



Vermont Behavioral Risk Factor Surveillance System 2015 Data Summary



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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 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 Department of Health 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 forward, 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 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 (age 18 and older) Vermont residents in 2015.

About one in every eight (13%) Vermont adults are 18-24 years of age. Two thirds are 25-44 or 45-64 (65%). One in five are 65 and older (22%).

Half of adults are women (51% versus 49%).

Ninety-four percent of Vermont adults are White, non-Hispanic. Six percent are of a racial or ethnic minority.

About half of Vermont adults live in a home making less than \$50,000 per year (49%). Two in ten percent makes \$50,000 to less than \$75,000 per year, while three in ten make \$75,000 or more.

A third (32%) of Vermont adults have a college or higher education. Four in ten (39%) have a high school education or less and about three in ten (29%) have some college education.

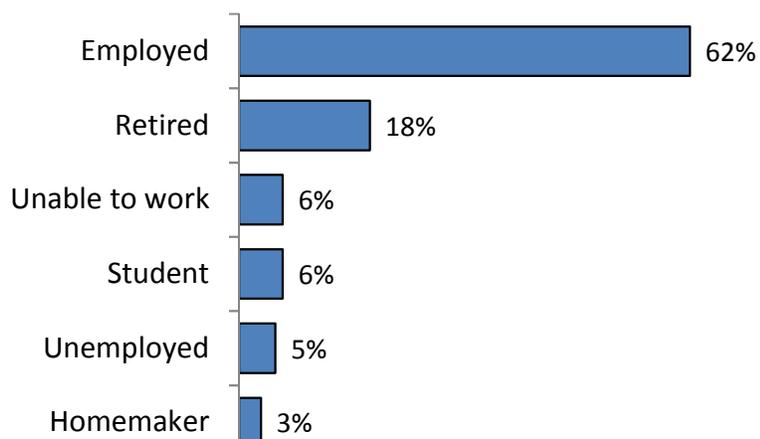
Demographic Characteristics:	
Age	Percent
18-24	13%
25-44	28%
45-64	36%
65 and older	22%
Gender	
Male	49%
Female	51%
Race/Ethnicity	
White, non-Hispanic	94%
Other race	6%
Household Income Level	
Low (<\$25K)	23%
Middle (\$25K-<\$50K)	26%
High (\$50K-<\$75K)	20%
Highest (≥\$75K)	31%
Education Level	
High school or Less	39%
Some college	29%
College or higher	32%

Demographics

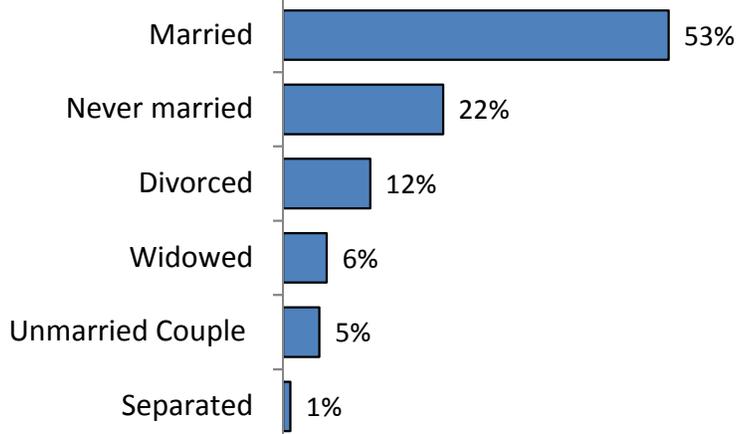
In 2015, 62% of Vermont adults were employed, which was defined as those responding 'employed for wages' or 'self-employed'. One sixth of Vermont adults were retired (18%). Six percent of adults or fewer are currently unable to work, a student, unemployed, or a homemaker.

More than half of Vermont adults were married (53%). Twenty-two percent had never been married, 12% 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 2015, a quarter (26%) of Vermont adults reported living in Chittenden county.

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

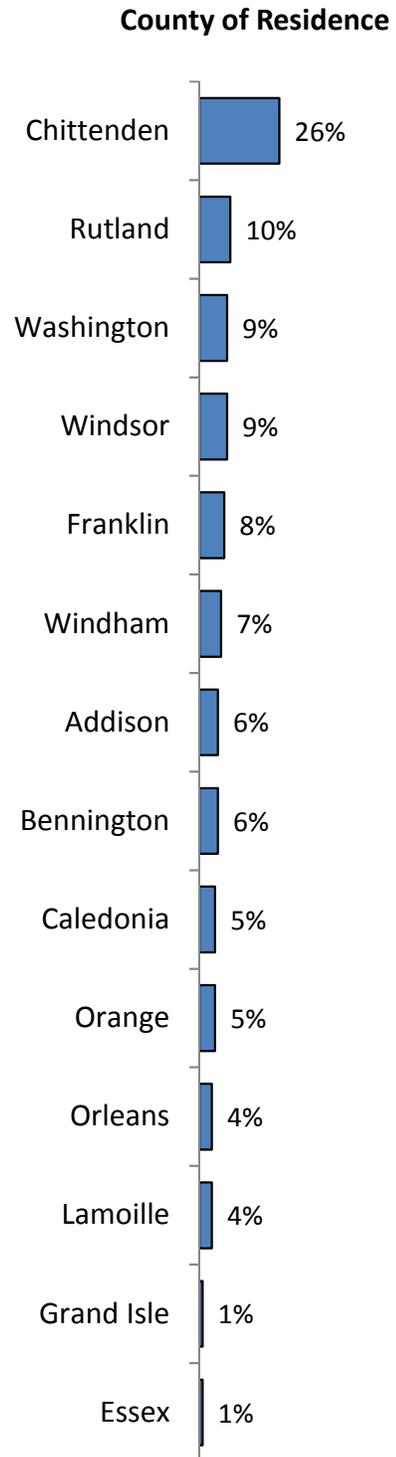
Six percent of women 18-44 were currently pregnant.

Seventy percent of Vermont adults had no children under the age of 18 in their home. An additional 14% had one child and 11% had two children in their home. Three percent had three children, while two percent counted four or more children in their household.

Eighty-five percent of Vermont adults reported using the internet at least once during the previous 30 days.

Two-thirds of adults have a cell phone for personal use.

Three-quarters (74%) of Vermont adults said they own their own home. Two in ten (21%) rent, while five percent have some other arrangement.



Health Status Indicators

General Health Status

In 2015, 13% of Vermont adults said their health is fair or poor, significantly lower than the 18% among U.S. adults.

- One fifth of Vermonters said their health was excellent (20%), 39% said it was very good and three in ten said good (29%).

Vermont men and women report 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.

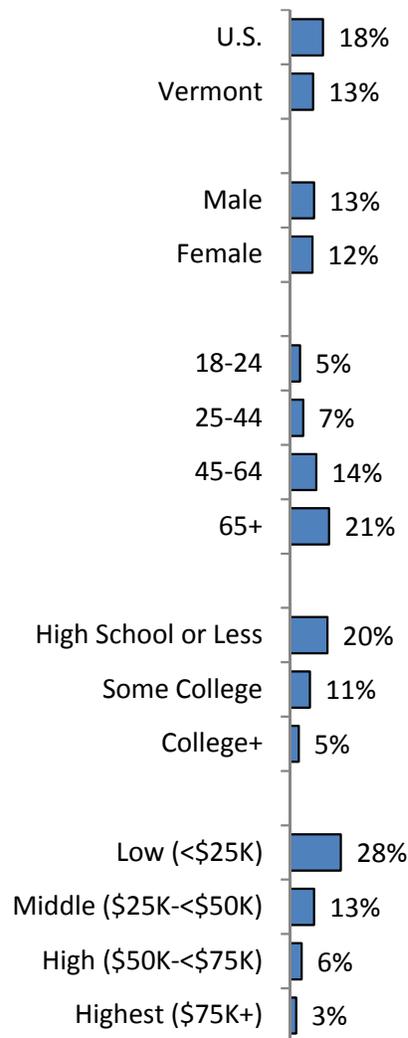
- All differences by age are statistically different except that between adults 18-24 and 25-44.

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

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

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

**General Health Fair or Poor
Vermont Adults, 2015**



**General Health Fair or Poor
Vermont Adult Residents 2006-2015**



Medical Health Plan Coverage

More than nine in ten (93%) Vermont adults under the age of 65 said they have a health plan, in 2015. This is significantly higher than the 85% reported for the U.S.

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

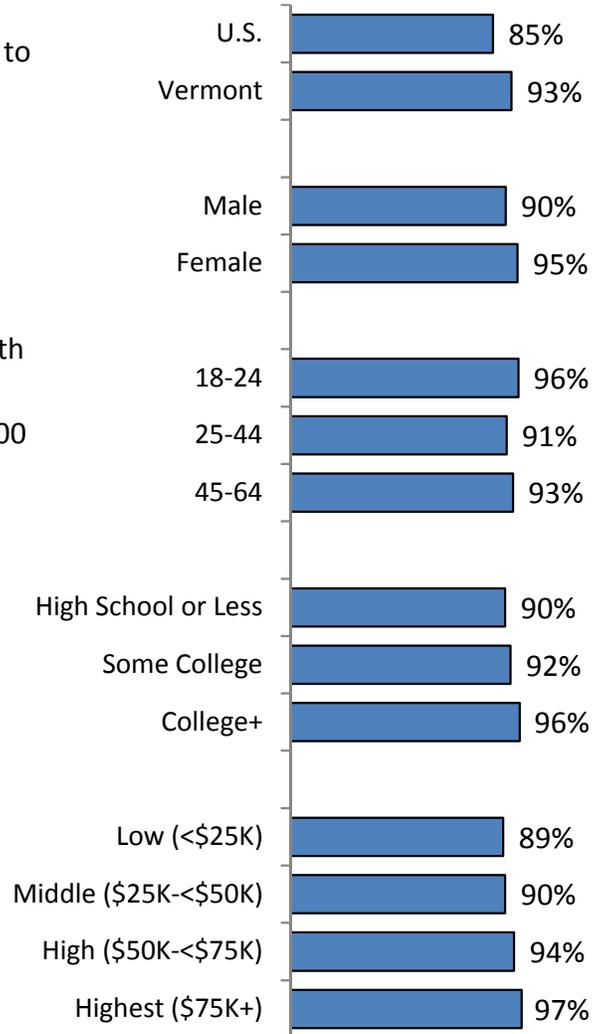
There are no differences by age in having a health plan.

Those with the most education and higher annual household incomes are more likely to have a health plan.

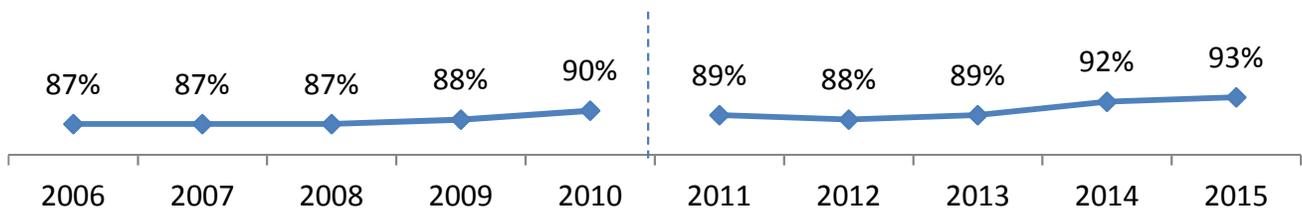
- Adults with a college degree or higher are significantly more likely to report having a health plan than those with less education.
- Those in homes with incomes of at least \$75,000 annually are significantly more likely to have a health plan, compared to those with low or middle incomes.

Health care coverage rates among Vermont adults 18-64 were similar in 2014 and 2015, but have increased significantly since 2011 (89% to 93%).

**Have a Medical Health Plan
Vermont Adults 18-64, 2014**



**Have a Medical Health Plan
Vermont Adult Residents 18-64, 2006-2015**



Medical Health Care Access

Eighty-eight percent of Vermont adults reported having a personal health care provider in 2015, significantly higher than the 79% 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.

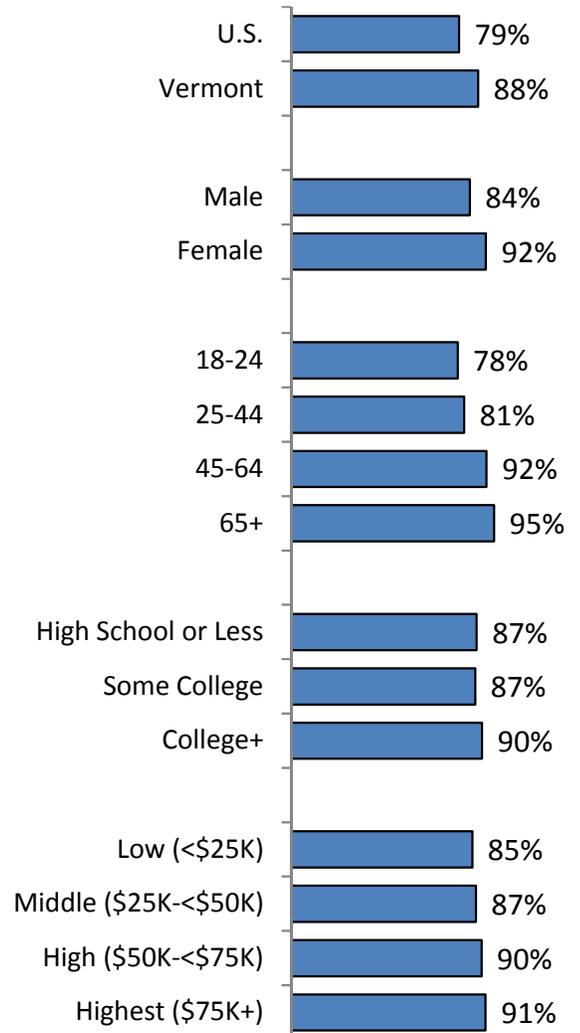
- All differences by age are statistically significant except that between adults 18-24 and 25-44.

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

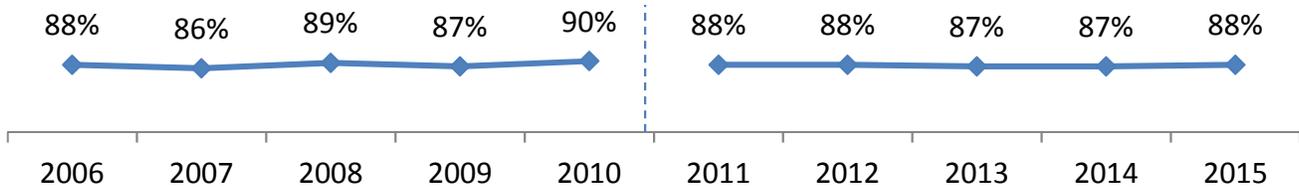
- Differences by education level are not statistically significant.
- Adults in homes with the highest incomes, \$75,000 or more, are more likely to have a doctor compared to those making less than \$50,000 per year.

The proportion of adults with a personal health care provider is statistically similar since 2011.

**Personal Health Care Provider
Vermont Adults, 2015**



**Personal Health Care Provider
Vermont Adult Residents 2006-2015**



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

Medical Health Care Access

Less than one in ten (8%) Vermont adults said there was a time in the last year they did not go to the doctor because of cost. This is significantly lower than the 13% among U.S. adults.

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

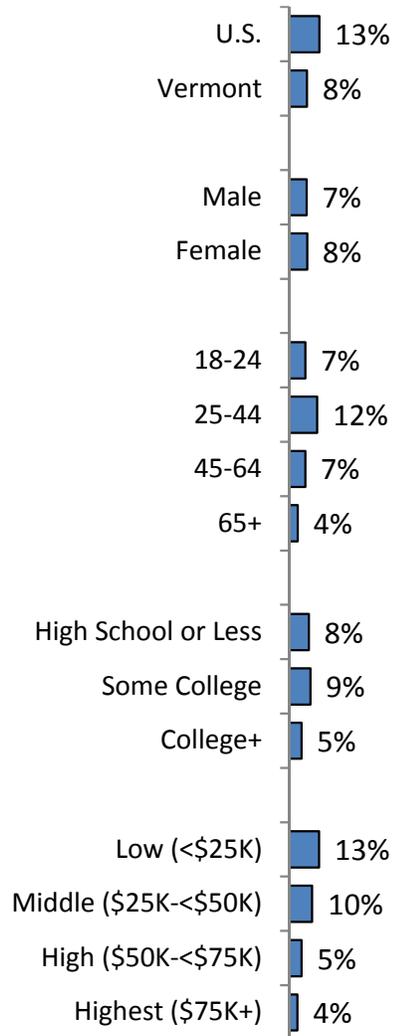
Cost as a barrier to care is lower among Vermonters 65 and older, when compared with other age groups.

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.

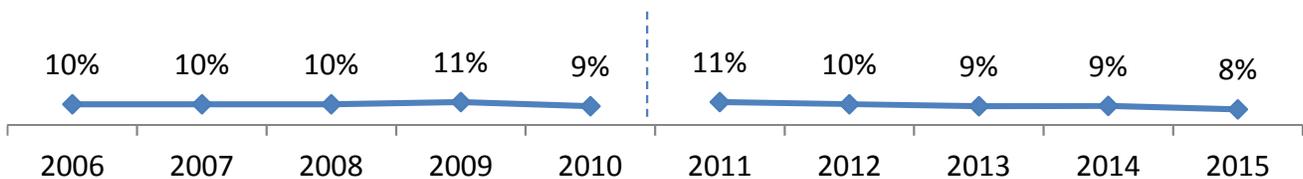
- Adults with some college education or less are significantly more likely to cite cost as a barrier to medical care than those with a college degree or higher.
- Those with household incomes of less than \$50,000 are significantly more likely than those in homes with more income to cite cost as a barrier to seeking care.

The proportion of Vermont adults delaying medical care due to cost was similar in 2014 and 2015, but has decreased significantly since 2011 (11% vs. 8%).

**Did Not Visit Doctor Due to Cost
Vermont Adults, 2015**



**Did Not Visit Doctor Due to Cost
Vermont Adult Residents 2006-2015**



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

Quality of Life/Healthy Days

One in ten (11%) Vermont adults reported poor* physical health in 2015, similar to the 12% reported among U.S. adults.

Vermont men and women report similar rates of poor physical health than men.

Poor physical health increases as Vermonters age.

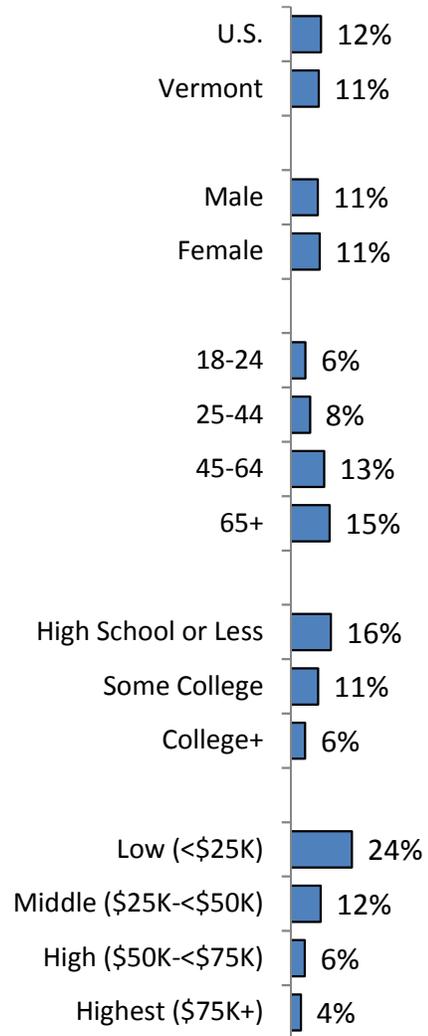
- Adults 45 and older are significantly more likely to report poor physical health than those 18-44.

