



Vermont Behavioral Risk Factor Surveillance System 2016 Data Summary



Table of Contents

	Page		Page
Introduction	4	Social and Emotional Support	21
Methodology Changes	4	Falls	22
Executive Summary	5	Chronic Conditions	24
Demographics	7	Arthritis	25
Age	8	Asthma	26
Gender	8	Cancer Diagnosis	27
Race/Ethnicity	8	Skin Cancer Diagnosis	28
Household Income Level	8	Cardiovascular Disease	29
Education Level	8	Chronic Obstructive Pulmonary Disease (COPD)	30
Employment Status	9	Cognitive Decline	31
Marital Status	9	Depressive Disorder	33
County of Residence	10	Diabetes	34
Veteran Status	10	Kidney Disease	35
Pregnancy Status	10	Obesity and Overweight	36
Children in Household	10	Risk Factor Indicators	37
Homeowner Status	10	Alcohol Consumption	38
Health Status Indicators	11	Drunk Driving	41
General Health Status	12	HIV Transmission Risk	42
Medical Health Plan Coverage	13	Marijuana Use	43
Medical Health Care Access	14	No Leisure Time Physical Activity	44
Quality of Life/Healthy Days	16	Seatbelt Use	45
Sleep	18	Tobacco Use.....	46
Disability	19	E-cigarette Use	49

Table of Contents

	Page
Preventive Behaviors & Screenings ...	51
Family Planning	52
Immunizations	56
Routine Doctor Visits	59
Oral Health	60
Breast Cancer Screening	62
Cervical Cancer Screening	63
Colorectal Cancer Screening	66
Prostate Cancer Screening	67
Alcohol Screening	69
HIV Screening	71

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.

Executive Summary

Background Information

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.

In 2016, Vermont BRFSS surveys were completed among 6,540 adults from across the state. These results were then weighted to be representative of the entire adult population.

Health Status Indicators

Most Vermont adults report having access to health care. More than nine in ten (94%) adults 18-64 have a health plan, and 88% of all adults report having a personal health care provider. Few, less than one in ten (8%) said they did not visit a doctor in the last year because of cost. Across each of these measures, Vermont reported significantly better access to health care than U.S. adults. The proportion of adults 18-64 with a health plan increased slightly from 2015 to 2016 (93% vs. 94%), and has increased significantly since 2011 (89% vs. 94%).

Chronic Condition Indicators

Among Vermont adults the prevalence of chronic conditions included on the Vermont BRFSS has been stable since 2011. More than a quarter (28%) of adults 20 and older are obese, while this represents an increase from 2011 (26%) and 2015 (25%), the difference is not statistically significant. Despite this increase, obesity is reported at a significantly lower rate among Vermont adults, compared to the U.S. (28% vs. 30%). Diabetes prevalence is also lower in Vermont than the U.S. (8% vs. 11%).

Arthritis (28%) and depression (22%) are reported by about a quarter of Vermont adults, and at a significantly higher rate than among U.S. adults. Also experienced at a higher rate among Vermont than U.S. adults is asthma, which is reported by one in ten Vermont adults (10%).

Risk Behavior Indicators

After a hiatus of a few years, the 2016 BRFSS included a question on high risk HIV transmission behaviors. Seven percent of Vermont adults said they participated in at least one of the following in the previous year: IV drug use, treatment for a sexually transmitted or venereal disease, gave or received sex or drugs for money, or anal sex without a condom. This is more than double the proportion who reported participation in these behaviors in 2012 (3% vs. 7%), a statistically significant increase. Participation in high risk HIV transmission behaviors is similar in Vermont and the U.S.

Twelve percent of Vermont adults reported using marijuana in the last month. This continues the recent trend towards increasing use, from 7% in 2013, to 11% in 2015, to 12% in 2016. The difference in prevalence between 2013 and 2016 is statistically significant.

About two in ten (19%) of Vermont adults have ever used electronic cigarette (e-cigarette) or other electronic vaping products. Few, 3% report using these products every or some days. Ever and current prevalence of e-cigarettes is significantly lower among Vermont adults than U.S. adults.

Executive Summary

Preventive Behaviors & Health Screenings

Cancer screening for breast and colorectal cancers among Vermont adults have not changed significantly since 2011. Adults 50-75 in Vermont report meeting colorectal cancer screening recommendations at a statistically higher rate than the U.S. population of the same age.

Three-quarters (77%) of Vermont adults 65 and older have gotten the pneumococcal vaccine and six in ten got a flu shot in the last year (59%). Pneumococcal vaccination has increased since 2011, both among all adults and those 65 and older, however, only the difference among all adults is statistically significant (32% vs. 39%). In contrast, flu vaccination rates have decreased significantly over this time period among adults 65 and older (65% vs. 59%).

HIV testing among Vermont adults is increasing. In 2016, more than four in ten (44%) adults have ever been tested. Among adults 18-64 more than a third (37%) have ever been tested for HIV. Among both the overall population and those 18-64, the proportion tested for HIV has increased consistently and significantly since 2011 (overall: 35% in 2011 to 44% in 2016; 18-64: 30% in 2011 to 37% in 2016). Ever receiving HIV testing is similar, regardless of the age group, among Vermont and U.S. adults. Receipt of an HIV test in the last year is significantly lower among Vermont adults, both overall and those 18-64.

Demographics

Demographics

Using BRFSS data, the next few pages describe the demographic make up of adult (age 18 and older) Vermont residents in 2016.

About one in every eight (13%) Vermont adults are 18-24 years of age. Two thirds are 25-44 or 45-64 (64%). One in five are 65 and older (23%).

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.

Half of Vermont adults live in a home making less than \$50,000 per year. About two in ten (18%) makes \$50,000 to less than \$75,000 per year, while a third make \$75,000 or more.

A third of Vermont adults have a college or higher education. Nearly four in ten (38%) have a high school education or less and about three in ten (29%) have some college education.

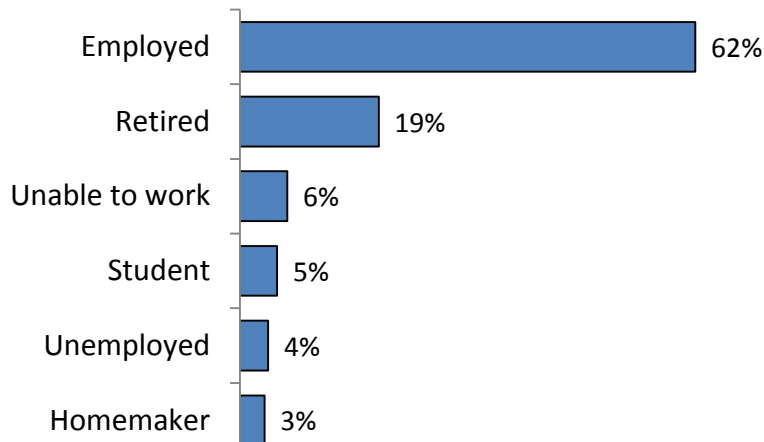
Demographic Characteristics:	
Age	Percent
18-24	13%
25-44	28%
45-64	36%
65 and older	23%
Gender	
Male	49%
Female	51%
Race/Ethnicity	
White, non-Hispanic	94%
Other race	6%
Household Income Level	
Low (<\$25K)	25%
Middle (\$25K-<\$50K)	25%
High (\$50K-<\$75K)	18%
Highest (≥\$75K)	32%
Education Level	
High school or Less	38%
Some college	29%
College or higher	33%

Demographics

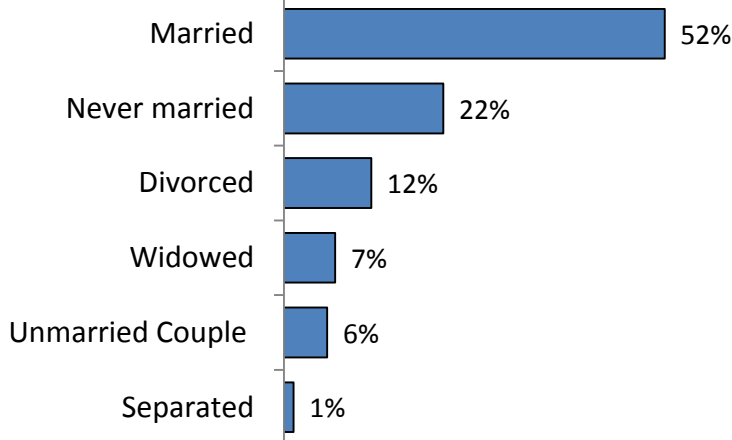
In 2016, 62% of Vermont adults were employed, which was defined as those responding ‘employed for wages’ or ‘self-employed’. About two in ten were retired (19%). Six percent or fewer of adults reported their employment status as: currently unable to work, a student, unemployed, or a homemaker.

More than half of Vermont adults were married (52%). Twenty-two percent had never been married, 12% were divorced, seven percent widowed, and six percent were part of an unmarried couple. Few (1%), reported their marital status as separated.

Employment Status



Marital Status



Demographics

In 2016, 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.

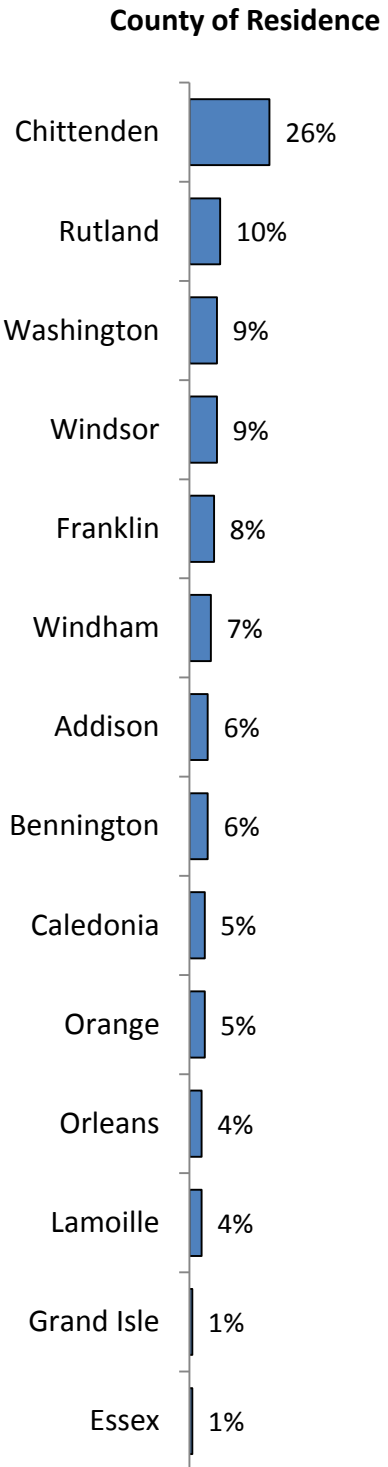
Twelve percent of Vermont adults have ever been on active duty in the military. This includes National Guard or reservists who were activated to active duty.

Five percent of women 18-44 were currently pregnant.

Seven in ten (71%) Vermont adults have no children under the age of 18 in their home. An additional 13% have one child and 11% have two children in their home. Four percent have three children, while one percent counted four or more children in their household.

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

Three-quarters (74%) of Vermont adults said they own their own home. More than two in ten (22%) rent, while five percent have some other arrangement.



Health Status Indicators

General Health Status

In 2016, 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 (21%), 37% said it was very good and more than a quarter said good (28%).

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.

- Adults 45 and older are significant more likely than those 18-44 to have fair or poor health.

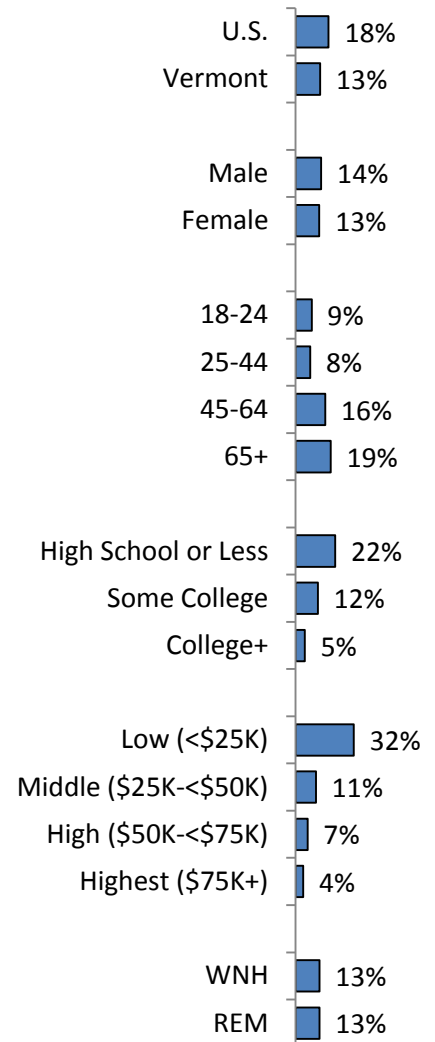
Lower levels of education and household income yield larger proportions who report fair or poor health.

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

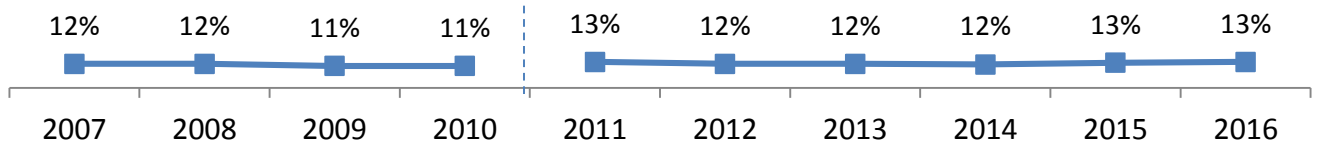
The same proportion of White, non-Hispanic adults and those who are a racial or ethnic minority report fair or poor health.

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, 2016



General Health Fair or Poor Vermont Adult Residents 2007-2016



Medical Health Care Access

More than nine in ten (94%) Vermont adults under the age of 65 said they have a health plan, in 2016. This is significantly higher than the 86% 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.

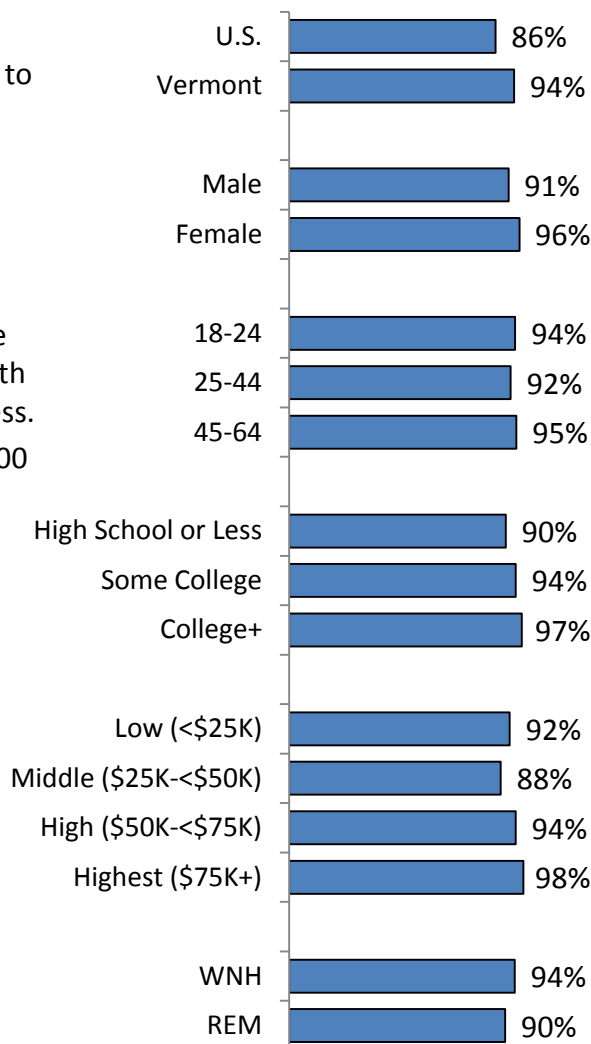
Those with the most education and higher annual household incomes are more likely to have a health plan.

- Adults with at least some college education are significantly more likely to report having a health plan than those with a high school degree or less.
- 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.

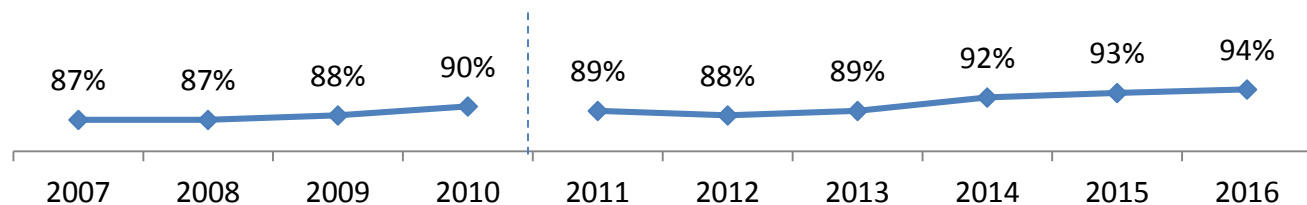
There is no statistical difference by race and ethnicity for having a health plan.

Health care coverage rates among Vermont adults 18-64 were similar in 2015 and 2016, but has increased significantly since 2011 (89% to 94%).

**Have a Medical Health Plan
Vermont Adults 18-64, 2016**



**Have a Medical Health Plan
Vermont Adult Residents 18-64, 2007-2016**



Medical Health Care Access

Eighty-eight percent of Vermont adults reported having a personal health care provider in 2016, significantly higher than the 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 45 and older are significantly more likely than younger adults to report having a personal doctor.

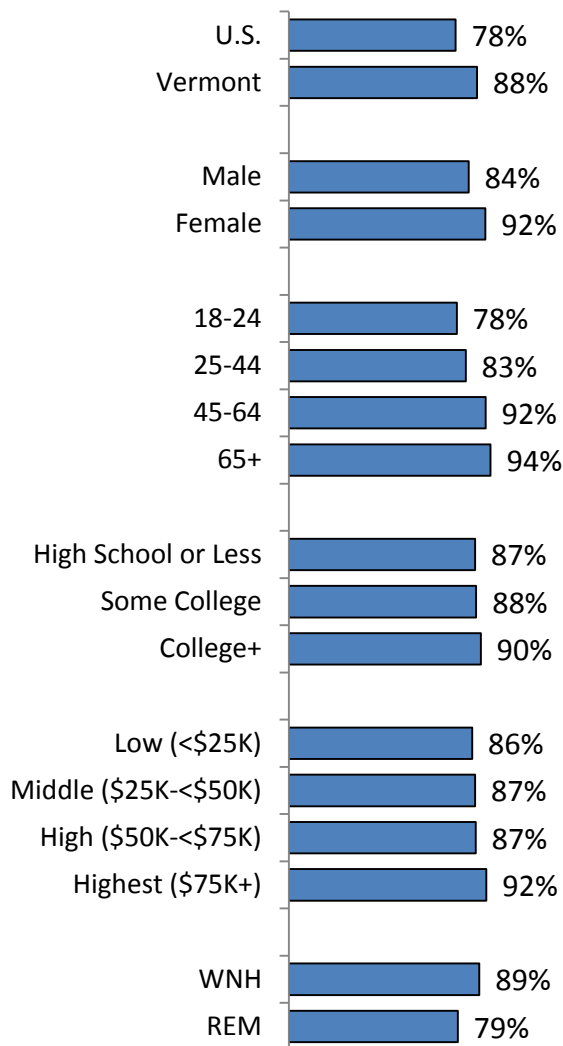
Vermont adults with more education and higher annual household incomes are more likely to have a personal doctor.

- 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 with less income.

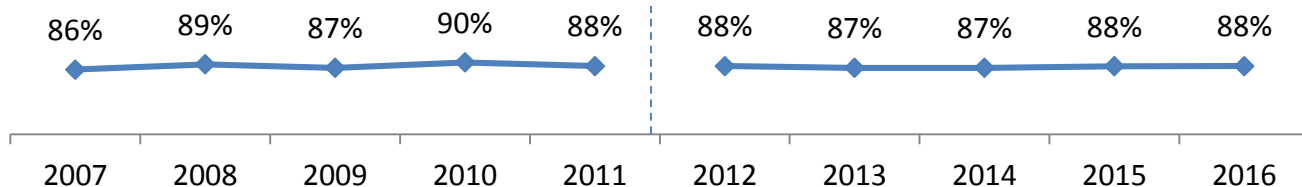
White, non-Hispanic adults are significantly more likely than racial or ethnic minority adults to report having a personal doctor.

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

**Personal Health Care Provider
Vermont Adults, 2016**



**Personal Health Care Provider
Vermont Adult Residents 2007-2016**



[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 those 25-64.

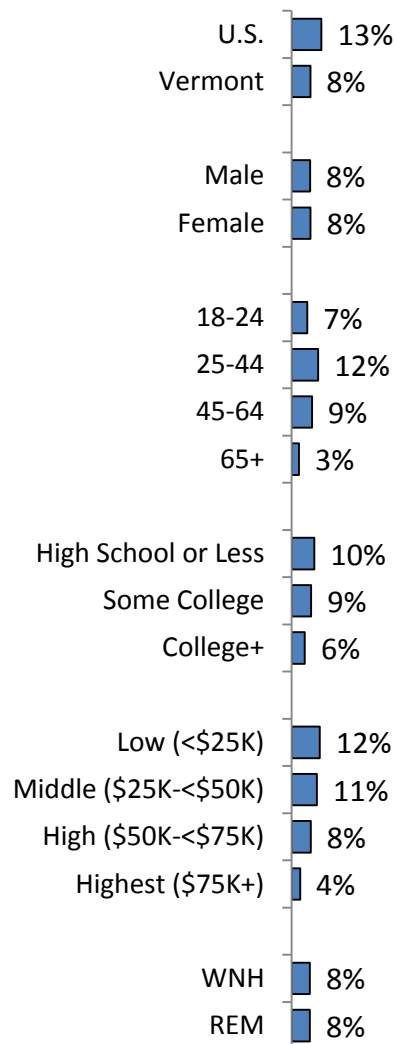
Those with lower levels of education and annual household income are more likely to have forgone care due to cost, as compared to those with more education or higher income.

- Adults with a high school degree 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 \$75,000 are significantly more likely than those in homes with more income to cite cost as a barrier to seeking care.

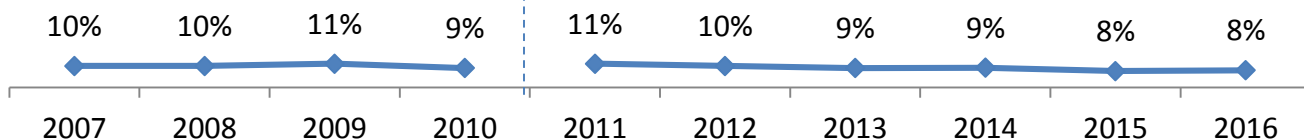
White, non-Hispanic adults and those of a racial or ethnic minority report not visiting a doctor because of cost at the same rate.

The proportion of Vermont adults delaying medical care due to cost was similar in 2015 and 2016, but has decreased significantly since 2011 (11% vs. 8%).

