

Vermont Behavioral Risk Factor Surveillance System 2012 Data Summary



Health Surveillance

healthvermont.gov

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Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is completed 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 most U.S. territories participate in the BRFSS.

Additional information about the BRFSS can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss/brfss.aspx>
- <http://www.cdc.gov/brfss>

Methodology Changes

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population.

In 2011 and 2012, weights are calculated using an iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using a smaller sample size, 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 results from 2011 forward with those from previous years.

The Vermont Department of Health recommends that comparisons between 2011 and 2012 BRFSS data and earlier years be made with caution. Statistical differences between data collected in 2011 or later and that from 2010 and earlier may be due to methodological changes, rather than changes in opinion or behavior.

Demographics

Demographics

Using BRFSS data, the next few pages describe the demographic make up of adult Vermont residents in 2012.

About one in every eight (13%) Vermont adults are 18-24 years of age. About two thirds are 25-44 or 45-64 (67%).

Half of adults are women (51% versus 49%). Ninety-five percent of Vermont adults are White, non-Hispanic.

A majority of Vermont households make less than \$50,000 per year (53%). One in five makes \$50,000 to less than \$75,000 per year, while more than a quarter (28%) make \$75,000 or more.

Three in ten (31%) Vermont adults have a college or higher education. About four in ten (41%) have a high school education or less and three in ten (29%) have some college education.

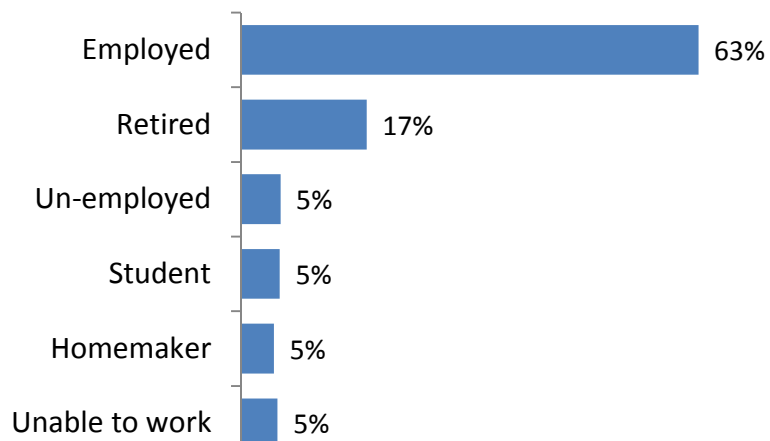
Demographic Characteristics:	
Age	Percent
18-24	13%
25-44	29%
45-64	38%
65 and older	20%
Sex	
Male	49%
Female	51%
Race	
White, non-Hispanic	95%
Other race	5%
Household Income Level	
Low (<\$25K)	26%
Middle (\$25K-<\$50K)	27%
High (\$50K-<\$75K)	19%
Highest (≥\$75K)	28%
Education Level	
High school or Less	41%
Some college	29%
College or higher	31%

Demographics

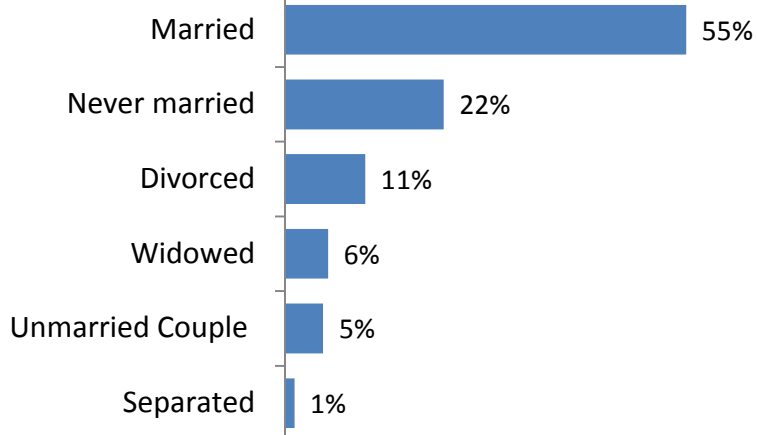
In 2012, nearly two-thirds (63%) of Vermont adults were employed, which was defined as those responding 'employed for wages' or 'self-employed'. One sixth of Vermont adults were retired (17%). Currently un-employed, student, homemaker and unable to work were each reported by five percent of adults.

More than half of Vermont adults were married (55%). Twenty-two percent have never been married, 11% were divorced and 6% widowed. The remaining categories were each five percent or less (5% unmarried couple and 1% separated).

Employment Status



Marital Status



Demographics

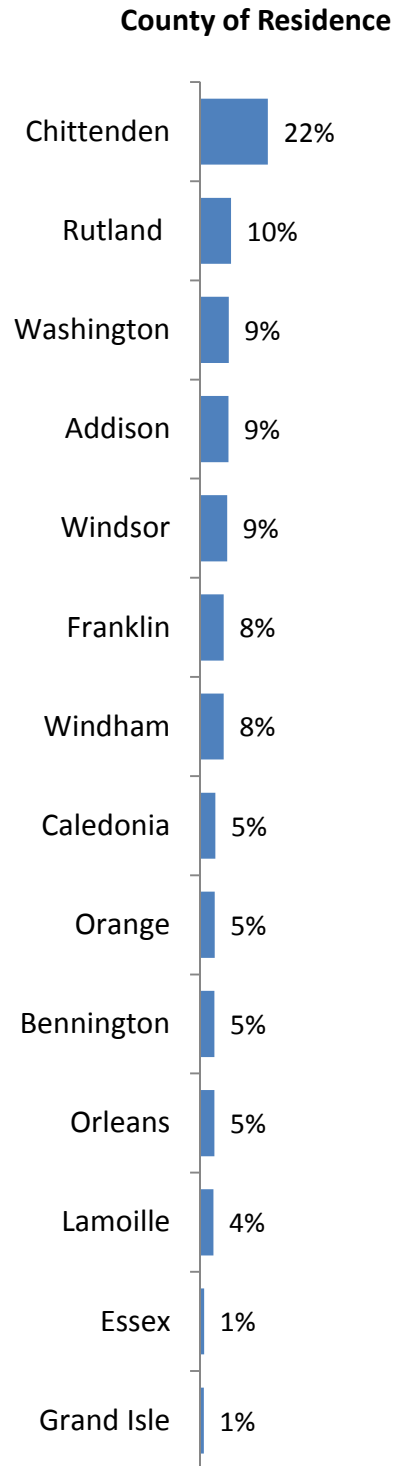
In 2012, more than a fifth (22%) of Vermont adults reported living in Chittenden county.

Ten percent lived in Rutland county. Between five and nine percent lived in: Washington, Addison, Windsor, Franklin, Windham, Caledonia, and Orange counties. Less than five percent lived in Lamoille, Essex, and Grand Isle counties.

Eleven percent of Vermont adults have ever been on active duty in the military. This includes National Guard or reservists who were activated to active duty.

Three percent of women 18-44 were currently pregnant.

Sixty-eight percent of Vermont adults have no children under then age of 18 in their home. An additional 14% have one child and 12% have two children in their home. Four percent have three children, while 2% count four or more children in their household.



Health Status Indicators

General Health Status

In 2012, 12% of Vermont adults said their health is fair or poor, significantly lower than the 18% among U.S. adults.

- More than one fifth of Vermonters said their health was excellent (22%), 37% said it was very good and more than a quarter said good (29%).

Vermont men and women reported their health as fair or poor at a similar rate.

Increasing age results in a higher proportion who report their health as fair or poor.

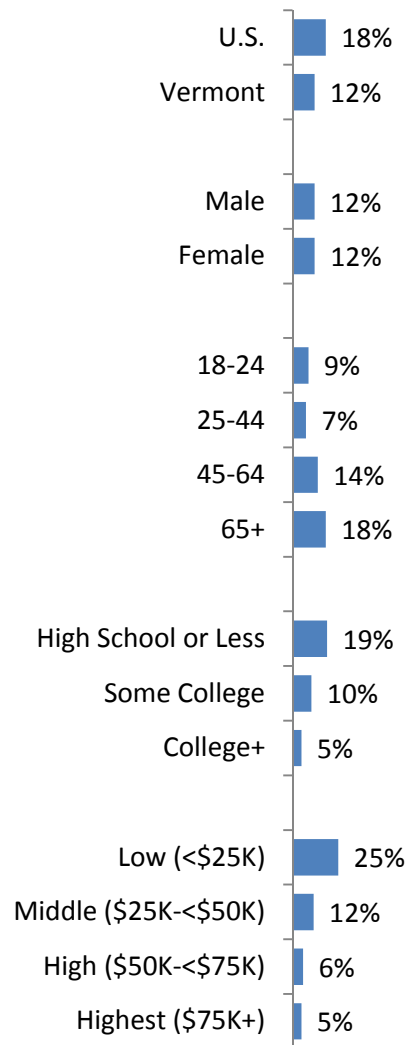
- Those 65 and older report significantly worse health than other age groups. The same is true for those 45-64 when compare to adults 25-44.

Lower levels of education and household income yield larger proportions who report fair or poor health.

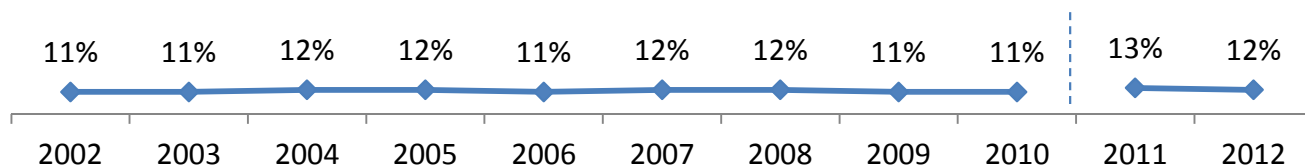
- All differences by education level were statistically significant.
- Adults in homes making less than \$25,000 per year were significantly more likely to have fair or poor health compared to those in homes with higher incomes. The same is true for those in homes making \$25,000 to less than \$50,000 vs. those making \$50,000 or more.

Overall, the proportion of Vermont adults with fair or poor health in 2012 has not changed in the past 10 years.

**General Health Fair or Poor
Vermont Adults, 2012**



**General Health Fair or Poor
Vermont Adult Residents 2002-2012**



Medical Health Plan Coverage

Nearly nine in ten (88%) Vermont adults under the age of 65 said they have a health plan in 2012. This is significantly higher than the 78% reported for the U.S.

Women in Vermont are statistically significantly more likely than men to report having a health plan.

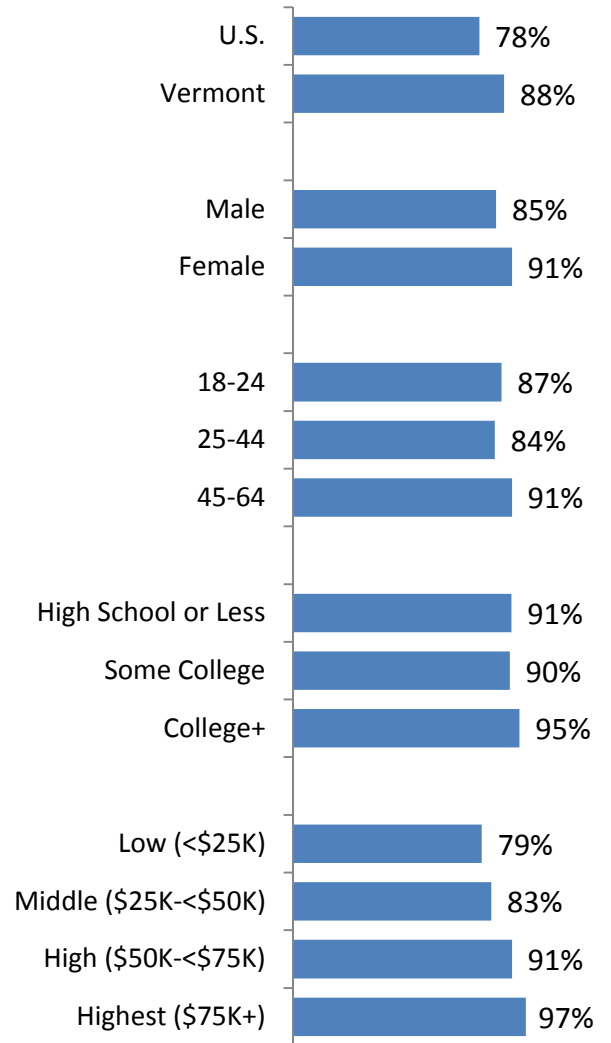
Adults 45-64 are statistically more likely to have a health plan when compared to those 18-44.

Those with the least education and annual household income levels are the least likely to have a health plan.

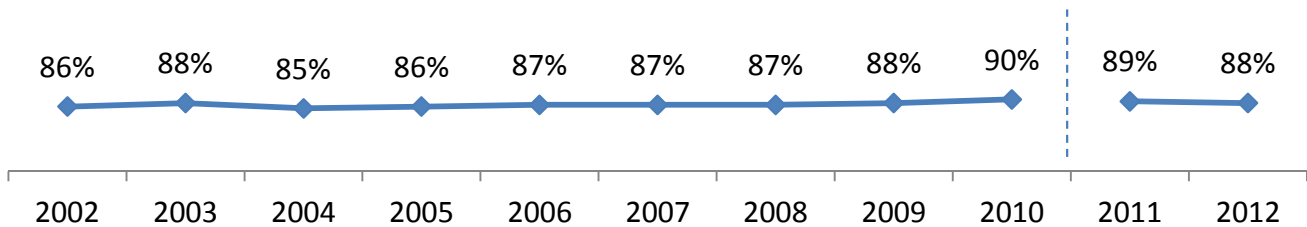
- All differences by education level are statistically significant.
- All differences by annual household income level were statistically different, except that between adults in homes making low and middle incomes.

Overall, health care coverage rates among Vermont adults 18-64 were similar in 2011 and 2012.

**Have a Medical Health Plan
Vermont Adults 18-64, 2012**



**Have a Medical Health Plan
Vermont Adult Residents 18-64, 2002-2012**



Medical Health Care Access

Eighty-eight percent of Vermont adults report having a personal health care provider in 2012, significantly higher than 78% reported by U.S. adults.

Women are statistically more likely than men to have a personal doctor.

Older adults are more likely to have a health care provider.

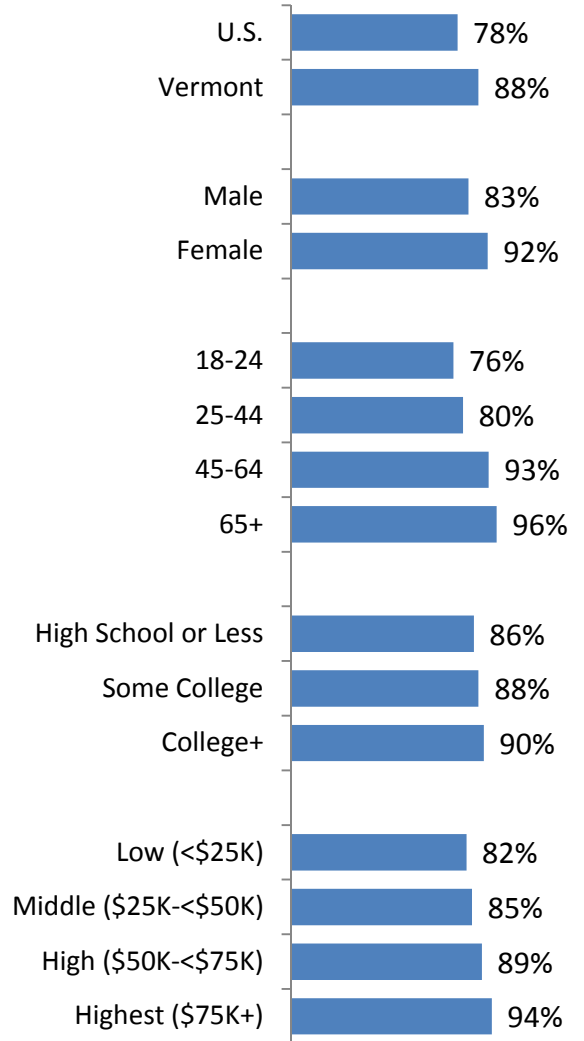
- Adults 65 and older are significantly more likely to have a personal doctor than those in all other age groups. Additionally, adults 45-64 are significantly more likely to have a doctor than those 18-44.

Vermont adults with more education and higher annual household incomes are more likely to have a personal doctor.

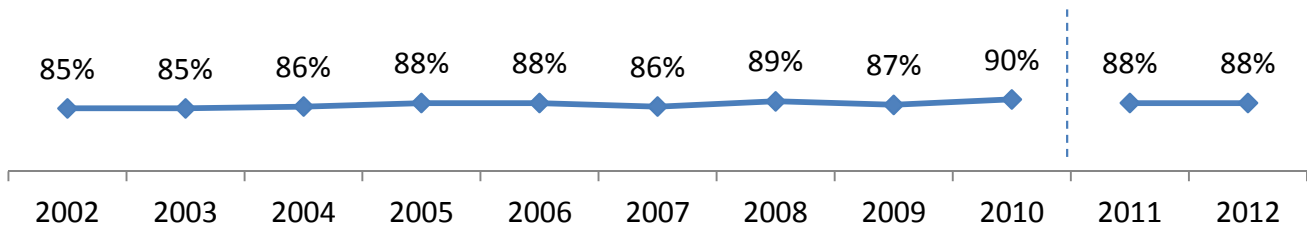
- Those with a college degree or higher are significantly more likely to have a doctor compared to those with a high school degree or less.
- Adults in homes with the highest incomes are more likely to have a doctor compared to those making less per year.
- Similarly, individuals in homes making \$50,000 to less than \$75,000 are significantly more likely to have a doctor vs. those with the lowest incomes.

There was no change in the proportion of Vermont adults who have a personal health care provider from 2011 to 2012.

**Personal Health Care Provider
Vermont Adults, 2012**



**Personal Health Care Provider
Vermont Adult Residents 2002-2012**



Medical Health Care Access

One in ten Vermont adults said there was a time in the last year they did not go to the doctor because of cost. Seventeen percent of U.S. adults said the same, a statistically significant difference.

Men and women report not seeing a doctor due to cost at a similar rate.

Cost as a barrier to care decreases as Vermonters age.

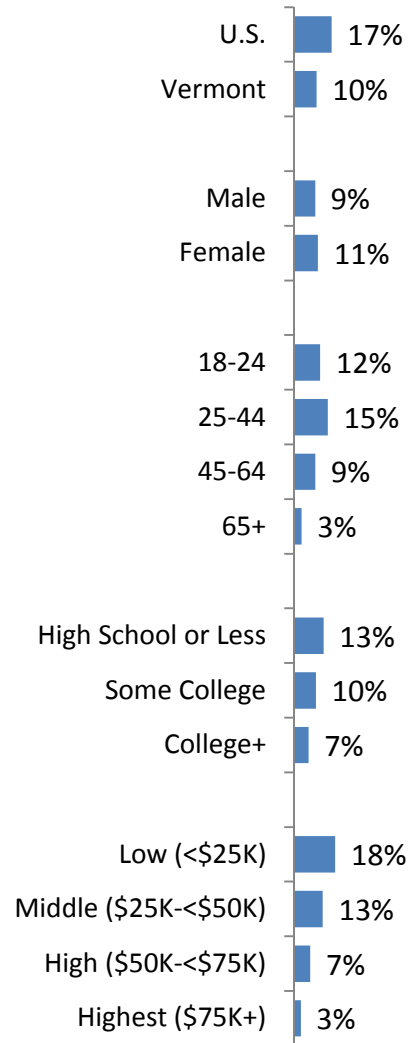
- Vermonters 18-64 are significantly more likely to not visit a doctor due to cost than those 65 and older. The same is true of adults 25-44 vs. those 45-64.

Those with lower levels of education and annual household income are more likely to have forgone care due to cost, as compared to those with more education or higher income.

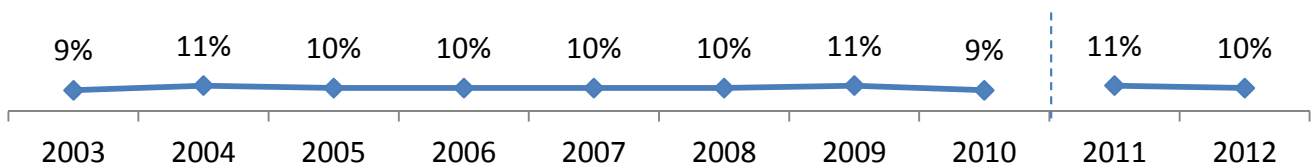
- Adults with a high school or less degree are significantly more likely to cite cost as a barrier to medical care than those with a college degree or higher.
- All differences by annual household income level are statistically significant.

Overall, there was no change in the proportion of Vermont adults delaying medical care due to cost from 2011 to 2012.

**Did Not Visit Doctor Due to Cost
Vermont Adults, 2012**



**Did Not Visit Doctor Due to Cost
Vermont Adult Residents 2003-2012**



Dental Health Plan Coverage

In 2012, 44% of Vermont adults said they did not have dental insurance.

- Forty-seven percent of adults have private or pre-paid plans, while less than 10% reported Medicaid (6%) or other government plans (3%).

Men and women report not having dental insurance at similar rates.

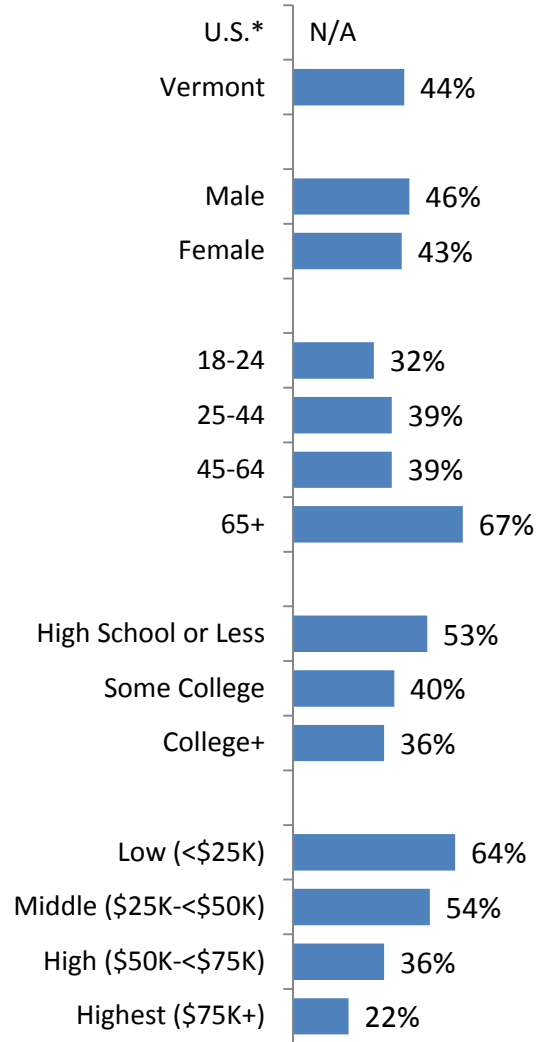
Adults 65 and older are significantly more likely to not have dental insurance than younger adults.

Individuals with less income and annual household incomes are more likely to be without dental insurance than those with more education and income.

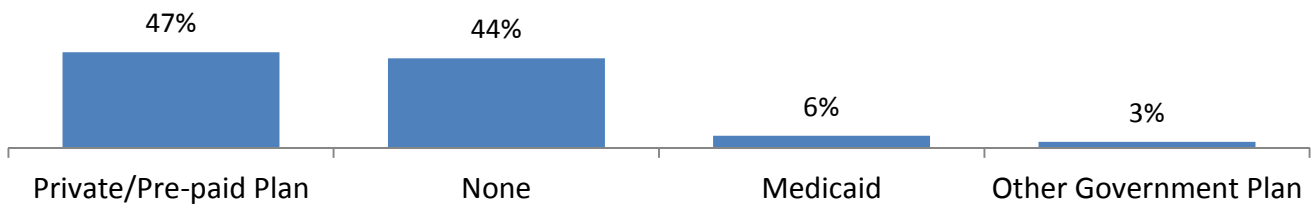
- Adults with a high school degree or less are significantly more likely to not have dental insurance than are those with at least some college education.
- Adults in homes with low income are significantly more likely to lack dental insurance compared to those of all other income levels.
- Similarly, those with middle incomes are more likely to not have dental insurance vs. those with higher incomes.

Access to a provider for regular dental care was first asked on the Vermont BRFSS in 2012. As a result, no trend information is available.

No Dental Insurance Vermont Adults, 2012



Type of Dental Insurance Vermont Adult Residents 2012



*No national estimate available.

Dental Health Care Access

Eight in ten (81%) Vermont adults said they have a regular provider for dental care.

Women are significantly more likely to have a dental provider compared with men.

Adults 25-64 are more likely to have a dental provider than other age groups.

