

Middlebury District Office

2016 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

Table of Contents

	Page
Introduction.....	3
Demographics.....	4
Health Status Indicators.....	6
Health Access Indicators.....	8
Chronic Conditions.....	10
Risk Behaviors.....	14
Preventive Behaviors – Fruit & Vegetable Consumption.....	17
Preventive Behaviors – Physical Activity Recommendations.....	19
Preventive Behaviors – Routine Doctor Visits and Immunizations.....	20
Oral Health.....	22
HIV Screening.....	24
Cancer Screening.....	25
Appendix A.....	27

What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

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

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

A report summarizing the 2016 statewide results from the Vermont BRFSS can also be found on the VDH website: http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfss_2016.pdf.

Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, 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 2011 and subsequent results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years May be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Middlebury District Office*

The next few pages describe the demographic makeup of Middlebury area adults in 2015-2016.

More than half of Middlebury adults are female (53%). Nearly two-thirds are ages 25-64 (63%), with about a quarter ages 65 and older (23%).

- Middlebury area adults report a similar age distribution to Vermont adults overall.

Three in ten Middlebury area adults has a college degree or higher, while four in ten has a high school degree or less.

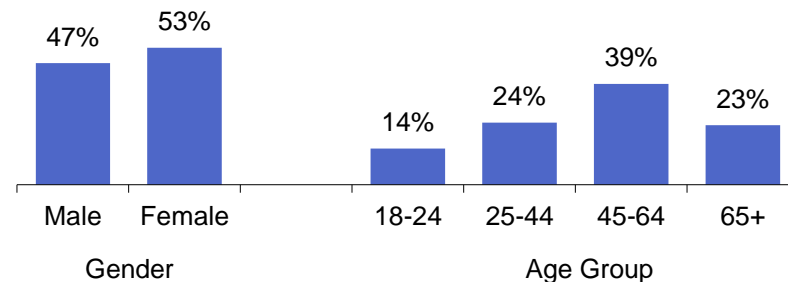
- Middlebury area adults report a similar education distribution to Vermont adults overall.

Half of Middlebury adults live in a home making \$50,000 or more annually.

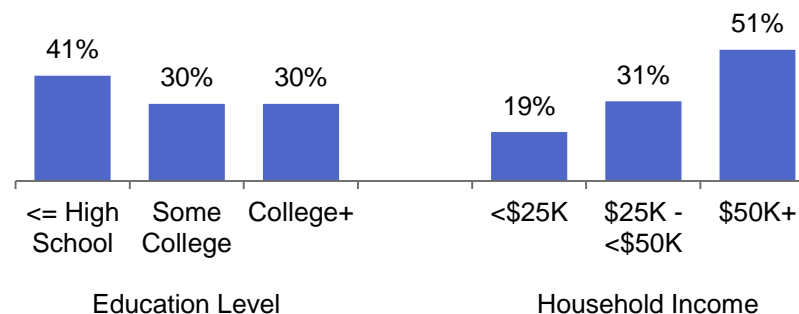
- There are no statistical differences between Middlebury adults and Vermont adults overall by annual income level.

Five percent of adults in the Middlebury area and six percent of Vermont adults overall report being a person of color.

Middlebury Residents by Gender and Age



Middlebury Residents by Education & Income Level



*See page 31 for a list of the towns included in the Middlebury Health District.

Demographics of Middlebury District Office

More than six in ten (63%) Middlebury adult residents are currently employed, two in ten are retired. Nine percent are a student or homemaker, and five percent or fewer are unable to work (5%) or unemployed (4%).

- Middlebury area adults have a similar employment distribution to Vermont adults overall.

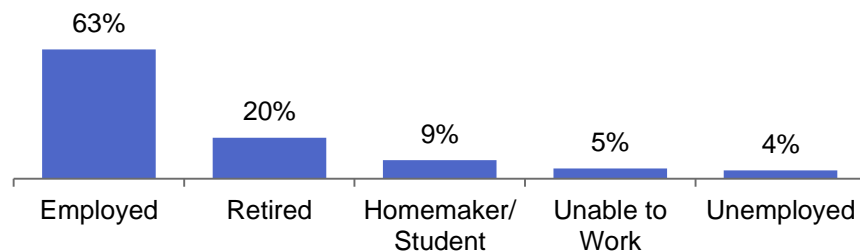
Fifty-six percent of Middlebury adults are married. One in five have never married, while 13% are divorced. Six percent or fewer are part of an unmarried couple (6%) or widowed (5%).

- Middlebury adults have a similar distribution by marital status to Vermont adults overall.

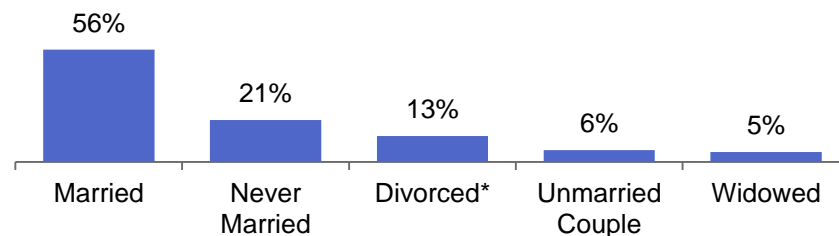
Seven in ten adults in the Middlebury area said there are no children less than 18 in their home. Three percent reported having three or more children.

- The number of children in the home reported by Middlebury area adults is similar to that for Vermont overall.

Middlebury Residents by Employment Status

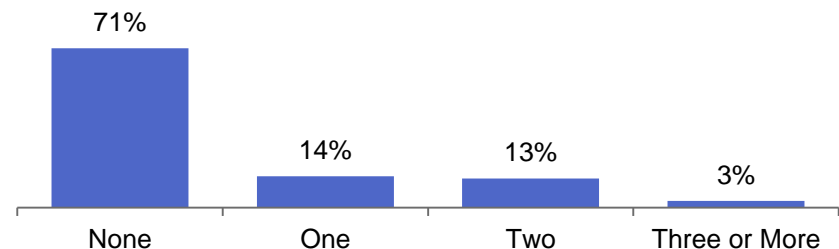


Middlebury Residents by Marital Status



*Includes those who reported their marital status as divorced or separated.

Middlebury Residents by Children in Household



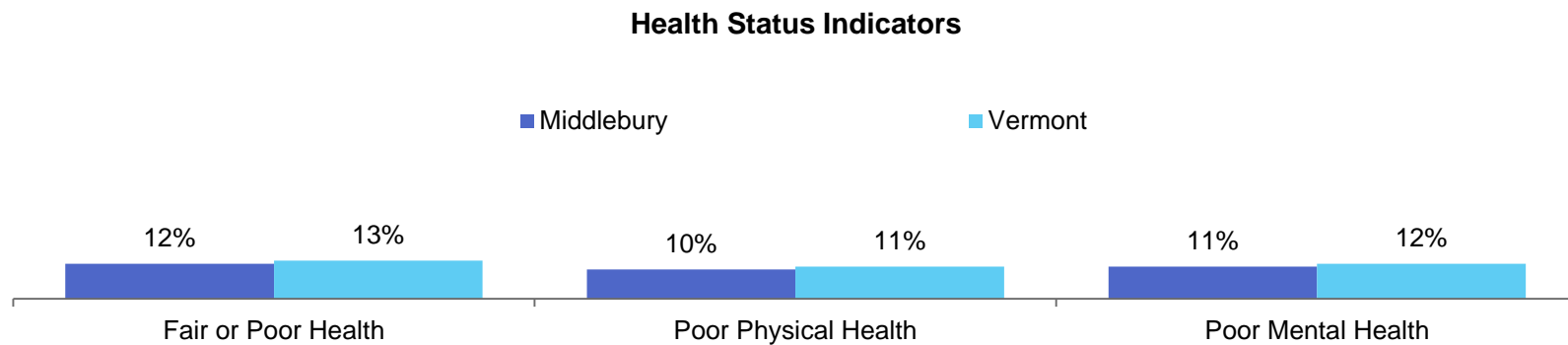
Health Status Indicators

In 2015-2016, one in eight (12%) Middlebury area adults reported being in fair or poor general health. One in ten have poor physical health, while eleven percent have poor mental health.