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

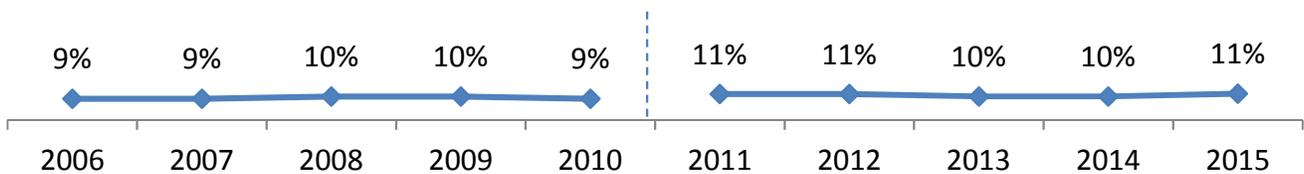
- All differences by education level are statistically significant.
- All differences by annual household income level are also statistically significant, except that between those with incomes of \$50,000-\$74,999 and \$75,000 or more.

The proportion of Vermont adults with poor physical health is statistically unchanged since 2011.

**Poor* Physical Health Days
Vermont Adults, 2015**



**Poor* Physical Health Days
Vermont Adult Residents 2006-2015**



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

Quality of Life/Healthy Days

In 2015, one tenth (11%) of Vermont adults reported poor* mental health, the same as reported among U.S. adults.

Vermont men and women report statistically similar rates of poor mental health.

Reported poor mental health is lowest among Vermonters 65 and older. Adults in this age group are significantly less likely to report poor mental health compared to those 18-64.

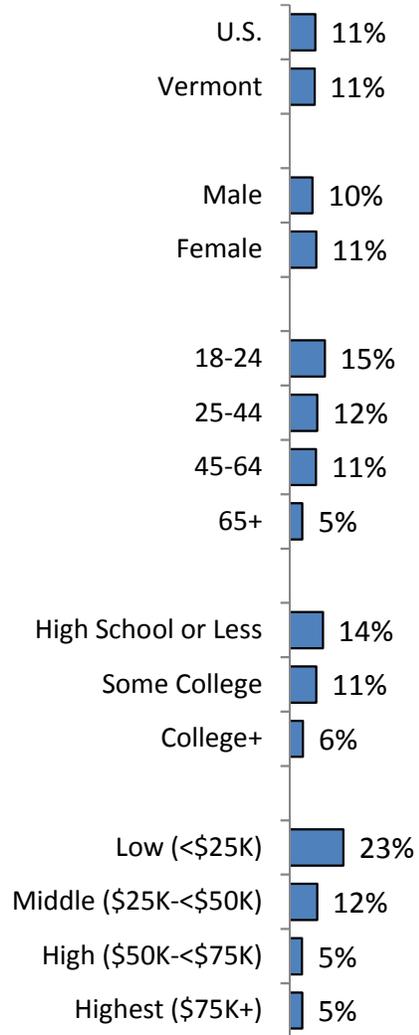
Adults with less education and lower annual household incomes more often report poor mental health.

- Those with some college education or less are significantly more likely to report poor mental health versus adults with a college degree .
- All differences by annual household income level are statistically significant except that between those in homes with incomes of \$50,000-\$74,999 vs. homes with higher incomes per year.

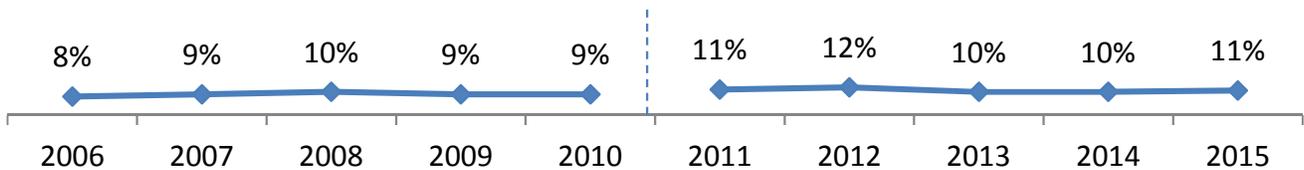
The proportion of Vermont adults with poor mental health is statistically unchanged since 2011.

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 4.5 days in the last month.

**Poor* Mental Health Days
Vermont Adults, 2015**



**Poor* Mental Health Days
Vermont Adult Residents 2006-2015**



*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 2015, about a quarter (23%) of Vermont adults reported that they are disabled, similar to the 22% among U.S. adults overall.

Men and women in Vermont report disability at similar rates.

Disability increases as age increases.

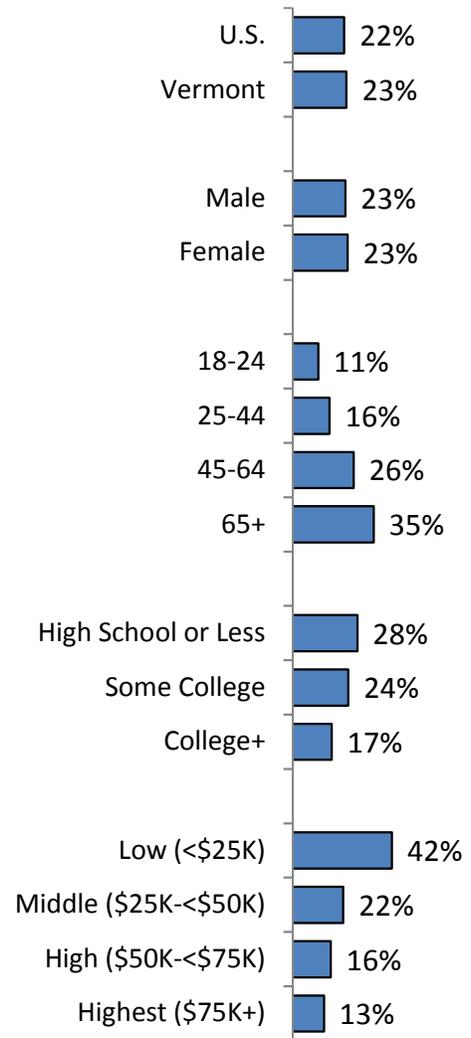
- All differences by age are statistically significant, except that between adults 18-24 and 25-44.

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

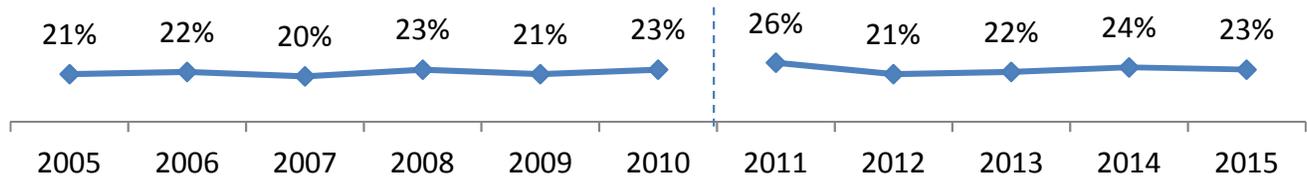
- Adults with some college education or less are significantly more likely than those with more education to report being disabled.
- Adults in homes making less than \$25,000 per year are significantly more likely than those with more income to report disability.
- Those in homes with middle incomes are also more likely than those in homes with the highest incomes to report disability.

The proportion of Vermont adults reporting a disability was similar in 2014 and 2015, but has significantly decreased since 2011 (26% vs. 23%).

**Disabled
Vermont Adults, 2015**



**Disabled
Vermont Adult Residents 2006-2015**



Disability

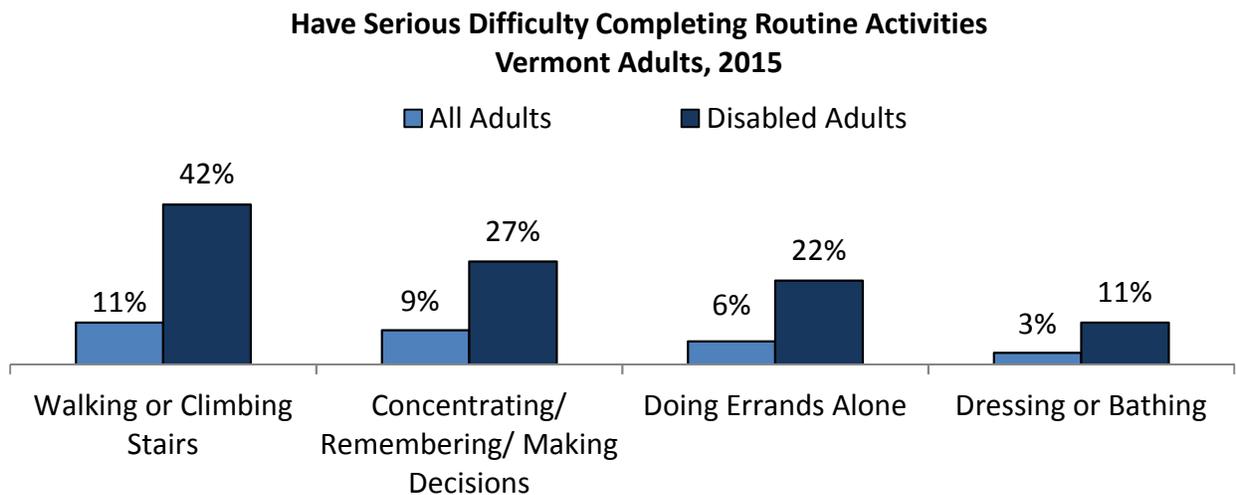
In 2015, additional questions were included about specific challenges adults may face in completing routine activities.

Due to a physical, mental, or emotional condition, about one in ten (11%) have difficulty walking or climbing stairs. Slightly fewer, nine percent have serious difficulty concentrating, remembering, or making decisions.

Six percent of Vermont adults have difficulty doing errands, such as shopping or visiting a doctor, alone, while three percent said they have serious difficulty dressing or bathing.

When limited to those who reported being disabled, the proportion with difficulty completing routine activities increases significantly. Forty-two percent reported having difficulty walking or climbing stairs and about a quarter (27%) said they have serious difficulty concentrating, remembering, or making decisions. About two in ten (22%) had difficulty completing errands alone, while about one in ten (11%) had serious difficulty dressing or bathing.

For both all adults and those with a disability, reported difficulty completing routine activities were similar in 2014 and 2015.



Chronic Conditions

Arthritis

In 2015, more than a quarter (27%) of Vermont adults said they have arthritis, statistically higher than the 25% reported for all U.S. adults.

Vermont women report having arthritis at a statistically higher rate than men.

Diagnosis of arthritis increases with increasing age.

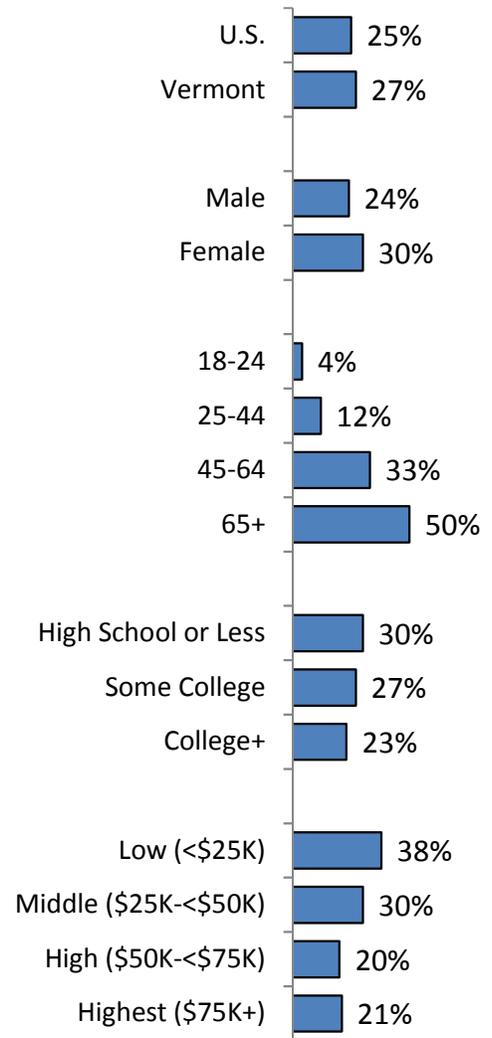
- All differences by age are statistically significant.

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

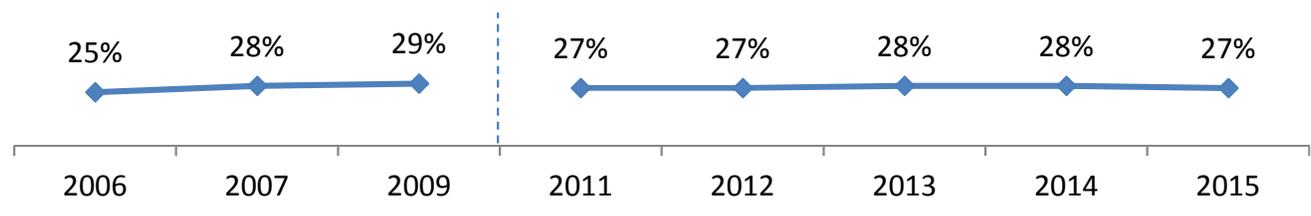
- Adults with a high school education or less are significantly more likely to have arthritis than those with a college degree or higher.
- All differences by annual household income level are statistically significant, except that between adults in homes making \$50,000-\$74,999 and \$75,000 or higher.

The prevalence of arthritis has remained similar since 2011.

**Adults with Arthritis
Vermont Adults, 2015**



**Adults Diagnosed with Arthritis
Vermont Adult Residents 2006-2015**



Arthritis Burden

Arthritis can impact a person's participation in social activities and limit both the amount and type of work they do.

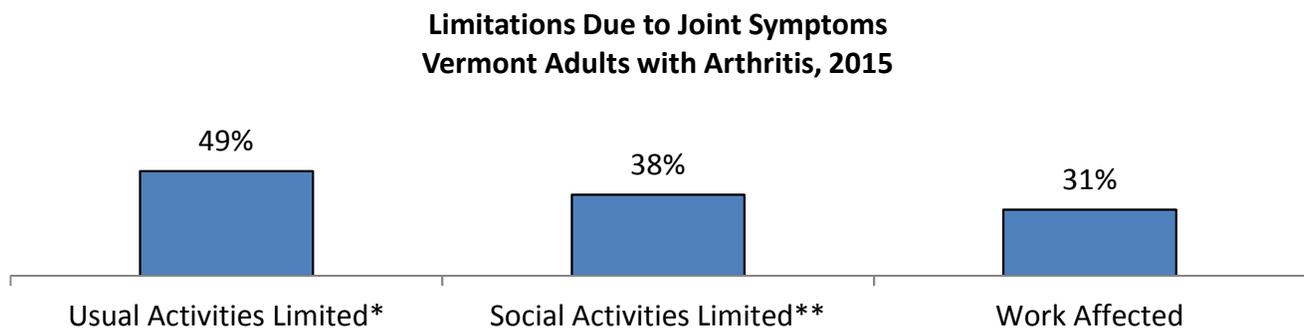
About half (49%) of Vermont adults with arthritis said they limited their usual activities due to arthritis or joint symptoms.

Nearly four in ten (38%) Vermont adults with arthritis said their arthritis or joint symptoms limited their social activities at least a little.

- Sixteen percent said their social activities are limited a lot by their arthritis or joint symptoms, while more than two in ten (22%) said they are affected a little.

Three in ten (31%) said their arthritis or joint symptoms affects whether they work, the type of work they do, and/or the amount of work they do.

On average, Vermont adults with arthritis rated their joint pain in the last month as 4.4, on a scale of 1 to 10.



*Age adjusted to U.S. 2000 population. Also note, this measure is a Healthy Vermonters 2020 goal.

**Limited social activities is defined as adults with arthritis who reported that their arthritis interfered with their normal social activities (e.g., going shopping or to the movies) a little or a lot.

Asthma

One sixth (16%) of Vermont adults said they had ever been diagnosed with asthma, while 11% report they currently have asthma. Vermont adults have a statistically higher rate of current asthma than the U.S. overall (9%).

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

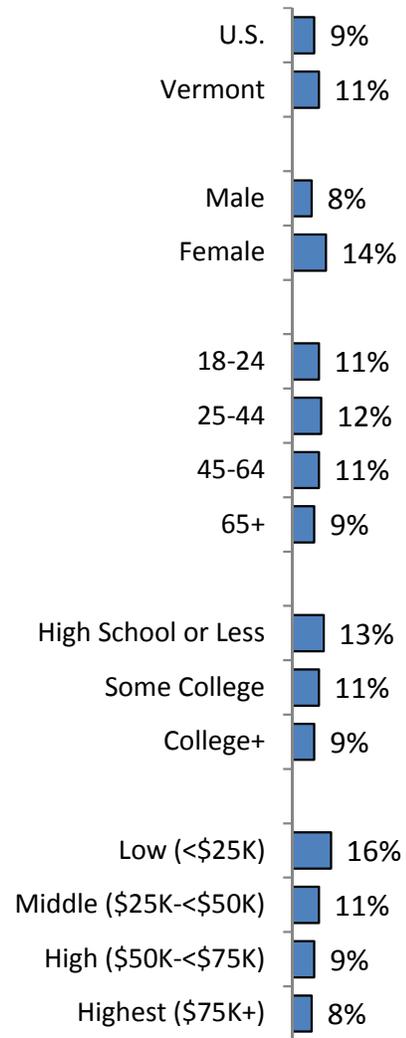
There are no statistical differences in asthma prevalence by age.

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

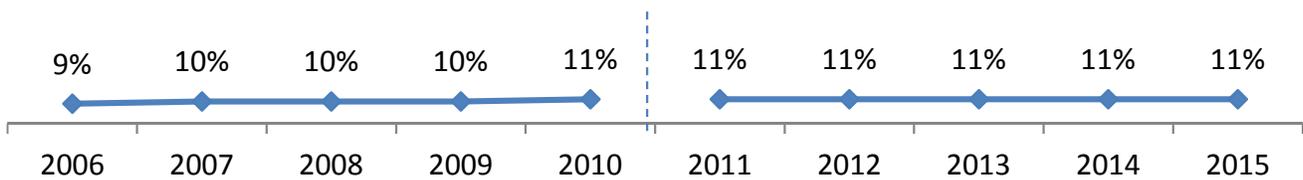
- Adults with a high school education or less have a significantly higher rate of asthma than those with a college degree or higher.
- Those in homes with low annual incomes are significantly more likely to have asthma than those with more income.

The prevalence of asthma in Vermont is unchanged since 2011.

**Adults with Current Asthma
Vermont Adults, 2015**



**Adults with Current Asthma
Vermont Adult Residents 2006-2015**



Blindness

In 2015, three percent of adults reported being blind or having serious difficulty seeing, even when wearing glasses. This is significantly lower than the five percent reported among U.S. adults.

Men and women report blindness at similar rates.

Blindness is more likely among older adults.

