

Burlington District Office

2016 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

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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 Burlington District Office*

The next few pages describe the demographic makeup of Burlington Health District adults in 2015-2016.

More than half (52%) of Burlington adults are female. Two-thirds are ages 25-64, with about one in five ages 65 and older.

- Burlington residents are statistically less likely than Vermont adults overall to be 65 and older (19% vs. 23%).

Nearly half (47%) of Burlington area adults has a college degree or higher.

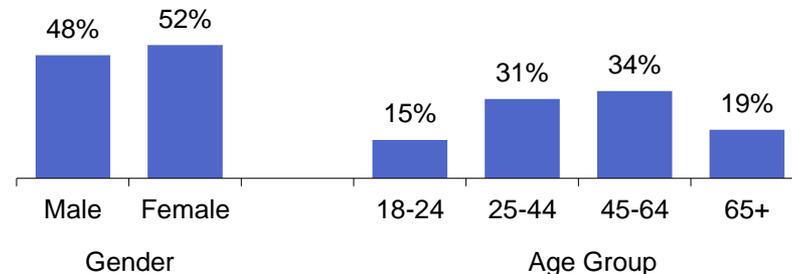
- Burlington adults are statistically more likely than Vermont adults overall to have a college degree or higher (47% vs. 33%), are as likely to have some college education, and less likely to have a high school degree or less (25% vs. 38%).

Two-thirds of Burlington adults live in a home making \$50,000 or more annually, statistically higher than that among Vermont adults (66% vs. 50%).

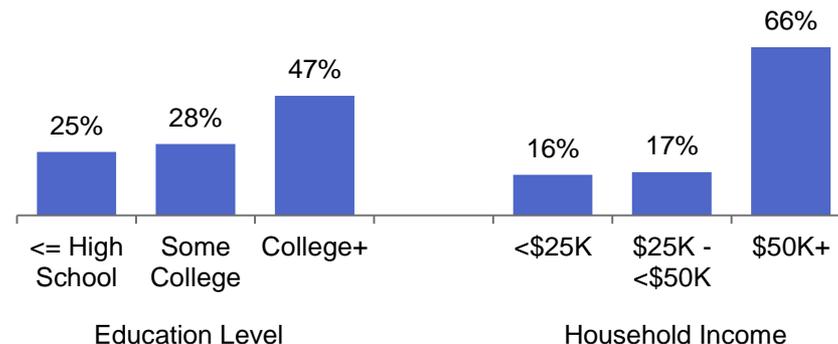
- Burlington adults are also statistically less likely than Vermont adults overall to live in homes making less than \$50,000 per year (34% vs. 50%).

Nine percent of adults in the Burlington area report being a person of color, statistically higher than the six percent among Vermont adults overall.

Burlington Residents by Gender and Age



Burlington Residents by Education and Income



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

Demographics of Burlington District Office

Two-thirds of Burlington adult residents are currently employed, while about one in six is retired. Eleven percent said they are a student or homemaker, and four percent or fewer are unemployed or unable to work.

- Burlington adults are statistically less likely than Vermont adults to be unable to work (4% vs. 6%).

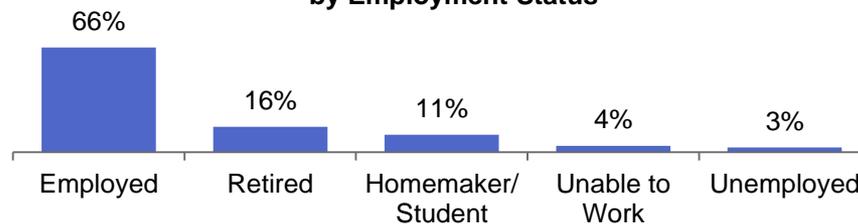
More than half of Burlington adults are married. A quarter have never married, while eleven percent are divorced. Seven percent are part of an unmarried couple and five percent are widowed.

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

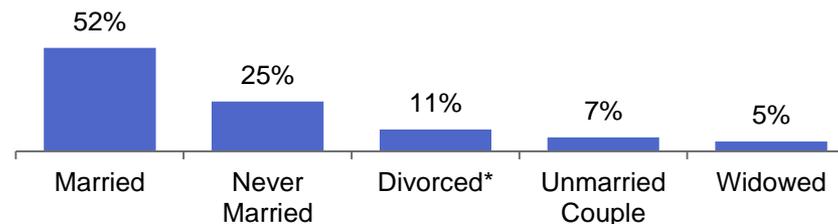
Seven out of ten adults in the Burlington area said there are no children less than 18 in their home. Five percent reported having three or more children.

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

Burlington Residents by Employment Status

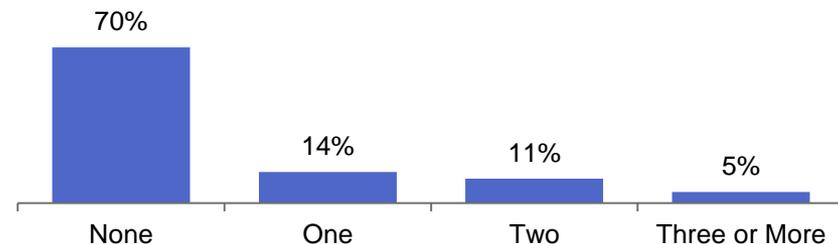


Burlington Residents by Marital Status



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

Burlington Residents by Children in Household



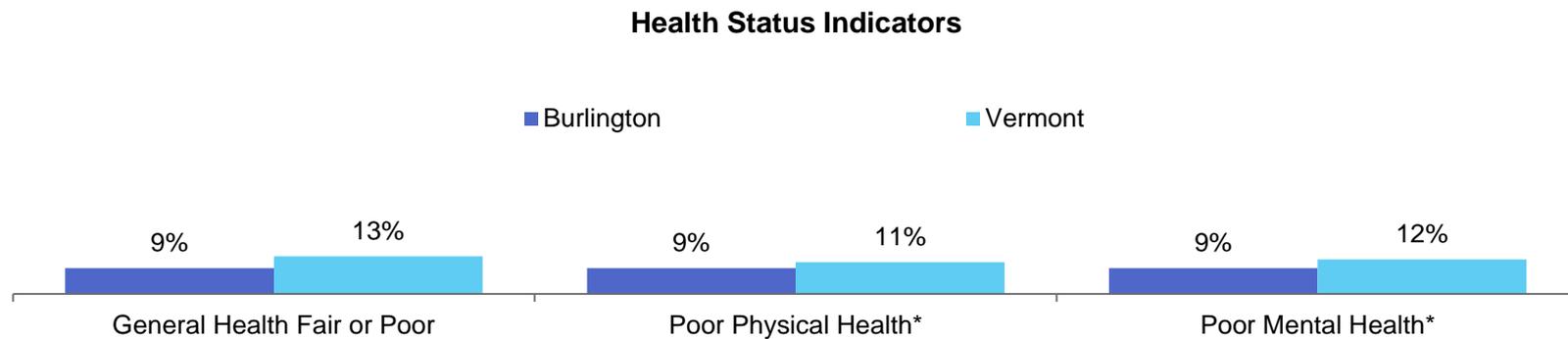
Health Status Indicators

In 2015-2016, nine percent of Burlington area adults reported their general health as fair or poor. The same proportion had poor physical health or poor mental health in the last month.

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

Burlington area adults are statistically less likely than Vermont adults to report fair or poor general health (9% vs. 13%) and poor physical health (9% vs. 11%).

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



*Defined as 14+ poor physical or mental days in the last month.

Health Status Indicators

Poor health, regardless of the indicator, is similar among male and female adults in the Burlington area.