- Poor mental and physical health are defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Middlebury area adults and Vermont adults overall.

Among adults in the Middlebury area, health status indicators have not changed statistically since 2011. See Appendix A for results over time.



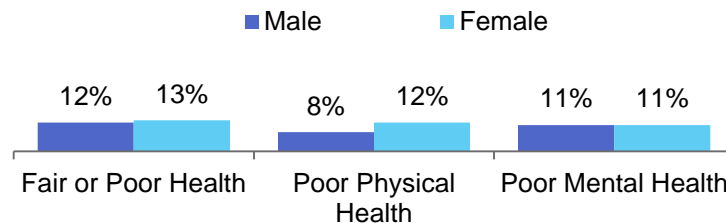
Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health among Middlebury area adults do not differ statistically by gender or age.

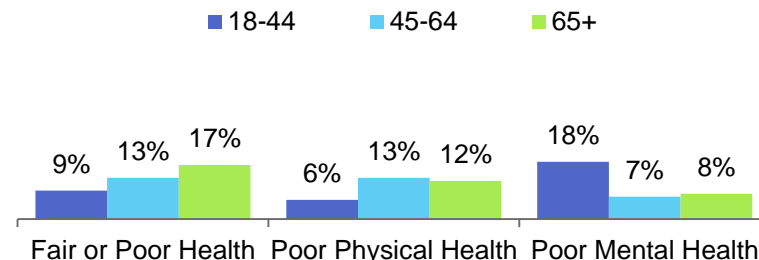
Middlebury adults with low annual incomes are more likely to have poor health.

- Adults in homes making less than \$25,000 per year are more likely than those in homes making at least \$50,000 to report fair or poor general health.
- Those in homes making less than \$50,000 are more likely to have poor mental health than those with more income.

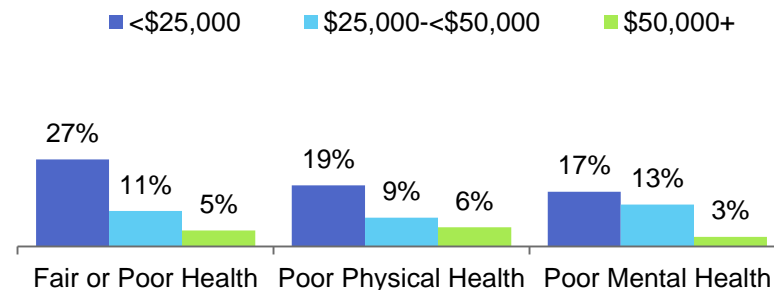
**Health Status Indicators by Gender
Middlebury Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level



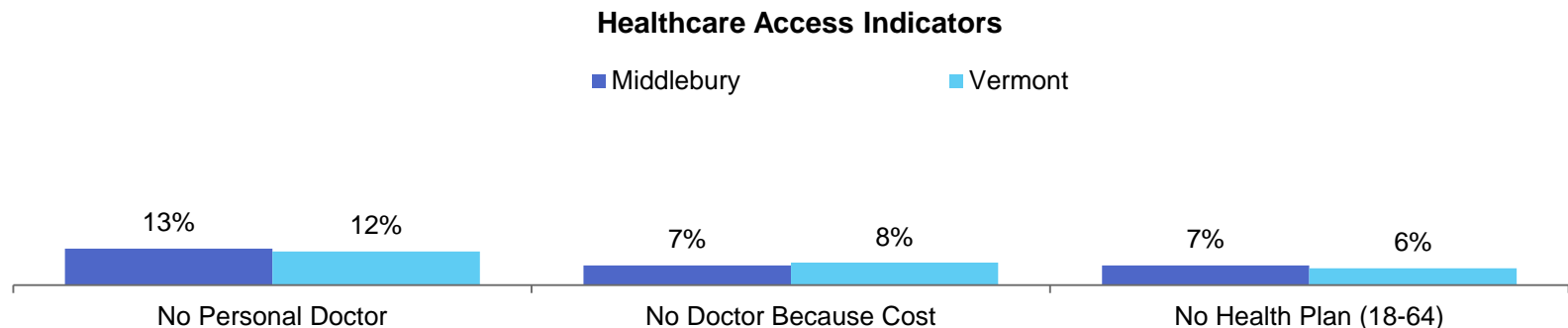
Healthcare Access Indicators

In 2015-2016, thirteen percent of adults in the Middlebury area said they do not have a personal doctor for health care. Fewer, less than one in ten, needed care in the last year but did not seek it due to the cost (7%). Among Middlebury area adults ages 18-64, seven percent do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing Middlebury area adults and Vermonters overall.

Among Middlebury area adults ages 18-64, not having a health plan is trending down, decreasing by nearly half from 12% in 2011-2012 to 7% in 2015-2016. However, the difference between the two years is not statistically significant.

- Not having a personal care provider and delaying care due to cost have not changed statistically since 2011. See Appendix A for results over time.



Healthcare Access Indicators

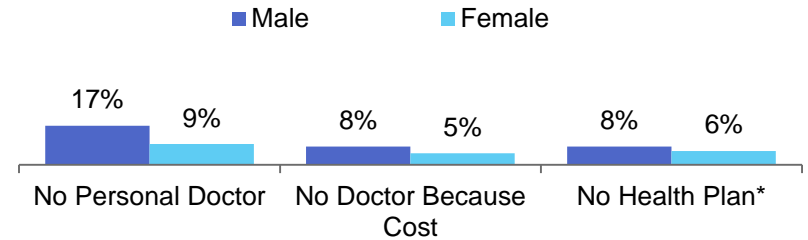
There are no statistically significant differences in health care access measures by gender, among Middlebury area adults.

Poor healthcare access decreases with increasing age.

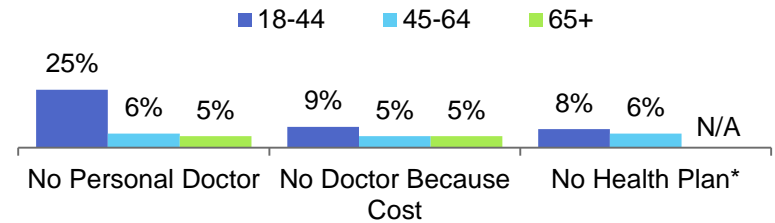
- Middlebury adults 18-44 are statistically more likely than those 45 and older to not have a personal doctor.
- Adults 18-44 are also more likely to not have a health plan compared to those 45-64 years old.
- There are no significant differences in delaying a visit to a doctor because of cost.

While poor healthcare access is generally higher among adults in homes with lower annual incomes, differences are not statistically different.

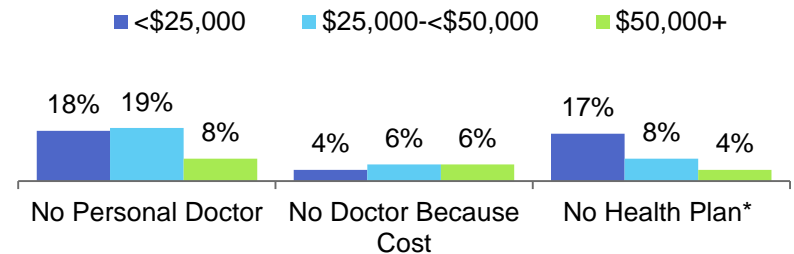
**Healthcare Access Indicators by Gender
Middlebury Adults**



Healthcare Access Indicators by Age



Healthcare Access Indicators by Income Level



*Limited to adults 18-64.