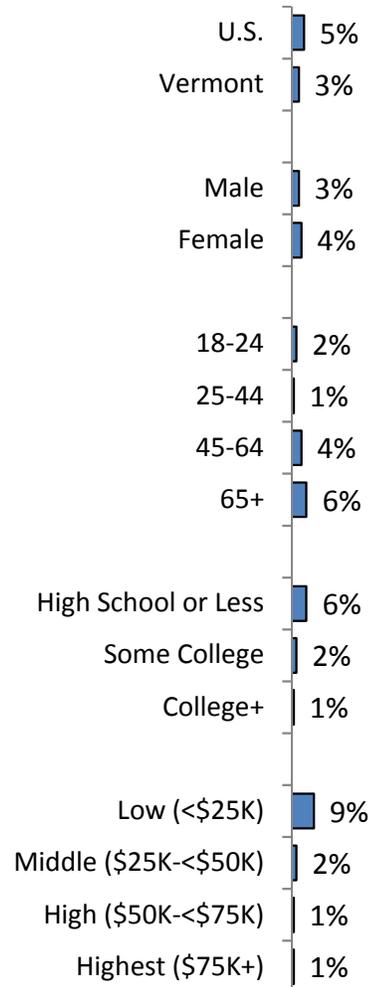
- Adults 65 and older are significantly more likely to report blindness, compared with those 25-64.
- Those 45-64 are also significantly more likely than those 25-44 to report being blind.

Adults with less education and lower annual household incomes are more likely to be blind.

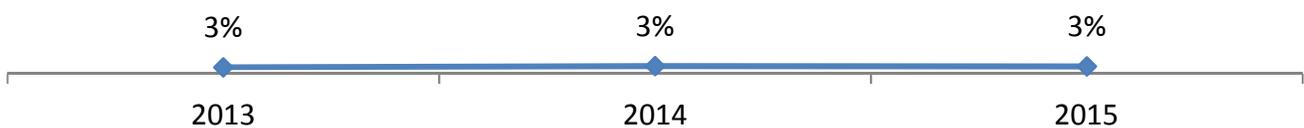
- All differences by education level are statistically significant.
- Those in low income homes are significantly more likely than those in homes with more income to be blind.

The proportion of Vermont adults with significant vision impairment is unchanged since 2013.

Blind Vermont Adults, 2015



Blind Adults Vermont Adult Residents 2013-2015



Cancer Diagnosis – Non-Skin Cancer

In 2015, 7% of Vermont adults had ever been diagnosed with cancer, the same as reported for the U.S. overall. This definition of cancer excludes skin cancer.

Women are more likely to have had cancer than men.

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

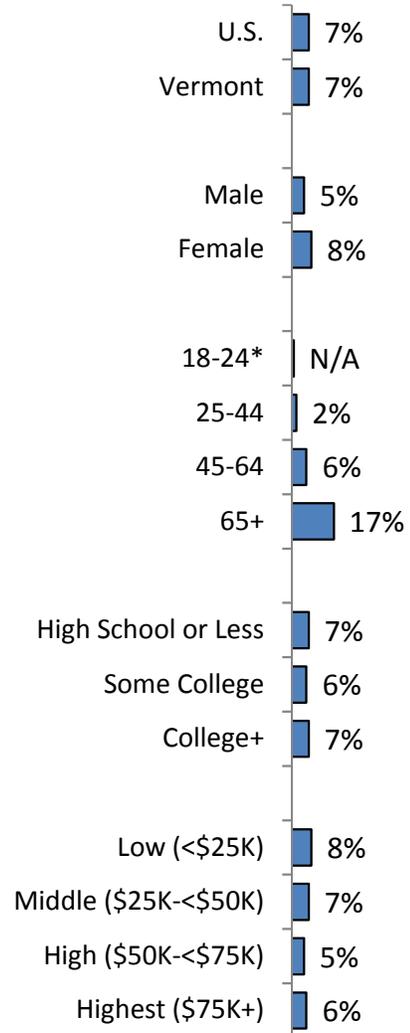
- All differences by age are statistically significant.

Ever having cancer does not differ statistically by education level.

Adults in low income homes are significantly more likely than those with high incomes to report having cancer.

The prevalence of cancer has not changed since 2011.

**Adults Diagnosed with Cancer
Vermont Adults, 2015**



**Adults with Cancer
Vermont Adult Residents 2011-2015**



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

Skin Cancer Diagnosis

In 2015, seven percent of Vermont adults reported they had ever been diagnosed with skin cancer, similar to the six percent among U.S. adults overall.

Men and women report having skin cancer at similar rates.

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

- All differences by age are statistically significant.

Rates of skin cancer diagnosis also increase with education level.

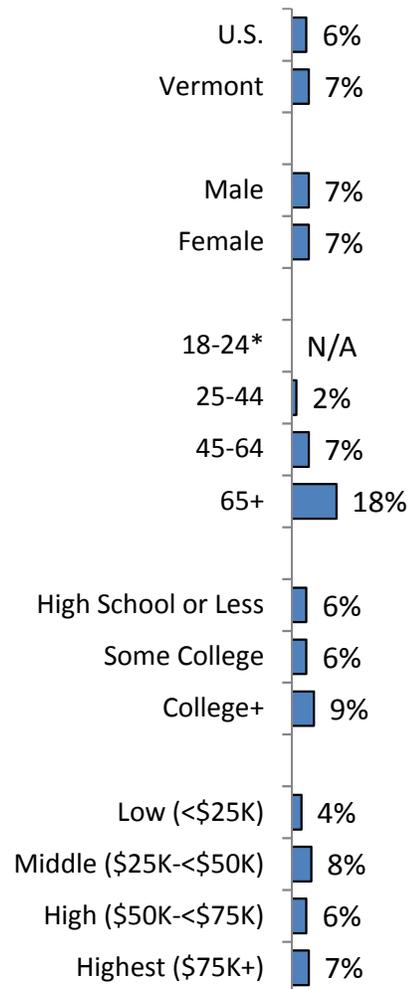
- Adults with a college degree or higher are significantly more likely than those with less education to have ever been diagnosed with skin cancer.

Ever having skin cancer is higher among those with more annual household income.

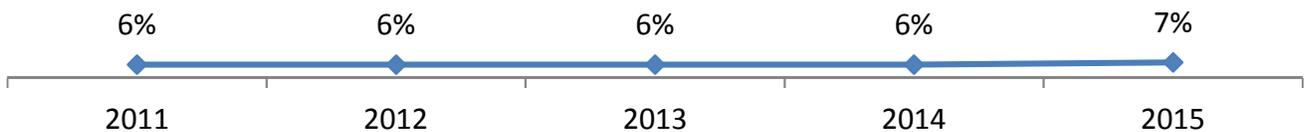
- Adults in homes with the highest incomes are significantly more likely than those with the lowest incomes to report ever having skin cancer.

The prevalence of skin cancer is statistically unchanged since 2011.

**Adults Diagnosed with Skin Cancer
Vermont Adults, 2015**



**Adults with Skin Cancer
Vermont Adult Residents 2011-2015**



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

Cardiovascular Disease

Cardiovascular disease (CVD) is defined as ever having been diagnosed with 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, 5% had a myocardial infarction, and 3% reported having a stroke.
- This is the same as among U.S. adults overall.

Significantly more males have CVD as compared to females.

CVD prevalence increases as Vermonters age.

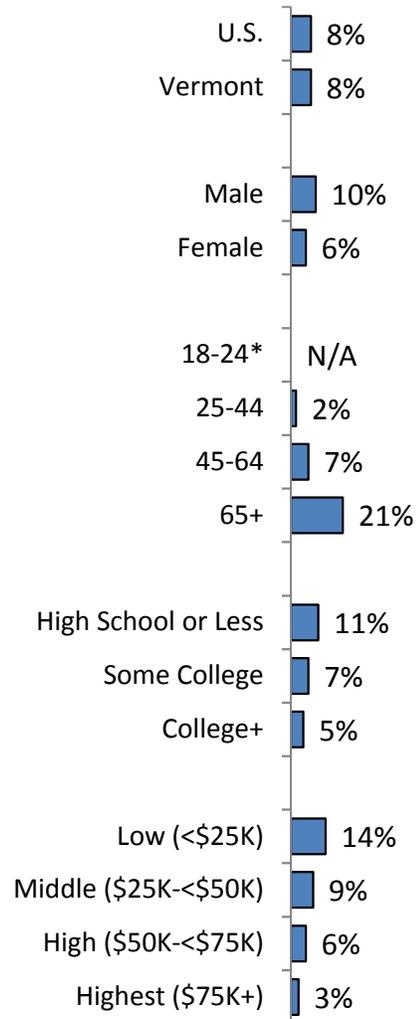
- All differences by age are statistically significant.

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

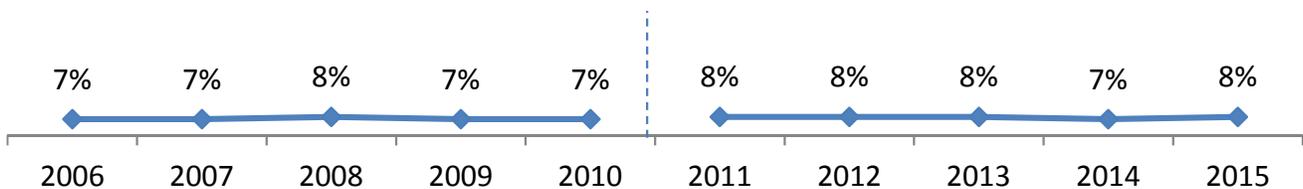
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant except that between those in homes making \$25,000-\$49,999 and \$50,000-\$74,999 annually.

The prevalence of CVD among Vermont adults is unchanged since 2011.

**Adults with CVD
Vermont Adults, 2015**



**Adults with Cardiovascular Disease
Vermont Adult Residents 2006-2015**



*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 2015. This is similar to the U.S. rate.

Men and women report having COPD at a similar rate.

The prevalence of COPD increases as Vermonters age.

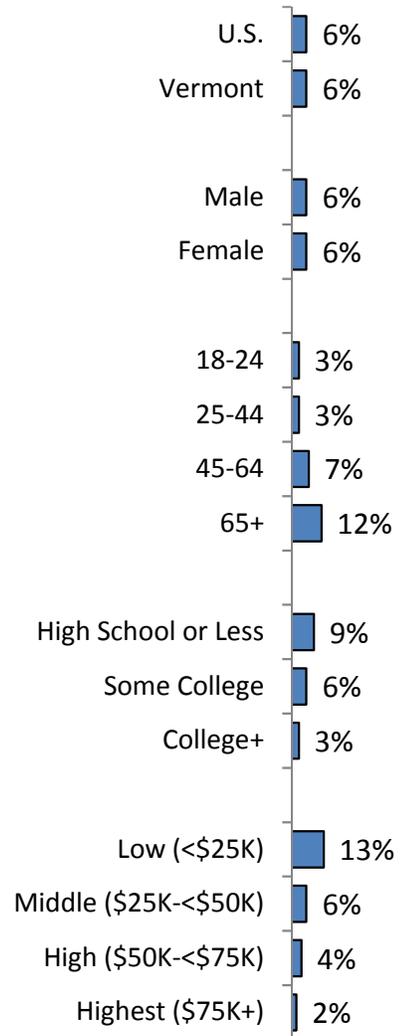
- All differences by age are statistically significant except those between adults 18-24 and those 25-64.

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

- All differences by education level are statistically significant.
- COPD prevalence among adults in homes with low incomes are at least double that of those in homes with more income, a statistically significant difference.
- Those in homes with middle incomes have a higher COPD prevalence than those with the highest incomes (\$75,000 or more).

The COPD prevalence among Vermont residents is statistically similar since 2011.

**Adults with COPD
Vermont Adults, 2015**



**Adults with COPD
Vermont Adult Residents 2003-2015**



Depressive Disorder

More than one in five (23%) Vermont adults reported ever being told they have a depressive disorder, significantly higher than the 18% among U.S. adults.

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

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

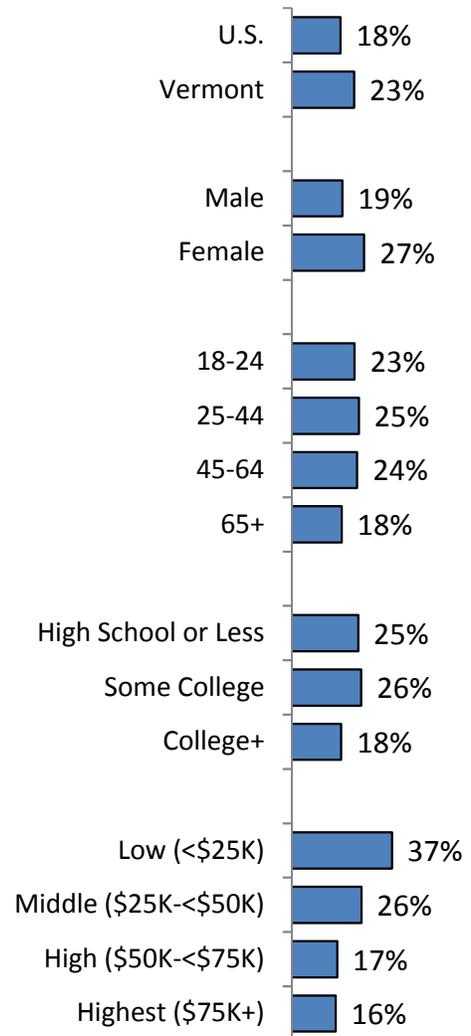
Adults 65 and older are significantly less likely than those 25-64 to report they have been diagnosed with a depressive disorder.

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

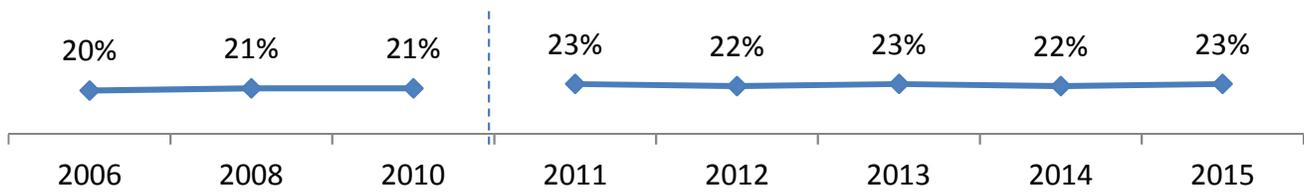
- Those with some college education or less are significantly more likely to have a depressive disorder than those with a college degree or higher.
- All differences by annual household income level are statistically significant except between those making \$50,000-\$74,999 vs. higher incomes.

Vermont adults have reported similar rates of depressive disorders since 2011.

**Adults with a Depressive Disorder
Vermont Adults, 2015**



**Adults with a Depressive Disorder
Vermont Adult Residents 2006-2015**



Diabetes

Less than one in ten (8%) Vermont adults have been told they have diabetes, significantly lower than the 11% among U.S. adults.

Men and women report having diabetes at a similar rate.

Diabetes prevalence increases with increasing age.

- All differences by age are statistically significant, except that between adults 18-24 and 25-44.

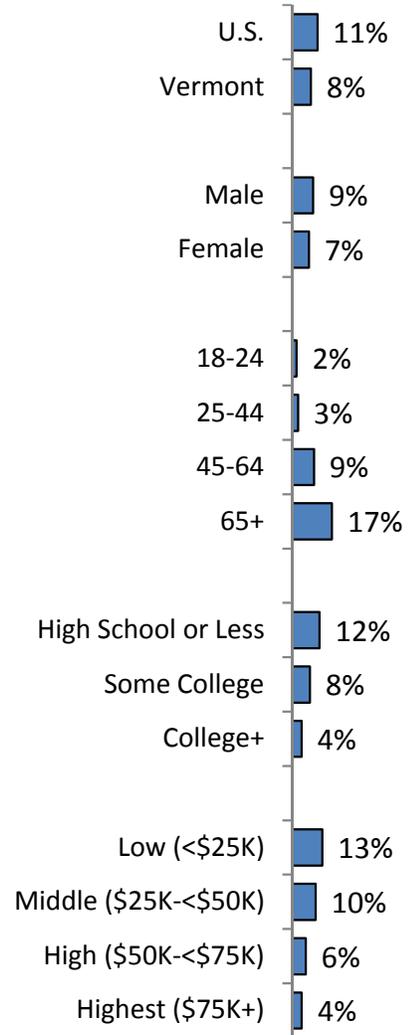
Adults with less education and lower annual household incomes are more likely to have diabetes.

- All differences by education level are statistically significant.
- Adults in homes with low and middle incomes are significantly more likely than those with incomes of at least \$50,000 annually to report having diabetes.

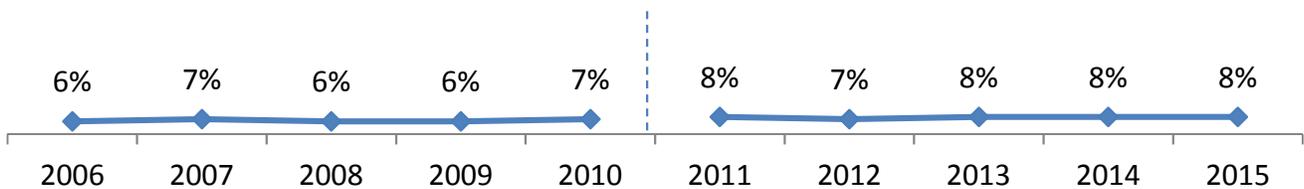
Diabetes prevalence is unchanged since 2011.

Among those with diabetes, the average age of diagnosis is 47.1 years.

**Adults with Diabetes
Vermont Adults, 2015**



**Adults with Diabetes
Vermont Adult Residents 2006-2015**



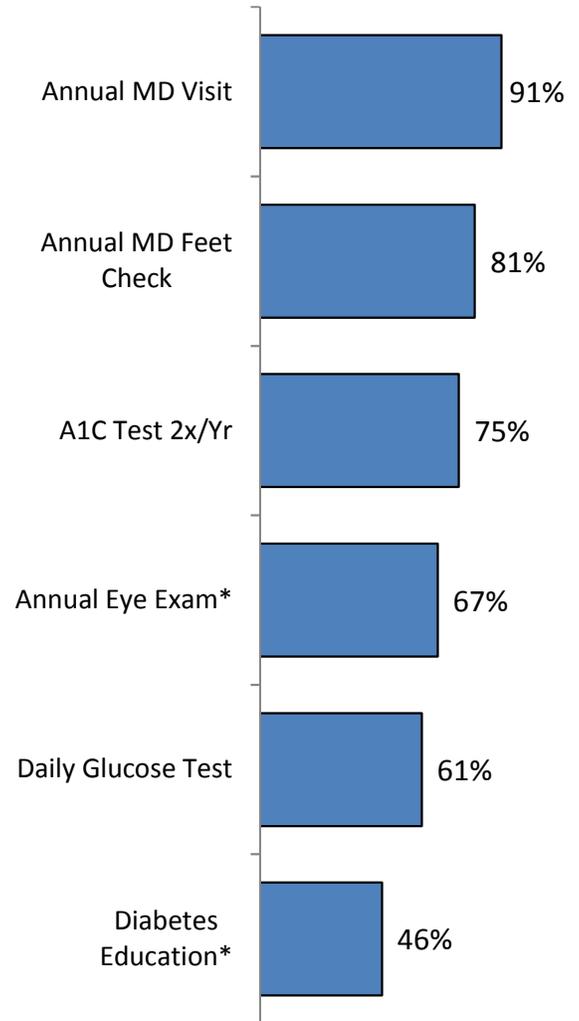
Diabetes Care

Adults with diabetes should receive specialized care from their physicians.