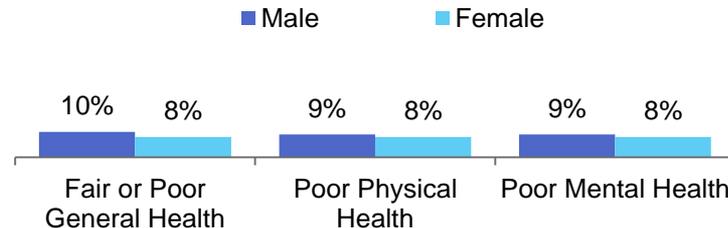
Reported fair or poor general health and poor physical health increase with age, while reported poor mental health decreases with age.

- All differences by age are statistically significant for fair or poor general health.
- Adults 45 and older are statistically more likely to report poor physical health compared with those 18-44.
- Differences in poor mental health by age are not statistically significant.

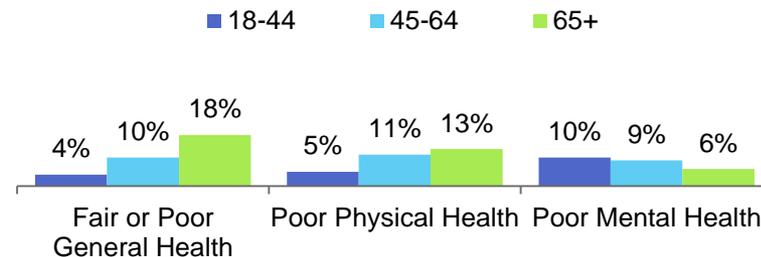
Poor health, regardless of the indicator, among Burlington area adults decreases with increasing annual household incomes.

- All differences by annual household income level are statistically significant for fair or poor general health.
- Adults in homes making less than \$50,000 per year are statistically more likely to report poor physical health, compared with those in homes with more income.
- Adults in homes making less than \$25,000 per year are also statistically more likely to report poor mental health than those in homes with more income.

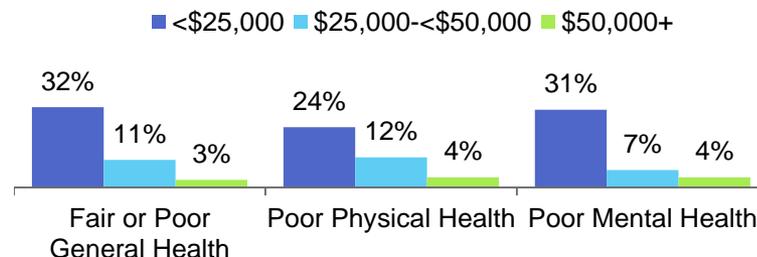
**Health Status Indicators by Gender
Burlington Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

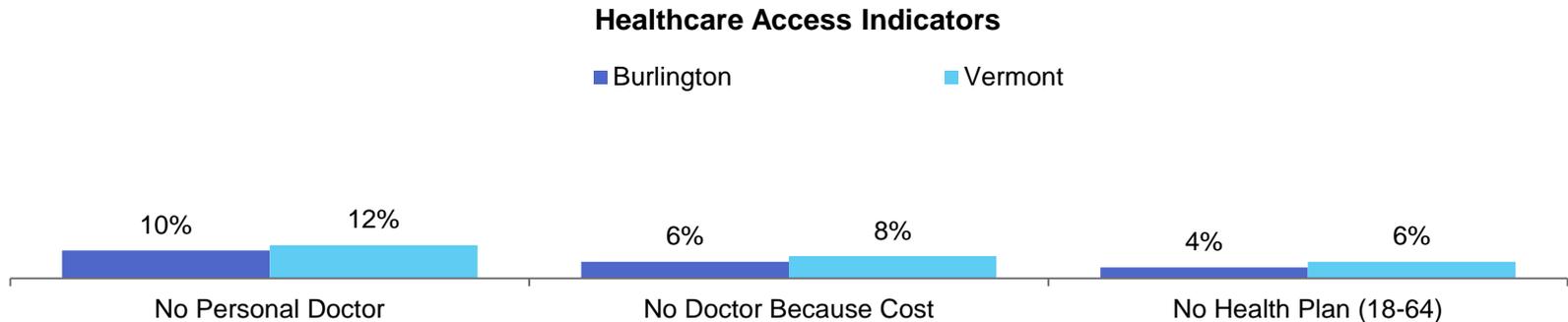


Healthcare Access Indicators

In 2015-2016, one in ten adults in the Burlington area said they do not have a personal doctor for health care. Fewer, six Percent, needed care in the last year but did not seek it due to the cost. Among Burlington area adults ages 18-64, four percent did not have health insurance.

Burlington area adults 18-64 are statistically less likely than Vermont adults of the same age to report being without a health plan (4% vs. 6%).

The proportion of Burlington area adults ages 18-64 without a health plan statistically decreased from seven percent in 2011-2012 to four percent in 2015-2016. Not having a personal doctor and delaying care due to cost have not changed statistically since 2011. See Appendix A for results over time.



Healthcare Access Indicators

Burlington area men are statistically more likely than women to not have a personal doctor (13% vs. 7%).

There are no statistically significant differences by gender in delaying care because of cost or not having a health plan.

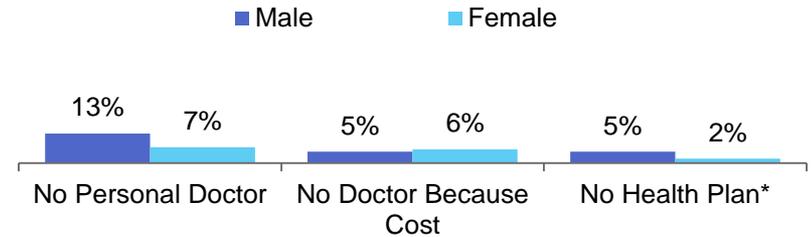
Poor health care access decreases with increasing age.

- Adults 45 and older are statistically less likely than younger adults to not have a doctor.
- Differences in delaying care due to cost and not having a health plan by age are not statistically significant.

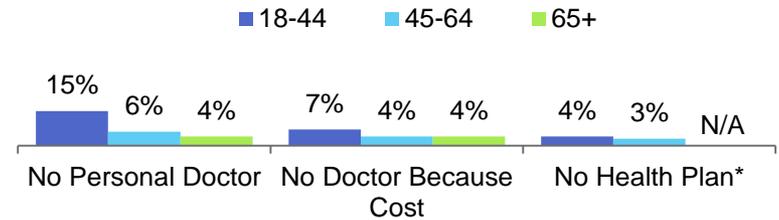
Adults in the Burlington area who have lower annual household incomes are more likely to report poor health care access, regardless of the indicator.

- Adults living in homes with incomes of \$25,000 to \$49,999 annually are statistically more likely than those in homes with more income to not have a doctor.
- Adults in homes making \$25,000 or less are statistically more likely to delay care because of cost as compared with those in homes making \$50,000 or more per year.
- Differences in not having a health plan by annual household income level are not statistically significant.

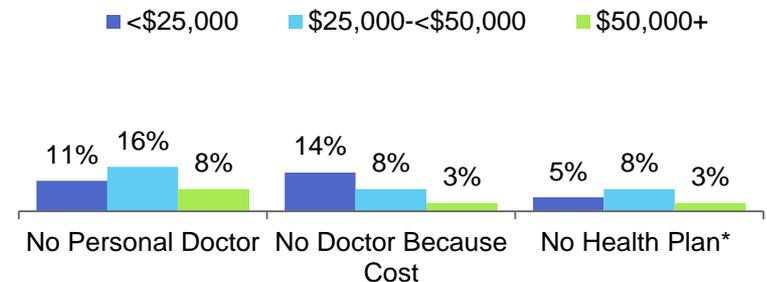
**Healthcare Access Indicators by Gender
Burlington Adults**



Healthcare Access Indicators by Age



**Healthcare Access Indicators
by Income Level**



*Limited to adults 18-64.