Chronic Conditions

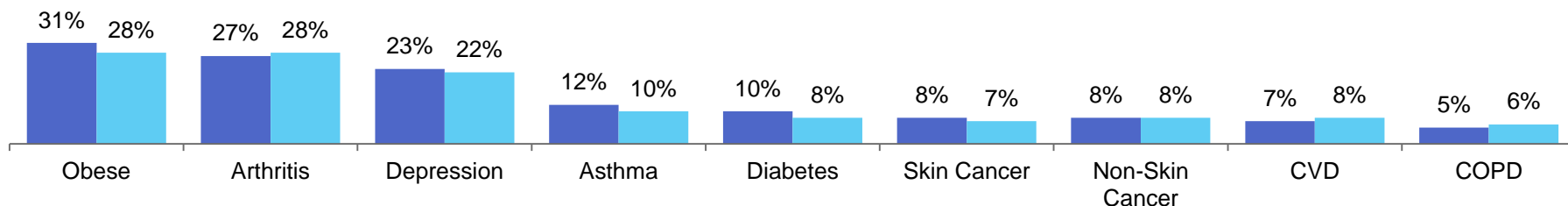
Three in ten Middlebury area adults are obese. Fewer, about a quarter have been diagnosed with arthritis (27%) or a depressive disorder (23%).

One in eight Middlebury area adults have asthma and one in ten has diabetes. Less than ten percent has been diagnosed with the following: skin cancer, non-skin cancer, cardiovascular disease (CVD), and chronic obstructive pulmonary disease (COPD).

Middlebury area adults have similar chronic disease prevalence to Vermont overall, regardless of the measure. Additionally, the prevalence of all reported chronic conditions have not changed statistically since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions

■ Middlebury ■ Vermont



Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

The prevalence of arthritis, depressive disorders, asthma and obesity do not vary statistically by gender.

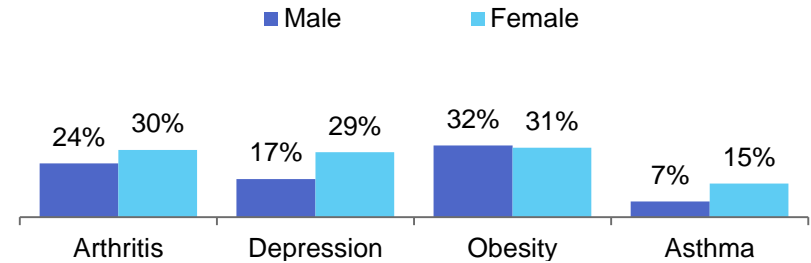
Arthritis prevalence among Middlebury adults increases with increasing age.

- Adults 18-44 are statistically less likely than those 45 and older to have arthritis.

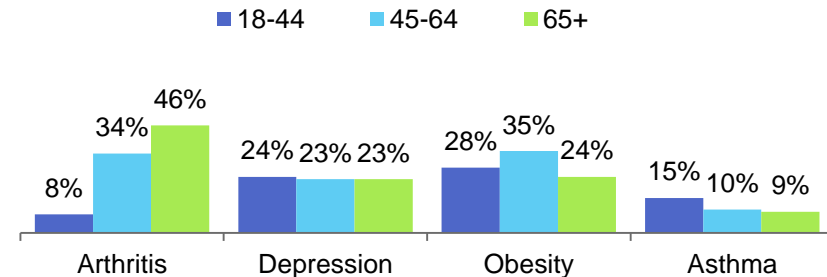
There are no differences in the prevalence of depressive disorders, obesity, and asthma by age.

While Middlebury area adults with lower incomes are generally more likely to have arthritis, depressive disorders, obesity, and asthma, differences by annual household income are not statistically significant.

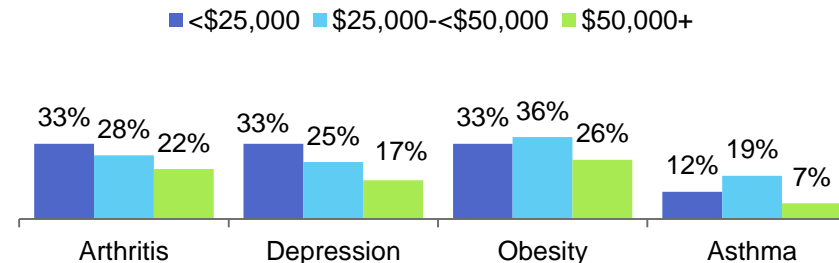
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that for age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences in the prevalence of CVD, diabetes, or COPD by gender.

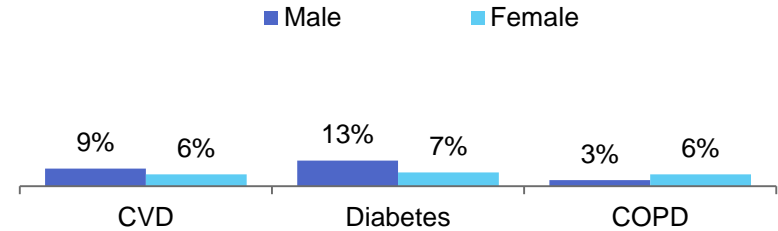
Reported CVD, diabetes and COPD among Middlebury area adults all increase as age increases.

- Middlebury adults 65 and older are statistically more likely than those 45-64 to have CVD and COPD.

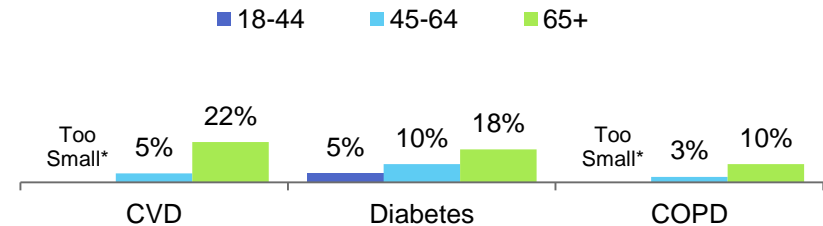
The prevalence of CVD, diabetes, and COPD are all highest among adults with lower annual household incomes.

- Middlebury adults in homes with yearly incomes of \$25,000-\$49,999 are statistically more likely than those with more income to have CVD.
- Those in homes with an income of less than \$25,000 per year are statistically more likely than those with an income of \$50,000 or more per year to have diabetes.
- COPD prevalence does not vary statistically by annual household income level.

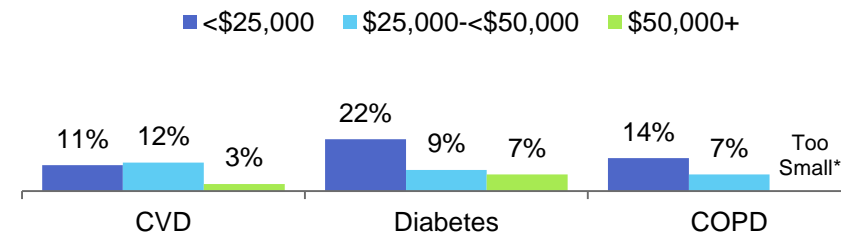
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

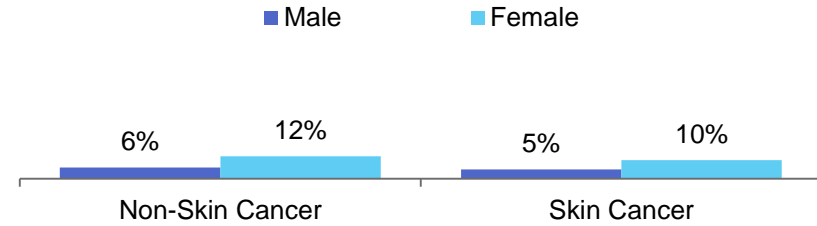
Chronic Conditions

There are no statistical differences in reported rates of non-skin cancers or skin cancer among Middlebury area adults, by gender.

