



Behavioral Risk Factor Surveillance System 2017 Report



Table of Contents

	Page		Page
<u>Introduction</u>	4	<u>Disability</u>	19
<u>Methodology Changes</u>	4	<u>Chronic Conditions</u>	21
<u>Executive Summary</u>	5	<u>Arthritis</u>	22
<u>Demographics</u>	7	<u>Asthma</u>	24
<u>Sex</u>	8	<u>Cancer Diagnosis</u>	25
<u>Age</u>	8	<u>Skin Cancer Diagnosis</u>	26
<u>Education Level</u>	8	<u>Cardiovascular Disease</u>	27
<u>Household Income Level</u>	8	<u>Chronic Obstructive Pulmonary Disease (COPD)</u>	28
<u>Education Level</u>	8	<u>Depressive Disorder</u>	29
<u>Race/Ethnicity</u>	8	<u>Pre-Diabetes</u>	30
<u>Sexual Orientation/Gender Identity</u>	8	<u>Diabetes</u>	31
<u>Employment Status</u>	9	<u>High Cholesterol</u>	33
<u>Marital Status</u>	9	<u>Hypertension</u>	34
<u>County of Residence</u>	10	<u>Kidney Disease</u>	35
<u>Veteran Status</u>	10	<u>Obesity and Overweight</u>	36
<u>Pregnancy Status</u>	10	<u>Risk Factor Indicators</u>	37
<u>Children in Household</u>	10	<u>Alcohol Consumption</u>	38
<u>Homeowner Status</u>	10	<u>Community Safety for Walking</u>	41
<u>Health Status Indicators</u>	11	<u>HIV Transmission Risk</u>	44
<u>General Health Status</u>	12	<u>Intimate Partner Violence</u>	43
<u>Medical Health Plan Coverage</u>	13	<u>Marijuana Use</u>	46
<u>Medical Health Care Access</u>	15	<u>No Leisure Time Physical Activity</u>	48
<u>Quality of Life/Healthy Days</u>	17	<u>Prescription Drug Misuse</u>	49

Table of Contents

	Page
<u>Risk Behaviors (continued)</u>	
<u>Seatbelt Use</u>	50
<u>Sugar Sweetened Beverages</u>	51
<u>Tobacco Use</u>	52
<u>Preventive Behaviors & Screenings</u>	57
<u>Immunizations</u>	58
<u>Routine Doctor Visits</u>	61
<u>Cholesterol Screening</u>	62
<u>Fruit and Vegetable Consumption</u>	63
<u>Physical Activity Recommendations</u>	66
<u>Strength Training Recommendations</u>	67
<u>Lung Cancer Screening</u>	68
<u>HIV Testing</u>	69

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

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 2017, Vermont BRFSS surveys were completed among 6,516 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 (92%) adults 18-64 have a health plan, and 87% of all adults report having a personal health care provider. Relatively few, less than one in ten (9%) 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 Vermont adults 18-64 with a health plan was statistically similar in 2016 and 2017 (94% vs. 92%), and has increased significantly since 2011 (from 89% to 92%).

Chronic Condition Indicators

Among Vermont adults the prevalence of chronic conditions included on the Vermont BRFSS has been stable since 2011. As compared with the U.S., prevalence of the following chronic conditions are all statistically lower among Vermont adults: obesity (28% vs. 31%), diabetes (8% vs. 11%), high cholesterol (28% vs. 32%), hypertension (26% vs. 30%), and chronic kidney disease (2% vs. 3%).

Arthritis (28%) and depression (25%) 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 adults than U.S. adults is asthma, which is reported by 12% of Vermont adults.

Risk Behavior Indicators

Fifteen 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, 12% in 2016, and 15% in 2017. While the increase from 2016 to 2017 is not statistically significant, the proportion of adults reporting using marijuana in the last 30 days in 2017 is statistically higher than that in 2011-2015. A new question on how adults use marijuana was added in 2017. More than eight in ten (82%) usually use marijuana by smoking it. Eight percent vape it, while six percent usually consume marijuana by eating it in a food or drink product and two percent dab it.

Tobacco use, including cigarettes (17%), smokeless tobacco (3%), and e-cigarettes (18% ever, 3% current) was similar in 2017 and 2016. While cigarette use among Vermont adults is the same as the U.S., smokeless tobacco use, ever and current e-cigarette use are all statistically lower among Vermont adults.

Alcohol use is higher among Vermont adults than the U.S. Nearly two-thirds (63%) of Vermont adults drank any alcohol during the previous month, compared with 54% of U.S. adults. Eight percent of Vermont adults heavily drank in the last month, while only six percent of U.S. adults said the same. Both of these differences are statistically significant. Binge drinking is the same for Vermont and U.S. adults (17%).

Not participating in any leisure time physical activity is statistically lower among Vermont adults than US adults (21% vs. 27%).

Executive Summary

Preventive Behaviors & Health Screenings

Screening for lung cancer was a new topic on the 2017 Vermont BRFSS. Of eligible adults, 15% had been screened for lung cancer in the last year. Eligible adults include those ages 55-80 with a 30 pack-year smoking history that currently smoke or quit within the previous 15 years.

Eight in ten (81%) Vermont adults 65 and older have gotten the pneumococcal vaccine and six in ten got a flu shot in the last year (60%). Pneumococcal vaccination has increased statistically since 2011, both among all adults and those 65 and older. Among all adults pneumococcal vaccination rates also increased statistically from 2016 to 2017 (39% to 45%). In contrast, flu vaccination rates have decreased significantly from 2011 to 2017 among adults 65 and older (65% vs. 60%).

Shingles vaccination among adults 50 older has more than doubled since 2012, increasing from 17% in 2012 to 37% in 2017, a statistically significant change. This increase is likely due in part to increased availability of the vaccine at pharmacies and through programs such as the Vermont Department of Health's Vaccines for Adults Program.

Receipt of screening for high cholesterol during the previous five years is statistically lower among Vermont adults than U.S. adults (83% vs. 86%), as is HIV testing. Thirty-six percent of Vermont adults have ever been tested for HIV compared with 40% of U.S. adults. In the past year, eight percent of Vermont adults were tested while 12% of U.S. adults were.

In 2017, fruit and vegetable consumption among Vermont adults was higher than the U.S. Four in ten Vermont adults eat fruits at least two times daily, 22% eat vegetables at least three times a day, and a quarter (26%) eat fruits and vegetables a combined five or more time per day. Among U.S. adults, the percentages are 33%, 16%, and 18%, respectively.



Demographics



Demographics

Using BRFSS data, the next few pages describe the demographic make-up of adult (ages 18 and older) Vermont residents in 2017.

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

About one in every eight (13%) Vermont adults are 18-24 years of age. More than six in ten are ages 25-44 or 45-64 (63%), while nearly a quarter (23%) are 65 and older.

A third (32%) of Vermont adults have a college or higher education. Nearly four in ten (38%) have a high school education or less and three in ten have some college education (29%).

Half of Vermont adults live in a home making less than \$50,000 per year. About two in ten (19%) makes \$50,000 to less than \$75,000 annually, while a third makes \$75,000 or more.

Ninety-four percent of Vermont adults are white, non-Hispanic. Six percent are a person of color.

Ninety-three percent of Vermont adults identify as heterosexual or cisgender, while seven percent identify as Lesbian, Gay, Bisexual, or Transgender.

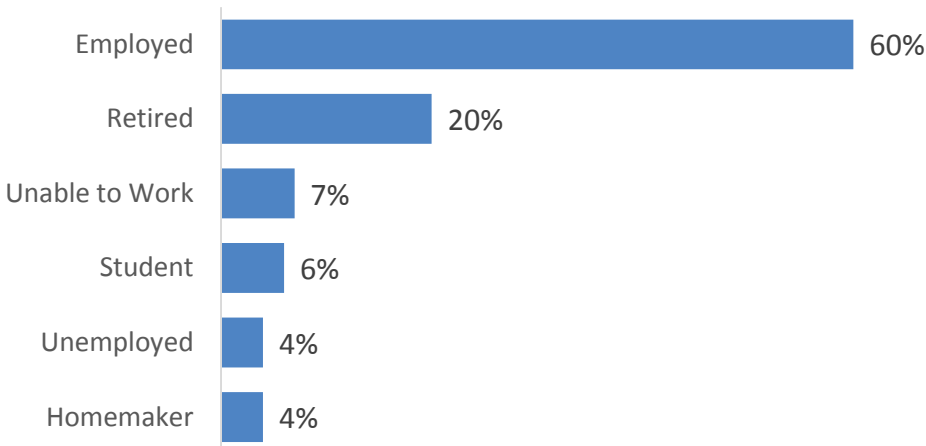
Demographics Characteristics:	
Sex	Percent
Male	49%
Female	51%
Age	
18-24	13%
25-44	28%
45-64	35%
65+	23%
Education Level	
High School or Less	38%
Some College	29%
College or Higher	32%
Household Income Level	
Low (<\$25K)	24%
Middle (\$25K-<\$50K)	26%
High (\$50K-<\$75K)	19%
Highest (≥\$75K)	32%
Race/Ethnicity	
White, non-Hispanic	94%
Person of Color	6%
Sexual Orientation/Gender Identity	
Heterosexual/Cisgender	93%
LGBT	7%

Demographics

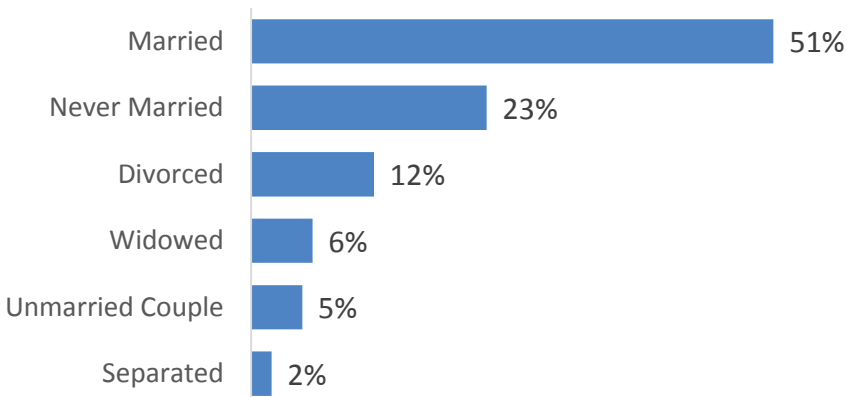
In 2017, six in ten Vermont adults were employed, which was defined as those responding ‘employed for wages’ or ‘self-employed’. Two in ten were retired. Seven percent or fewer adults reported their employment status as: currently unable to work, a student, unemployed, or as homemaker.

About half of Vermont adults reported being married (51%) in 2017. Twenty-three percent had never been married, while 12% were divorced, six percent widowed, and five percent part of an unmarried couple. Few (2%) reported their marital status as separated.

Employment Status



Marital Status



Demographics

In 2017, a quarter (26%) of Vermont adults reported living in Chittenden county.

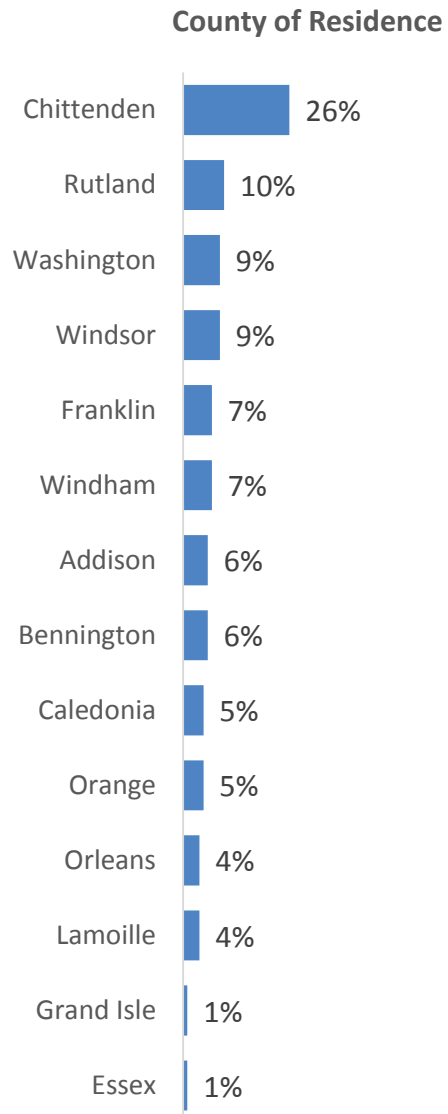
Ten percent lived in Rutland county and nine percent lived in Washington and Windsor counties. Between five and seven percent lived in: Franklin, Windham, Addison, Bennington, Caledonia, and Orange counties. Less than five percent lived in Orleans, Lamoille, Grand Isle, and Essex counties.

One in ten Vermont adults has ever been on active duty in the military. This includes National Guard or reservists who were activated to active duty.

Seven in ten (71%) of 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. Three percent have three children, while two percent counted four or more children in their home.

- Four percent of women 18-44 were currently pregnant.

Eighty-six percent of Vermont adults reported using the internet at least once in the previous 30 days. Three-quarters (73%) of Vermont adults said they own their home. Two in ten rent, while six percent have some other arrangement.





Health Status Indicators



General Health Status

In 2017, 14% of Vermont adults said their health is fair or poor, significantly lower than the 19% among U.S. adults.

- A fifth of adults said their health was excellent, 36% said it was very good, and three in ten said good (29%).

Vermont men and women report their health as fair or poor at the same rate (14%).

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

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

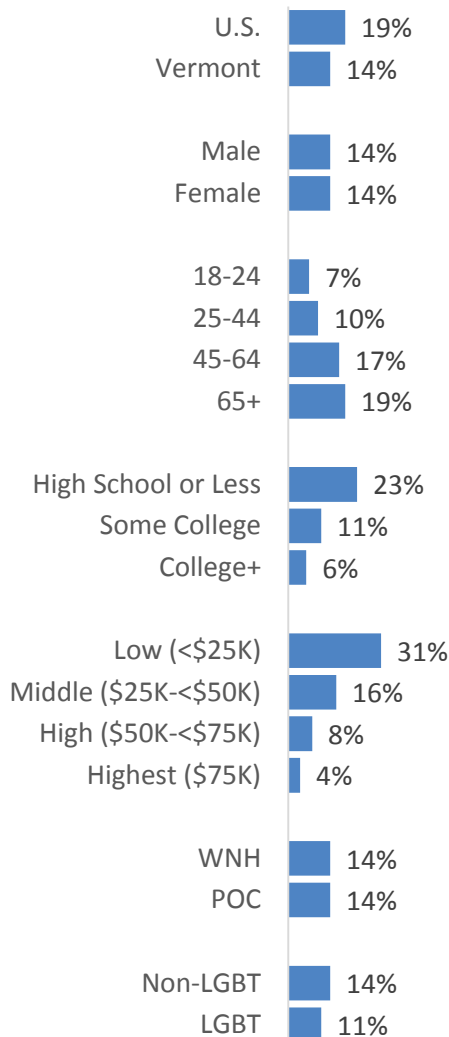
Lower levels of education and household income yield larger proportions with fair or poor health.

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

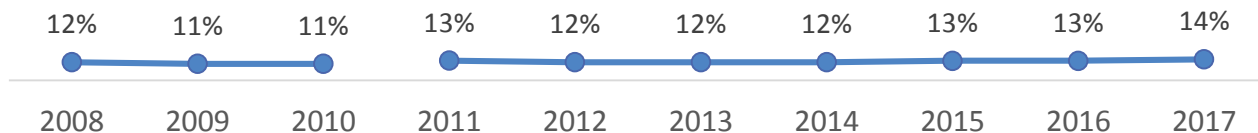
There are no statistical differences in reported fair or poor health by race and ethnicity or sexual orientation and gender identity.

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

**General Health Fair or Poor
Vermont Adults, 2017**



**General Health Fair or Poor
Vermont Adults, 2008-2017**



Medical Health Plan Coverage

More than nine in ten (92%) Vermont adults under the age of 65 said they have a health plan, in 2017. This is significantly higher than the 85% reported for the U.S.

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

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

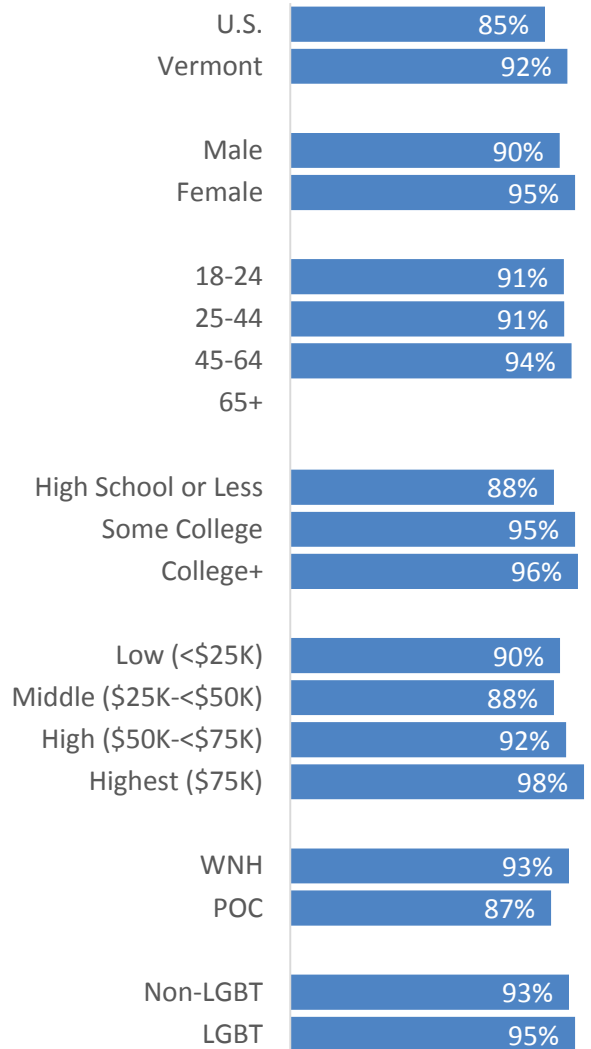
Those with more education and income are more likely to have a health plan.

- Adults with at least some college education are statistically more likely than those with less education to have a health plan.
- Those in homes with incomes of at least \$75,000 annually are significantly more likely to have a health plan, compared to those with less income.

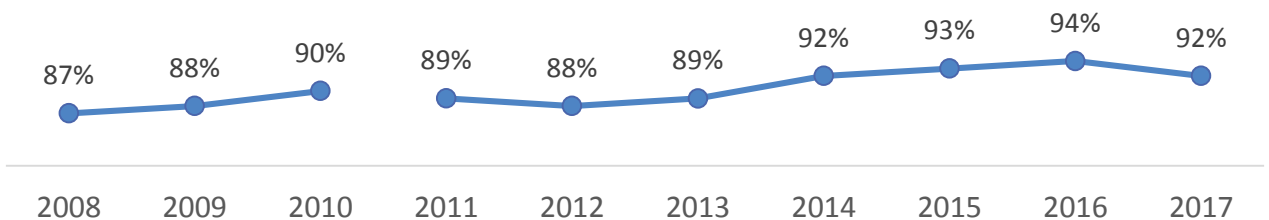
There are no statistical differences in having a health plan by race and ethnicity or sexual orientation and gender identity.

Health coverage rates among Vermont adults 18-64 were similar in 2016 and 2017, but has increased significantly since 2011 (89% to 92%).

**Have a Medical Health Plan
Vermont Adults 18-64, 2017**



**Have a Medical Health Plan
Vermont Adults 18-64, 2008-2017**



Medical Health Plan Coverage

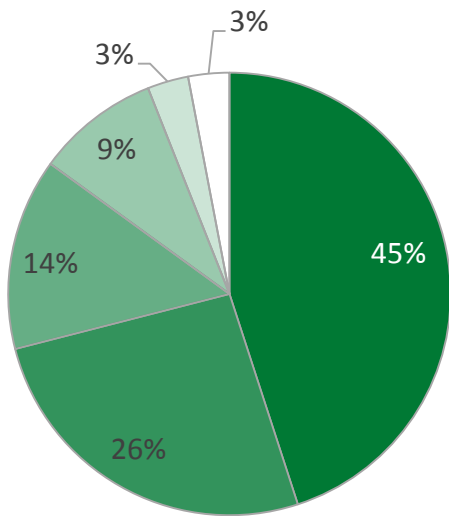
Among adults with a health plan, regardless of age, more than four in ten (45%) have a plan purchased through their or someone else's employer. An additional one in ten purchased their health plan themselves. A quarter of Vermont adults have Medicare, while 14% have Medicaid or some other state insurance program. Few, three percent have military or some other type of insurance.

Compared with 2014, the proportion of Vermont adults with an employer purchased health plan has decreased statistically from 50% to 45%. The proportion with Medicare increased by a similar amount from one in five (21%) to more than a quarter (26%), also a statistically significant change. All other types of health plan were reported at similar rates in both years.

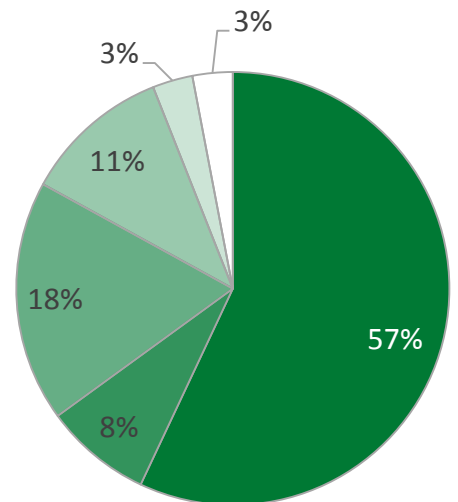
As would be expected, when looking specifically at adults 18-64, a higher proportion, nearly six in ten have an employer purchased health plan compared with adults overall (57% vs. 45%). Fewer have Medicare (8% vs. 26%), while more report having Medicaid (18% vs. 14%). The proportion with self-purchased, military, or other health plans are similar regardless of age limitations. There are no statistical differences in the distribution of health insurance type among adults 18-64 in 2017 compared with 2014.