Did Not Visit Doctor Due to Cost Vermont Adults, 2016



Did Not Visit Doctor Due to Cost Vermont Adult Residents 2007-2016



[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 2016, 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.

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

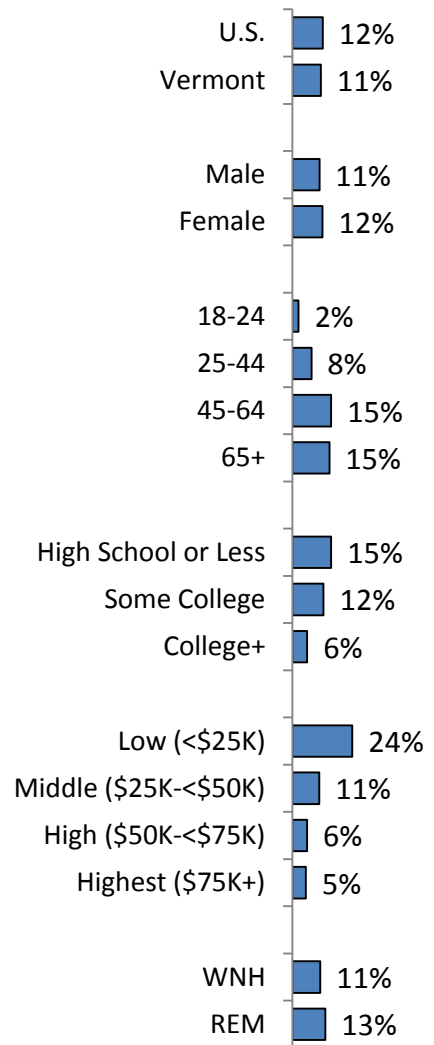
Those with lower education and annual household incomes are more likely to report poor physical health.

- All differences by education level are statistically significant except that between adults with a high school diploma or less education and some college education.
- 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.

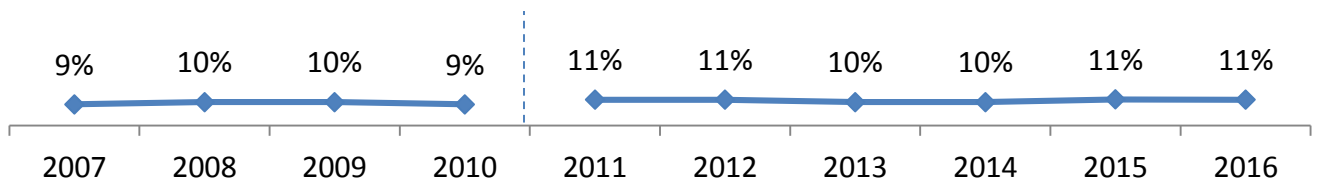
Similar proportions of White, non-Hispanic and racial or ethnic minority adults reported poor physical health.

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

Poor* Physical Health Vermont Adults, 2016



Poor* Physical Health Vermont Adult Residents 2007-2016



*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 2016, twelve percent 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 than younger adults to report poor mental health.

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

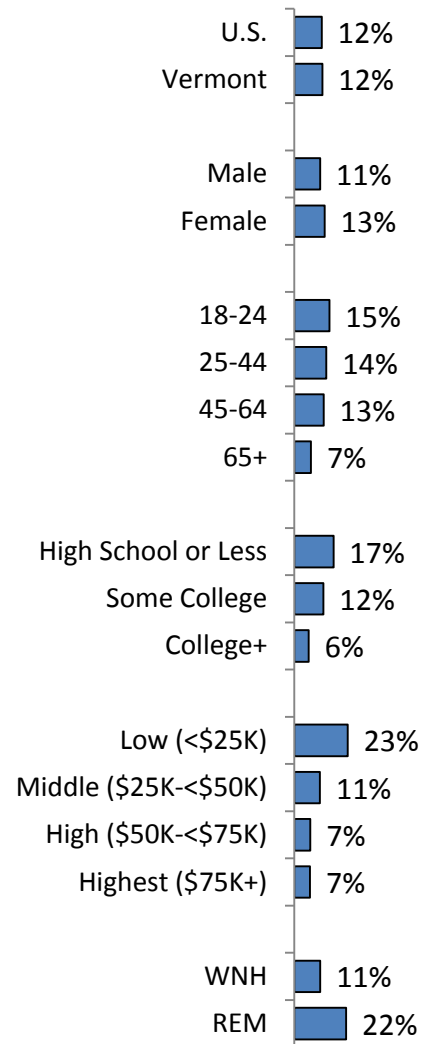
- Those with some college education or less are significantly more likely to report poor mental health versus adults with a college degree.
- Adults in homes with an annual income of less than \$25,000 are significantly more likely than those with more income to report poor mental health. Likewise, those making \$25,000-\$49,999 per year are more likely than those in homes with the highest incomes to have poor mental health.

Racial or ethnic minority adults are twice as likely as White, non-Hispanic adults to report poor mental health. This is a statistically significant difference.

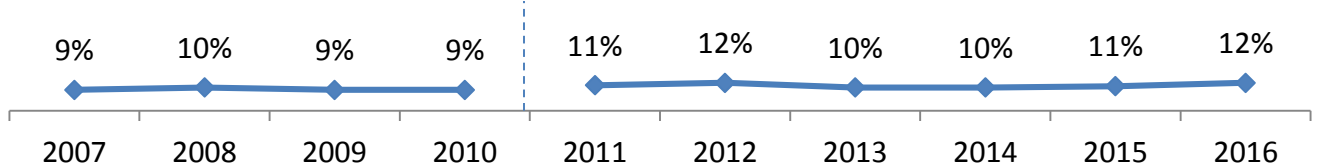
The proportion of Vermont adults with poor mental health is statistically unchanged since 2011.

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 4.9 days in the last month.

Poor* Mental Health Vermont Adults, 2016



Poor* Mental Health Vermont Adult Residents 2007-2016



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

Sleep

Six in ten (61%) Vermont adults said they get less than eight hours of sleep in a 24 hour period, on average. This is statistically lower than the 64% among U.S. adults overall.

- The average number of sleep hours reported by Vermont adults was 7.1.

Men and women report poor sleep at similar rates.

Adults 25-64 are the most likely to report an inadequate number of sleep hours.

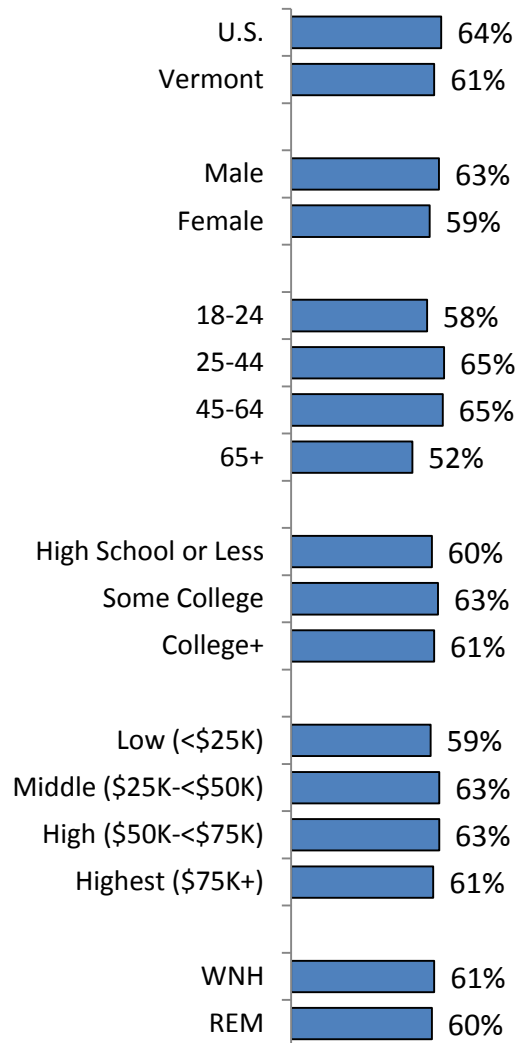
- Adults 25-64 are statistically more likely than those 65 and older to report poor sleep.

There are no differences in poor sleep by either education or annual household income level.

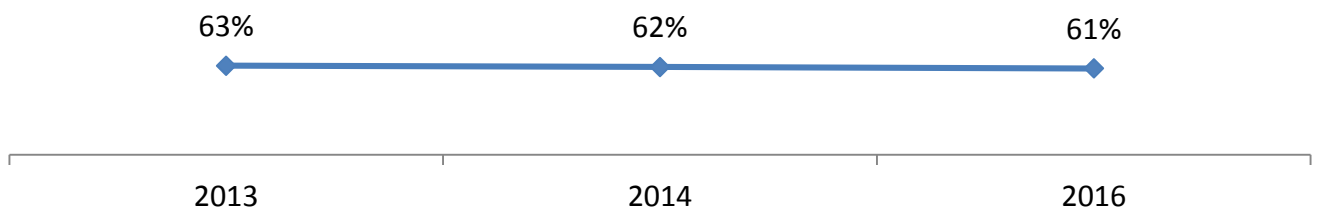
There is no difference by race and ethnicity in reported poor sleep.

The proportion reporting poor sleep has decreased from 63% in 2013 to 61% in 2016, however the difference is not statistically significant.

Poor Sleep*
Vermont Adults, 2016



Poor Sleep*
Vermont Adult Residents 2007-2016



*Poor sleep defined as less than eight hours on average in a 24 hour period.

Disability

As of 2016, the definition of disability was changed to include anyone who reports serious difficulty seeing, hearing, walking or climbing stairs, dressing or bathing, concentrating or making decisions, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone.

In 2016, more than two in ten (22%) of Vermont adults reported that they are disabled, statistically lower than the 26% 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.

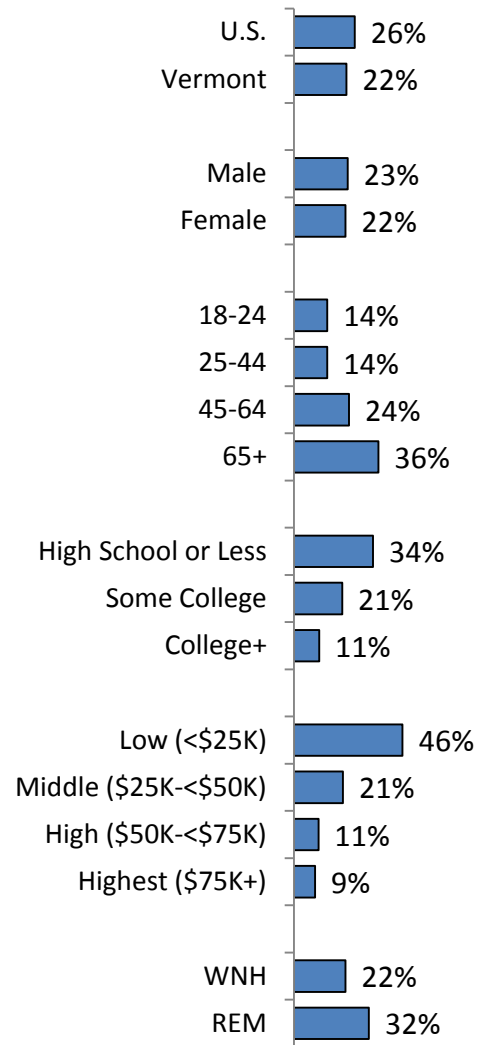
Adults with less education and lower annual household income levels are more likely to report disability than those with more education and higher incomes.

- All differences by education level are statistically significant.
- 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 more per year.

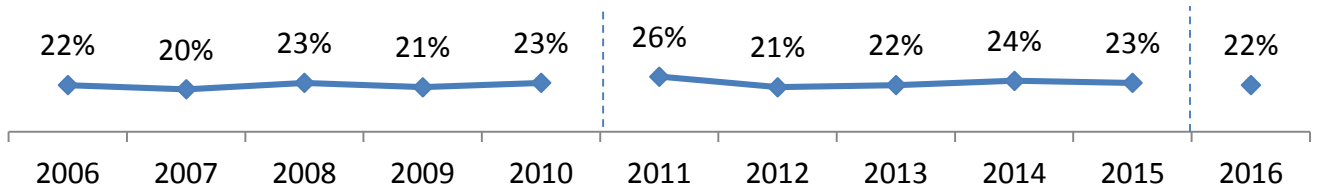
Racial or ethnic minority adults are significantly more likely than White, non Hispanic adults to report disability.

Due to changes in the questions used to define disability in 2016*, comparisons to prior years cannot be made.

Disabled Vermont Adults, 2016



Disabled Vermont Adults, 2005-2016



*Prior to 2016, disability was defined as adults with 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).

Disability

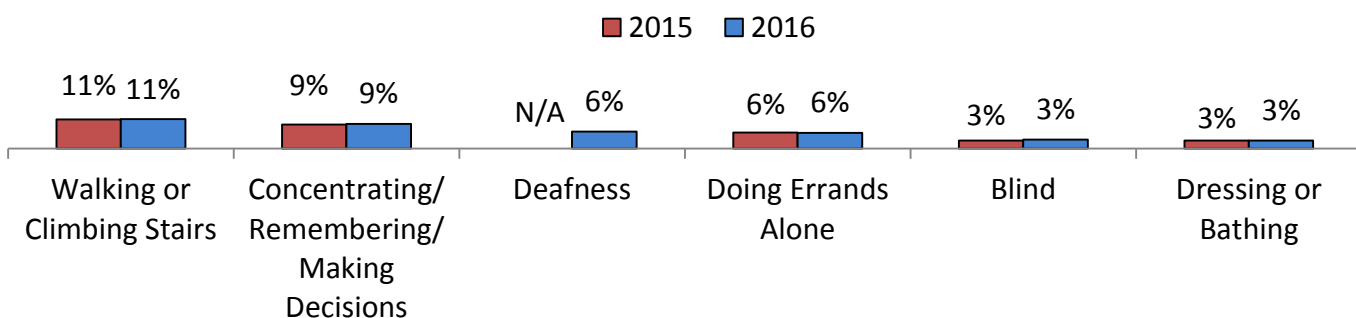
In 2016, individual questions were asked about specific disabilities or challenges adults may face related to disability.

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 serious difficulty hearing. The same proportion have difficulty doing errands alone, such as shopping or visiting a doctor. Three percent have serious difficulty seeing, even when wearing glasses, and dressing or bathing.

The proportion of Vermont adults with each type of disability is unchanged from 2015 to 2016.

Type of Disability
Vermont Adults, 2015-2016



Social and Emotional Support

Less than one in ten (8%) of Vermont adults said they rarely or never get the social and emotional support they need.

Nearly six in ten (57%) said they always get the support they need, while a quarter said they usually get it. Ten percent said they sometimes get it.

Men are significantly more likely than women to not get needed social and emotional support.

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

- Adults 65 and older are significantly more likely than those 25-64 to report rarely or never getting needed social and emotional support.

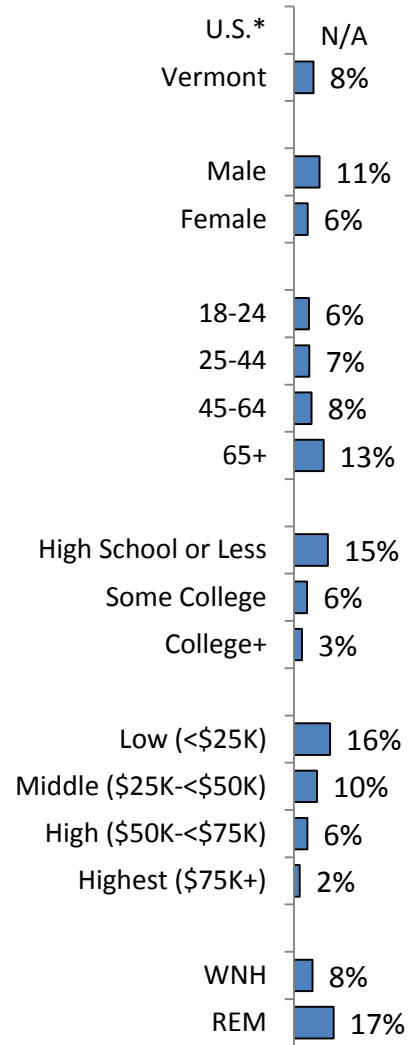
Adults with less education and lower annual household income levels are more likely to report never or rarely getting social and emotional support .

- Adults with a high school degree or less are significantly more likely to not get needed emotional and social support.
- All differences by annual household income level are statistically significant.

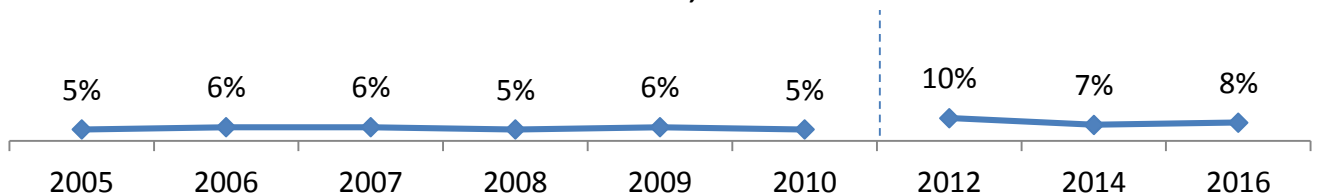
Adults of a racial or ethnic minority are significantly more likely than White, non-Hispanic adults to report not getting needed social and emotional support.

In 2016, the proportion of adults overall who rarely or never get the social and emotional support they need was statistically similar to that from 2014 (7%) and 2012 (10%).

Rarely/Never Get Social and Emotional Support Vermont Adults, 2016



Rarely/Never Get Emotional Support Vermont Adults, 2005-2016



*No national estimate available.

Falls

More than a third (35%) of Vermont adults 45 and older said they fell at least once in the last 12 months. Twenty-eight percent of U.S. adults said the same, a statistically significant difference.

The average number of falls in the last year among Vermont adults at least 45 years of age is 1.4.

Eight percent of adults 45 and older reported two falls, four percent said they'd fallen three times, and six percent fell at least four times in the last year.

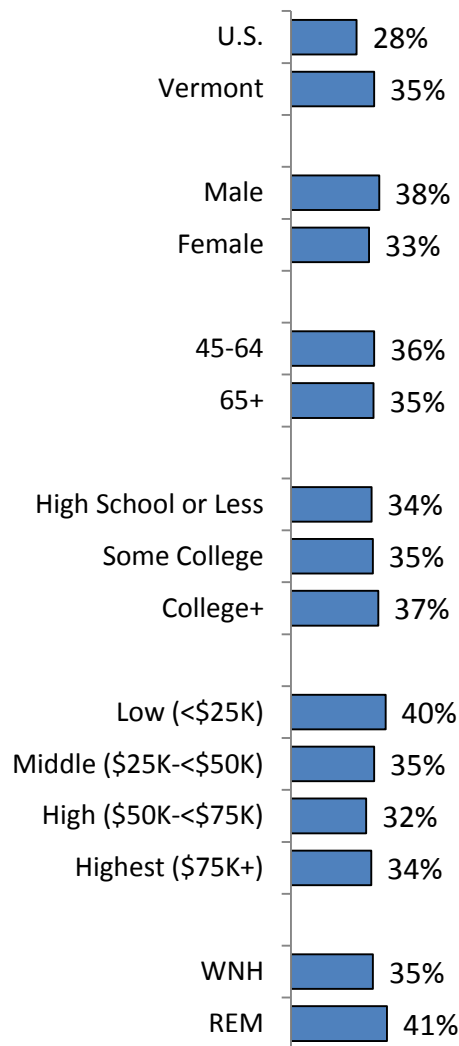
Men and women said they experienced at least one fall at similar rates.

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

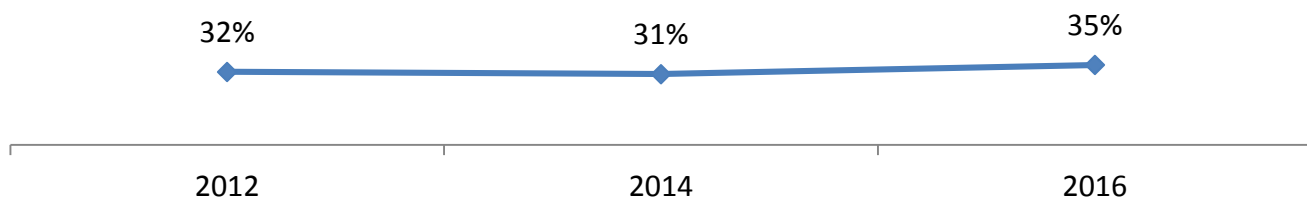
There are also no differences in the experience of falls by education level, annual household income level, or race and ethnicity.

Overall, the proportion of adults 45 and older with at least one fall in the last 12 months increased significantly from 2014 to 2016 (31% vs. 35%).

**Fell in Last 12 Months
Vermont Adults 45+, 2016**



**Fell in Last 12 Months
Vermont Adults 45+, 2012-2016**



Falls in Last Year, Resulted in Injury

In 2016, more than a third (36%) Vermont adults 45 and older who fell at least once also said a fall resulted in an injury. Thirty-nine percent of U.S. adults 45 and older said they fell and were injured, similar to 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.

More than a quarter (27%) of adults 45 and older who fell at least once, said only one fall resulted in an injury. Four percent had two injurious falls, one percent had three injurious falls, and three percent had four or more falls result in injuries.

Women are more likely than men to report falls with injuries, however this difference is not statistically significant.

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

Falls with injuries decrease with increasing education level, however, differences are not statistically significant.

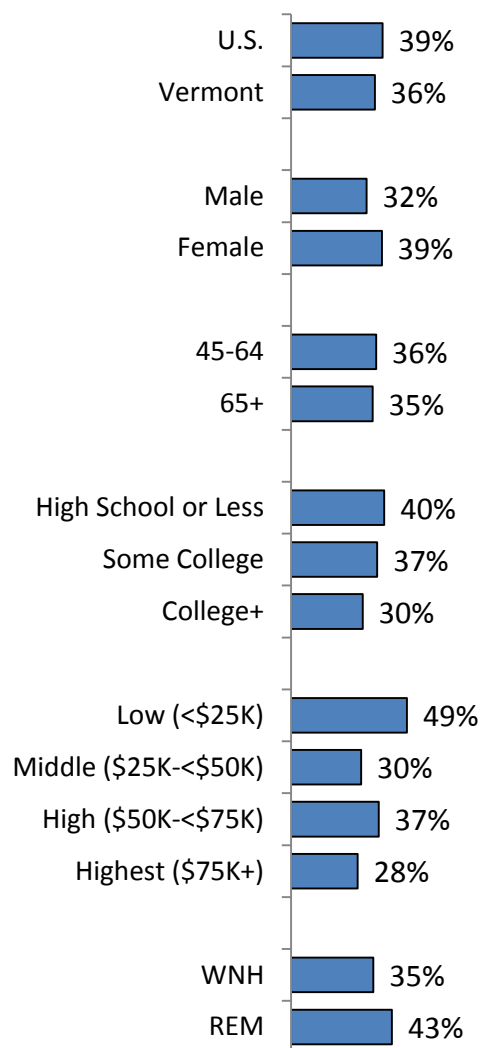
Adults in homes with low incomes are most likely to report a fall with an injury during the last 12 months.

- Adults in homes making less than \$25,000 per year are significantly more likely than those with middle incomes and incomes of \$75,000 or more annually to have a fall with an injury.