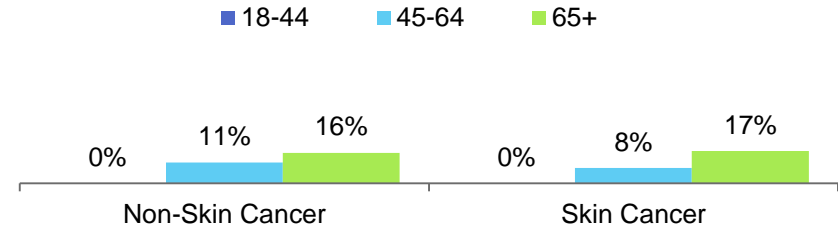
The prevalence of both non-skin cancer and skin cancers increases with increasing age, however differences are not statistically significant.

Likewise, among Middlebury adults there are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

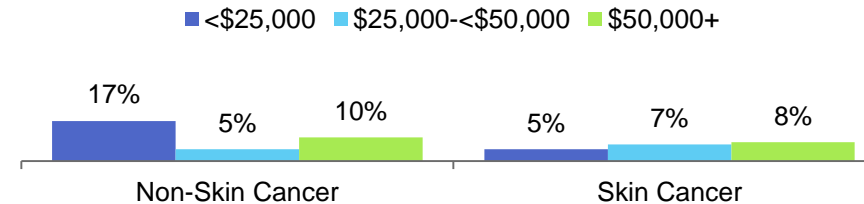
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Risk Behaviors

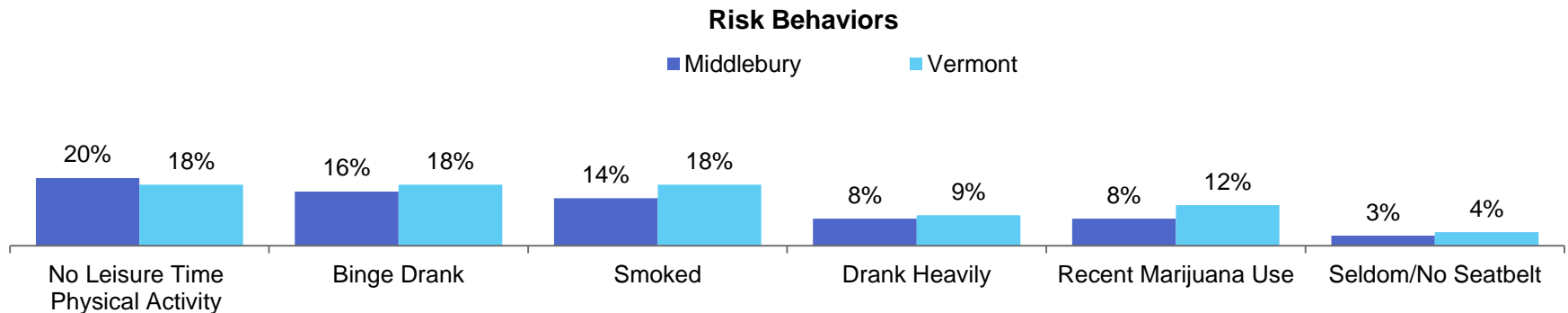
In 2015-2016, one in five Middlebury adults did not participate in any leisure time physical activity during the previous month. Sixteen percent binge drank in the last month, while eight percent heavily drank.

- Binge drinking is defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking is defined as more than two drinks per day for men and more than one for women.

Fourteen percent of Middlebury area adults currently smoke. Of smokers, 57% tried to quit in the last year (data not shown).

Eight percent recently used marijuana and few, three percent, seldom or never wear a seatbelt when in a car.

Middlebury area and Vermont adults have similar risk factor prevalence for all measures. Additionally, risk behavior prevalence has not changed statistically for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

Risk Behaviors

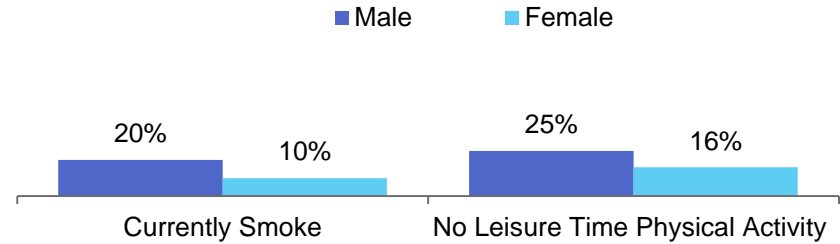
There are no statistically significant differences by gender among Middlebury area adults in smoking and not participating in leisure time physical activity.

Among adults in the Middlebury area, smoking rates decrease with increasing age. Conversely, not participating in physical activity increases with increasing age. However, for both smoking and no leisure time physical activity, differences by age are not statistically significant.

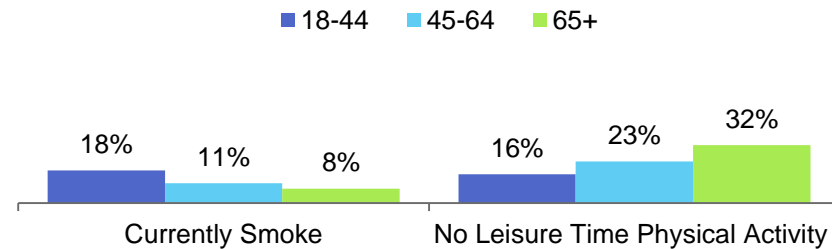
Middlebury area adults in homes with less income are more likely to currently smoke and not participate in any leisure time physical activity.

- Adults in homes making less than \$50,000 are statistically more likely to smoke than those with more income.
- Middlebury adults in homes with yearly incomes of less than \$25,000 are statistically more likely than those with incomes of \$50,000 or more to not participate in any leisure time physical activity.

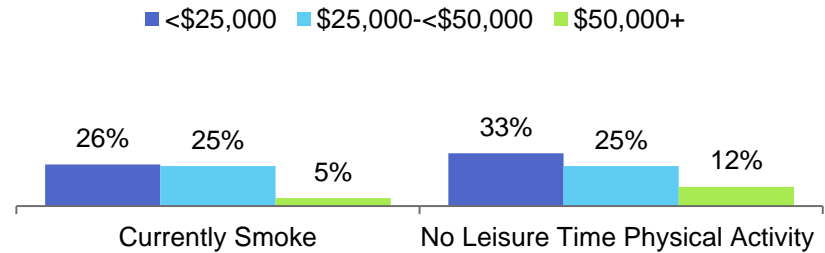
**Risk Behaviors by Gender
Middlebury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

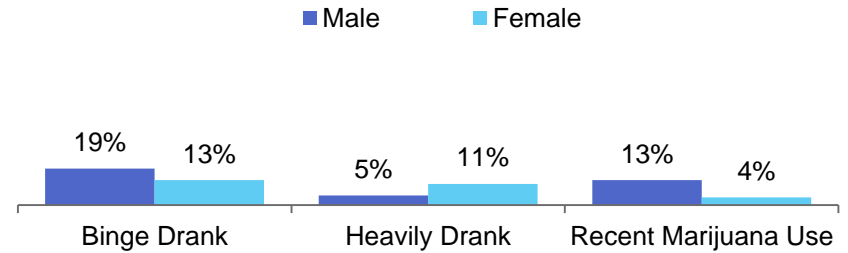
There are no statistical differences in the rates of binge drinking, heavy drinking or marijuana use by gender, among Middlebury adults.