Source of Health Plan Coverage, 2017:

Vermont Adults with a Health Plan



Vermont Adults 18-64 with a Health Plan



Note: source of health plan coverage data exclude the few (<0.5%) of adults who have a health plan but do not have health insurance.

Medical Health Care Access

Eighty-seven percent of Vermont adults reported having a personal health care provider in 2017, 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.

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

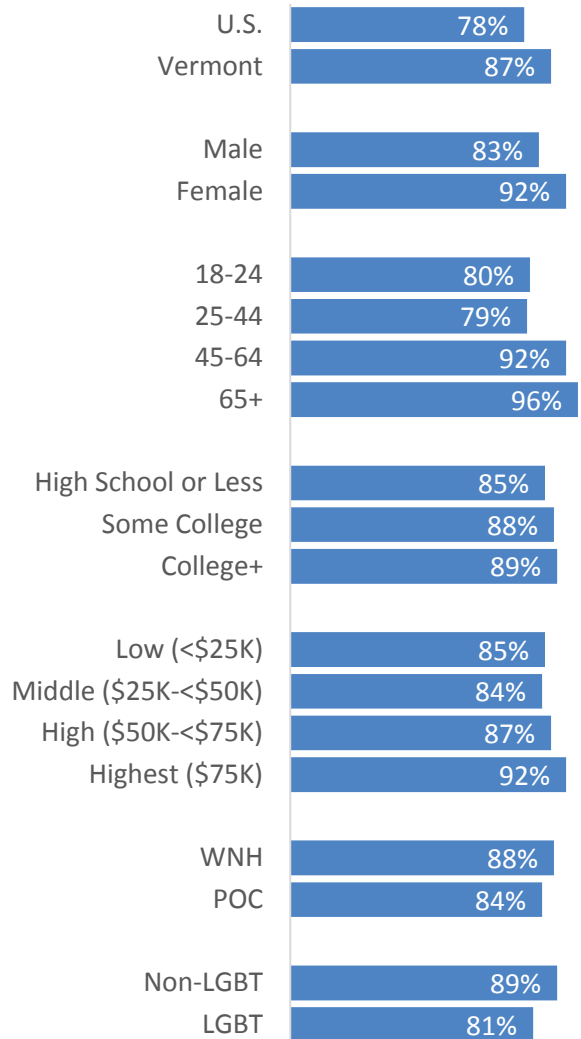
Vermont adults with more education and higher annual household incomes are more likely to have a personal doctor.

- Adults with at least a college degree are statistically more likely than those with a high school degree or less to have a personal doctor.
- Those in homes making at least \$75,000 annually are statistically more likely than those with less income to have a doctor.

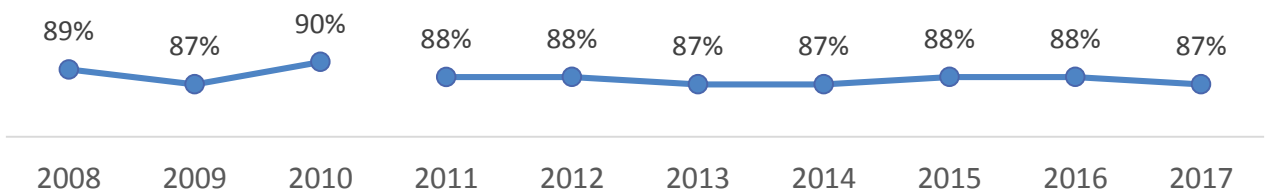
Having a personal doctor does not vary statistically by race and ethnicity or sexual orientation and gender identity.

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

**Personal Health Care Provider
Vermont Adults, 2017**



**Personal Health Care Provider
Vermont Adults, 2008-2017**



Medical Health Care Access

About one in ten (9%) 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.

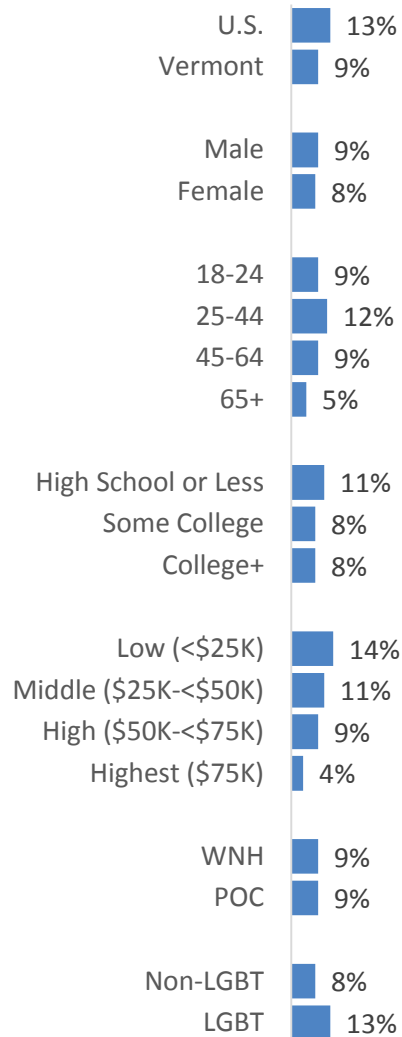
Those with lower levels of education and annual household income are more likely to have forgone care due to cost, as compared with those with more education or higher income.

- Differences by education level are not statistically significant.
- Adults in homes making less than \$25,000 annually are statistically more likely than those making at least \$50,000 per year to delay care due to cost.
- Additionally, those in homes making \$25,000 to \$74,999 annually are statistically more likely than those in homes with more income to not seek care due to cost.

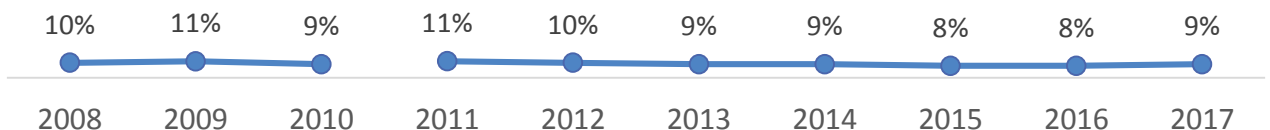
There are no statistical differences in delaying care due to cost by race and ethnicity or sexual orientation and gender identity.

The proportion of Vermont adults who delayed care in the last year due to cost in 2017 is statistically similar to that in 2016 and 2011.

**Did Not Visit Doctor Due to Cost
Vermont Adults, 2017**



**Did Not Visit Doctor Due to Cost
Vermont Adults, 2008-2017**



Quality of Life or Healthy Days

One in ten (11%) Vermont adults reported poor* physical health in 2017, similar to the 12% reported among U.S. adults.

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

Poor physical health increases as Vermonters age.

- Adults 45 and older are statistically more likely to have poor physical health than younger adults, ages 18-44.

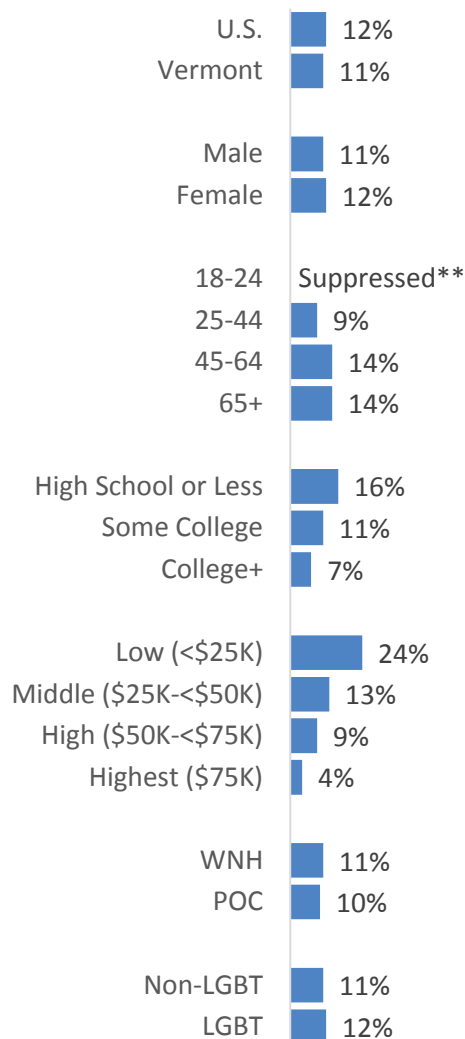
Those with less education and lower annual household income levels are more likely to report poor physical health.

- All differences by education level are statistically significant.
- All differences by annual household income level are statistically significant except that between those in middle and high income homes.

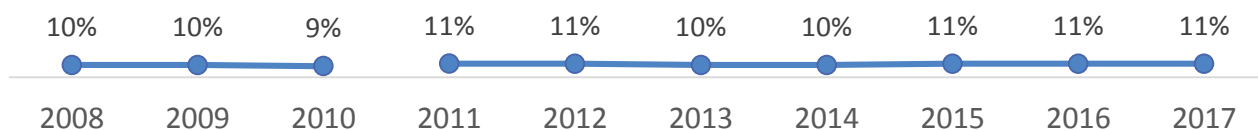
There are no statistical differences in reported poor physical health by race and ethnicity or sexual orientation and gender identity.

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

Poor* Physical Health Vermont Adults, 2017



Poor* Physical Health Vermont Adults, 2008-2017



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

**Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Quality of Life or Healthy Days

In 2017, thirteen percent of Vermont adults reported poor* mental health, similar to that among U.S. adults (12%).

Vermont women are more likely than men to report poor mental health, however the difference is not statistically significant.

Reported poor mental health is highest among younger adults.

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

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

- Adults with a less than college degree are statistically more likely than those with more education to report poor mental health.
- All differences by annual household income level are statistically significantly except that between those in homes with middle and high incomes.

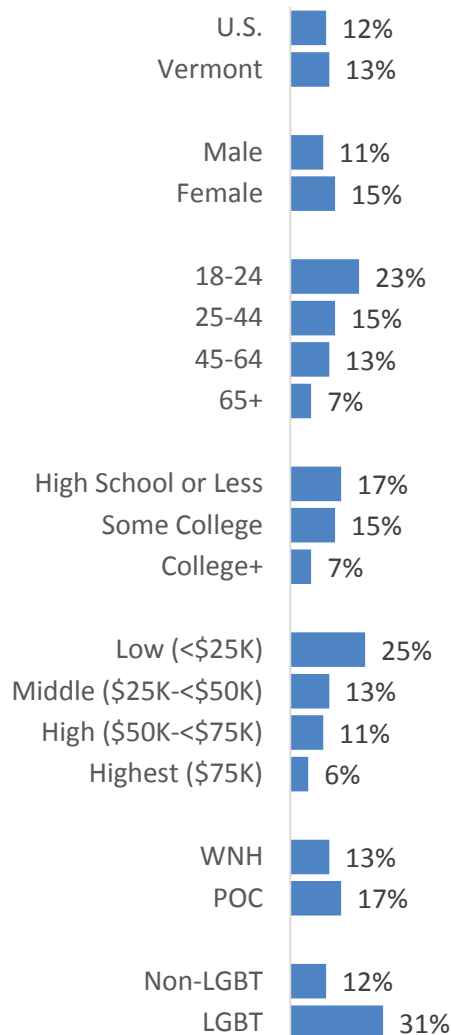
There are no statistical differences in reported poor mental health by race and ethnicity.

LGBT adults are statistically more likely than non-LGBT adults to report poor mental health.

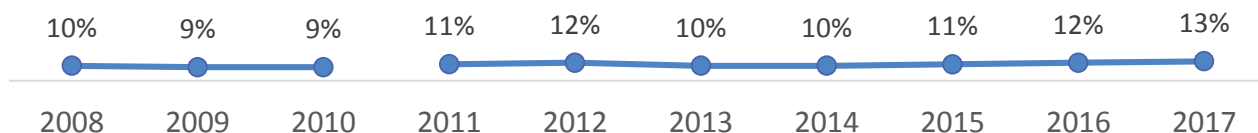
The proportion of Vermont adults with poor mental health is statistically unchanged since 2011.

Adults with any poor physical or mental health days in the last month said, on average, their poor health kept them from participating in their usual activities for 4.5 days in the last month.

**Poor* Mental Health
Vermont Adults, 2017**



**Poor* Mental Health
Vermont Adults, 2008-2017**



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

Disability

Disability includes 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 2017, a quarter of Vermont adults reported that they are disabled, statistically similar to the 27% among U.S. adults overall.

Men and women in Vermont report disability at similar rates.

Disability is higher among older adults.

- Adults 65 and older are statistically more likely than younger adults to be disabled.
- Likewise, adults 45-64 are more likely to be disabled than those 25-44.

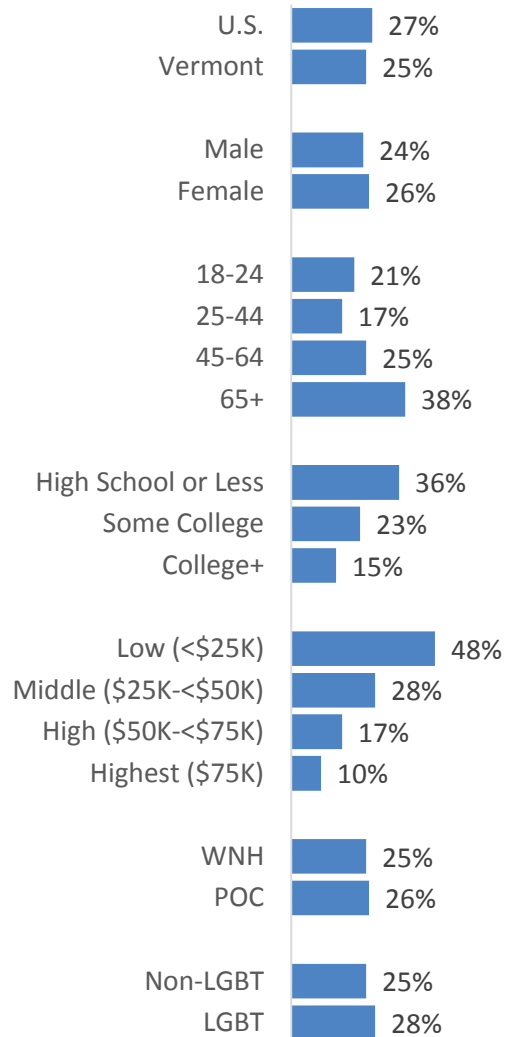
Adults with less education and lower annual household income levels are more likely to report disability than those with more education and higher incomes.

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

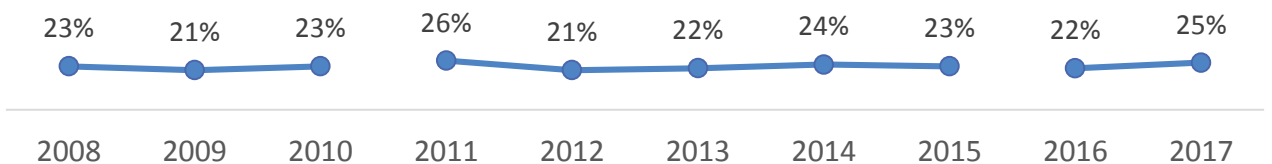
There are no statistical differences in the prevalence of disability by race and ethnicity or sexual orientation and gender identity.

The proportion of Vermont adults with a reported disability increased significantly from 2016 to 2017 (22% to 25%). Due to changes in the questions used to define disability in 2016, comparisons to prior years cannot be made.

Vermont Adults with a Disability, 2017



Vermont Adults with a Disability, 2008-2017



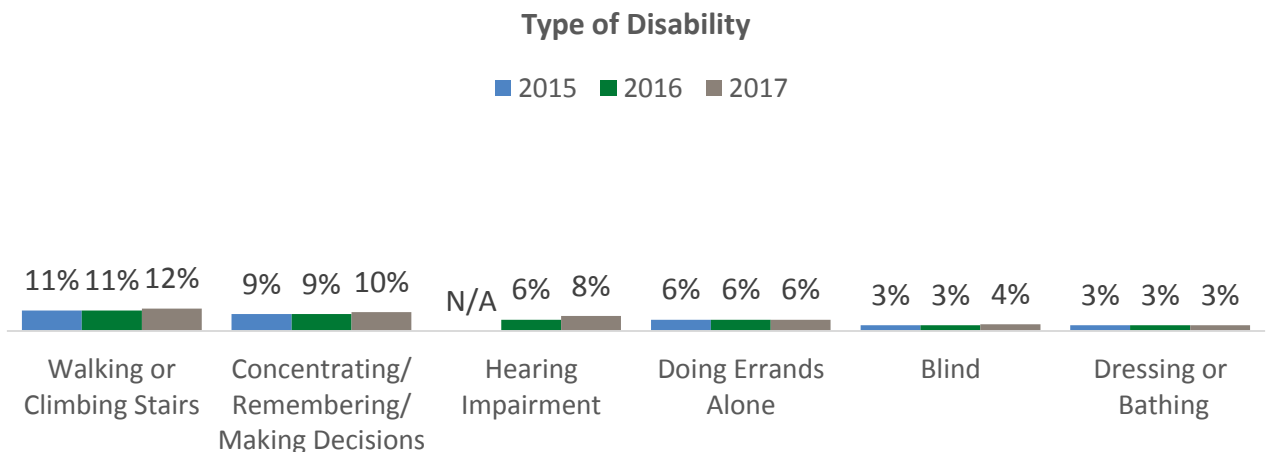
Disability

In 2017, individual questions were asked about specific disabilities or challenges adults may face related to disability.

Due to a physical, mental, or emotional conditions, one in eight (12%) Vermont adults have difficulty walking or climbing stairs. Slightly fewer, one in ten, have serious difficulty concentrating, remembering, or making decisions.

Eight percent of Vermont adults have a hearing impairment, while six percent or fewer have serious difficulty doing errands alone (6%), seeing (4%), and dressing or bathing (3%).

The proportion of Vermont adults with each type of disability has remained similar since 2015.



Note: Hearing impairment was not asked about on the 2016 BRFSS.



Chronic Conditions



Arthritis

In 2017, nearly 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.

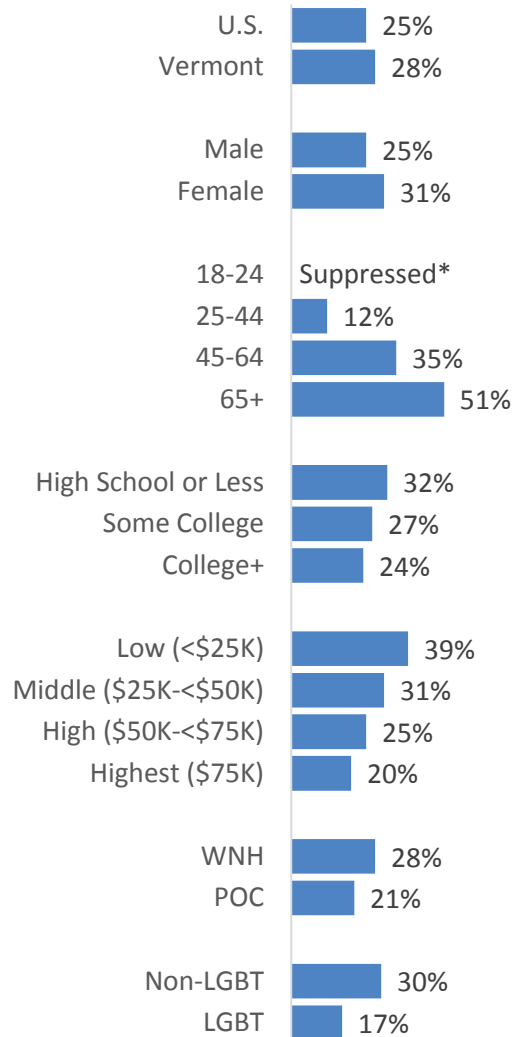
- Adults with a high school degree or less are statistically more likely than those with at least a college degree to have arthritis.
- Those in homes with the least income, less than \$25,000 annually, are statistically more likely to have arthritis, compared with those with more household income.
- Additionally, adults in homes with an income of \$25,000 to less than \$50,000 per year are statistically more likely than those in homes with incomes of at least \$75,000 to have arthritis.

White, non-Hispanic adults report arthritis at a statistically higher rate than people of color.

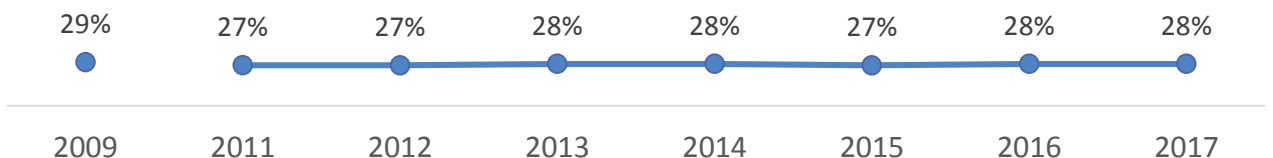
Non-LGBT adults are twice as likely as LGBT adults to have arthritis, a statistically significant difference.

The prevalence of arthritis has remained similar since 2011.

**Adults with Arthritis
Vermont Adults, 2017**



**Adults with Arthritis
Vermont Adults, 2009-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Arthritis Burden

Arthritis can impact a person's participation in social activities and limit both the amount and type of work they do. Half of Vermont adults with arthritis said they limited their usual activities due to arthritis or other joint symptoms.