Chronic Conditions

Burlington area adults have statistically lower rates of arthritis, obesity, diabetes, cardiovascular disease (CVD), and COPD when compared with Vermont adults.

- About a quarter (23%) of adults in the Burlington area have arthritis; 28% of Vermont adults said the same.
- One in five (21%) Burlington area adults, ages 20 and older, are obese, compared with 28% of Vermont adults.
- Six percent of Burlington area adults report having diabetes or CVD, compared with 8% among Vermont adults.
- Less than one in 20, four percent, Burlington area adults have COPD; six percent of Vermont adults said the same.

Burlington adults have similar rates of depression, asthma, as well as non-skin and skin cancers as compared with Vermont adults overall.

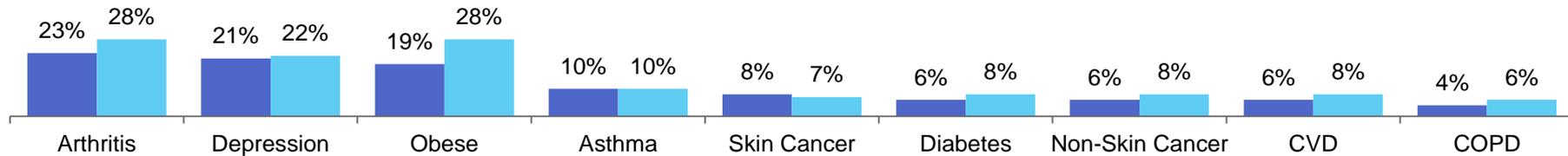
The prevalence of chronic obstructive pulmonary disease among Burlington area adults is trending up, increasing from three percent in 2011/2012 to four percent in 2015/2016. Skin cancer prevalence is also increasing, rising from six percent in 2011/2012 to eight percent in 2015/2016. However, differences between 2011-2012 and 2015-2016, for both of these measures are not statistically significant.

- The prevalence of other chronic conditions have not changed statistically since 2011.

See Appendix A for trend results.

Prevalence of Selected Chronic Conditions

■ Burlington ■ Vermont



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

Chronic Conditions

Among Burlington area adults, a diagnosis of arthritis is statistically higher among females than males.

- About a quarter (26%) of females report arthritis vs. 18% of males.

Prevalence of depressive disorders, obesity, and asthma does not differ statistically by gender among adults in the Burlington area.

Arthritis prevalence among Burlington adults increases with increasing age.

- All differences in arthritis prevalence by age are statistically significant.

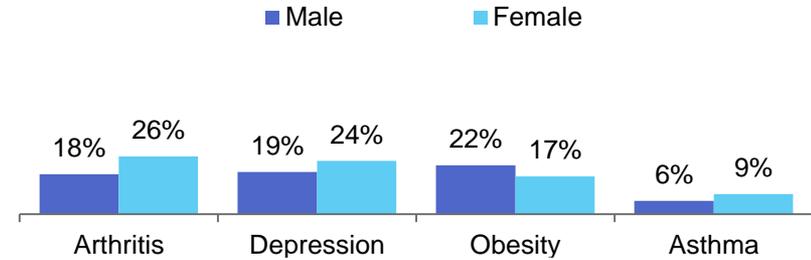
Obesity prevalence among adults 20 and older is also statistically higher among those 45-64, compared with younger adults.

There are no statistical differences by age in the prevalence of depressive disorders or asthma.

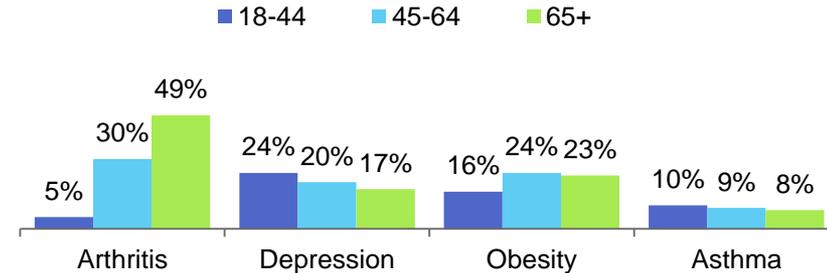
The prevalence of arthritis, depressive disorders, obesity, and asthma among Burlington adults are highest among those with lower annual household incomes.

- All differences in the prevalence of depressive disorders by annual household income level are statistically significant.
- Adults in homes making \$25,000-\$49,999 per year are statistically more likely than those with less income to report having asthma.
- Differences in the prevalence of arthritis and obesity by annual household income level are not statistically significant.

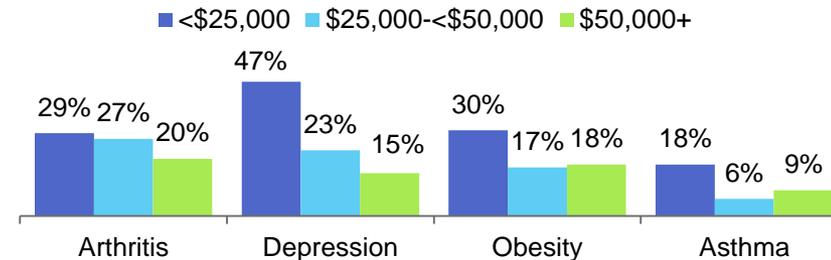
**Chronic Conditions by Gender
Burlington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



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

Chronic Conditions

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

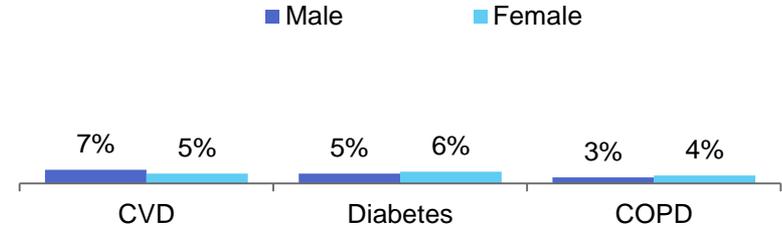
Reported CVD, diabetes and COPD among Burlington area adults all increase as age increases.

- All differences by age for CVD and diabetes are statistically significant.
- Burlington adults 45 and older are statistically more likely to report COPD than those 18-44.

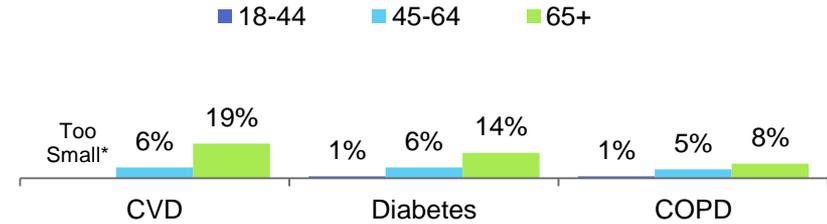
Burlington area adults living in homes with less income are more likely to have CVD, diabetes, and COPD.

- Adults in homes making less than \$50,000 per year are statistically more likely than those in homes with more income to have CVD and diabetes.
- Adults in homes making less than \$25,000 per year, are statistically more likely than those in with more income to have COPD.

**Chronic Conditions by Gender
Burlington Adults**

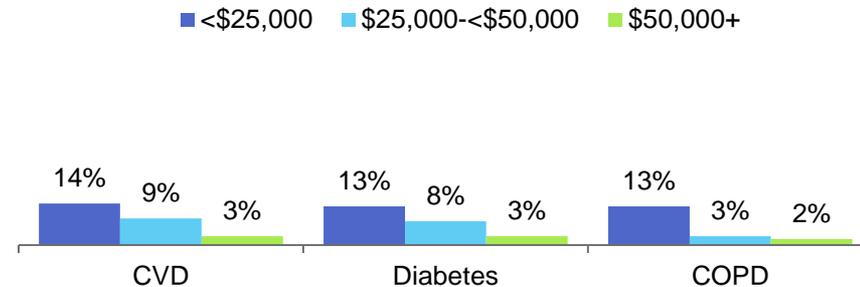


Chronic Conditions by Age



*Sample size is too small to report.