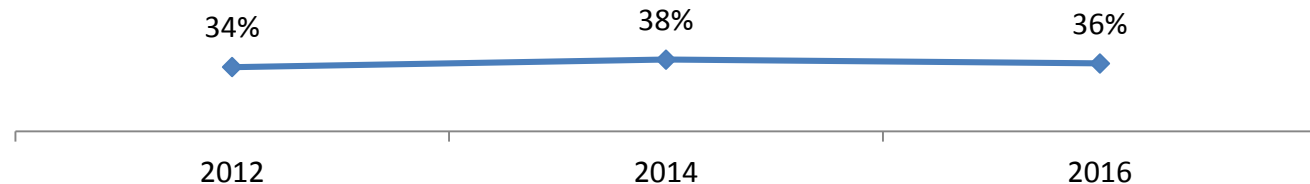
There is no difference in injurious falls by race.

The proportion of Vermont adults 45 and older that fell in the last year and were injured is statistically similar since 2012 (34% in 2012 vs. 36% in 2016).

**Fall Resulting in Injury
Vermont Adults 45+, 2016**



**Fall Resulting in Injury, Last 12 Months
Vermont Adults 45+, 2012-2016**



Chronic Conditions

Arthritis

In 2016, almost three in ten (28%) 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.

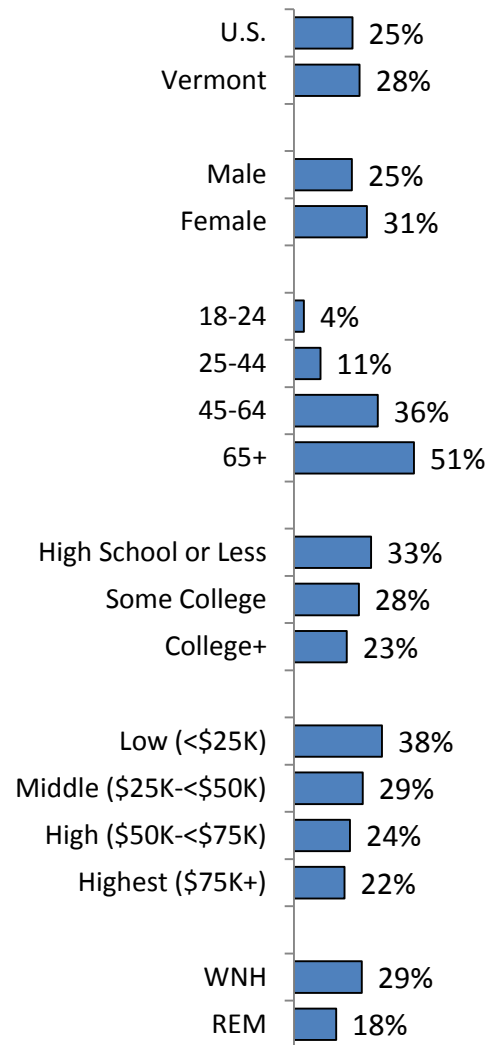
Prevalence of arthritis decreases with increasing education level and annual household income level.

- Adults with some college education or less are significantly more likely to have arthritis than those with a college degree.
- Adults in homes with low incomes, are significantly more likely than those with more income to report having arthritis.
- Likewise, those in homes with middle incomes are significantly more likely than those with the highest incomes to have arthritis.

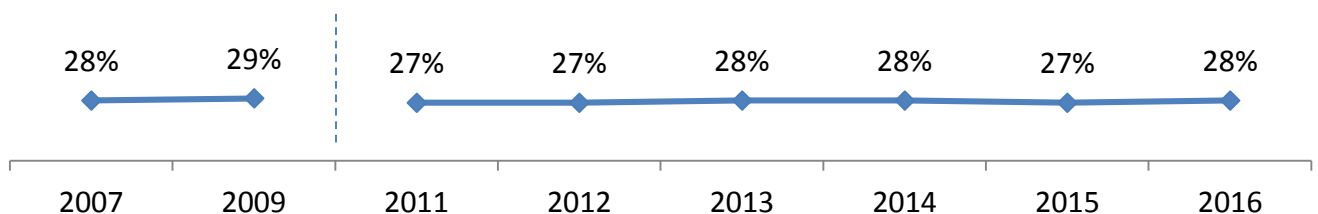
White, non-Hispanic adults are significantly more likely than those of a racial or ethnic minority to have arthritis.

The prevalence of arthritis has remained similar since 2011.

**Adults with Arthritis
Vermont Adults, 2016**



**Adults Diagnosed with Arthritis
Vermont Adult Residents 2007-2016**



Asthma

One sixth (16%) of Vermont adults said they had ever been diagnosed with asthma, while 10% 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.

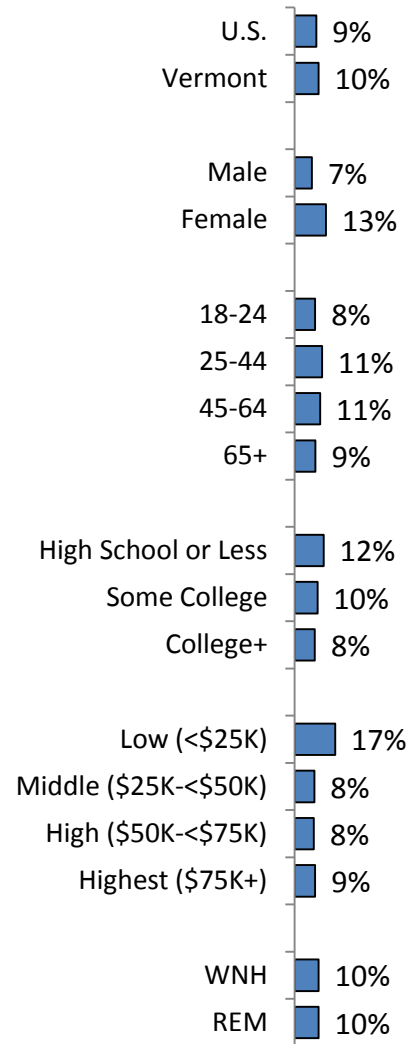
Those with less education and lower annual household incomes are more likely to have asthma.

- 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.

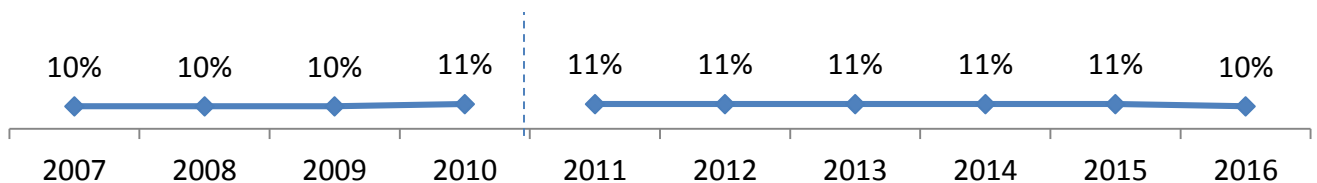
There is no difference in the prevalence of asthma by race.

The prevalence of asthma in Vermont is statistically unchanged since 2011.

**Adults with Current Asthma
Vermont Adults, 2016**



**Adults with Current Asthma
Vermont Adult Residents 2007-2016**



Cancer Diagnosis – Non-Skin Cancer

In 2016, eight percent of Vermont adults had ever been diagnosed with cancer, statistically higher than the seven percent 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 except that between adults 18-24 and those 25-64.

Ever having cancer is lowest among those with a college degree or higher.

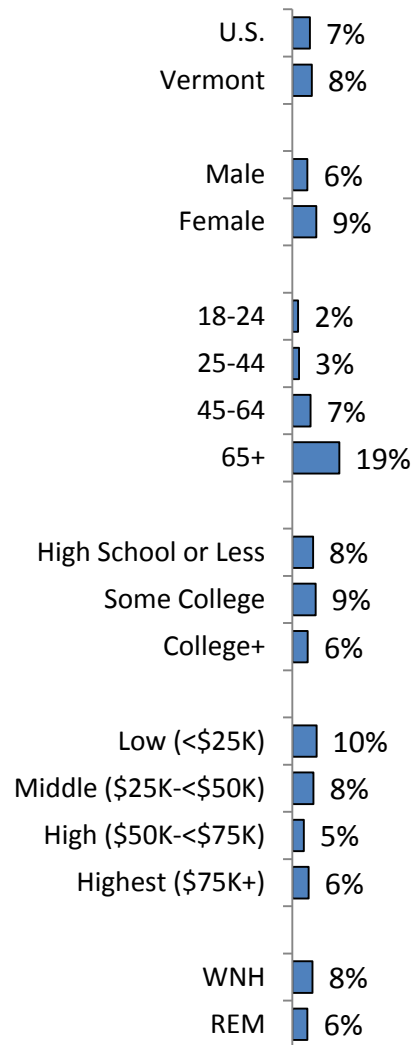
- Adults with a college degree or higher are significantly less likely than those with some college education to report ever being diagnosed with cancer.

Adults in low and middle income homes are significantly more likely than those with high (\$50,000-\$74,999) incomes to report having cancer.

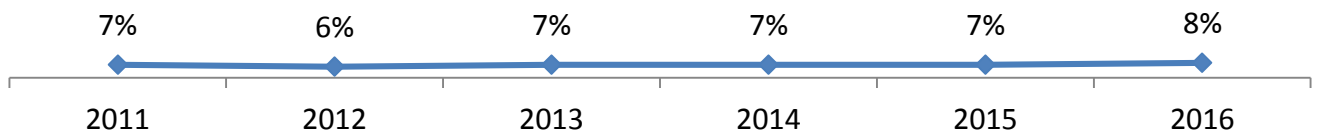
There is no difference in the prevalence of cancer by race.

The prevalence of cancer has not changed statistically since 2011.

**Adults Diagnosed with Cancer
Vermont Adults, 2016**



**Adults with Cancer
Vermont Adult Residents 2011-2016**



Skin Cancer

In 2016, seven percent of Vermont adults reported they had ever been diagnosed with skin cancer, similar to the 6% 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.

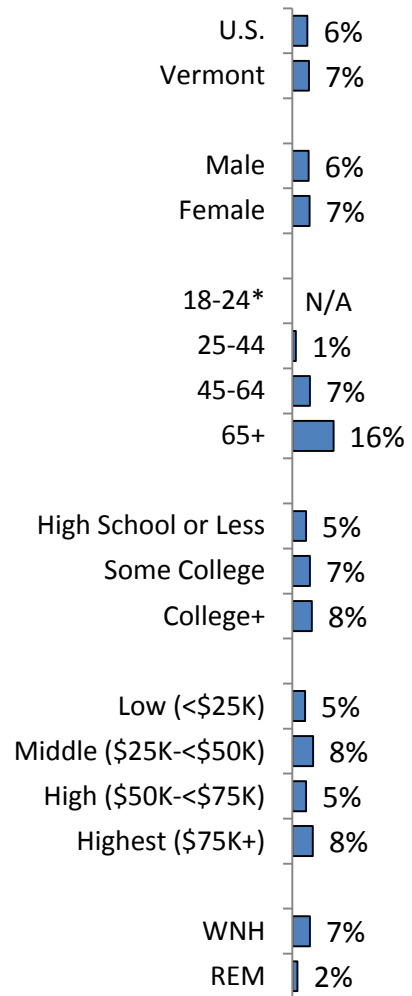
- Adults with a college degree or higher are significantly more likely than those with a high school degree or less to have ever been diagnosed with skin cancer.

Ever having skin cancer is significantly higher among those in homes making \$25,000-\$49,999 and \$75,000 or more per year, compared with those in homes with an income of less than \$25,000 annually.

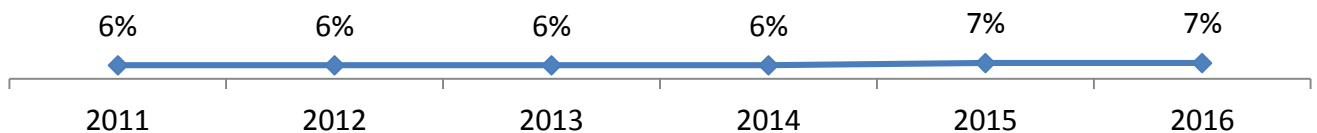
White, non-Hispanic adults are significantly more likely than those of a racial or ethnic minority to report skin cancer.

The prevalence of skin cancer is statistically unchanged since 2011.

Adults Diagnosed with Skin Cancer Vermont Adults, 2016



Adults with Skin Cancer Vermont Adult Residents 2011-2016



*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.

- Four percent had coronary heart disease, 4% had a myocardial infarction, and 3% reported having a stroke.
- This is statistically similar to the 9% among U.S. adults overall.

Significantly more males have CVD, compared to females.

CVD prevalence increases as Vermonters age.

- All differences by age are statistically significant.

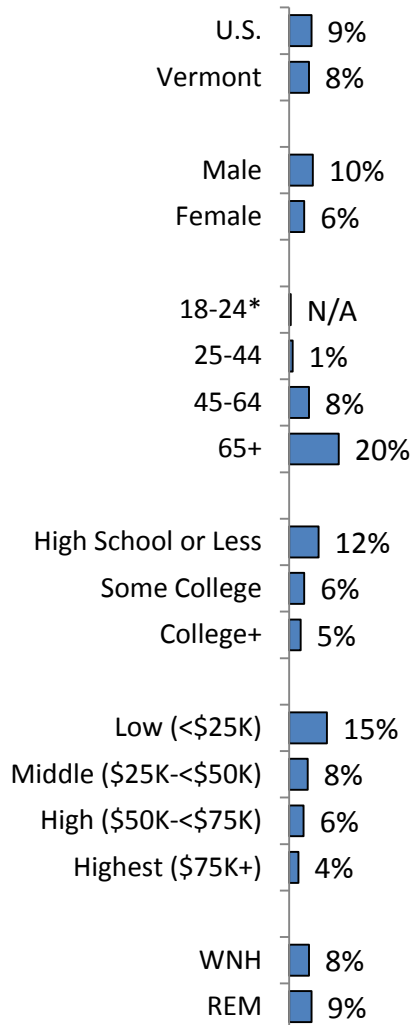
Adults with less education and lower annual household income levels are more likely to have CVD.

- Adults with a high school degree or less are significantly more likely than those with more education to report having CVD.
- Adults in homes with low incomes are two to four times as likely as those with more income to have CVD. These differences are statistically significant.
- Additionally, adults in homes with middle incomes are significantly more likely than those with the highest incomes to have CVD.

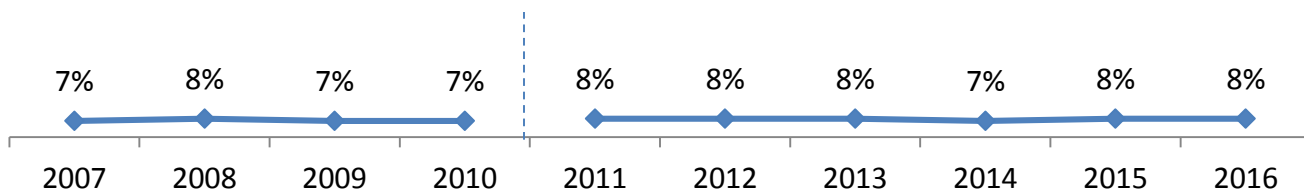
There is no difference in cardiovascular disease prevalence by race.

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

**Adults with CVD
Vermont Adults, 2016**



**Adults with Cardiovascular Disease
Vermont Adult Residents 2007-2016**



*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 2016. This is the same as the U.S. rate.

Men and women report having COPD at a similar rate.

The prevalence of COPD increases as Vermonters age.

- Adults 45 and older are significantly more likely than younger adults to report having COPD.

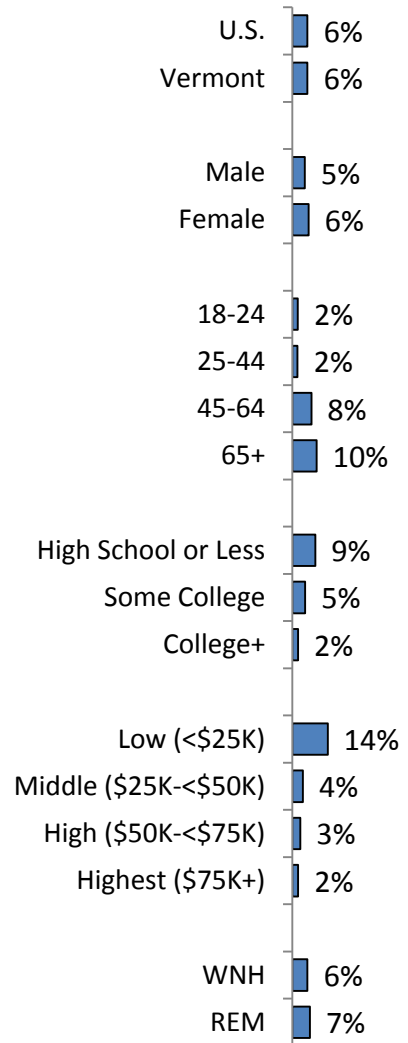
Adults with less education and lower annual household incomes are more likely to have COPD.

- All differences by education level are statistically significant.
- COPD prevalence among adults in homes with low incomes are at least three times that of those in homes with more income, a statistically significant difference.

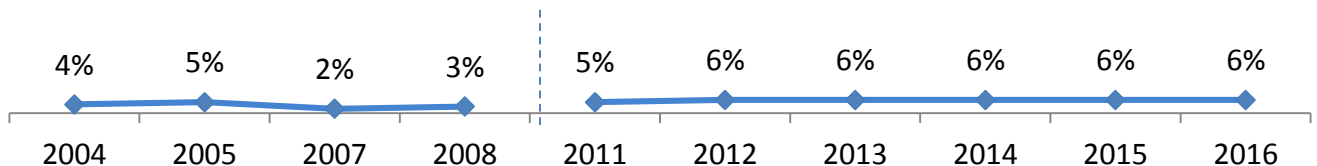
There is no difference in the prevalence of COPD by race.

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

**Adults with COPD
Vermont Adults, 2016**



**Adults with COPD
Vermont Adult Residents 2004-2016**



Cognitive Decline

One in ten Vermont adults ages 45 and older report they experienced worsening confusion or memory loss in the last year.

Men and women report experiencing cognitive decline during the last year at a similar rate.

Adults 45-64 and 65 and older are as likely to report experiencing worsening confusion or memory loss.

Adults with less education and lower annual household incomes are more likely to report cognitive decline.

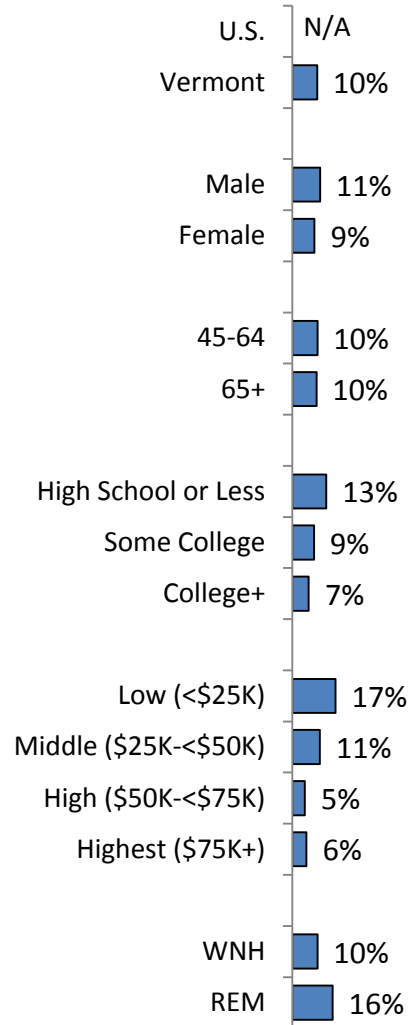
- Adults with a high school degree or less are significantly more likely than those with more education to report worsening confusion or memory loss.
- Adults in homes with low and middle incomes are significantly more likely than those with higher incomes to report cognitive decline in the last year.

While the proportion of racial or ethnic minority adults reporting cognitive decline is higher than that among White, non-Hispanic adults, the difference is not statistically significant.

The proportion of adults 45 and older with worsening confusion or memory loss in the last year was the same in 2016 and 2013 (10%).

Of adults 45 and older who reported cognitive decline, nearly half (46%) said they or someone else has discussed their memory loss with a health care professional.

Adults with Worsening Confusion/Memory Loss Vermont Adults, 2016



Cognitive Decline

Adults 45 and older who reported cognitive decline, or worsening confusion or memory loss in the last year were asked about the impact of their worsening confusion or memory loss on their participation in day-to-day household activities.

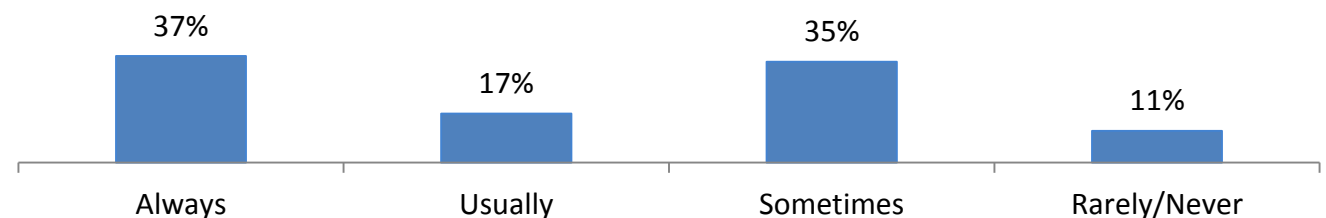
Half (52%) of adults 45 and older with cognitive decline said that it never impedes their ability to engage in activities such as work, volunteering, or other activities. More than a third said their worsening memory rarely (16%) or sometimes (20%) limits their ability to engage in activities, while one in ten (12%) said it usually or always limits their participation.

More than a third (37%) of adults with cognitive decline report that in the last year they've had to give up some day-to-day household activities at least some of the time because of their worsening confusion or memory loss. Example activities include cooking, cleaning, taking medications, driving, or paying bills.

A similar proportion (31%) said they have needed assistance with household activities in the last year at least some of the time because of their worsening confusion or memory loss.

Of those adults needing assistance, nearly four in ten (37%) said they always are able to get the help they need. An additional 17% said they usually can and 35% sometimes are able to get the help they need. One in ten (11%) said they rarely or never are able to get needed help.

**Able to Get Needed Help Day-to-Day Household Activities
Vermont Adult Residents 45 and Older with Worsening Confusion/Memory Loss,
2016**



Depressive Disorder

More than one in five (22%) Vermont adults reported 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 are significantly more likely to report depressive disorders as compared to men.

Adults 65 and older are significantly less likely than younger adults to report they have been diagnosed with a depressive disorder.