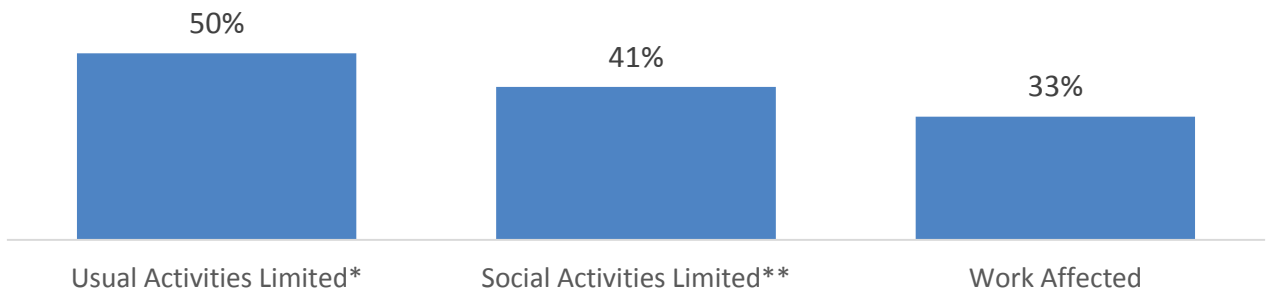
Four in ten (41%) adults with arthritis said their arthritis or joint symptoms limited their social activities at least a little bit.

- Seventeen percent said their social activities were limited a lot, while a quarter said they were limited a little socially by their arthritis or joint pain.

A third said their arthritis or joint symptoms affects whether they work, the type of work they do, and/or the amount of work they do.

On average, Vermont adults with arthritis rated their joint pain in the last month as 4.2, on a scale of 1 to 10.

**Limitations Due to Joint Symptoms
Vermont Adults with Arthritis, 2017**



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

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

Asthma

In 2017, nearly one in five (18%) Vermont adults said they had ever been diagnosed with asthma, while 12% currently have asthma. Vermont adults have a statistically higher rate of current asthma than the U.S. overall (9%).

Women are twice as likely to report having asthma, a statistically significant difference.

There are no statistical differences in asthma prevalence by age.

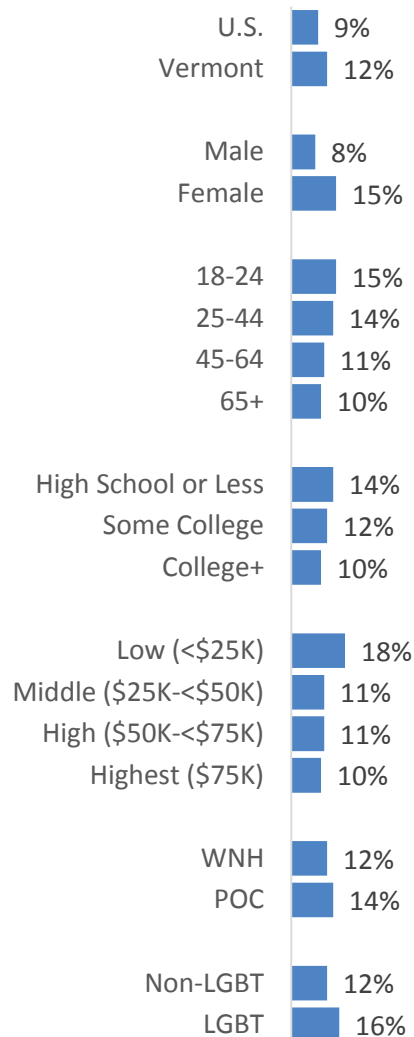
Those with less education and lower annual household income are more likely to have asthma.

- Adults in homes with a high school degree or less are statistically more likely than those with at least a college degree to have asthma.
- Those in homes with incomes of less than \$25,000 annually are statistically more likely to have asthma than those with more income.

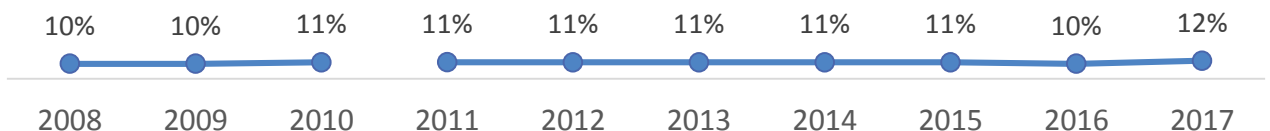
There are no statistical differences in asthma prevalence by race and ethnicity or sexual orientation and gender identity.

The prevalence of asthma has remained similar since 2011.

**Adults with Current Asthma
Vermont Adults, 2017**



**Adults with Asthma
Vermont Adults, 2008-2017**



Non-Skin Cancer Diagnosis

Eight percent of Vermont adults have ever been diagnosed with cancer, statistically similar to the 7% for the U.S. overall. This definition of cancer excludes skin cancer.

Women are statistically 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.

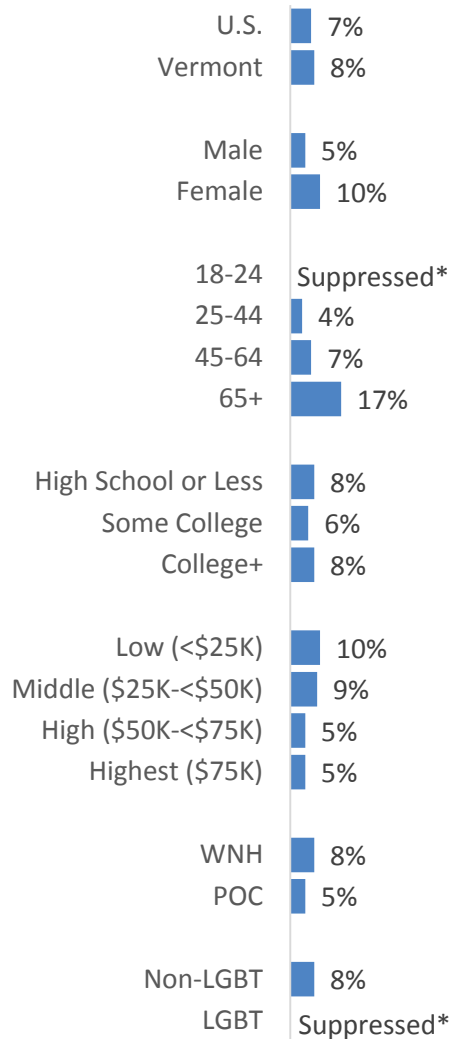
There are no differences in cancer prevalence by education level.

Adults in homes with incomes of less than \$50,000 are statistically more likely to have had cancer than those with more income.

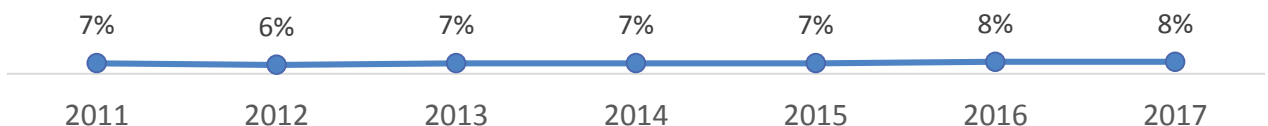
There are no statistical differences in the prevalence of cancer by race and ethnicity. A statistical comparison by sexual orientation and gender identity was not made due to suppression of some of data.

The prevalence of cancer has not changed significantly since 2011.

**Adults Diagnosed with Cancer
Vermont Adults, 2017**



**Adults Diagnosed with Cancer
Vermont Adults, 2011-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30..

Skin Cancer Diagnosis

In 2017, seven percent of Vermont adults reported they had ever been diagnosed with skin cancer, statistically higher than the 6% among U.S. adults overall.

Men and women report having skin cancer at the same rate.

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

- All differences by age are statistically significant.

Skin cancer prevalence also increases with education level.

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

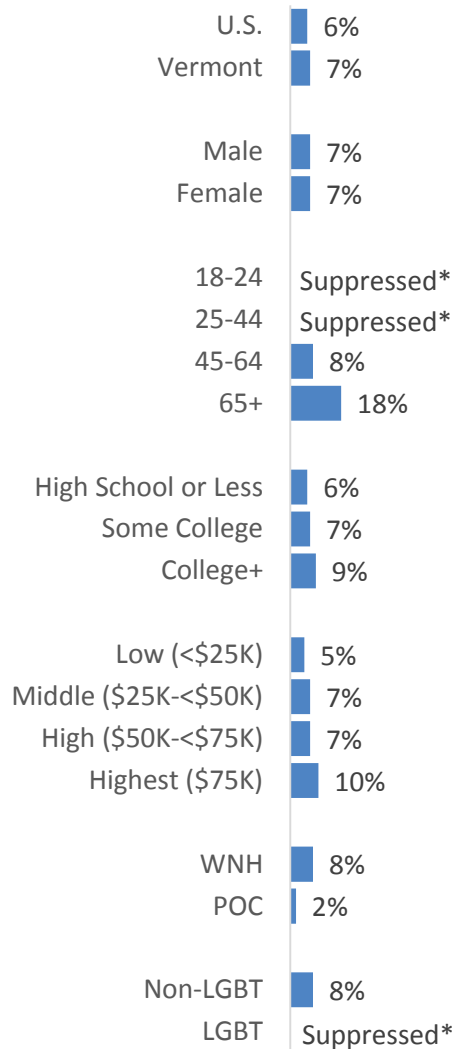
Ever having skin cancer is statistically more likely among adults in homes making at least \$75,000 annually, compared with those in homes making less than \$25,000 per year.

White, non-Hispanic adults are four times as likely as people of color to have ever been diagnosed with skin cancer, a statistically significant difference.

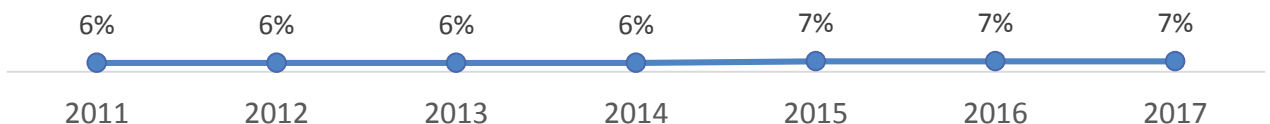
A statistical comparison by sexual orientation and gender identity was not made due to suppression of some data.

The prevalence of skin cancer is statistically unchanged since 2011.

**Adults Diagnosed with Skin Cancer
Vermont Adults, 2017**



**Adults Diagnosed with Skin Cancer
Vermont Adults, 2011-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Cardiovascular Disease

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

In 2017, fewer than one in ten (8%) Vermont adults reported ever being diagnosed with CVD.

- Five percent had a myocardial infarction, four percent had coronary heart disease, and three percent had a stroke.
- This is statistically similar to the 9% among U.S. adults.

Men are statistically more likely than women to have CVD.

CVD prevalence increases as Vermonters age.

- All differences by age are statistically significant.

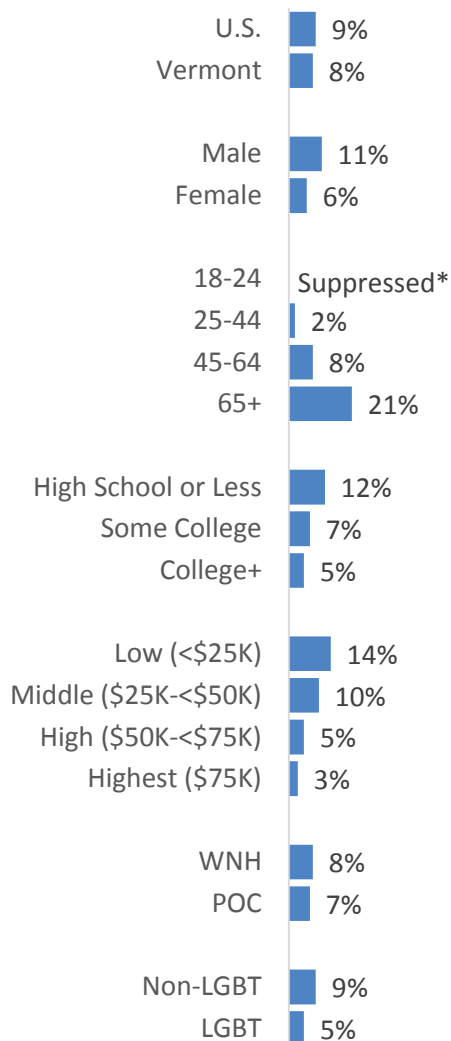
Adults with less education and lower annual household income levels are more likely to have CVD.

- Adults with a high school degree or less are statistically more likely than those with more education to have CVD.
- Adults in homes making less than \$50,000 annually are statistically more likely than those in homes with more income to have CVD.

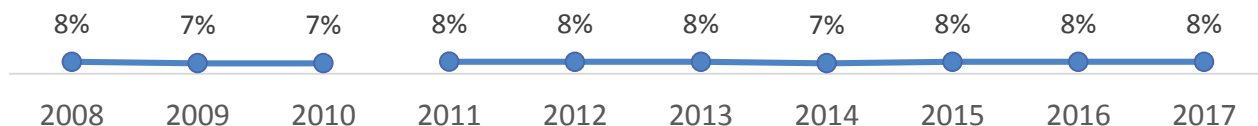
There are no statistical differences in the prevalence of CVD by race and ethnicity or sexual orientation and gender identity.

The prevalence of CVD is unchanged since 2011.

**Adults with Cardiovascular Disease
Vermont Adults, 2017**



**Adults with Cardiovascular Disease
Vermont Adults, 2008-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Chronic Obstructive Pulmonary Disease

About one in twenty (6%) Vermont adults had ever been told they have chronic obstructive pulmonary disease, or COPD, in 2017. This is similar to the U.S. rate (7%).

Men and women report having COPD at a similar rate.

The prevalence of COPD increases as Vermonters age.

- Adults 45 and older are statistically more likely than younger adults to have COPD.

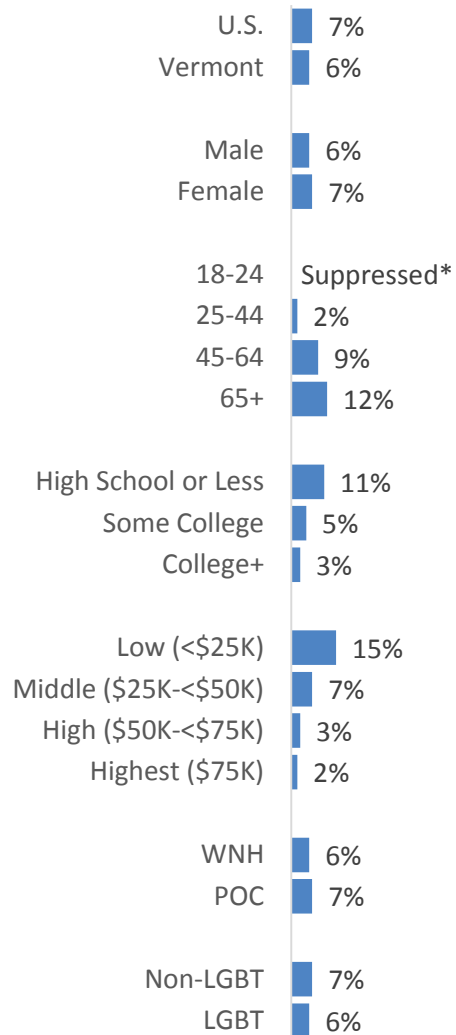
Adults with less education and lower annual household incomes are more likely to have COPD.

- All differences by education level are statistically significant.
- All differences by annual household income level, except that between adults in homes making \$50,000 to \$74,999 and \$75,000 or more per year.

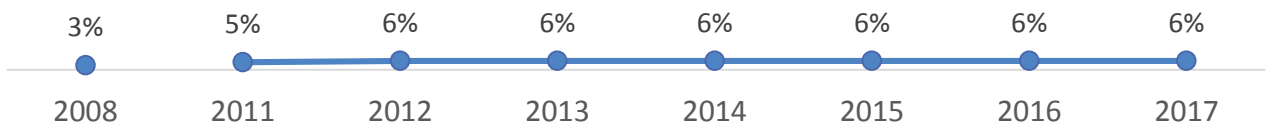
There are no statistical differences in the prevalence of COPD by race and ethnicity or sexual orientation and gender identity.

The prevalence of COPD is statistically higher in 2017 than 2011 (6% vs. 5%).

**Adults with COPD
Vermont Adults, 2017**



**Adults with COPD
Vermont Adults, 2008-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Depressive Disorder

A quarter of Vermont adults reported ever being told they have a depressive disorder, significantly higher than the 19% among U.S. adults.

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

Women are statistically more likely than men to report having a depressive disorder.

Adults 65 and older are statistically less likely than younger adults to report ever being diagnosed with a depressive disorder.

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

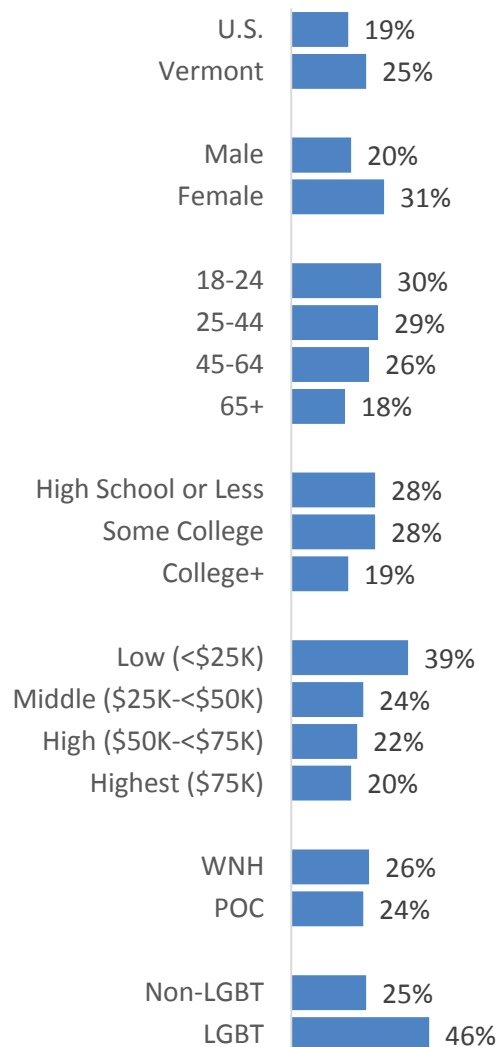
- Those with some college education or less are statistically more likely to have a depressive disorder than those with a college degree or higher.
- Adults in homes with less than \$25,000 annual income are statistically more likely than those with more income to have a depressive disorder.

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

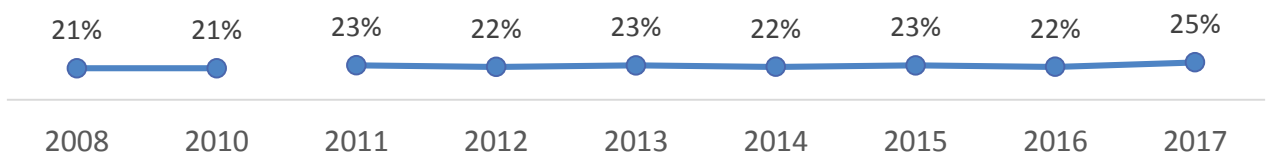
LGBT adults are nearly twice as likely as non-LGBT adults to have ever been diagnosed with a depressive disorder, a statistically significant difference.

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

**Adults with a Depressive Disorder
Vermont Adults, 2017**



**Adults with a Depressive Disorder
Vermont Adults, 2008-2017**



Pre-Diabetes

In 2017, seven percent of Vermont adults had been told they have borderline or pre-diabetes.

Men and women report having pre-diabetes at statistically similar rates.

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

- All differences by age are statistically significant.

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

- Adults with a high school degree or less are statistically more likely than those with a college degree to have pre-diabetes.
- Adults in homes making less than \$25,000 annually are statistically more likely than those with incomes of at least \$75,000 to have pre-diabetes.

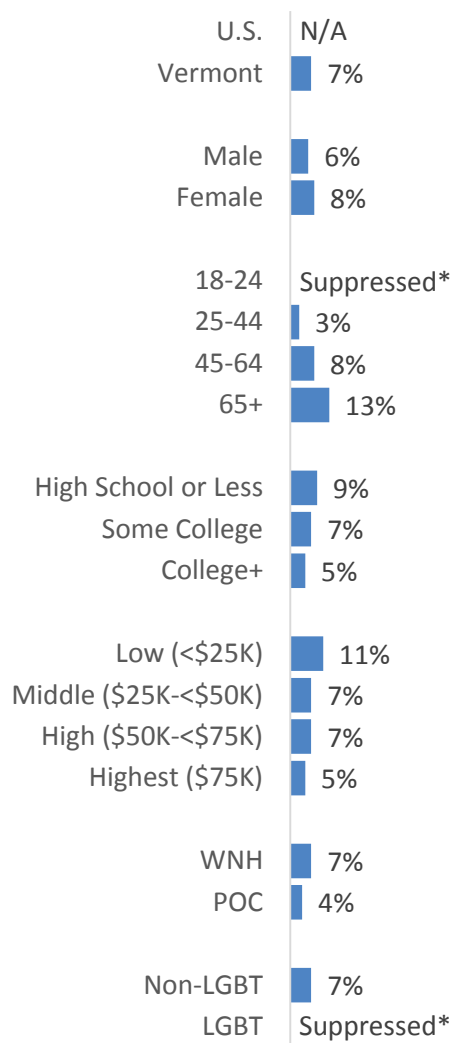
There are no statistical differences in the prevalence of pre-diabetes by race and ethnicity. A statistical comparison by sexual orientation and gender identity was not made due to data suppression.

The prevalence of pre-diabetes is unchanged since 2011.