Chronic Conditions by Income Level



Chronic Conditions

Among Burlington area adults there are no statistical differences in skin cancer and non-skin cancer prevalence by gender.

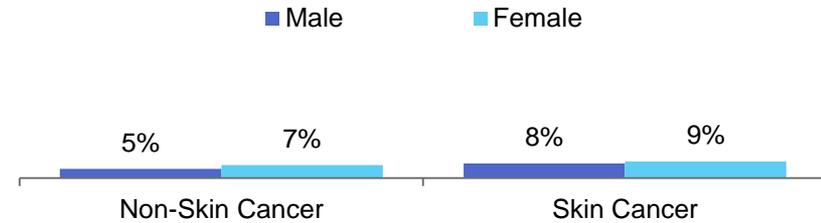
The prevalence of both skin cancer and non-skin cancers increases with increasing age.

- All differences by age, for both skin and non-skin cancers are statistically significant.

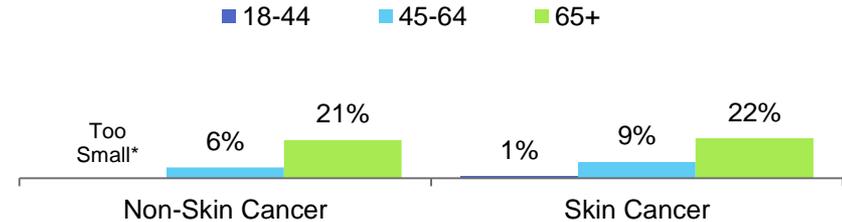
Adults in homes with incomes of \$25,000-\$49,999 per year are statistically more likely than those in homes with more income to have had a non-skin cancer.

There are no statistical differences in the prevalence of skin cancer by annual household income level, among Burlington adults.

**Chronic Conditions by Gender
Burlington Adults**

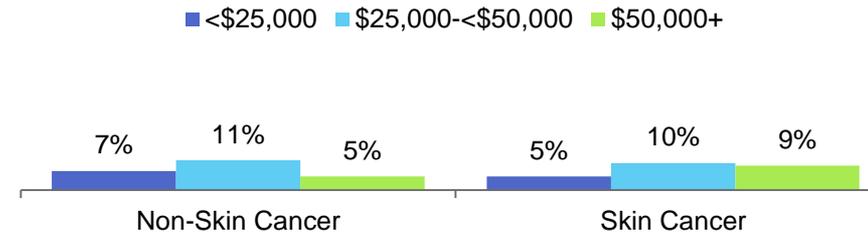


Chronic Conditions by Age



*Sample size is too small to report.

Chronic Conditions by Income Level



Risk Behaviors

In 2015-2016, more than one in five (22%) of Burlington area adults binge drank during the previous month, statistically higher than the 18% among Vermont adults overall. Heavy drinking is similar among Burlington and Vermont adults.

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

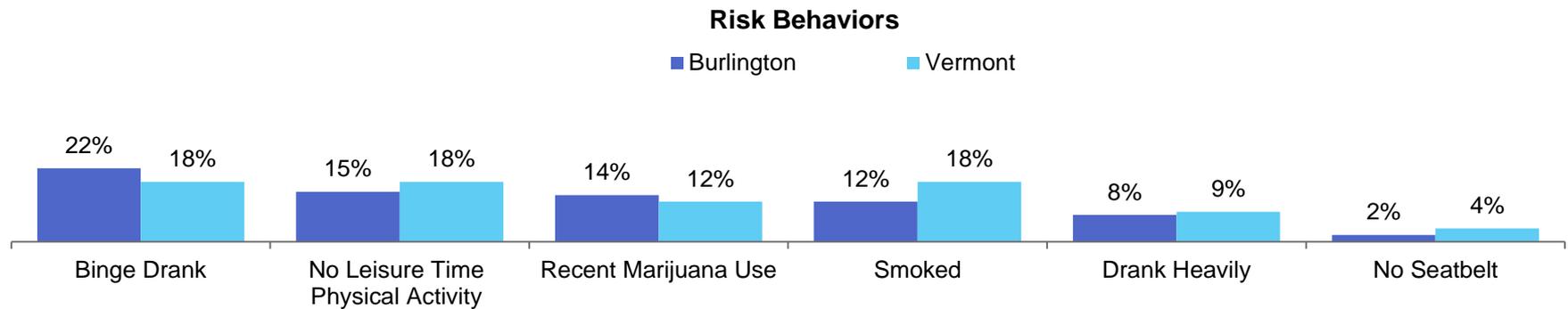
In contrast, no participation in leisure time physical activity is lower among Burlington area adults, compared with Vermont adults overall (15% vs. 18%).

Current smoking is also lower among Burlington area adults, compared to Vermont adults overall (12% vs. 18%).

- Of smokers, 52% tried to quit smoking at least once during the previous year. This is similar to the 49% reported among Vermont smokers (data not shown).

Burlington area adults and Vermont adults have similar rates of recent marijuana use and seldom or never wearing a seatbelt.

Risk behavior prevalence among Burlington area adults have not changed statistically 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 in smoking and not participating in leisure time physical activity, among Burlington area adults.

Smoking rates decrease with increasing age, among adults in the Burlington area.

- Adults 18-64 are statistically more likely to smoke than those 65 and older.

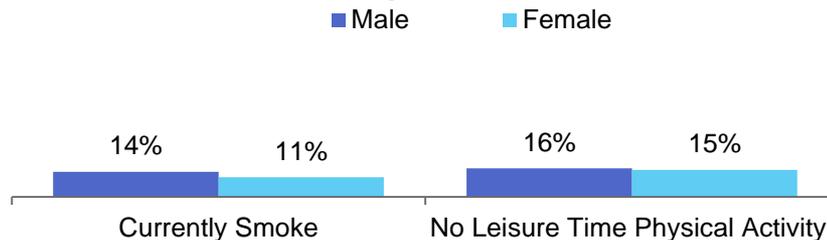
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are statistically more likely to not participate in physical activity than those 18-64.

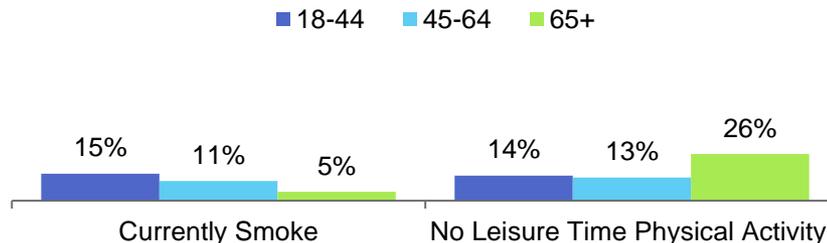
Burlington area adults in homes with more income are less likely to smoke and less likely to not participate in leisure time physical activity.

- All differences in smoking are statistically significant by annual household income.
- Burlington area adults in homes making \$50,000 or more are also statistically less likely to not participate in any physical activity as compared with those in homes with an income of less than \$25,000 per year.