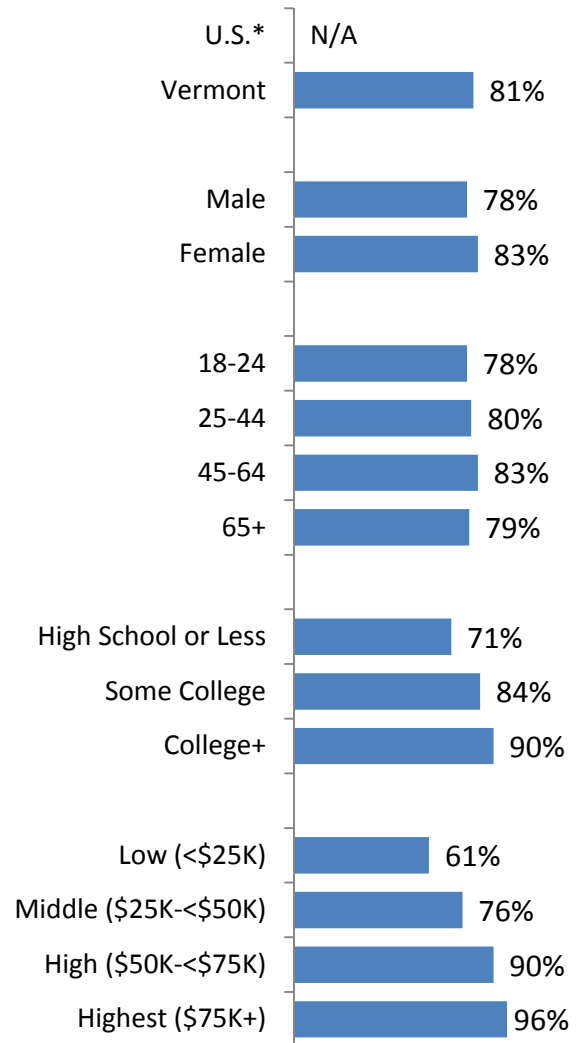
- Those 45 to 64 are significantly more likely than those 65 and older to have one.

Adults with higher education and annual household incomes are more likely to have a dental provider as compared to those with less education and income.

- All differences by education and annual household income are statistically significant.

Access to a provider for regular dental care was first asked on the Vermont BRFSS in 2012. As a result, no trend information is available.

**Dental Care Provider
Vermont Adults, 2012**



*No national estimate available.

Quality of Life/Health Days

About one in ten (11%) of Vermont adults report poor* physical health in 2012, statistically lower than the 12% reported among U.S. adults.

Vermont men and women report poor physical health at a similar rate.

Poor physical health increases as Vermonters age.

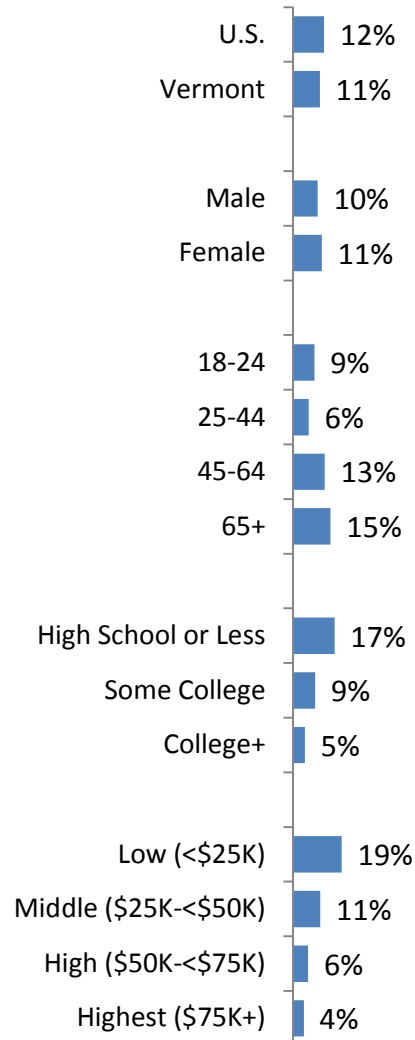
- Adults 45 and older are significantly more likely to report poor health than those 25-44.

Those with lower education and annual household incomes are more likely to report poor physical health.

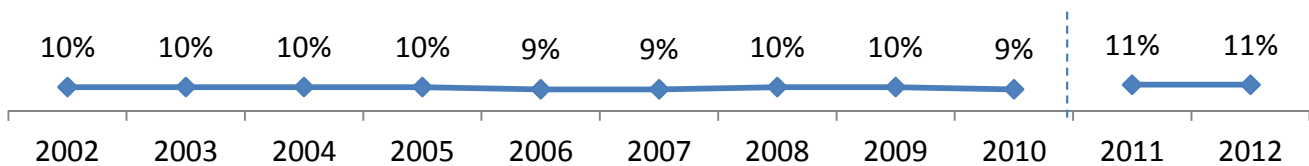
- All differences by education level are statistically significant.
- All differences except that between adults with annual incomes of \$50,000 to \$74,999 and \$75,000 or more are statistically significant.

There was no change from 2011 to 2012 in the percentage of Vermont adults who report poor health.

**Poor* Physical Health Days
Vermont Adults, 2012**



**Poor* Physical Health Days
Vermont Adult Residents 2002-2012**



*Poor physical health defined as 14+ days in the last 30 where physical health self-report as not good.

Quality of Life/Health Days

In 2012, about one tenth (12%) of Vermont adults report poor* mental health, the same as for the U.S. overall.

Women report significantly higher rates of poor mental health compared to men.

Poor mental health decreases as Vermonters age.

- Adults 65 and older are significantly less likely to report poor mental health than other age groups.

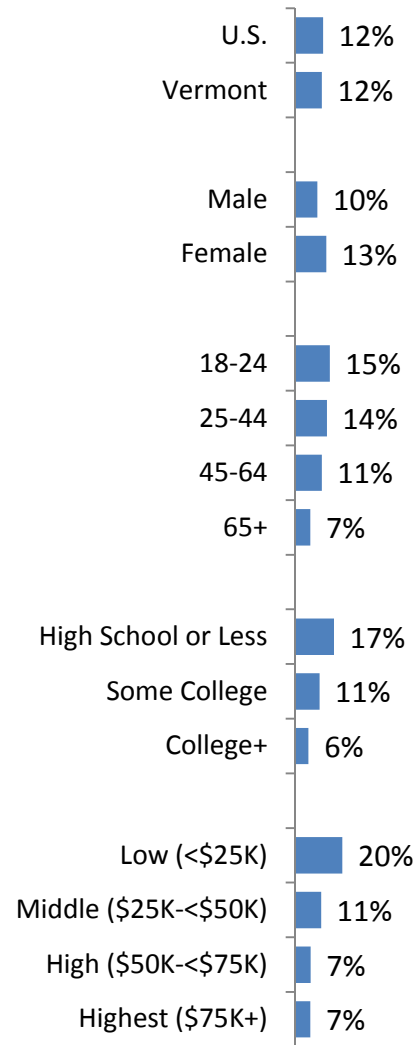
Adults with less education and lower annual household incomes more often report poor mental health.

- All differences by education level are statistically significant.
- Those in homes with low incomes are significantly more likely to have poor mental health than those with more income. The same is true for those in middle income homes vs. the highest income ones.

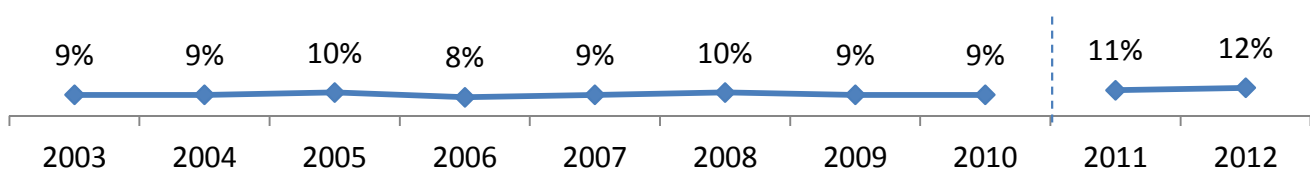
Overall, the proportion of Vermont adults in 2012 is similar to that in 2011 (12% vs. 11%).

Adults that reported any poor physical or mental health days in the last month said, on average, their poor health kept them from participating in their usual activities for 4.2 days in the last month.

**Poor* Mental Health Days
Vermont Adults, 2012**



**Poor* Mental Health Days
Vermont Adult Residents 2003-2012**



*Poor mental health defined as 14+ days in the last 30 where mental health self-reported as not good.

Disability

Disability is defined as activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment (e.g. wheelchair or special phone).

In 2012, about one in five (21%) Vermont adults report they are disabled. This is similar to the 22% among U.S. adults overall.

Men and women in Vermont report disability at similar rates.

Disability increases as age increases.

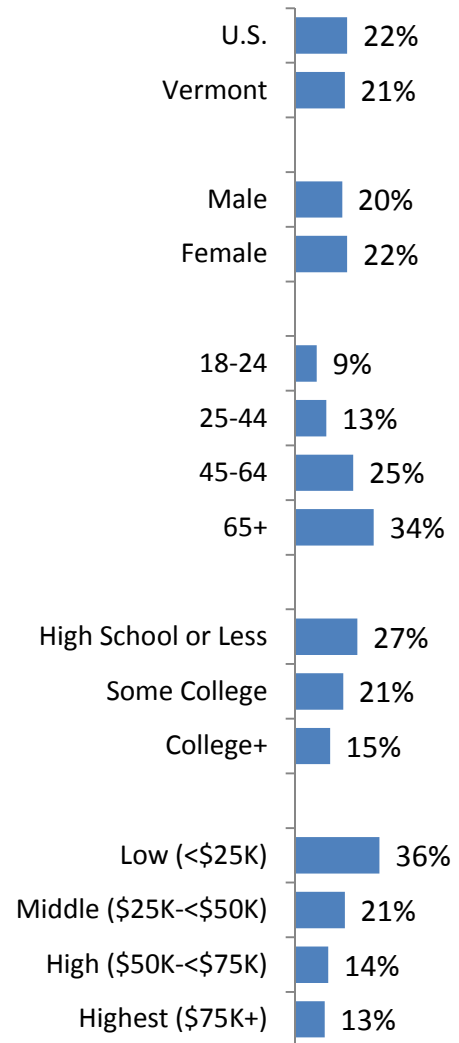
- Adults 65 and older and 45-64 are significantly more likely to report disability as compared to all younger age groups.

Those with less education and lower annual household income levels are more likely to report disability than those with more education and higher incomes.

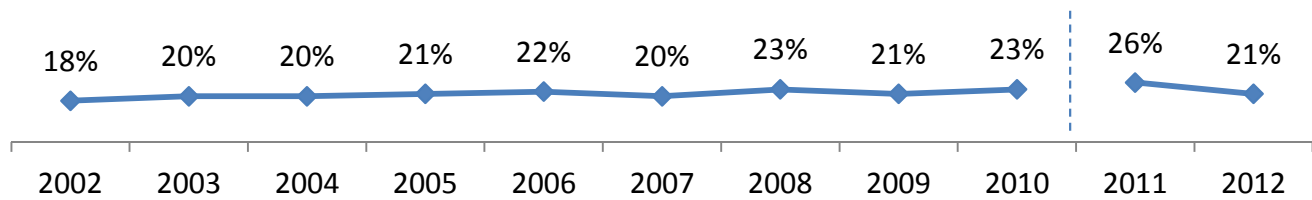
- All differences by education level are statistically significant.
- Adults in homes with low income are significantly more likely to report disability than those in all other income categories. Similarly, adults in middle income homes are more likely to be disabled than those with higher incomes.

The proportion of Vermont adults reporting disability decreased significantly from 26% in 2011 to 21% in 2012.

**Disabled
Vermont Adults, 2012**



**Disabled
Vermont Adult Residents 2002-2012**



Emotional Support

In 2012, one in ten (10%) Vermont adults said they rarely or never get the emotional support they need. Six percent said they never get emotional support and three percent said they rarely get it.

- Eleven percent sometimes get emotional support, while 27% usually get it and 52% always get emotional support.

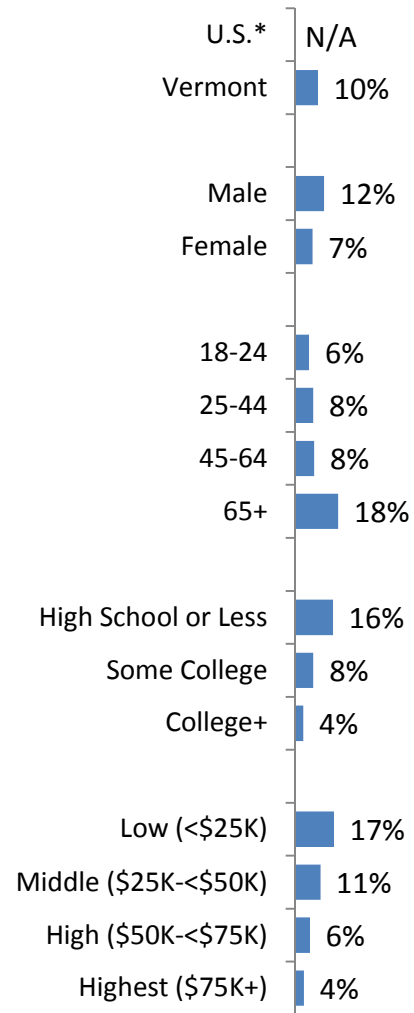
Men report a lack of emotional support significantly more than women.

Adults 65 and older report a lack of emotional support significantly more than younger adults.

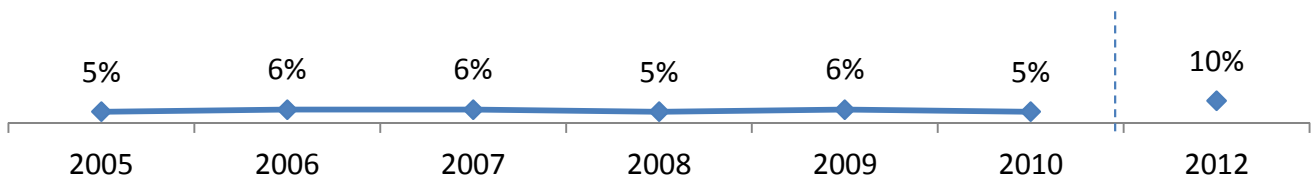
Adults with less education and lower household incomes report rarely or never getting emotional support more often than those with higher education and income.

- Differences by education level are all statistically significant.
- Adults in homes with low and middle incomes are significantly more likely to rarely or never get emotional support than those in homes with higher incomes.
- Also, those in homes with low income report a lack of emotional support significantly more than adults in middle income homes.

Rarely/Never Get Emotional Support Vermont Adults, 2012



Rarely/Never Get Emotional Support Vermont Adult Residents 2005-2012



*No national estimate available.

Falls

A third (32%) of Vermont adults 45 and older said they fell at least once in the last 12 months. A quarter of U.S. adults said the same (26%), a statistically significant difference.

The average number of falls in the last year among Vermont adults at least 45 years of age is 1.1.

Eight percent of adults 45 and older reported two falls, three percent said they'd fallen three times, and six percent fell four or more times.

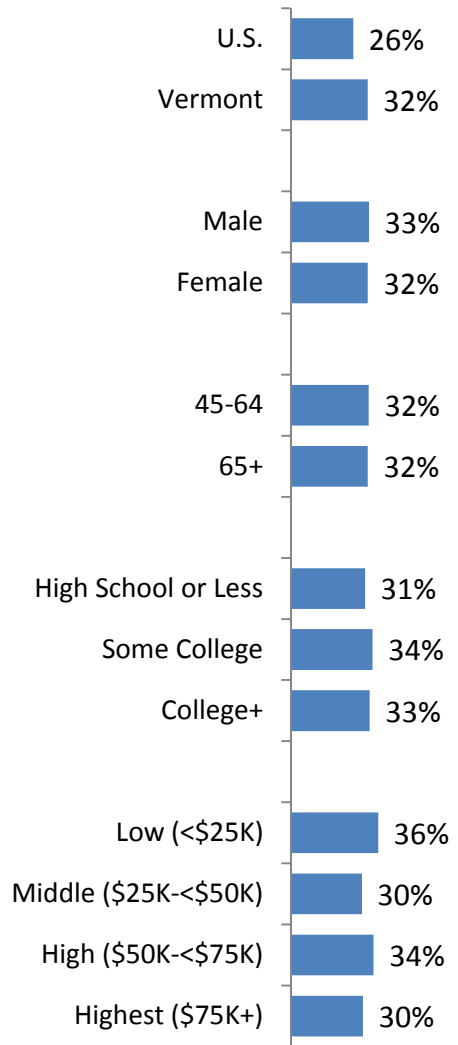
Men and women said they experienced at least one fall at similar rates.

Adults 45-64 and 65 and older report falling at least once at similar rates.

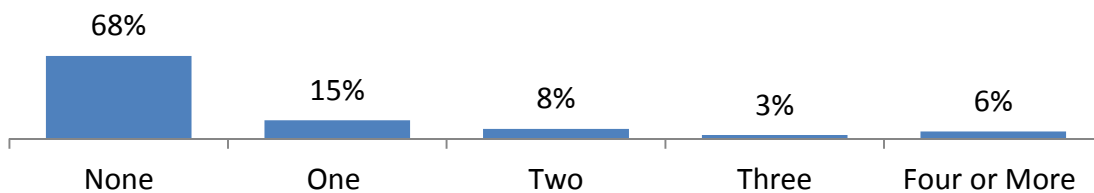
There are also no differences by socio-economic status, as indicated by education level and annual household income, in falls by Vermont adults.

Prior to 2012, the BRFSS asked about falls in the last 3 months rather than 12 months. Because of this change, comparisons to previously collected data cannot be made.

**Fell in Last 12 Months
Vermont Adults 45+, 2012**



**Number of Falls
Vermont Adults 45 and Older, 2012**



Falls in Last Year that, Resulted in Injury

In 2012, about a third (34%) of Vermont adults 45 and older who fell at least once also said a fall resulted in an injury. Nearly four in ten U.S. adults 45 and older said they fell and were injured (39%). This is significantly higher than the Vermont rate.

- An injury was defined as a fall that caused limitations in regular activities for at least a day or a visit to the doctor.

A quarter of adults 45 and older who fell at least once, said only one fall resulted in an injury. Six percent said two falls resulted in an injury and four percent said three or more caused injury.

Women report falls with injuries significantly more often than men.

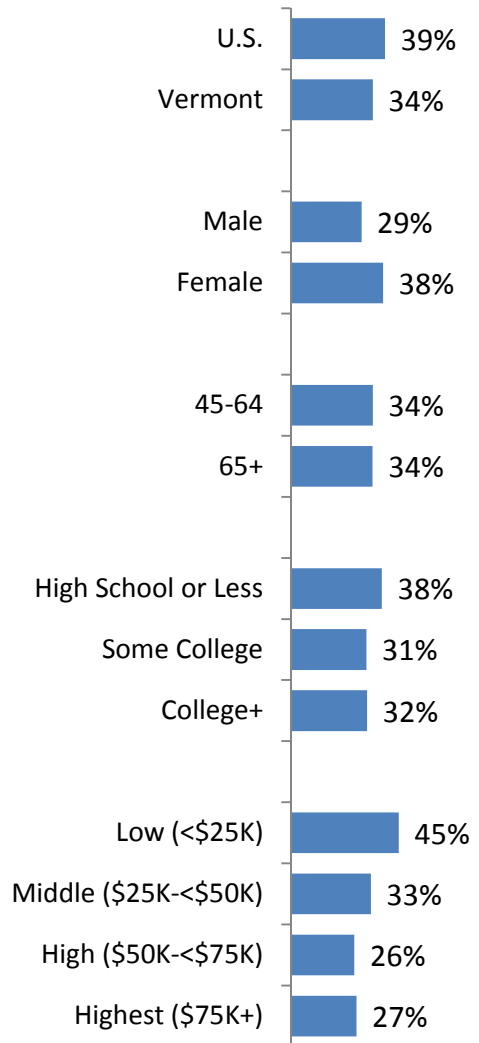
Adults 45-64 and 65 and older report falls resulting in injuries at similar rates.

There are no differences in injuries from falls by education level.

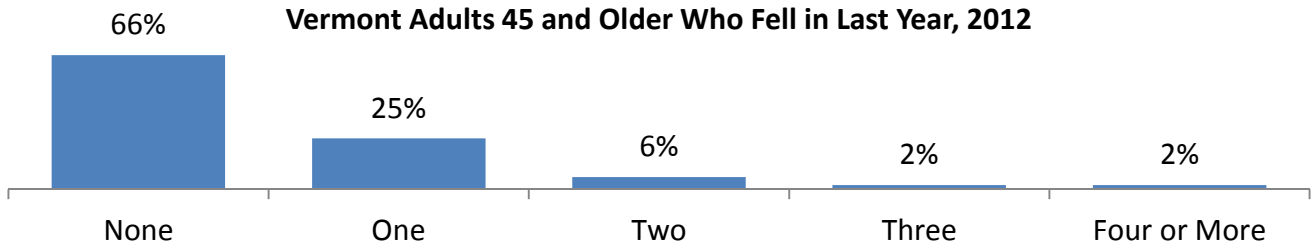
Adults in homes with low incomes are significantly more likely to report a fall with an injury than adults in homes making \$50,000 or more per year.

Prior to 2012, the BRFSS asked about falls in the last 3 months rather than 12 months. Because of this change, comparisons to previously collected data cannot be made.

**Fall Resulting in Injury
Vermont Adults 45+, 2012**



**Fell and Were Injured
Vermont Adults 45 and Older Who Fell in Last Year, 2012**



Chronic Conditions

Alzheimer's Disease

In 2012, Vermont included a question on physician diagnosis of Alzheimer's Disease and other forms of dementia.

Three percent of adults report that they or another adult in their household has dementia overall, with 1% reporting a diagnosis of Alzheimer's Disease and 1% with other forms of the disease. These increased to 2% each among adults 65 and older.

Care must be taken when interpreting the results from this question. Due to the nature of dementia and Alzheimer's Disease, it is likely that the occurrence of these diseases is under-reported. Also contributing to under-reporting of dementia and Alzheimer's Disease is that the BRFSS does not interview among adults in group homes (i.e. nursing homes), where patients with these conditions may be living. Additional questions are included on the 2013 Vermont BRFSS to try and better understand the issues around dementia and Alzheimer's Disease among Vermonters.

Arthritis

In 2012, more than a quarter (27%) of Vermont adults said they have arthritis, statistically higher than the 26% reported for all U.S. adults.

Vermont women report having arthritis at statistically significant higher rates than do men.

Diagnosis of arthritis increases with increasing age.

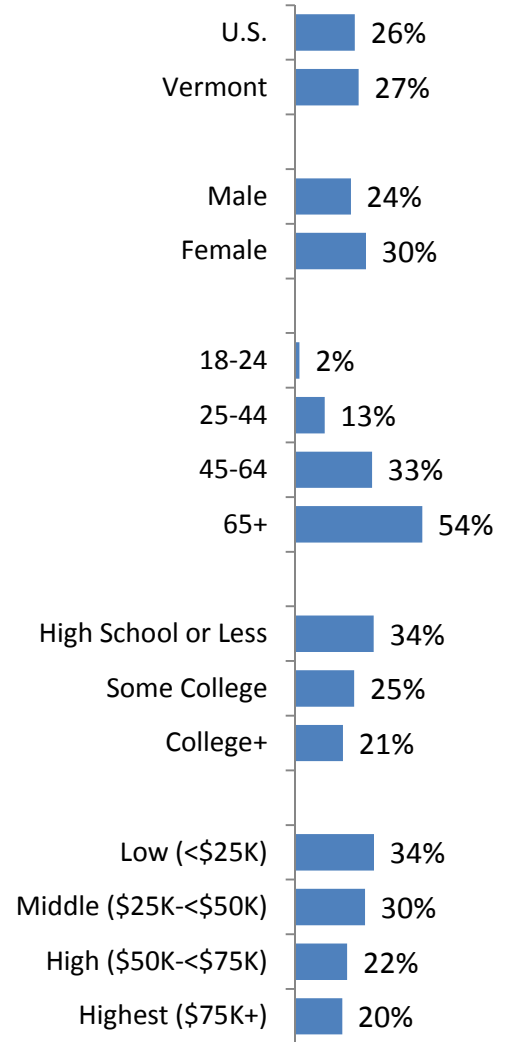
- All differences by age are statistically significant.

Prevalence of arthritis decreases with increasing education level and annual household income level.

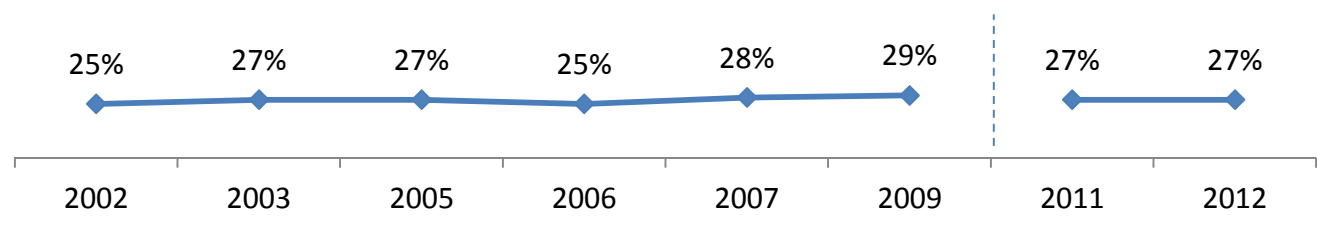
- Adults with a high school education or less are significantly more likely to have arthritis than those with more education.
- Adults in low or middle income homes are significantly more likely to have arthritis than those with higher incomes.