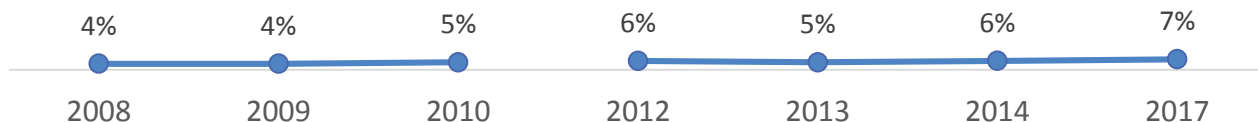
Pre-diabetes is likely under-reported due to a relatively low rate of testing. In 2017, 53% of Vermont adults said they had been tested for diabetes or high blood sugar in the preceding three years.

- Fifteen percent of adults with pre-diabetes have ever participated in a lifestyle change program to improve their health or prevent diabetes.

**Adults with Pre-Diabetes
Vermont Adults, 2017**



**Adults with Pre-Diabetes
Vermont Adults, 2008-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Diabetes

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

Men are statistically more likely than women to report having diabetes.

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.

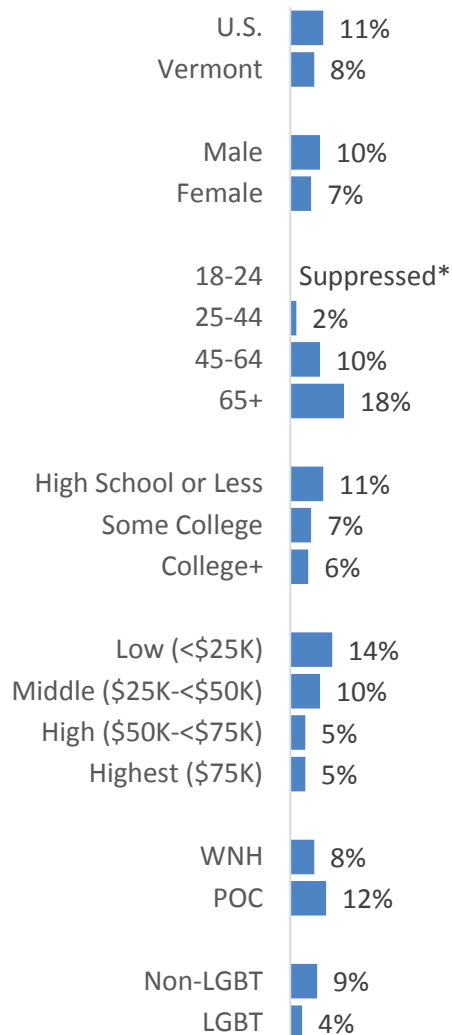
- Adults with a high school degree or less are statistically more likely than those with more education to have been diagnosed with diabetes.
- Adults in homes making less than \$50,000 annually are statistically more likely than those with more income to have been diagnosed with diabetes.

There is no statistical difference in the prevalence of diabetes by race and ethnicity.

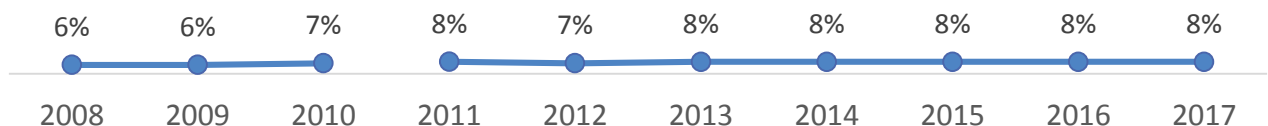
Non-LGBT adults are statistically more likely to have diabetes than LGBT adults.

The prevalence of diabetes is unchanged since 2011.

**Adults with Diabetes
Vermont Adults, 2017**



**Adults with Diabetes
Vermont Adults, 2008-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

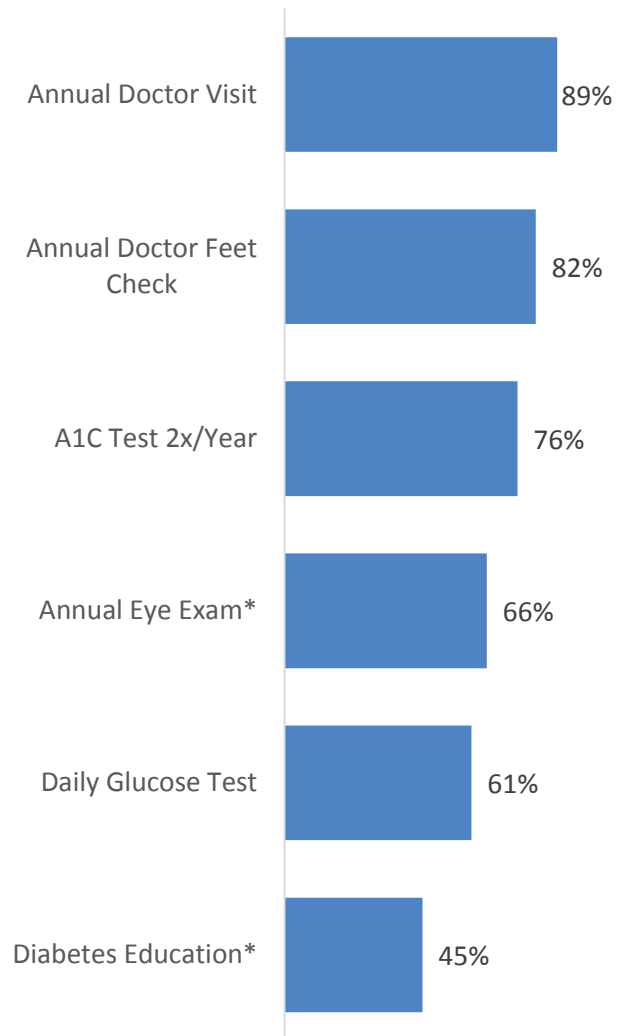
Diabetes Care

Adults with diabetes should receive specialized care from their physicians.

In 2017, those with diabetes reported the following:

- Nine in ten (89%) saw their doctor for their diabetes at least once in the past year.
- Eight in ten (82%) said that a health professional checked their feet for sores or irritations in the last year.
- Three-quarters (76%) received a test for their “A1C” at least twice in the last year.
 - “A1C” measures blood sugar levels over the past three months.
- Two-thirds had an annual eye exam, where their eyes were dilated, in the last year.
 - Seven percent of adults with diabetes have been told by a doctor that their diabetes has affected their eyes or that they have retinopathy.
- Sixty-one percent test their blood sugar at least once per day.
- Less than half (45%) have taken a course or class on managing their diabetes.
- About a third (35%) reported that they currently take insulin.

**Receive Appropriate Care
Vermont Adults with Diabetes, 2017**



*Age adjusted to U.S. 2000 population.

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

High Cholesterol

Nearly three in ten (28%) Vermont adults report they have been told they have high cholesterol. This is significantly lower than the 32% among all U.S. adults.

- This is likely an underestimate as only 83% of adults have had their cholesterol checked in the last five years.
- Six in ten adults with high cholesterol are taking medication to reduce it.

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

All differences by age are statistically significant.

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

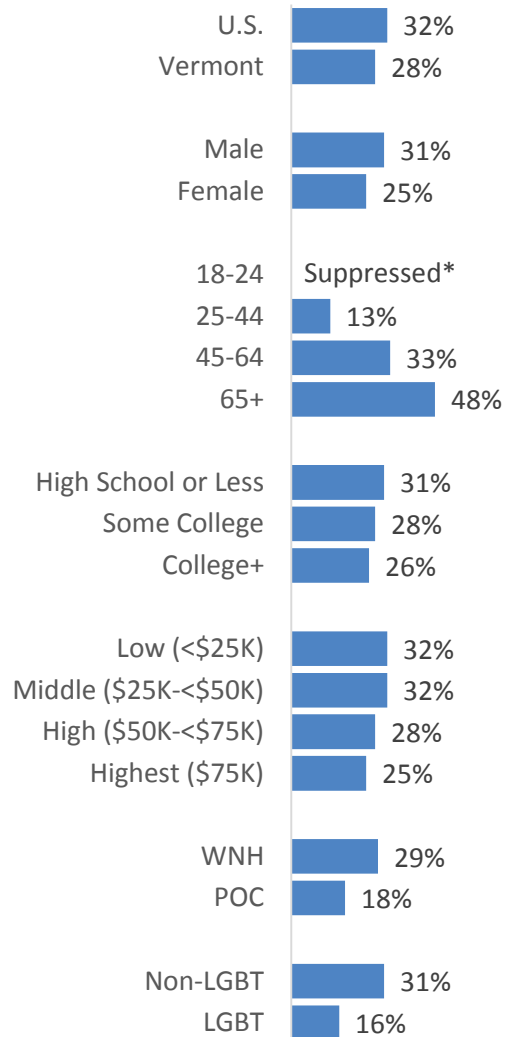
- Adults with a high school degree or less are statistically more likely to have high cholesterol than those with a college degree or higher.
- Those in homes making less than \$50,000 per year are statistically more likely than those in homes making \$75,000 or more to have high cholesterol.

White, non-Hispanic adults are statistically more likely than people of color to have high cholesterol.

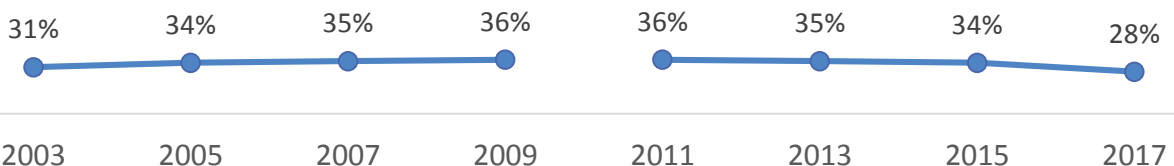
Non-LGBT adults are statistically more likely than LGBT adults to have high cholesterol.

The proportion of Vermont adults with high cholesterol decreased from 2015 to 2017, however, changes in the question used to measure cholesterol screening make it difficult to know whether the change is a true decrease.

**Adults Told Have High Cholesterol
Vermont Adults, 2017**



**Told Have High Cholesterol
Vermont Adults, 2003-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Hypertension

A quarter (26%) of Vermont adults report having been told they have hypertension, also known as high blood pressure. This is significantly less than the 30% among U.S. adults overall.

- Three quarters (74%) of adults with diagnosed hypertension are currently taking medication to treat it.

Men are statistically more likely than females to have been diagnosed with high blood pressure. Hypertension diagnosis increases as Vermont adults age.

- All differences by age are statistically significant.

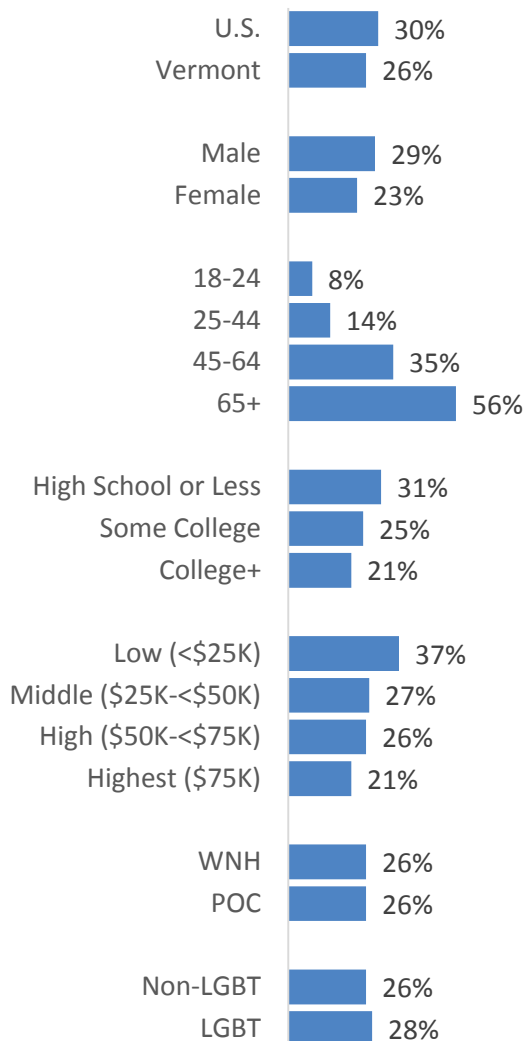
Adults with lower education and annual household income levels are more likely to report having high blood pressure.

- Adults with a high school degree or less are statistically more likely than those with more education to have hypertension.
- Those in homes with incomes of less than \$25,000 per year are statistically more likely than those with more income to have been diagnosed with hypertension.
- Likewise, hypertension diagnosis is more likely among those in homes making \$25,000-\$49,999 vs. \$75,000 or more.

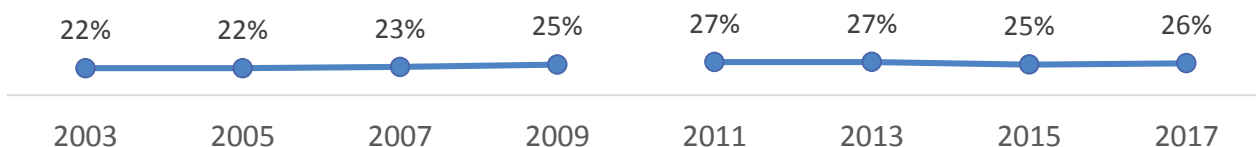
There are no statistical differences in the prevalence of hypertension by race and ethnicity or sexual orientation and gender identity.

The prevalence of hypertension in 2017 (26%) is similar to 2015 (25%) and lower than in 2011 (27%), however the difference between 2017 and 2011 is not statistically significant.

**Adults with Hypertension*
Vermont Adults, 2017**



**Adults with Hypertension*
Vermont Adults, 2003-2017**



*All data on this page are age-adjusted to U.S. 2000 population, except that by age and that for use of medications. [Note: This measure is a Healthy Vermonters 2020 goal].

Kidney Disease

Two percent of Vermont adults reported having kidney disease in 2017, statistically lower than the 3% 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.

Diagnosis with kidney disease increases with age.

- All differences by age are statistically significant.

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

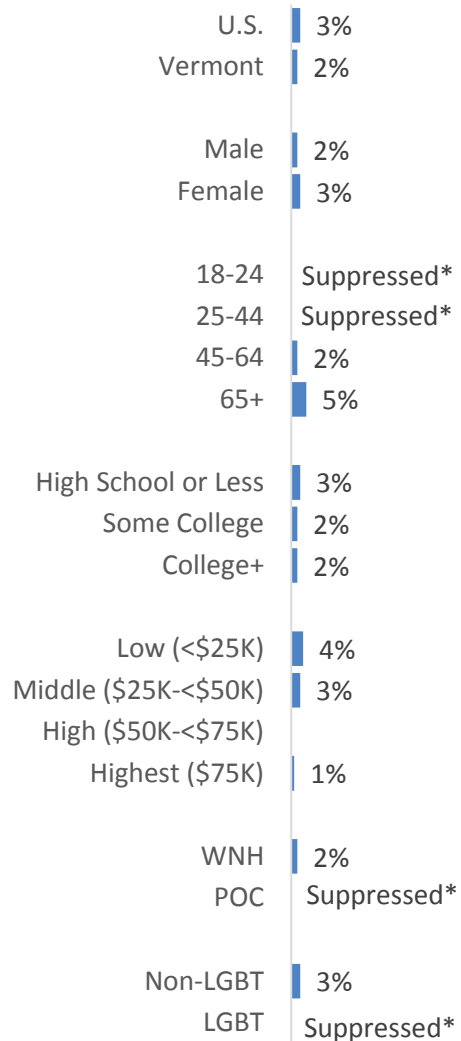
Adults in homes making less than \$25,000 per year are statistically more likely than those making at least \$75,000 annually to report kidney disease.

Statistical comparisons were not made for the prevalence of kidney disease by race and ethnicity and sexual orientation and gender identity due to suppression of data.

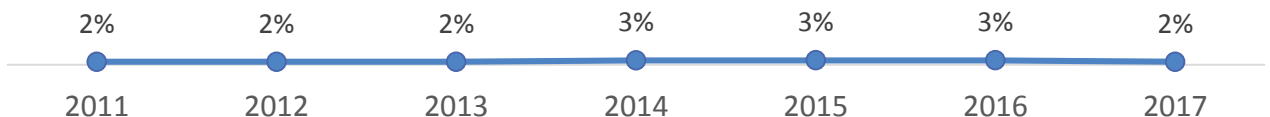
The prevalence of kidney disease is statistically unchanged since 2011.

Kidney disease is a concern for those with diabetes. In 2017, 11% of Vermont adults diagnosed with diabetes had kidney disease compared with two percent among those without diabetes, a statistically significant difference.

Adults with Chronic Kidney Disease Vermont Adults, 2017



Adults with Chronic Kidney Disease Vermont Adults, 2008-2017



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Obesity and Overweight

In 2017, more than a quarter (28%) of Vermont adults (20 and older) reported being obese, while an additional 35% were overweight. The rate of obesity in Vermont is significantly lower than in the U.S. overall (31%), while the rate of overweight is the same (35%).

Men and women report obesity at similar rates.

Rates of obesity are lowest among those 18-24.

- Adults 25 and older are statistically more likely than younger adults to be obese.

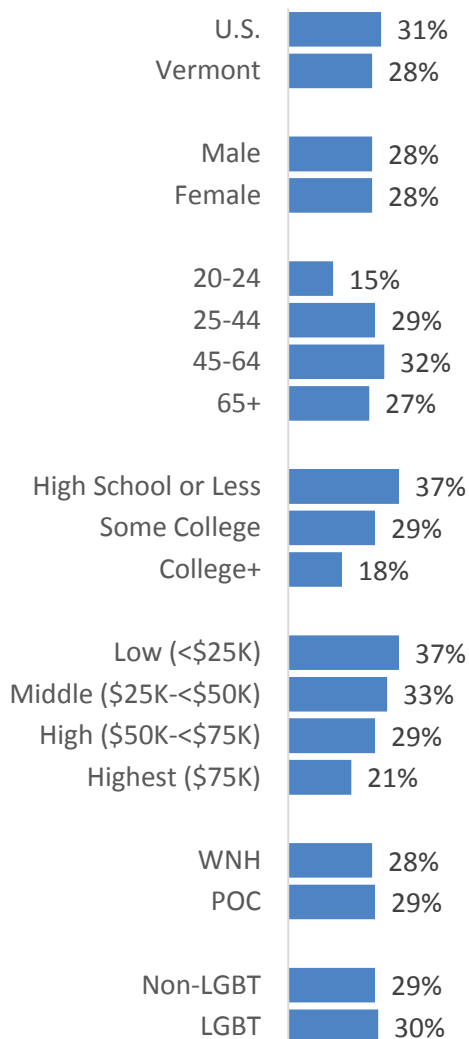
Adults with less education and lower annual household income levels are more likely to be obese.

- All differences by education level are statistically significant.
- Adults in homes making less than \$75,000 annually are statistically more likely than those with more income to be obese.

There are no statistical differences in the prevalence of obesity by race and ethnicity or sexual orientation and gender identity.

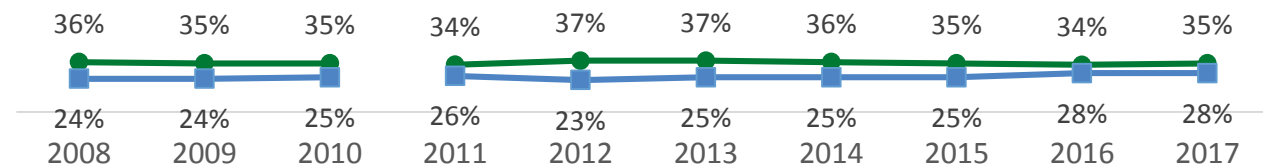
Among adults 20 and older in Vermont, the rate of obesity was unchanged from 2016 to 2017, and the increase from 2011 to 2017 is not statistically significant. The rate of overweight also remains statistically unchanged since 2011.

Obese* Adults
Vermont Adults 20 and Older, 2017



● Overweight
■ Obese

Overweight and Obese* Adults
Vermont Adults 20 and Older, 2008-2017



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



Risk Behaviors



Alcohol Consumption – Any in Last Month

More than six in ten (63%) of Vermont adults said they drank alcohol during the last 30 days, in 2017. Past 30 day alcohol use is significantly higher in Vermont compared to the U.S. (63% vs. 54%).

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 statistically higher among those 25-64 than those 65 and older.

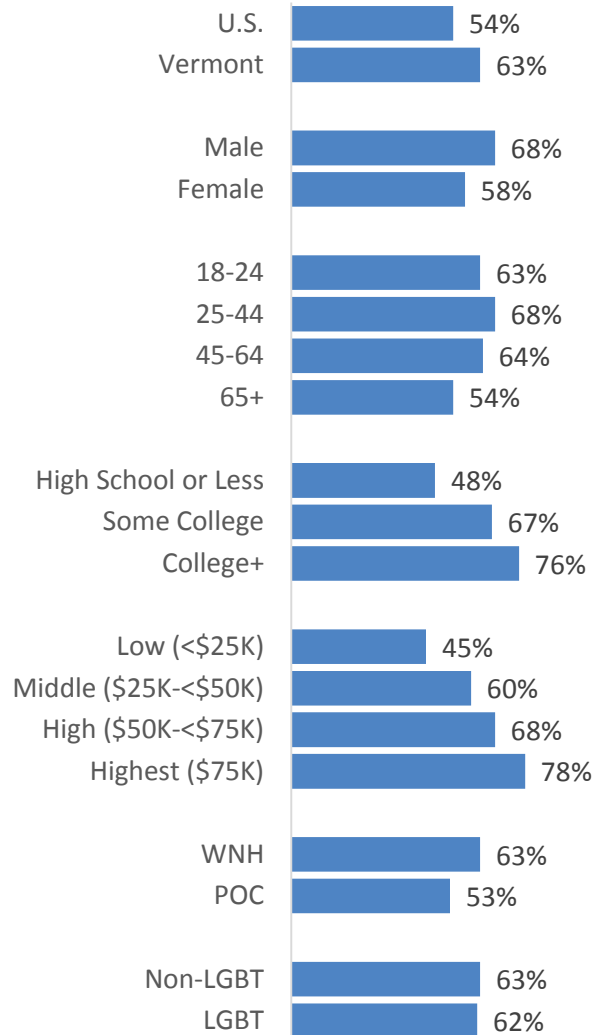
Adults with more education and higher annual household income levels are more likely to report drinking alcohol than those with less income and lower income.