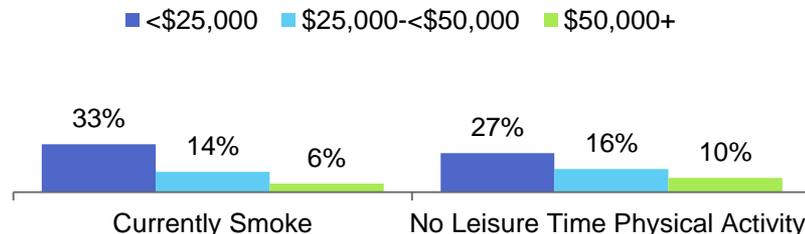
**Risk Behaviors by Gender
Burlington Adults**



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 statistically significant differences by gender in binge drinking, heavy drinking, or recent marijuana use, among Burlington area adults.

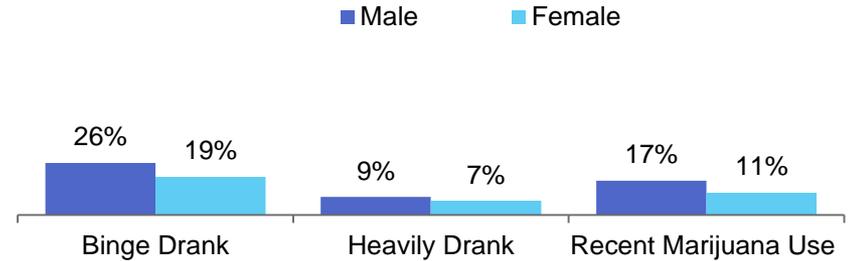
Binge drinking and marijuana use decreases with increasing age.

- All differences in binge drinking and marijuana use by age are statistically significant.
- Heavy drinking does not vary statistically by age.

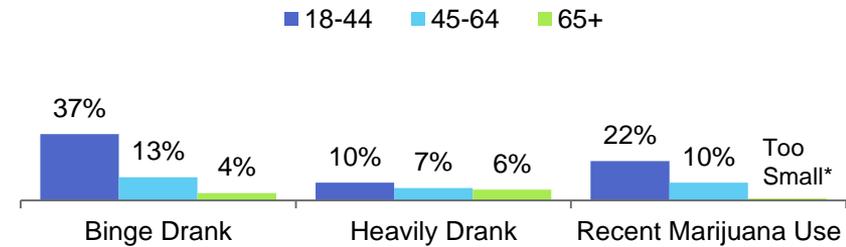
Marijuana use decreases with increasing annual household income.

- Burlington area adults in homes that make less than \$25,000 annually are statistically more likely to use marijuana compared to those in homes making \$50,000 or more.
- Binge and heavy drinking do not vary statistically by annual household income level.

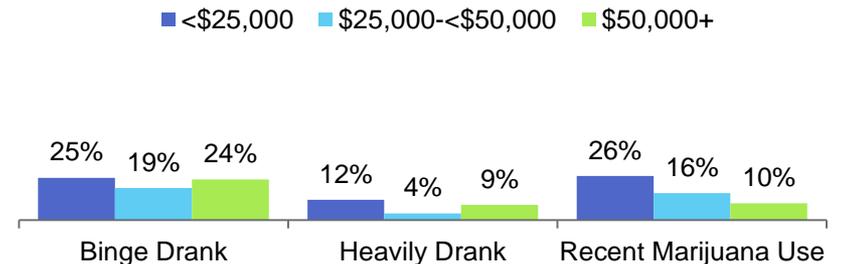
**Risk Behaviors by Gender
Burlington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Risk Behaviors

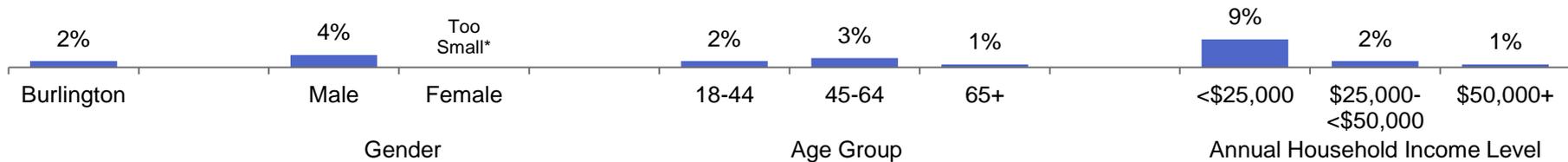
Overall, less than one in twenty (2%) adults in the Burlington area seldom or never wear a seatbelt when riding or driving in a car. This is similar to the four percent of Vermont adults who reported the same.

Differences in non-use of seatbelts between males and females in the Burlington area cannot be reported because of the small female sample size.

Adult non-use of seatbelts in the Burlington area does not differ statistically by age. However, non-use of seatbelts decreases with annual household income level.

- Adults in homes making less than \$25,000 per year are statistically more likely than those in homes making \$50,000 or more to seldom or never wear a seatbelt.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Burlington Adults**

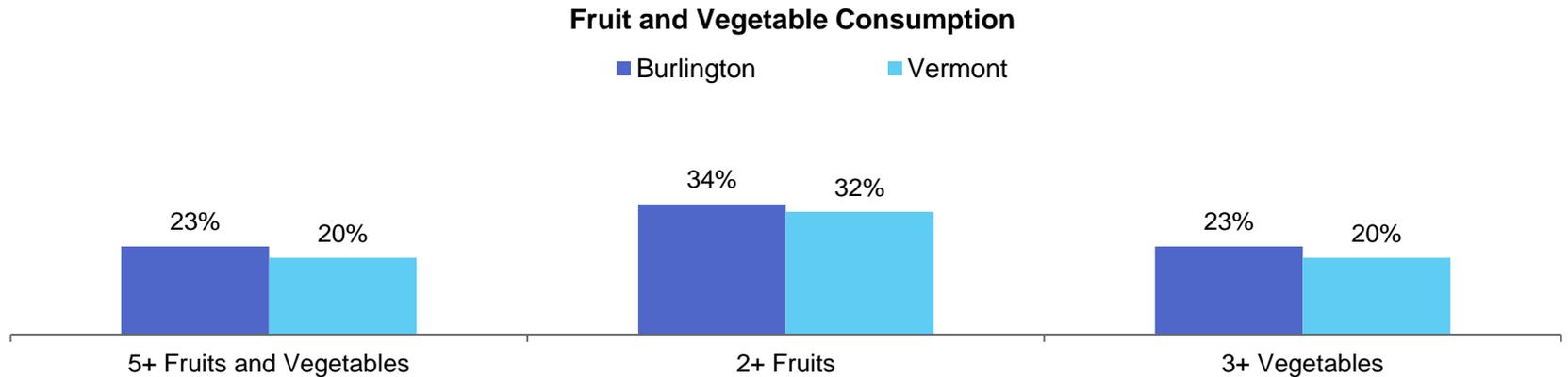


Preventive Behaviors

In 2013/2015, about a quarter of Burlington area adults ate fruits and vegetables five or more times per day. A third ate fruits two or more time daily, while 23% reported eating vegetables three or more times.

Burlington area adults are statistically more likely than Vermont adults overall to consume vegetables three or more times daily (23% vs. 20%). However, consumption fruits at least twice and fruits and vegetables five or more times is similar.

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



Preventive Behaviors

Women in the Burlington area eat more fruits and vegetables than men.

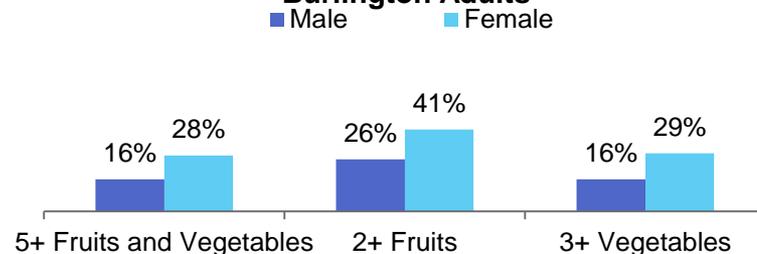
- Nearly three in ten women eat fruits and vegetables five or more times per day. This is statistically higher than the 16% reported by men.
- Forty-one percent of women eat two or more fruits and 29% eat three or more vegetables per day. Both are statistically higher than the 26% and 16% reported among men, respectively.