Overall, in 2012 the prevalence of arthritis among Vermont adults remained similar to that in 2011.

**Adults with Arthritis
Vermont Adults, 2012**



**Adults Diagnosed with Arthritis
Vermont Adult Residents 2002-2012**



Asthma

Less than one in six (15%) of Vermont adults said they had ever been diagnosed with asthma, while 11% report they currently have asthma. Nine percent of U.S. adults have current asthma, statistically lower than Vermont adults.

Women are significantly more likely to report having current asthma compared to men.

The rate of asthma decreases with increasing age.

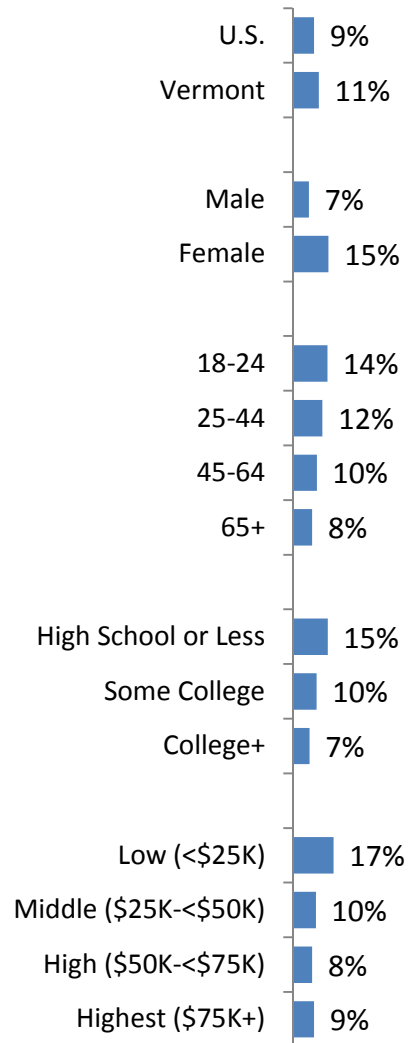
- Adults 18-44 are significantly more likely to report current asthma than those 65 and older.

Those with less education and lower annual household incomes are more likely to have asthma.

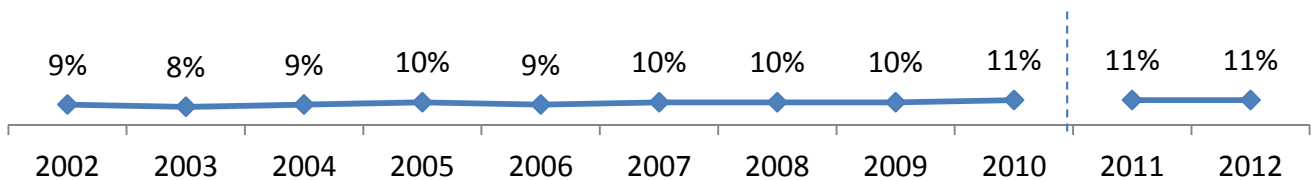
- Adults with a high school education or less have significantly higher rates of asthma than those with at least some college education.
- Those in homes with low incomes are significantly more likely to have asthma than those with middle or higher incomes.

The prevalence of asthma in Vermont was unchanged from 2011 to 2012.

**Adults with Current Asthma
Vermont Adults, 2012**



**Adults with Current Asthma
Vermont Adult Residents 2002-2012**



Cancer Diagnosis

In 2012, 7% of Vermont adults had ever been diagnosed with cancer.

- Vermont asks an additional question on its survey to pull out adults with basal and squamous cell cancers from its prevalence estimate. As a result, no U.S. value is available for comparison.

Women are more likely to have had cancer than men.

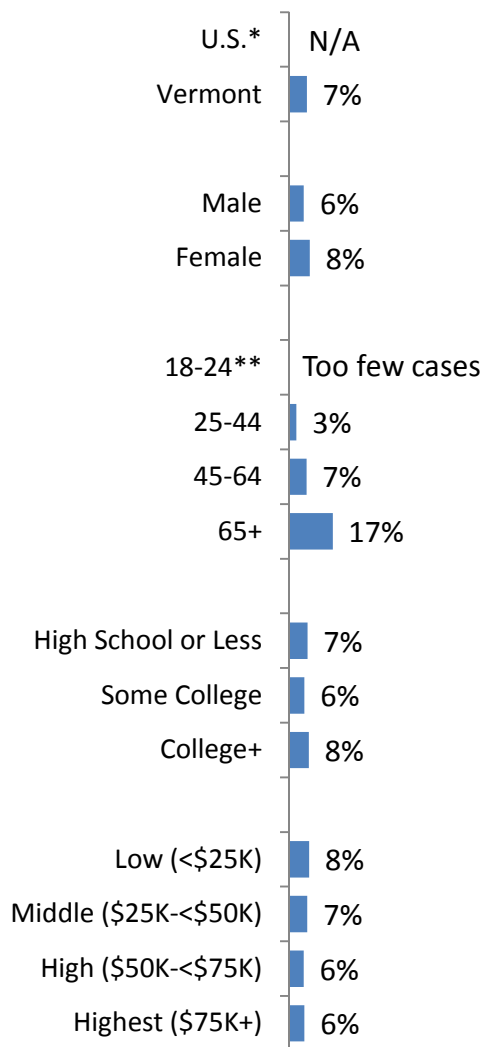
As age increases, so does the proportion of Vermont adults ever diagnosed with cancer.

- Adults 65 and older are significantly more likely to have had cancer than those in all other age groups. The same is true for those 45-64 versus those 25-44.

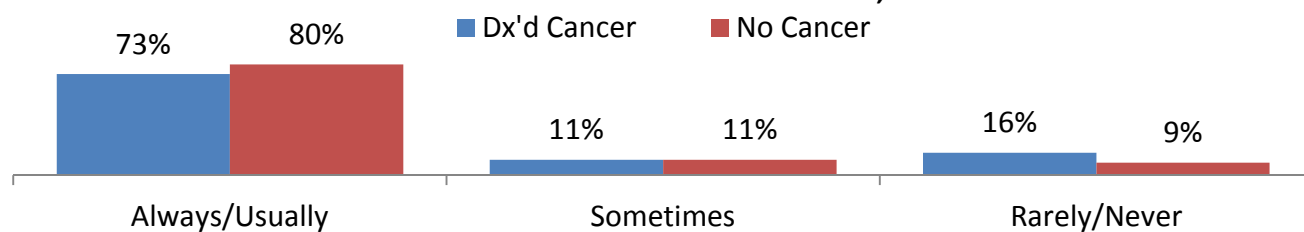
Ever having cancer does not differ by education or annual household income level.

Adults diagnosed with cancer are significantly less likely than are those who have never been diagnosed to always or usually receive the emotional support they need.

**Adults Diagnosed with Cancer
Vermont Adults, 2012**



**Emotional Support
Vermont Adults with and without Cancer, 2012**



*No national estimate available.

**The number of 18-24 year olds in the sample is too small to report.

Cancer Survivorship

In 2012, adults who reported having ever had cancer were asked several questions about their cancer and the treatment of it.

About two in ten (18%) Vermont adults ever diagnosed with cancer said they had experienced two or more different types of cancer. Forty-two percent were first diagnosed with cancer between the ages of 45 and 64, about a quarter each were diagnosed from 25-44 (23%) and 65 and older (29%); 5% were diagnosed from 18-24 and 2% before the age of 18. The average age of first cancer diagnosis was 53.0 years.

More than three-quarters of respondents said they had already completed treatment for their cancer, 11% hadn't started it, 10% were currently in treatment, and 2% had refused treatment.

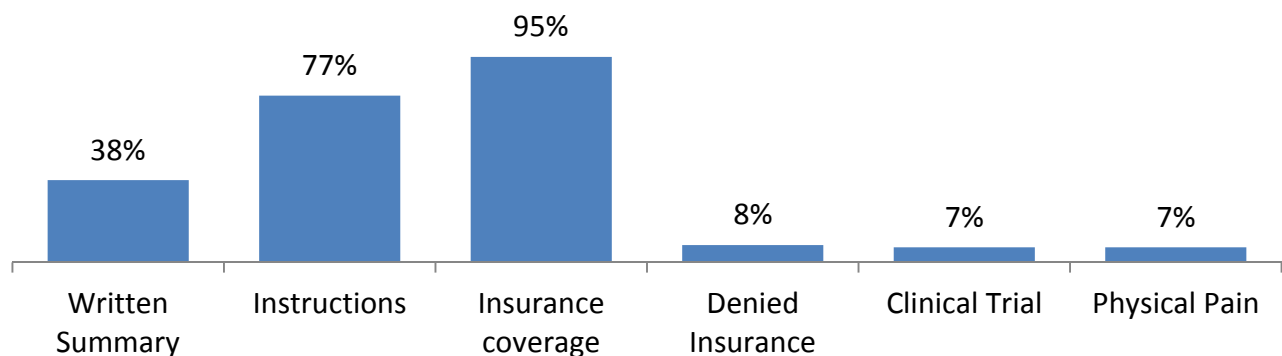
Of adults who had completed treatment, 38% said a health care professional gave them a written summary of their cancer treatments. More than three-quarters said they'd been given instructions on where to go or who to see for routine check-ups after completing treatment.

- By far the most commonly reported type of physician seen for health care after completing cancer treatment is a family practitioner (62%). This is followed by other types of doctors at 13%, oncologists with 9%, and internists (7%). All other physician types were reported by less than five percent of respondents: urologist and cancer surgeon (3% each), general surgeon (2%), and plastic or re-constructive surgeon (1%).

Nearly all (95%) adults who'd completed cancer treatment had health insurance that covered at least some of their cancer treatments. Eight had been denied health or life insurance because of their cancer.

Seven percent participated in a clinical trial as part of their cancer treatment. Seven percent also said they currently had physical pain caused by their cancer or cancer treatment.

Cancer Treatment Information
Vermont Adult Cancer Survivors Who Have Completed Treatment, 2012



Cardiovascular Disease

Cardiovascular disease (CVD) is defined as having coronary heart disease, a myocardial infarction (heart attack) or a stroke.

Fewer than one in ten (8%) Vermont adults report being diagnosed with CVD.

- 4% had coronary heart disease, 4% had a myocardial infarction, and 2% reported having a stroke.
- This is similar to the 9% among U.S. adults overall.

More males have CVD as compared to females.

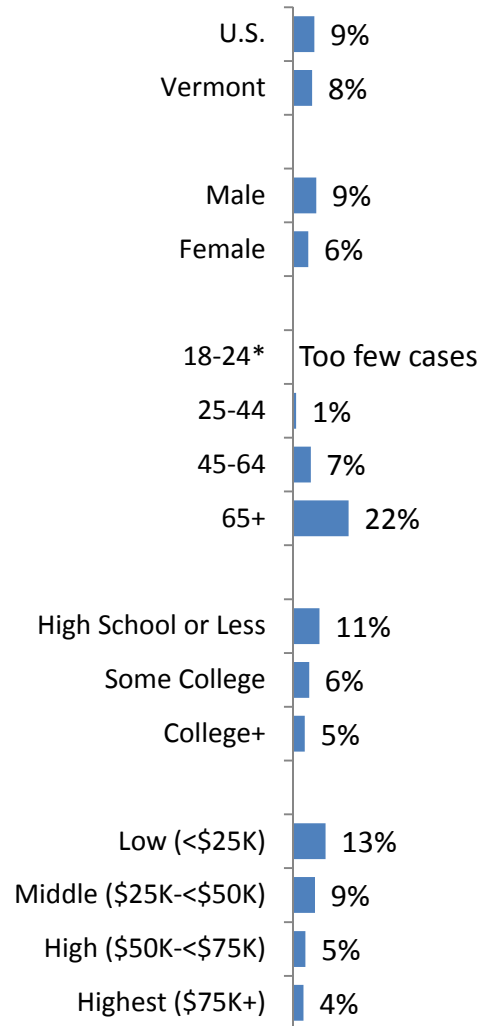
CVD prevalence increases with age; all differences by age are statistically significant.

Adults with less education and lower annual household income levels are more likely to have CVD.

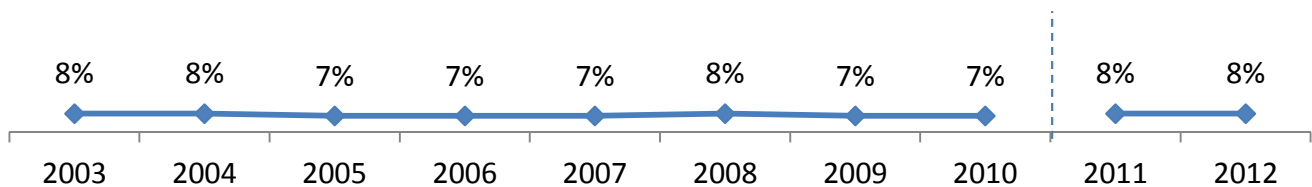
- Adults with a high school degree or less are significantly more likely to report CVD than those with at least some college education.
- Those in homes with low and middle incomes are significantly more likely to have CVD than those in homes with more income.

The prevalence of CVD among Vermont adults remained unchanged from 2011 to 2012.

**Adults with CVD
Vermont Adults, 2012**



**Adults with Cardiovascular Disease
Vermont Adult Residents 2003-2012**



*The number of 18-24 year olds in the sample is too small to report.

Chronic Obstructive Pulmonary Disease (COPD)

About one in twenty (6%) Vermont adults had been told they have chronic obstructive pulmonary disease, or COPD, in 2012. This is similar to the U.S. rate of 6%.

Men and women report having COPD at the same rate.

The prevalence of COPD increases as Vermonters age.

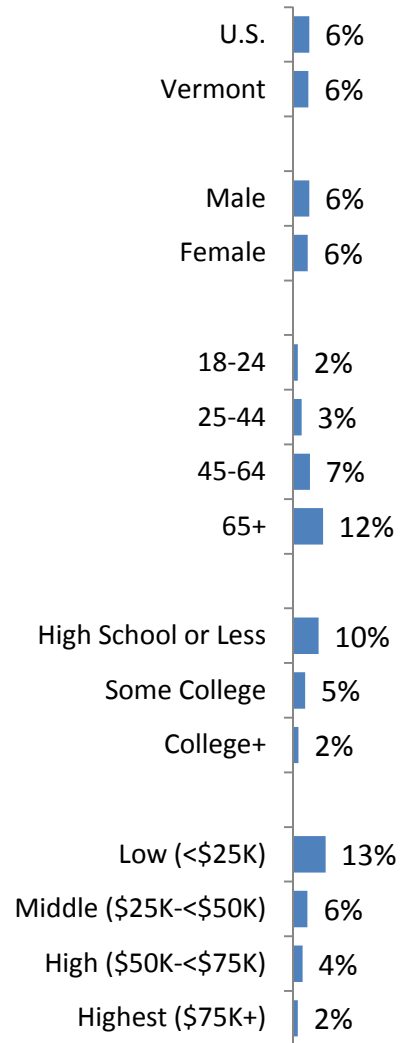
- Adults 65 and older have significantly higher rates of COPD than all other age groups. Similarly, those 45-64 have higher rates than those 18-44.

Adults with less education and lower annual household incomes are more likely to have COPD.

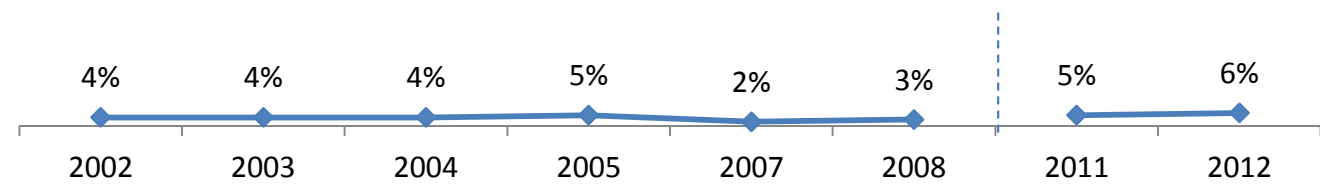
- All differences by education level are statistically significant.
 - Rates among those with a high school degree or less are at least double those among adults with more education.
- COPD prevalence among adults in homes with low incomes are at least double that of those in homes with more income and is a statistically significant difference.
- Those in homes with middle incomes have a higher COPD prevalence than those with the highest incomes.

Overall, the COPD prevalence among Vermont residents was similar in 2011 and 2012.

**Adults with COPD
Vermont Adults, 2012**



**Adults with COPD
Vermont Adult Residents 2002-2012**



Depressive Disorder

More than one in five (22%) Vermont adults report ever being told they have a depressive disorder, significantly higher than the 17% among U.S. adults

- Depressive disorders were defined as depression, major depression, dysthymia, or minor depression.

Women were significantly more likely to report depressive disorders as compared to men.

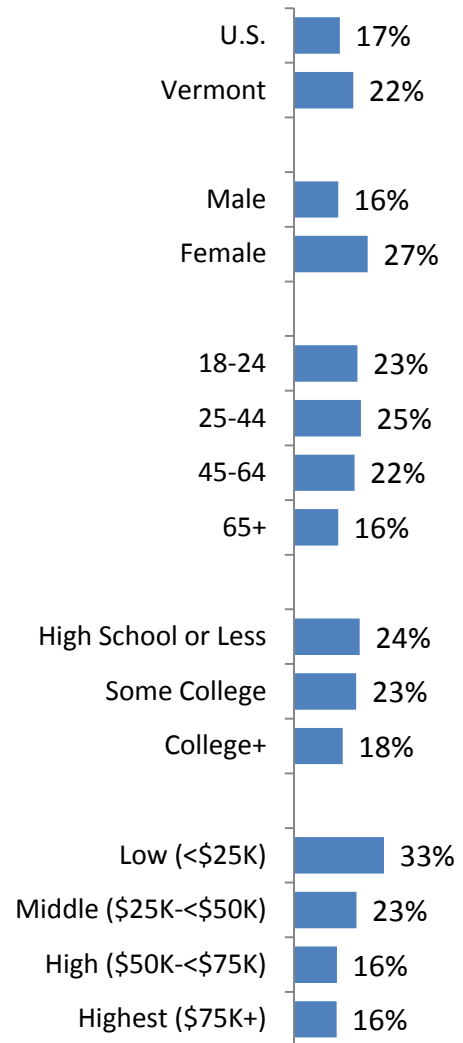
Adults 65 and older experience depressive disorders less than younger age groups, significantly less so compared to those 25-44 years old.

Adults with less education and lower annual household incomes report higher rates of depressive disorders.

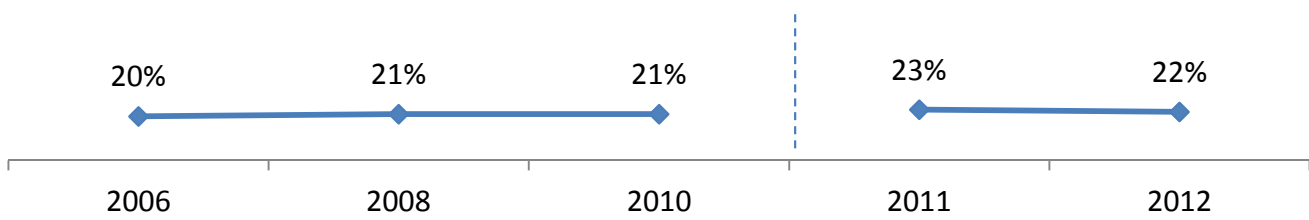
- Those with some college education or less are significantly more likely to have a depressive disorder than those with a college degree.
- Adults in homes with low incomes are significantly more likely to have a depressive disorder than those in homes with more income. Similarly, those with middle incomes are also more likely than those in homes with higher incomes to have depressive disorders.

Vermont adults reported similar rates of depressive disorders in 2011 and 2012.

**Adults with a Depressive Disorder
Vermont Adults, 2012**



**Adults with a Depressive Disorder
Vermont Adult Residents 2006, 2008, 2010-2012**



Pre-Diabetes

In 2012, 6% of Vermont adults had been told they have borderline or pre-diabetes.

Men and women report pre-diabetes at similar rates.

As age increases, so does the rate of pre-diabetes.

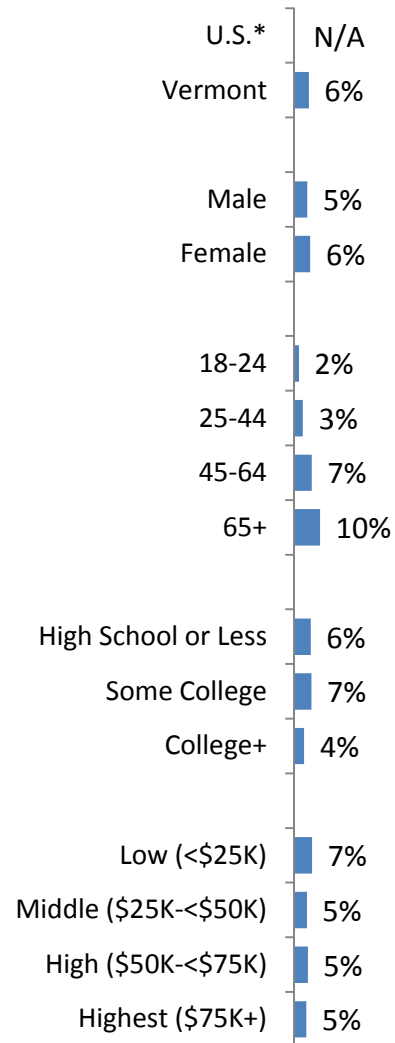
- Difference by age are all statistically significant except that between adults 18-24 and 25-44.

Adults with a college degree or higher are significantly less likely to report pre-diabetes than those with less education.

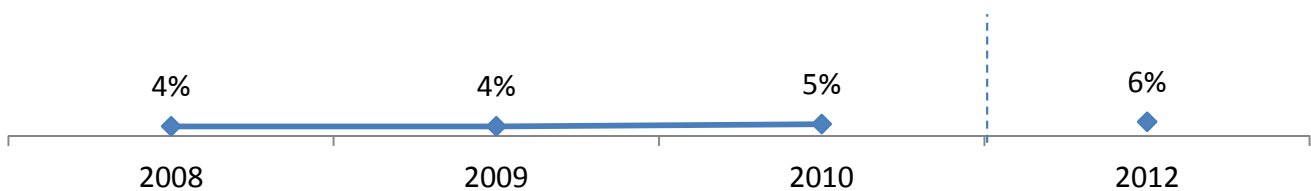
Pre-diabetes is reported similarly across annual household income levels.

Pre-diabetes is likely under-reported due to being a relatively new diagnosis and a low rate of testing. About half (53%) of Vermont adults, in 2012, reported being tested for diabetes or high blood sugar in the preceding three years.

**Adults with Pre-Diabetes
Vermont Adults, 2012**



**Adults with Pre-Diabetes
Vermont Adult Residents 2008-2012**



*No national estimate available.

Diabetes

Less than one in ten (7%) of Vermont adults have been told they have diabetes. U.S. adults have a diabetes prevalence of 10%, significantly higher than Vermont adults.

Men and women reported having diabetes at a similar rate.

Diabetes prevalence increases with increasing age.

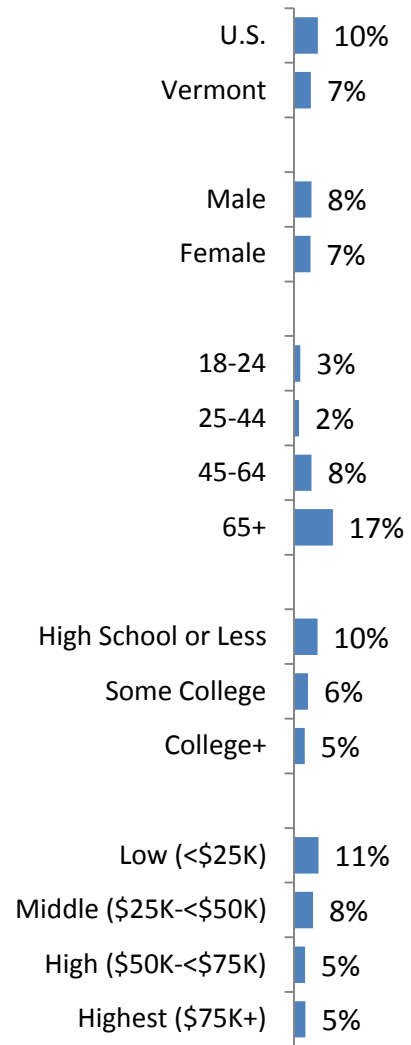
- All age groups differ significantly except those 18-24 and 25-44.