- 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 \$50,000-\$74,999.

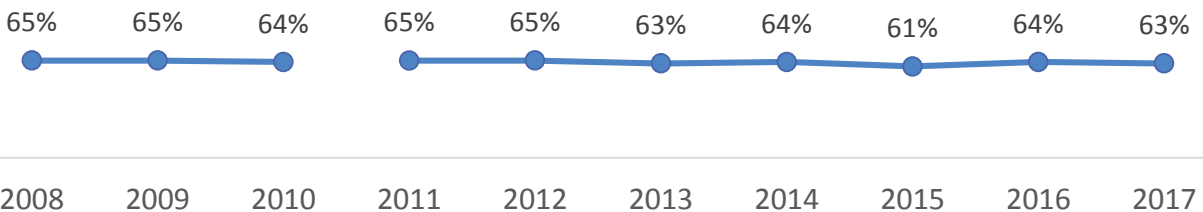
There are no statistical differences in the consumption of alcohol by race and ethnicity or sexual orientation and gender identity.

The prevalence of any alcohol consumption is statistically similar to that in 2011 (65%) and 2016 (64%).

**Any Alcohol Consumption
Vermont Adults, 2017**



**Adults with Any Alcohol Consumption
Vermont Adults, 2008-2017**



Alcohol Consumption – Binge Drinking

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

In 2017, seventeen percent of Vermont adults said they binge drank in the last month, the same as 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.

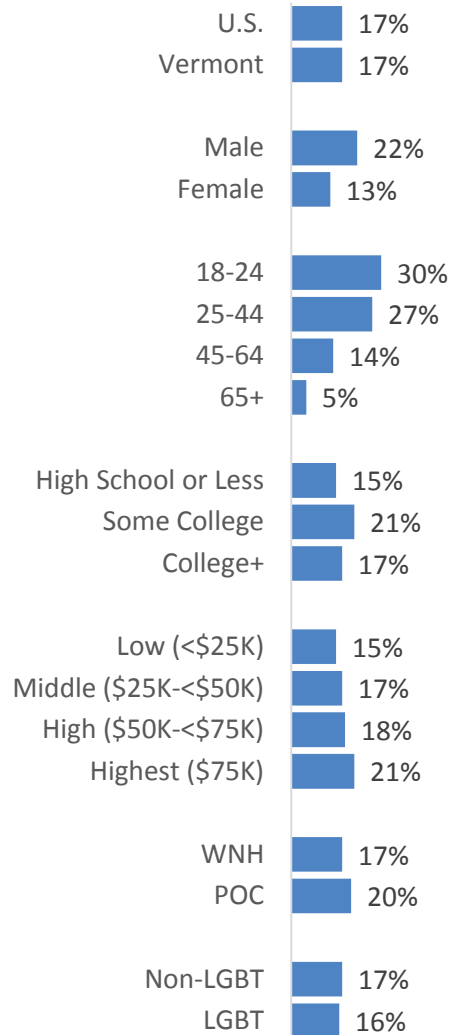
- All differences by age are statistically significant, except that between adults 18-24 and 25-44.

Adults with some college education are statistically more likely than those with less education to binge drink.

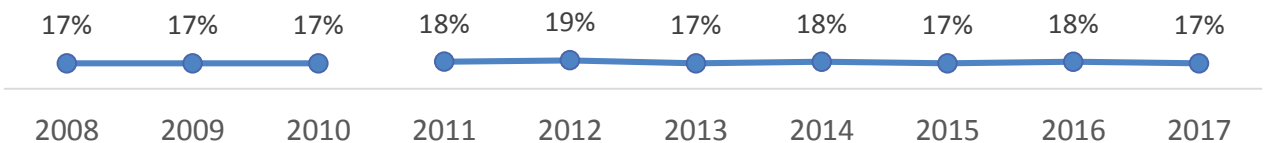
There are no statistical differences in binge drinking by annual household income level, race and ethnicity, or sexual orientation and gender identity.

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

**Binge Drinking
Vermont Adults, 2017**



**Adults who Reported Binge Drinking
Vermont Adults, 2008-2017**



Alcohol Consumption – Heavy Drinking

In 2017, eight percent 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 the same.

Heavy drinking rates are highest among adults 18-44, and decreases in older age groups.

- Adults 25-44 are statistically more likely than those 65 and older to report heavy drinking.

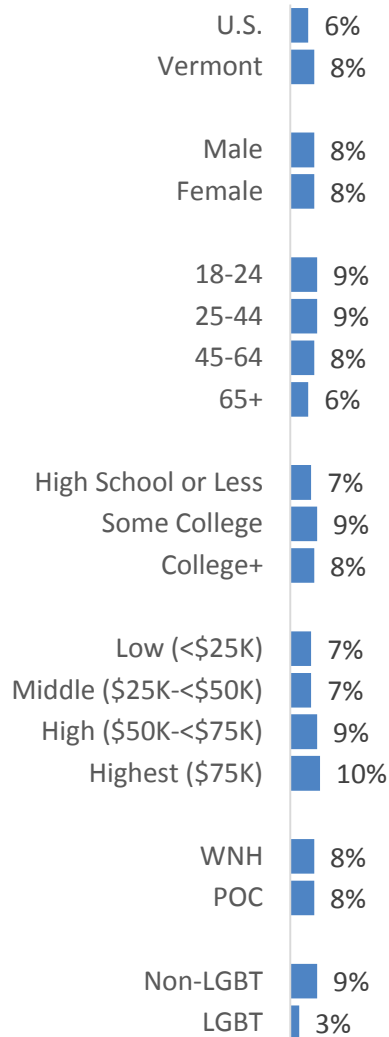
There are no differences in heavy drinking by education level or household income level.

Likewise, heavy drinking does not differ statistically by race and ethnicity.

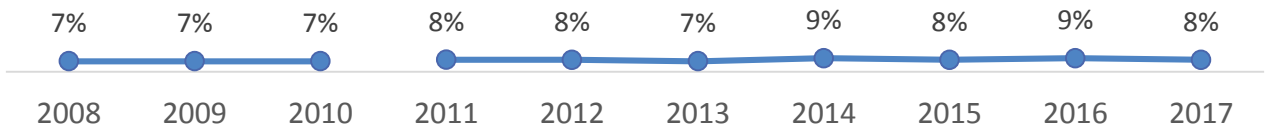
Non-LGBT adults are three times as likely as LGBT adults to report heavy drinking, a statistically significant difference.

Heavy drinking remains similar among Vermont adults since 2011.

**Heavy Drinking
Vermont Adults, 2017**



**Adults who Reported Heavy Drinking
Vermont Adults, 2008-2017**



Community Safety for Walking

One in ten (9%) of Vermont adults said their community is either only slightly safe (7%) or not at all safe (2%) for walking.

- More than half (54%) said their community is extremely safe and 37% said it is quite safe for walking.

Men and women report their community as not safe for walking at similar rates.

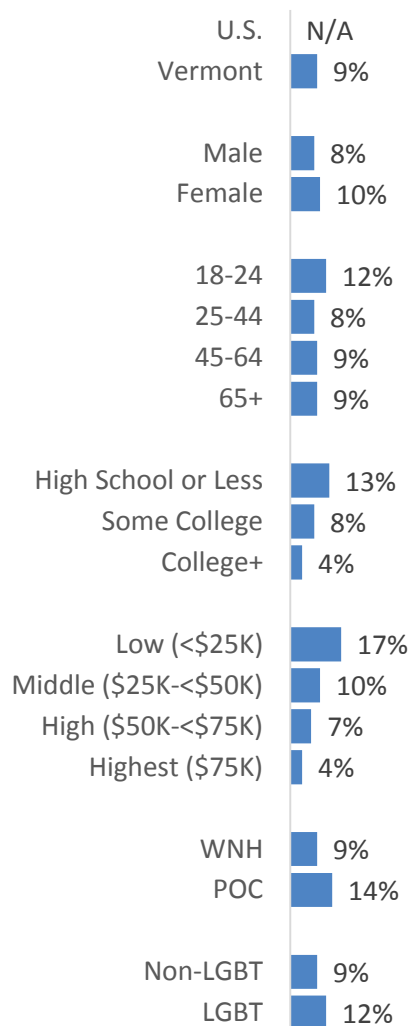
There are no differences by age in reporting that their community is not safe for walking.

Vermont adults with less education levels and lower annual household income levels are more likely to say that their community is not safe for walking.

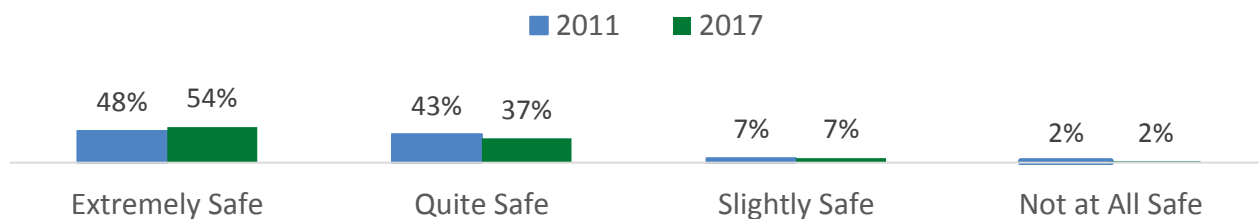
- All differences by education level are statistically significant.
- Adults in homes making less than \$25,000 per year are statistically more likely than those with more income to say their community is not safe for walking.
- Those in homes making \$25,000-\$49,999 are statistically more likely than those in homes making at least \$75,000 annually to feel their community is not safe for walking.

There are no statistical differences community safety for walking by race and ethnicity or sexual orientation and gender identity.

Adults Whose Community is Not* Safe for Walking Vermont Adults, 2017



Community Safety for Walking Vermont Adults, 2011 & 2017



*Not safe for walking defined as those responding “not at all safe” or “slightly safe” to question: Overall, how would you rate your community as a safe place to walk?

HIV Transmission Risk

In 2017, 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 in the last year.

Seven percent of Vermont adults said they participated in a high-risk behavior during the last year, similar to the 6% among U.S. adults overall.

Men are statistically more likely than women to take part in high-risk HIV transmission behaviors.

Adults 18-24 are nine times more likely than those 45-64 to participate in high-risk behaviors related to HIV transmission, a statistically significant difference.

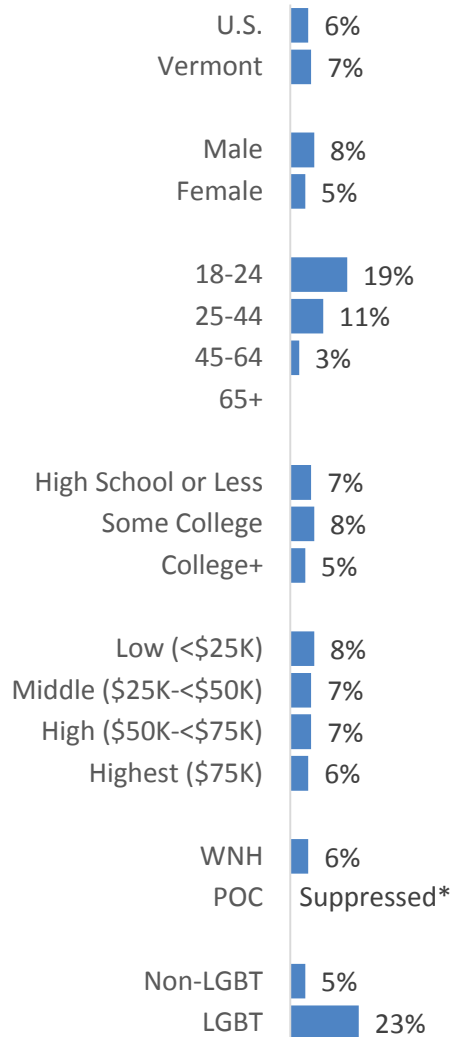
There are no statistical differences by education level and annual household income levels.

Statistical comparison by race and ethnicity was not made due to suppression of data.

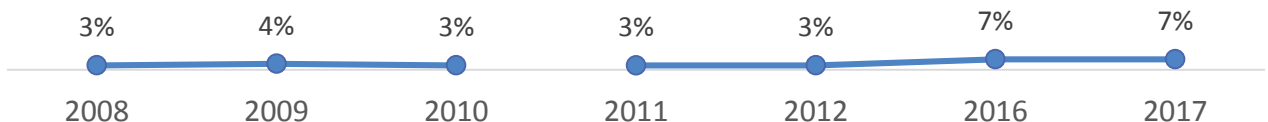
LGBT adults are more than four times as likely as non-LGBT adults to report participating in high-risk HIV transmission behaviors, a statistically significant difference.

The proportion of adults participating in high-risk HIV transmission behaviors in 2017, is statistically higher than 2011 (3%), but unchanged from 2016 (7%).

**HIV Transmission Risk Behaviors
Vermont Adults, 2017**



**Adults with High Risk HIV Transmission Behaviors
Vermont Adults, 2008-2012, 2016-2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Intimate Partner Violence - Physical

Fifteen percent of Vermont adults said that a partner had ever physically hurt them.

- One percent said they had been physically hurt in the last year.
- Physically hurt is defined as being hit, slapped, pushed, kicked or hurt in any way.

Women are twice as likely as men (20% vs. 9%) to report ever being physically hurt by a partner, a statistically significant difference.

Adults 18-44 are most likely to report being physically hurt by a partner.

- Adults 25-64 are statistically more likely than older adults to have ever experienced physical harm via a partner.

Adults with some college education are statistically more likely than those with more education to have experience physical harm by a partner.

Adults in homes with lower annual household incomes are more likely to have been physically hurt by a partner.

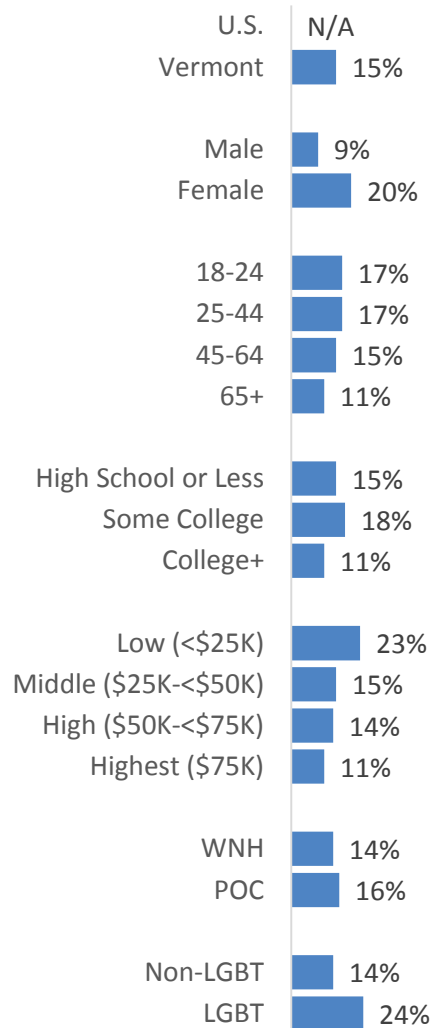
- Those in homes making less than \$25,000 annually are statistically more likely than those with more income to have been physically harmed by a partner.

There is no statistical difference by race and ethnicity in experiences with being physically hurt by a partner.

LGBT adults are statistically more likely than non-LGBT adults to have experienced physical harm by a partner.

Reported physical harm by a partner is statistically similar in 2017 and 2014 (13%), the most recent year the topic was included on the survey.

**Ever Physically Hurt by Intimate Partner
Vermont Adults, 2017**



Intimate Partner Violence - Threaten

In 2017, 14% of Vermont adults reported that an intimate partner had ever threatened them or made them feel unsafe.

- Two percent said this had happened in the last year.

Women are more than three times as likely as men (22% vs. 6%) to report every being threatened by a partner, a statistically significant difference.

Ever experiencing threatening behavior or being made to feel unsafe by a partner decreases with age.

- Adults 18-64 are statistically more likely than those 65 and older to have every been threatened or made to feel unsafe by a partner.

Adults with some college education are statistically more likely to have been threatened by a partner than those with a college degree or higher.

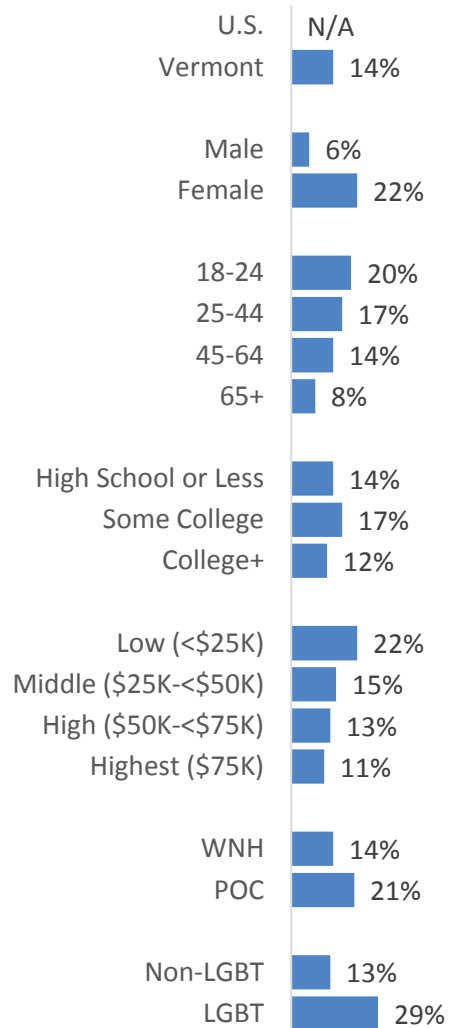
Likewise, those in homes with annual incomes of less than \$25,000 annually are statistically more likely than those with more income to have been threatened by a partner.

There are no statistical differences in having a partner ever threaten or made to feel unsafe by race and ethnicity.

LGBT adults are more than twice as likely as non-LGBT to report a partner having ever threatened them or made them feel unsafe (29% vs. 13%), a statistically significant difference.

Reported threatening behavior by a partner is statistically higher in 2017 than 2014 (14% vs. 12%), the most recent year the topic was included on the survey.

Ever Threatened by Intimate Partner Vermont Adults, 2017



Intimate Partner Violence - Control

Fourteen percent of adults report that an intimate partner had ever tried to control their daily activities.

- Two percent said this had happened in the last year.

Women are statistically more likely than men to report a partner ever tried to control their behavior.

Reported controlling behavior by a partner decreases with age.

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

Adults with some college education are statistically more likely than those with more education to have had a partner try to control their activities.

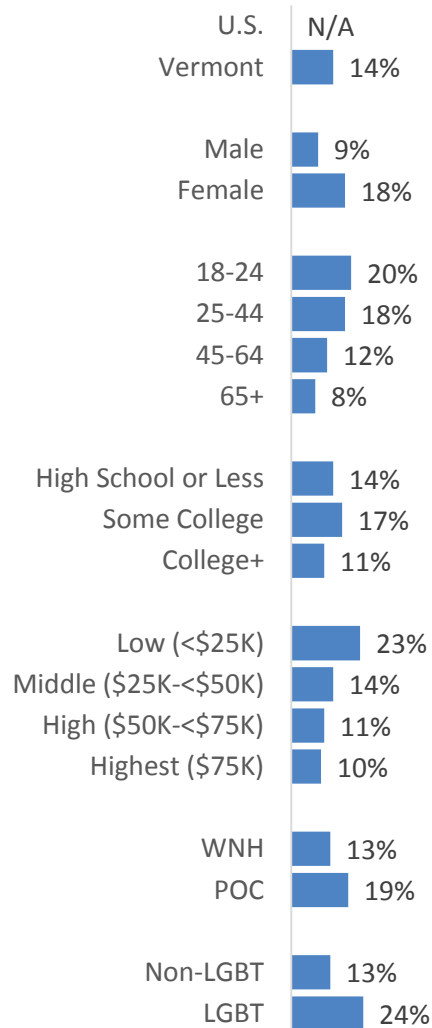
Those in homes with annual incomes of less than \$25,000 per year are statistically more likely than those with more income to have had a partner control their daily activities.

There is no statistical differences by race and ethnicity in the experience of controlling behavior by a partner.

LGBT adults are statistically more likely than non-LGBT adults to have had a partner try and control their activities.

Reported controlling behavior by a partner is statistically similar in 2017 and 2014 (13%), the most recent year the topic was included on the survey.

**Intimate Partner Ever Tried to Control Activities
Vermont Adults, 2017**



Marijuana Use

More than one in seven (15%) Vermont adults said they currently use marijuana. Current use is defined as use in the last 30 days.

- More than eight in ten (83%) of marijuana users said they usually smoke it. Eight percent usually vape marijuana, while six percent usually eat it in food or drink, and two percent dab it.

Men are statistically more likely than women to currently use marijuana.

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.