In 2015, those with diabetes reported the following:

- Nine in ten saw their doctor for their diabetes at least once in the past year.
- Eight in ten said a health professional checked their feet for sores or irritations in the last year.
- 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 had an annual eye exam, where their eyes were dilated, in the last year.
 - Nineteen percent of adults with diabetes have been told by a doctor that their diabetes has affected their eyes or that they have retinopathy.
- Sixty-one percent test their blood sugar at least once a day.
- Less than half (46%) have taken a course or class on managing their diabetes.
- About four in ten (38%) reported that they currently take insulin.

**Receive Appropriate Care
Vermont Adults with Diabetes,
2015**



*Age adjusted to U.S. 2000 population.

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

High Cholesterol

Thirty-four percent of Vermont adults report they have been told they have high cholesterol. This is significantly lower than among all U.S. adults (36%).

- This is likely an underestimate as only three-quarters of adults have had their cholesterol checked in the last five years.

Men are significantly more likely than women to report having high cholesterol.

Diagnoses of high cholesterol increases as Vermonters age.

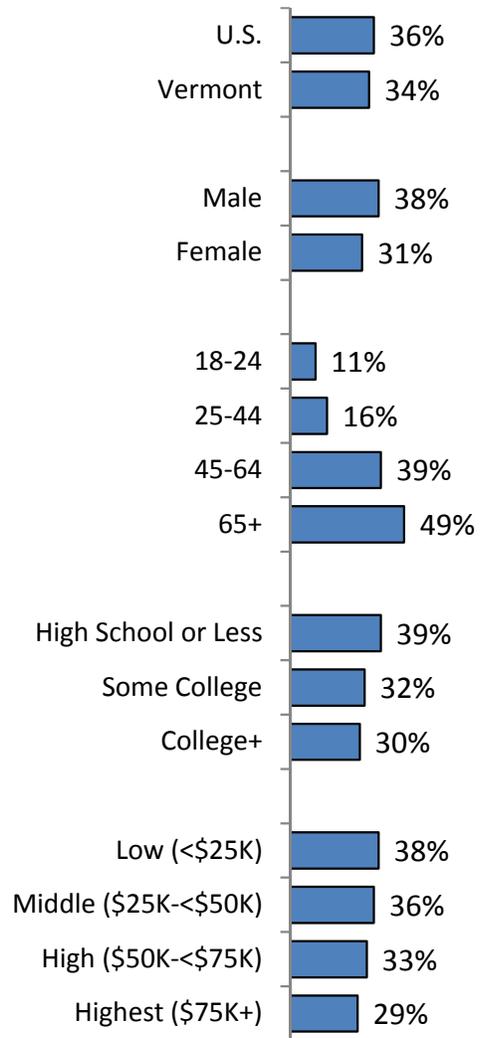
- All differences by age are statistically significant, except that between the youngest age groups (18-24 and 25-44).

Rates of high cholesterol are highest among those with lower education and annual household income levels.

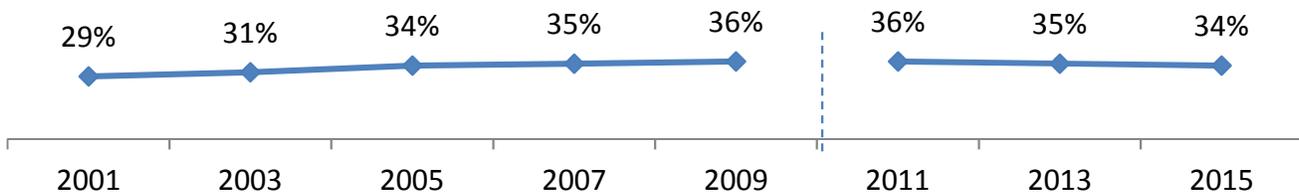
- Adults with a high school degree or less are significantly more likely to report high cholesterol, compared to those with more education.
- Those in homes with annual incomes of less than \$50,000 are significantly more likely than those with the highest incomes to report high cholesterol.

While the prevalence of high cholesterol has decreased since 2011, the difference is not statistically significant.

Told Have High Cholesterol Vermont Adults, 2015



Told Have High Cholesterol Vermont Adult Residents 2001-2015



Hypertension*

A quarter of Vermont adults report having been told they have hypertension, significantly less than the 30% among U.S. adults overall.

Men are significantly more likely to have been diagnosed with high blood pressure, as compared with women.

Hypertension increases as Vermont adults age.

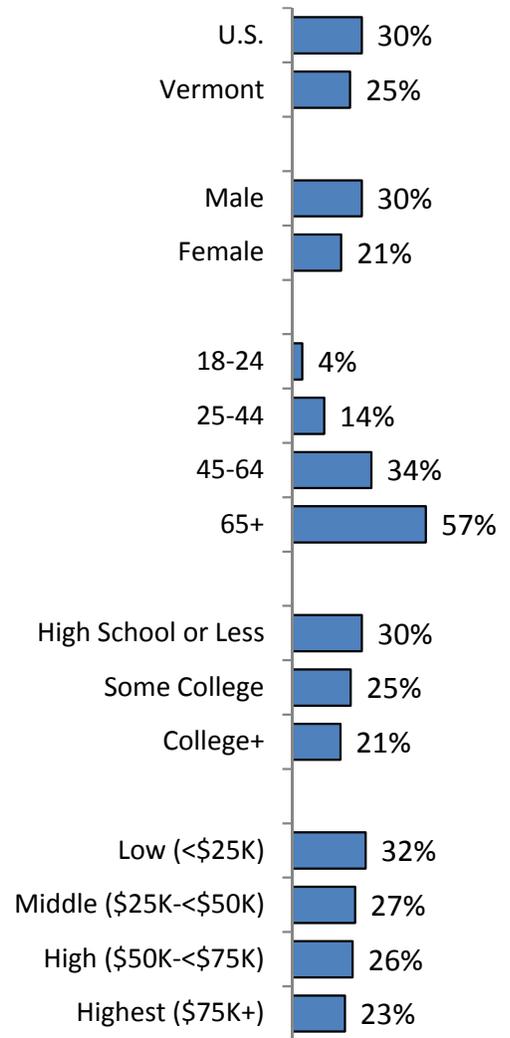
- All differences by age are statistically significant.

Diagnosed hypertension decreases as education and annual household income level increase.

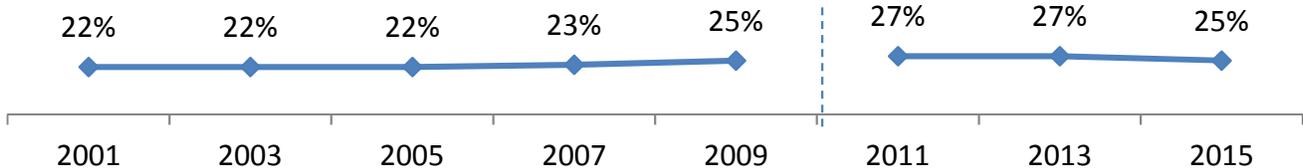
- All differences by education level are statistically significant.
- Those in homes with incomes of at least \$75,000 per year are significantly less likely than those with low incomes to report having hypertension.

The prevalence of hypertension is lower in 2015 compared with 2013 and 2011, however the difference is not statistically significant.

**Adults with Hypertension*
Vermont Adults, 2015**



**Adults with Hypertension*
Vermont Adult Residents 2001-2015**



*All data on this page are age-adjusted to the U.S. 2000 population, except that by age and that for use of blood pressure medications.

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

Kidney Disease

Three percent of Vermont adults reported having kidney disease in 2015, the same as reported among U.S. adults.

- Excluded from the kidney disease definition are 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 those of younger age groups. Those 45-64 are also significantly more likely to report kidney disease than those 25-44.

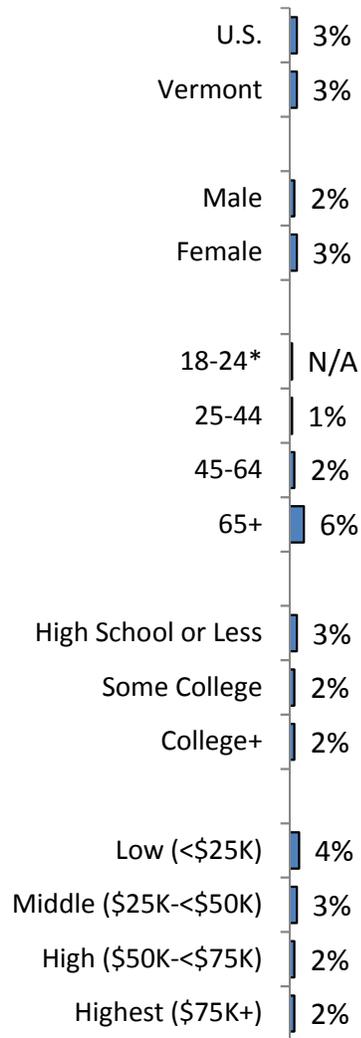
There are no differences in the prevalence of kidney disease by education level.

Adults in homes with low annual incomes have a significantly higher kidney disease prevalence than those with incomes of at least \$50,000 per year.

The prevalence of kidney disease is statistically unchanged since 2011.

Kidney disease is a concern for those with diabetes. In 2014, 8% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes, a statistically significant difference.

**Adults with Kidney Disease
Vermont Adults, 2015**



**Diagnosed with Chronic Kidney Disease
Vermont Adults 2011-2015**



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

Obesity & Overweight*

In 2015, a quarter of Vermont adults (20 and older) reported being obese, while an additional 35% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (29%), while the rate of overweight is similar (35% vs. 36% U.S.).

Men and women report obesity at similar rates.

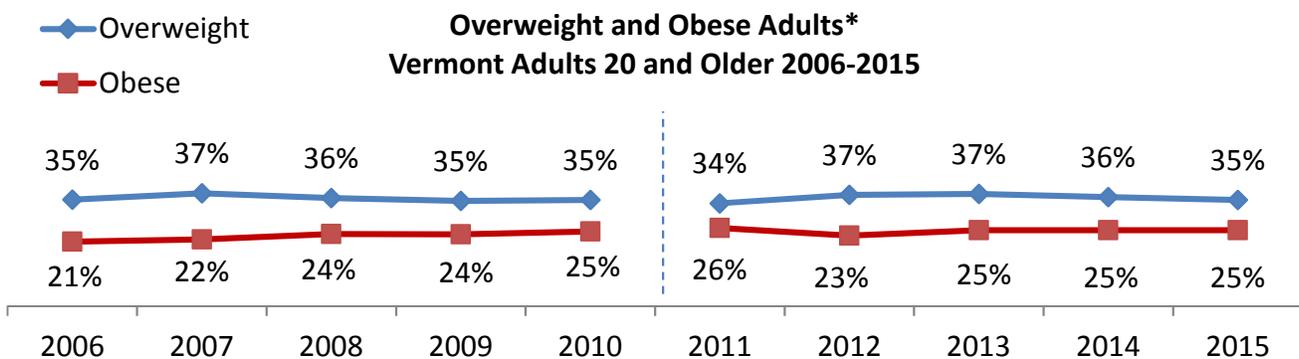
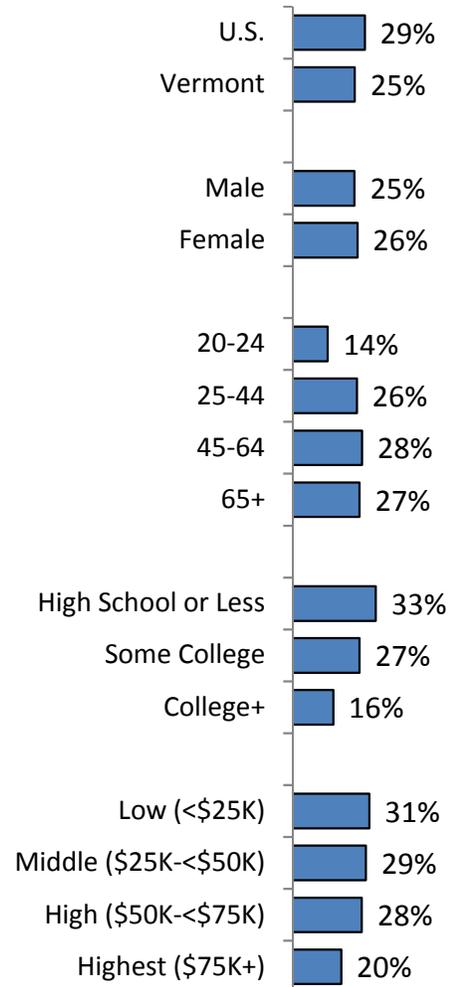
Rates of obesity are significantly higher among those 25 and older compared with those 20-24.

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

- All differences by education level are statistically significant.
- Adults in homes with incomes less than \$75,000 are significantly more likely to be obese than those where the annual household income is \$75,000 or more.

Among adults 20 and older in Vermont, the rates of overweight and obesity remain statistically unchanged since 2011.

Obese Adults*
Vermont Adults 20 and Older, 2015

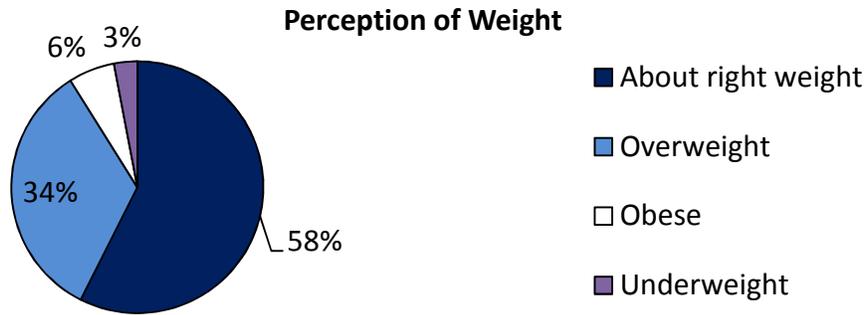


*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonters 2020 goal.]

Obesity & Overweight – Perception of Weight

In 2015, an additional question was included on perceived weight status. In other words, whether the adult thinks they are underweight, about the right weight, overweight, or obese.

In general, nearly six in ten (58%) adults said they are about the right weight. A third said they are overweight, while six percent reported being obese. Three percent said they are underweight.

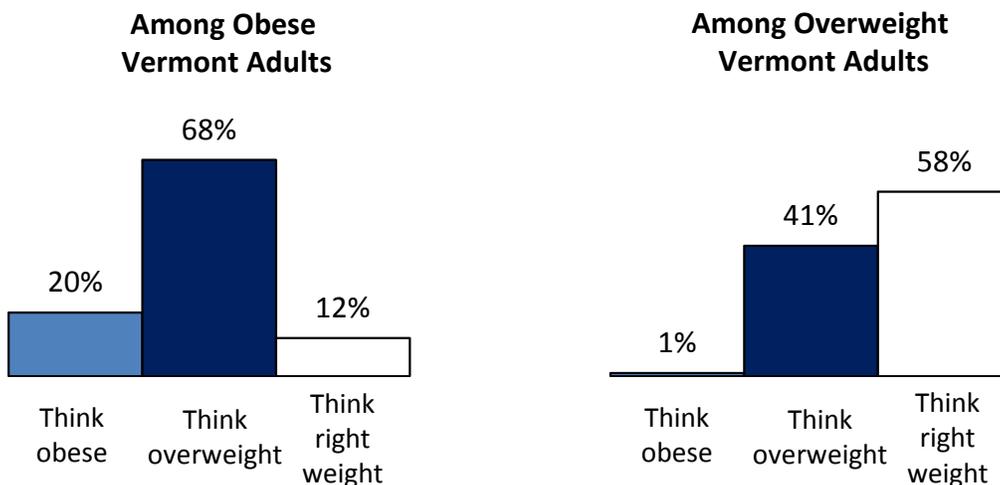


Among obese adults, a fifth reported that they think they are obese. More than two-thirds (68%) said they think they are overweight. Twelve percent said they think they are about the right weight or underweight.

Among those adults who are overweight, nearly six in ten (58%) reported they are about the right weight or underweight, and 41% said they think they are overweight. One percent said they are obese.

Nearly all (96%) adults who are neither overweight or obese reported that they are about the right weight or under weight. Four percent said they are overweight.

Perception of Weight by BMI Category



Risk Factor Indicators

Alcohol Consumption – Any in Last Month

Six in ten (61%) Vermont adults said they drank alcohol during the last 30 days, in 2015. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (61% vs. 52%).

Men report drinking alcohol significantly more than women.

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

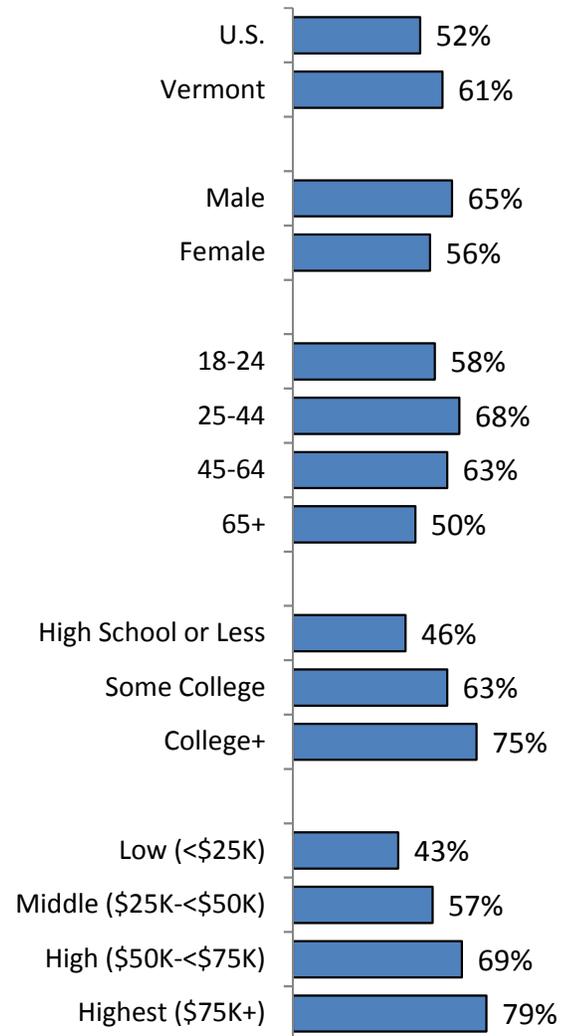
- Rates are significantly higher among those 25-64 compared with those 65 and older.

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.

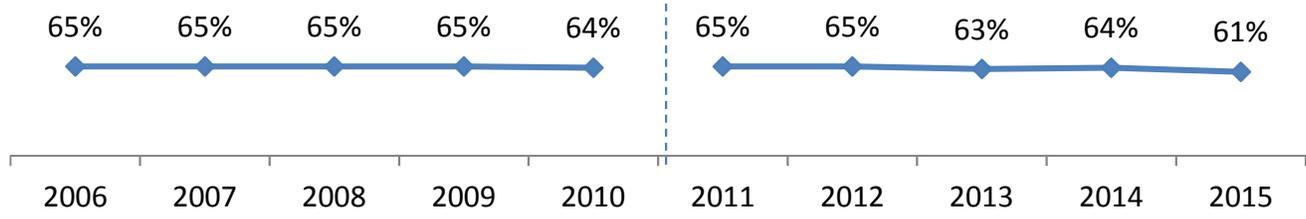
- All differences by education level and annual household income level are statistically significant.