There are no differences in fruit and vegetable consumption by age, among Burlington area adults.

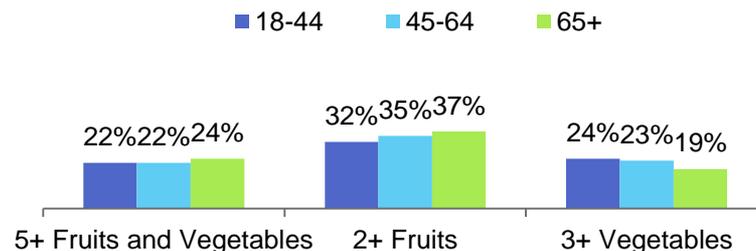
Consumption of fruits and vegetables increases with increasing annual household income level.

- Adults in homes making \$50,000 or more per year are more likely than those in homes making less than \$25,000 to eat fruits and vegetables five or more times per day.
- Those in homes making \$25,000 or more per year are more likely to eat fruits at least twice per day and vegetables three or more times per day, compared with those in homes with less income.

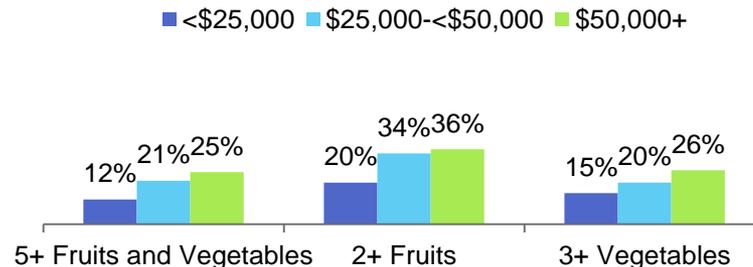
Preventive Behaviors by Gender
Burlington Adults



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

In 2013/2015, about six in ten (61%) Burlington area adults meeting physical activity recommendations*. This is similar to the 59% reported among Vermont adults.

Men and women in the Burlington area met physical activity recommendations at statistically similar rates, 62% for men and 61% for women.

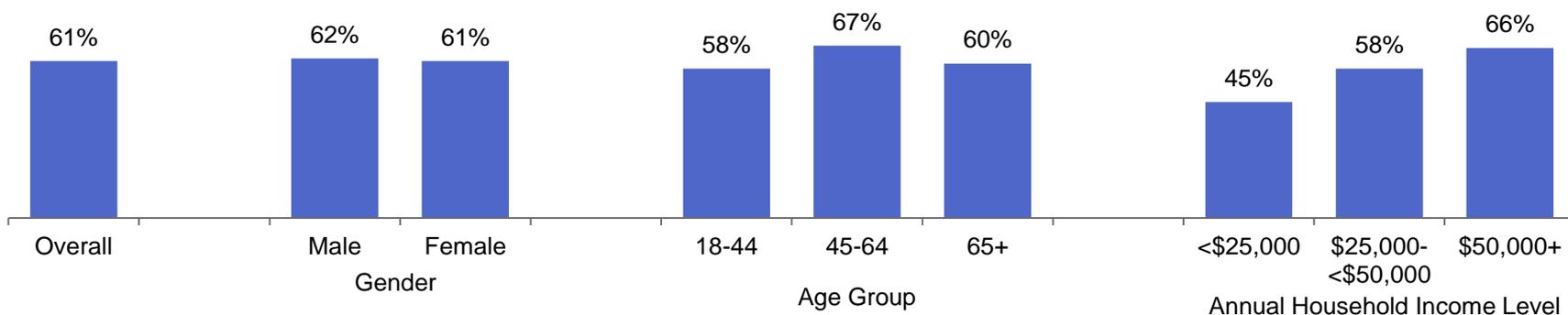
There are no differences in meeting physical activity recommendations by age, among Burlington adults.

Meeting physical activity recommendations increases with annual household income level.

- Adults with an annual household income at least \$50,000, are statistically more likely to meet physical activity recommendations than adults living in households incomes of less than \$25,000 per year.

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

**Met Physical Activity Recommendations, Overall and by Sub-groups
Burlington 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 recommendations data, except that by age, are age adjusted to the U.S. 2000 population.

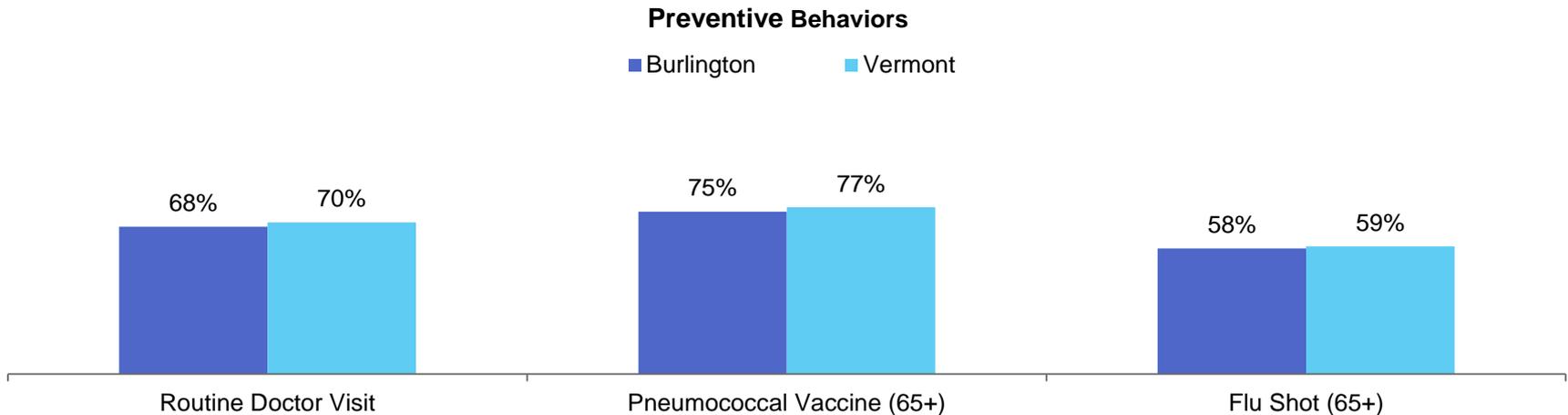
Preventive Behaviors

Less than six in ten (68%) adults in the Burlington area saw their doctor for a routine visit in the previous year. This is similar to the 70% among all Vermont adults.

Three-quarters of Burlington area adults ages 65 and older have ever gotten a pneumococcal vaccine. Six in ten (58%) got a flu shot in the last year.

- Vermont adults, ages 65 and older, get pneumococcal and flu shot vaccines at similar rates to Burlington adults.

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



Preventive Behaviors

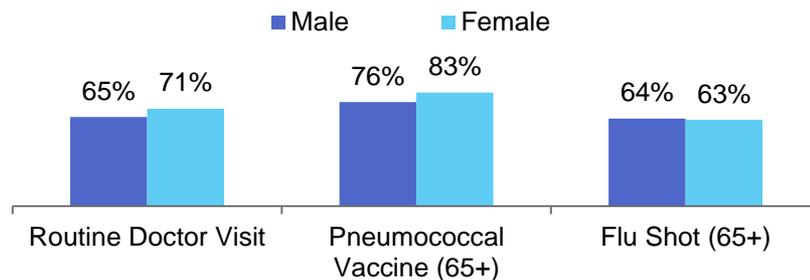
Among Burlington area adults, there are no differences in routine doctor visits or receipt of vaccinations by gender.