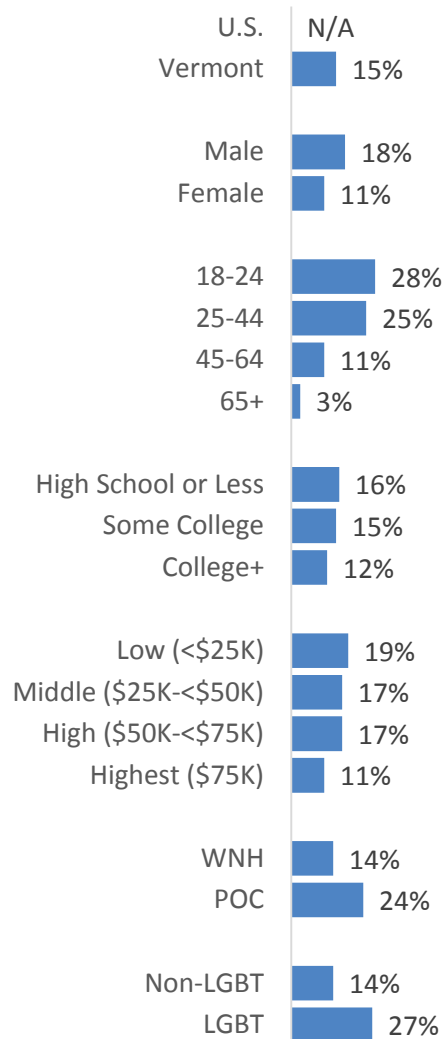
- There are no statistical differences in current marijuana prevalence by education level.
- Adults in homes making less than \$25,000 annually are statistically more likely to use marijuana than those in homes with incomes of at least \$75,000 per year.

Adults of color are statistically more likely than white, non-Hispanic adults to currently use marijuana.

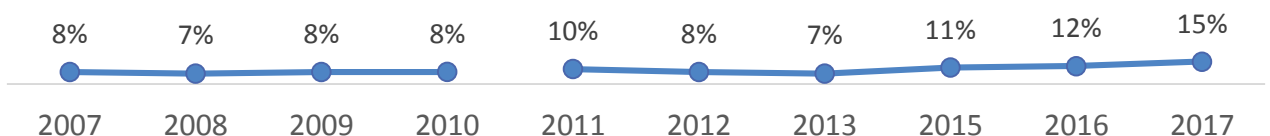
LGBT adults are statistically more likely than non-LGBT adults to report use of marijuana.

Marijuana prevalence in Vermont has increased in each year since use was decriminalized (July 2013). In 2017, use is statistically similar to that in 2016, but statistically higher than that in every other year since 2011.

Current Marijuana Use Vermont Adults, 2017



Adults who Reported Current Marijuana Use Vermont Adults, 2007-2013, 2015-2017



Marijuana Use

In 2017, a quarter of marijuana users drove within three hours of using the drug, at least once in the last month.

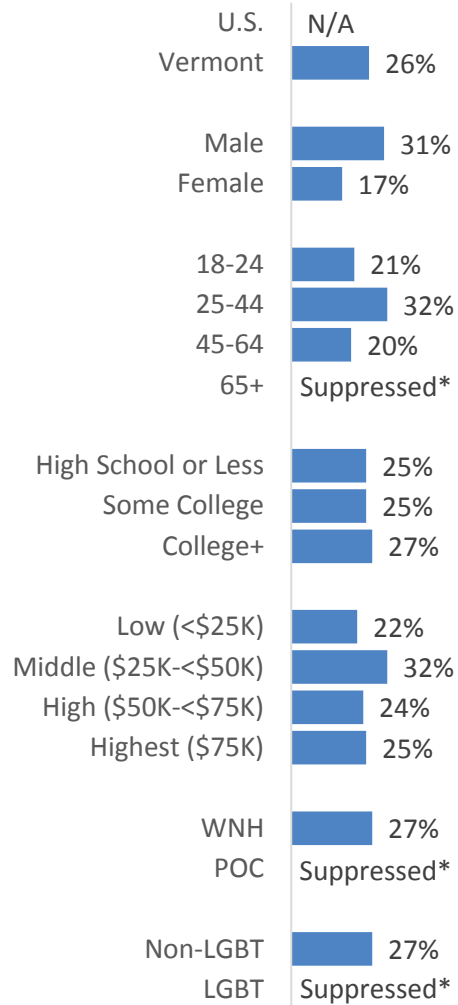
Men are about twice as likely as women to report driving after using marijuana, a statistically significant difference (31% vs. 17%).

There are no other statistically significant differences in the use of marijuana before driving by demographic variables.

Statistical comparisons by race and ethnicity and sexual orientation and gender identity were not made due to suppression of data.

Use of marijuana before driving decreased from 31% in 2016 to 26% in 2017, however the change is not statistically significant. The driving after marijuana use question changed in 2016, making it difficult to make direct comparisons with data collected before that time.

**Driving After Marijuana Use
Vermont Adults Who Currently
Use Marijuana, 2017**



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

No Leisure Time Physical Activity*

One in five (21%) Vermont adults said they did not participate in any leisure time physical activity during the previous month, significantly lower than the 27% among U.S. adults overall.

Men and women report not participating in leisure time physical activity at the same rate.

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

- Adults 65 and older are statistically more likely than younger adults to have no leisure time physical activity.

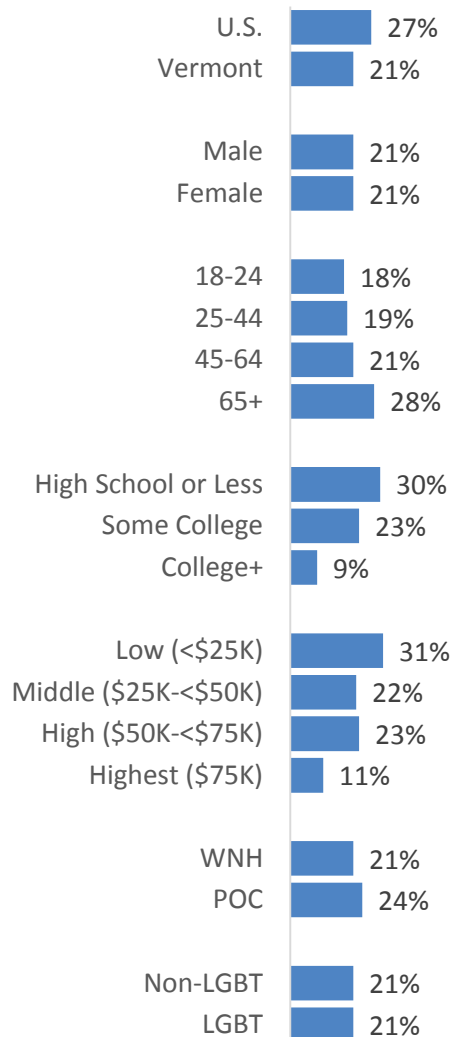
Adults with less education and lower annual household income levels are more likely to not participate in leisure time physical activity.

- All differences by education level are statistically significant.
- Adults in homes making less than \$75,000 per year are statistically more likely than those in homes with more income to have no leisure time physical activity.
- Those making less than \$25,000 annually are also statistically more likely than those in homes making \$25,000-\$49,999 to have no leisure time physical activity.

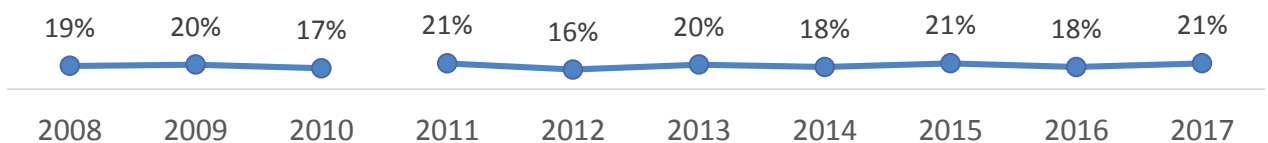
There are no statistical differences in leisure time physical activity participation by race and ethnicity or sexual orientation and gender identity.

The proportion of adults with no leisure time physical activity increased from 2016 to 2017 (18% vs. 21%), however the change is not statistically significant. Likewise, the proportion in 2017 is also similar to 2011 (21%).

**No Leisure Time Physical Activity*
Vermont Adults, 2017**



**No Leisure Time Physical Activity*
Vermont Adults, 2008-2017**



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

Prescription Drug Misuse

In 2017, less than one in ten (8%) Vermont adults said they had ever taken a prescription drug without a prescription.

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

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

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

- Adults 18-64 are statistically more likely to misuse prescription drugs than those 65 and older.
- Similarly, adults 25-44 are statistically more likely than those 45-64 to take prescription drugs without a prescription.

There are no statistical differences in ever misusing prescription drugs by education level. Reported misuse of prescription drugs decreases with increasing annual household income level.

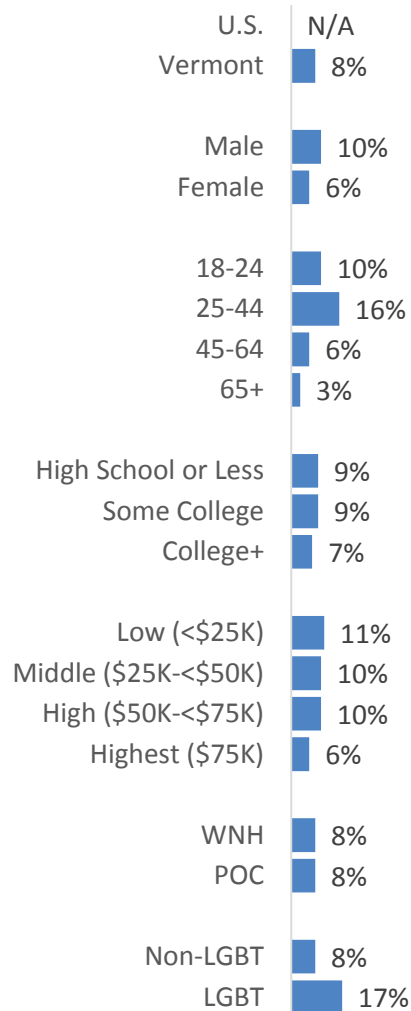
- Adults in homes making less than \$25,000 per year are statistically more likely than those in homes making at least \$75,000 annually.

There are no statistical differences in reported misuse of prescription drugs by race and ethnicity.

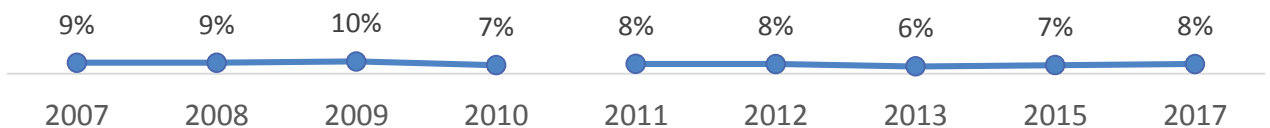
LGBT adults are twice as likely as non-LGBT adults to have ever taken a prescription drug without a prescription, a statistically significant difference.

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

Ever Used Prescription Drug Without Prescription Vermont Adults, 2017



Ever Used Prescription Drug Without Prescription Vermont Adults, 2007-2013, 2015, 2017



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

Seatbelt Use

Three percent of adults in Vermont said they seldom or never wear their seatbelt when driving or riding in a car. This is the same as among U.S. adults.

Men are statistically more likely than women to seldom or never use a seatbelt.

There are no differences in the use of seatbelts by age.

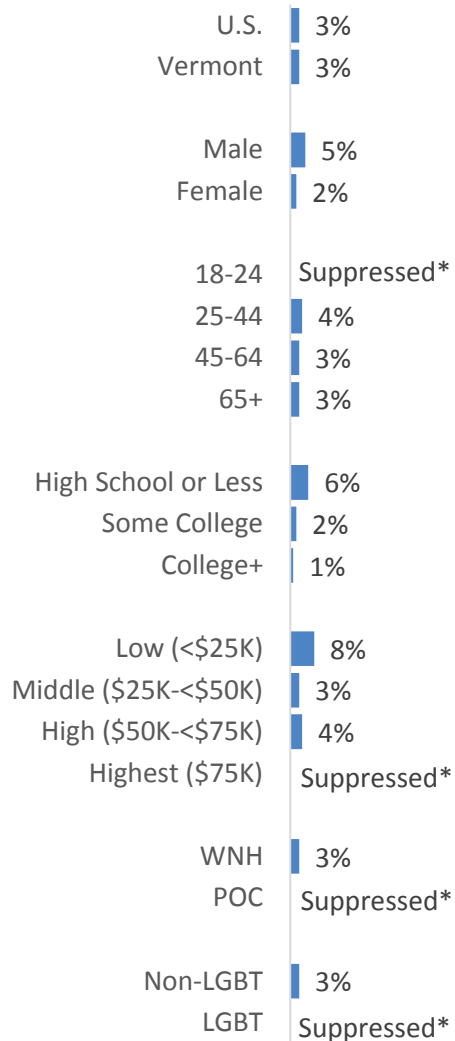
Reported non-use of seatbelts is higher among those with lower education and annual household income levels.

- Adults with a high school or less education are statistically more likely than those with more education to seldom or never wear a seatbelt.
- Adults in homes making less than \$25,000 per year are statistically more likely than those in homes making \$25,000-\$49,999 per year.

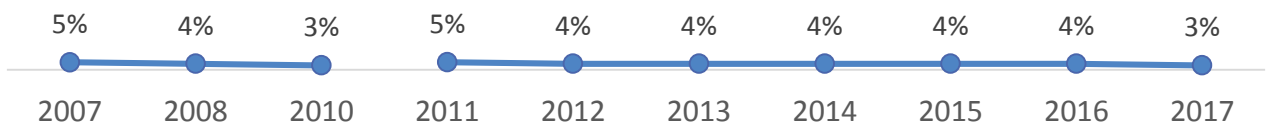
Statistical comparisons by race and ethnicity and sexual orientation and gender identity were not made due to suppression of data.

Non-use of seatbelts among Vermont adults remains similar since 2011.

Seldom/Never Wear Seatbelt Vermont Adults, 2017



Seldom/Never Wear Seatbelt Vermont Adults, 2007-2008, 2010-2017



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Sugar Sweetened Beverage Consumption

In 2017, less than one in five (17%) Vermont adults said they drink at least one sugar sweetened beverage a day.

- Sugar sweetened beverages include: soda containing sugar, fruit drinks with sugar (e.g., Kool-aid and lemonade), sweet tea, and sports or energy drinks (e.g., Gatorade, Red Bull).
- Excluded are diet soda and 100% fruit juice, diet drinks, and artificially sweetened drinks.

Men are more likely than women to drinks sugar sweetened beverages daily.

Consumption of sugar sweetened beverages is higher among younger adults.

- Adults 18-44 are statistically more likely than those 45 and older to drink sugar sweetened beverages daily.

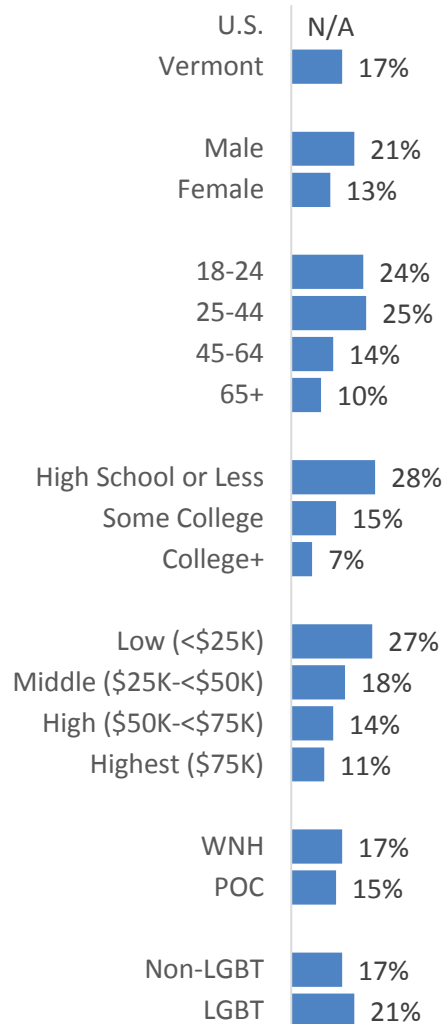
Adults with lower education and annual household income levels are more likely to drink sugar sweetened beverages at least once per day.

- All differences by education level are statistically significant.
- Adults in homes making less than \$25,000 per year are statistically more likely than those with more income to consume sugar sweetened beverages daily.
- Those in homes making \$25,000-\$49,999 are also statistically more likely than those with incomes of at least \$75,000 per year to have a sugar sweetened beverage a day.

There are no statistical differences in consumption of sugar sweetened beverages by race and ethnicity or sexual orientation and gender identity.

Sugar sweetened beverage consumption was last measured in 2014. The same proportion reported having these beverages at least once daily in both years (17%).

**Drink Sugar Sweetened Beverages
1+ Times Daily
Vermont Adults, 2017**



Tobacco Use – E-Cigarettes, Ever Use

In 2017, about two in ten (18%) of Vermont adults reported ever using an electronic cigarette (e-cigarette) or other electronic vaping product. This is significantly lower than the 20% 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 each age group.

- All differences by age are statistically significant.

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

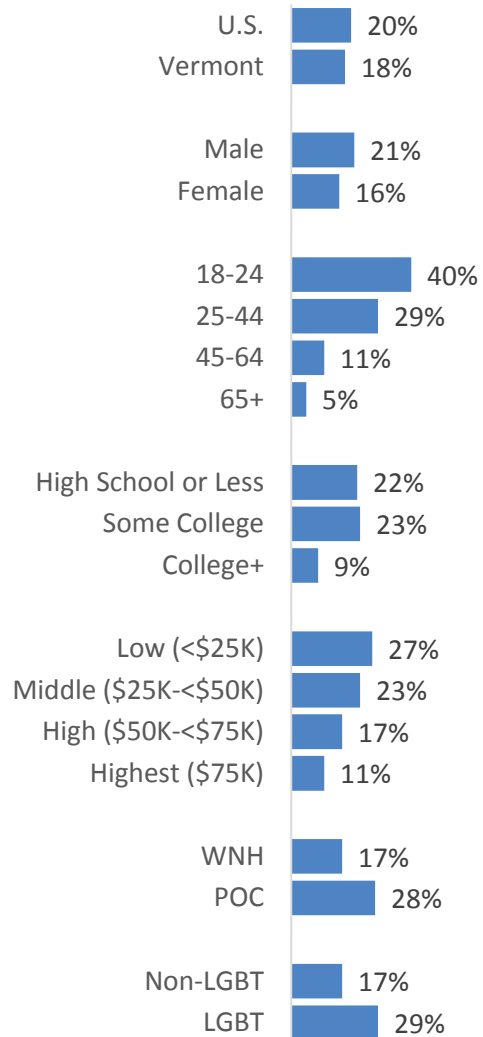
- Adults with some college education or less are statistically more likely than those with more education to have tried e-cigarettes.
- Those in homes with incomes of less than \$25,000 are statistically more likely than those making at least \$50,000 to have ever used e-cigarettes.
- Likewise, adults in homes making \$25,000-\$49,999 are statistically more likely than those in homes with incomes of \$75,000 or more to have used e-cigarettes.

Adults of color are nearly twice as likely as white, non-Hispanic adults to have used e-cigarettes, a statistically significant difference.

Similarly, LGBT adults are statistically more likely than non-LGBT adults to have used e-cigarettes.

The prevalence of e-cigarette use in 2017 (18%) is similar to 2016 (19%), the first year the topic was included on the survey.

**Ever Used E-Cigarettes
Vermont Adults, 2017**



Tobacco Use – E-Cigarettes, Current Use

In 2017, less than one in twenty (3%) Vermont adults said they currently use electronic cigarettes (e-cigarettes) or other electronic vaping products. This is significantly lower than the 4% reported among U.S. adults.

Men and women reported current e-cigarette use at the same rate.

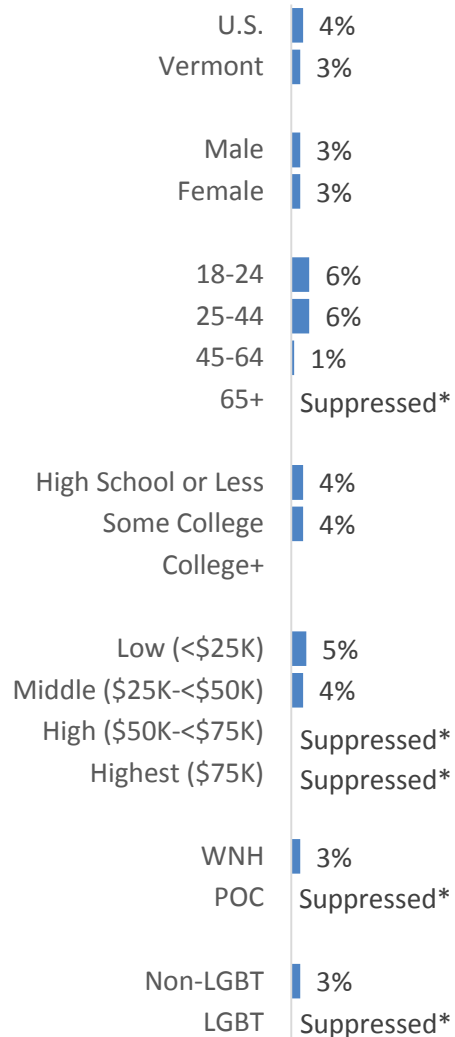
E-cigarette use is higher among younger adults.

- Adults 18-44 are statistically more likely than those 45-64 to currently use e-cigarettes.

There are no statistical differences in current e-cigarette use by education level and annual household income level. Statistical comparisons by race and ethnicity and sexual orientation and gender identity were not made due to suppression of data.

The prevalence of current e-cigarette use is unchanged from 2016, the first year the topic was included on the survey.

Currently Use E-Cigarettes Vermont Adults, 2017



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Tobacco Use – Smokeless Tobacco

Three percent of Vermont adults said they use smokeless tobacco in 2017, statistically lower than the proportion reported by U.S. adults overall (4%).