Binge drinking and marijuana use both decrease as age increases.

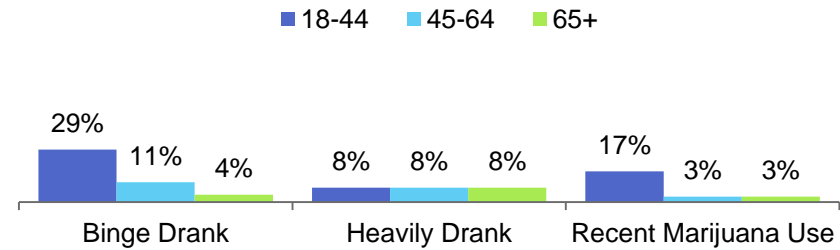
- Adults 45 and older are statistically less likely than younger adults to binge drink and use marijuana.
- Heavy drinking does not vary statistically by age.

There are no statistical differences by annual household income for binge drinking, heavy drinking, and recent marijuana use.

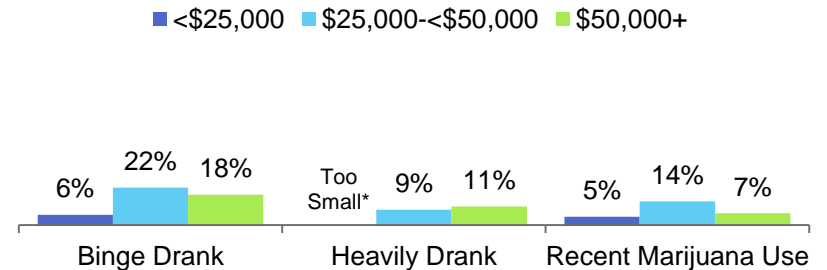
**Risk Behaviors by Gender
Middlebury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



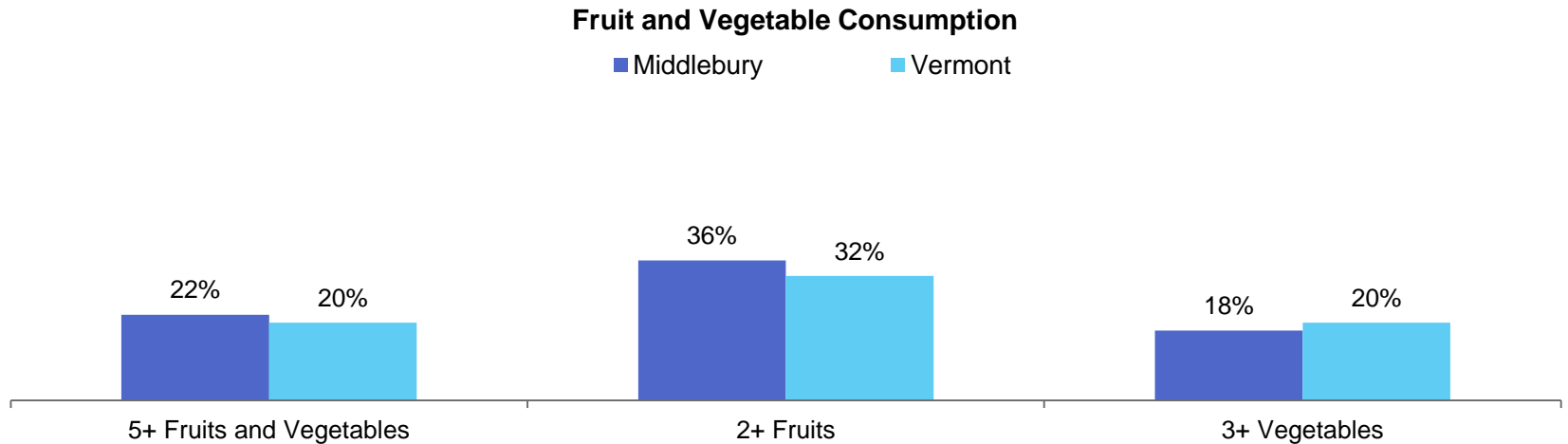
*Sample size is too small to report.

Preventive Behaviors

In 2013/2015, more than one in five (22%) Middlebury area adults ate fruits and vegetables five or more times per day. Roughly a third ate fruits two or more times and 18% eat vegetables three or more times daily.

Middlebury area adult consumption of fruits and vegetables is statistically similar to that among Vermont adults.

Fruit and vegetable consumption, among Middlebury area adults, did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.



Preventive Behaviors

Women in the Middlebury area are statistically more likely than men to eat vegetables at least three times per day.

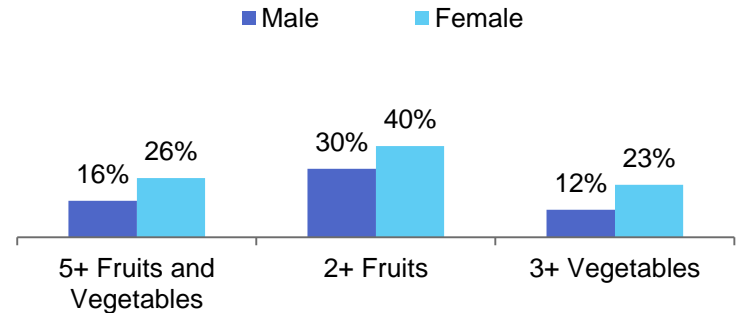
- Eating fruits at least twice a day and fruits and vegetables at least five times daily do not vary statistically by gender.

Fruit and vegetable consumption does not vary statistically by age, regardless of the measure.

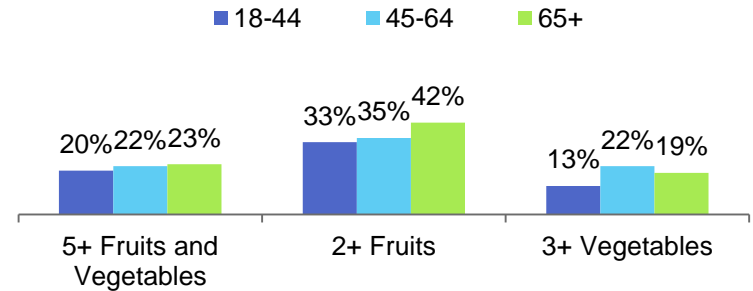
Middlebury area adults who live in homes with more income are more likely to eat vegetables at least three times per day, compared with those in homes with more income.

- Adults in homes making at least \$25,000 per year are statistically more likely than those in homes with less yearly income to eat vegetables at least three times per day.
- Eating fruits at least twice per day and fruits and vegetables at least five times per day do not vary statistically by annual household income level.

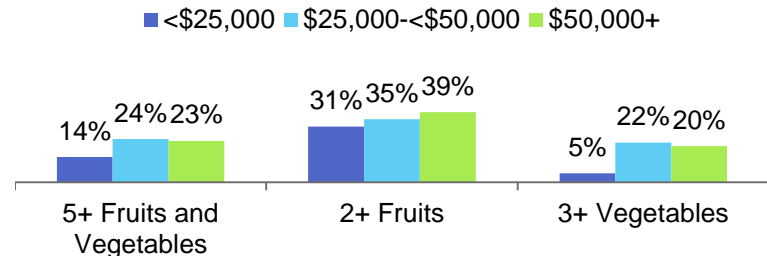
**Preventive Behaviors by Gender
Middlebury Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

About six in ten (59%) Vermont adults met physical activity recommendations*. This is the same as among Middlebury area adults.