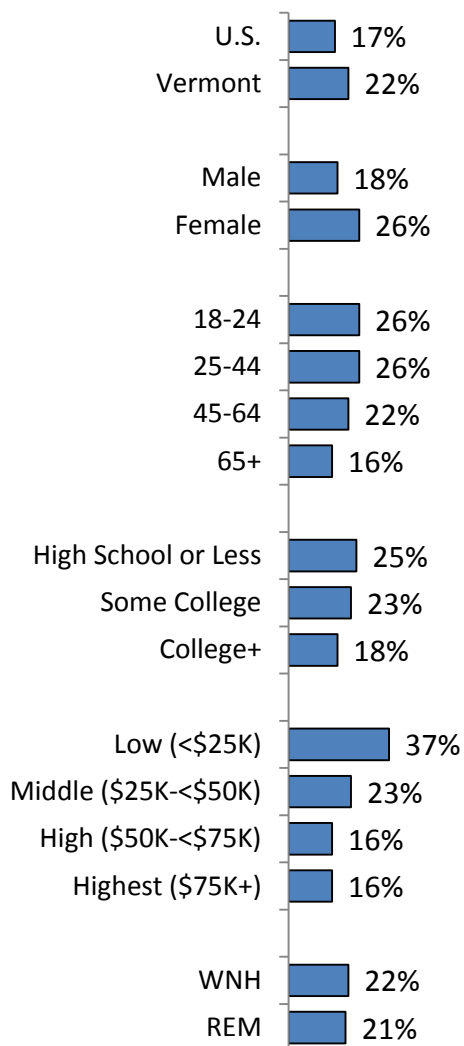
Adults with less education and lower annual household incomes report higher rates of depressive disorders.

- 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.

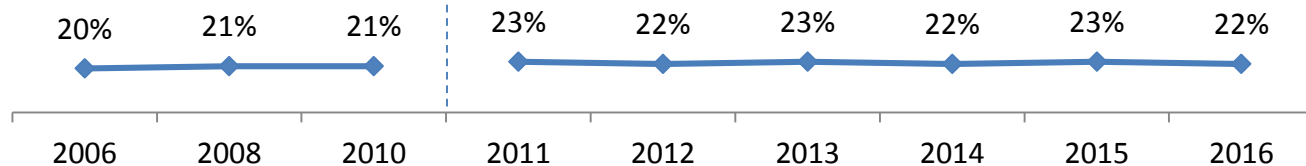
There is no difference in the prevalence of depressive disorders by race.

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

**Adults with a Depressive Disorder
Vermont Adults, 2016**



**Adults with a Depressive Disorder
Vermont Adult Residents 2006-2016**



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 age.

- All differences by age are statistically significant.

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

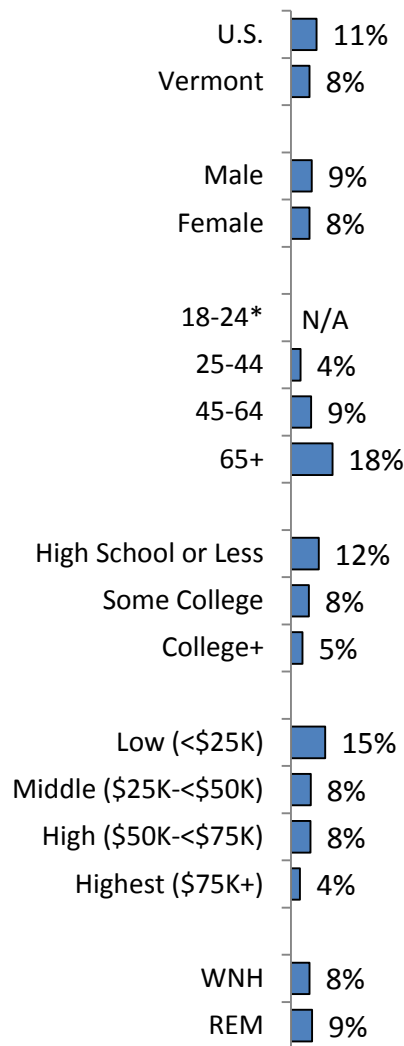
- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant except that between those with an income of \$25,000 - \$49,999 and \$50,000 - \$74,999 per year..

White non-Hispanic adults and those of a racial or ethnic minority are as likely to report diabetes.

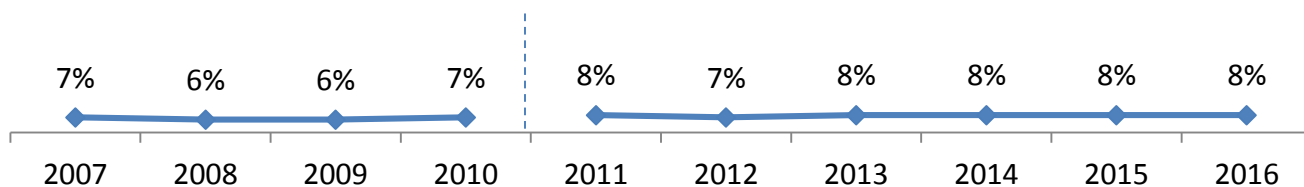
Diabetes prevalence is unchanged since 2011.

Among those with diabetes, the average age of diagnosis is 47.7 years.

Adults with Diabetes Vermont Adults, 2016



Adults with Diabetes Vermont Adult Residents 2007-2016



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

Kidney Disease

Three percent of Vermont adults reported having kidney disease in 2016, 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.

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

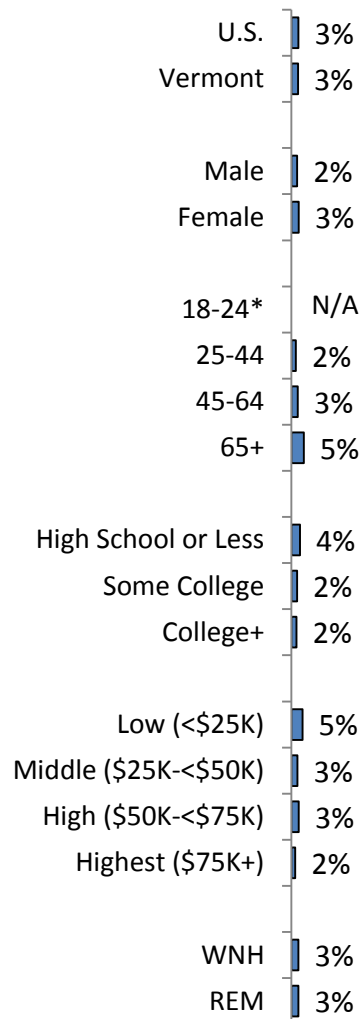
Adults in homes with low annual incomes have a significantly higher kidney disease prevalence than those with incomes of at least \$75,000 per year.

White non-Hispanic adults and those of a racial or ethnic minority report the same rate of chronic kidney disease.

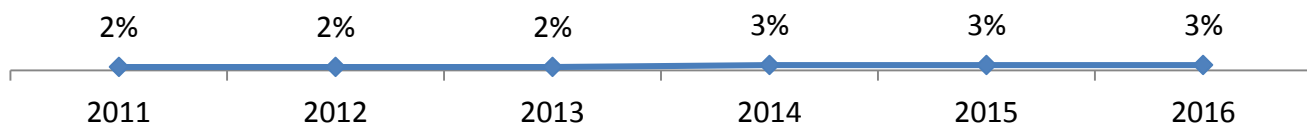
The prevalence of kidney disease is statistically unchanged since 2011.

Kidney disease is a concern for those with diabetes. In 2016, 11% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes, a statistically significant difference.

Adults with Chronic Kidney Disease Vermont Adults, 2016



Diagnosed with Chronic Kidney Disease Vermont Adults 2011-2016



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

Obesity & Overweight*

In 2016, more than a quarter (28%) of Vermont adults (20 and older) reported being obese, while an additional 34% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (30%), while the rate of overweight is similar (34% vs. 36% U.S.).

Men and women report obesity at similar rates.

Rates of obesity do not differ significantly by age.

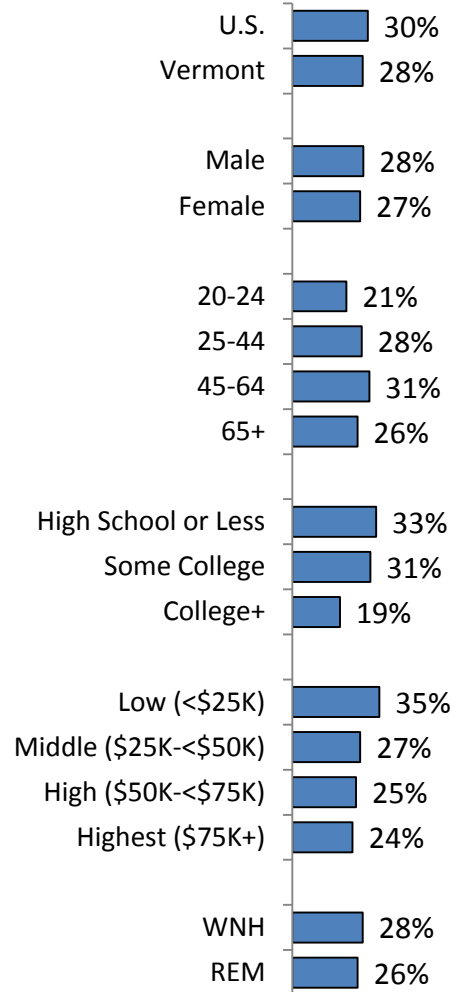
Adults with less education and lower annual household income levels are more likely to be obese.

- Adults with some college education or less are significantly more likely than those with a college degree or higher to be obese.
- Adults in homes with incomes less than \$25,000 are significantly more likely to be obese than those where the annual household income is \$50,000 or more.

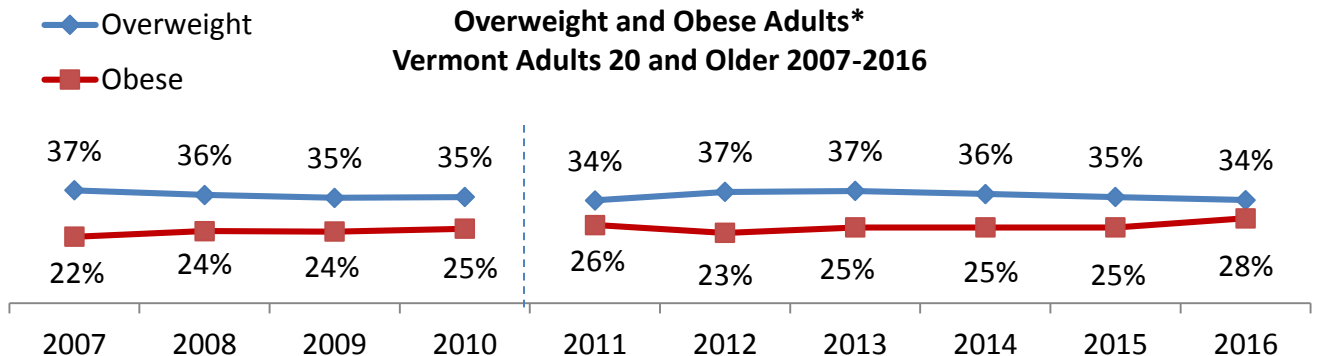
There is no difference in the prevalence of obesity by race.

Among adults 20 and older in Vermont, the rate of obesity increased in 2016, however differences since both 2011 and 2015 are not statistically significant. The prevalence of overweight remains statistically unchanged since 2011.

Obese Adults*
Vermont Adults 20 and Older, 2016



Overweight and Obese Adults*
Vermont Adults 20 and Older 2007-2016



*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.]

Risk Factor Indicators

Alcohol Consumption – Any in Last Month

Nearly two-thirds (64%) of Vermont adults said they drank alcohol during the last 30 days, in 2016. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (64% 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 higher among those 25-44 compared to those 18-24 and among those 25-64 compared with those 65 and older.

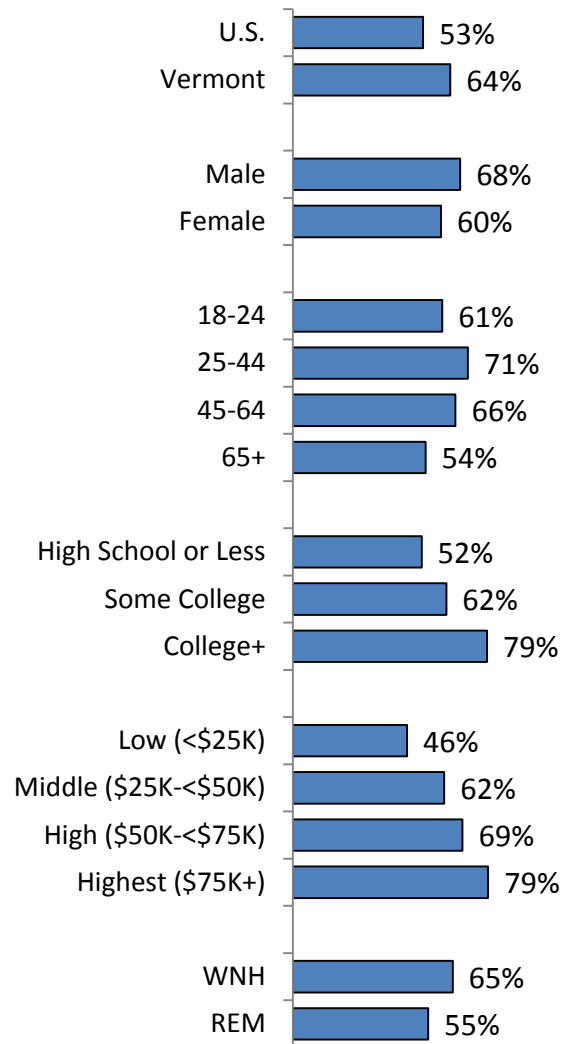
Adults with more education and higher annual household income levels are more likely to report drinking alcohol than those with less education and lower income.

- All differences by education level 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 those making \$50,000-\$74,999.

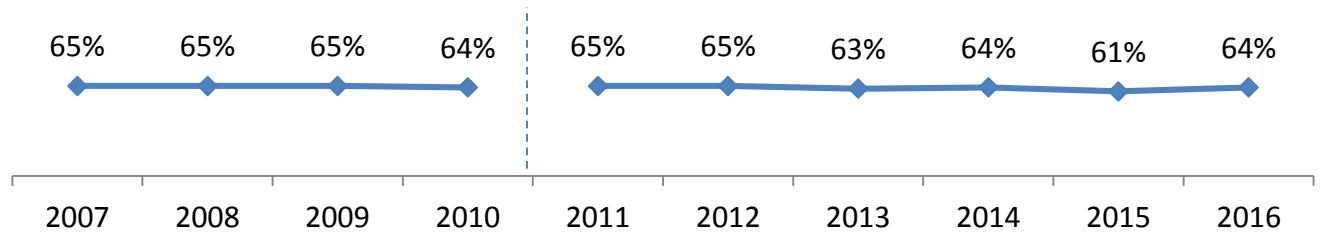
White, non-Hispanic adults are significantly more likely than members of a racial or ethnic minority to report drinking alcohol.

After decreasing in 2015, the proportion of Vermont adults drinking alcohol increased in 2016. Returning it to a similar level as reported in 2011-2014 (65% in 2011 vs. 64% in 2014 and 2016).

**Any Alcohol Consumption
Vermont Adults, 2016**



**Any Alcohol Consumption
Vermont Adult Residents 2007-2016**



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 2016, nearly two in ten (18%) Vermont adults said they binge drank in the last month, similar to the 17% among U.S. adults.

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

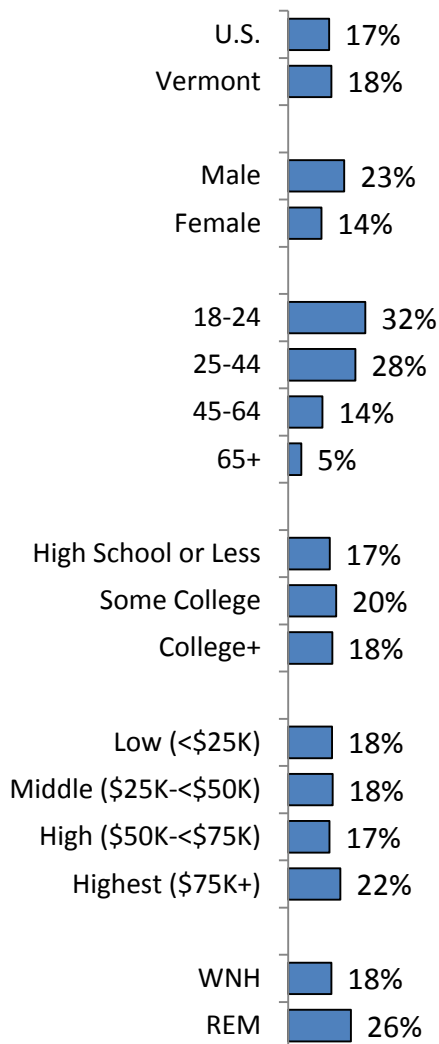
Binge drinking decreases as Vermonters get older.

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

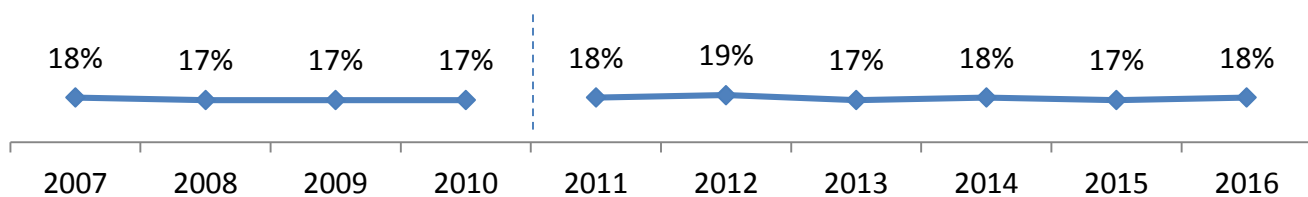
There are no differences in binge drinking by education level, annual household income level, or race.

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

**Binge Drank
Vermont Adults, 2016**



**Binge Drinking
Vermont Adult Residents 2007-2016**



Heavy Drinking

In 2016, 9% 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.

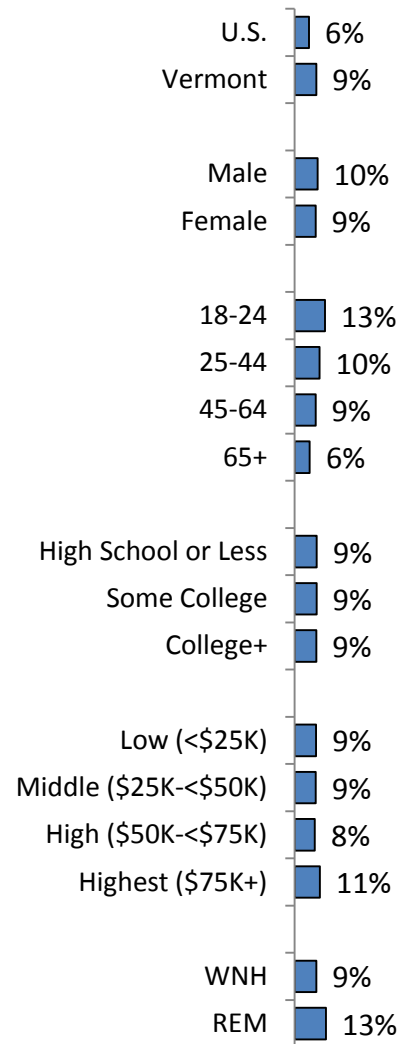
Heavy drinking is highest among adults 18-24 and decreases as Vermont adults age.

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

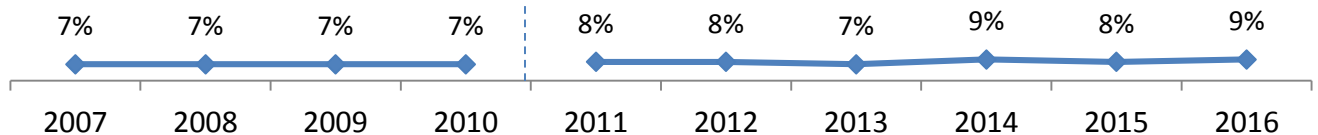
There are no statistical differences in heavy drinking by education level, annual household income level, or race.

Heavy drinking rates among Vermont adults remains statistically similar since 2011.

Heavy Drinking Vermont Adults, 2016



Heavy Drinking Vermont Adults, 2007-2016



Drunk Driving

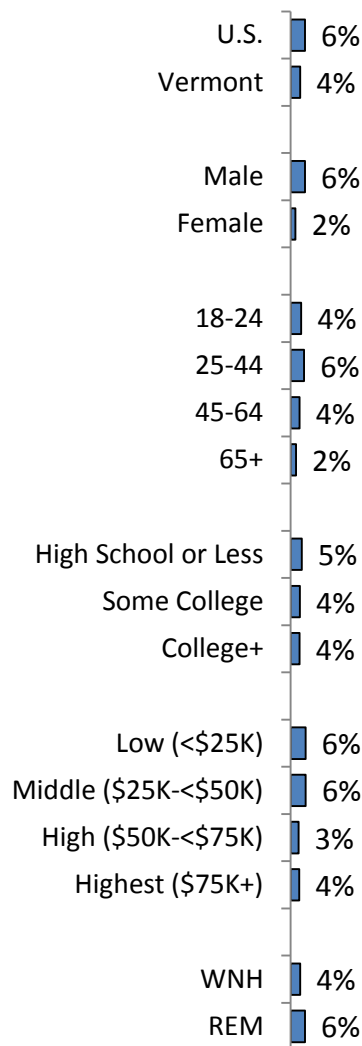
In 2016, among Vermont adults who had any alcohol in the last month, fewer than one in twenty (4%) reported driving after having too much to drink at least once in the last month. This is significantly lower than that reported among U.S. adults overall (4% vs. 6%).

Men are three times as likely as women to say they recently drank and drove, a statistically significant difference.

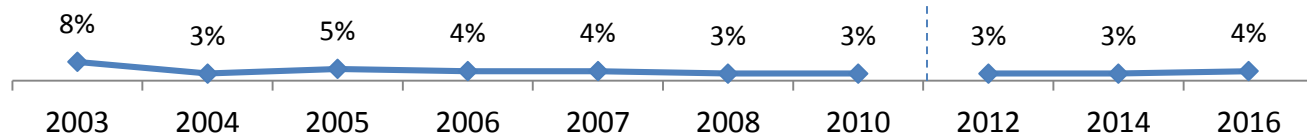
There are no statistically significant differences in reported driving after drinking too much by age, education level, annual household income level, or race.

Overall, reported drinking and driving is statistically similar from 2012 to 2016.

**Drank and Drove
Vermont Adults, 2016**



**Drank and Drove
Vermont Adults, 2003-2010, even years 2012-2016**



HIV – Transmission Risk

In 2016, respondents were asked about their participation in four high risk behaviors for HIV transmission.

- These included any of the following behaviors, during the last year: intravenous drug use, treatment 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 whether they did any of them.

Seven percent of adults said they participated in a high risk behavior during the last year, similar to the six percent among U.S. adults overall.

