | 68% | 60% | 67% |
| Cervical | Pap in the last 3 years | 82% | 71% | 70% | 73% | 71% | 71% | 76% | 73% | 71% |
| cancer | HPV test in the last 5 years | 52% | 50% | 44% | 51% | 47% | 52% | - | 51% | 47% |
| screening | Meeting cervical cancer | | | | | | | | | |
| | screening recommendation | 86% | 75% | 76% | 77% | 74% | 75% | 77% | 85% | 76% |
| Colorectal car | ncer screening (50-75) | 75% | 66% | 65% | 68% | 73% | 63% | 64% | 59% | 64% |
| Ever tested fo | r HIV | 37% | 36% | 31% | 53% | 26% | 38% | 37% | 44% | 38% |
| Sexual violend | ce (2015) | 5% | 12% | 10% | 18% | N/A | 17% | 12% | 13% | 17% |
| Intimate partn | er violence (2014) | 16% | 32% | 27% | 43% | N/A | 42% | 33% | 37% | 39% |
| Alcohol | Any alcohol, past 30 days | 69% | 48% | 38% | 49% | 53% | 37% | 46% | 41% | 39% |
| consumption | Heavy drinking, past 30 days | 9% | 9% | 8% | 14% | 11% | 12% | 15% | 13% | 13% |
| | Binge drinking, past 30 days Drinking at a level of risk | 20% | 13% | 10% | 17% | 12% | 13% | 21% | 15% | 13% |
| | (65+) | 25% | 18% | 15% | 26% | 25% | 15% | 20% | 25% | 18% |
| Marijuana use | , past 30 days | 10% | 18% | 13% | 29% | 9% | 24% | 23% | 18% | 19% |
| Prescription d | rug misuse, lifetime (2015) | 7% | 8% | 6% | 12% | N/A | 8% | 8% | 8% | 9% |
| Tobacco use | Currently smoke cigarettes | 14% | 28% | 26% | 42% | 21% | 35% | 27% | 35% | 32% |
| | Currently use smokeless tobacco | 3% | 5% | 3% | 8% | 4% | 5% | 6% | 4% | 5% |
| | Currently use e-cigarettes Any tobacco use (not | 3% | 5% | 4% | 9% | 4% | 9% | 3% | 6% | 8% |
| | including cigars) Smokers who attempted to | 17% | 32% | 29% | 48% | 23% | 41% | 29% | 38% | 37% |
| _ | quit | 49% | 52% | 57% | 52% | 48% | 51% | 55% | 53% | 54% |

Shaded boxes indicate statistical significance when compared to no disability. All indicators are non age-adjusted, and therefore should be interpreted with caution when comparing to Healthy Vermonters 2020 data.

Appendix B: National Core Indicators (NCI) and BRFSS

The NCI annually surveys Vermonters receiving State provided services other than case management. The <u>2015-2016 survey</u> included primarily younger adults with an intellectual disability. While the BRFSS and NCI results are **not comparable**, looking at this data together can help identify health disparities that may exist between Vermonters with a disability who are receiving services and all Vermonters adults with a disability.

This table looks at health related NCI data next to similar BRFSS data among adults with a disability.

| | National Core Indicators | | Behavioral Risk Factor Surveillance S | ystem |
|--------------------------|---|-----|---------------------------------------|-------|
| Health Care Access | Have a primary care provider | 98% | Have a personal health care provider | 90% |
| | Had a full exam, past year | 88% | Visited the doctor, past year | 75% |
| | Need and do not have health care coordination | | - | - |
| | Had a dental exam, past year | 86% | Visited the dentist, past year | 86% |
| | Need and do not have dental care coordination | 3% | - | - |
| Health | In poor health | 4% | Poor physical health | 33% |
| Status | Need social or relationship support | 28% | Rarely or never get emotional support | 17% |
| | Often feel lonely | 10% | - | - |

(continued on the next page)

| | National Core Indicators | | Behavioral Risk Factor Surveillance Sy | stem |
|--------------|--|-----|---|------|
| Chronic | Have ever had cancer | 3% | Ever diagnosed with non-skin cancer | 15% |
| Conditions | Have cardiovascular disease | 6% | Ever diagnosed with cardiovascular disease | 19% |
| | Have high cholesterol | 18% | Have high cholesterol | 48% |
| | Have diabetes | 10% | Have diabetes | 18% |
| | Are overweight | 30% | Are overweight | 30% |
| | Are obese | 38% | Are obese | 39% |
| Preventative | Engage in regular physical activity | 72% | Meet physical activity recommendations | 37% |
| Behaviors | Had a flu vaccine, past year | 77% | Had a flu vaccine, past year | 61% |
| | Had a Pap test, past 3 years (all adult women) | 58% | Had a Pap test, past 3 years (women ages 21-65) | 71% |
| | Had a mammogram, past 2 years (women age 40 and older) | | Had a mammogram, past 2 years (women ages 50-74) | 72% |
| | Had a colorectal cancer screening, past year (adults age 50 and older) | 21% | Meeting colorectal cancer screening recommendations (adults ages 50-75) | 66% |
| Tobacco Use | Uses nicotine or tobacco products | 8% | Any tobacco use, past 30 days | 32% |

Questions?

For more information about Chronic Disease Prevention and Disability at the Vermont Department of Health, please contact:

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