The proportion of Vermont adults drinking alcohol decreased significantly compared with 2014 (64% vs. 61%) and since 2011 (61% vs. 65%).

**Any Alcohol Consumption
Vermont Adults, 2015**



**Any Alcohol Consumption
Vermont Adult Residents 2006-2015**



Binge Drinking

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

In 2015, one in six Vermont adults said they binge drank in the last month, similar to the 16% 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.

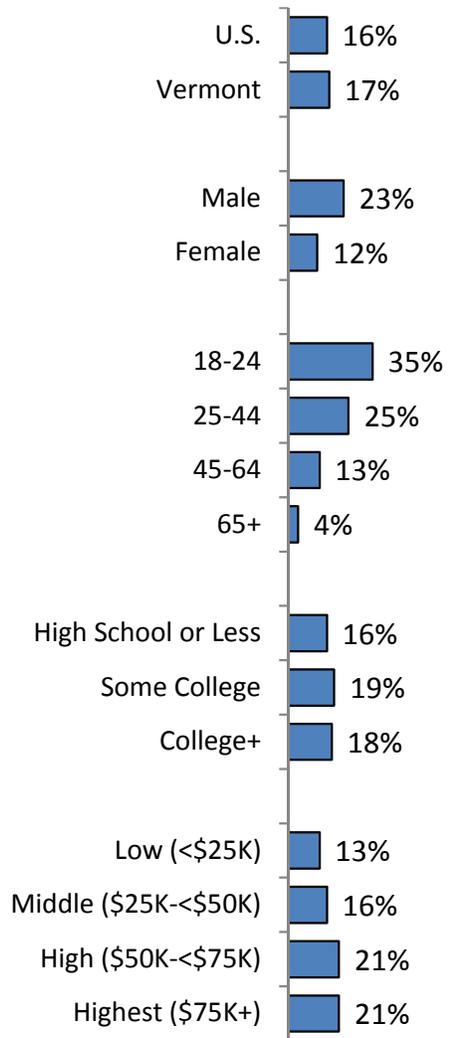
- All differences by age are statistically significant.

There are no differences in binge drinking by education level.

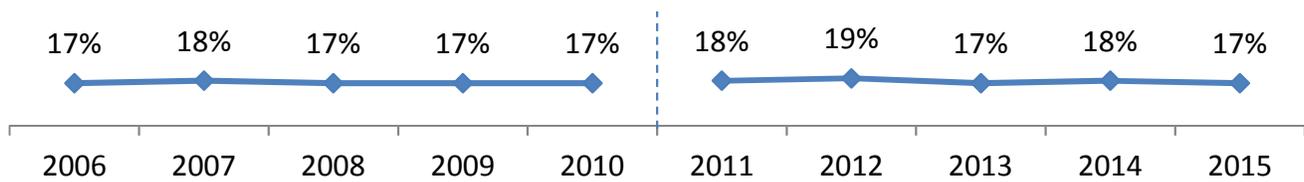
Binge drinking among adults with annual household incomes of at least \$50,000 is significantly higher than among those with incomes of less than \$25,000 per year.

Binge drinking rates among Vermont adults are statistically unchanged since 2011.

**Binge Drank
Vermont Adults, 2015**



**Binge Drinking
Vermont Adult Residents 2006-2015**



Heavy Drinking

In 2015, 8% of Vermont adults reported drinking heavily in the last month, significantly higher than the 6% among U.S. adults overall.

- Heavy drinking is 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 are similar.

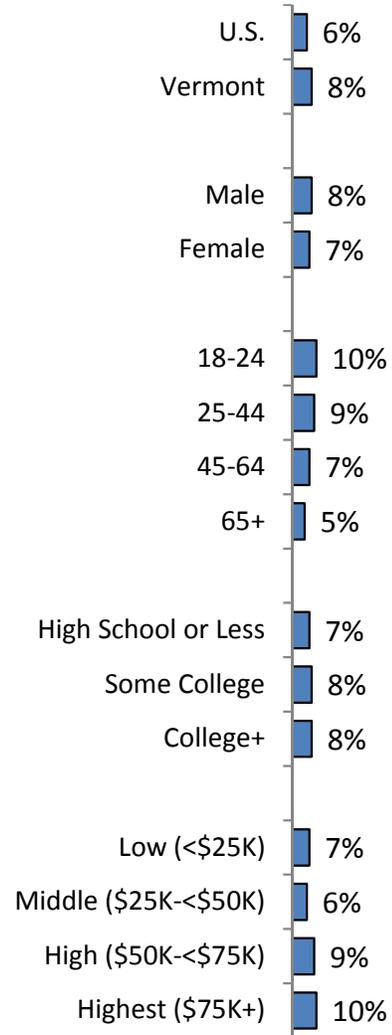
Heavy drinking is highest among adults 18-24 and decreases as Vermont adults age.

- Adults 18-24 are significantly more likely than those 65 and older to report heavy drinking.

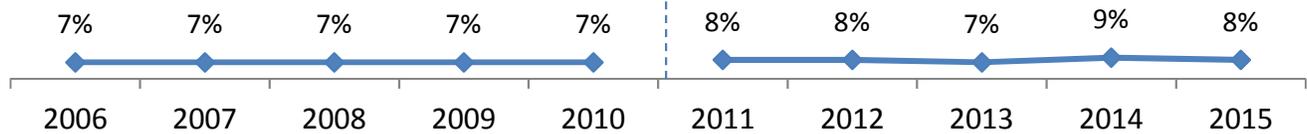
There are no statistical differences in heavy drinking by education or annual household income level.

Heavy drinking rates among Vermont adults decreased from 2014 to 2015, however the difference is not statistically significant. Reported heavy drinking also remains similar 2011.

**Heavy Drinking
Vermont Adults, 2015**



**Heavy Drinking
Vermont Adults, 2006-2015**



Current Marijuana Use

One in ten (11%) Vermont adults said they currently use marijuana. Current use is defined as use in the last 30 days.

Men are more than twice as likely as women to report current marijuana use, a statistically significant difference.

Current use of marijuana is highest among younger age groups.

- All differences by age are statistically significant.

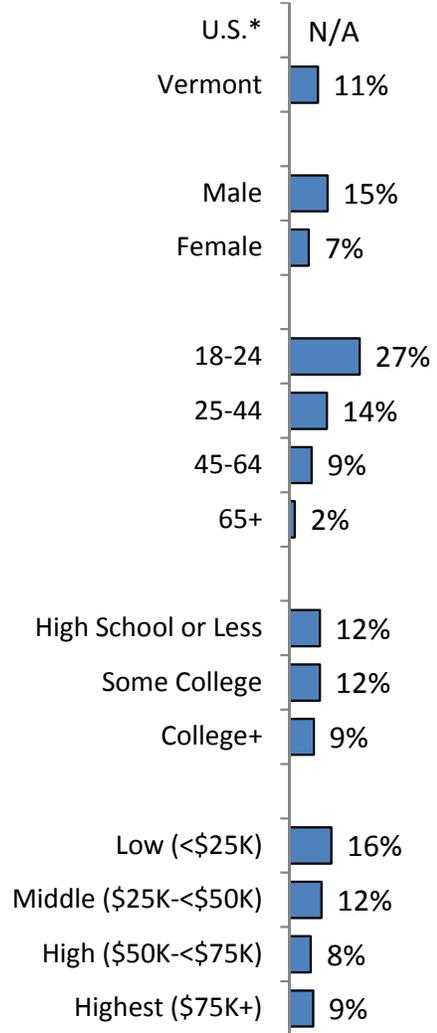
Current use of marijuana decreases with increasing education level and annual household income level.

- None of the differences by education level are statistically significant.
- Adults in the homes with incomes of at least \$50,000 annually are significantly less likely to report current marijuana use than those in low income homes.

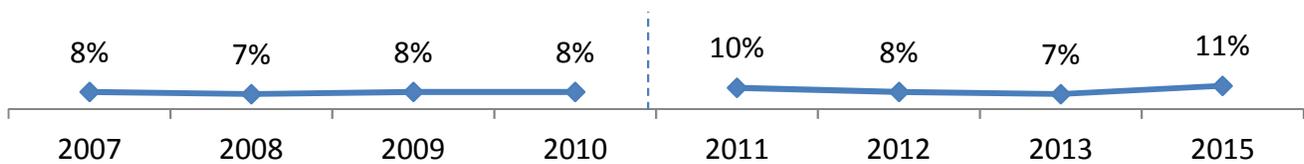
The rate of current marijuana use increased significantly from 2013 to 2015 (7% vs. 11%), but remains similar to 2011 (10% vs. 11%).

The proportion of current marijuana users who said they also drove after its use at least once during the previous month increased from 16% in 2013 to 25% in 2015. However, this difference is not statistically significant.

Current Use of Marijuana Vermont Adults, 2015



Current Marijuana Use Vermont Adult Residents 2007-2015



*No national estimate available.

No Leisure Time Physical Activity*

In 2015, a fifth (21%) of Vermont adults said they did **not** participate in any leisure time physical activity during the previous month, significantly lower than the 26% 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.

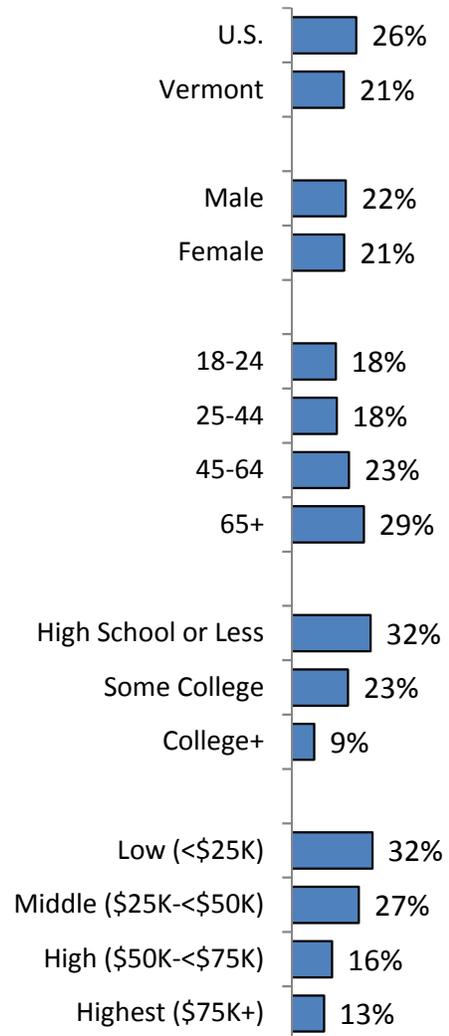
- Adults 65 and older are significantly more likely than those in younger age groups to have no leisure time physical activity.

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

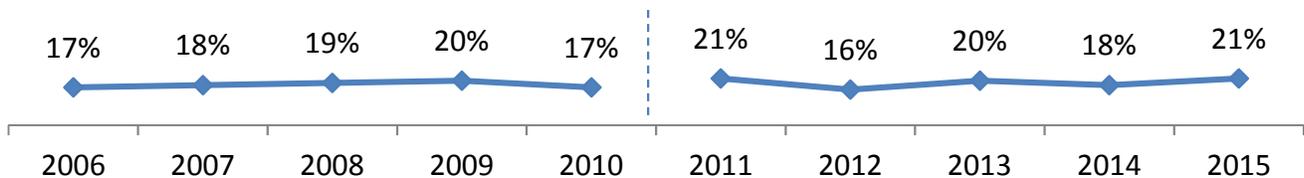
- All differences by education are statistically significant.
- Adults in homes with low and middle incomes are significantly more likely to not participate in leisure time physical activity, compared with those with more income.

The proportion of adults with no leisure time physical activity increased significantly from 2014 to 2015 (18% vs. 21%), but remains similar to 2011 (21% in both years).

**No Leisure Physical Activity*
Vermont Adults, 2015**



**No Leisure Time Physical Activity*
Vermont Adults, 2006-2015**



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

Prescription Drug Misuse

In 2015, less than one in ten (7%) Vermont adults said they had ever taken a prescription drug without a prescription.

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

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

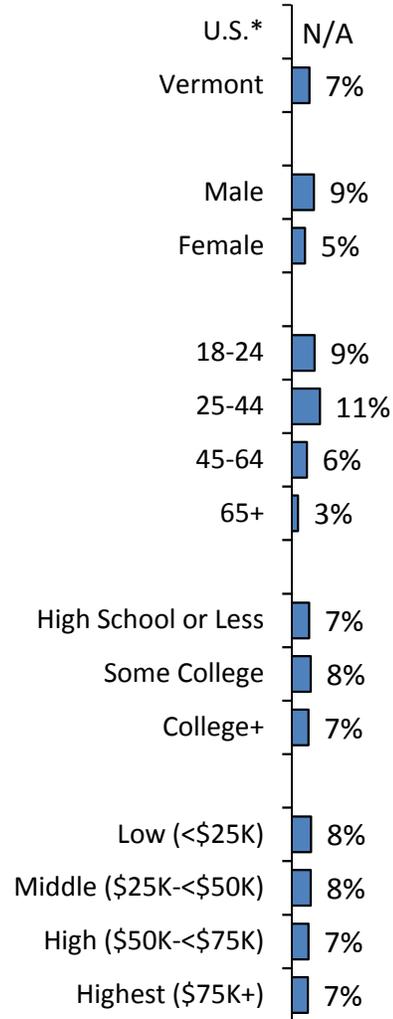
Younger adults are more likely to use drugs without a prescription, compared with older adults.

- All differences by age are statistically significant except those between adults 18-24 and 25-64.

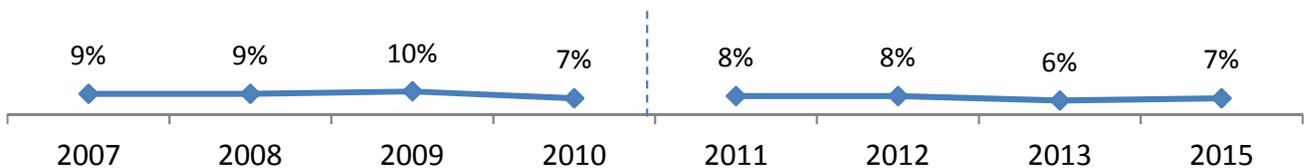
There are no statistically significant differences in ever misusing prescription drugs by education or annual household income levels.

The rate of ever misusing prescription drugs remains statistically similar since 2011. Misuse of prescription drugs in the last 30 days is unchanged at 1% in each year since 2011.

Ever Used Prescription Drug without Prescription Vermont Adults, 2015



Ever Used Prescription Drug without Prescription Vermont Adult Residents 2007-2015



*No national estimate available.

Seatbelt Use

About one in twenty (4%) Vermont adults said, in 2015, they seldom or never wear their seatbelt when driving or riding in a car. This is significantly higher than the three percent among U.S. adults.

Men are significantly more likely to seldom or never use a seatbelt, compared with women.

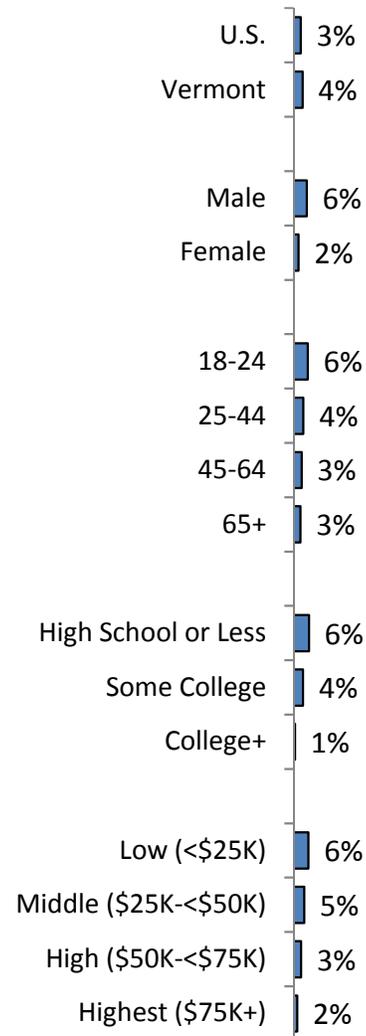
Not using a seatbelt use is higher among adults 18-24, however differences by age are not statistically significant.

Adults with less education and lower annual household incomes are more likely to seldom or never wear a seatbelt than those with more education and higher incomes.

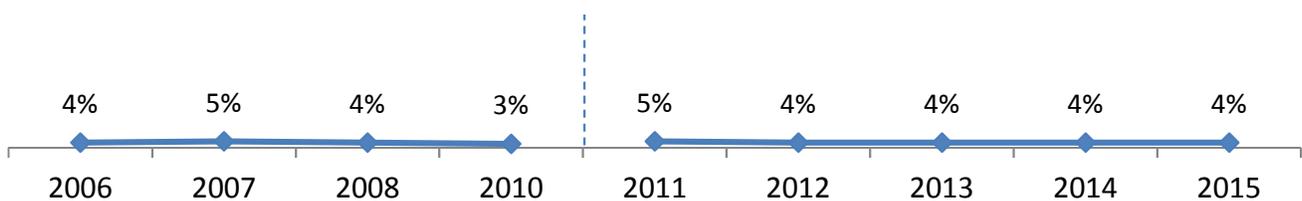
- Adults with some college education or less are significantly more likely than those with more education to not use a seatbelt.
- Those in homes with low and middle incomes are significantly more likely than those with the highest incomes to not use a seatbelt.

Reported seldom or never wearing a seatbelt among Vermont adults is statistically similar since 2011.

Seldom/Never Wear Seatbelt Vermont Adults, 2015



Seldom/Never Wear Seat Belt Vermont Adult Residents 2006-2015



Sexual Violence

In 2015, questions about unwanted sexual experiences and unwanted sex were included on the BRFSS survey.

One percent of adults said someone had touched sexual parts of their body without consent and exposed them to sexual situations that did not involve touching in the last 12 months. The latter includes things like sexual harassment, someone exposing sexual parts of their body, peeping Tom's, or someone making you look at sexual photos or movies.

Seven percent of adults reported someone has ever had sex with them without their consent. Less than one percent said this had happened in the last 12 months.

Women are five times as likely as men to report someone has ever had sex with them without their consent, a statistically significant difference (11% vs. 2%).

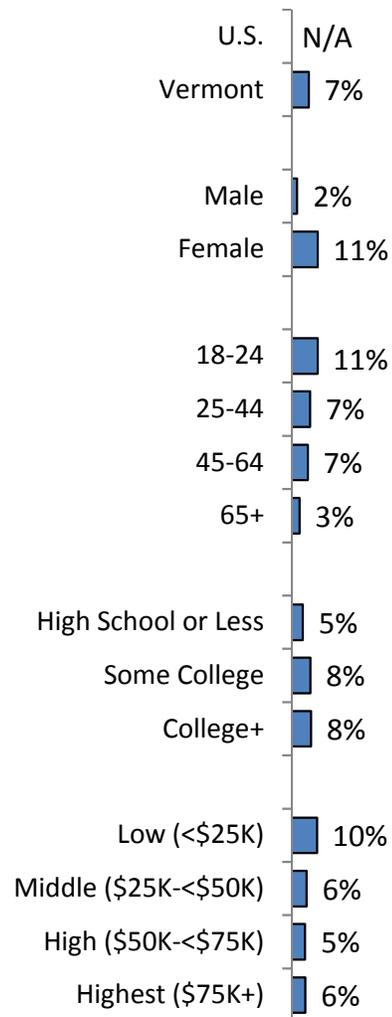
Someone ever having sex with you without your consent decreases as age increases.