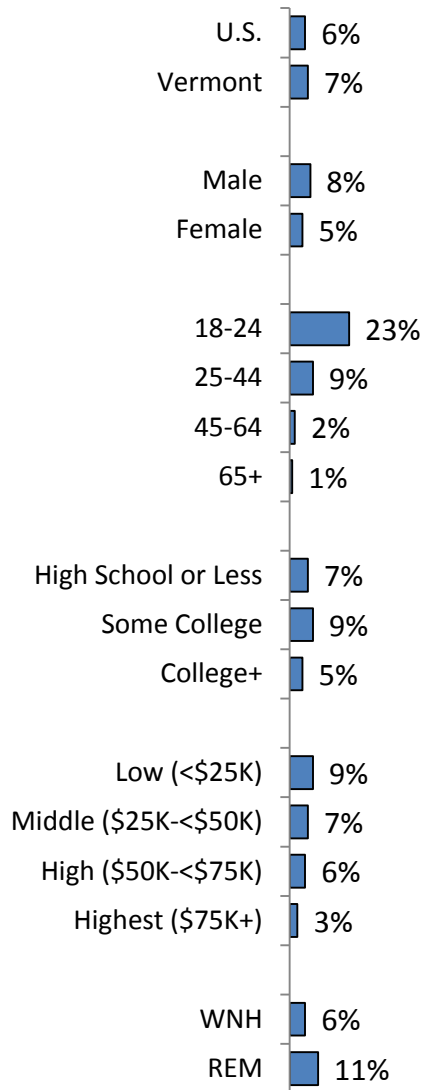
Men and women took part in high risk HIV transmission behaviors at a similar rate.

All differences by age in the participation in high risk behaviors related to HIV transmission are statistically significant except that between adults 45-64 and 65 and older.

There are no differences by education level. However, adults in homes with the highest incomes are significantly less likely to participate in these behaviors than those with low incomes. There is no difference in participation in high risk HIV transmission behaviors by race.

The proportion of adults who reported participating in a high risk HIV transmission behavior increased significantly from 2012 to 2016 (3% vs. 7%).

High Risk HIV Transmission Behaviors in Last Year Vermont Adults, 2016



High Risk HIV Transmission Behavior Vermont Adults, 2008-2016



Marijuana Use

More than one in ten (12%) 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 except that between adults 18-24 and 25-44.

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

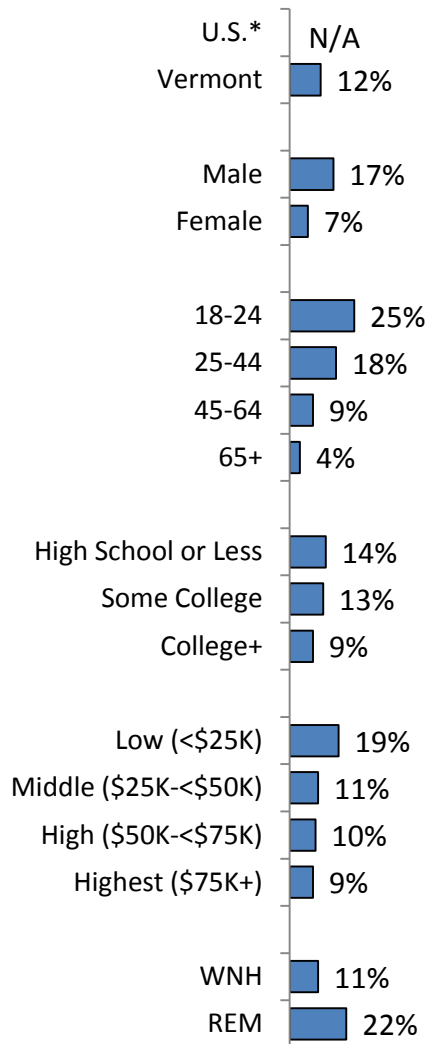
- Adults with a college degree or higher are significantly less likely to report current marijuana use than those with some college education or less.
- Adults in the homes with incomes of at least \$25,000 annually are significantly less likely to report current marijuana use than those in low income homes.

White, non-Hispanic adults are significantly less likely than adults who are a racial or ethnic minority to use marijuana.

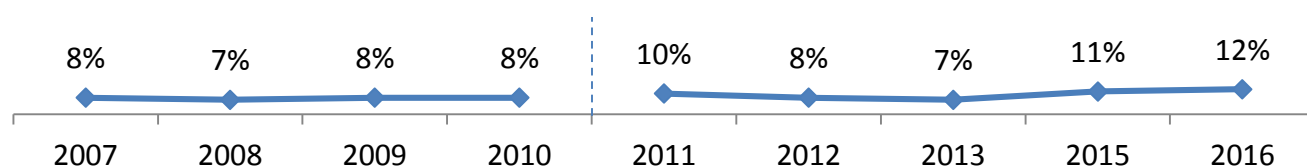
The rate of current marijuana use in 2016 is statistically similar to 2015 (11% vs. 12%), but is significantly higher than 2011 (10% vs. 12%).

Three in ten (31%) current marijuana users said they also drove within three hours of using it at least once in the last month.

Current Use of Marijuana Vermont Adults, 2016



Current Marijuana Use Vermont Adult Residents 2007-2016



*No national estimate available.

No Leisure Time Physical Activity

Eighteen percent of Vermont adults said they did **not** participate in any leisure time physical activity during the previous month, significantly lower than the 24% 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 45-64 are significantly more likely than younger adults to not participate in leisure time physical activity.

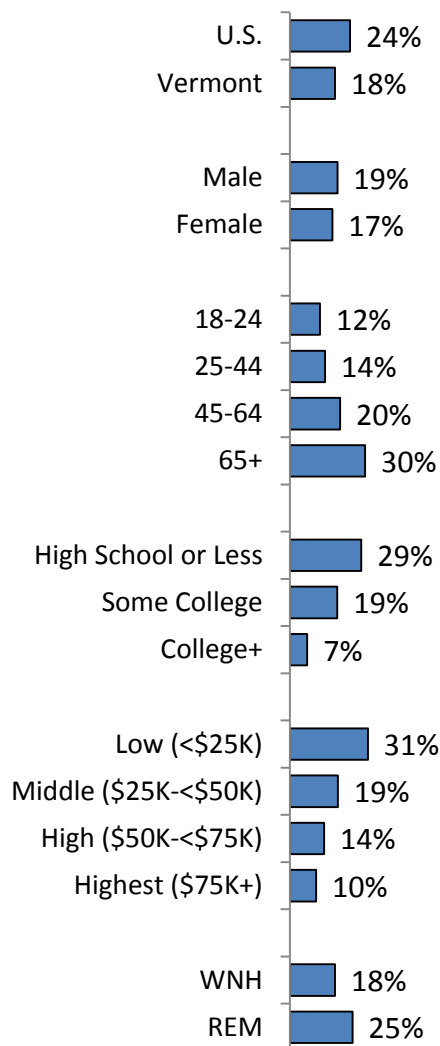
All differences by education are statistically significant.

Adults in homes with low incomes are significantly more likely to not participate in leisure time physical activity compared with those with more income. Adults in middle income homes are also more likely than those with the highest incomes to not participate in physical activity.

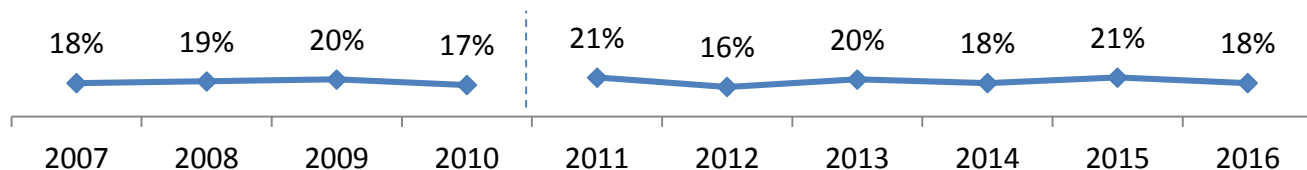
Racial or ethnic minority adults are significantly more likely than White, non-Hispanic adults to not participate in leisure time physical activity.

The proportion of adults with no leisure time physical activity decreased significantly from 2015 to 2016 (21% vs. 18%), but remains similar to 2011.

**No Leisure Physical Activity*
Vermont Adults, 2016**



**No Leisure Time Physical Activity*
Vermont Adults, 2007-2016**



*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.]

Seatbelt Use

About one in twenty (4%) Vermont adults said, in 2016, 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.

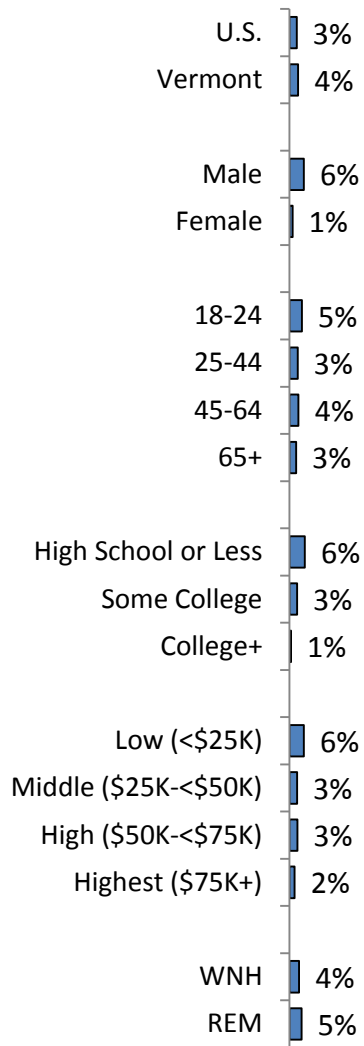
Adults with less education and lower annual household incomes are more likely to seldom or never wear a seatbelt than those with more education and higher incomes.

- All differences by education level are statistically significant.
- Those in homes with low incomes are significantly more likely than those with the highest incomes to not use a seatbelt.

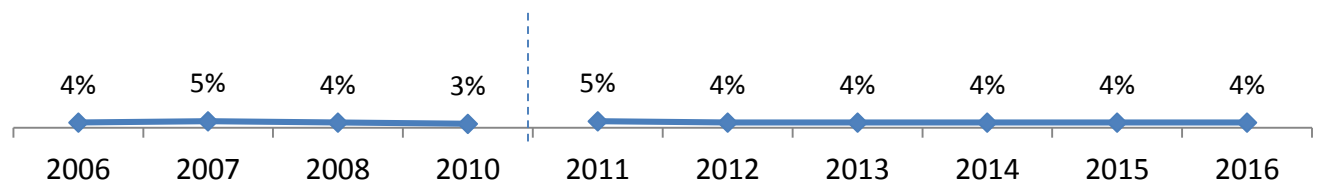
There is no difference in non-use of seatbelts by race.

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

Seldom/Never Wear Seatbelt Vermont Adults, 2016



Seldom/Never Wear Seat Belt Vermont Adult Residents 2006-2016



Tobacco Use – Smokeless Tobacco

Three percent of Vermont adults said they use smokeless tobacco products in 2016. This is similar to the proportion reported by U.S. adults overall (4%).

- 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.

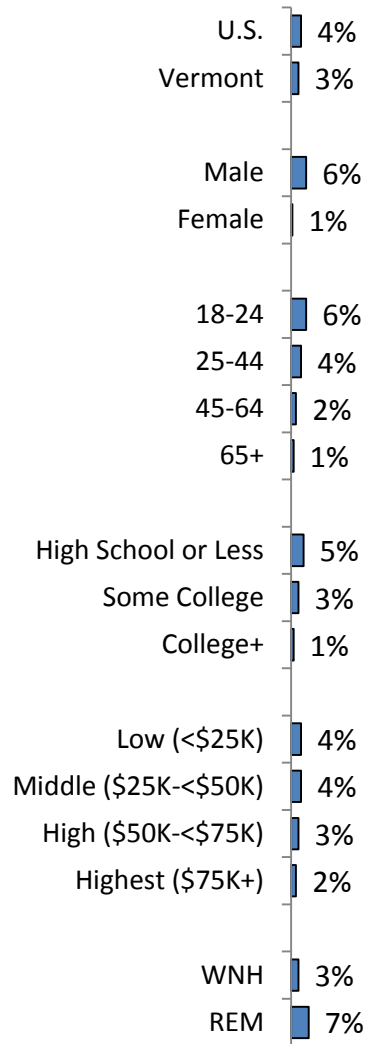
Smokeless tobacco use is also lower among those with more education.

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

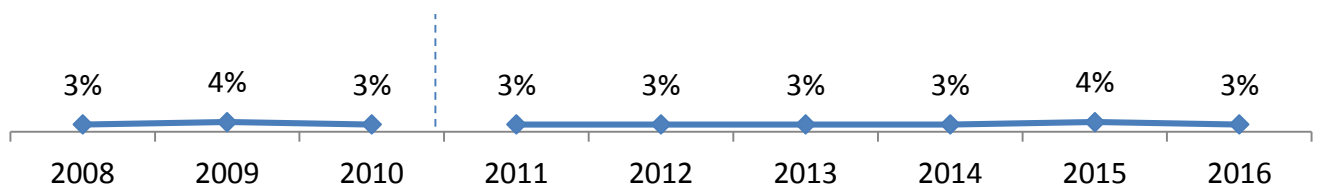
There are no statistically significant differences in the use of smokeless tobacco by annual household income level or race.

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

Smokeless Tobacco Use Vermont Adults, 2016



Smokeless Tobacco Use Vermont Adult Residents 2008-2016



Tobacco Use – Cigarette Smoking*

In 2016, less than two in ten (18%) Vermont adults reported being cigarette smokers. This is similar to the proportion reported by U.S. adults overall.

Men are significantly more likely than women to report cigarette smoking.

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

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

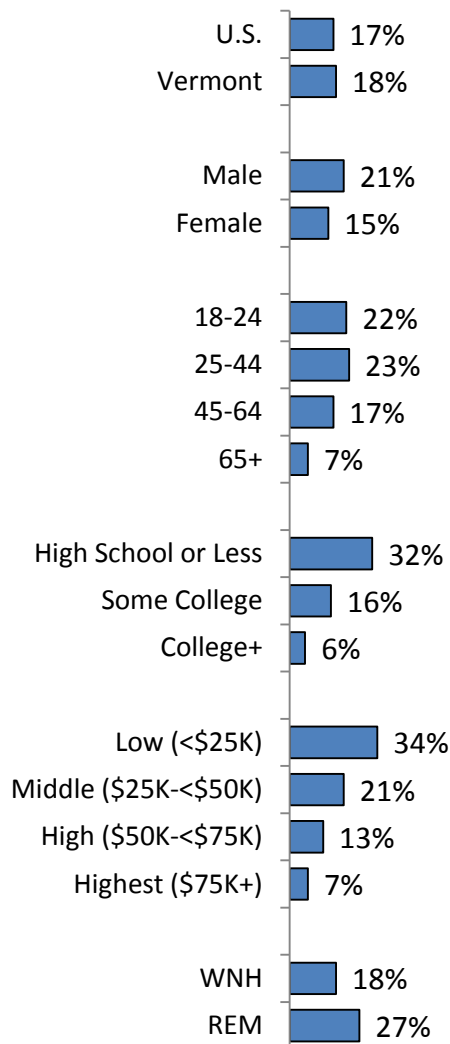
Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

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

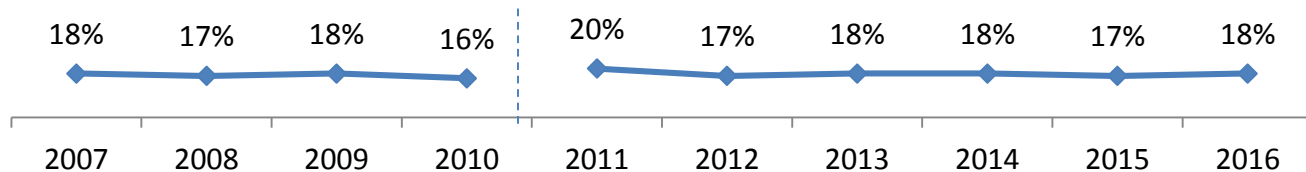
Racial or ethnic minority adults are significantly more likely than White, non-Hispanic adults to smoke cigarettes.

The smoking rate among Vermont adults in 2016 was statistically similar to 2014 (17%) and 2011 (20%).

**Current Smoking*
Vermont Adults, 2016**



**Current Smoking*
Vermont Adult Residents 2007-2016**



*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*

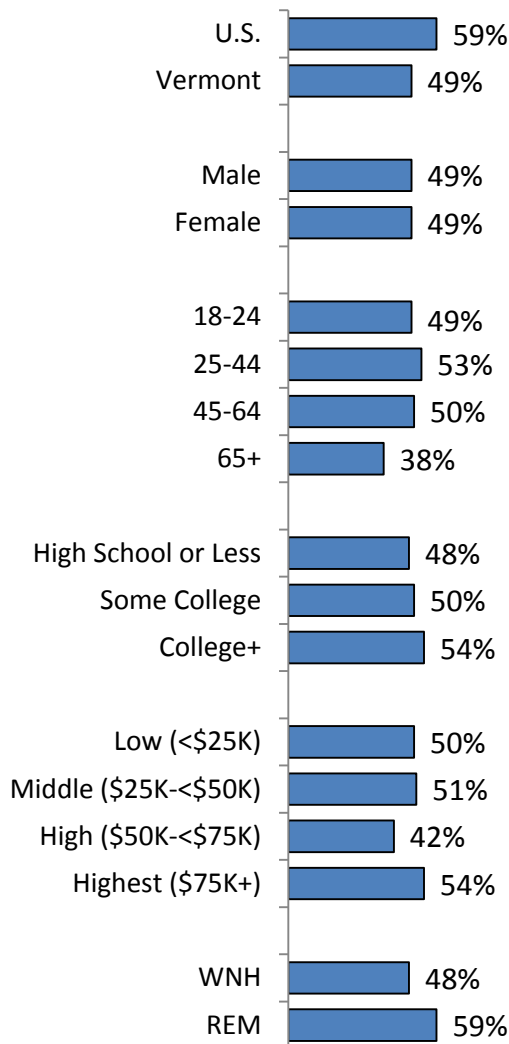
Forty-nine percent of Vermont adult smokers made an attempt to quit smoking in the last year. This is statistically lower than the 59% seen among all U.S. adult smokers.

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

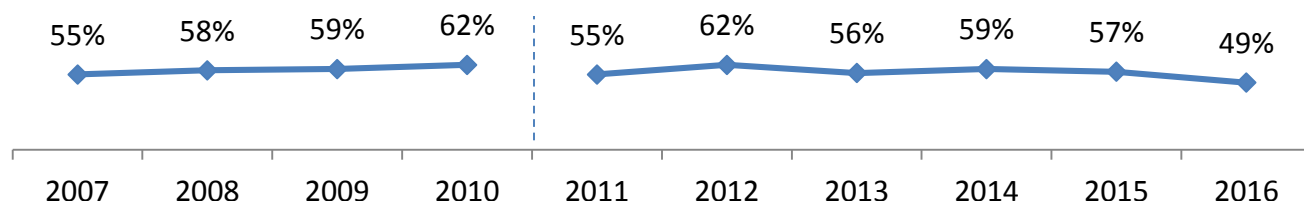
There are no statistically significant differences in quit attempts by age, education level, annual household income level, or race.

The proportion of smokers who made a quit attempt decreased in 2016, however this change is not statistically significant compared to 2015 (57% vs. 49%) or 2011 (55% vs. 49%).

**Smoking Quit Attempts*
Vermont Adults, 2016**



**Smoking Quit Attempts*
Vermont Adult Residents 2007-2016**



*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.]

E-Cigarette Use - Ever

In 2016, about two in ten (19%) Vermont adults reported ever using an electronic cigarette (e-cigarette) or other electronic vaping product. This is significantly lower than the 22% reported among U.S. adults overall.

Men are significantly more likely than women to have ever tried an e-cigarette.

Ever use of an e-cigarette is highest among adults 18-24 and decreases with increasing age.

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

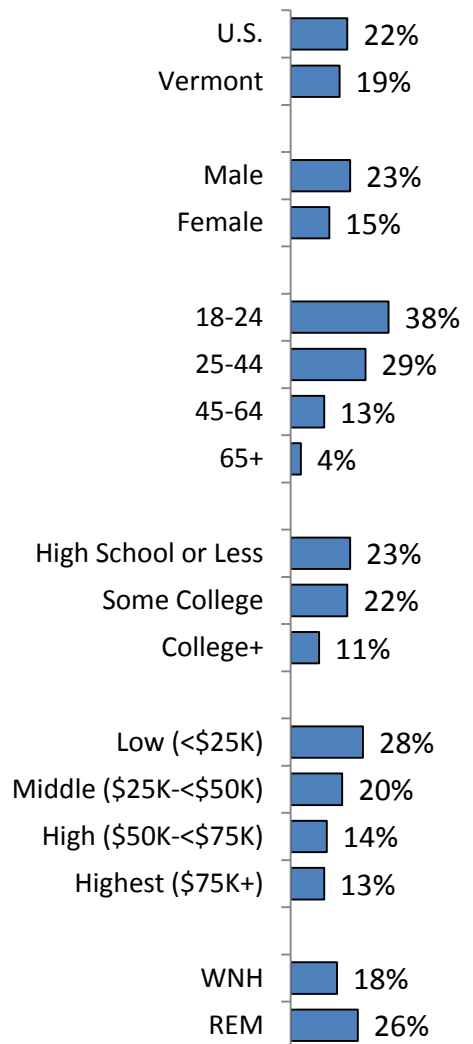
Adults with less education and lower annual household incomes are more likely to have tried e-cigarettes than those with more education and income.

- Adults with some college education or less are significantly more likely than those with a college degree or higher to have tried e-cigarettes.
- Adults in homes with low incomes are significantly more likely to have used e-cigarettes than those with more income.
- Likewise, adults in homes with middle incomes are significantly more likely than those with the highest incomes to have used them.

Ever use of an e-cigarette is higher among racial or ethnic minorities, however this difference is not statistically different.

E-cigarette use questions were first included on the survey in 2016. As a result, trend information is not available.

**Ever Used E-Cigarettes*
Vermont Adults, 2016**



E-Cigarette Use - Current

In 2016, less than one in twenty (3%) Vermont adults said they currently use electronic cigarettes (e-cigarettes) or other electronic vaping product. This is significantly lower than the five percent reported among U.S. adults.

Men are more than twice as likely as women to currently use e-cigarettes, a statistically significant difference.

Current use of e-cigarettes decreases as age increases.

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

Adults with less education are more likely than those with more education to currently use e-cigarettes.

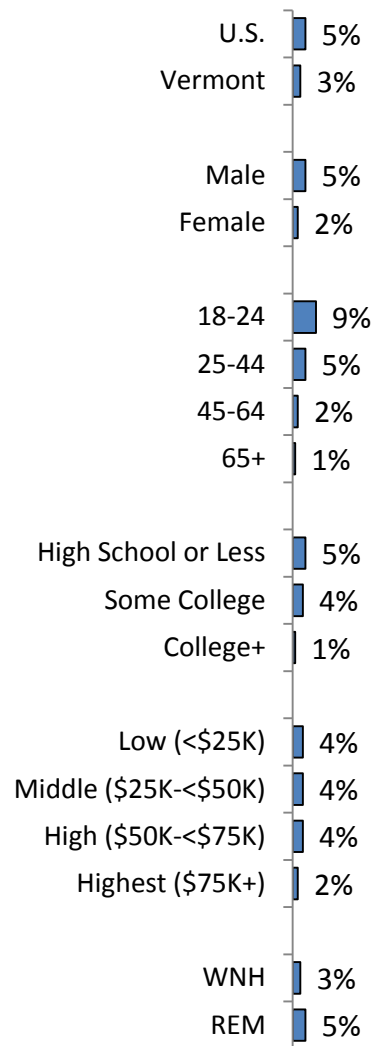
- Adults with some college education or less are significantly more likely than those with a college degree or higher to use e-cigarettes.