Adults with less education and lower annual household incomes are more likely to have diabetes.

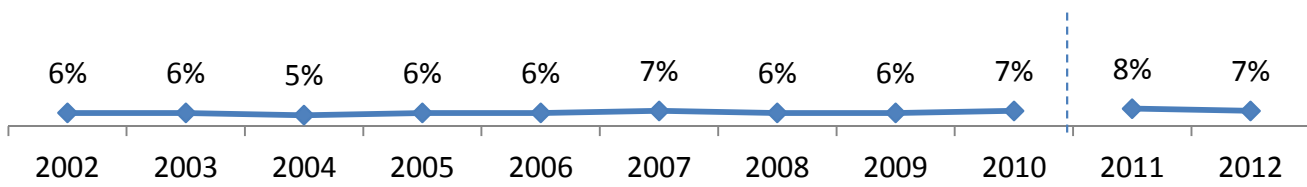
- Adults with a high school degree or less are significantly more likely to report diabetes than those with more education.
- Those in homes with low or middle incomes have significantly higher rates of diabetes than those with higher incomes.

Diabetes prevalence remained similar in 2011 and 2012.

**Adults with Diabetes
Vermont Adults, 2012**



**Adults with Diabetes
Vermont Adult Residents 2002-2012**



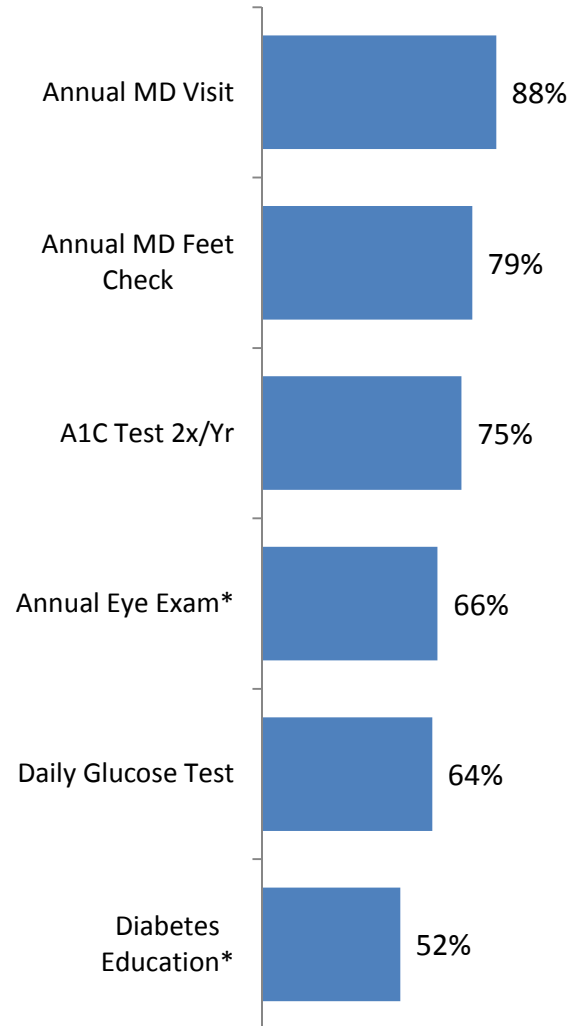
Diabetes Care

Adults with diabetes should receive specialized care from their physicians.

In 2012, those with diabetes reported the following:

- Nearly nine in ten (88%) saw their doctor for their diabetes at least once in the past year.
- About eight in ten (79%) said a health professional checked their feet for sores or irritations in the last year.
- More than three-quarters (75%) received a test for their “A1C” level at least twice in the last year.
 - “A1C” measures blood sugar level over the past three months.
- Two-thirds (66%) had an annual eye exam, where their eyes were dilated, in the last year.
- Sixty-four percent test their blood sugar at least once a day.
- More than half (52%) have taken a course or class on managing their diabetes.

**Receive Appropriate Care
Vermont Adults with Diabetes,
2012**



*Age adjusted to U.S. 2000 population.

[Note: Annual eye exams and diabetes education are Healthy Vermonters 2020 measures.]

Kidney Disease

Two percent of Vermont adults reported having kidney disease in 2012, similar to the three percent among U.S. adults.

- Excluded from the kidney disease definition were the occurrence of kidney stones, bladder infections and incontinence.

Men and women report having kidney disease at a similar rate.

Adults 65 and older are significantly more likely to report kidney disease than other age groups.

There are no differences in the prevalence of kidney disease by education level.

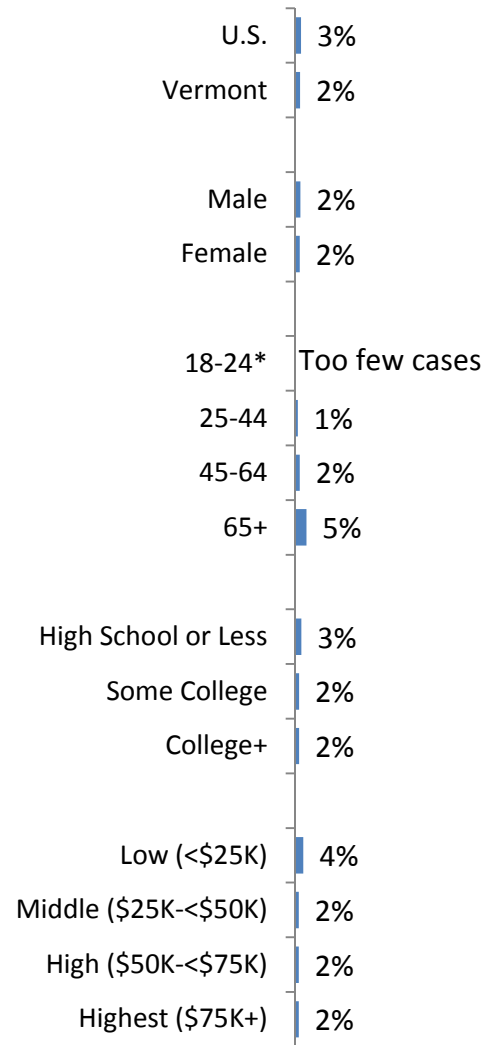
Adults in homes with low incomes have a higher prevalence than those with higher incomes.

- The difference was statistically significant between those with low and high incomes (<\$25,000 vs. \$50,000 to <\$75,000).

The prevalence of kidney disease was unchanged from 2011 to 2012 (2% in both).

Kidney disease is a concern for those with diabetes. In 2012, 9% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes.

**Adults with Kidney Disease
Vermont Adults, 2012**



*The number of 18-24 year olds in the sample is too small to report.

Obesity & Overweight

In 2012, 23% of Vermont adults (20 and older) reported being obese, while an additional 37% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (28%), while the rate of overweight is similar (36% vs. 37%).

Men and women report obesity at similar rates.

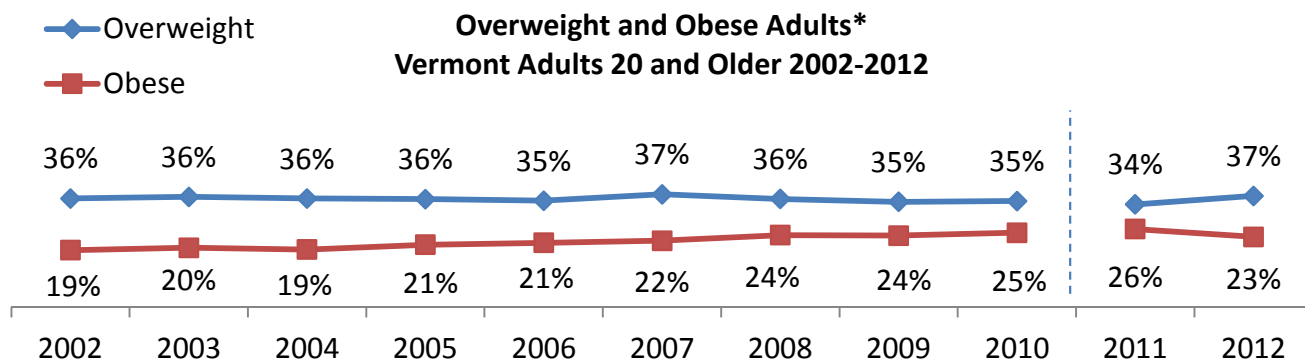
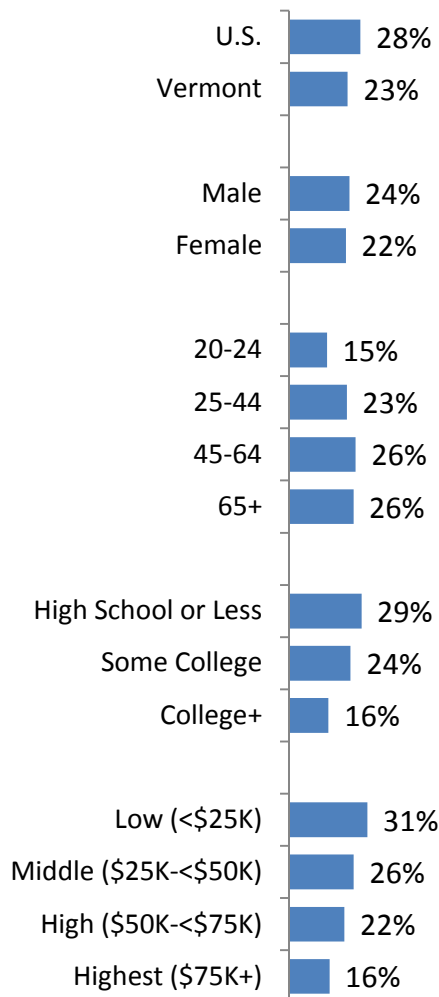
Rates of obesity are significantly higher among those 45 and older as compared with those 18 to 24.

Adults with less education and lower annual household income levels are more likely to be obese.

- Adults with some college education or less are significantly more likely to be obese than those with more education.
- Adults in homes with low incomes are significantly more likely to be obese than those with higher incomes. Similarly, those with middle incomes are more likely to be obese than those with the highest incomes.

Among adults 20 and older in Vermont, the rates of overweight and obesity remained statistically similar in 2011 and 2012.

Obese Adults*
Vermont Adults 20 and Older, 2012



*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Vision Impairment

One in seven (14%) Vermont adults said they have vision impairment in 2012, significantly lower than the 16% among U.S. adults.

- Vision impairment was defined as trouble seeing, even when wearing glasses or contact lenses.

Men and women report vision impairments at similar rates.

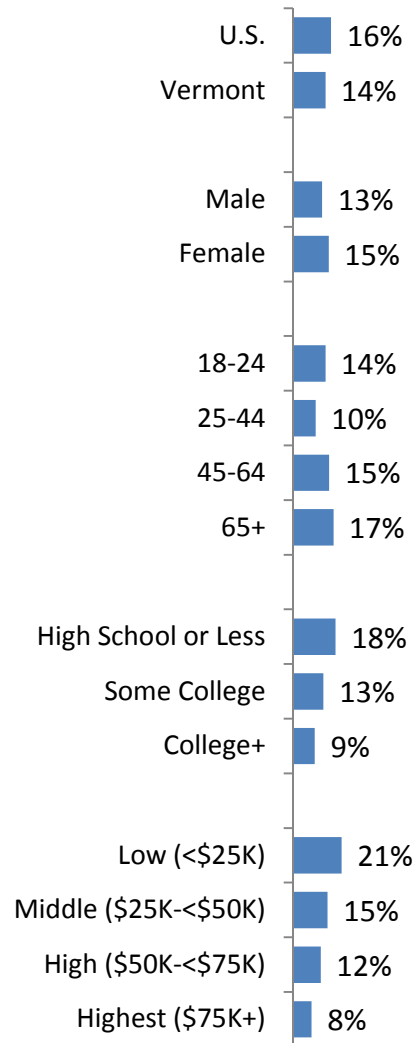
Adults 45 and older said they have a vision impairment at a significantly higher rate than those 25-44.

Adults with lower education and annual household incomes are more likely to have a vision impairment than those with more education and income.

- All differences by education level are statistically significant.
- Adults in homes with low income have significantly higher rates of vision impairment than those of all other income levels.
- Those in middle income homes are more likely to have vision impairments than those with the highest incomes.

The question used to determine vision impairment was changed from 2011 to 2012. As a result a statistical comparison cannot be made.

**Adults with Vision Impairment
Vermont Adults, 2012**



Risk Behavior Indicators

Alcohol Consumption – Any in Last Month

About two-thirds (65%) of Vermont adults said they drank alcohol during the last 30 days, in 2012. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (65% vs. 53%).

Men report drinking alcohol significantly more than women.

Alcohol consumption is highest among those 25-44 and lowest among those 65 and older.

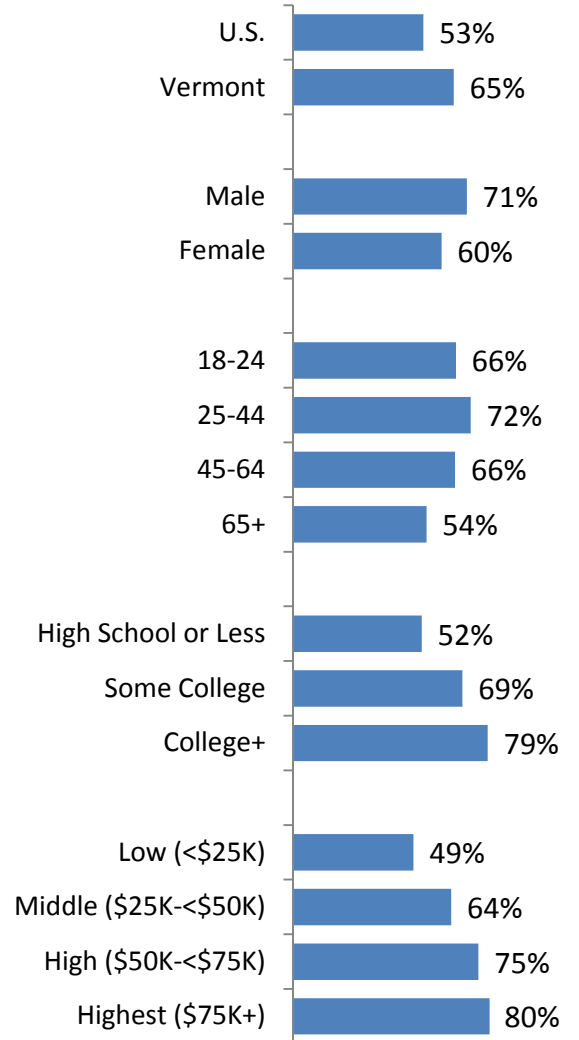
- Rates are significantly lower among those 65 and older compared to other age groups.
- Adults 25-44 report alcohol consumption at a significantly higher rate than do those 45-64.

Adults with more education and higher annual household income levels are more likely to report drinking alcohol than those with less education and lower income.

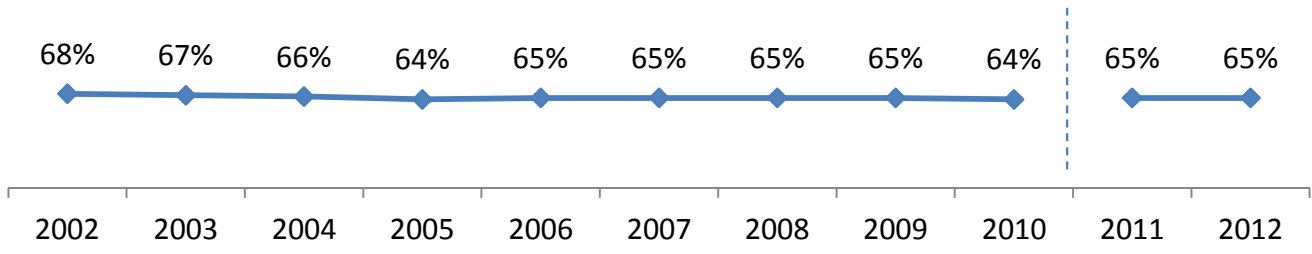
- All differences by education level are statistically significant.
- Adults in high income homes are significantly more likely to drink alcohol than those in low or middle income homes. Similarly, those in middle income homes are more likely to drink than those in homes with low income.

Overall, the proportion drinking alcohol among Vermont adults was unchanged from 2011 to 2012.

**Any Alcohol Consumption
Vermont Adults, 2012**



**Any Alcohol Consumption
Vermont Adult Residents 2002-2012**



Binge Drinking

An episode of binge drinking is defined as five or more drinks on one occasion for men and four for women.

In 2012, about one in five (19%) Vermont adults said they binge drank in the last month; significantly higher than the 17% among U.S. adults.

Vermont men are nearly twice as likely as women to report binge drinking, a statistically significant difference.

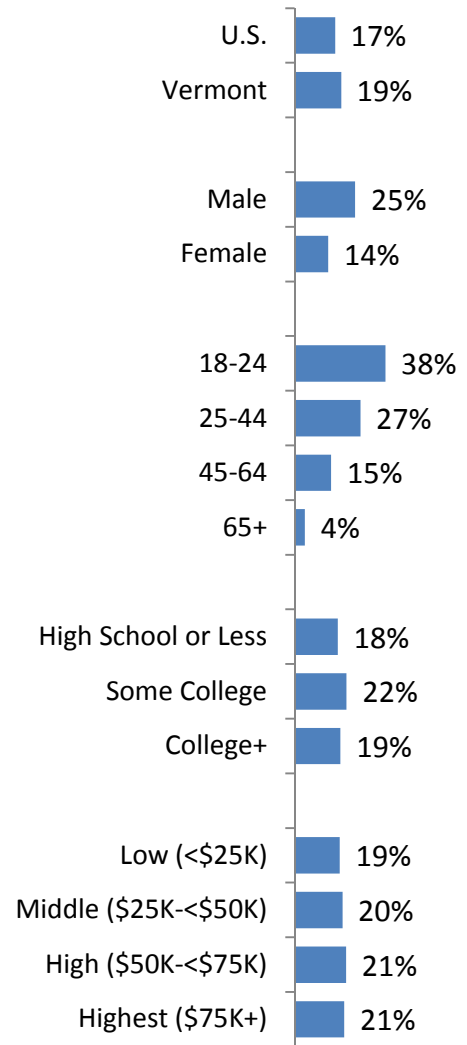
Binge drinking decreases as Vermonters get older.

- All differences by age are statistically significant.

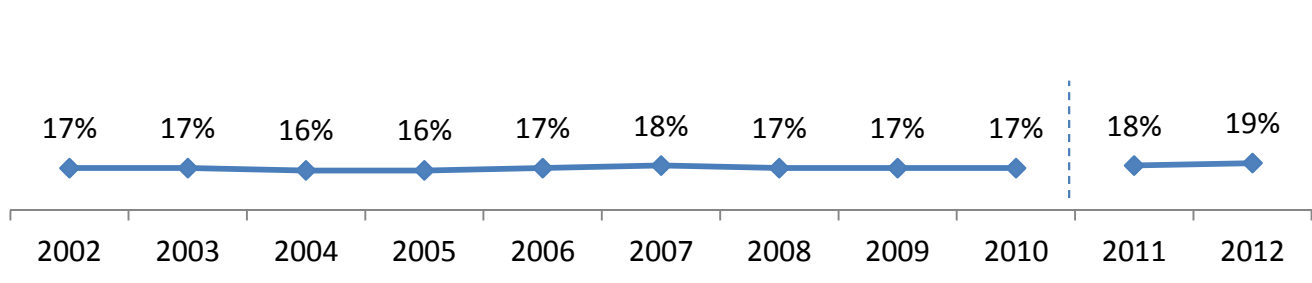
There are no differences in binge drinking by education or household income level.

Binge drinking rates among Vermont adults were similar when comparing 2011 and 2012.

**Binge Drank
Vermont Adults, 2012**



**Binge Drinking
Vermont Adult Residents 2002-2012**



Heavy Drinking

In 2012, 8% of Vermont adults reported drinking heavily in the last month, significantly higher than the 6% among U.S. adults overall.

- Heavy drinking was defined as more than two drinks per day for men and more than one drink for women.

Among men and women in Vermont, heavy drinking rates were similar.

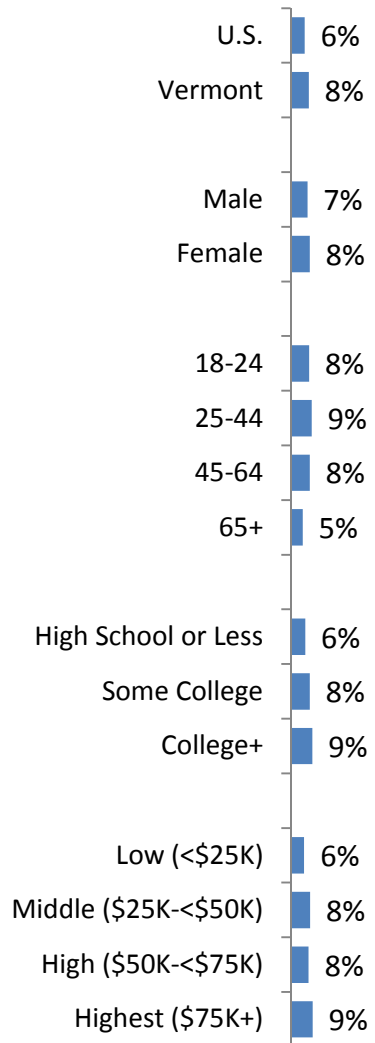
Adults 25-64 report drinking heavily at significantly higher rates than those 65 and older.

Adults with a college degree or higher drank heavily at significantly higher rates than those with a high school degree or less.

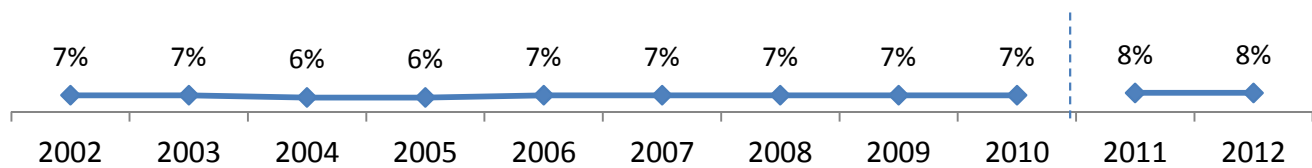
There are no statistical differences in heavy drinking by annual household income level.

Heavy drinking rates among Vermont adults were unchanged from 2011 to 2012.

**Heavy Drinking
Vermont Adults, 2012**



**Heavy Drinking
Vermont Adults, 2002-2012**



Drunk Driving

In 2012, 3% of Vermont adults who drank in the last month, said they also drove at least once after having too much to drink.

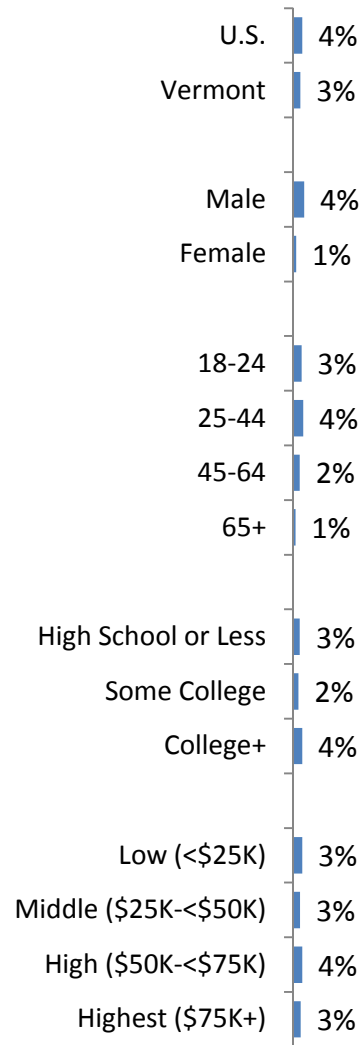
Men are significantly more likely than women to say they recently drank and drove.

Reported drinking and driving is lower among older adults.

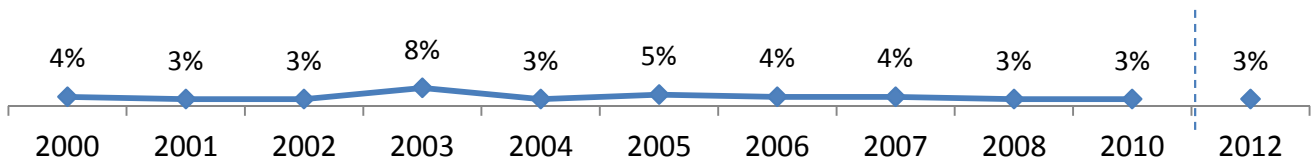
- Those 65 and older are significantly less likely to report drinking and driving than those in all other age groups.

Drinking and driving does not vary across education or annual household income levels.

**Drank and Drove
Vermont Adults, 2012**



**Drank and Drove
Vermont Adult Residents 2000-2012**



Current Marijuana Use

Less than one in ten (8%) Vermont adults said they currently use marijuana. Current use is defined as use in the last 30 days.