- Adults 65 and older are significantly less likely to report someone having sex with them without their consent than younger adults.

Adults with a college degree or higher are significantly more likely than those with a high school or less education to say someone has ever had sex with them without their consent.

Adults in homes with an annual income of \$25,000 or less are significantly more likely than those in homes with the highest incomes to report someone ever having sex with them without their consent.

**Sex Without Your Consent
Vermont Adults, 2015**



Tobacco Use – Smokeless Tobacco

Four percent of Vermont adults said they use smokeless tobacco products in 2015. 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 18-24.
- Adults 65 and older are also significantly less likely than those 25-44 to report using smokeless tobacco.

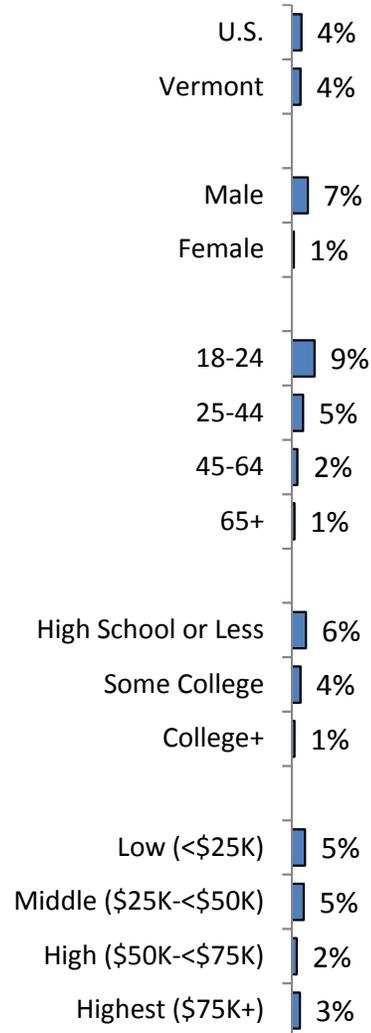
Smokeless tobacco use is also lower among those with more education.

- Adults with a college degree or higher are significantly less likely to use smokeless tobacco than those with less education.

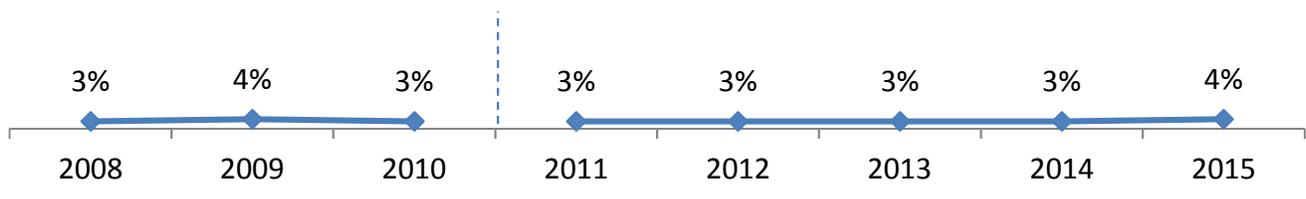
There are no statistically significant differences in the use of smokeless tobacco by annual household income level.

The proportion of Vermont adults using smokeless tobacco is statistically unchanged since 2011.

**Smokeless Tobacco Use
Vermont Adults, 2015**



**Smokeless Tobacco Use
Vermont Adult Residents 2008-2015**



Tobacco Use – Cigarette Smoking*

In 2015, less than two in ten (17%) reported being cigarette smokers. This is the same proportion reported by U.S. adults overall.

Men and women report smoking at statistically similar rates.

Smoking prevalence is highest among adults 25-44 and lowest among those 65 and older.

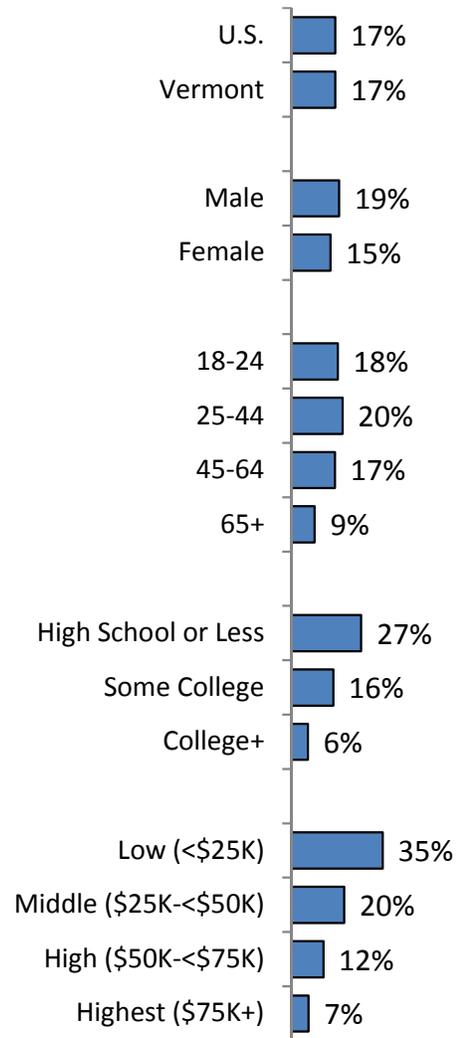
- Adults 65 and older are significantly less likely to smoke than younger adults.

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

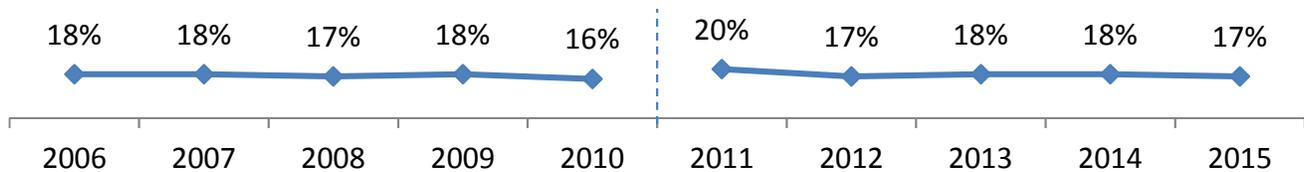
- All differences by education and annual household income level are statistically significant.

The smoking rate among Vermont adults was similar in 2014 and 2015, but has decreased significantly since 2011 (20% vs. 17%).

**Current Smoking*
Vermont Adults, 2015**



**Current Smoking*
Vermont Adult Residents 2006-2015**



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

Tobacco Use – Quit Attempts*

Fifty-seven percent of Vermont adult smokers made an attempt to quit smoking in the last year. This is statistically similar to the 60% seen among all U.S. adult smokers.

Men and women report trying to stop smoking at the same rate.

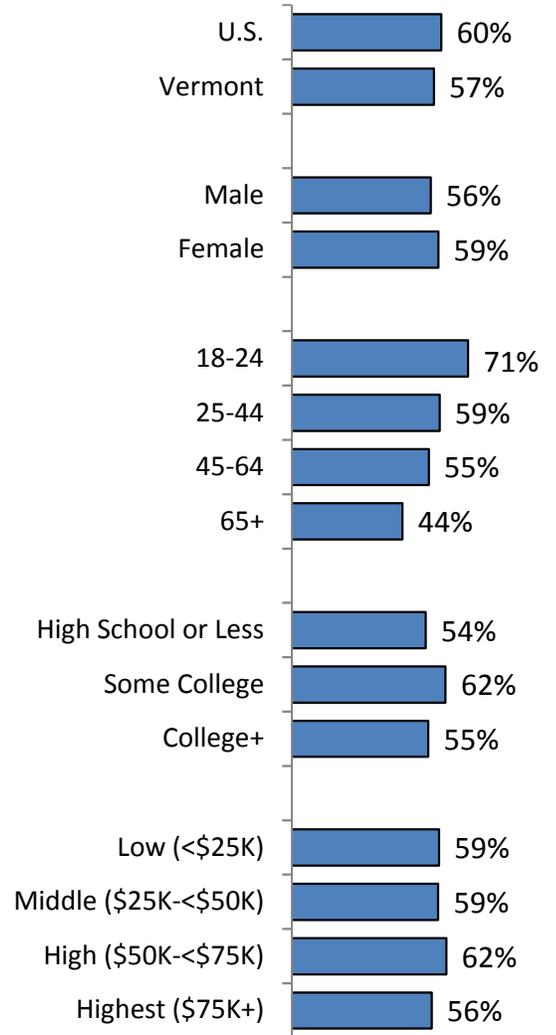
Quit attempts are highest among younger adults and lowest among those 65 and older.

- The difference in quit attempts among the youngest and oldest Vermont adults is statistically significant.

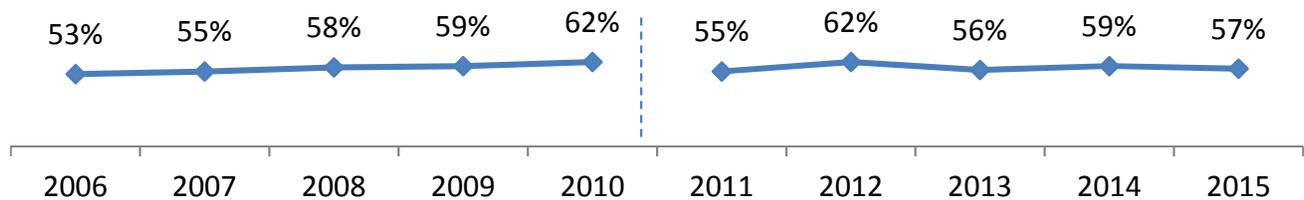
There are no statistically significant differences in quit attempts by education or annual household income level.

The proportion of smokers making a quit attempt remains similar to 2011.

**Smoking Quit Attempts*
Vermont Adults, 2015**



**Smoking Quit Attempts*
Vermont Adult Residents 2006-2015**



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

Preventive Behaviors and Health Screening

Family Planning

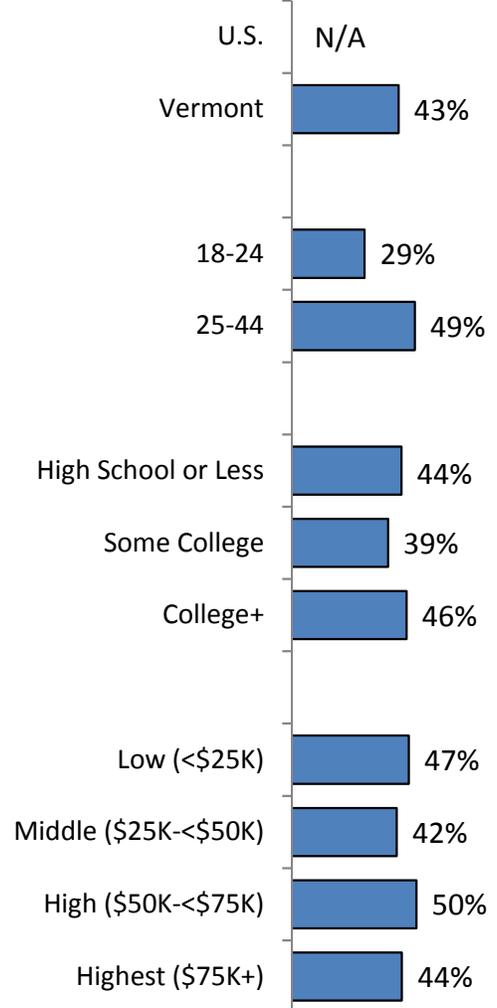
In 2015, more than four in ten (43%) Vermont women of childbearing age said they had ever talked with a health care worker about ways to prepare for a healthy pregnancy.

- Women 25-44 were significantly more likely than those 18-24 to report these conversations.
- There are no differences by education or annual household income level.

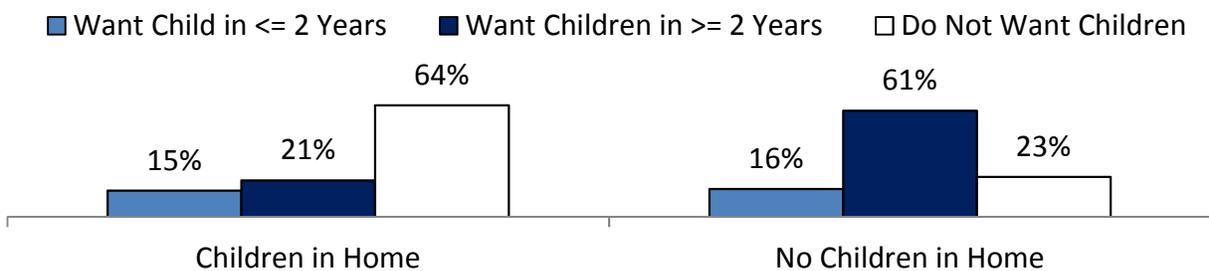
Forty-four percent of Vermont women 18-44 do not want children in the future, five percent want them in the next year, seven percent in the next one to two years, 11% each in the next two to five and five or more years.

Desire for children in the future is impacted by the presence of children in the home currently. Two-thirds of those with children in their home do not want additional children, compared with only 23% of women without children in their home.

Talked with Doctor About Health Pregnancy Vermont Women 18-44, 2015



Desire for Children by Presence of Children in Home Vermont Women 18-44, 2015



Immunizations – Flu Vaccine

Six in ten (61%) Vermont adults 65 and older report having a flu vaccine in the previous 12 months, the same as reported for U.S. adults of the same age.

- A flu vaccine includes both a shot in the arm and spray or mist in the nose.

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

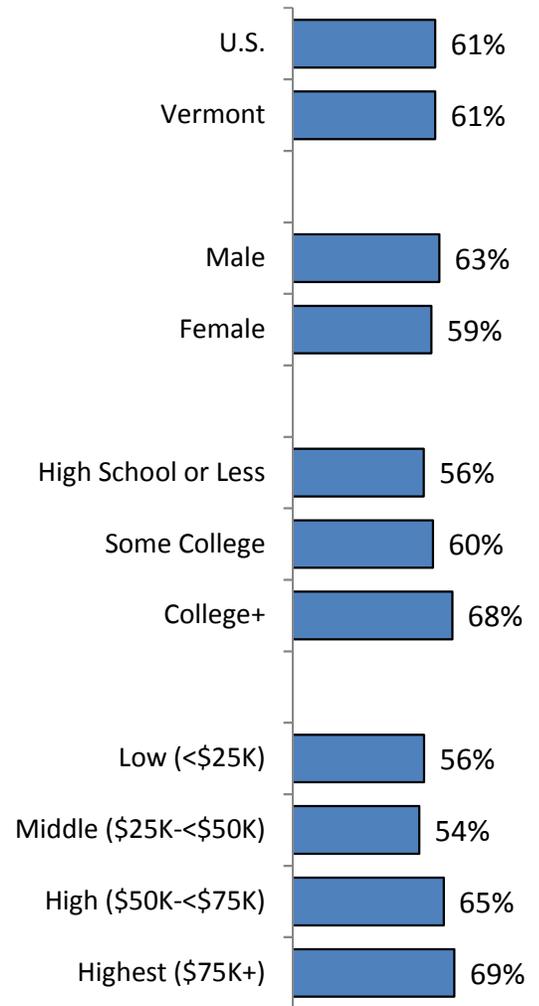
Receipt of a flu vaccine among adults over the age of 64 increases as education and annual household income levels increase.

- Those with a high school education or less are significantly less likely than those with a college degree to have gotten a flu vaccine in the last year.
- Those with low and middle incomes are significantly less likely than those with the highest incomes (\$75,000 or more) to have gotten a flu vaccine in the last year.

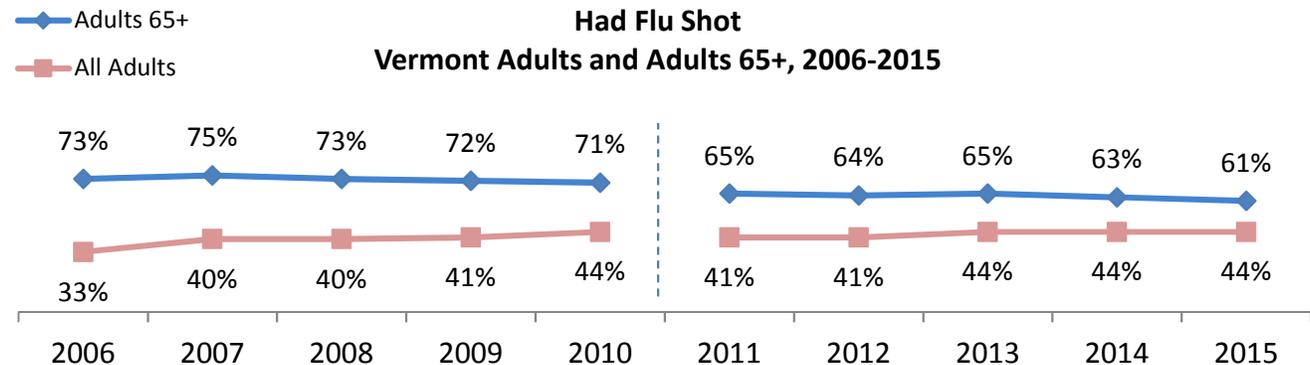
Since 2011, flu vaccination rates have increased among all adults and decreased among adults 65 and older. However, these changes are not statistically significant.

Three-quarters of Vermont adults 65 and older get their flu vaccine at a doctor's office (42%) or a store (32%). Among all adults, six in ten get their flu vaccine at these locations, with an additional 19% getting them at their workplace.

**Had Flu Shot
Vermont Adults 65 and Older,
2015**



**Had Flu Shot
Vermont Adults and Adults 65+, 2006-2015**



[Note: Flu vaccination among adults 65 and older is a Healthy Vermonters 2020 goal.]

Immunizations – Pneumococcal Vaccine

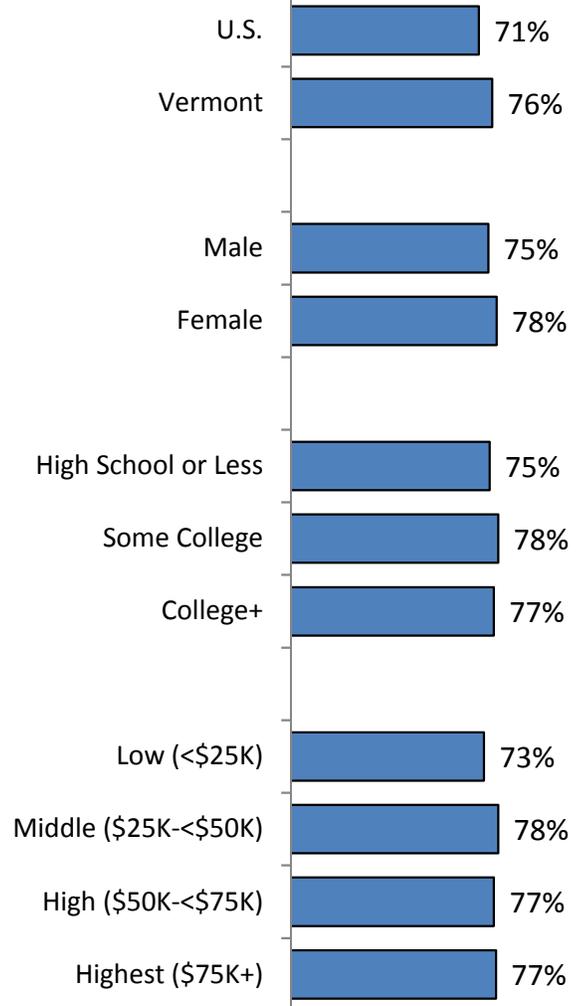
Three-quarters (76%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine. This is significantly higher than the 71% reported by U.S. adults 65 and older.