There are no statistically significant differences in current use of e-cigarettes by annual household income level.

White, non-Hispanic adults and racial or ethnic minorities report similar rates of current e-cigarette use.

E-cigarette use questions were first included on the survey in 2016. As a result, trend information is not available.

**Currently Use E-Cigarettes*
Vermont Adults, 2016**



Preventive Behaviors and Health Screening

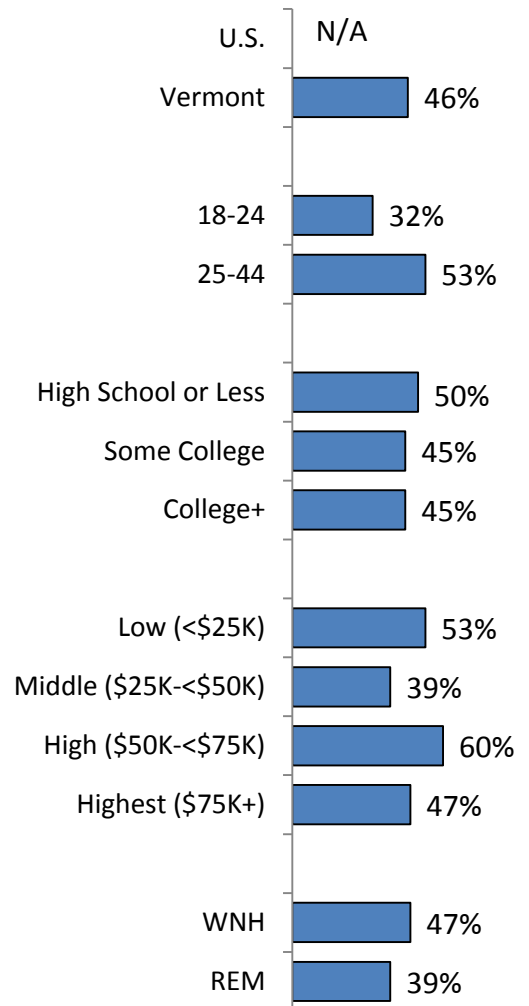
Family Planning

In 2016, six in ten Vermont women of childbearing age said they have ever been pregnant. Nearly half (46%) report they have ever talked with a health care worker about ways to prepare for a healthy pregnancy.

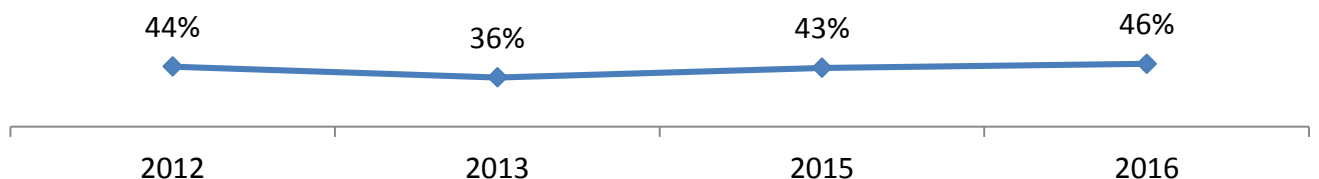
- Women 25-44 are significantly more likely than those 18-24 to report these conversations.
- There are no differences by education level, annual household income level, or race.

The proportion of women of childbearing age who have spoken with their doctor about having a healthy pregnancy is statistically similar since 2012.

**Talked with Doctor About Healthy Pregnancy
Vermont Women 18-44, 2016**



**Talked with Doctor About Healthy Pregnancy
Vermont Women 18-44, 2012-2016**



Family Planning

More than three-quarters (77%) of sexually active* Vermont women of child-bearing age report using a birth control method to prevent pregnancy the last time they had sex.

- Methods to prevent pregnancy include using birth control (e.g., pill, implants, shots, condoms, diaphragm, foam, IUD), not having sex at certain times, or having their tubes tied or a vasectomy.

There are no statistical differences by age, education level, or annual household income level in use of birth control methods the last time had sex.

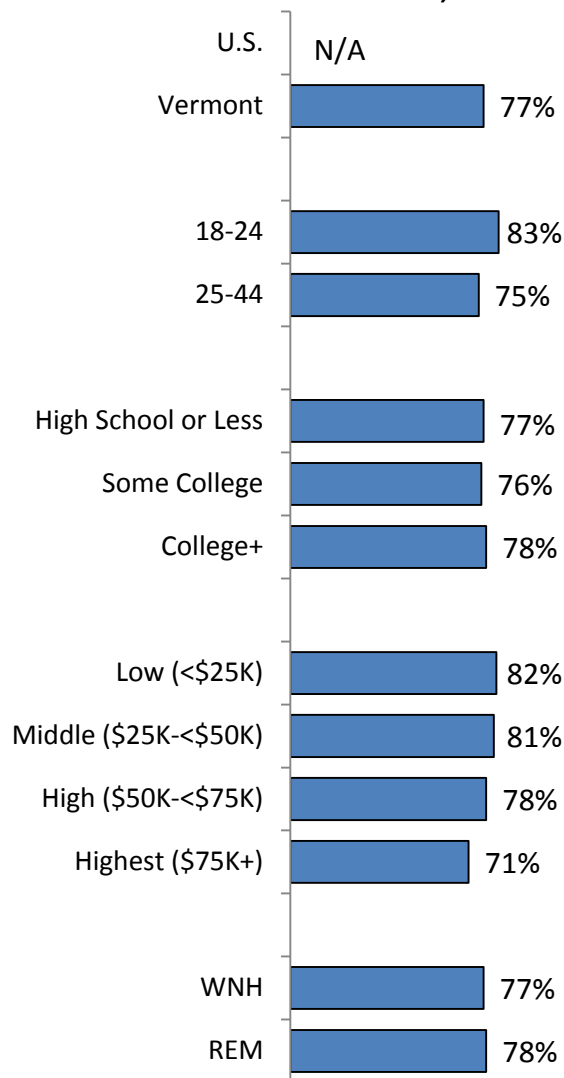
Reported use of birth control has not changed since 2013 (77%).

Three in ten (29%) women 18-44 who used birth control the last time they had sex used a shot, birth control pill, contraceptive patch or ring, or a diaphragm. A quarter used a long-acting birth control, while 22% used a permanent birth control method, and two-in ten used a short acting method.

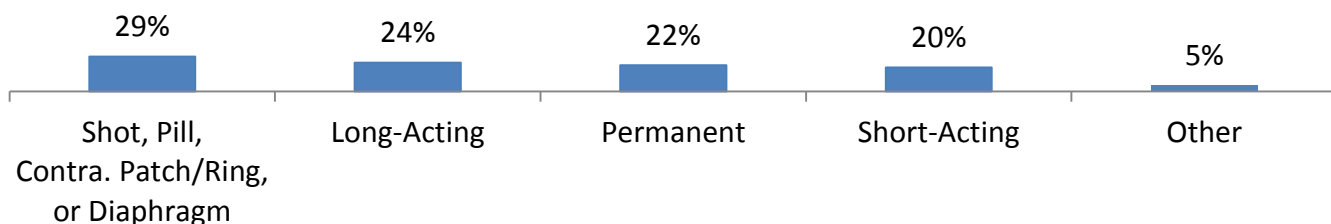
- Long-acting birth control methods include contraceptive implants and IUDs.
- Short-acting birth control methods include condoms, withdrawal, fertility awareness, foam, jelly, film, and cream.
- Permanent birth control includes male or female sterilization (e.g., tubes tied or vasectomy).

There is no difference in the use of birth control by race.

Used Birth Control Last Time Had Sex Vermont Women 18-44, 2016



Type of Birth Control Used Vermont Women 18-44, 2016



*Women who reported having a same sex partner are included as not having done anything to prevent pregnancy the last time they had sex.

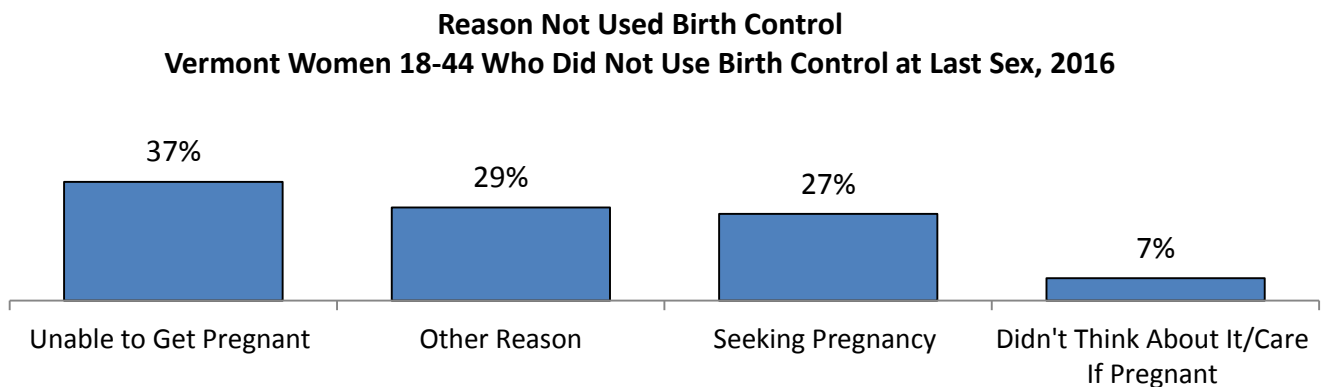
Family Planning

In 2016, about a quarter (23%) of sexually active Vermont women of childbearing age said they did not* do anything to try and prevent pregnancy the last time they had sex.

Of women not using birth control, more than a third (37%) said they didn't use birth control because they believe they were unable to get pregnant. This includes women who thought they were unable to get pregnant for the following reasons: they didn't think they or their partner could get pregnant, they or their partner has been sterilized (e.g., vasectomy, tubes tied), they had a hysterectomy, were currently pregnant, or they have a same sex partner.

Slightly fewer, three in ten (29%) women said they didn't do anything to try and prevent pregnancy for some other reason. This included primarily those who said 'some other reason', but also those who responded that they didn't want to use birth control and that they didn't think they were going to have sex/have no regular sex partner. Women who are post-partum would also be included in this category, however, there were none who gave this response in 2016.

A similar proportion (27%) said they didn't use birth control because they want a pregnancy. Fewer, less than one in ten (7%), said they didn't think about it or don't care if they get pregnant.



*Women who reported having a same sex partner are included as not having done anything to prevent pregnancy the last time they had sex.

Family Planning

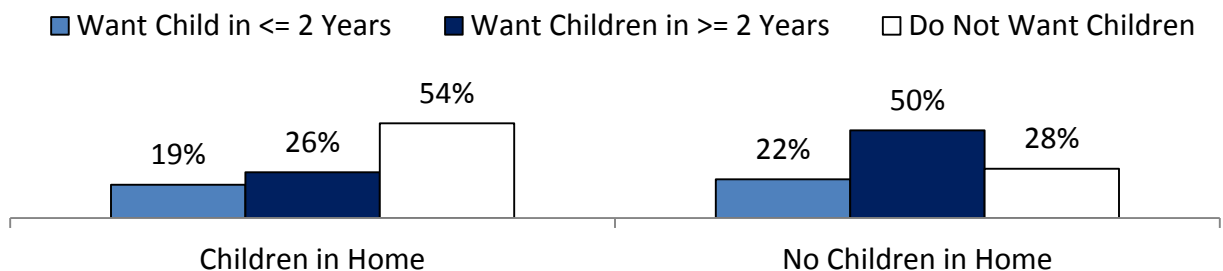
Four in ten (42%) women of child-bearing age said they do not want children. Two in ten want them in the next two years, and 38% want children more than two years in the future. However, the presence of children in the home impacts desire to have future children.

More than half (54%) of women of childbearing age with other children in the home do not want children in the future. A quarter want more children, but not for at least two years. Two in ten would like children soon.

Among women without children in the home, about three quarters want children in the future. Two in ten (22%) want them in the next two years and half would like them more than two years from now. About a quarter (28%) do not want children.

Nearly two-thirds (64%) of women of childbearing age do not take a multivitamin, prenatal vitamin, or folic acid. One in twenty take them one to three (4%) or four to six times (5%) per week, while more than a quarter (27%) take vitamins daily.

**Desire for Children by Presence of Children in Home
Vermont Women 18-44, 2016**



Immunizations – Flu Vaccine

Six in ten (59%) 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 the same rate.

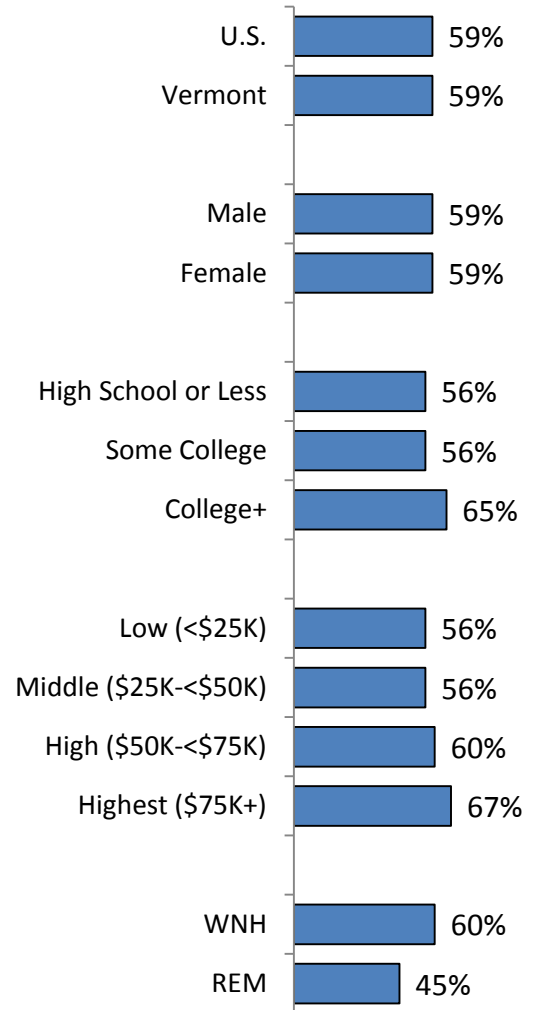
Receipt of a flu vaccine among adults over the age of 64 is highest among those with a college degree or higher.

- Those with a college degree or higher are significantly more likely than those with a less education to have gotten a flu vaccine in the last year.

There are no statistically significant differences in receipt of flu vaccines by annual household income level or race.

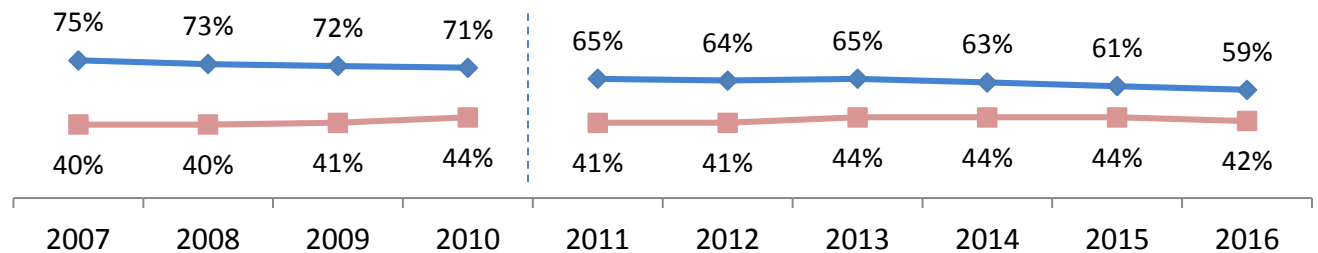
Since 2011, flu vaccination rates have decreased significantly among adults 65 and older. Receipt of the flu vaccine has not changed significantly over time among all adults.

**Had Flu Shot
Vermont Adults 65 and Older,
2016**



◆ Adults 65+
■ All Adults

**Had Flu Shot
Vermont Adults and Adults 65+, 2007-2016**



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

Immunizations – Pneumococcal Vaccine

More than three-quarters (77%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine. This is significantly higher than the 72% reported by U.S. adults 65 and older.

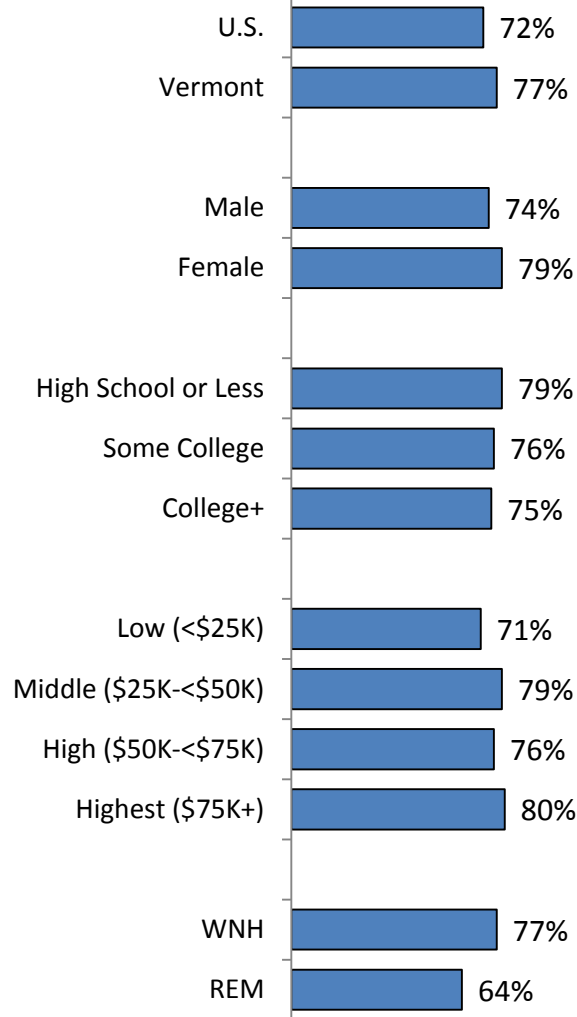
Men and women ages 65 and older get the pneumococcal vaccine at similar rates.

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

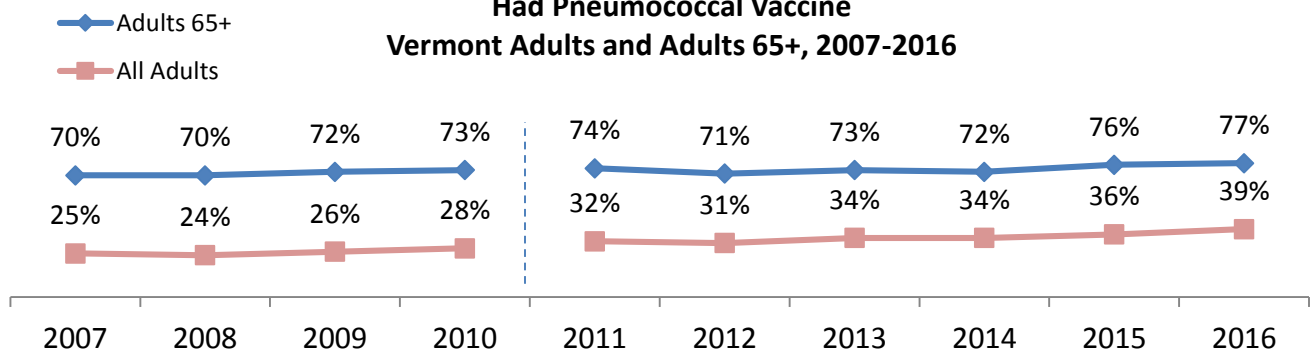
Adults 65 and older who are a racial or ethnic minority are less likely than White, non-Hispanic adults to get the pneumococcal vaccine, however this difference is not statistically significant.

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 2015 to 2016 were not statistically significant, regardless of the population.

**Had Pneumococcal Vaccine
Vermont Adults 65 and Older,
2016**



**Had Pneumococcal Vaccine
Vermont Adults and Adults 65+, 2007-2016**



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

Immunizations - Tetanus

In 2016, three-quarters (74%) of Vermont adults said they had a tetanus shot in the last 10 years.

- A third said their tetanus shot included Tdap and 9% said it did not.
- An additional third did not know whether their tetanus shot included Tdap.
- Vermont adults are significantly more likely than U.S. adults (60%) to have a tetanus shot.

Men and women report getting a tetanus shot at similar rates.

Younger adults have the highest tetanus shot rates, while those 65 and older have the lowest rates.

- Adults 65 and older are significantly less likely to have had a tetanus shot than younger adults. Adults 45-64 are also less likely to have received a tetanus shot compared to those 18-24.

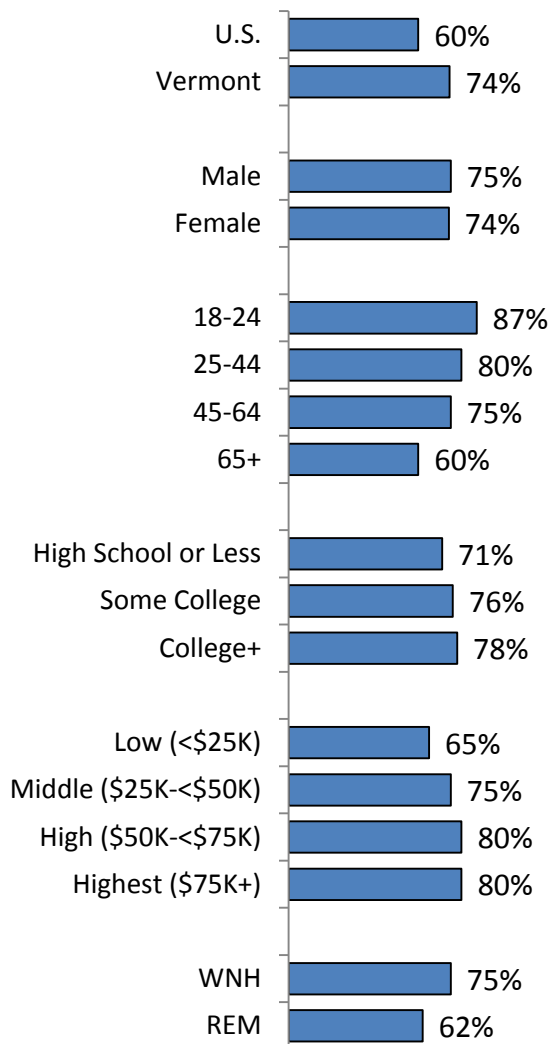
Receipt of a tetanus shot increases with increasing education level and annual household income level.

- Adults with a high school degree or less are significantly less likely to have gotten a tetanus shot than those with a college degree or higher.
- Adults in homes with the lowest annual household income level are significantly less likely to have had a tetanus shot compared with those in homes with more income.