Men are significantly more likely to currently use marijuana compared to women.

Current use of marijuana is highest among younger age groups.

- All differences by age are statistically significant.

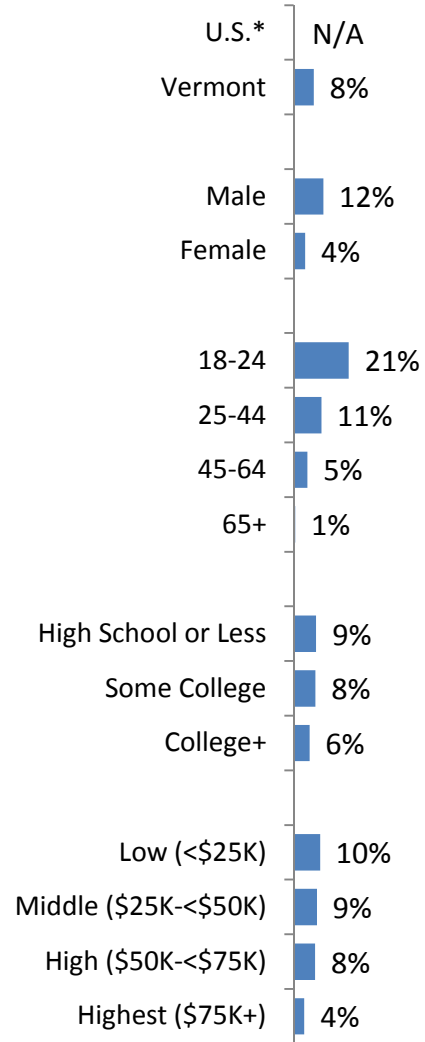
Current use of marijuana decreases with increasing education level and annual household income level.

- None of the differences by education level are statistically significant.
- Adults in higher income homes are significantly less likely to report current marijuana use than those in low or middle income homes.

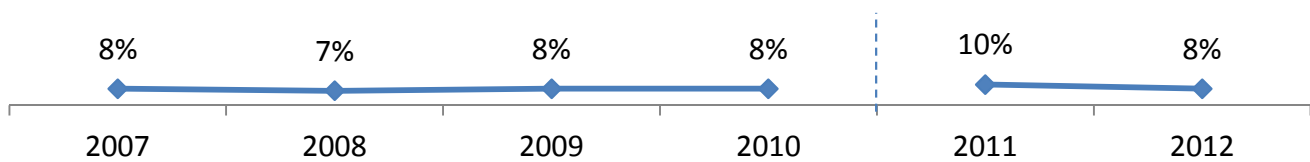
Rates of current marijuana use are similar in 2011 and 2012.

In 2012, a quarter (25%) of current marijuana users said they also drove after its use at least once during the previous month.

Current Use of Marijuana Vermont Adults, 2012



Current Marijuana Use Vermont Adult Residents 2007-2012



*No national estimate available.

No Leisure Time Physical Activity*

In 2012, one in six (16%) Vermont adults said they did **not** participate in any physical activity during the previous month, significantly lower than the 23% among U.S. adults overall.

Vermont men and women report not participating in leisure time physical activity at similar rates.

As Vermonters age, the proportion with no participation in leisure time physical activity increases.

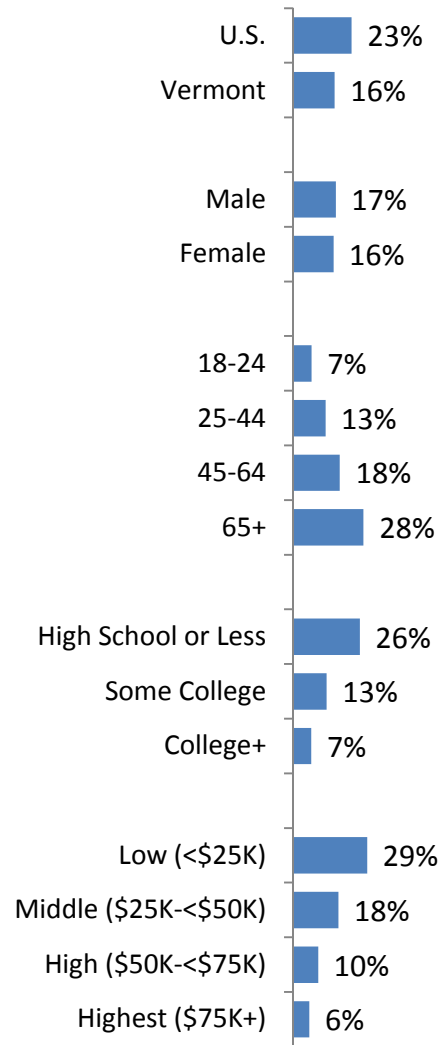
- Adults 65 and older are significantly more likely to not participate in leisure time physical activity than younger age groups. Similarly, adults 45-64 are more likely to not participate in physical activity than those 18-44.

Adults with less education and lower annual household income levels are more likely to not participate in leisure time physical activity.

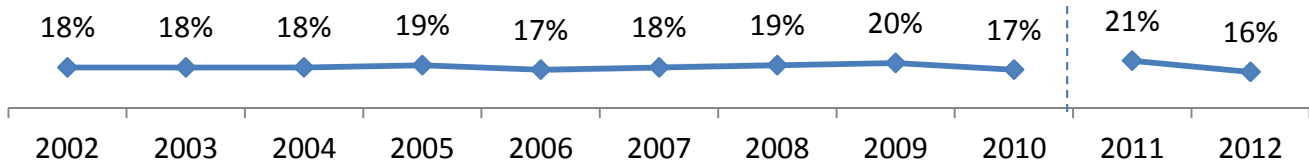
- All differences by education level are statistically significant.
- Adults in homes with low income are significantly more likely to get no physical activity than those in all other income levels.
- Those in homes with middle incomes are more likely to not participate in physical activity than those with higher incomes.

The proportion of adults with no leisure time physical activity decreased significantly from 2011 (21%) to 2012 (16%).

**No Leisure Physical Activity*
Vermont Adults, 2012**



**No Leisure Time Physical Activity*
Vermont Adults, 2002-2012**



*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

Prescription Drug Misuse

Less than one in ten (8%) Vermont adults said they had ever taken a prescription drug without a prescription in 2012.

- One percent said they did so in the last 30 days.

Men are more likely than women to report ever misusing prescription drugs.

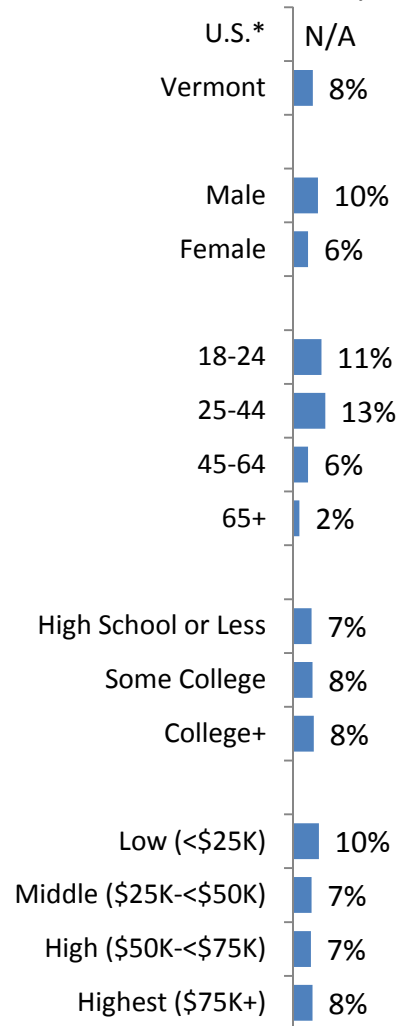
Younger adults are more likely to use drugs without a prescription, compared with older adults.

- Adults 18-44 have significantly higher rates of ever misusing prescription drugs than those 45-64 and 65 and older.
- Those 45-64 also are more likely than those 65 and older to report prescription drug misuse.

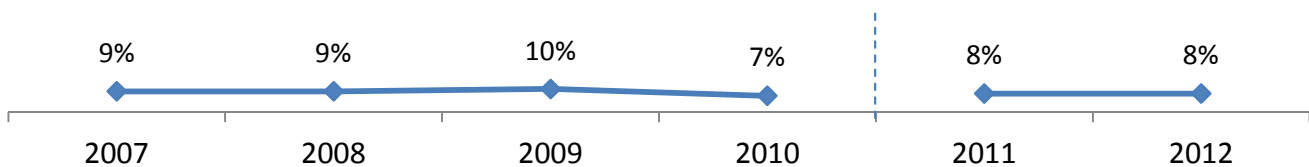
There are no statistically significant differences in ever misusing prescription drugs by education or annual household income levels.

Prescription drug misuse rates were unchanged from 2011 to 2012. Misuse of prescription drugs in the last 30 days was also unchanged. It was 1% in both 2011 and 2012.

Ever Used Prescription Drug without Prescription Vermont Adults, 2012



Ever Used Prescription Drug without Prescription Vermont Adult Residents 2007-2012



*No national estimate available.

Tobacco Use – Cigarette Smoking*

In 2012, less than two in ten (17%) report being cigarette smokers. This is statistically similar to the 19% among U.S. adults overall.

Men and women report smoking at statistically similar rates.

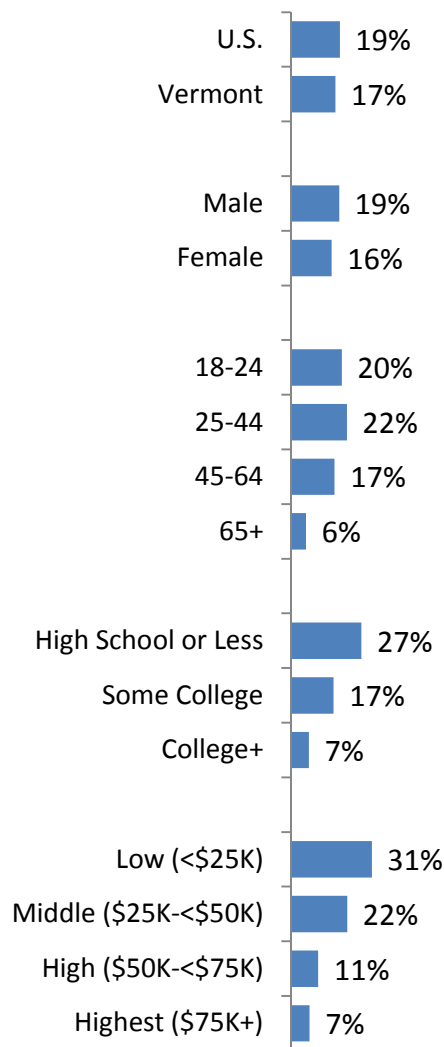
Adults 65 and older smoke at significantly lower rates than those in other age groups.

Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

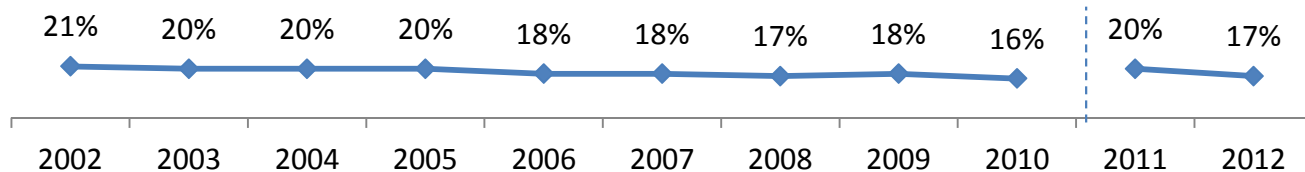
- All differences by education level are statistically significant.
- Individuals in homes with low income are significantly more likely to smoke than those in homes of all other income levels.
- Similarly, adults in middle income homes are more likely to smoke than those with higher incomes.

Overall, smoking rates were statistically similar in 2011 and in 2012.

**Current Smoking*
Vermont Adults, 2012**



**Current Smoking*
Vermont Adult Residents 2002-2012**



*All data on this age is age adjusted to the U.S. 2000 population, except that broken down by age.

Tobacco Use – Smokeless Tobacco

Less than one in twenty (3%) Vermont adults said they use smokeless tobacco products. This is the same proportion reported by U.S. adults overall.

- Examples of smokeless tobacco products include chewing tobacco, snuff, and snus.

Men in Vermont are significantly more likely than women to report use of smokeless tobacco.

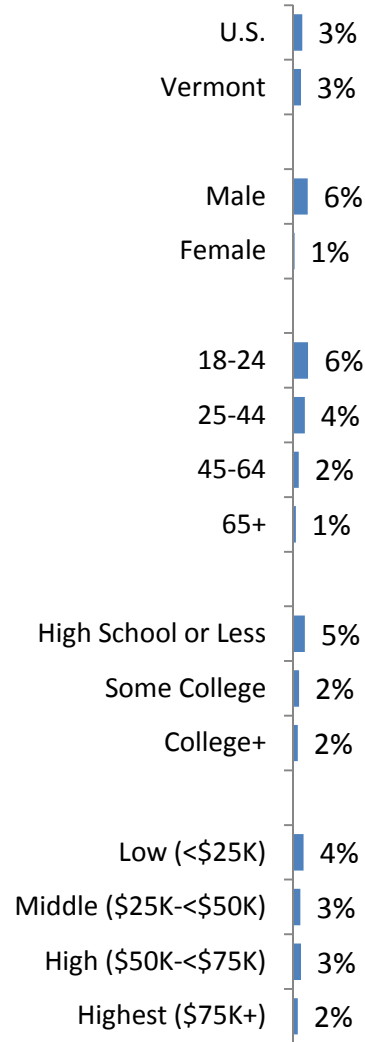
Adults' use of smokeless tobacco decreases with increasing age. Those 45 and older are significantly less likely to report smokeless tobacco use than those 18 to 44.

Smokeless tobacco use is also lower among those with more education and higher annual household incomes.

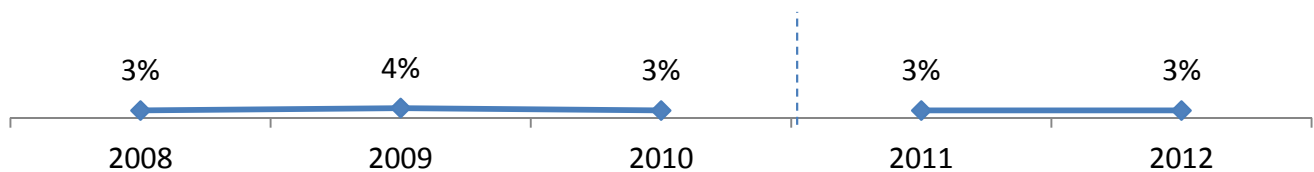
- Adults with a college degree or higher are significantly less likely to use smokeless tobacco than those with a high school degree or less.
- Individuals in homes with the highest incomes are also less likely than those with the lowest incomes to use smokeless tobacco.

The proportion of Vermont adults using smokeless tobacco was unchanged from 2011 to 2012.

**Smokeless Tobacco Use
Vermont Adults, 2012**



**Smokeless Tobacco Use
Vermont Adult Residents 2008-2012**



Tobacco Use – Quit Attempts*

Less than two-thirds (62%) of Vermont adult smokers made an attempt to quit smoking in the last year. This is statistically similar to the 59% seen among all U.S. adults.

Men and women report trying to stop smoking at similar rates.

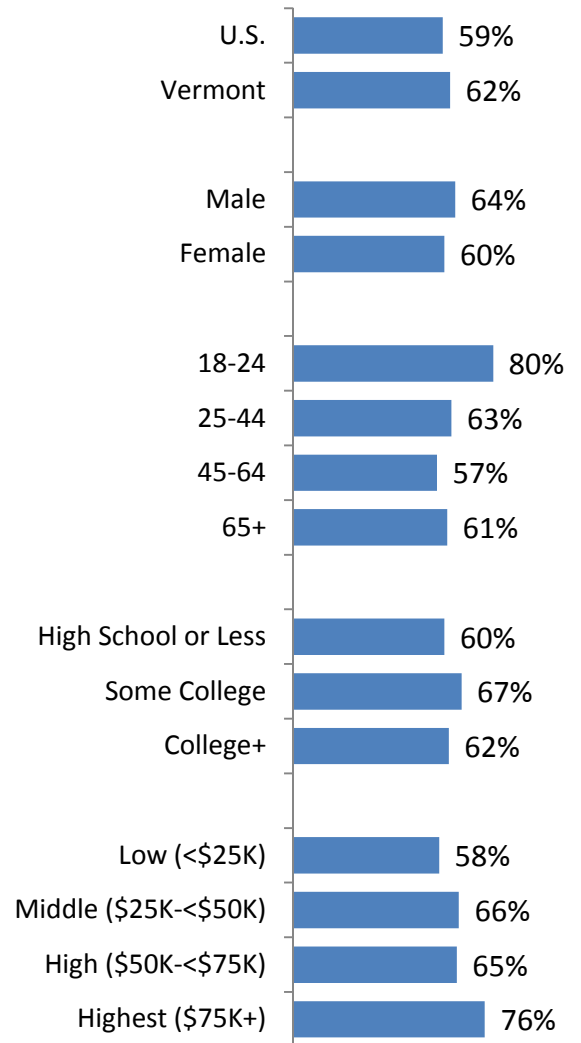
Quit attempts are highest among those 18-24 years of age, and lowest among those 45-64. This difference is statistically significant.

There are no significant differences by education level.

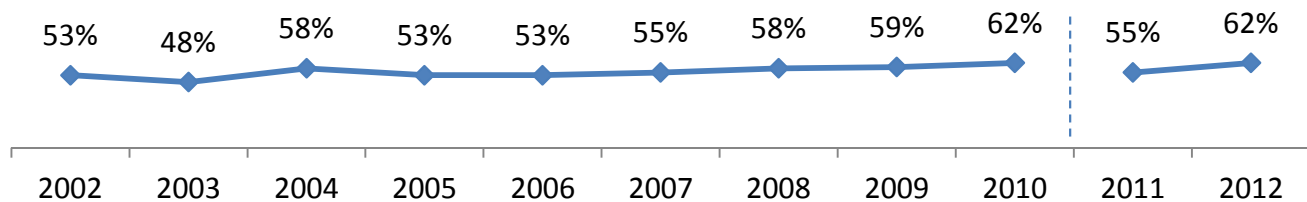
Adults in homes with low income are significantly less likely to try to stop smoking compared with those in the highest income homes.

While the proportion of smokers making a quit attempt increased from 2011 to 2012, the change is not statistically significant.

Smoking Quit Attempts Vermont Adults, 2012



Smoking Quit Attempts Vermont Adult Residents 2002-2012



*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Seatbelt Use

More than eight in ten (82%) Vermont adults said, in 2012, they always wear their seatbelt when in a vehicle, significantly lower than the 86% among U.S. adults.

Women are significantly more likely to always use a seatbelt, compared with men.

Seatbelt use is higher among older adults.

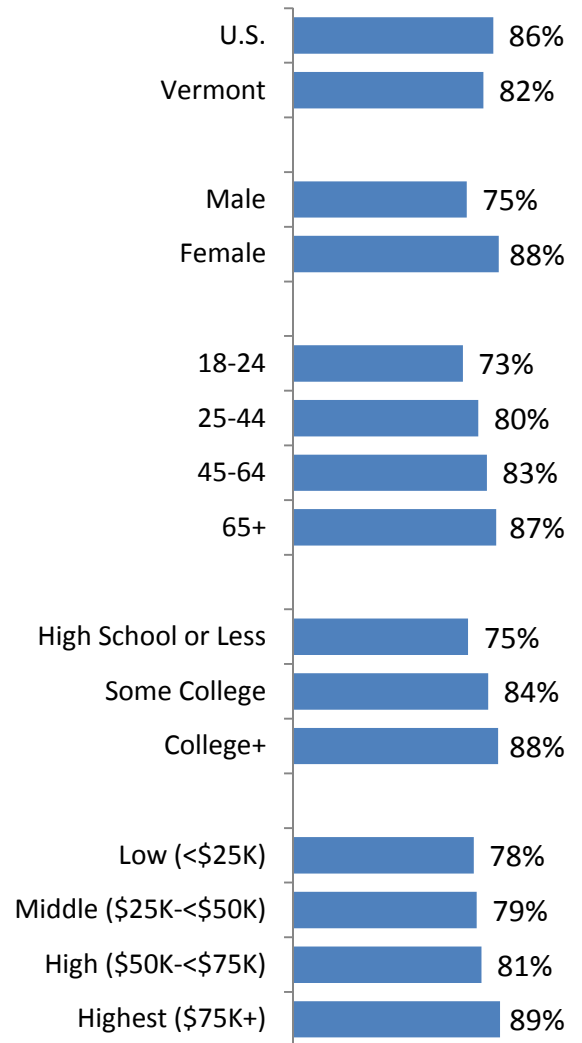
- Adults 65 and older are significantly more likely to always wear a seatbelt than those in younger age groups. Similarly, those 45 to 64 are also more likely to wear seatbelt than those 18 to 24.

Adults with more education and higher annual household incomes are more likely to always wear a seatbelt than those with less education and lower incomes.

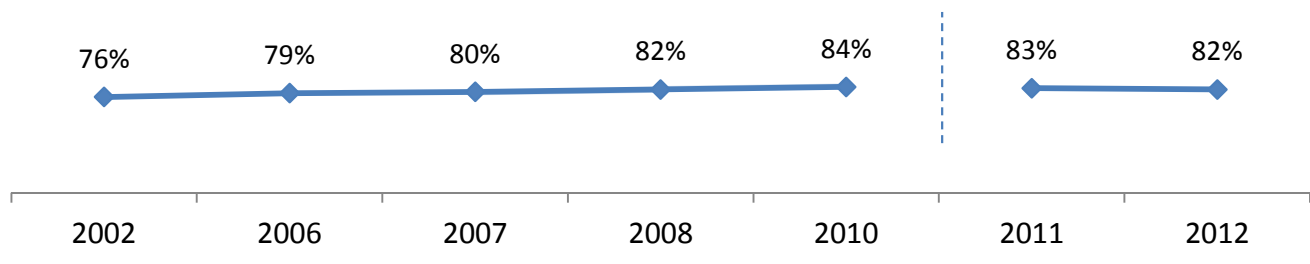
- All differences by education level are statistically significant.
- Adults in the highest income homes are significantly more likely to always use a seatbelt than those in homes with less income.

Similar rates for always wearing a seatbelt were reported in 2011 and 2012.

**Always Wear Seatbelt
Vermont Adults, 2012**



**Always Wear Seat Belt
Vermont Adult Residents 2002-2012**



Sex in the Last Year

One in ten (10%) Vermont adults 18-64 said they had sex with at least two partners during the last year.

Men reported two or more sex partners in the last year at a significantly higher rate than women.

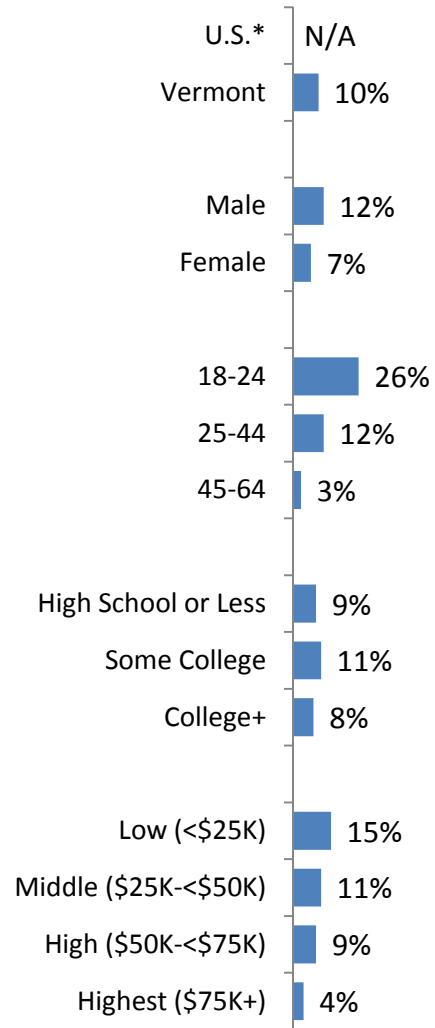
Having two or more sex partners decreases as Vermonters age.

- All differences by age are statistically significant.

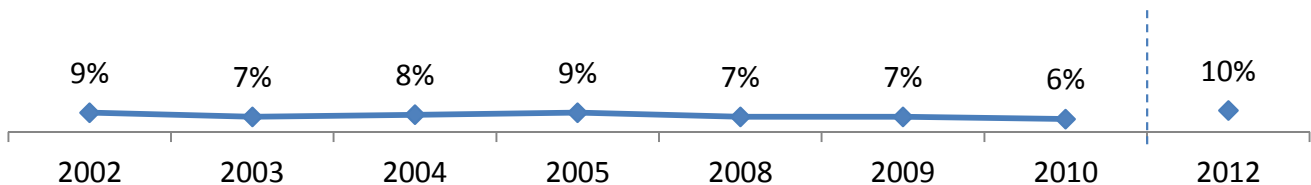
There are no significant differences by education level.