Men and women ages 65 and older get the pneumococcal vaccine at similar rates.

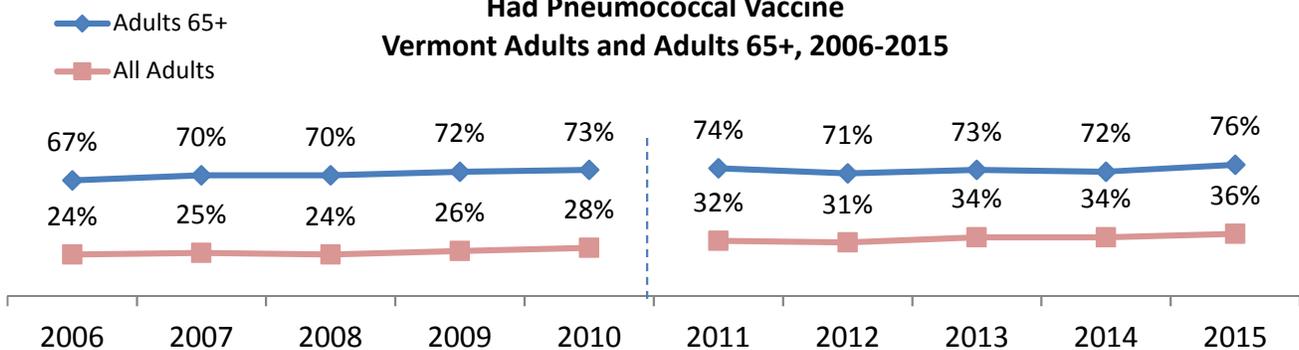
There are no statistical differences for receipt of the pneumococcal vaccine by education level or annual household income level.

Since 2011, pneumococcal vaccination rates have increased among adults overall and those 65 and older. However, only the change among all adults is statistically significant. Changes in pneumococcal vaccination rates from 2014 to 2015 were not statistically significant, regardless of the population.

**Had Pneumococcal Vaccine
Vermont Adults 65 and Older,
2015**



**Had Pneumococcal Vaccine
Vermont Adults and Adults 65+, 2006-2015**



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

Immunizations – Shingles

In 2015, nearly a third (32%) of Vermont adults ages 50 and older said they had ever received a vaccine for shingles, significantly higher than the 24% for the U.S.

Men and women report receiving the shingles vaccine at similar rates.

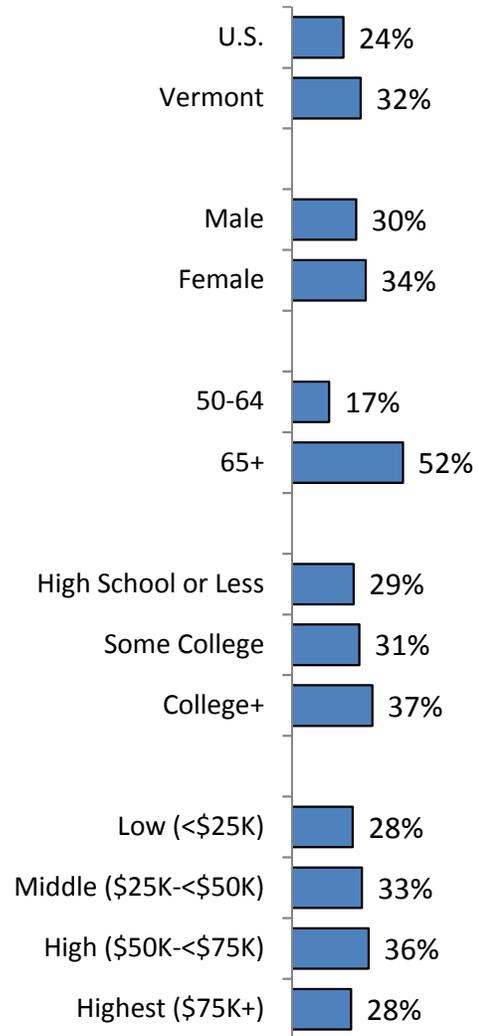
Adults 65 and older are significantly more likely than those 50-64 to have had a shingles vaccine.

Adults ages 50 and older with a college degree or higher are significantly more likely than those with a high school education or less to have received the vaccine.

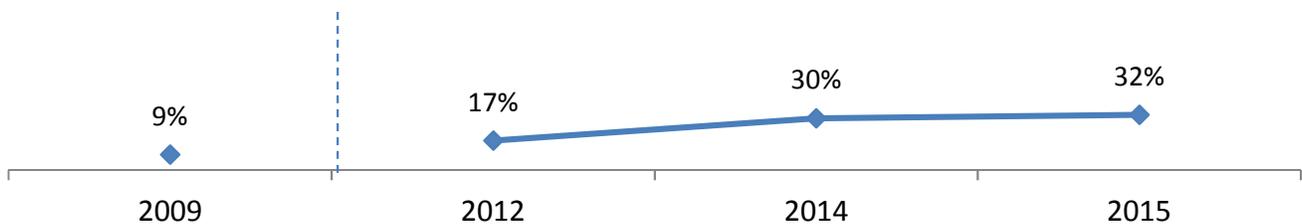
Adults in homes with an annual income of \$50,000-\$74,999 are significantly more likely than those with more income to have received the shingles vaccine.

The proportion of adults ages 50 and older who have a shingles vaccination in 2015 is similar to that in 2014 (32% vs. 30%), but is nearly twice that reported in 2012 (32% vs. 17%). This is a statistically significant increase. The sharp increase in shingles vaccination rates since 2012 is likely due in part to increased availability of the vaccine at pharmacies and through programs such as the Vermont Department of Health's Vaccines for Adults program.

**Had Shingles Vaccine
Vermont Adults 50+, 2015**



**Had Shingles Vaccine
Vermont Adults and Adults 50+, 2009-2015**



Routine Doctor Visits

Seven in ten Vermont adults had a routine checkup in the previous year.

- A routine checkup is defined as a general physical exam, not an exam for a specific injury, illness, or condition.
- 15% had a routine checkup a year ago to less than two years ago; 8% had one two years to less than five years ago, and 7% had a routine doctor's visit five or more years ago*.
- U.S. adults reported a similar rate of routine checkups in the last year (70%).

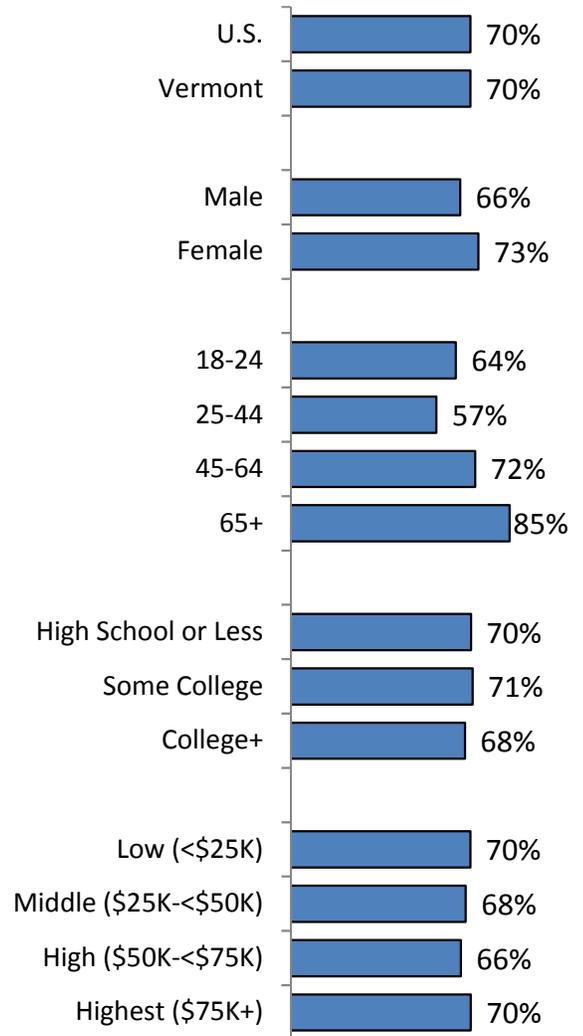
Women routinely get checkups more than men.

Adults 65 and older get routine checkups at significantly higher rates than all other age groups. Adults 45-64 also are more likely to routinely visit their doctor than those 25 to 44.

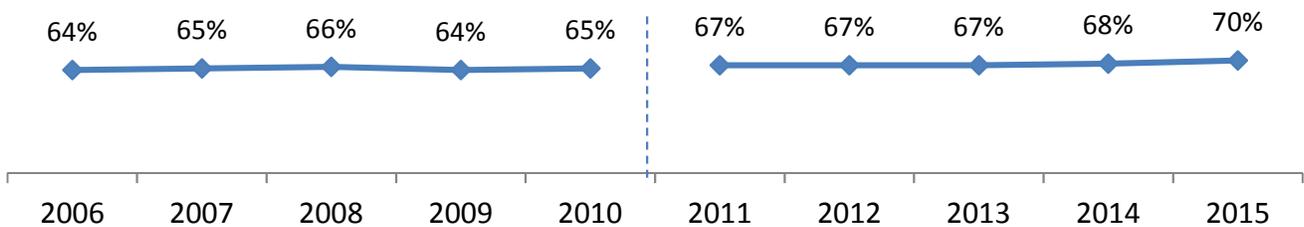
There are no statistically significant differences in routine doctor checkups by education level or annual household income.

The proportion of adults with a routine doctor visit in the last year is increasing, however, the change from 2014 to 2015 is not statistically significant.

**Routine Doctor Visit in Last Year
Vermont Adults, 2015**



**Routine Doctor Visit in Last Year
Vermont Adult Residents 2006-2016**



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

Cholesterol Screening*

Three-quarters of Vermont adults reported having their cholesterol checked within the past five years.

- Half of adults said they had their cholesterol checked within the past year.

Women are significantly more likely than men to report having their cholesterol checked in the last five years.

Getting one's cholesterol checked in the last five years increases with increasing age. The rate among those 45 and older is more than double that among those 18-24.

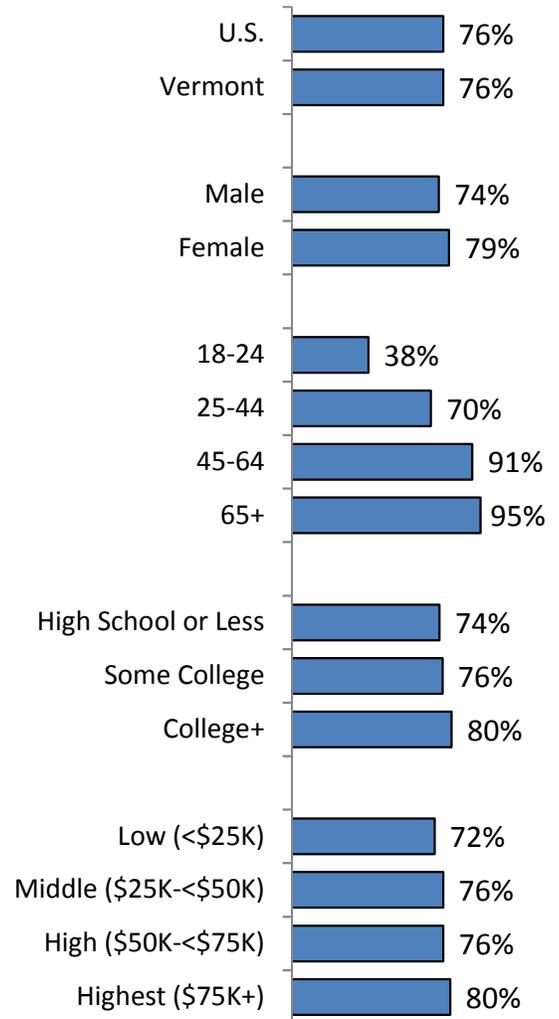
- All differences by age are statistically significant.

As education and annual household income level increases so does the percent of adults with their cholesterol checked in the last five years.

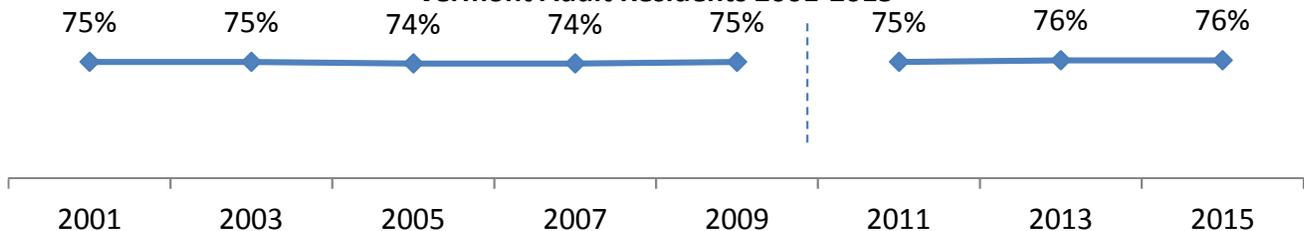
- Adults with a college degree are significantly more likely than those with a high school degree or less to have their cholesterol tested.
- Those in homes with the highest household incomes are significantly more likely than those with low income homes to have had their cholesterol checked.

The rate of getting cholesterol checked is statistically similar since 2011.

**Cholesterol Checked in Last Five Years*
Vermont Adults, 2015**



**Cholesterol Checked in Last Five Years*
Vermont Adult Residents 2001-2015**



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

Fruit Consumption*

About a third (32%) of Vermont adults reported eating fruit two or more times per day. This is significantly higher than the 29% reported by U.S. adults.

Women are significantly more likely than men to eat fruit two or more times daily.

Consumption of fruit is highest among adults 65 and older.

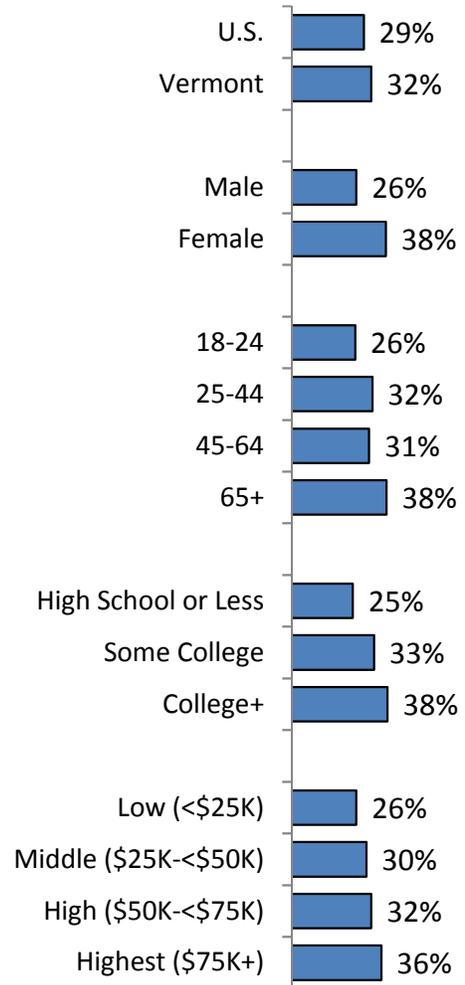
- Adults 65 and older are significantly more likely than those 18-24 and 45-64 to report eating fruit two or more times per day.

Adults with more education and higher annual household incomes are more likely to eat fruit at least twice daily.

- Adults with at least some college education are significantly more likely than those with less education to eat fruit two or more times daily.
- Adults in homes with the highest annual incomes are significantly more likely than those with low incomes to eat fruit at least twice daily.

The proportion of adults eating fruit two or more times daily has decreased significantly since 2011.

**Fruits 2+ Times Daily*
Vermont Adults, 2015**



**Fruits 2+ Times Daily*
Vermont Adult Residents 2011-2015**



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

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

Additional information about recommendations regarding fruit consumption can be found:

<http://www.choosemyplate.gov/food-groups/>

Vegetable Consumption*

One in five (20%) Vermont adults reported eating vegetables three or more times daily, a significantly higher proportion than U.S. adults overall.

Women are nearly twice as likely as men to report eating vegetables at least three times per day.

- This difference is statistically significant.

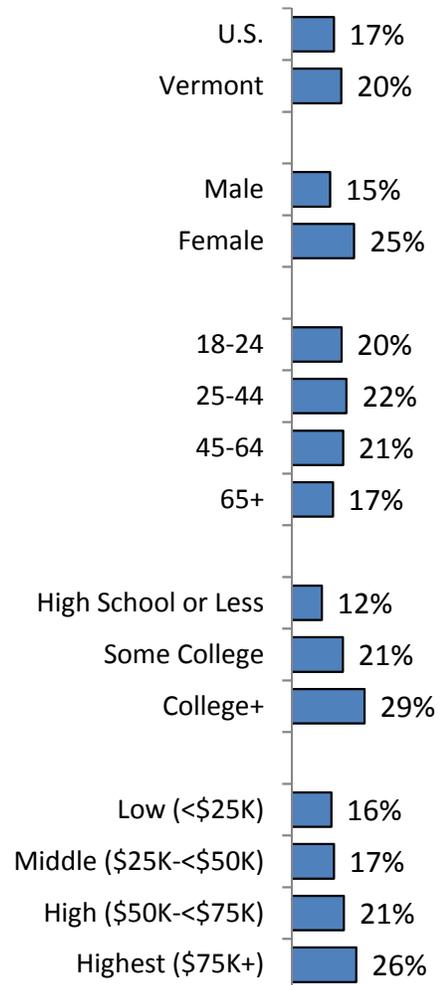
Vermont adults ages 65 and older are significantly less likely to report eating vegetables at least three times per day, compared with those 25-64.

Adults with more education and higher annual household incomes are more likely to eat vegetables at least three times per day.

- All differences by education level are statistically significant.
- Adults in homes with the highest incomes are significantly more likely than those in homes with the low and middle incomes to eat vegetables three or more times daily.

The proportion of adults who report consuming vegetables at least three times a day is statistically unchanged since 2011.

**Vegetables 3+ Times Daily*
Vermont Adults, 2015**



**Vegetables 3+ Times Daily*
Vermont Adult Residents 2011-2015**



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

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

Additional information about recommendations regarding fruit consumption can be found:

<http://www.choosemyplate.gov/food-groups/>

Fruit or Vegetable Consumption*

A fifth (20%) of Vermont adults report eating fruits and/or vegetables at least five times per day. This is significantly higher than the 17% reported by U.S. adults overall.

Women are significantly more likely than men to eat fruits and/or vegetables at least five times per day.