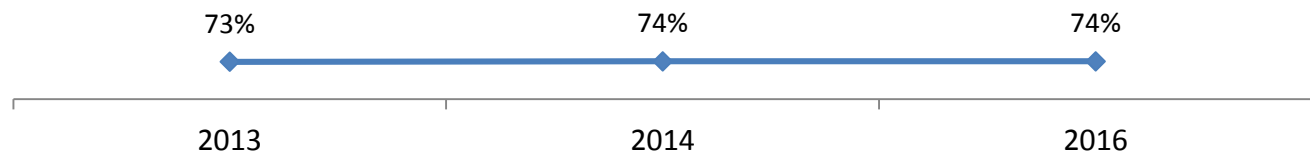
Adults who are a racial or ethnic minority are significantly less likely than White, non-Hispanic adults to have received a tetanus shot in the last decade.

The proportion of adults who have received a tetanus shot is similar since 2013.

**Had Tetanus Shot
Vermont Adults, 2016**



**Had Tetanus Shot
Vermont Adults 2013-2016**



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; eight percent had one two years to less than five years ago, and six percent 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 (71%).

Women routinely get checkups more than men.

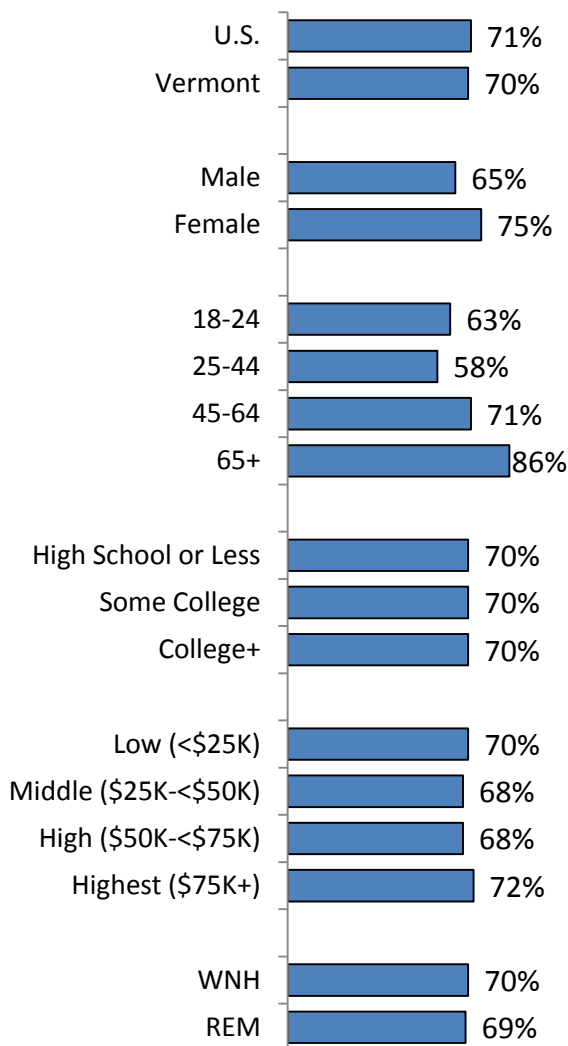
Adults 65 and older get routine checkups at significantly higher rates than all other age groups. Adults 45-64 also are more likely to routinely visit their doctor than those 25 to 44.

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

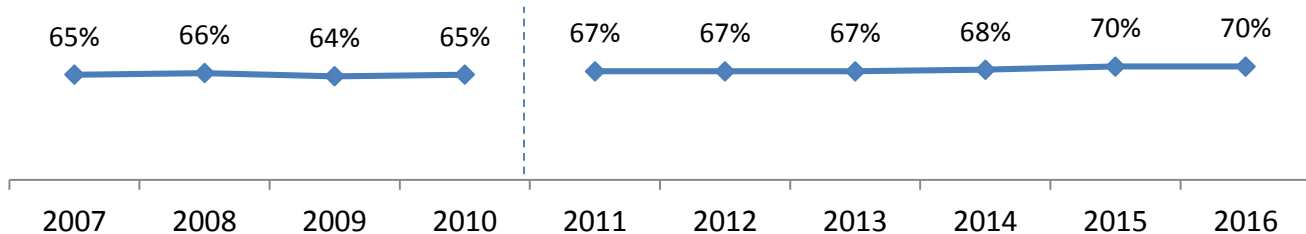
White, non-Hispanic and racial or ethnic minority adults report similar rates of seeing a doctor for routine checkup in the last year.

The proportion of adults with a routine doctor visit in the last year is increasing, however, the change from 2011 and 2015 to 2016 is not statistically significant.

Routine Doctor Visit in Last Year Vermont Adults, 2016



Routine Doctor Visit in Last Year Vermont Adult Residents 2007-2016



*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*

Seven in ten (71%) Vermont adults saw their dentist for any reason during the pervious 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.

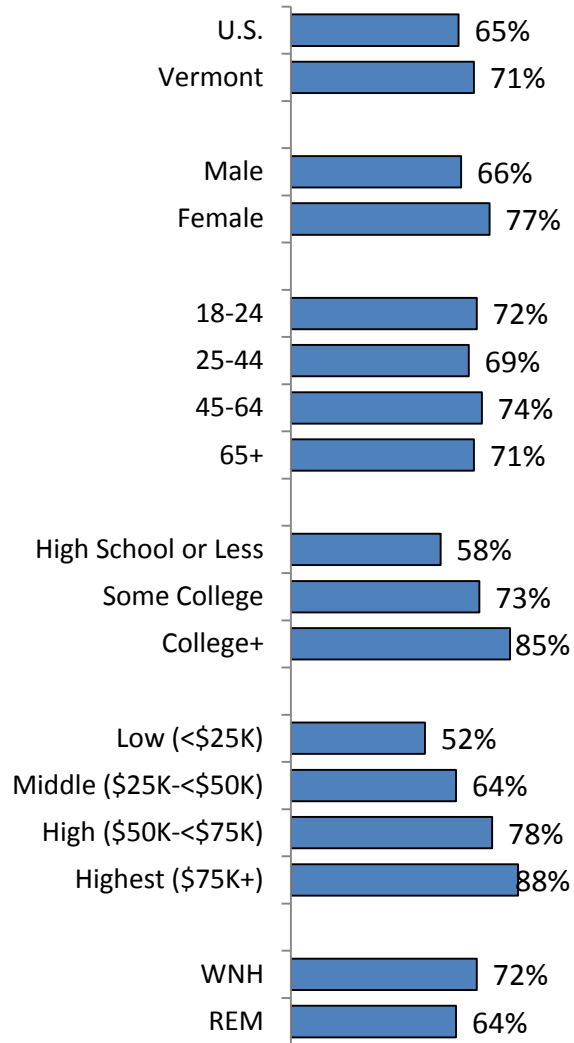
Annual dental visits do not vary statistically by age.

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

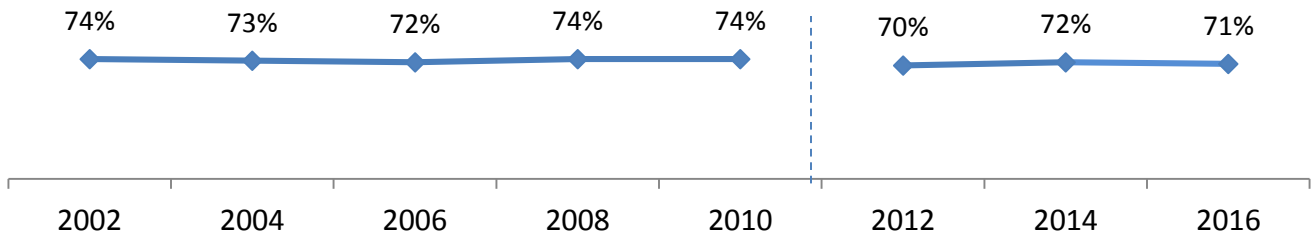
White, non-Hispanic adults are more likely than adults of a racial or ethnic minority to have visited the dentist in the last year, however, this difference is not statistically significant.

Overall, the proportion who saw their dentist for any reason is similar since 2012.

**Visited Dentist in Last Year
Vermont Adults, 2016**



**Visited Dentist in Last Year
Vermont Adult Residents 2002-2016**



*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.]

Teeth Extracted

In 2016, half of Vermont adults 45-64 said they've had at least one tooth extracted. Fifty-four percent of U.S. adults 45 to 64 reported the same, a significantly higher rate than in Vermont.

Men are significantly more likely than women to report having at least one tooth extracted.

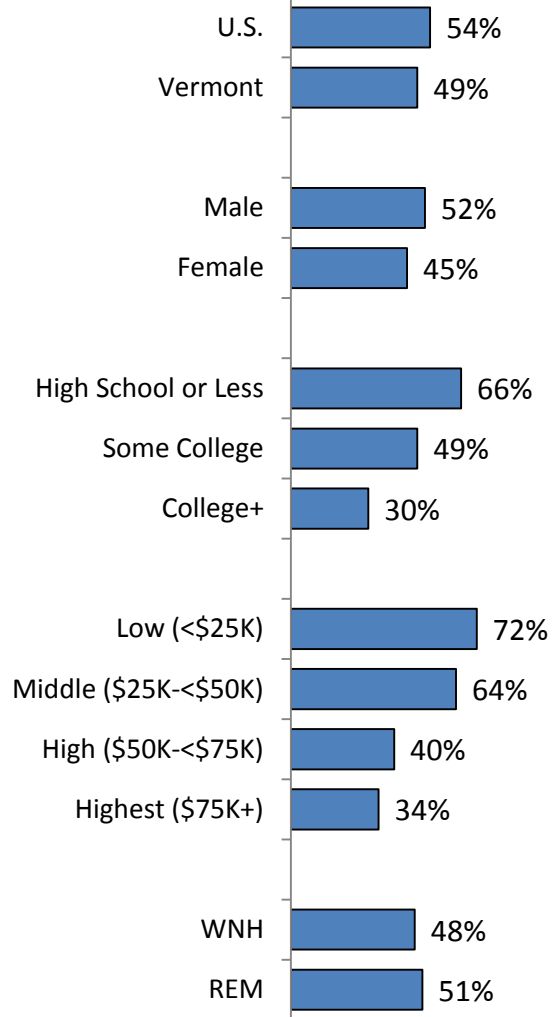
Adults with less education and lower annual household income levels are more likely than those with more education or income to report tooth extractions.

- All differences by education level are statistically significant.
- Adults 45-64 in homes with annual incomes of less than \$50,000 are significantly more likely to have had teeth extracted than those with more income.

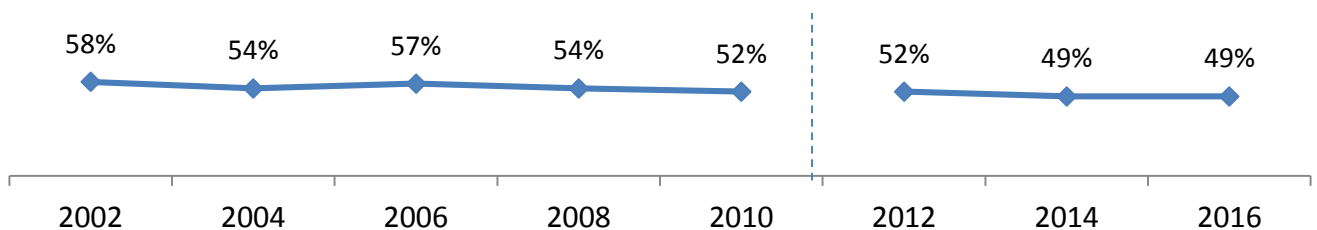
White, non-Hispanic and racial or ethnic minority adults ages 45-64 are as likely to have had teeth extracted.

The proportion of adults 45-64 with at least one tooth extraction is the same in 2014 and 2016 (49%). It is lower than in 2012 (49% vs. 52%), however this difference is not statistically significant.

**Any Teeth Extracted
Vermont Adults, Ages 45 to 64,
2016**



**Any Teeth Extracted
Vermont Adult Ages 45 to 64, 2002-2016**



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

Breast Cancer Screening*

In 2016, eight in ten (79%) Vermont women ages 50 to 74 had a mammogram in the last two years. A similar proportion to that reported among U.S. women of the same age (78%).

There are no statistically significant differences by education level.

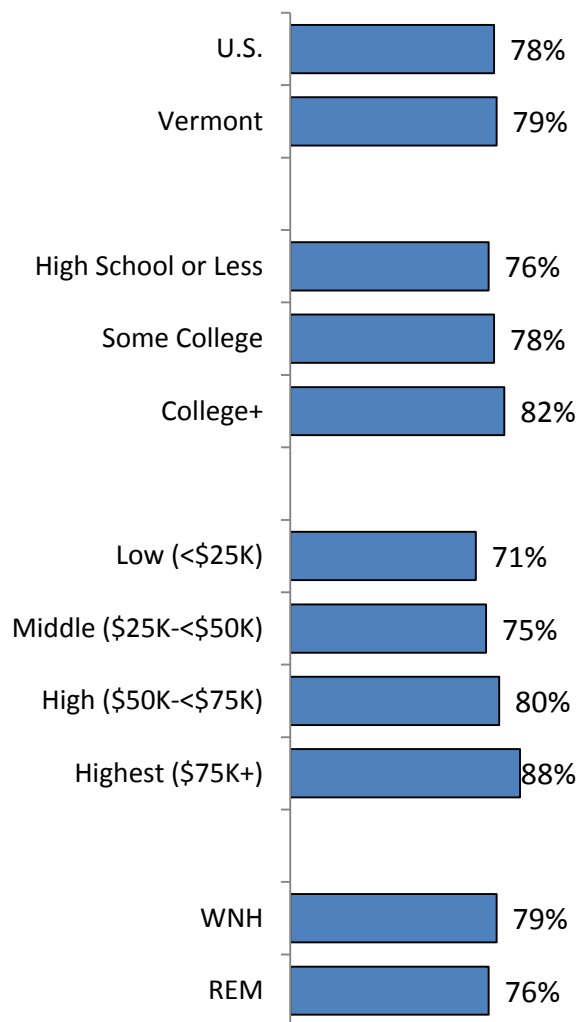
Women 50 to 74 in homes with more annual household income are more likely to have received a mammogram in the last two years.

- Women 50 to 74 in homes making \$75,000 or more per year are significantly more likely than those in homes making less than \$50,000 annually to have had a mammogram.

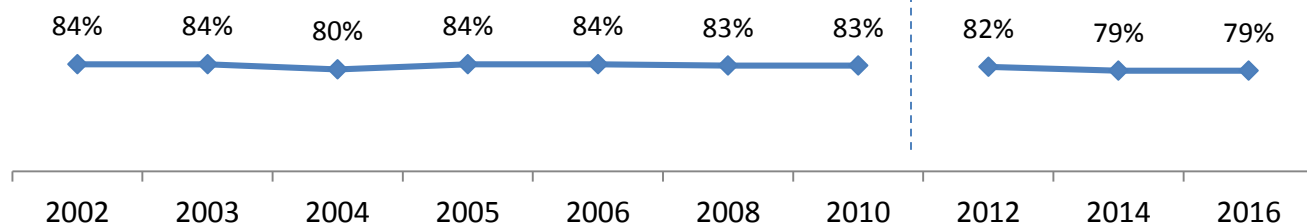
There is no difference by race in the receipt of breast cancer screening among women 50-74.

Overall, the proportion of women 50-74 who have had a mammogram is similar since 2012.

**Meet Breast Cancer Screening Recommendations*
Vermont Women,
Ages 50-74, 2016**



**Meet Breast Cancer Screening Recommendations*
Vermont Women, Ages 50-74, 2002-2016**



*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.]

Cervical Cancer Screening* - PAP Test

The USPTF recommends that women ages 21 to 65 receive screening for cervical cancer (PAP test) every three years. In 2016, eight in ten women 21 to 65 had received a PAP test in the last three years.

- Due to a difference in how the hysterectomy question was asked on the Vermont survey, comparison between Vermont and U.S. is not available.

Women 25 to 44 are the most likely to have received cervical cancer screening in the last three years. The difference in screening compared to other age groups is statistically significant.

There are no statistically significant differences in the rate of cervical cancer screening by education level.

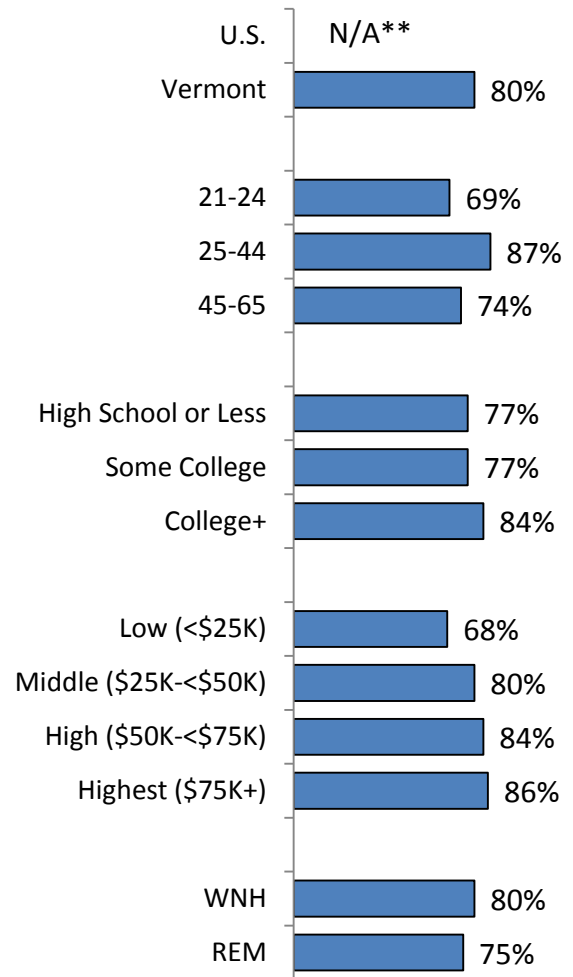
Women with higher annual household incomes are more likely than those with less income to meet cervical cancer screening guidelines.

- Women in homes making at least \$25,000 per year are significantly more likely than those with less income to have received a PAP test in the last three years.

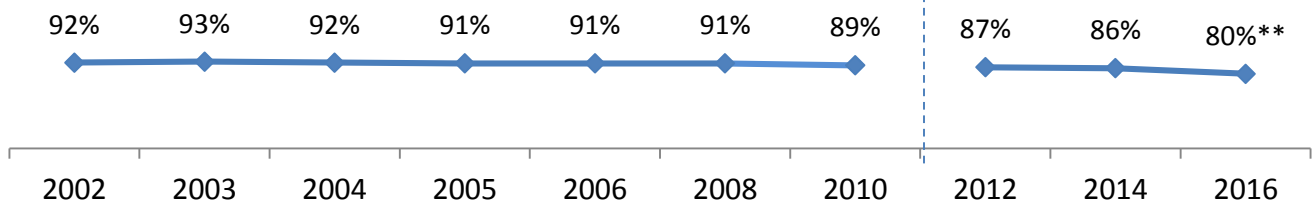
Receipt of a recent PAP test does not vary by race or ethnicity.

Due to a difference in how the cervical cancer questions were asked in 2016**, comparisons over time cannot be made.

**Meet PAP Test Screening Recommendations*
Vermont Women, 21 to 65,
2016**



**Meet PAP Test Screening Recommendations*
Vermont Women Ages 21 to 65, 2002-2016**



*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.]

**Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

Cervical Cancer Screening* - HPV Test

The USPTF recommends that women ages 30 to 65 receive screening for human papilloma virus (HPV) every five years. In 2016, half of women 30 to 65 and older were screened for HPV in the last five years.

- One in three women, ages 30 to 65 do not know if they have ever been tested for HPV. These women are excluded from HPV screening recommendations calculations.
- Due to a difference in how the hysterectomy question was asked on the Vermont survey, comparison between Vermont and U.S. is not available.

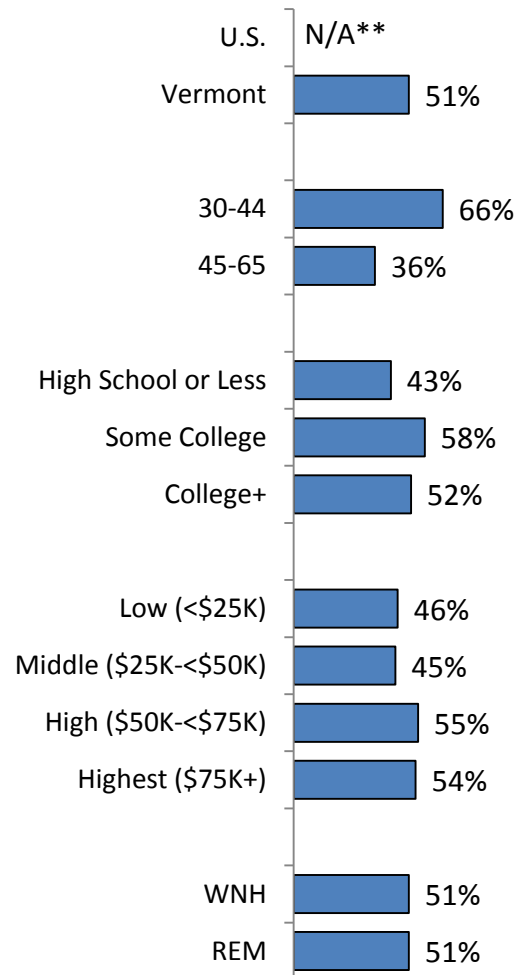
Women 30 to 44 are the most likely to have received HPV screening in the last three years, significantly higher than those 45-65.

Receipt of HPV screening is most likely among those with some college education. The difference between women 30-65 with some college education and less education is statistically significant.

There are no statistically significant differences in the rate of cervical cancer screening by annual household income level, or race.

HPV questions were first included on the survey in 2016. As a result, trend information is not available.

Meet HPV Screening Recommendations* Vermont Women, 30 to 65, 2016



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

**Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

Cervical Cancer Screening* - Meets Recommendations

The USPTF recommends that women ages 21 to 65 receive screening for cervical cancer. For women 21-29 this includes a PAP test every three years. For those 30-65, it includes either a PAP test every three years or a PAP test and human papilloma virus (HPV) screening every five years.

In 2016, more than eight in ten women 21 to 65 met cervical cancer screening recommendations.

- Due to a difference in how the hysterectomy question was asked on the Vermont survey, comparison between Vermont and U.S. is not available.

Women 25 to 44 are the most likely to meet cervical cancer screening recommendations, significantly higher than women in other age groups.

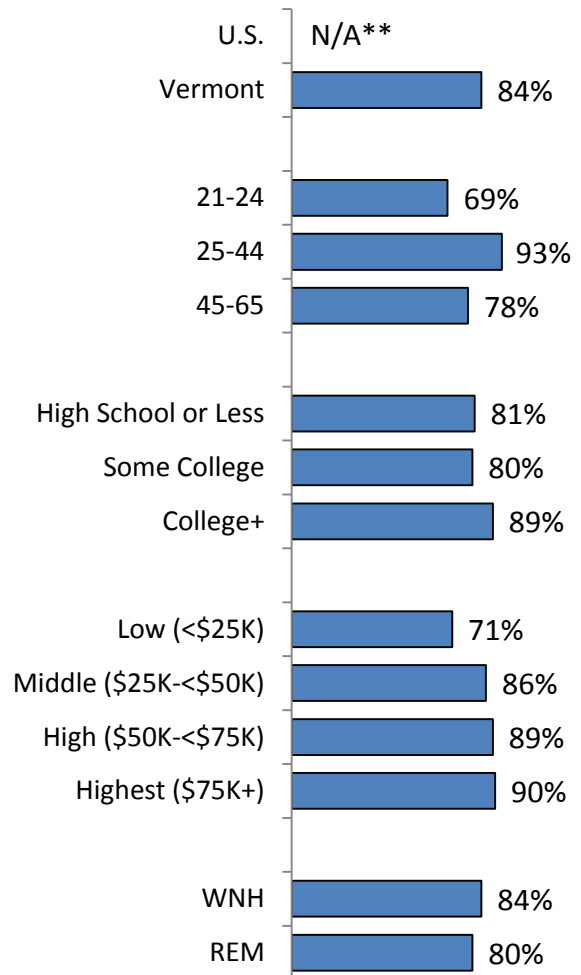
Adults in homes with lower education levels and annual household incomes are less likely to meet cervical cancer screening recommendations.