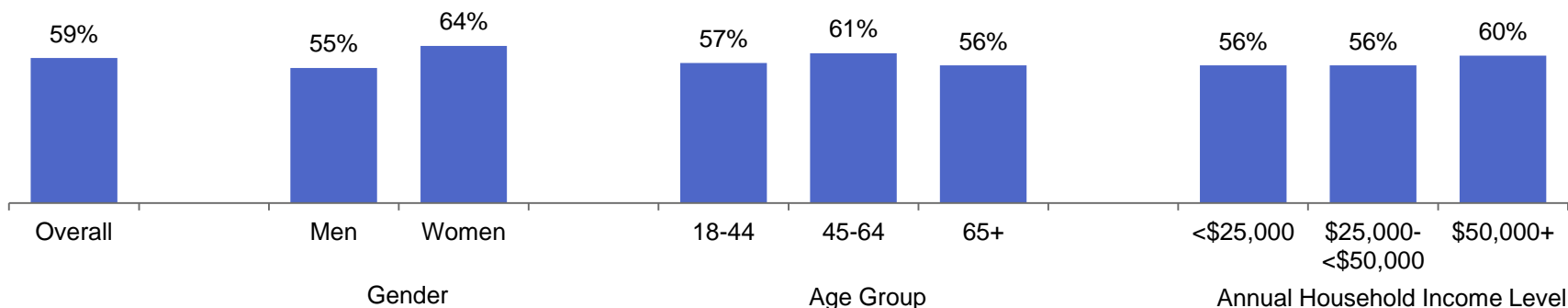
Men and women in the Middlebury area meet physical activity recommendations at statistically similar rates, 55% for men and 64% for women.

Among Middlebury adults, there are no statistically significant differences in meeting physical activity recommendations by age.

There are also no statistical differences in meeting physical activity recommendations by annual household income level.

Meeting physical activity recommendations did not change statistically from 2011/2013 to 2013/2015. See Appendix A for trend results.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Middlebury Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see: www.cdc.gov/physicalactivity/everyone/guidelines/index.html.

Note: Met physical activity recommendation data, except that by age are age adjusted to the U.S. 2000 population.

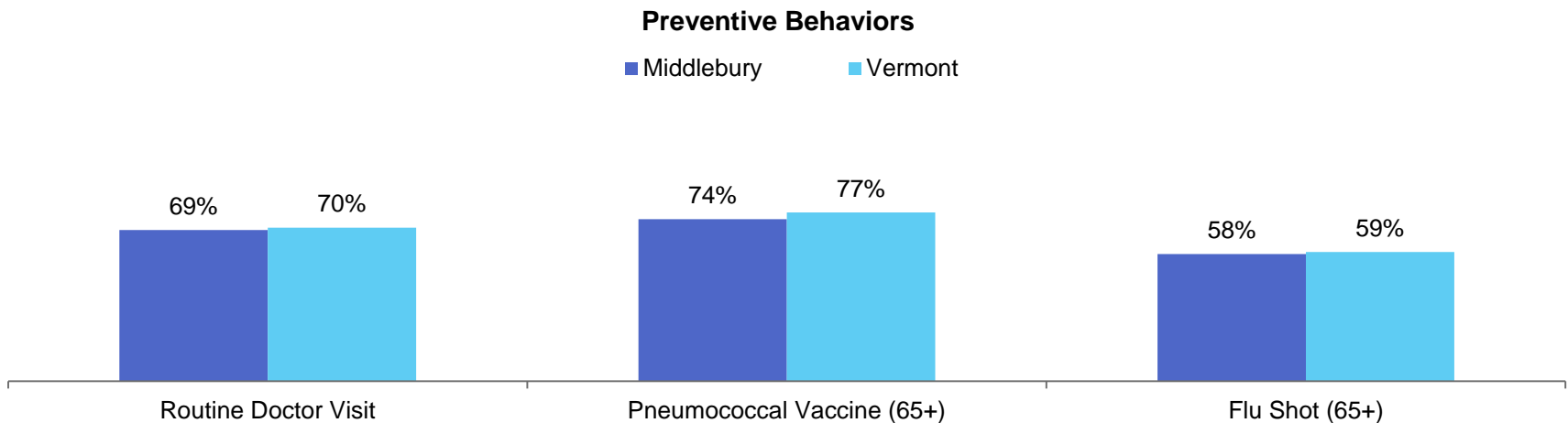
Preventive Behaviors

Seven in ten adults (69%) in the Middlebury area saw their doctor for a routine visit in the previous year. This is similar to the 70% reported among all Vermont adults.

Three quarters (74%) of Middlebury area adults ages 65 and older have ever received a pneumococcal vaccine. Less than six in ten (58%) got a flu shot in the last year.

- Vermont adults, ages 65 and older got pneumococcal and flu shot vaccines at similar rates to Middlebury adults, 77% and 59%, respectively.

Routine doctor visits and receipt of vaccinations among Middlebury area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

There are no statistical differences in routine visits to the doctor by gender, among Middlebury adults. Likewise, among adults 65 and older there are no differences in receipt of a pneumococcal vaccine or flu shot.

Routine visits to the doctor in the last year increase with age.

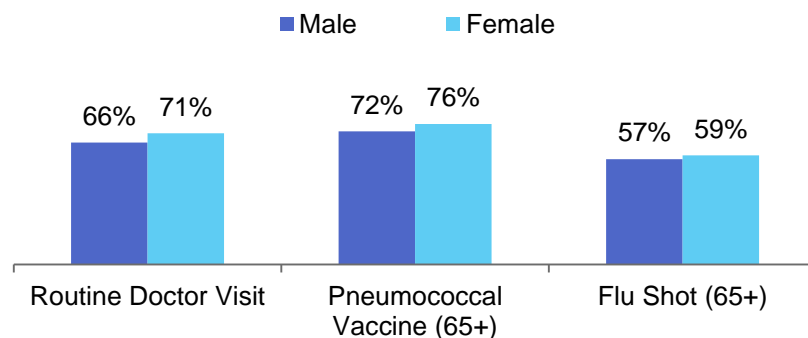
- Adults 65 and older are statistically more likely to visit their primary care physician over residents ages 18-64.

There are no differences by annual household income level in reported routine doctor visits.

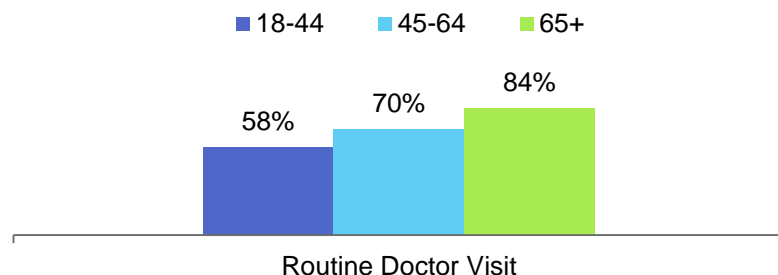
Middlebury area adults ages 65 and older with annual household incomes of \$25,000 to \$49,999 are statistically more likely than those with more income to have gotten a pneumococcal vaccine.

- Receipt of a flu shot, among Middlebury area adults 65 and older does not vary statistically by annual household income level.