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

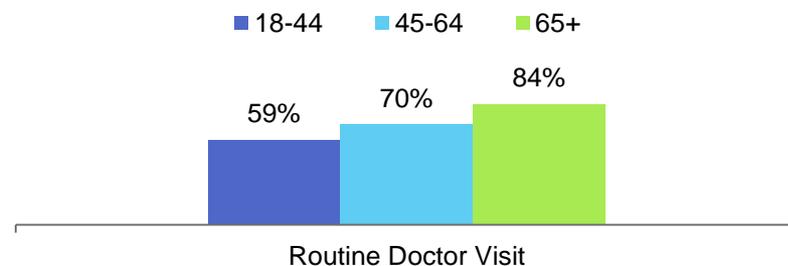
- All differences by age are statistically significant.

There are no differences in the occurrence of routine doctor visits or receipt of vaccinations by annual household income level, among Burlington area adults.

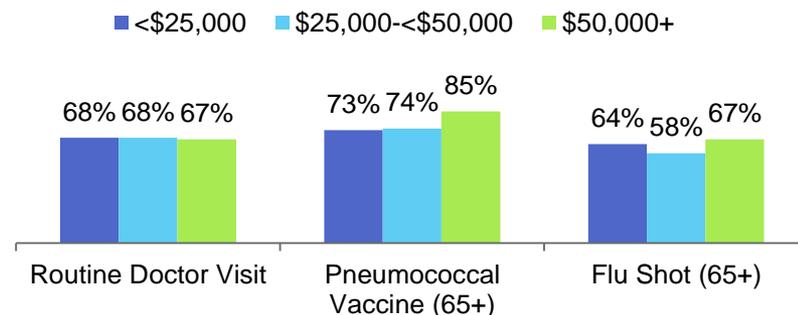
**Preventive Behaviors by Gender
Burlington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

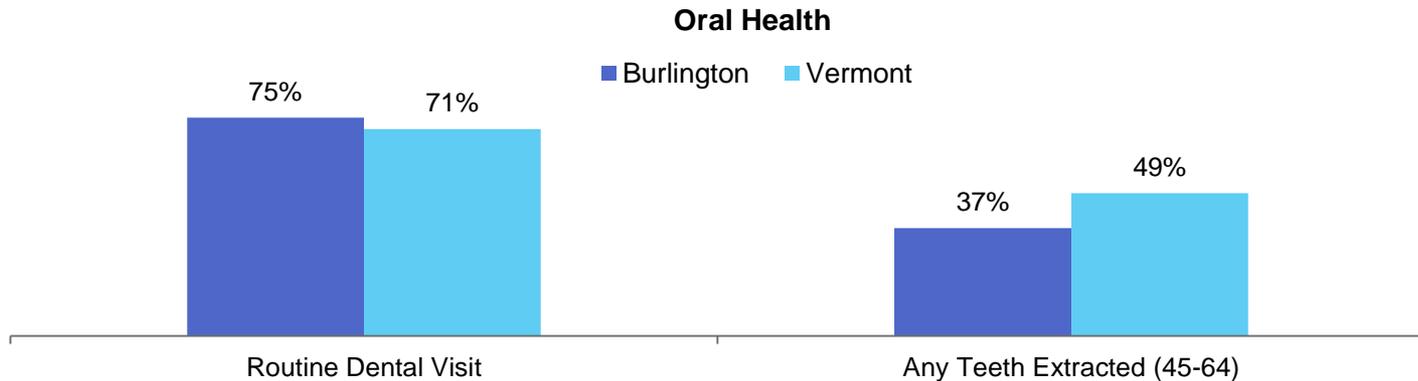


Oral Health

Three-quarters of Burlington area adults saw their dentist for any reason in the last year. This is statistically higher than the 71% among Vermont adults overall.

Burlington adults 45-64 are statistically less likely than Vermont adults to have had a tooth extracted (37% vs. 49%).

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



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

Oral Health

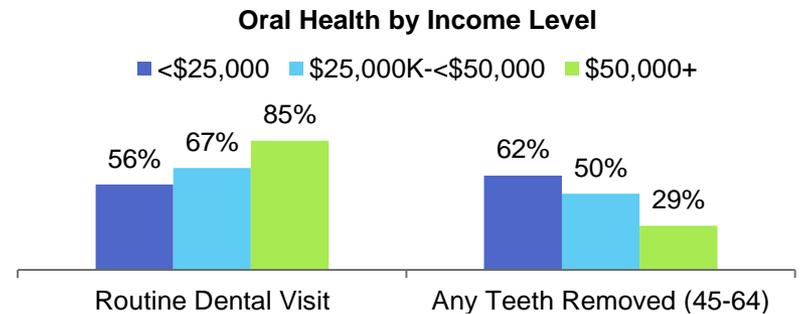
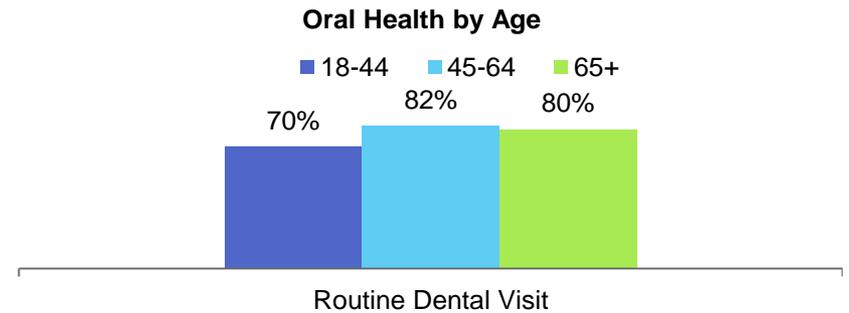
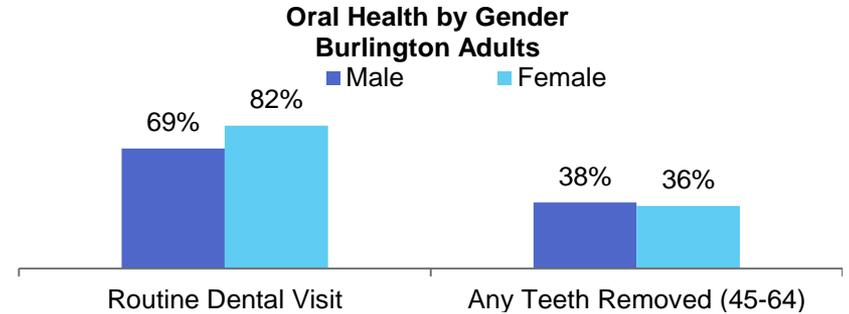
Among Burlington area adults, women are more likely to visit the dentist regularly than men (82% vs. 69%).

- Teeth extractions do not vary statistically by gender.

Burlington area adults 45 and older are statistically more likely than younger adults to visit a dentist regularly.

Burlington area adults living in homes with more income are more likely than those in homes with less income to visit the dentist regularly and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are statistically more likely than those in homes with less income to have seen a dentist for any reason during the previous year.
- Adults 45-64 in homes making at least \$50,000 annually are also less likely to have had any teeth extracted or removed, as compared with those in homes with less income.



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

HIV Screening

In 2015-2016, nearly four in ten (39%) Burlington area adults had ever been tested for HIV. This is statistically similar to the 37% reported among Vermont adults overall.