- Women 21-65 with some college education or less are significantly less likely to meet cervical cancer screening recommendations than those with more education.
- Those in homes making less than \$25,000 annually are significantly less likely than those with more income to be screened for cervical cancer.

Receipt of cervical cancer screening does not vary significantly by race or ethnicity.

HPV questions were first included on the survey in 2016. As a result, trend information on meeting cervical cancer screening recommendations is not available.

**Meet Cervical Cancer Screening Recommendations*
Vermont Women, 21 to 65,
2016**



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

**Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

Colorectal Cancer Screening*

In 2016, 72% of Vermont adults 50 to 75 met colorectal cancer screening recommendations, significantly higher than the 67% reported for U.S. adults overall.

Colorectal cancer screening recommendations are:

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

Men and women ages 50 to 75 report meeting colorectal cancer screening recommendations at similar rates.

Adults with a high school education or less are significantly less likely than those with a college education or higher to meet colorectal cancer screening recommendations.

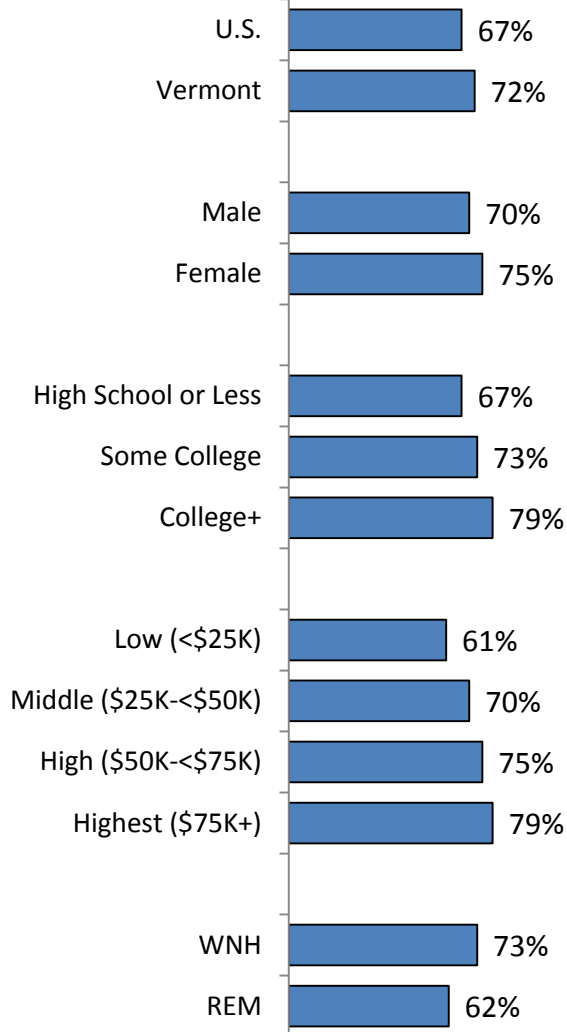
Adults in homes with low annual incomes (less than \$25,000) are significantly less likely than those with incomes of at least \$50,000 to meet colorectal cancer screening guidelines.

Additionally, those in homes making \$25,000 - \$49,999 per year are significantly less likely than those in homes making at least \$75,000 per year.

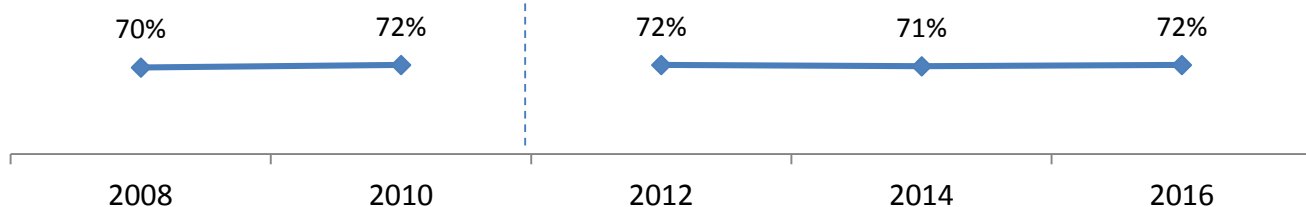
There is no statistical difference in colorectal cancer screening by race.

The proportion of adults 50 to 75 meeting colorectal cancer screening is similar since 2012.

Meet Colorectal Cancer Screening Recommendations* Vermont Adults, 50-75, 2016



Meet Colorectal Cancer Screening Recommendations* Vermont Adults, 50-75, 2008-2016



*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.]

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. Despite this, in 2016, 55% of Vermont men ages 50 and older said a health care professional ever recommended a PSA test.

About four in ten (38%) Vermont men 50 and older said their doctor had ever discussed the disadvantages of a PSA test with them. Statistically higher than the 31% reported among U.S. men 50 and older.

- Information on discussions about PSA advantages are presented on page 68.

Discussions with a doctor about PSA test disadvantages do not vary significantly by age.

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

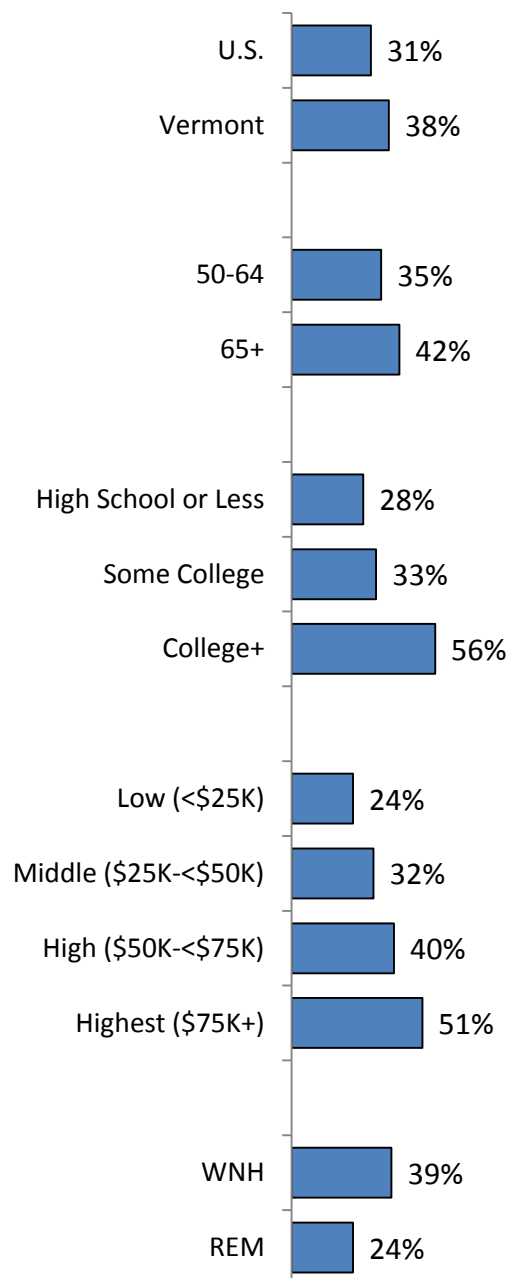
- Men 50 and older with at least a college degree or higher are significantly more likely than those with less education to have discussed the disadvantages.
- Men 50 and older in homes with high incomes are significantly more likely than those with low incomes to have discussed PSA test disadvantages. Conversations about disadvantages are also significantly more likely among those making the highest annual incomes compared to those with middle incomes.

Conversations about PSA test disadvantages are significantly more likely among White, non-Hispanic adults than racial or ethnic minorities.

The same proportion of men 50 and older reported having a conversation with their doctor about PSA test disadvantages in 2014 and 2016 (38%).

Doctor Discussed Disadvantages of PSA Test

Vermont Men 50 and Older, 2016



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

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. Despite this, in 2016, 55% of Vermont men ages 50 and older said a health care professional ever recommended a PSA test.

Two-thirds of Vermont men 50 and older said their doctor had ever discussed the advantages of a PSA test with them. This is similar to the 68% reported among U.S. men 50 and older.

- Information on discussion of PSA disadvantages is presented on page 67.

Men 65 and older are significantly more likely than those 50-64 to report discussing PSA test advantages with their doctor.

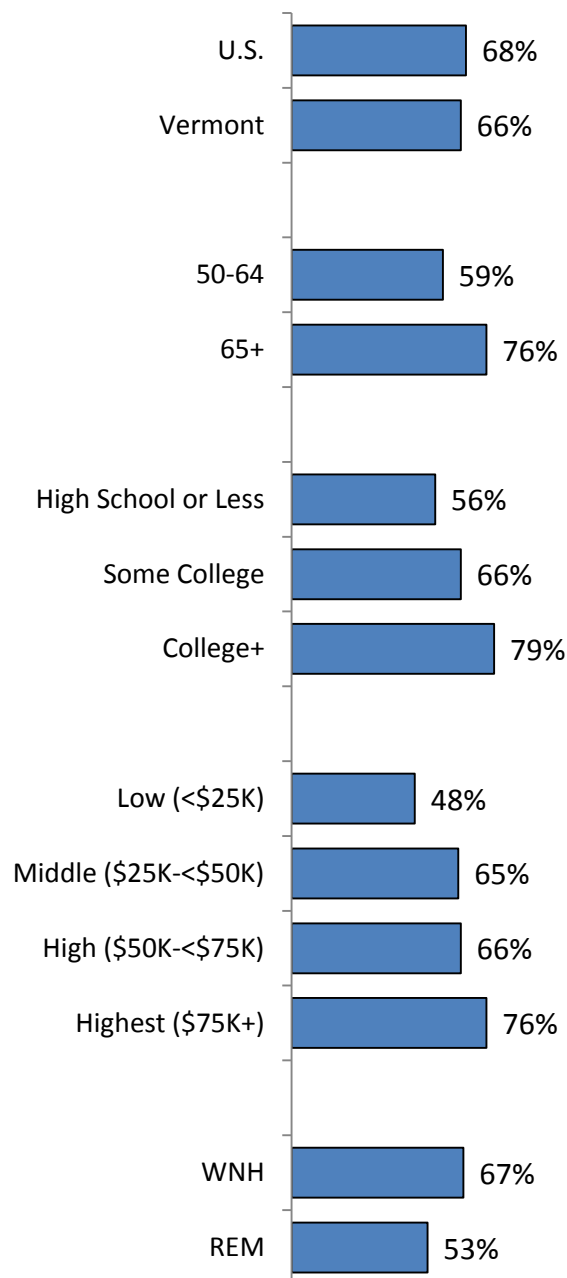
Conversations about PSA test advantages are reported more often among those with more education and higher annual household income levels.

- Men 50 and older with at a college degree or higher are significantly more likely than those with less education to have discussed PSA test advantages.
- Men 50 and older in homes with incomes of \$25,000 or higher are significantly more likely than those with less income to have discussed disadvantages. These conversations are also significantly more likely among those making at least \$75,000 per year, compared to those with an income of \$25,000-\$49,999.

Conversations about PSA test advantages do not vary statistically by race.

Similar proportions of men 50 and older reported having a conversation with their doctor about PSA test disadvantages in 2014 and 2016 (69% vs. 66%).

**Doctor Discussed Advantages of PSA Test
Vermont Men 50 and Older, 2016**



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

Alcohol Screening – Doctor Asked About Alcohol Use

In 2016, eight in ten (81%) Vermont adults with a routine checkup in the last year said that they were asked about alcohol use at that appointment.

- This includes questions both in person or on a form.

Men and women report being asked about alcohol use at the same rate.

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

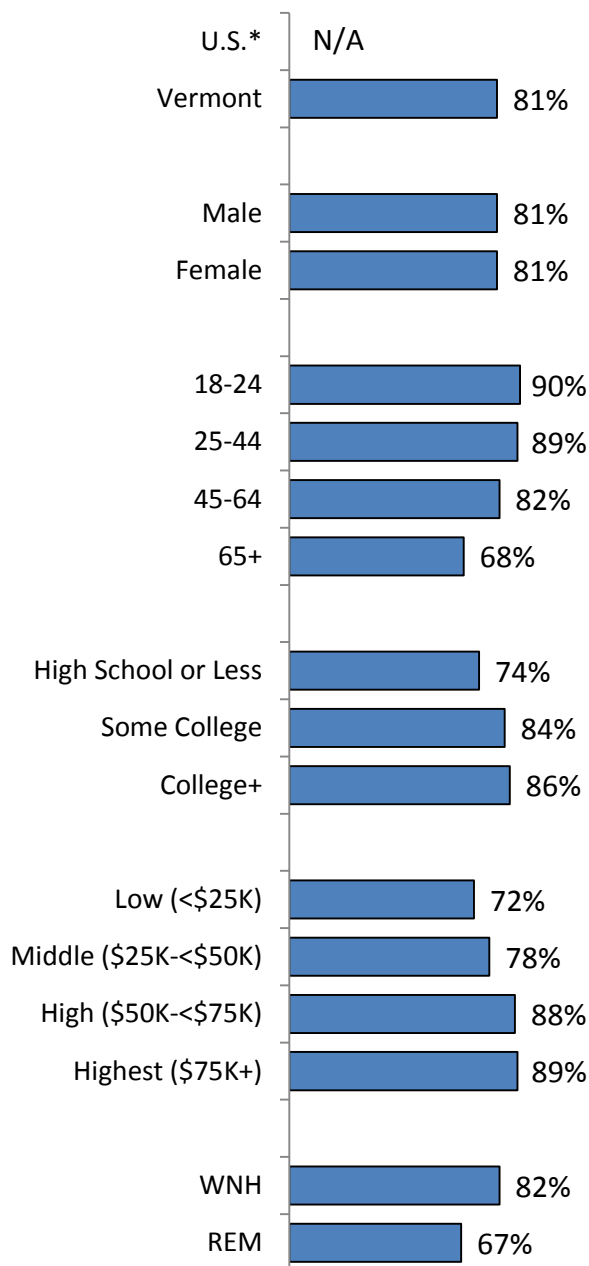
Adults with less education and lower annual household incomes are less likely to report being asked about alcohol use than those with more education and higher incomes.

- Adults with a high school degree or less are significantly less likely to report being asked about alcohol use compared with those with more education.
- Adults in homes making less than \$50,000 are significantly less likely than those with more income to report being asked about alcohol use.

Racial or ethnic minority adults are significantly less likely than White, non-Hispanics to report being asked by their doctor about alcohol use.

The proportion of adults with a routine doctor visit in the last year that reported being asked if they drink alcohol was unchanged from 2014 to 2016 (81%).

**Asked If Drink Alcohol
Vermont Adults with Check-up in
Last Year, 2016**



*No national estimate available.

Alcohol Screening – Advice About Harmful Drinking

Three in ten (31%) Vermont adults with a checkup in the last year were provided information about what level of drinking is harmful or risky for your health.

Men are significantly more likely than women to report being given advice about harmful drinking levels.

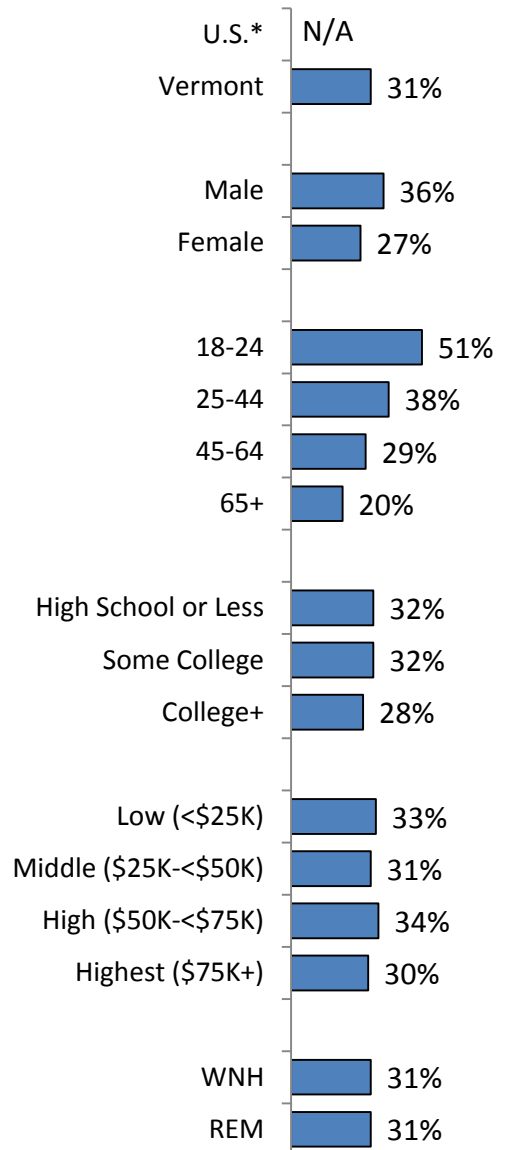
Adults 18 to 24 are the most likely to say they were given advice about harmful drinking levels.

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

There are no statistically significant differences by education level, annual household income level, or race in advice about harmful drinking levels.

The proportion of adults who received advice about harmful drinking levels increased from 2014 to 2016 (29% vs. 31%), however this difference is not statistically significant.

Offered Advice About Level of Drinking that is Harmful Vermont Adults with Check-up in Last Year, 2016



*No national estimate available.

HIV Screening - Ever

More than a third (37%) of Vermont adults reported ever being tested for HIV, in 2016. This increases to 44% when looking at adults 18-64.

HIV testing among both all Vermont adults and those 18-64 is similar to 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.

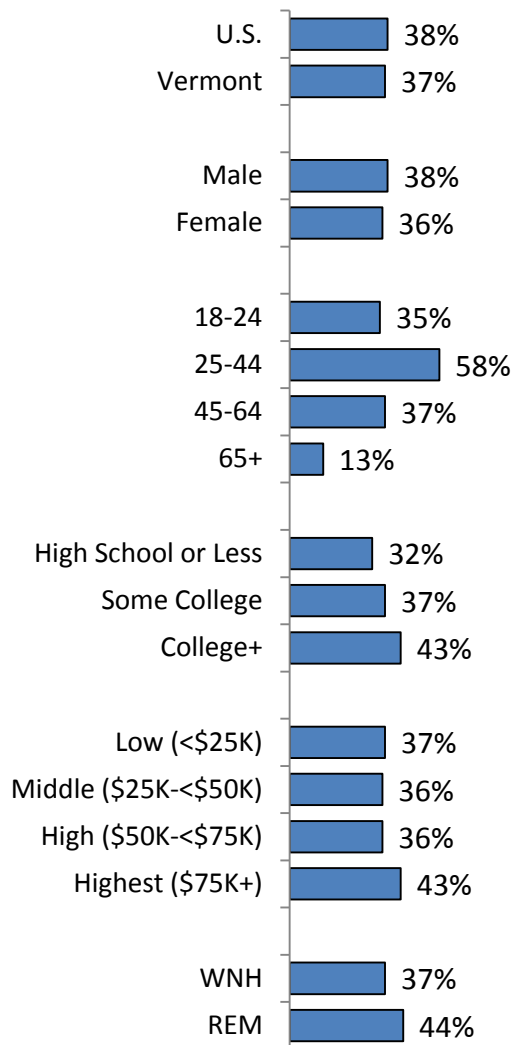
Vermont adults with more education are more likely to have been tested for HIV than those with less education.

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

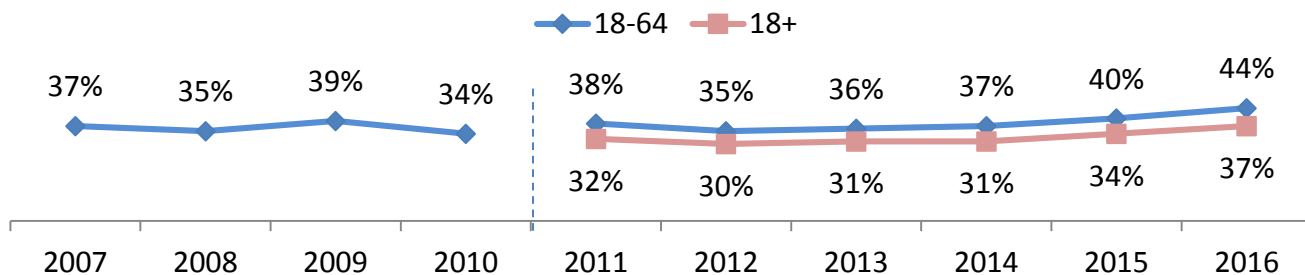
There are no statistical differences in HIV testing by annual household income level or race.

In 2016, ever tested for HIV rates among Vermont adults, overall and ages 18-64, were statistically similar to those in 2015, but significantly higher than 2011 (18-64: 35% vs. 44%); overall: 30% vs. 37%).

**Ever Tested for HIV
Vermont Adults, 2016**



**Ever Tested for HIV
Vermont Adults, 2007-2016**



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 ten percent.

Recent HIV testing is significantly lower among Vermont adults when compared to U.S. adults overall (11%) and those 18-64 (13%).

Men and women report similar rates of recent HIV testing.

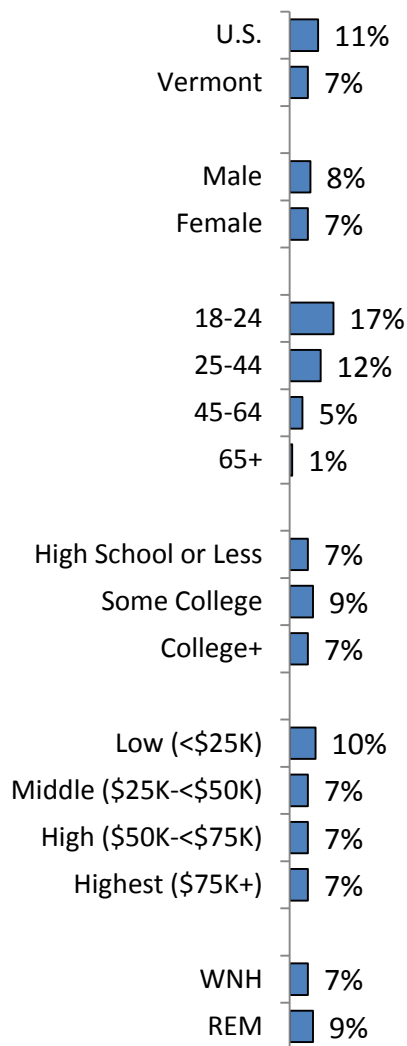
Recent HIV testing decreases as Vermont adults age.

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

There are no statistical differences in recent HIV testing by education level, annual household income level, or race.

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, 2016**



**Tested for HIV in Last Year
Vermont Adults, 2007-2016**