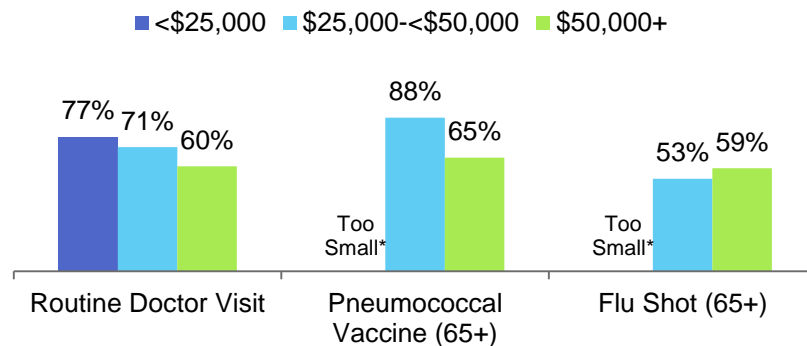
**Preventive Behaviors Gender
Middlebury Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

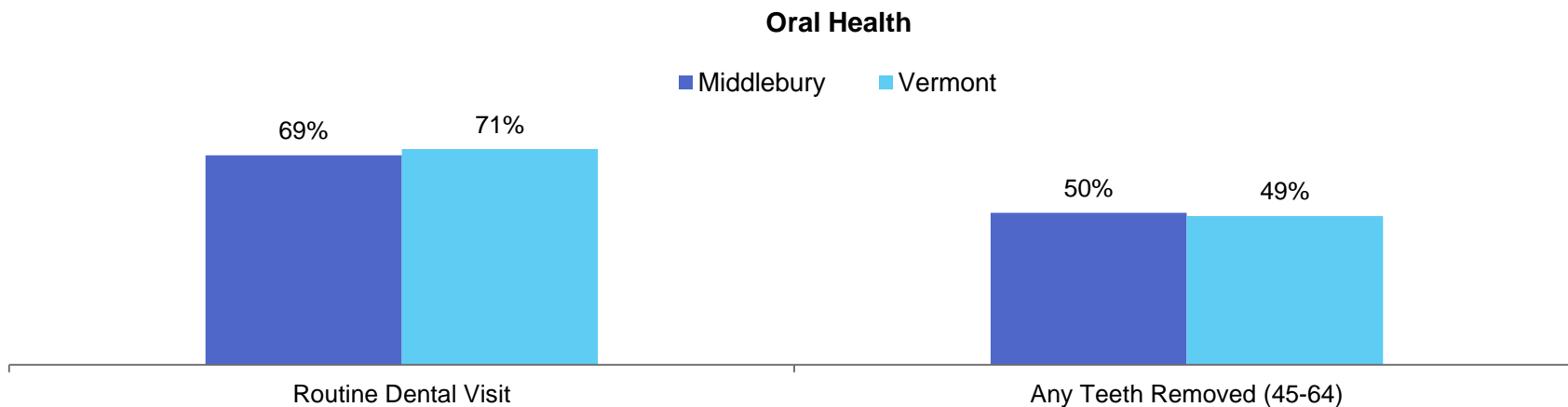


Oral Health

About seven out of ten Middlebury adults visited the dentist within the past year. Half have had one or more teeth extracted in their lifetime.

- Reported dental visits and teeth extractions are similar among Middlebury adults and Vermont adults overall.

Reported routine dental visits and teeth extractions did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.



Note: Routine dental visit data, are age-adjusted to the U.S. 2000 population.

Oral Health

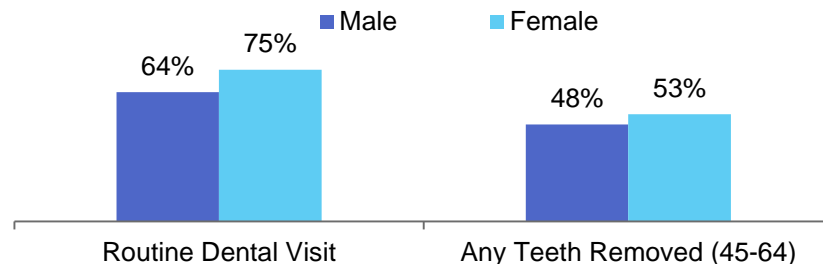
There are no statistically significant differences by gender in routine dentist visits and teeth removal among Middlebury adults.

There are also no statistical differences in routine dental visits by age.

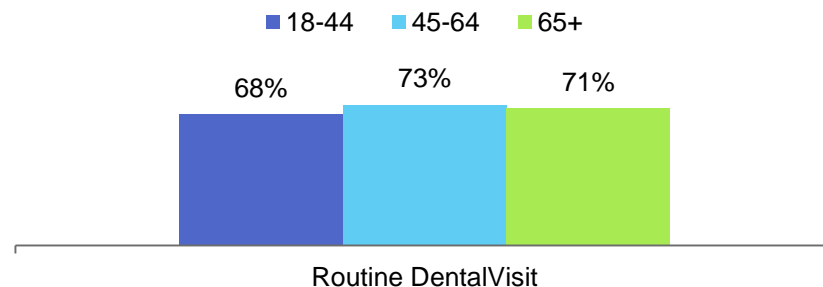
Routine dental visits increase with increasing annual household income, while at the same time teeth extractions decrease as yearly household income increases.

- Adults in homes making \$50,000 or more are more likely than those in homes with an income of less than \$25,000 per year to have seen a dentist in the last year.
- Middlebury area adults ages 45-64, with incomes of \$50,000 or more per year, are statistically more likely than those with incomes of \$25,000-\$49,999 to have had a tooth extracted.

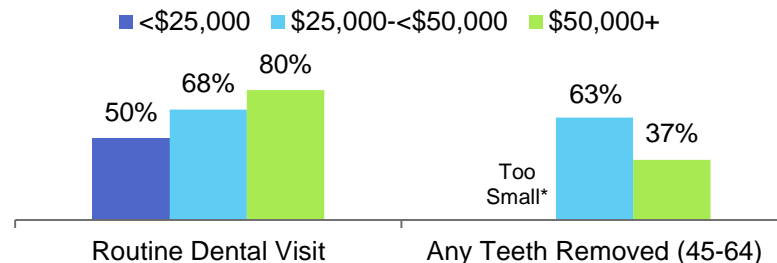
**Oral Health by Gender
Middlebury Adults**



Oral Health by Age



Oral Health by Income Level



Note: Routine dental visit data, except that by age, are age-adjusted to the U.S. 2000 population.

*Sample size too small to report.

HIV Screening

In 2015-2016, more than a third (36%) of Middlebury area adults had ever been tested for HIV. This is similar to the 37% reported among Vermont adults overall.

Men and women in the Middlebury area experience HIV testing at similar rates.

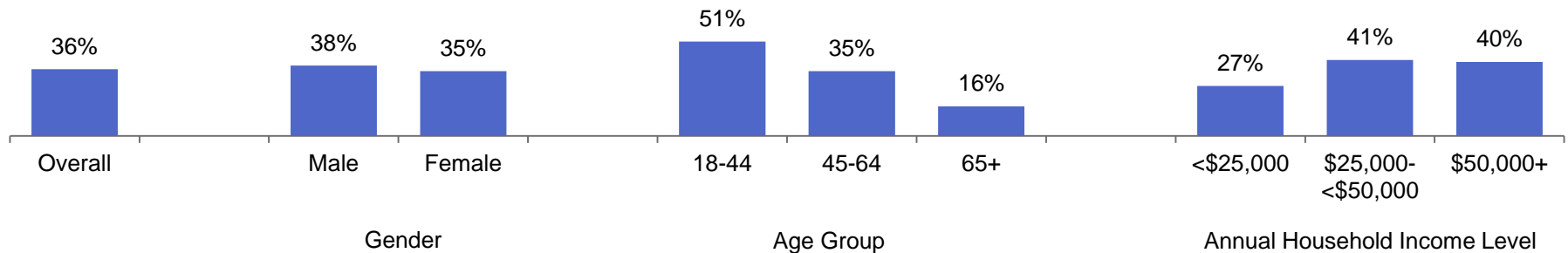
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 65 and older are statistically less likely to have ever been tested for HIV compared with younger adults.

There are no statistical differences, among adults in the Middlebury area, in HIV testing by annual household income level.