Adults in low and middle income homes are significantly more likely to have at least two sex partners than those with the highest incomes.

**Sex with Two or More Partners in Last Year
Vermont Adults 18-64, 2012**



**Sex with Two or More Partners in Last Year
Vermont Adults 18-64, 2002-2012**



*No national estimate available.

Preventive Behaviors and Health Screening

Family Planning

In 2012, 44% of Vermont women ages 18-44 said a health care professional had ever spoken with them about ways to prepare for a healthy baby.

Nearly three-quarters (73%) of women 18-44 said they used birth control the last time they had sex.

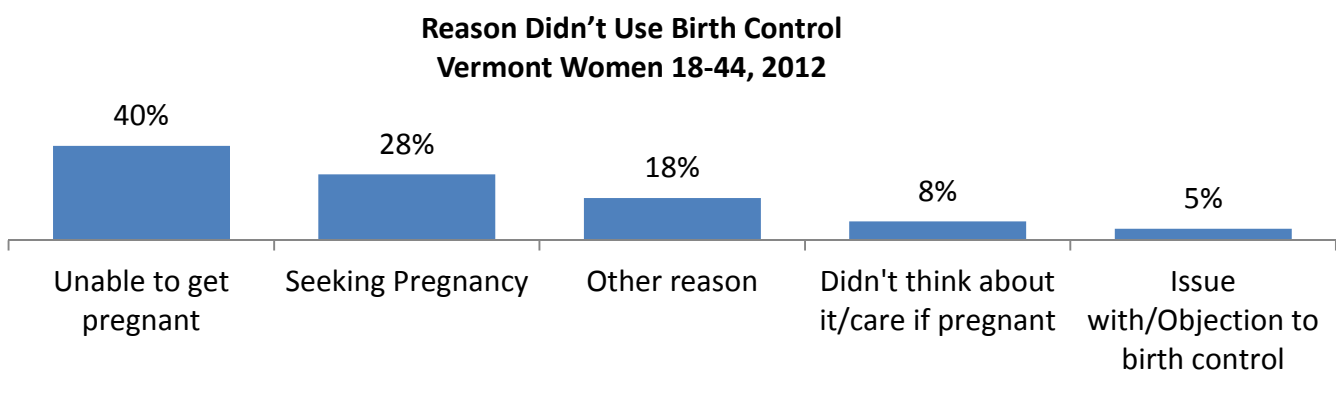
Of those that used birth control, about a third (32%) said it was a shot, pill, contraceptive patch or a diaphragm.

- More than a quarter (28%) used a permanent birth control method (male or female sterilization).
- Less than two in ten used short and long acting birth control methods (19% short and 17% long), while 4% used some other method.
 - Short-acting birth control includes condoms, withdrawal, sponge, fertility awareness, foam, jelly, film and cream.
 - Long-acting birth control includes contraceptive implants and IUD (all types).

Women who did not use birth control during their most recent sex, most often said it was because they are unable to get pregnant for one of the following reasons: they don't think they or their partner could get pregnant, they or their partner has been sterilized, they had a hysterectomy, are currently pregnant or they have a same sex partner.

More than a quarter said they didn't use birth control because they are trying to become pregnant, while 8% said they didn't think about it or didn't care if they got pregnant and 5% had an issue with or an objection to using birth control.

Eight percent of women of childbearing age said they want a child in the next year and an additional 9% would like one in one to two years time. About a third (32%) report wanting a child in the future, but more than two years from now.



Immunizations – Flu Shot

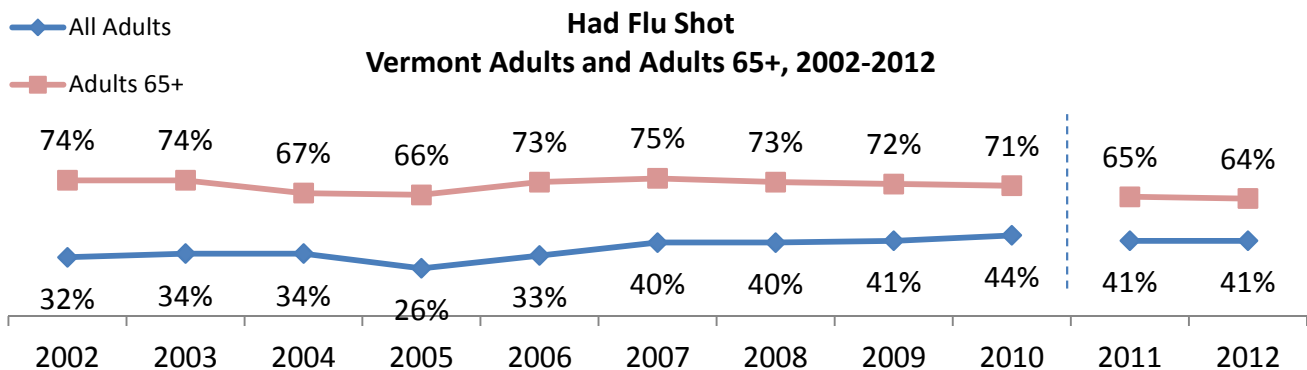
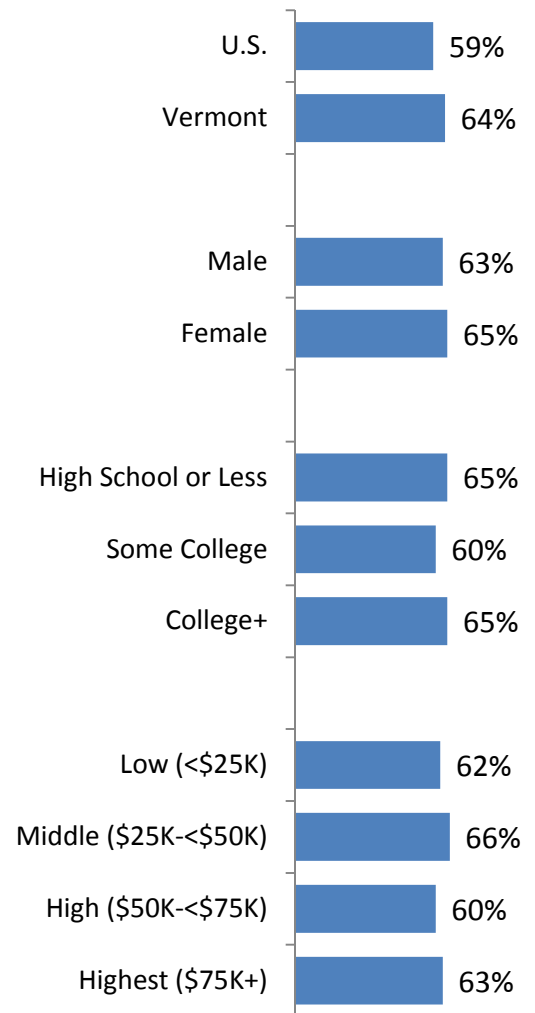
About two-thirds (64%) of Vermont adults 65 and older report having a flu shot in the previous 12 months, significantly higher than the rate for U.S. adults overall.

Men and women 65 and older get flu shots at similar rates.

Receipt of a flu shot does not differ statistically across education level or annual household income.

Flu vaccination rates were statistically unchanged from 2011 to 2012, both among adults overall and those 65 and older.

**Had Flu Shot
Vermont Adults 65 and Older,
2012**



[Note: This measure is a Healthy Vermonters 2020 goal.]

Immunizations – Pneumococcal Vaccine

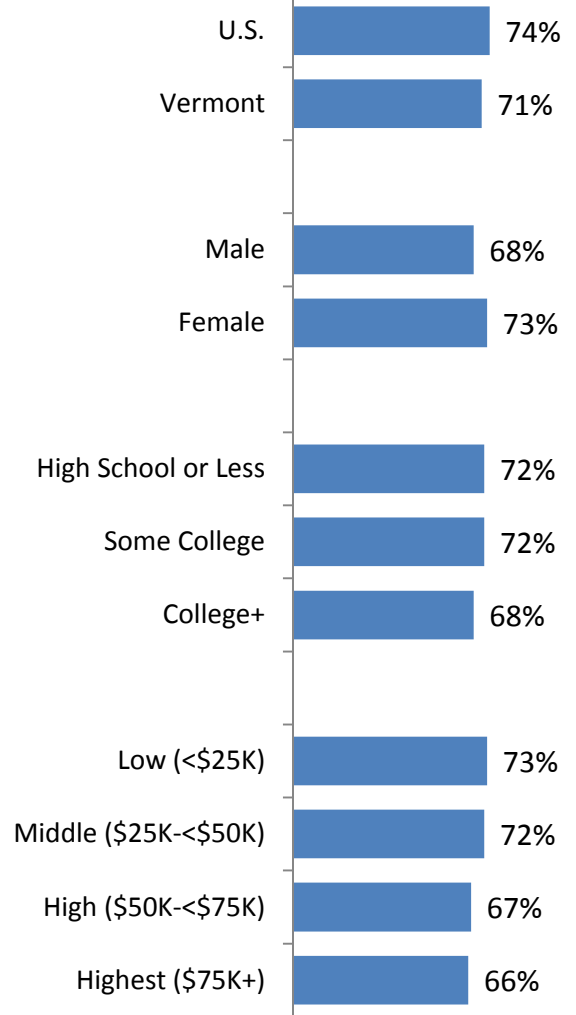
Less than three-quarters (71%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine. Pneumococcal vaccination rates for Vermont and the U.S. adults 65 and older are statistically similar.

Men and women 65 and older receive pneumococcal vaccinations at similar rates.

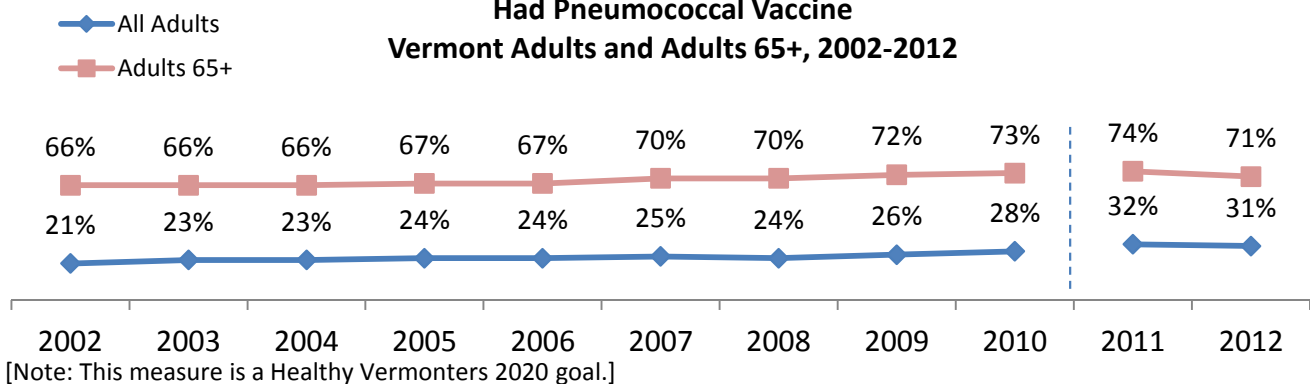
There are no statistical differences for receipt of the pneumococcal vaccine by education level or annual household income level.

Overall, pneumococcal vaccination rates remained similar in 2012, as compared with 2011, for both all adults and those 65 and older.

**Had Pneumococcal Vaccine
Vermont Adults 65 and Older,
2012**



**Had Pneumococcal Vaccine
Vermont Adults and Adults 65+, 2002-2012**



Immunizations – Shingles Vaccine

In 2012, 17% of Vermont adults 50 and older said they had ever gotten a shingles vaccine.

Women are significantly more likely to get the shingles vaccine when compared with men.

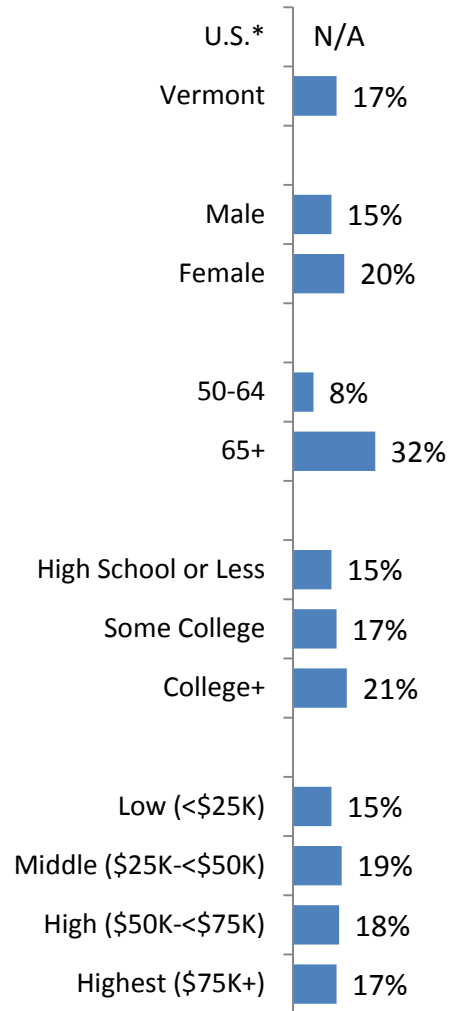
Adults 65 and older are about three times as likely as those 50 to 64 to receive a shingles vaccine, a statistically significant difference.

Receipt of the shingles vaccine increases as education level increases.

- Adults 50 and older with at least a college degree are significantly more likely to have gotten the vaccine than those with a high school degree or less.

There are no statistically significant differences by annual household income.

**Had Shingles Vaccine
Vermont Adults 50 and Older,
2012**



*No national estimate available.

Immunizations – Tetanus Diphtheria

More than eight in ten Vermont adults said they received a tetanus diphtheria vaccine in the last 10 years.

Men and women got the vaccine at similar rates.

Receipt of the tetanus diphtheria vaccine decreases with increasing age.

- Adults 65 and older are significantly less likely to receive the vaccine than those in younger age groups.

There are no differences in getting the tetanus diphtheria vaccine by education level.

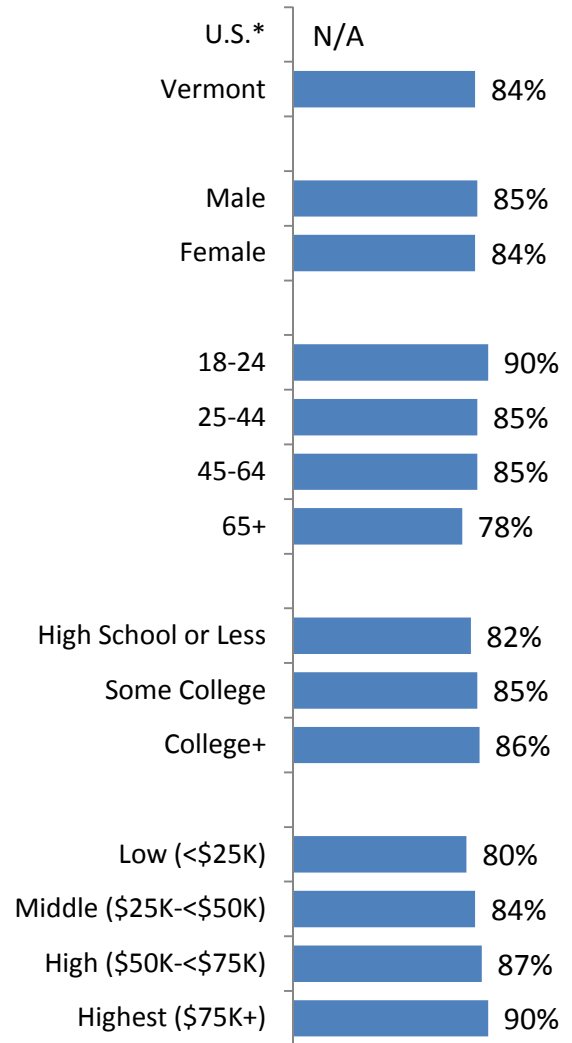
Adults in higher annual household income homes are more likely to get the tetanus diphtheria vaccine than those with less income.

- Adults in the highest income homes are significantly more likely to get the vaccine than those in middle or low income ones.

The tetanus diphtheria shot can also include the vaccine for pertussis (Tdap). In 2012, among those that said they'd gotten a tetanus diphtheria vaccine in the last 10 years, 21% said it also included the pertussis vaccine.

- Thirty-three percent said it did not include pertussis, while nearly half (46%) did not know if it was a Tdap vaccination.

**Had Tetanus Shot
Vermont Adults, 2012**



*No national estimate available.

Routine Doctor Visits

Two-thirds (67%) of Vermont adults had a routine doctor's visit in the previous year.

- 15% visited the doctor a year ago to less than two years ago; 10% saw one two years to less than five years ago and 8% saw the doctor five or more years ago*.
- U.S. adults reported a similar rate of seeing a doctor in the last year (68%).

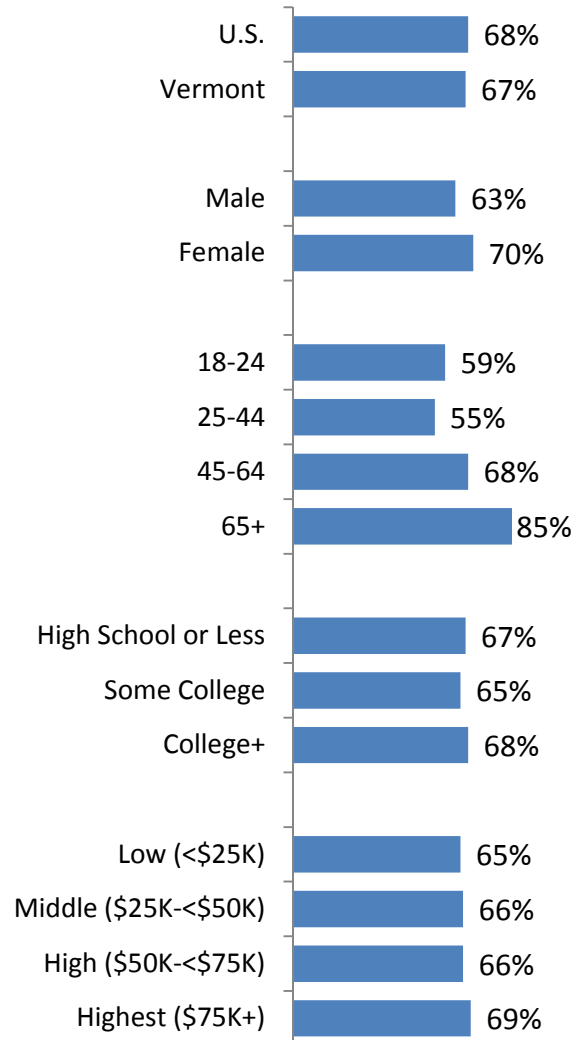
Women routinely visit their doctor more than men.

Adults 65 and older routinely see their doctor at significantly higher rates than all other age groups. Similarly, adults 45-64 also are more likely to routinely visit their doctor than those 18 to 44.

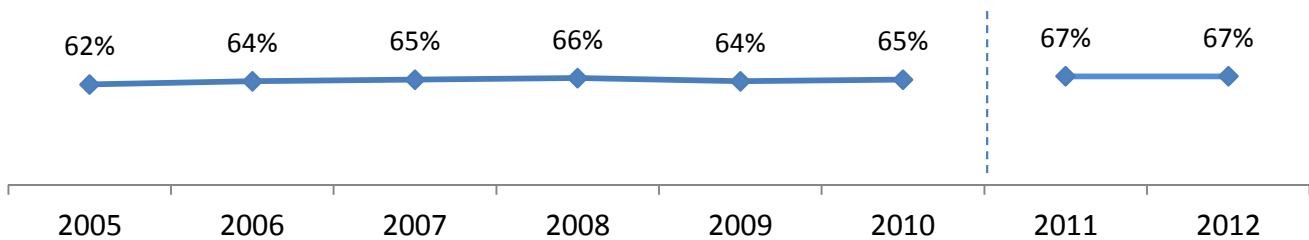
There are no statistically significant differences in routine visits to the doctor by education level or annual household income.

Overall, the proportion making a routine visit to their doctor during the previous year remained unchanged from 2011 to 2012.

**Routine Doctor Visit in Last Year
Vermont Adults, 2012**



**Routine Doctor Visit in Last Year
Vermont Adult Residents 2005-2012**



*Saw a doctor five or more years ago includes those who have never seen a doctor for a routine visit.

Visited Dentist in Last Year*

In 2012, seven in ten Vermont adults saw their dentist for any reason during the previous year.

- Vermont’s rate of recent dental visits is significantly higher than the 65% reported for U.S. adults.

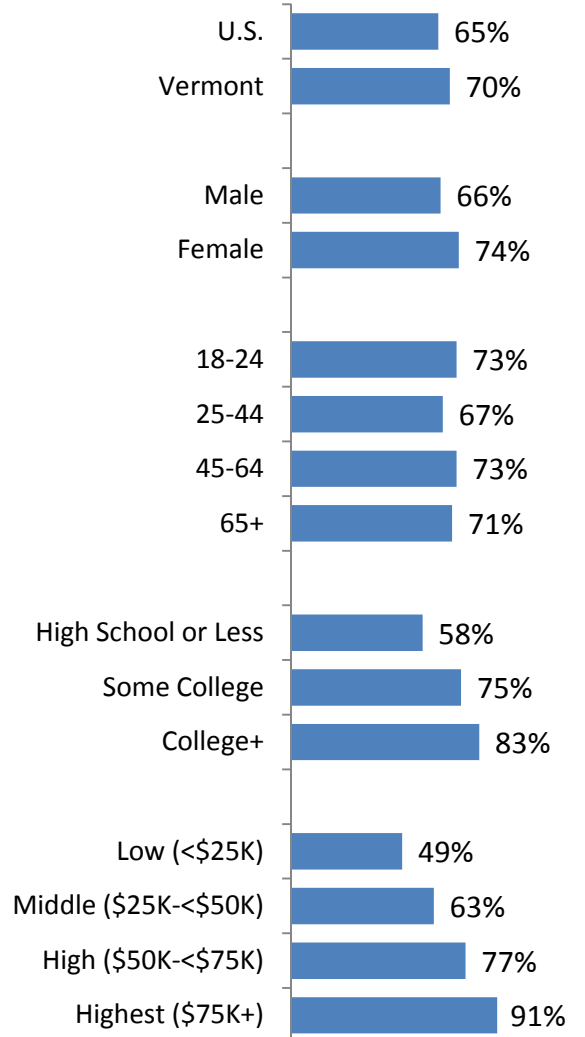
Women routinely saw their dentist at a significantly higher rate than men.

Adults 45 to 64 said they visited their dentist in the last year at a higher rate than those 25 to 44.

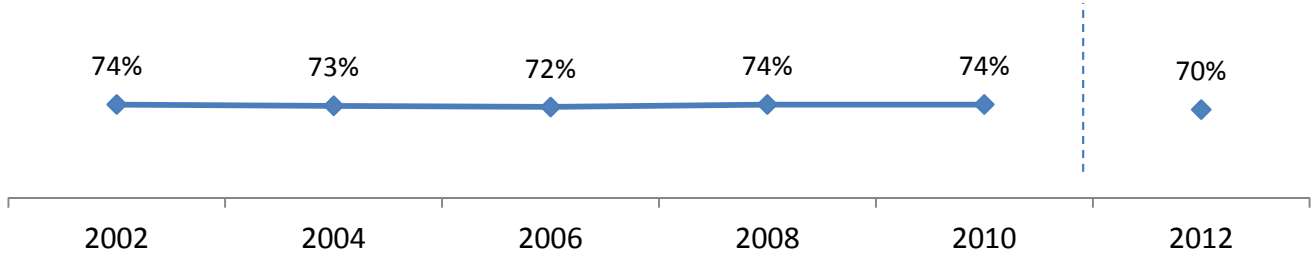
Vermont adults with more education and higher annual household incomes were more likely to see their dentist regularly than those with less.

- All differences by education level and annual household income are statistically significant.

**Visited Dentist in Last Year*
Vermont Adults, 2012**



**Visited Dentist in Last Year*
Vermont Adult Residents 2002-2012**



*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Reason Didn't Visit Dentist

In 2012, adults who had not seen a dentist in the last year were asked for the reason they did not do so.

The predominant reason given was cost. More than four in ten (42%) adults who had not seen a dentist recently listed cost as the reason.