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

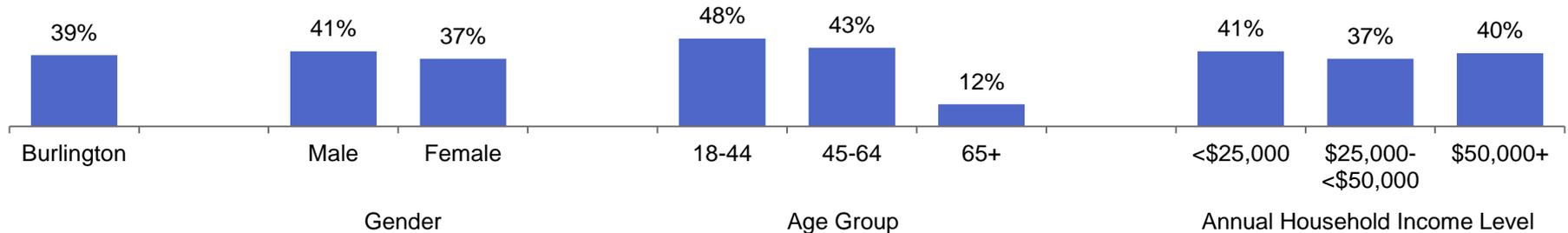
Ever having an HIV test decreases with increasing age. In other words, older adults are less likely to have had an HIV test.

- Adults 45 and younger are statistically more likely than older adults to have received HIV testing.

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

The proportion of Burlington area adults ever tested for HIV increased statistically from 33% in 2011-2012 to 39% in 2015-2016. See Appendix A for results over time.

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



Cancer Screening

In 2014/2016, eight in ten (81%) women ages 50-74 in the Burlington 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.

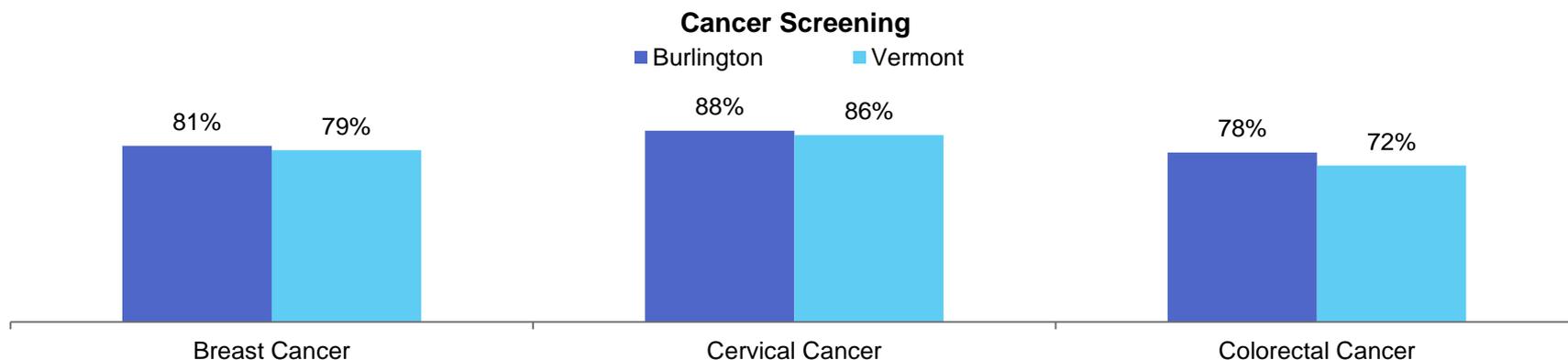
Eighty-eight percent of women 21-65 who live in the Burlington area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- 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 Burlington area, more than three-quarters (78%) met colorectal cancer screening recommendations. This is statistically higher than 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.

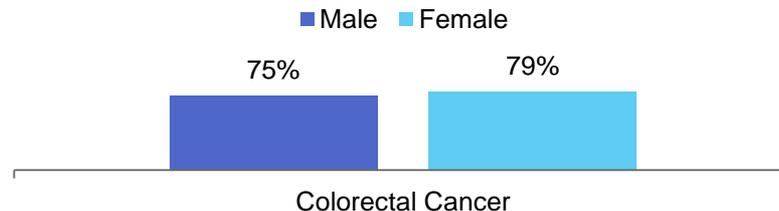
Cancer Screening

Among Burlington area adults, receipt of recommended colorectal cancer screening does not differ statistically by gender.

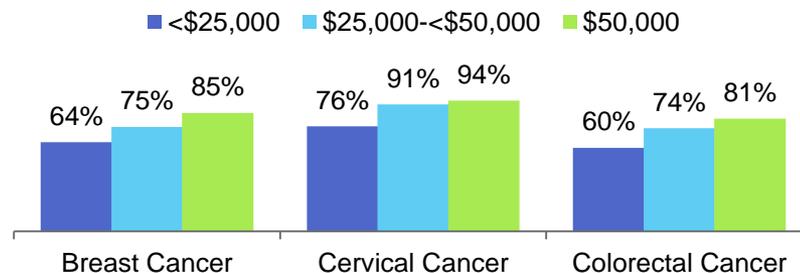
Burlington area adults in homes with more income are more likely to receive recommended cancer screenings.

- Women ages 50-74 in households making at least \$50,000 annually are statistically more likely than those with incomes of less than \$25,000 to meet breast cancer screening recommendations.
- Women 21-65 in households that make \$50,000 or more per year are statistically more likely than those in homes making less than \$25,000 annually to meet cervical cancer screening recommendations.
- Adults 50-75 in homes making at least \$50,000 per year are statistically more likely than those with incomes of less than \$25,000 to meet colorectal cancer screening recommendations.

Cancer Screening By Gender Burlington Adults



Cancer Screening by Income Level



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

Appendix A: Burlington 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	8%	9%	9%	7%	9%	No
Poor Physical Health	8%	8%	8%	7%	9%	No
Poor Mental Health	10%	9%	9%	8%	9%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	11%	11%	12%	12%	10%	No
No Doctor Because of Cost	8%	7%	7%	7%	6%	No
No Health Plan (ages 18-64)	7%	8%	6%	4%	4%	Yes
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	22%	23%	24%	23%	23%	No
Depression	22%	23%	24%	23%	21%	No
Obesity	21%	21%	21%	18%	19%	No
Asthma	11%	11%	12%	11%	10%	No
Diabetes	6%	6%	7%	6%	6%	No
Non-Skin Cancer	5%	6%	7%	6%	6%	No
Cardiovascular Disease (CVD)	6%	6%	6%	6%	6%	No
Skin Cancer	6%	6%	6%	8%	8%	No*
Chronic Obstructive Pulmonary Disease (COPD)	3%	3%	5%	5%	4%	No*

*Skin cancer and COPD prevalence among Burlington area adults have statistically significant upward trends, however in both cases, the change from 2011-2012 to 2015-2016 is not statistically significant.

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

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	13%	14%	14%	13%	12%	No
Binge Drinking	23%	21%	20%	22%	22%	No
Heavy Drinking	10%	9%	9%	9%	8%	No
No Exercise	13%	15%	17%	15%	15%	No
Seldom or Never use Seatbelt	3%	3%	3%	2%	2%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	10%	10%	11%	14%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	63%	65%	65%	67%	68%	No
Pneumococcal Vaccine, Ever, Ages 65+	74%	73%	77%	78%	80%	No
Flu Shot in the Last Year, Ages 65+	68%	65%	65%	67%	63%	No
Ever Tested for HIV	33%	33%	32%	35%	39%	Yes

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

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	61%	61%	No
Eat 2+ Fruits Per Day	37%	31%	No
Eat 3+ Vegetables Per Day	21%	23%	No
Eat 5+ Fruits & Vegetables Per Day	24%	23%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	77%	75%	No
Teeth Removed , Ages 45-64	31%	32%	No
Mammogram, Last 2 Years, Women 50-74	83%	81%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	78%	78%	No
PAP Test, Last 3 Years, Women 21-65	88%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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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 Burlington Health District are: Bolton, Burlington, Charlotte, Colchester, Essex, Hinesburg, Huntington, Jericho, Milton, Richmond, Shelburne, South Burlington, St. George, Underhill, Westford, Williston, and Winooski.