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

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

Adults' use of smokeless tobacco is higher among younger adults.

- Adults 18-64 are statistically more likely than those 65 and older to currently smokeless tobacco products.

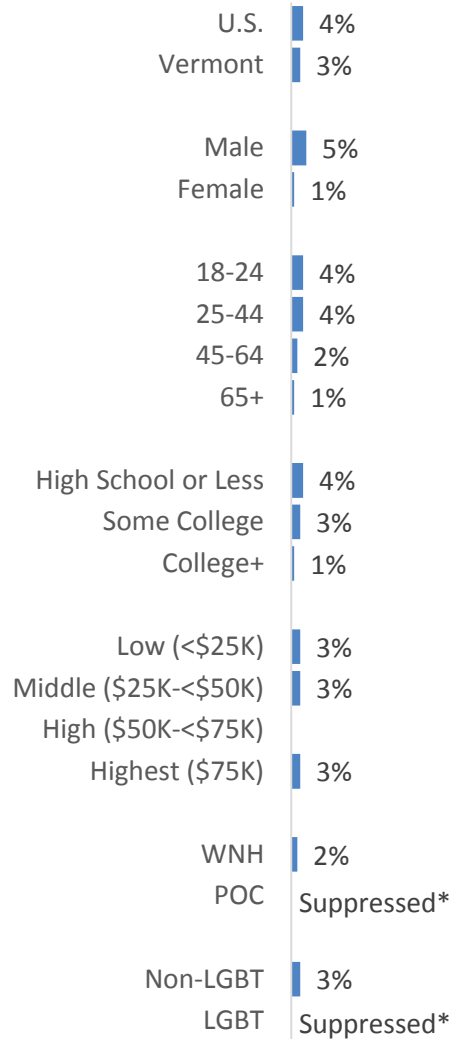
Adults with a high school degree or less are statistically more likely than those with a college degree or higher to use smokeless tobacco.

There are no differences in smokeless tobacco use by annual household income.

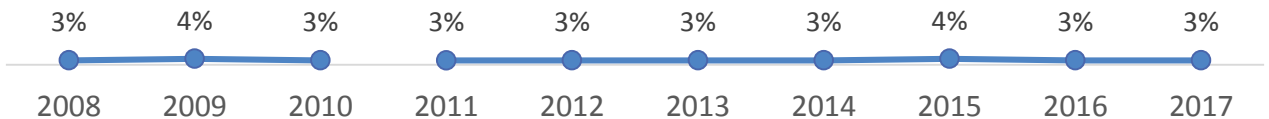
Statistical comparisons race and ethnicity and sexual orientation and gender identity were not made due to suppression of data.

The proportion of Vermont adults using smokeless tobacco has not changed since 2011.

Smokeless Tobacco Use Vermont Adults, 2017



Smokeless Tobacco Use Vermont Adults, 2008-2017



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

Tobacco Use – Cigarette Smoking*

In 2017, less than two in ten (17%) Vermont adults reported smoking cigarettes every or some days. This is the same proportion as reported by U.S. adults overall.

While men are more likely than women to smoke cigarettes, the difference is not statistically significant.

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

- Smoking prevalence is statistically higher among those 25-44, compared with all other age groups.
- Adults 45-64 are also statistically more likely than those 65 and older to smoke cigarettes.

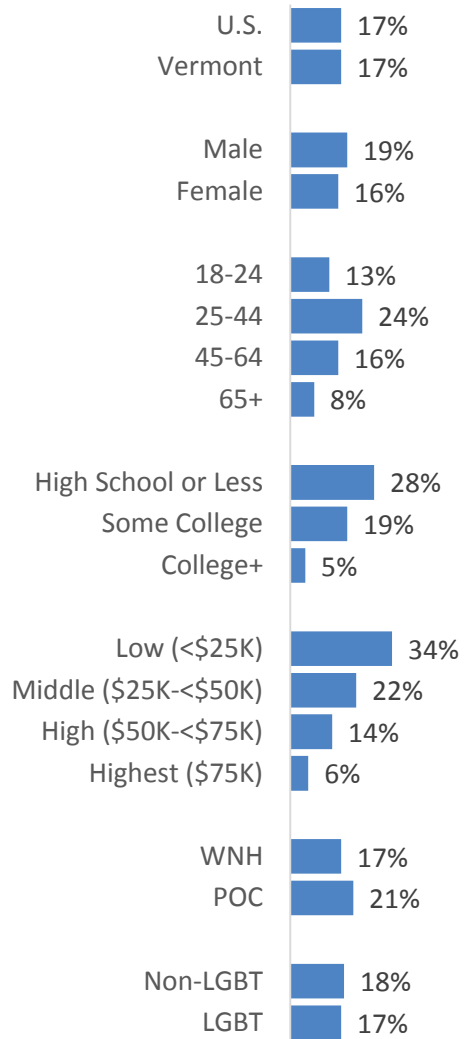
Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

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

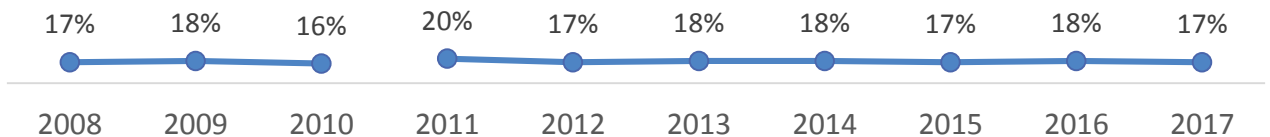
Adults of color are more likely than white, non-Hispanic adults to report smoking cigarettes, however the difference is not statistically significant.

There also is no statistical difference in smoking rates by sexual orientation and gender identity. The smoking rate among Vermont adults in 2017 was lower than, but statistically similar to, 2016 (18%) and 2011 (20%).

**Current Cigarette Smoking*
Vermont Adults, 2017**



**Current Cigarette Smoking*
Vermont Adults, 2008-2017**



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

Tobacco Use – Quit Attempts*

Six in ten (59%) Vermont adult smokers made an attempt to quit smoking in the last year. This is similar to the 58% seen among all U.S. adults smokers.

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

Reported quit attempts are highest among adults 18-24.

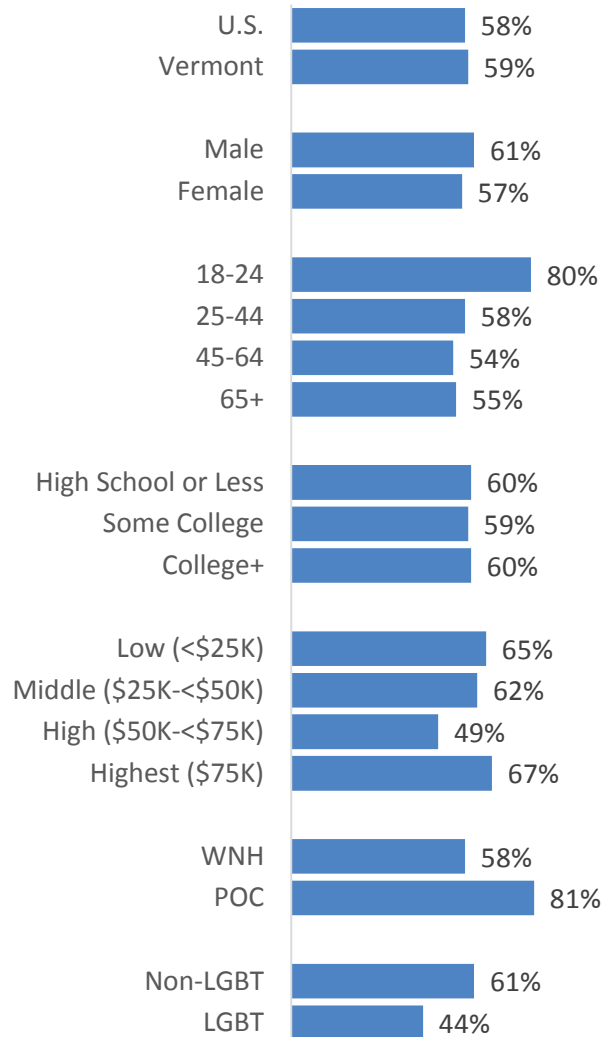
- Adult smokers 18-24 are statistically more likely than those 45-64 to report trying to quit smoking in the last year.

There are no statistical differences in quit attempts by education level, annual household income level, or sexual orientation and gender identity.

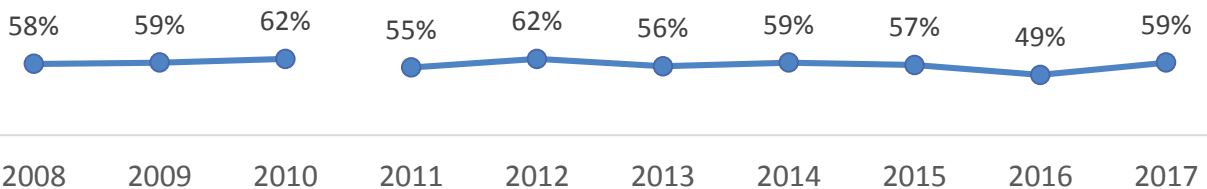
Adults of color who smoke cigarettes are statistically more likely than those who are white, non-Hispanic to report trying to quit smoking in the last year.

The proportion of adult smokers who made a quit attempt increased statistically from 49% in 2016 to 59% in 2017. Compared with 2011, the proportion making a quit attempt is similar (55% vs. 59%).


**Smoking Quit Attempts*
Vermont Adults who Smoke, 2017**




**Smoking Quit Attempts
Vermont Adults, 2008-2017**



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



Preventive Behaviors & Screenings



Immunizations – Flu Vaccine

Six in ten 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.

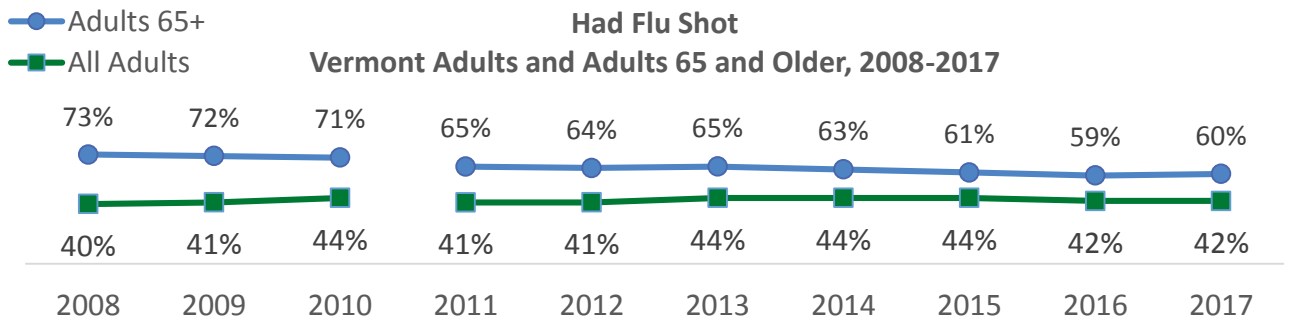
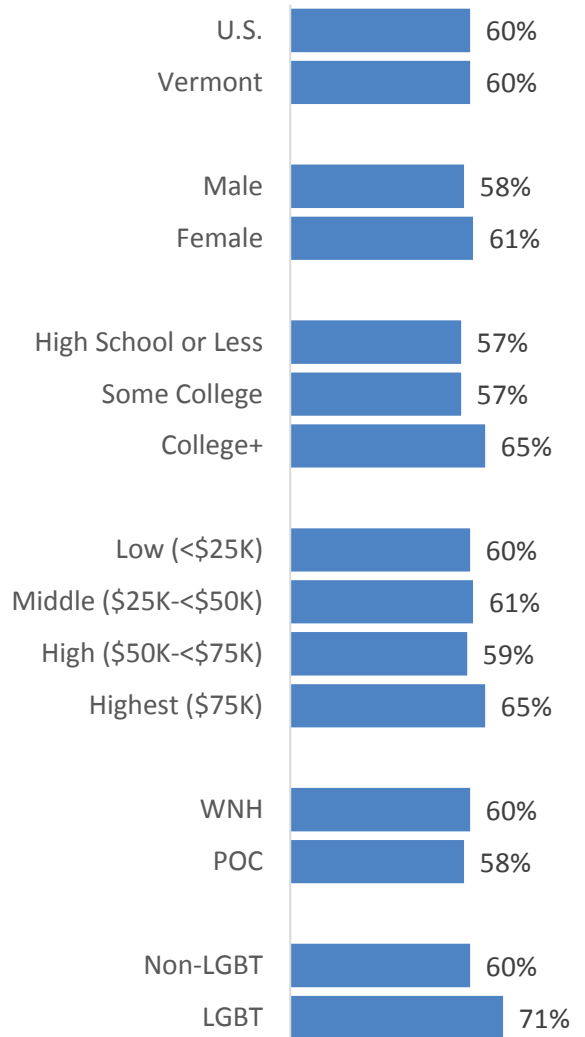
- A flu vaccine includes both a shot in the arm and spray or mist in the nose.

There are no statistical differences in the receipt of a flu vaccine in the last year by sex, education level, annual household income level, or race and ethnicity.

While rates of flu vaccination are higher among LGBT adults compared with non-LGBT adults, the difference is not statistically significant.

Since 2011, flu vaccination rates have decreased statistically among adults 65 and older. Among all adults, receipt of a flu vaccine has not changed statistically over time.

**Had Flu Shot
Vermont Adults 65 and Older, 2017**



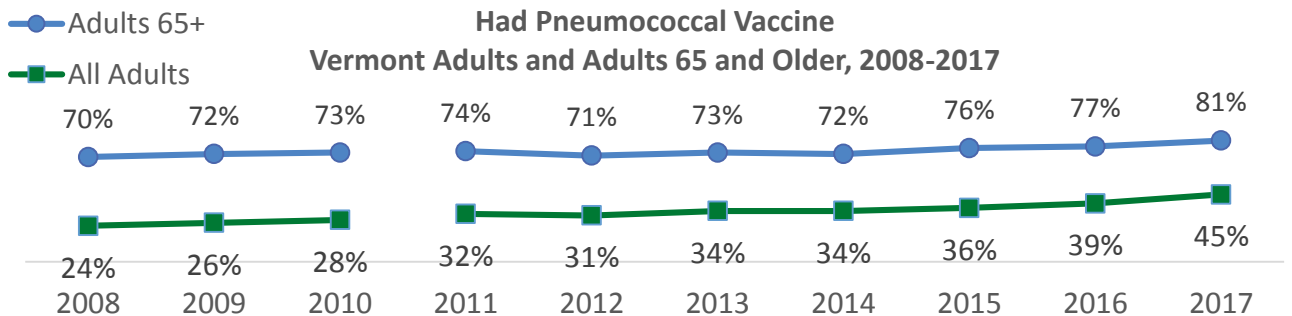
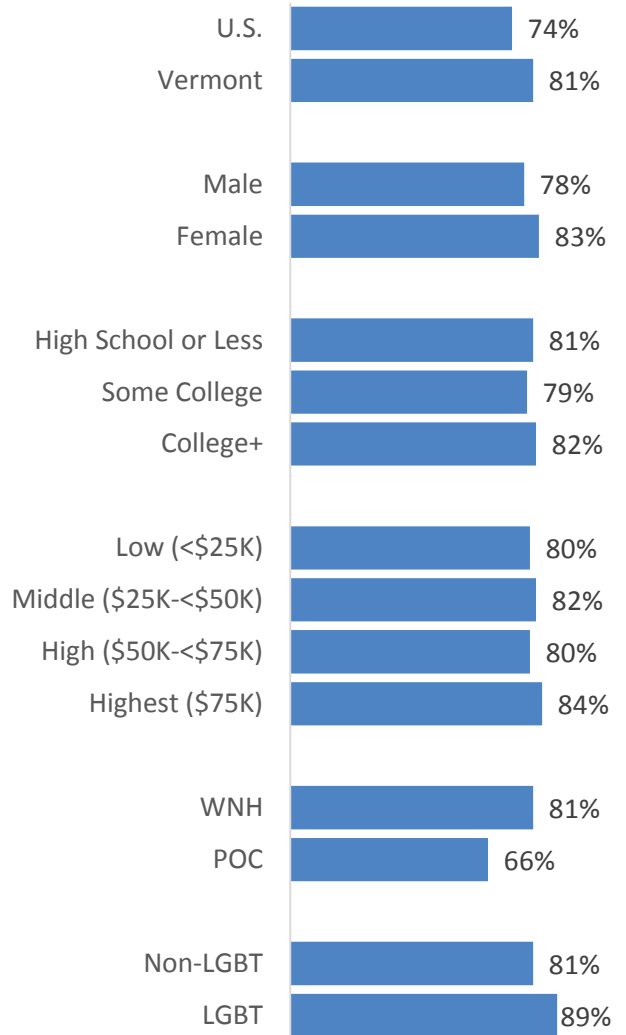
Immunizations – Pneumococcal Vaccine

Eight in ten (81%) Vermont adults 65 and older said they have ever received a pneumococcal vaccine. This is statistically higher than the 74% reported for U.S. adults of the same age.

There are no statistical differences in the receipt of the pneumococcal vaccine in the last year by sex, education level, annual household income level, race and ethnicity, or sexual orientation and gender identity.

Since 2011, pneumococcal vaccine rates have increased statistically among both all adults and adults 65 and older. Rates among both populations also increased from 2016 to 2017, however, only the change in receipt of pneumococcal vaccine rates among all adults was statistically significant (39% vs. 45%).

**Had Pneumococcal Vaccine
Vermont Adults 65 and Older, 2017**



Immunizations – Shingles Vaccine

In 2017, more than a third (37%) of Vermont adults ages 50 and older said they had ever received a vaccine for shingles, significantly higher than the 28% for the U.S.

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

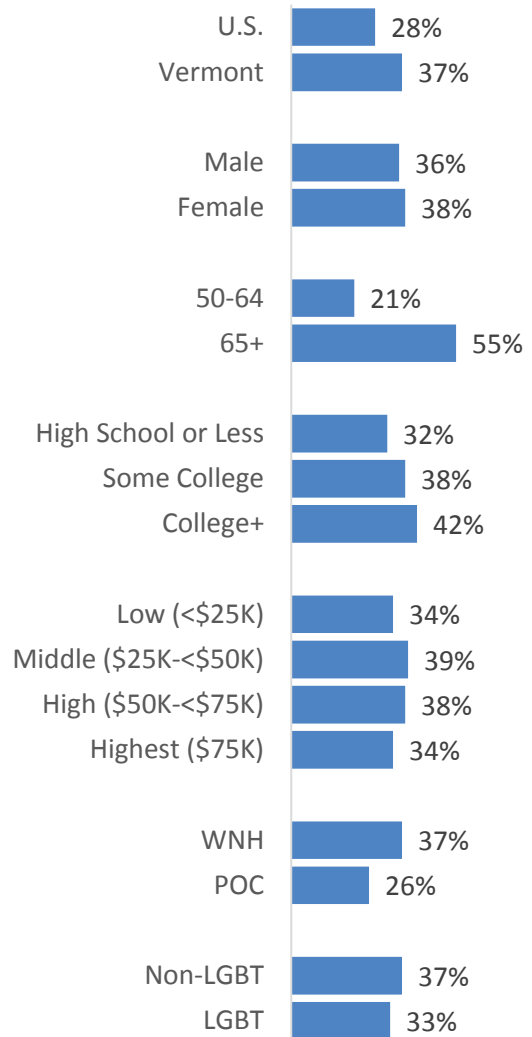
Adults 65 and older are statistically more likely than those 50-64 to have had a shingles vaccine.

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

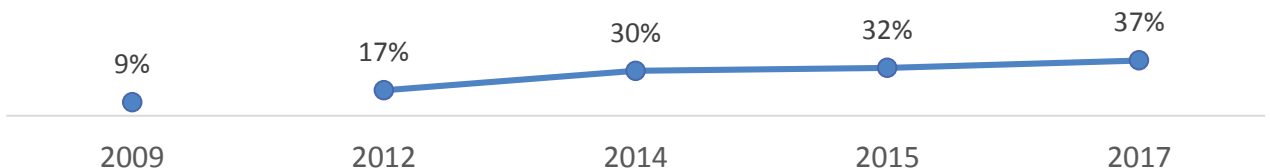
There are no statistical differences in receipt of the shingles vaccine by annual household income level, race and ethnicity, or sexual orientation and gender identity.

The proportion of adults 50 and older who have a shingles vaccine has more than doubled since 2012 (17% vs. 37%), the first year it was measured on the survey. Additionally, shingles vaccination rates also increased statistically from 2015 to 2017 (32% vs. 37%). The sharp increase in shingles vaccination rates since 2012 is likely due in part to increased availability of the vaccine at pharmacies and through programs such as the Vermont Department of Health’s Vaccines for Adults program.

**Had Shingles Vaccine
Vermont Adults 50 and Older, 2017**



**Had Shingles Vaccine
Vermont Adults 50 and Older, 2009, 2012, 2014-2015, 2017**



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.
- 14% had a routine checkup a year ago to less than two years ago; nine percent had one two years to less than five years ago, and seven 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.

