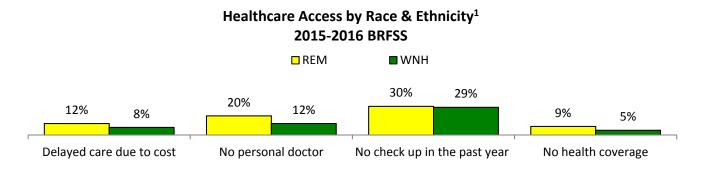
# Racial and Ethnic Minority Health - Data Brief 2015-2016 Vermont Behavioral Risk Factor Survey

### Background

Vermont's Behavioral Risk Factor Surveillance System survey allows us to look at health disparities by race, among Vermont adults. Racial and ethnic minorities are defined as those who report being American Indian, Asian, African-American, Hawaiian/Pacific Islander, Hispanic, or multiple races.

### **Healthcare Access**

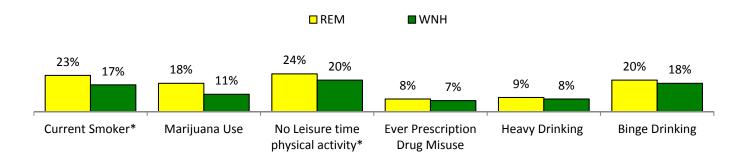
In Vermont, more than one in ten (12%) adults of a racial or ethnic minority said they delayed care because of cost, significantly higher than among White, non-Hispanic adults (8%). When compared with White, non-Hispanic adults, racial and ethnic minorities are also almost twice as likely to not have a personal doctor (20% vs. 12%) or to report being without health coverage (9% vs. 5%). Rates of not having a routine checkup in the past year are similar by race (30% vs. 29%).



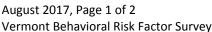
### Risk Behaviors

Nearly a quarter (23%) of Vermont racial and ethnic minority adults smoke, significantly higher than the one sixth among white, non-Hispanic adults. Eighteen percent of racial and ethnic minorities recently used marijuana, compared with 11% among white, non-Hispanic adults. Differences in leisure time physical activity, prescription drug misuse, heavy drinking and binge drinking are not significant between racial/ethnic minorities and white, non-Hispanic adults.

# Risk Behaviors by Race & Ethnicity<sup>1</sup> 2015-2016 BRFSS



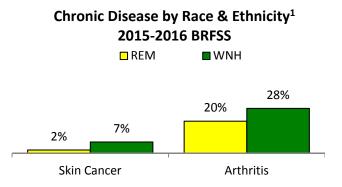
<sup>&</sup>lt;sup>1</sup> In figure legends, 'REM' is used to indicate racial and ethnic minorities, while 'WNH' is used for white, non-Hispanic. \*age adjusted to the U.S. 2000 population





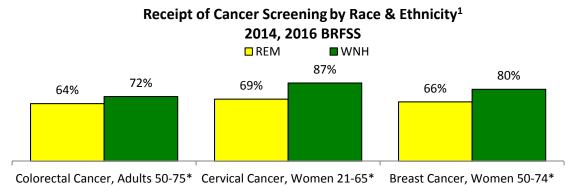
#### **Chronic Disease**

There are no significant differences in most chronic diseases by race, including COPD, cardiovascular disease, obesity, hypertension, high cholesterol and diabetes. The exceptions are the prevalence of skin cancer and arthritis. As compared with White, non-Hispanic adults, Vermont adults of a racial or ethnic minority are significantly less likely to report skin cancer (2% vs. 7%) and arthritis (20% vs. 28%).



## Cancer Screening<sup>2</sup>

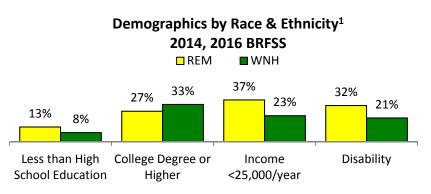
Vermont adults who are a racial or ethnic minority are significantly less likely than White, non-Hispanic adults to receive recommended colorectal or cervical cancer screenings. While reported breast cancer screening is lower among racial and ethnic minorities, the difference is not statistically significant.



### **Demographics**

Racial and ethnic minorities tend to be younger than White, non-Hispanics. Six in ten (58%) adults of a racial or ethnic minority are ages 18 to 44, significantly higher than non-Hispanics Whites (41%). Fifty-five percent of racial and ethnic minority adults in Vermont are male, compared with about half (48%) of White, non-Hispanics, a statistically significant difference.

As compared with non-Hispanic White adults, racial and ethnic minority adults are statistically more likely to have a less than high school education (13% vs. 8%) and less likely to have a college degree or higher (27% vs. 33%). Racial and ethnic minorities are also significantly more likely to have a disability (32%) compared to white, non-Hispanic Vermonters (21%).



Vermont adults who are a racial or ethnic minority are more likely than a non-Hispanic White adult to live in a home making less than \$25,000 per year (37% vs. 23%). Correspondingly, racial and ethnic minorities are less likely than White, non-Hispanic adults to report living in a home with an income of at least \$75,000 annually (27% vs. 32%).

For more information on the BRFSS contact Leslie Barnard, MPH (leslie.barnard@vermont.gov).

<sup>&</sup>lt;sup>2</sup> Information about cancer screening recommendations can be found on the Vermont Department of Health website: <a href="http://healthvermont.gov/prevent/cancer/documents/CancerScreening">http://healthvermont.gov/prevent/cancer/documents/CancerScreening</a> Public.pdf