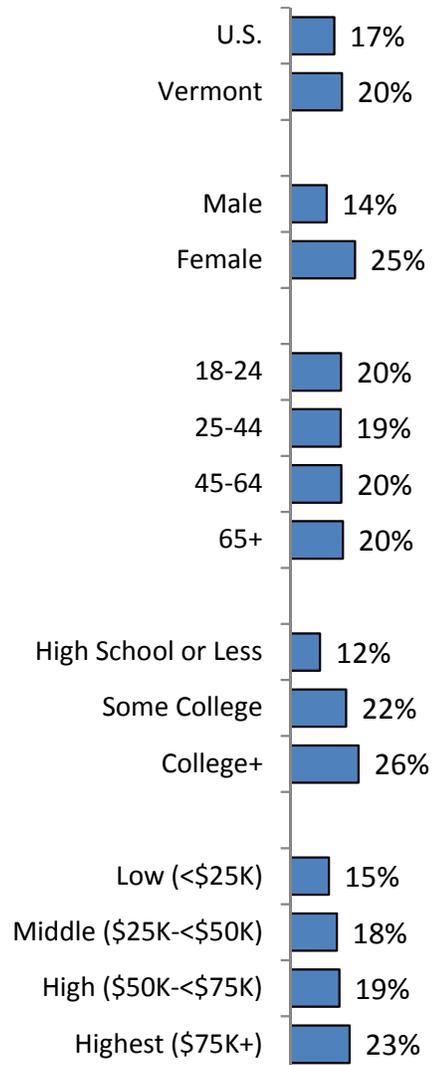
Vermont adults report eating fruits and/or vegetables at similar rates across all age groups.

Adults with more education and higher annual household incomes are more likely to eat five or more fruits and/or vegetables at least five times daily.

- Adults with at least some college education are significantly more likely than those with less education to eat five or more fruits and/or vegetable per day.
- Adults in homes with the highest incomes are significantly more likely than those in low income homes to eat five or more fruit and/or vegetable per day.

The proportion of Vermont adults who reported eating at least five fruits and/or vegetables daily decreased significantly from 2011 to 2015, but is similar to 2013.

**Fruit & Vegetables 5+ Times Daily*
Vermont Adults, 2015**



**Fruits & Vegetables 5+ Times Daily*
Vermont Adult Residents 2011-2015**



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

Additional information about recommendations regarding fruit consumption can be found:

<http://www.choosemyplate.gov/food-groups/>

Met Physical Activity Recommendations*

Aerobic physical activity recommendations are defined as 150 minutes of moderate activity or 75 minutes of vigorous activity per week**.

Fifty-nine percent of Vermont adults met aerobic physical activity recommendations in 2015, significantly higher than the 51% reported by U.S. adults.

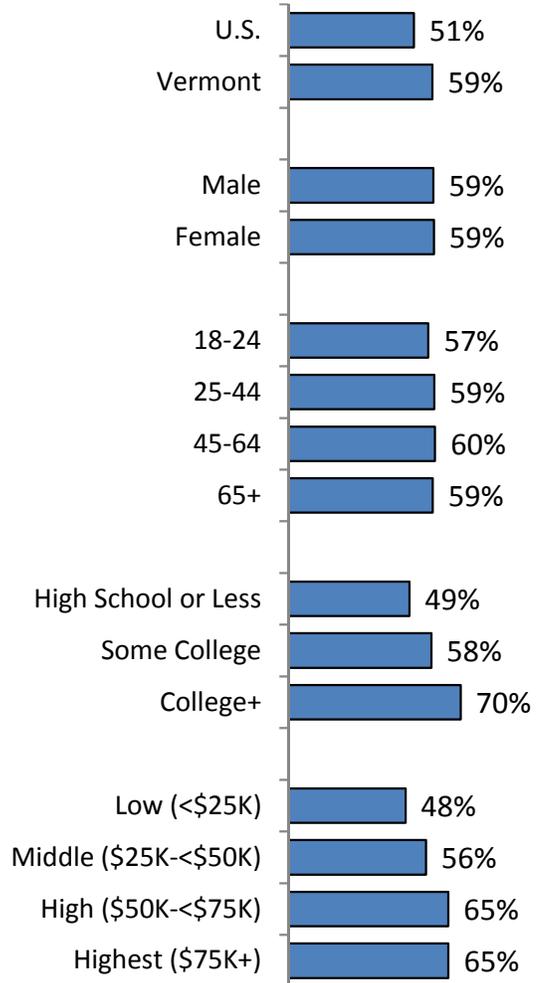
There are no significant differences in meeting aerobic physical activity guidelines by gender or age.

Participation in physical activity increases with increasing education level and income level.

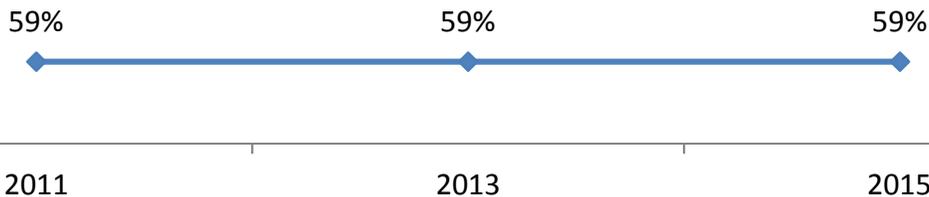
- All differences by education level are statistically significant.
- Those in homes with incomes of at least \$50,000 per year are significantly more likely meet physical activity guidelines than those with less income.

The proportion of Vermont adults meeting aerobic physical activity recommendations is unchanged since 2011 (59%).

**Met Aerobic Physical Activity Recommendations*
Vermont Adults, 2015**



**Met Aerobic Physical Activity Recommendations*
Vermont Adult Residents 2011-2015**



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

**Additional information about physical activity recommendations can be found here:

<http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

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

Met Strength Building Recommendations

The recommendation for muscle strengthening activities is to participate in this type of activity at least twice per week*.

Three in ten Vermont adults participated in muscle strengthening activities at least twice a week in 2015. This is the same proportion as reported among U.S. adults overall.

Men and women report meeting strength training recommendations at statistically similar rates.

Participation in muscle building activities decreases with increasing age.

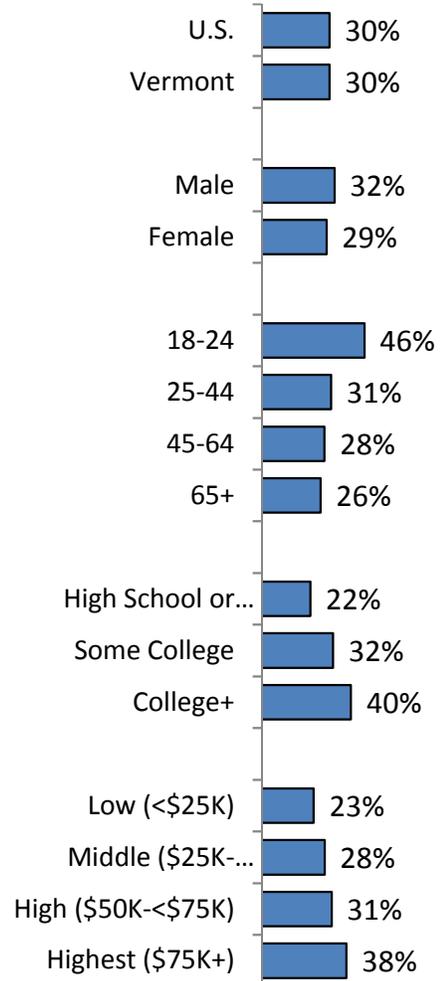
- Adults 18-24 are significantly more likely than older adults to meet strength training recommendations.

Adults with more education and more annual household income levels are more likely to meet strength training recommendations.

- All differences by education level are statistically significant.
- Adults with an income of at least \$50,000 are significantly more likely than those with low incomes to meet strength training recommendations.
- Those with the highest incomes are also significantly more likely than those with a household income of \$25,000-\$49,999 per year to meet strength training recommendations.

The proportion of Vermont adults who participate in strength training at least twice a week is relatively unchanged since 2011.

**Met Strength Building Recommendations
Vermont Adults, 2015**



**Met Strength Building Recommendations
Vermont Adult Residents 2011-2015**



*Additional information about strength building recommendations can be found here: <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

Antibiotic Misuse

In 2015, three-quarters (74%) of Vermont adults said they take prescribed antibiotics until gone all of the time.

- An additional 13% take prescribed antibiotics until gone most of the time. Five percent said they take them until gone some of the time while eight percent said they never take antibiotics until they are gone.

Women report taking antibiotics until gone all of the time at a significantly higher rate than men.

Completely taking antibiotics is highest among older adults.

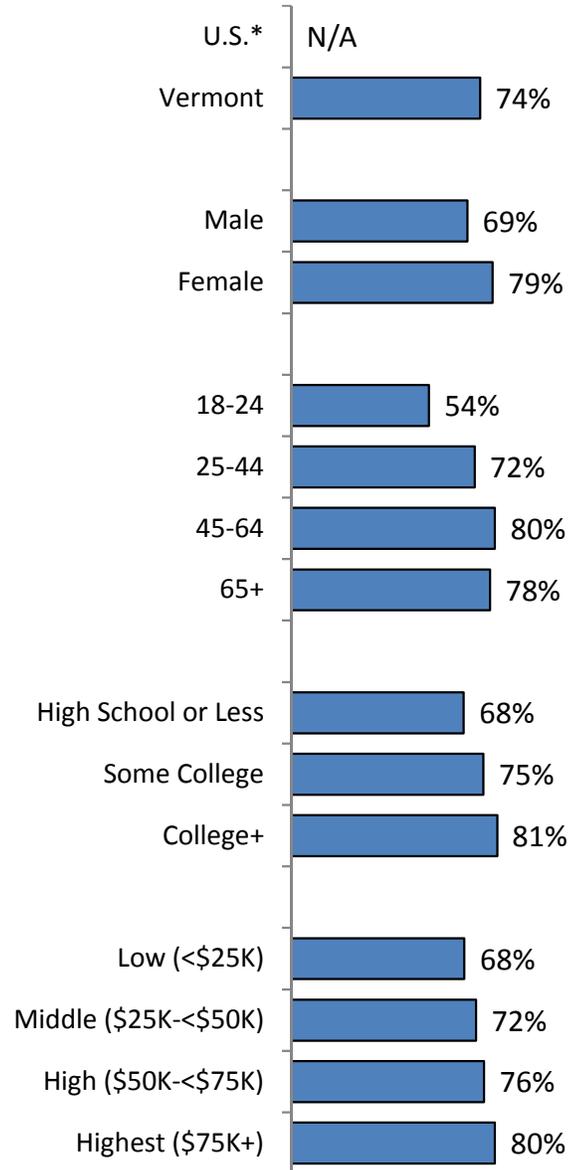
- All differences by age are statistically significant except that between those 45-64 and 65 and older.

Adults with more education and higher annual household incomes are more likely to report they always take antibiotics until they are gone.

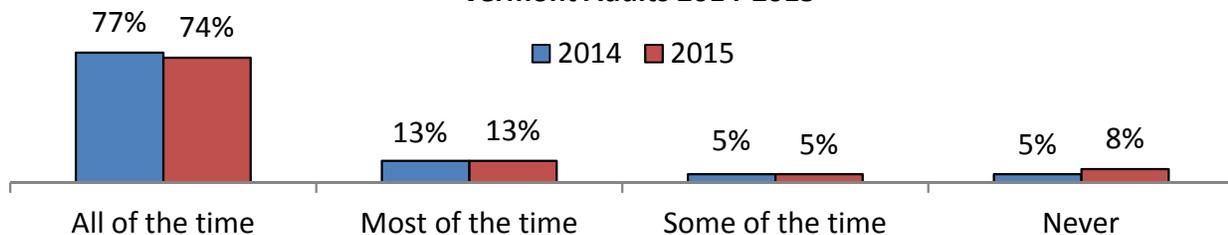
- All differences by education level are statistically significant.
- Adults in homes with the highest incomes are significantly more likely than those with low or middle incomes to report taking always taking antibiotics until they are gone.

The proportion of adults who always take antibiotics until they are gone was similar in 2014 and 2015 (77% vs. 74%).

Always Take All Prescribed Antibiotics Vermont Adults, 2015



Take Antibiotic Until It's Gone Vermont Adults 2014-2015



*No national estimate available.

HIV Screening – Ever

A third (34%) of Vermont adults reported ever being tested for HIV, in 2015. This increases to 40% 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 (38%) and 18-64 (44%).

Vermont men are as likely as women to have ever been tested.

HIV testing is lowest among adults 65 and older.

- All differences by age are significant except that between adults 18-24 and 45-64.

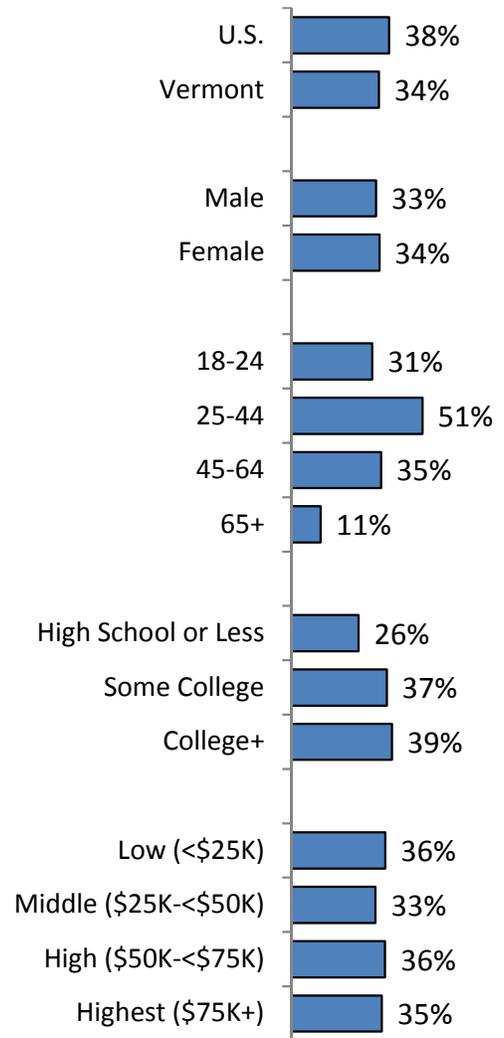
Vermont adults with more education are more likely to have been tested for HIV than those with less education.

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

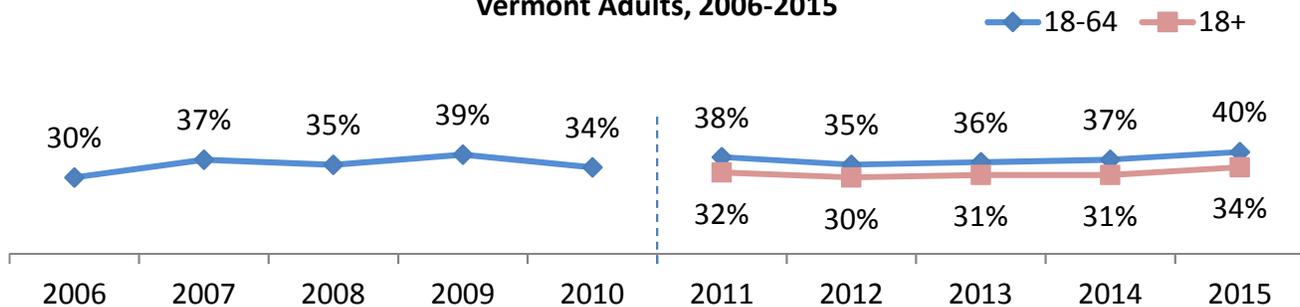
There are no statistical differences in HIV testing by annual household income level.

In 2015, ever tested for HIV rates among Vermont adults, overall and ages 18-64, increased both in comparison to 2011 and 2014. However, these changes are not statistically significant.

**Ever Tested for HIV
Vermont Adults, 2015**



**Ever Tested for HIV
Vermont Adults, 2006-2015**



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 to nine percent.

Recent HIV testing is significantly lower among Vermont adults when compared to U.S. adults overall (11%) and those 18-64 (14%).

Men and women report similar rates of recent HIV testing.

Recent HIV testing decreases as Vermont adults age.

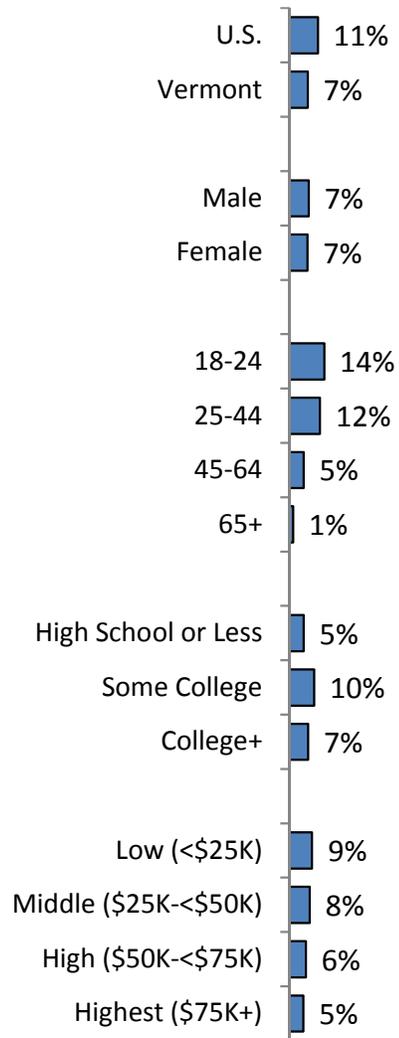
- All differences by age are statistically significant except that between adults 18-24 and 25-44.

Adults with some college education are significantly more likely than those with less education to have had a recent HIV test.

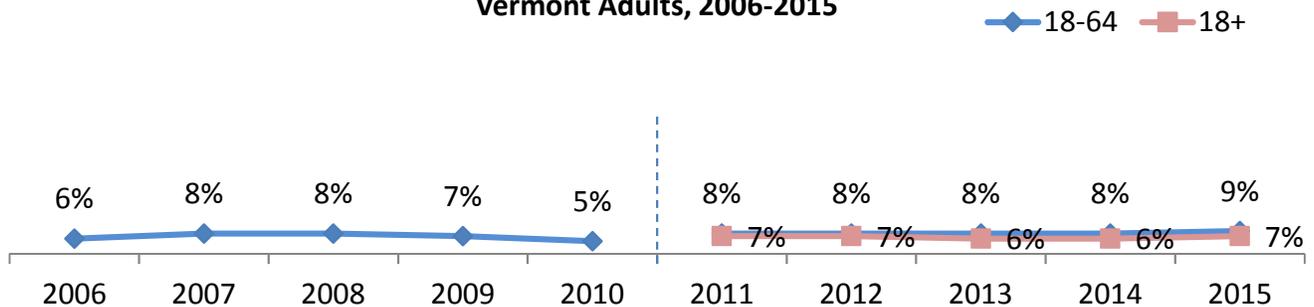
There are no statistical differences in recent HIV testing by annual household income level.

Receipt of a recent HIV test is statistically unchanged since 2011, both for adults overall and those 18 to 64 years of age .

**HIV Tested in Last Year
Vermont Adults, 2015**



**Tested for HIV in Last Year
Vermont Adults, 2006-2015**



HIV Screening – Where Tested

Adults ever tested for HIV were also asked where their most recent HIV test occurred.

In 2015, more than half of Vermont adults said their last HIV test was at a private doctor's office. The next most common testing locations were at a clinic (15%) or somewhere else (14%).

Five percent of adults who had an HIV test said their most recent test was in a hospital, while four percent said it was at home or at a counseling and testing site. Three percent got their test at an emergency room.

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

**Where Received HIV Test
Vermont Adults Ever Tested for HIV, 2015**