HIV testing among Middlebury adults is trending up, increasing from 28% in 2011-2012 to 36% in 2015-2016. However, the difference in HIV testing rates between 2011-2012 and 2015-2016 is not statistically significant. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
Middlebury Adults**



Cancer Screening

In 2014/2016, eight in ten women ages 50-74 in the Middlebury area met breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

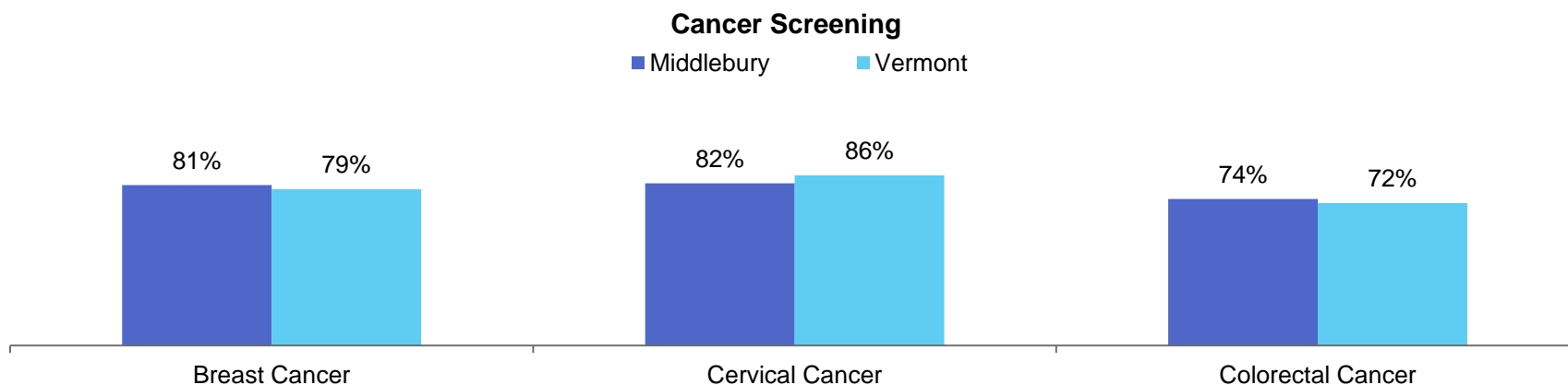
Eighty-two percent of women 21-65 who live in the Middlebury area met cervical cancer recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Middlebury area, nearly three-quarters met colorectal cancer screening recommendations. This also is similar to the rate among all Vermonters of the same age (72%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy every five years and FOBT every three years OR colonoscopy every ten years.

Receipt of mammograms among women 50-74, and of colorectal cancer screening among adults 50-75 did not change statistically from 2012/2014 to 2014/2016. Changes in cervical cancer screening could not be measured due to a difference in how hysterectomies were asked about in 2016 and earlier years.



Note: Cancer screening data are age-adjusted to the U.S. 2000 population.

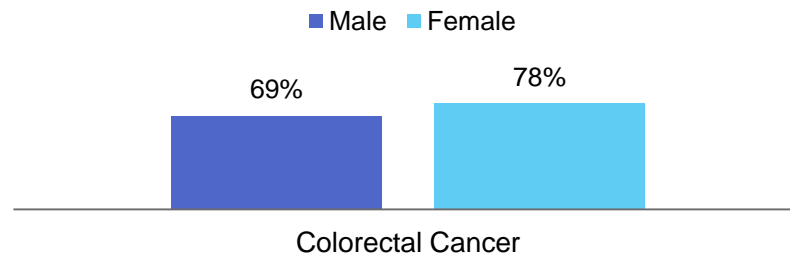
Cancer Screening

Among Middlebury area adults 50-75, receipt of colorectal cancer screening is similar by gender.

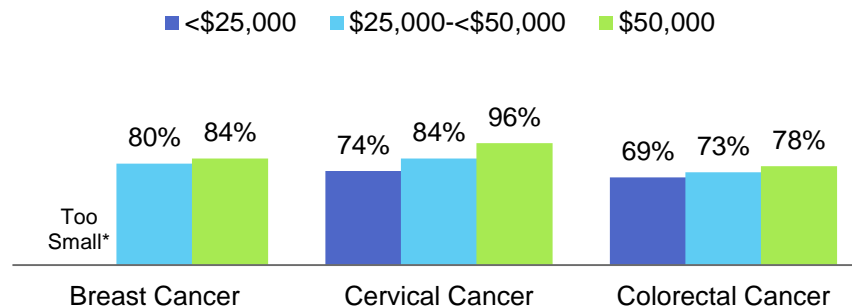
Middlebury area adults in homes with more income are more likely to receive cancer screening as recommended.

- Middlebury women 21-65 in homes making at least \$50,000 per year are statistically more likely to receive cervical cancer screening as recommended, compared with those in homes making less than \$25,000 annually.
- No other differences in cancer screening are statistically significant.

**Cancer Screening By Gender
Middlebury Adults**



Cancer Screening by Income Level



Note: Cancer screening data, except that by age, are age-adjusted to the U.S. 2000 population.
*Sample size too small to report.

Appendix A: Middlebury District Office Trend Results (2011-2016)

Health Status Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Fair or Poor General Health	11%	10%	12%	11%	12%	No
Poor Physical Health	10%	9%	9%	9%	10%	No
Poor Mental Health	9%	7%	8%	10%	11%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	12%	12%	10%	11%	13%	No
No Doctor Because of Cost	9%	9%	8%	6%	7%	No
No Health Plan (ages 18-64)	12%	11%	8%	5%	7%	No*
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	29%	26%	28%	27%	27%	No
Depression	21%	20%	21%	22%	23%	No
Obesity	25%	28%	28%	28%	31%	No
Asthma	10%	10%	14%	14%	12%	No
Diabetes	7%	7%	7%	8%	10%	No
Non-Skin Cancer	7%	6%	7%	8%	9%	No
Cardiovascular Disease (CVD)	6%	8%	8%	7%	7%	No
Skin Cancer	6%	7%	8%	9%	8%	No
Chronic Obstructive Pulmonary Disease (COPD)	4%	5%	6%	6%	5%	No

*Not having a health plan among Middlebury area adults 18-64 has a statistically significant downward trend, however the change from 2011-2012 to 2015-2016 is not statistically significant.

Appendix A: Middlebury District Office Trend Results (2011-2016)

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	15%	16%	15%	14%	14%	No
Binge Drinking	17%	17%	17%	17%	16%	No
Heavy Drinking	8%	6%	7%	9%	8%	No
No Exercise	20%	20%	19%	18%	20%	No
Seldom or Never use Seatbelt	5%	3%	4%	5%	3%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	6%	6%	7%	8%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	64%	67%	71%	70%	69%	No
Pneumococcal Vaccine, Ever, Ages 65+	65%	68%	75%	74%	74%	No
Flu Shot in the Last Year, Ages 65+	64%	70%	70%	60%	58%	No
Ever Tested for HIV	28%	27%	27%	31%	36%	No*

*Ever having an HIV test among Middlebury area adults has a statistically significant upward trend, however the change from 2011-2012 to 2015-2016 is not statistically significant.

Appendix A: Middlebury District Office Trend Results (2011-2016)

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	63%	59%	No
Eat 2+ Fruits Per Day	39%	36%	No
Eat 3+ Vegetables Per Day	21%	18%	No
Eat 5+ Fruits & Vegetables Per Day	24%	22%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	72%	69%	No
Teeth Removed , Ages 45-64	47%	47%	No
Mammogram, Last 2 Years, Women 50-74	80%	82%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	78%	74%	No
PAP Test, Last 3 Years, Women 21-65	82%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

Jessie.Hammond@vermont.gov

802-863-7663

Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Middlebury Health District are: Addison, Bridport, Bristol, Cornwall, Ferrisburg, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting, and Buels Gore