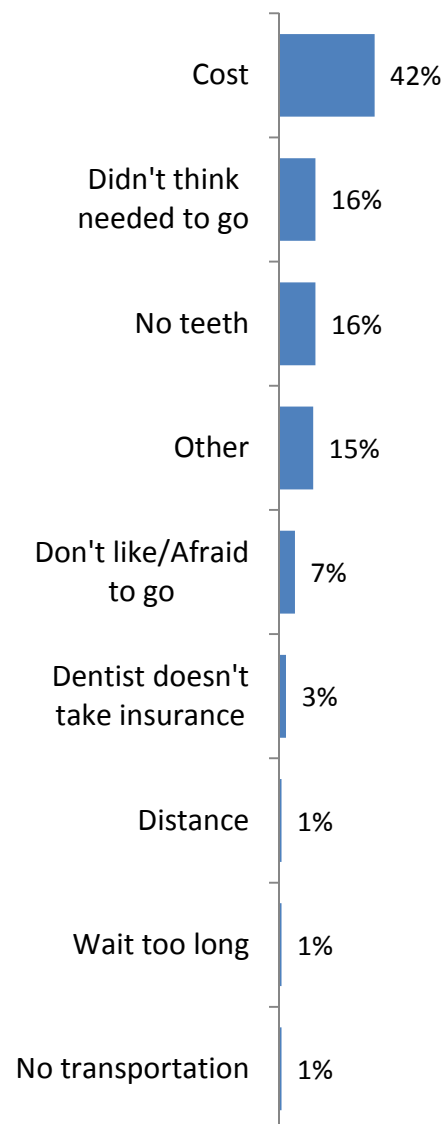
About one in six (16%) each said they didn't think they needed to go and that they have no teeth or use dentures as the reason for not seeing a dentist in the last year.

Seven percent said they don't like the dentist or are afraid to visit, while 3% said they can't find a dentist who takes their insurance.

One percent of adults who hadn't seen a dentist each said the distance was too far to travel, the wait (either for an appointment or in the waiting room) was too long, and that they have no transportation to get to the dentist.

About one in seven adults said there was some other reason for not seeing the dentist in the last year.

**Reason Did Not Visit Dentist In Last Year
Vermont Adults, 2012**



Teeth Extracted

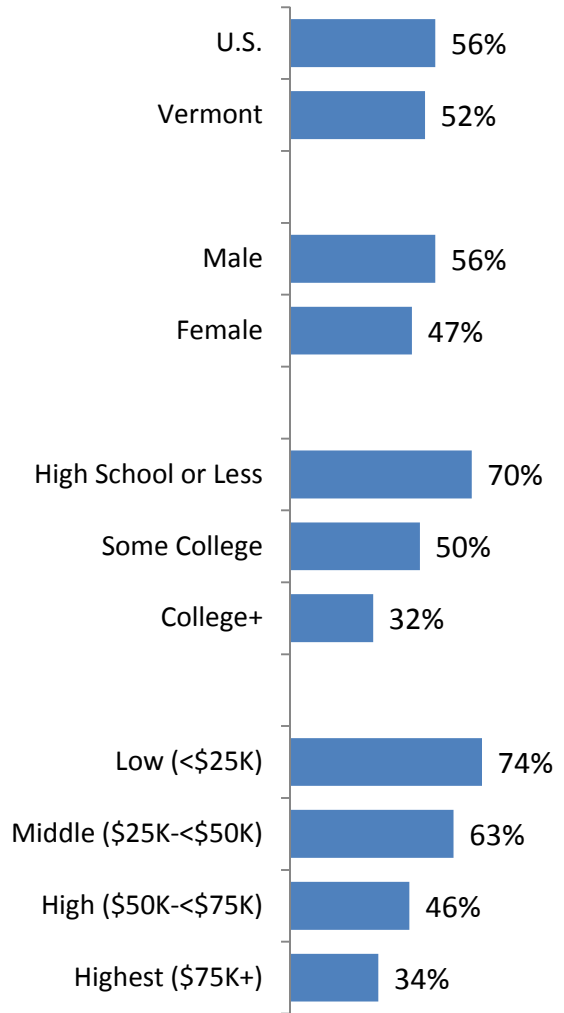
In 2012, more than half (52%) of Vermont adults ages 45-64 said they've had at least one tooth extracted. Fifty-six percent of U.S. adults 45 to 64 reported the same, a significantly higher rate than in Vermont.

Men are significantly more likely to report tooth extraction than women.

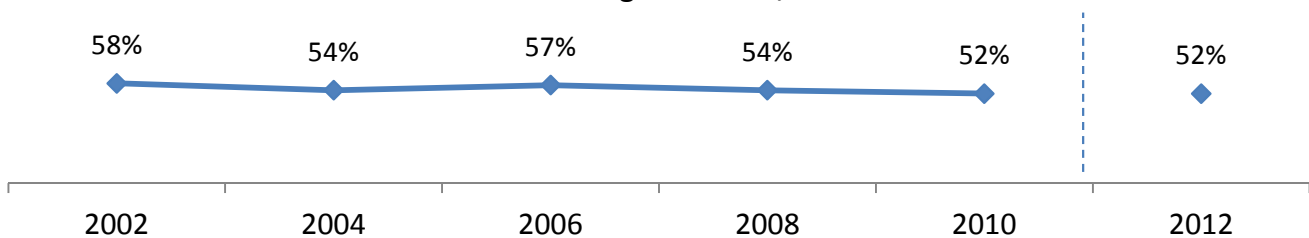
Adults with less education and lower annual household income levels are more likely than those with more to report tooth extractions.

- All differences by education and annual household income level are statistically significant.
- Adults with a high school degree or less are more than twice as likely to have had a tooth pulled than those with a college degree or higher.
- The same is true for those in homes with low income compared to those in the highest income ones.

**Any Teeth Extracted
Vermont Adults, Ages 45 to 64,
2012**



**Any Teeth Extracted
Vermont Adults Ages 45 to 64, 2002-2012**



[Note: This measure is a Healthy Vermonters 2020 goal.]

Breast Cancer Screening*

In 2012, more than eight in ten (82%) Vermont women ages 50 to 74 had a mammogram in the last two years.

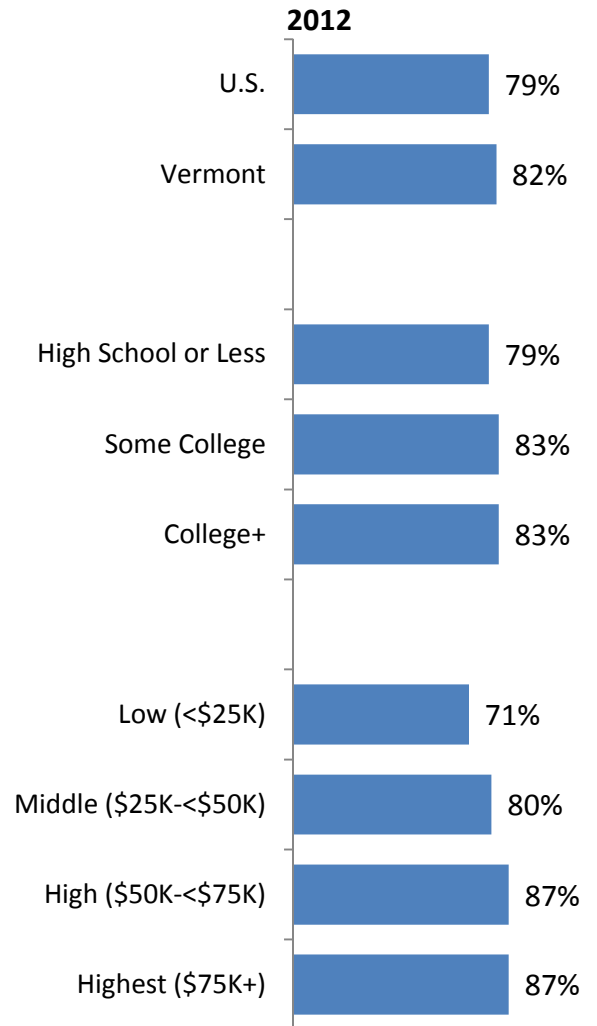
A significantly lower proportion of U.S. women reported meeting the guideline (79%).

There are no statistical differences by education level.

Women in the highest income households, those making \$50,000 or more, are significantly more likely to be screened for breast cancer than those in homes with low income.

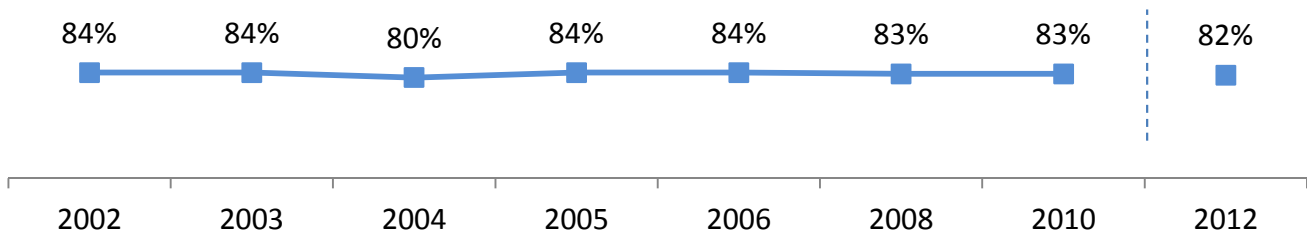
Meet Breast Cancer Screening Recommendations*

Vermont Women Ages 50-74, 2012



Meet Breast Cancer Screening Recommendations*

Vermont Women Ages 50-74, 2002-2012



*All data on this page is age adjusted to the U.S. 2000 population.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Cervical Cancer Screening

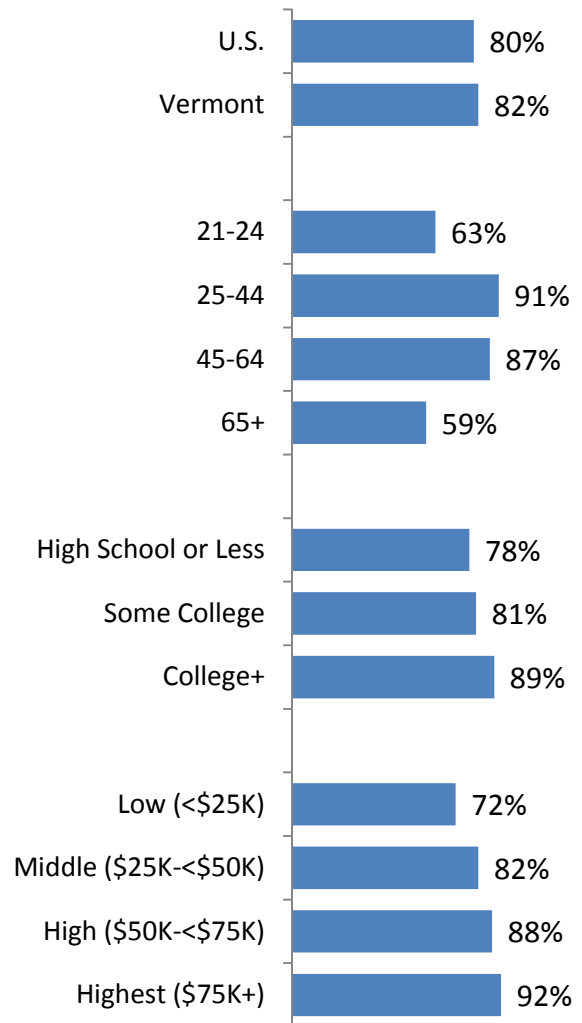
In 2012, 82% of Vermont women 21 and older had been screened for cervical cancer (PAP test) in the last three years. A similar rate of cervical cancer screening was reported among U.S. women overall (80%).

Women 25-64 are significantly more likely to meet cervical cancer screening guidelines than those 21-24 and 65 and older.

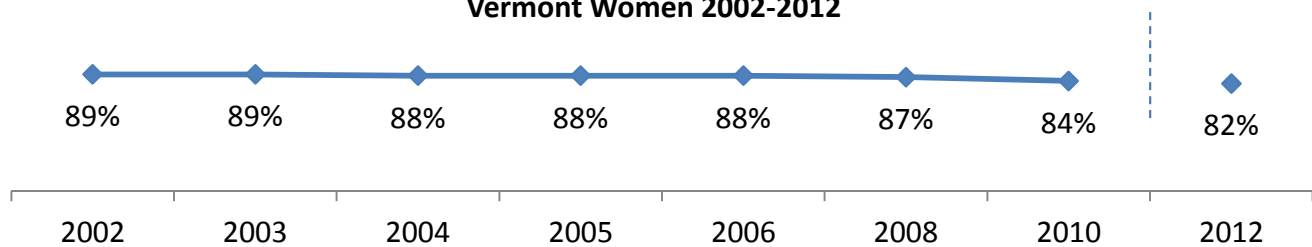
Women with more education and higher annual household incomes are more likely than those with less to meet cervical cancer screening guidelines.

- Those with a college degree or higher are significantly more likely to have received a PAP test than those with a high school degree or less.
- Women in homes in middle income homes or higher are significantly more likely to meet cervical cancer guidelines than those in homes with low income. Similarly, those in the highest income homes are more likely than those with middle incomes to have been screened.

Meet Cervical Cancer Screening Recommendations Vermont Women 21 and Older, 2012



PAP Test in Last Three Years Vermont Women 2002-2012



*All data on this page is age adjusted to the U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Colorectal Cancer Screening*

In 2012, 71% of Vermont adults 50-75 met colorectal cancer screening recommendations, significantly higher than the 65% reported for U.S. adults overall.

Colorectal cancer screening recommendations are:

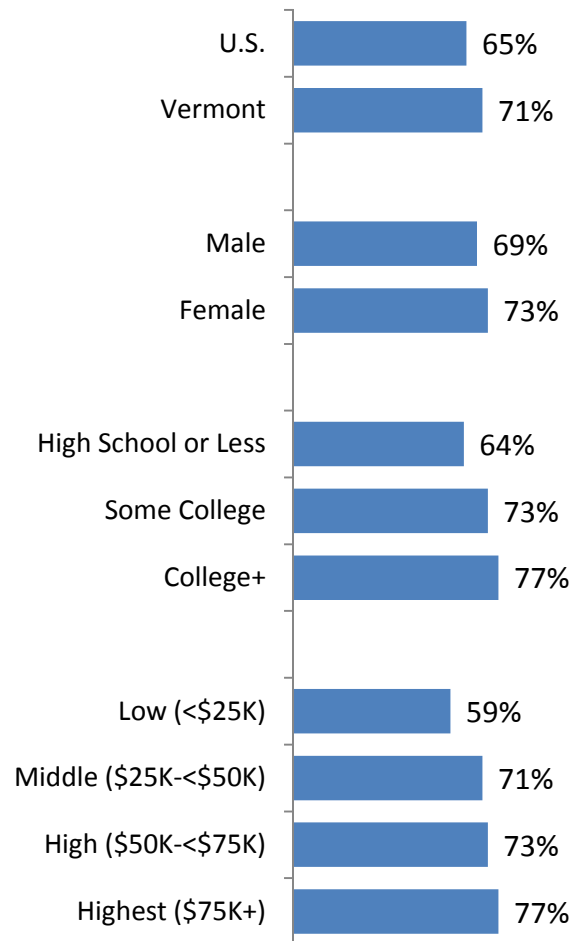
- Fecal Occult Blood Test (FOBT) in last year OR
- Sigmoidoscopy in last five years and a FOBT in the last three years OR
- Colonoscopy in last 10 years

Men and women ages 50-75 are as likely to have been screened for colorectal cancer.

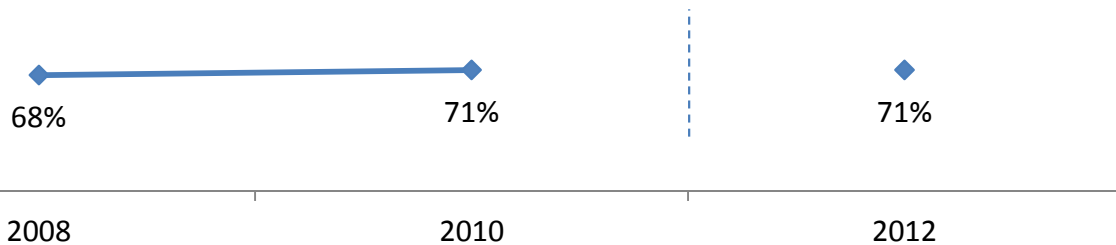
Adults with at least some college education are significantly more likely to meet colorectal cancer screening recommendations than those with a high school degree or less.

Individuals in middle income homes or higher are significantly more likely to be screened for colorectal cancer versus those in homes with low income.

**Meet Colorectal Cancer Screening Recommendations*
Vermont Adults Ages 50-75, 2012**



**Meet Colorectal Cancer Screening Recommendations*
Vermont Men 50 to 75, 2008-2012**



*All data on this page is age adjusted to the U.S. 2000 population.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Prostate Cancer Screening

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF)* recommendations for preventive cancer screenings. Currently, the USPSTF recommends against protein-specific antigen, or PSA, testing.

In 2012, 62% of Vermont men ages 50 and older said a health care professional had ever recommended a PSA test. This is statistically similar to the 64% reported among U.S. men 50 and older.

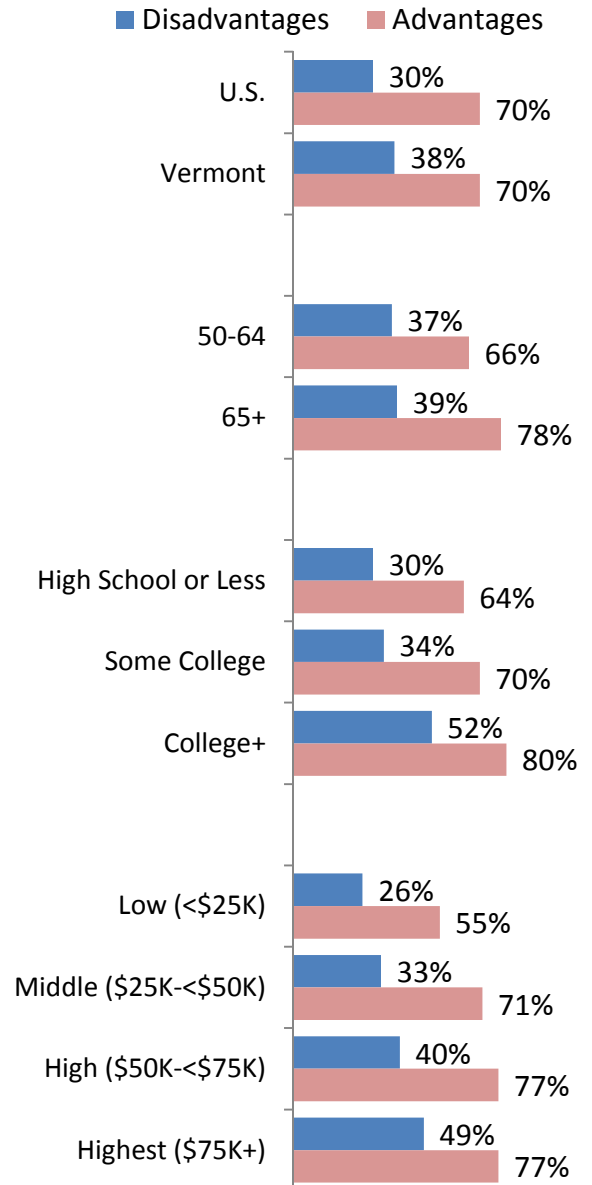
About four in ten Vermont men 50 and older said their doctor had ever discussed the disadvantages of a PSA test with them. Conversely, 70% reported discussions about advantages.

Men 65 and older are significantly more likely to report conversations about PSA test advantages than those 50-64. However, the age groups reported similar rates of conversations about the disadvantages to the test.

Conversations about PSA test advantages and disadvantages are reported more often among those with more education and higher annual household income levels.

- Men with college degrees are significantly more likely to report discussion about disadvantages than lower educated adults, and also those about advantages vs. those with a high school degree or less.
- Men in homes with middle incomes or higher are significantly more likely to report conversations about PSA test advantages vs. those with a low income.
- Those in homes with the highest incomes are more likely to report conversations about the disadvantages than those with low or middle incomes. Men in homes making \$50,000 to \$74,999 are also more likely than those with low incomes to report discussion of PSA test disadvantages.

Doctor Discussed Advantages and Disadvantages of PSA Test Vermont Men 50 and Older, 2012



*The USPSTF recommendations: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

Prostate Cancer Screening - Ever

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF)* recommendations for preventive cancer screenings. Currently, the USPSTF recommends against protein-specific antigen, or PSA, testing.

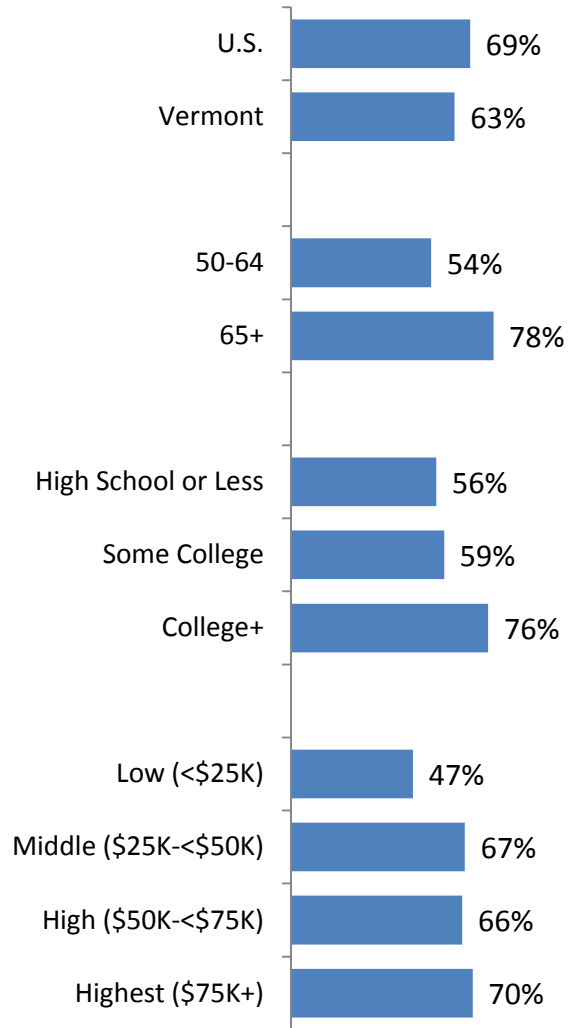
Less than two-thirds (63%) of Vermont men ages 50 and older have ever had a prostate-specific antigen test, or PSA test. A significantly higher rate of U.S. men 50 and older (69%) said the same.

Men 65 and older are significantly more likely than those 50-64 to have had a PSA test.

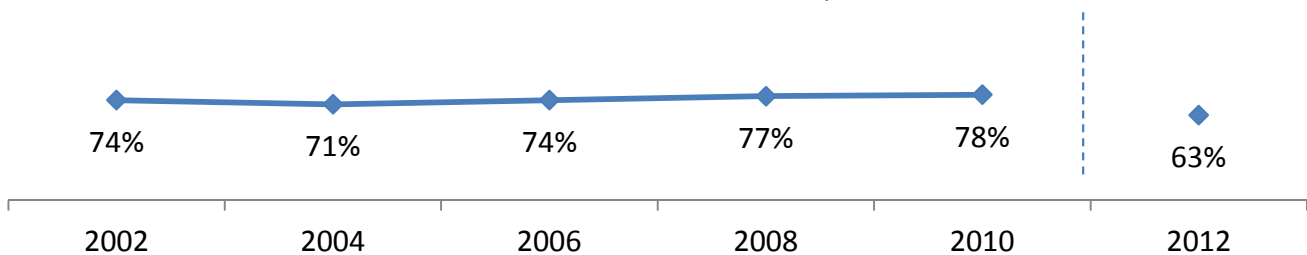
Men with more education and higher annual household incomes are more likely than those with less to have had a PSA test.

- Men with a college degree or higher are significantly more likely than those with less education to have had a PSA test.
- Adult men in homes with the middle or higher incomes are significantly more likely than those in homes with low incomes to have had a PSA test.

**Ever Had PSA Test
Vermont Men 50 and Older, 2012**



**Ever Had PSA Test
Vermont Men 50 and Older, 2002-2012**



*The USPSTF recommendations: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

Prostate Cancer Screening – In Last Year

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF)* recommendations for preventive cancer screenings. Currently, the USPSTF recommends against protein-specific antigen, or PSA, testing.

More than a third of Vermont men ages 50 and older had a protein-specific antigen, or PSA test, in the last year. About half of U.S. men in the same age category (46%) reported the same, which was significantly higher than the Vermont rate.

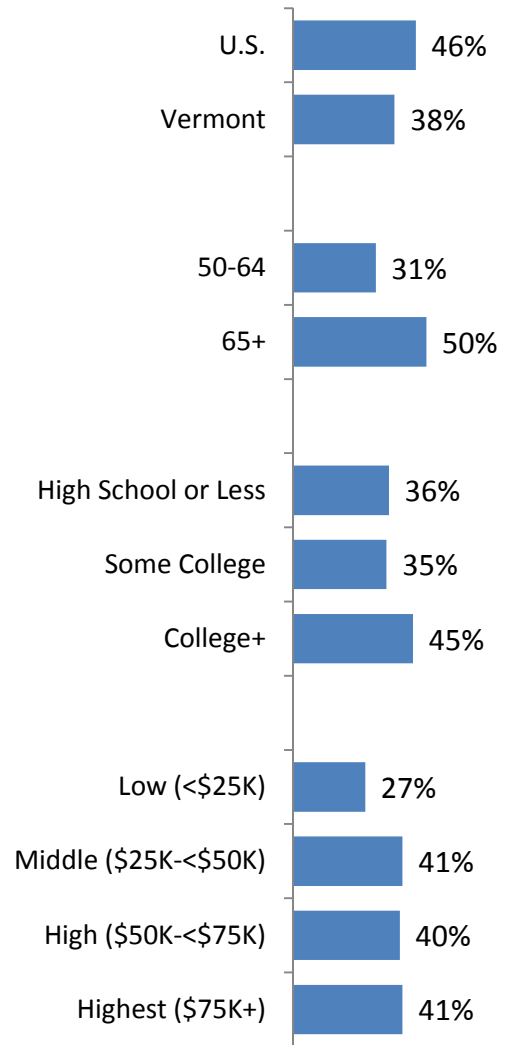
Men 65 and older are significantly more likely to have recently had a PSA test when compared with those 50-64.

A PSA test in the last year is more likely among those with higher education and annual household income.

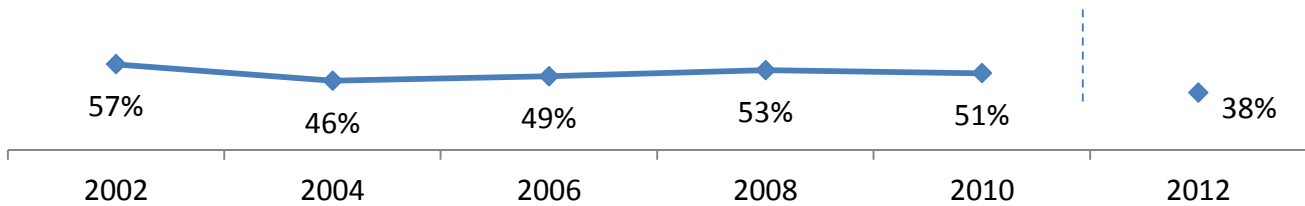
- Men with a college degree or higher are significantly more likely to have had a recent PSA test versus those with a high school degree or less.
- Those in homes with the highest and middle incomes are significantly more likely than those with low incomes to have had a PSA test in the last year.

The most commonly cited reason given for having a recent PSA test was that it was part of a routine exam (68%). Other reasons included: a prostate problem (9%), family history (7%), had prostate cancer (6%), and some other reason (9%).

**PSA Test in Last Year
Vermont Men 50 and Older, 2012**



**PSA Test in Last year
Vermont Men 50 and Older, 2002-2012**



*The USPSTF recommendations: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

HIV Screening – Ever

Three in ten (30%) Vermont adults report ever being tested for HIV, in 2012. This increases to 35% when looking at adults 18-64.

HIV testing among both all Vermont adults and those 18-64 is significantly lower than the rates for U.S. adults overall (37%) and 18-64 (43%).

Men are as likely as women to have ever been tested.

Adults 25-44 were significantly more likely to have ever been tested for HIV than those in all other age groups. Those 65 and older are significantly less likely to have been tested compared to younger adults.

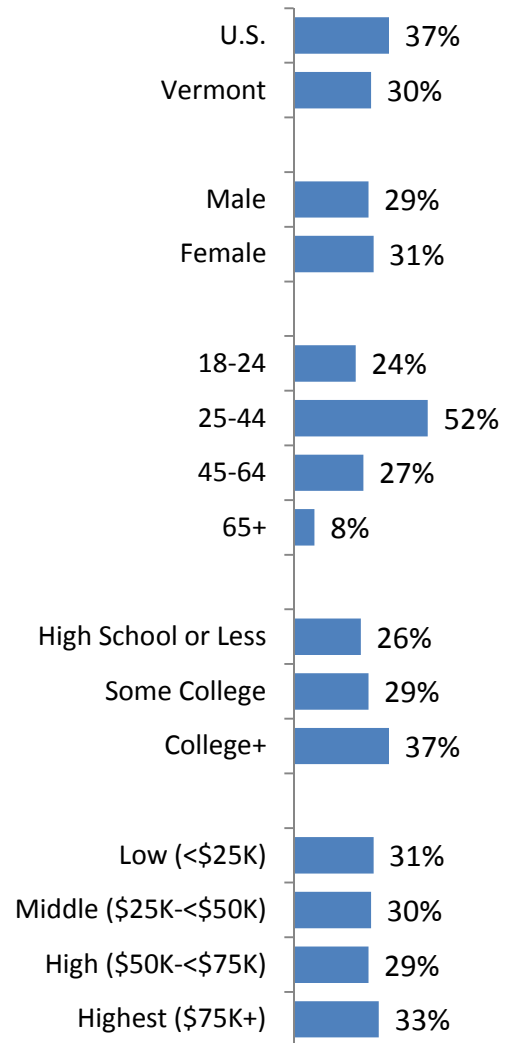
Vermont adults with more education are more likely to have been tested for HIV than those with lesser amounts.

- Adults with a college degree or higher are significantly more likely to have been tested than those with some college education or less.

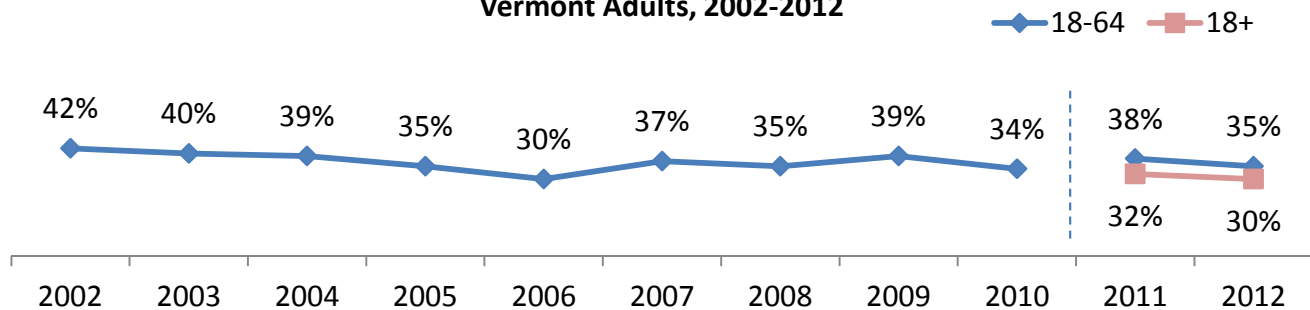
There are no statistical differences in HIV testing by annual household income level.

Ever tested for HIV rates among Vermont adults are statistically unchanged from 2011 to 2012.

**Ever Tested for HIV
Vermont Adults, 2012**



**Ever Tested for HIV
Vermont Adults, 2002-2012**



HIV Screening – In Last Year

Seven percent of Vermont adults report they were tested for HIV in the last year. When limited to adults 18 to 64, this increases slightly to 8%. Recent HIV testing is significantly higher among U.S. adults overall (10%) and those 18-64 (12%) as compared to Vermont adults.

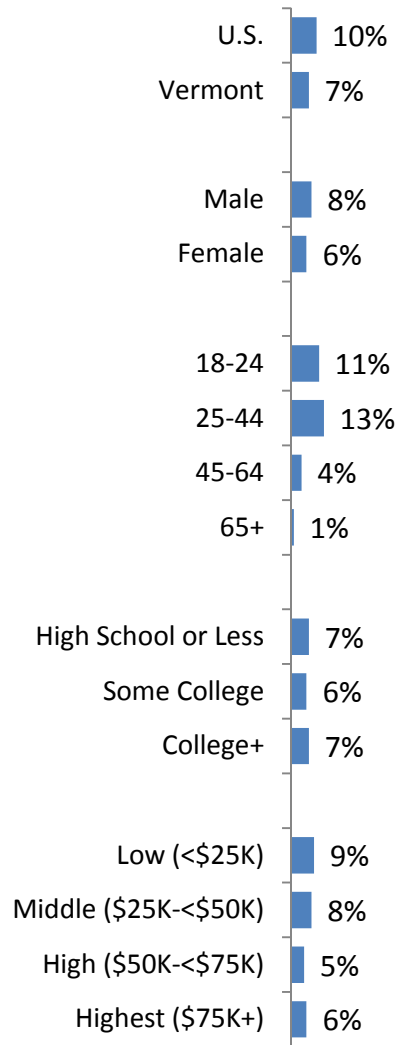
Men and women received recent HIV tests at similar rates.

Adults 18-44 are significantly more likely to report recent HIV tests versus those 45 and older. Similarly those 45-64 are also more likely than those 65 and older to be tested.

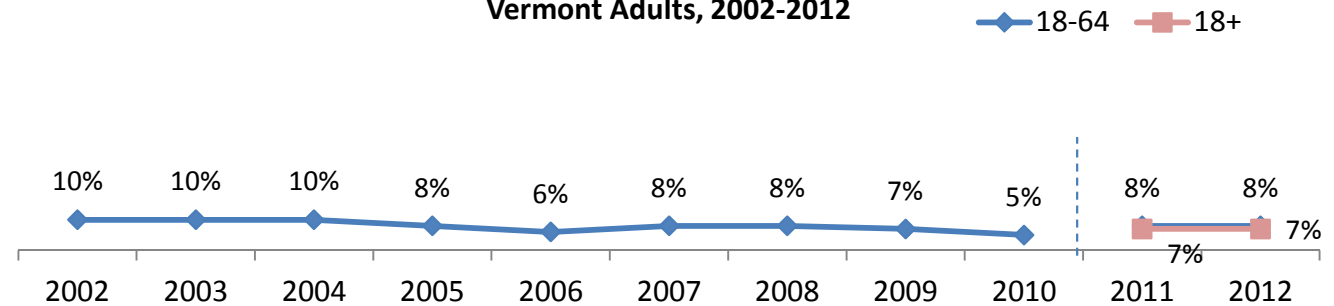
There are no statistically significant differences in recent HIV tests by education or annual household income level.

Overall, receipt of a recent HIV test was unchanged from 2011 to 2012, both for adults overall and those 18 to 64 years of age.

**HIV Test in Last Year
Vermont Adults, 2012**



**Tested for HIV in Last Year
Vermont Adults, 2002-2012**



[Note: This measure is a Healthy Vermonters 2020 goal.]

HIV Screening – Reason Tested

Adults who have ever been tested for HIV were asked about the reason for their most recent test.

In 2012, the most common reason for having an HIV test is that it was required (20%).

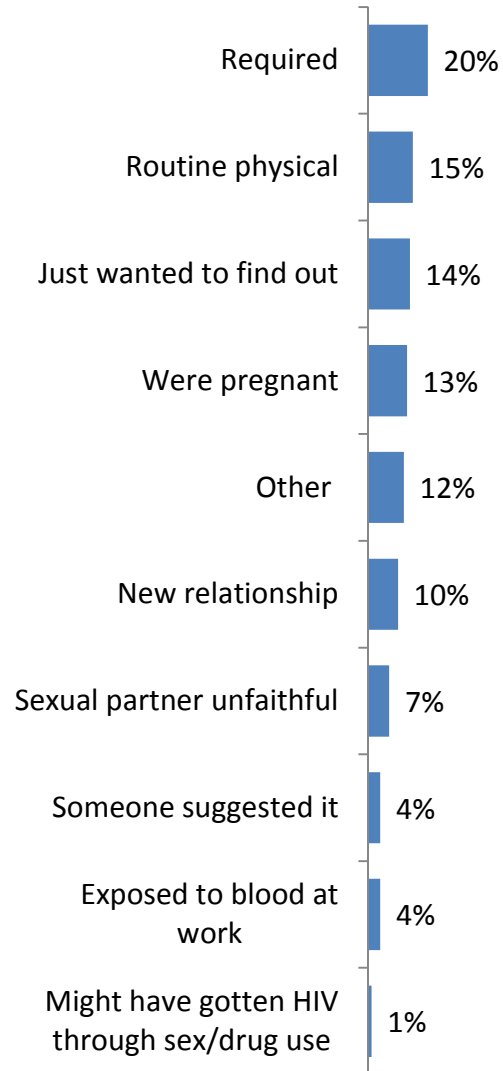
Other more common reasons for HIV testing are:

- It was part of a routine medical checkup (15%)
- The respondent just wanted to know their HIV status (14%)
- Pregnancy (13%)
- Some other reason* (12%)
- Started a new sexual relationship (10%).

All remaining responses were given by less than 10% of adults:

- Sexual partner was unfaithful (7%)
- Someone suggested you should get tested (4%)
- Exposed to blood at work (4%)
- Thought may have gotten HIV through sex or drug use (1%).

Reason Tested for HIV
Vermont Adults Ever Tested for HIV, 2012



*Responses of 'You were tested for some other reason' and 'You were worried that you could give HIV to someone else' were combined into one 'some other reason' category.

HIV Screening – Where Tested

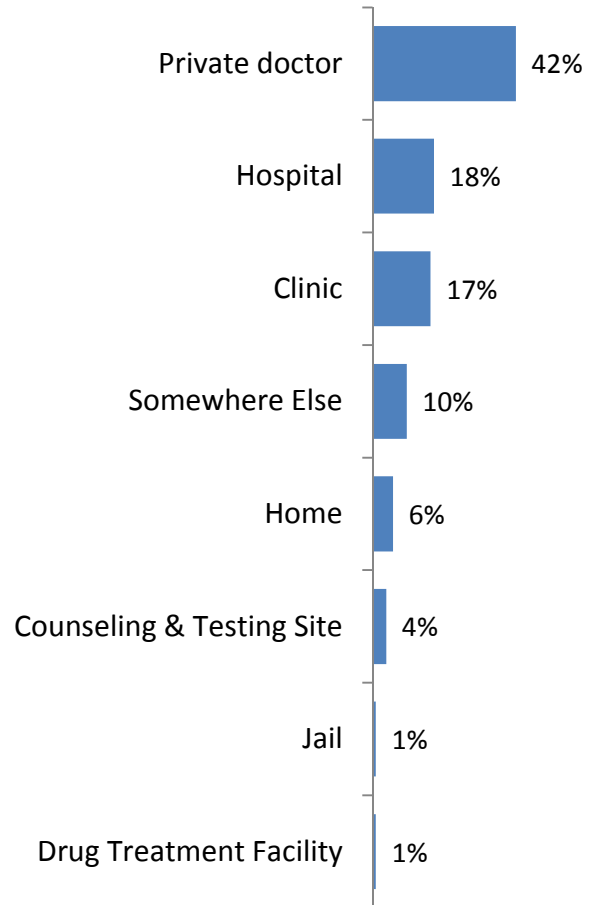
In addition to the reason for receiving an HIV, adults ever been tested for HIV were also asked where their most recent HIV test occurred.

In 2012, more than four in ten (42%) said their last HIV test was at a private doctor's office. The next most common testing location was a hospital (18%). This was closely followed by a clinic (17%).

Ten percent of adults who had an HIV test said their most recent test was somewhere else, while 6% said it was at home, and 4% got a test at a counseling and testing site.

One percent each said they were tested in a jail or prison and a drug treatment facility.

**Where Received HIV Test
Vermont Adults Ever Tested for HIV, 2012**



HIV Transmission Risk

The Vermont BRFSS asks respondents about their participation in four high risk behaviors for HIV transmission.

Respondents are asked whether they've participated in any of the following during the previous year: intravenous drug use, treated for a sexually transmitted or venereal disease, gave or received sex or drugs for money, and anal sex without a condom.

Respondents were not asked to identify which of the behaviors they participated in, only that they did at least one of them.

Three percent of Vermont adults said they participated in a high risk behavior during the previous year, significantly less than the 4% reported for U.S. adults.

- Of those who participated in a high risk behavior, 24% were tested for HIV in the last year.

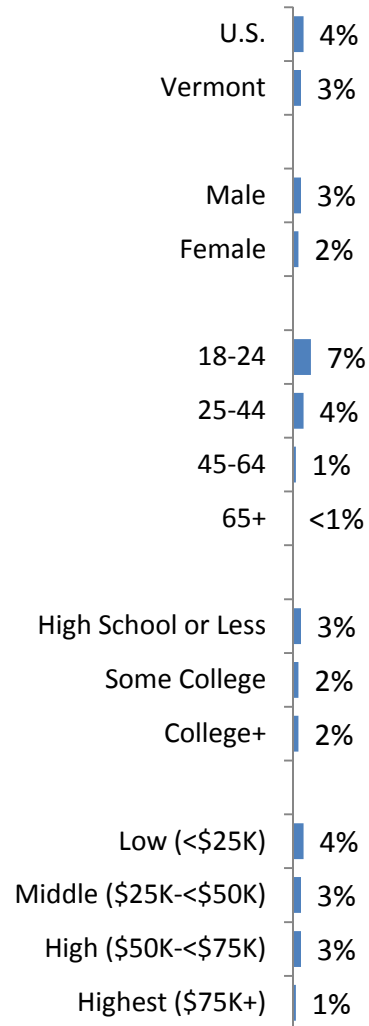
Men and women took part in high risk HIV transmission behaviors at a similar rate.

Adults 18-44 are significantly more likely to participate in high risk behaviors than those 45 and older. Individuals 45-64 are also more likely to have high risk HIV behaviors than those 65 and older.

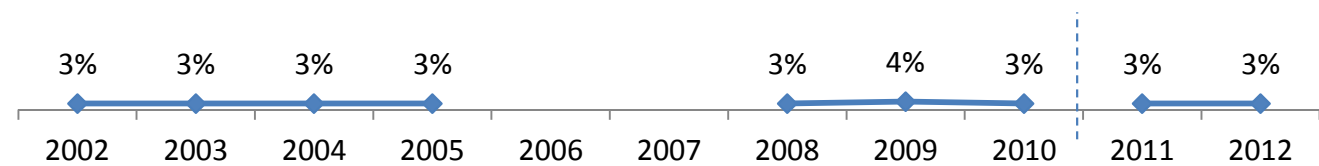
There are no significant differences by education level. However, adults in the highest income homes are significantly less likely to participate in high risk behaviors than those in the lowest income homes.

The rate of participation in high risk HIV behaviors among Vermont adults remained the same in 2011 and 2012.

**High Risk HIV Transmission Behavior
Vermont Adults, 2012**



**High Risk HIV Transmission Behavior
Vermont Adult Residents 2002-2012**



Condom Use

More than half (54%) of sexually active Vermont adults ages 18-44 reported using a condom during their most recent sexual encounter.

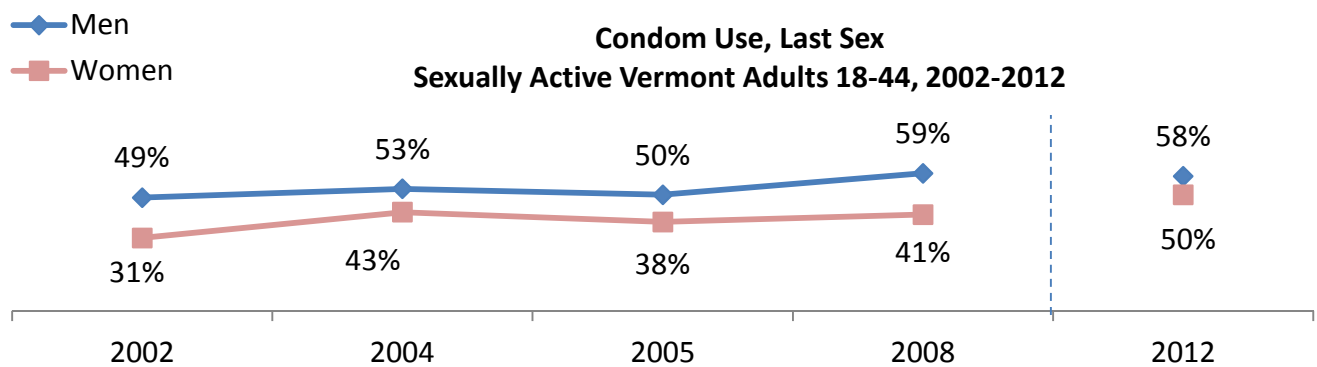
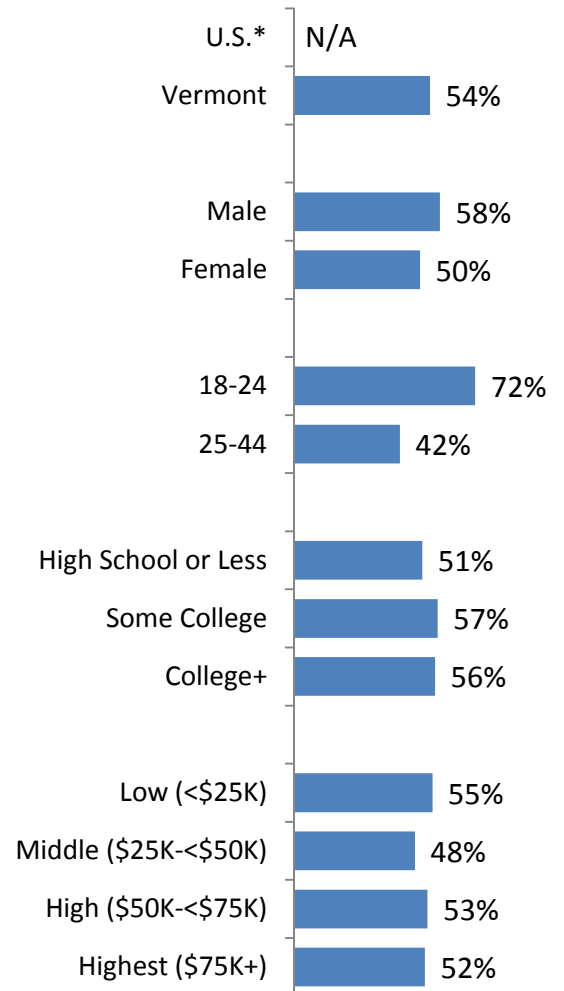
- Healthy Vermonters 2020 includes goals for improving condom use among sexually active males and females. Sexually active is defined as: those who are not married and had sex with two or more people overall or had sex with at least one casual partner.

Sexually active men and women ages 18-44 have statistically similar rates of condom use.

Adults 18-24 who are sexually active are significantly more likely to report condom use than those 25-44.

There are no significant differences by education level or annual household income level in the use of condoms among sexually active people.

**Used Condoms Last Sex
Sexually Active
Vermont Adults 18-44, 2012**



*No national estimate available.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Community Resources for Physical Activity

Respondents were asked about their use of community resources for physical activity. Examples of community resources are walking trails, parks, playgrounds, and sports fields.

More than half (58%) of Vermont adults said they use community resources for physical activity.

Men and women use community resources at similar rates.

Adults 18-44 are significantly more likely to use community resources for physical activity than those 45 and older.

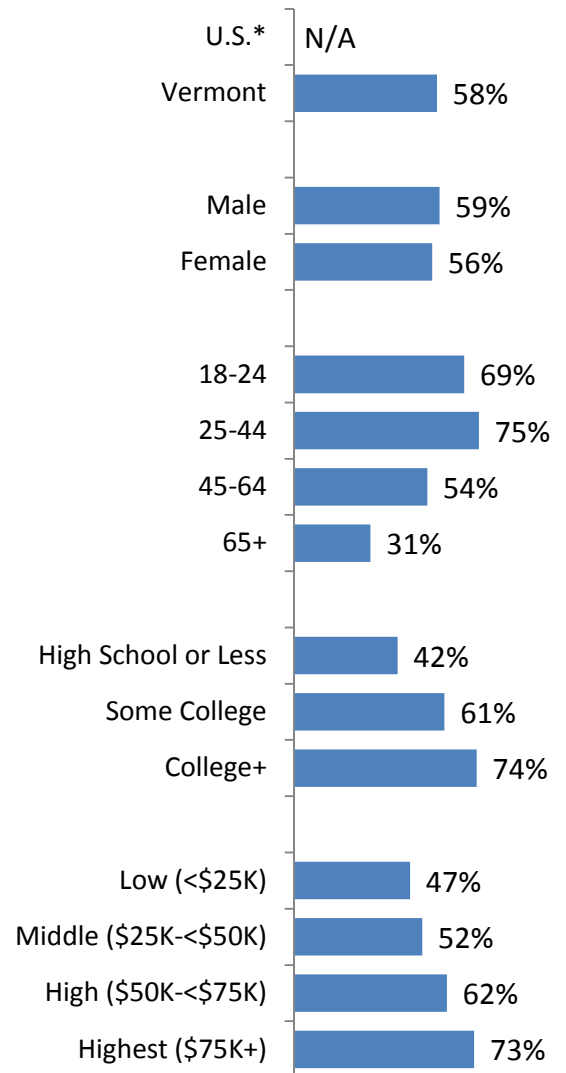
- Those 45 to 64 are also more likely to use community resources than those 65 and older.

Use of community resources for physical activity increases with education level and annual household income.

- All differences by education level are statistically significant.
- Adults in the highest income homes are significantly more likely to use community resources than those in all other income levels.
- Those in high income homes are also more likely to use community resources than those with low or middle incomes.

The proportion of Vermont adults who report using community resources for physical activity was similar in 2011 and 2012.

**Use Community Resources for Physical Activity
Vermont Adults, 2012**



*No national estimate available.