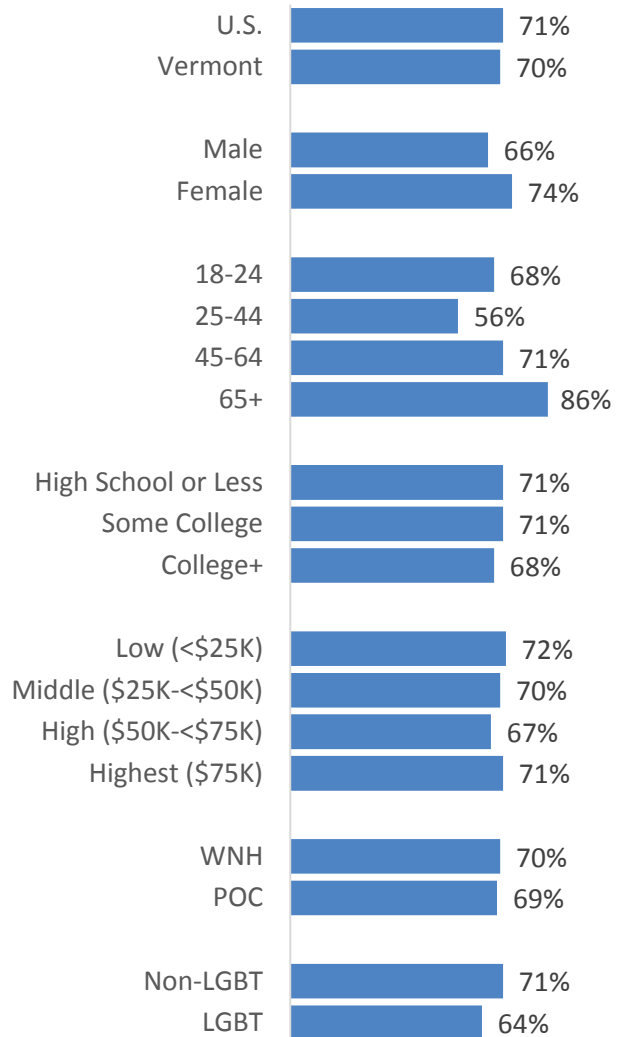
Older adults are more likely to see their doctor for routine visits, compared with younger adults.

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

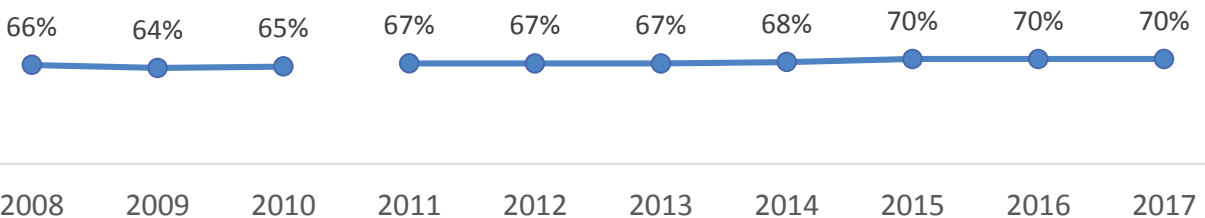
There are no statistically significant differences in routine doctor visits by education level, annual household income level, race and ethnicity, or sexual orientation and gender identity.

The proportion of adults with a routine doctor visit in the last year is statistically unchanged from 2011.

**Routine Doctor Visit in Last Year
Vermont Adults, 2017**



**Routine Doctor Visit in Last Year
Vermont Adults, 2008-2017**



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

Cholesterol Screening*

More than eight in ten Vermont adults report having their cholesterol checked within the last five years, statistically lower than the 86% among U.S. adults.

- About six in ten (58%) Vermont adults had their cholesterol checked in the past year.

Men and women report cholesterol screening in the last five years at statistically similar rates.

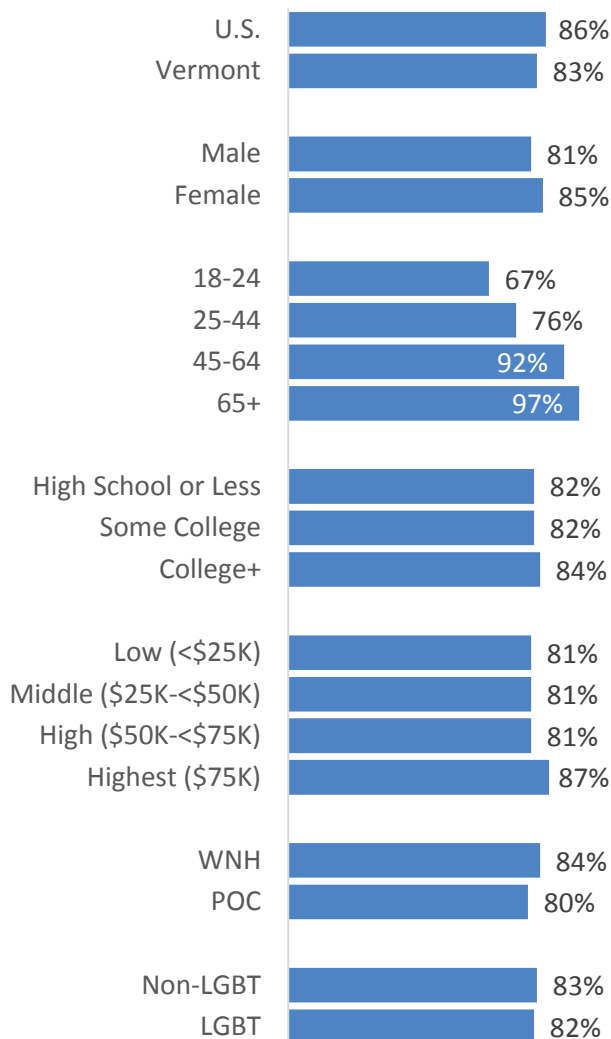
Getting one's cholesterol checked in the last five years increases with increasing age.

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

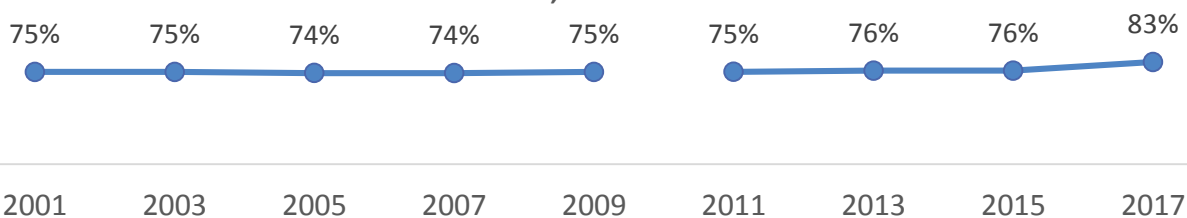
There are no statistical differences in cholesterol screening during the last five years by education level, annual household income level, race and ethnicity, or sexual orientation and gender identity.

The proportion of adults who received cholesterol screening increased from 2015 to 2017 (76% to 83%), however because of changes in the question used to measure cholesterol screening it is difficult to know whether the change is a true increase or if it is related to the question changes.

**Cholesterol Screening Last 5 Years*
Vermont Adults, 2017**



**Cholesterol Screening in Last 5 Years*
Vermont Adults, Odd Years 2001-2017**



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

Fruit Consumption*

Four in ten Vermont adults report eating fruit two or more times per day. This is significantly higher than the 33% among U.S. adults.

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

There are no statistical differences in fruit consumption by age.

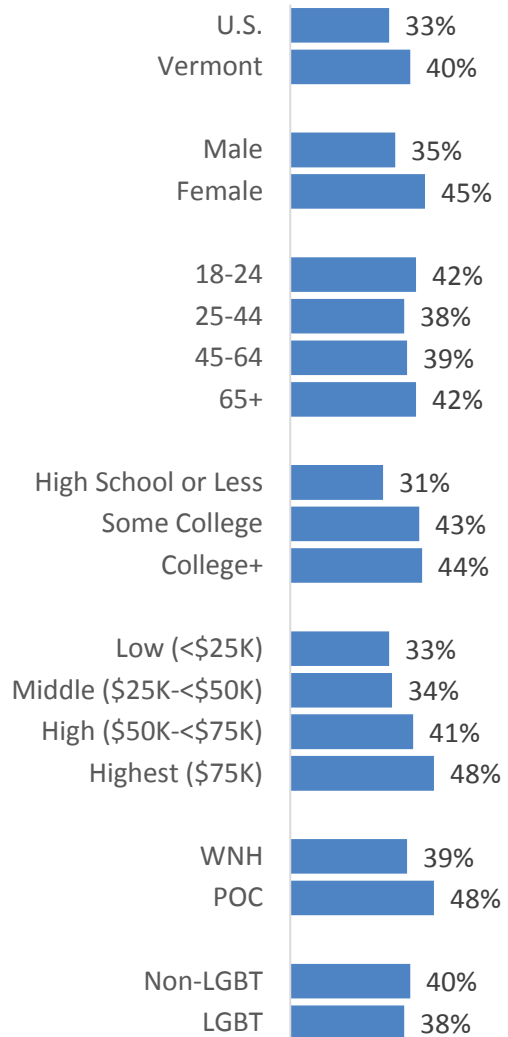
Adults with more education and annual household income are more likely to eat fruit at least twice daily.

- Adults with at least some college education are statistically more likely than those with less education to eat fruit two or more times per day.
- Those in homes making at least \$75,000 per year are statistically more likely than those in homes making less than \$50,000 annually to eat fruit twice a day.

There are no statistical differences in the consumption of fruit two or more times day by race and ethnicity or sexual orientation and gender identity.

The proportion of adults eating two or more fruits per day increased from 2015 to 2017 (32% to 40%), however because of changes in the questions used to measure fruit and vegetable consumption it is difficult to know whether the change is a true increase or if it is related to the question changes.

**Eat Fruits 2+ Times Daily*
Vermont Adults, 2017**



**Eat Fruits 2+ Times Daily*
Vermont Adults, Odd Years 2011-2017**



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

Vegetable Consumption*

About one in five (22%) of Vermont adults report eating vegetables three or more times daily, a significantly higher proportion than U.S. adults overall (16%).

Women are statistically more likely than men to eat vegetables at least three times daily.

Vegetable consumption is higher among younger adults.

- Adults 25-44 are statistically more likely than those 65 and older to eat vegetables three or more times per day.

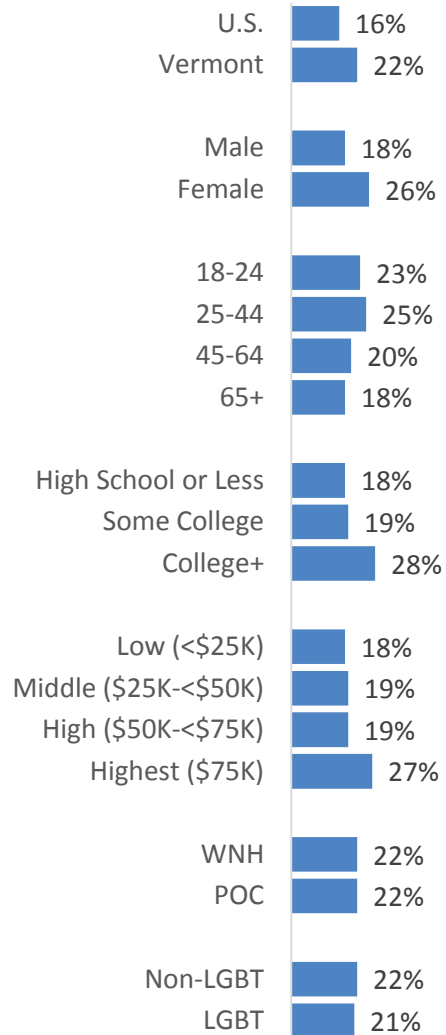
Adults with more education and higher annual household incomes are more likely to eat vegetables at least three times daily.

- Adults with a college degree or higher are statistically more likely than those with less education to eat vegetables at least three times a day.
- Those in homes making at least \$75,000 per year are statistically more likely than those making less than \$50,000 annually to eat vegetables three or more times daily.

There are no statistical differences in the consumption of vegetables three or more times day by race and ethnicity or sexual orientation and gender identity.

The proportion of adults eating three or more vegetables per day increased slightly from 2015 to 2017 (20% to 22%), however because of changes in the questions used to measure fruit and vegetable consumption it is difficult to know whether the change is a true increase or if it is related to the question changes.

**Eat Vegetables 3+ Times Daily
Vermont Adults, 2017**



**Eat Vegetables 3+ Times Daily
Vermont Adults, Odd Years 2011-2017**



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

Fruit & Vegetable Consumption*

A quarter (26%) of Vermont adults report eating at least five fruits and vegetables per day. This is significantly higher than the 18% reported by U.S. adults overall.

Women are statistically more likely than men to eat five or more fruits and vegetables daily.

There are no statistical differences by age in daily fruit and vegetable consumption.

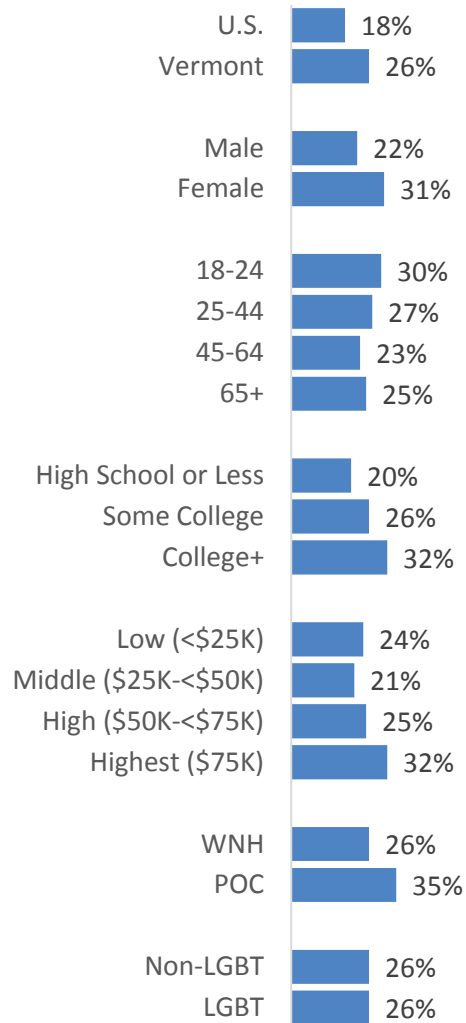
Adults with more education and higher annual household income levels are more likely to have at least five fruits and vegetables daily.

- Adults with a college degree are statistically more likely than those with a high school degree or less to eat five or more fruits and vegetables.
- Those in homes making at least \$75,000 annually are statistically more likely than those making less than \$50,000 per year to eat five or more fruits and vegetables daily.

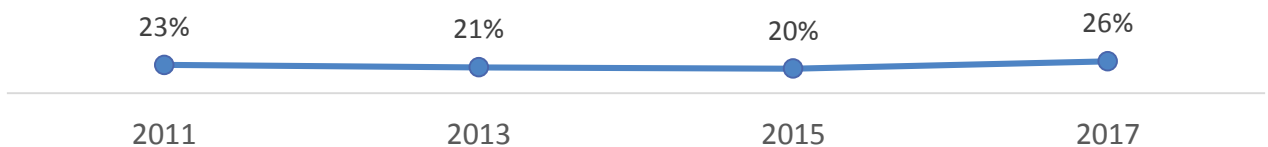
There are no statistical differences in the consumption of fruits and vegetables five or more times day by race and ethnicity or sexual orientation and gender identity.

The proportion of adults eating five or more fruits and vegetables per day increased from 2015 to 2017 (20% to 26%), however because of changes in the questions used to measure fruit and vegetable consumption it is difficult to know whether the change is a true increase or if it is related to the question changes.

**Eat Fruits & Vegetables 5+ Times Daily*
Vermont Adults, 2017**



**Eat Fruits and Vegetables 5+ Times Daily*
Vermont Adults, Odd Years 2011-2017**



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

Physical Activity Recommendations*

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

Six in ten Vermont adults met aerobic physical activity recommendations in 2017, significantly higher than the 50% reported by U.S. adults.

There are no statistical differences in meeting aerobic physical activity guidelines by sex or age.

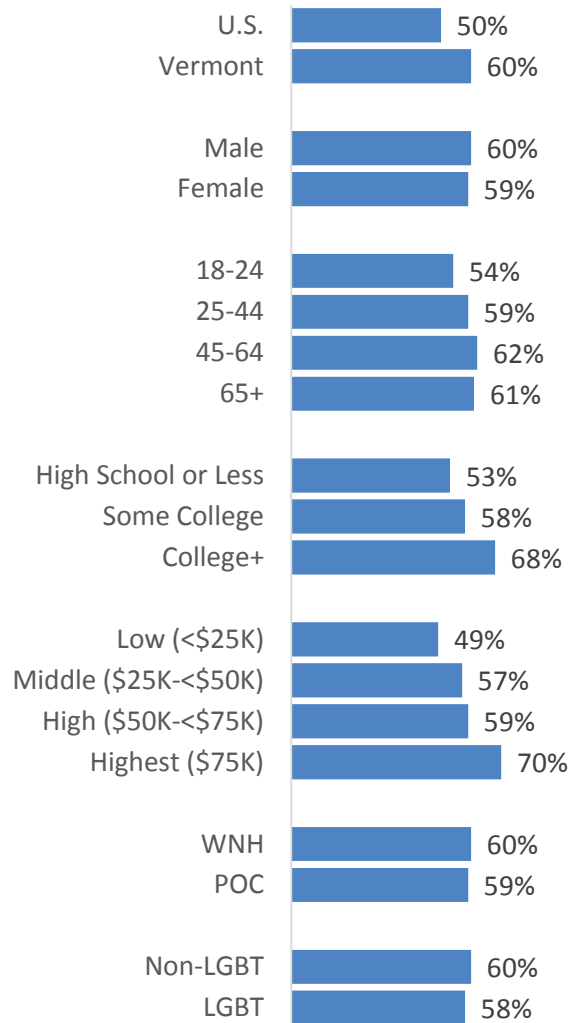
Participation in physical activity increases with increasing education and annual household income level.

- Adults with a college degree or higher are statistically more likely than those with less education to meet physical activity guidelines.
- Those in homes making at least \$75,000 per year are statistically more likely than those with less income to meet physical activity guidelines, as are those in homes making \$50,000-\$74,999 compared with those with incomes of less than \$25,000 annually.

There are no statistical differences meeting physical activity guidelines by race and ethnicity or sexual orientation and gender identity.

The proportion of Vermont adults meeting aerobic physical activity recommendations is similar since 2011.

**Meet Physical Activity Recommendations*
Vermont Adults, 2017**



**Meet Physical Activity Recommendations*
Vermont Adults, Odd Years 2011-2017**



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

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

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

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

Strength Building Recommendations*

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

About three in ten (31%) Vermont adults participated in muscle strengthening activities at least twice a week in 2017. This is similar to the proportion reported among U.S. adults overall (30%).

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

Participation in muscle building activities decreases with increasing age.

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

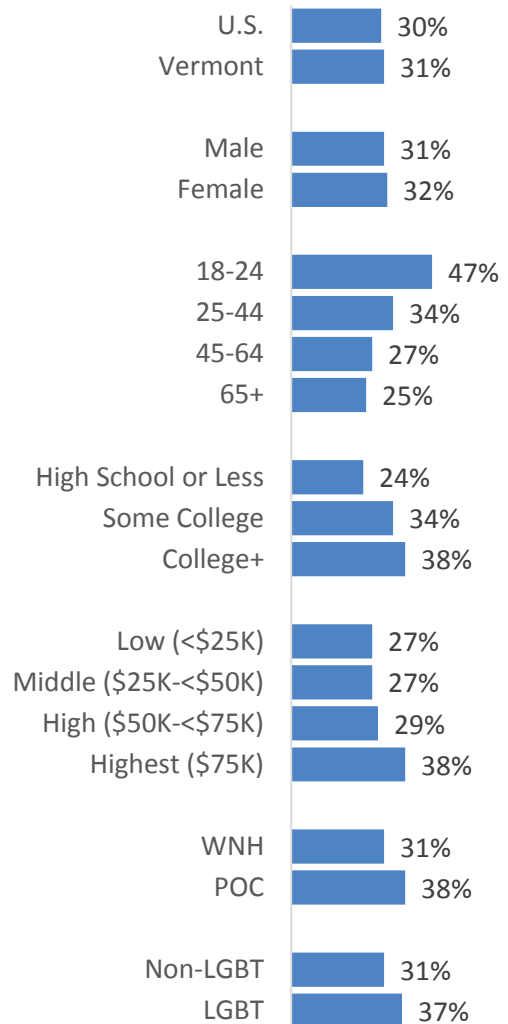
Adults with more education and more annual household income are more likely to meet strength training recommendations.

- Adults with at least some college education are statistically more likely than those with less education to meet strength training guidelines.
- Those in homes with an annual income of at least \$75,000 are statistically more likely than those with less income to meet muscle building recommendations.

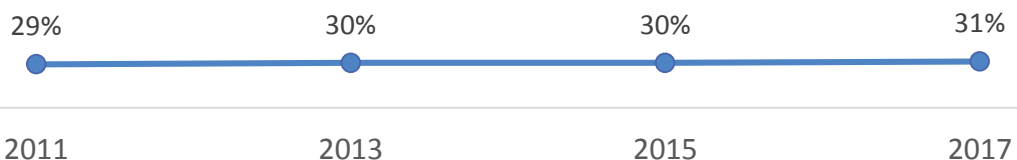
There are no statistical differences meeting strength training guidelines by race and ethnicity or sexual orientation and gender identity.

The proportion of Vermont adults meeting strength building recommendations is statistically similar since 2011.

Meet Strength Building Recommendations* Vermont Adults, 2017



Meet Strength Building Recommendations* Vermont Adults, Odd Years 2011-2017



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

Lung Cancer Screening

The USPTF recommends annual lung cancer screening for adults 55-80 with a 30 pack-year smoking history that currently smoke or who quit within the past 15 years**.

- Lung cancer screening is completed via a low-dose computed tomography (CT) scan.

In 2017, less than one fifth (15%) of adults meeting the criteria for lung cancer screening reported being screened for lung cancer.

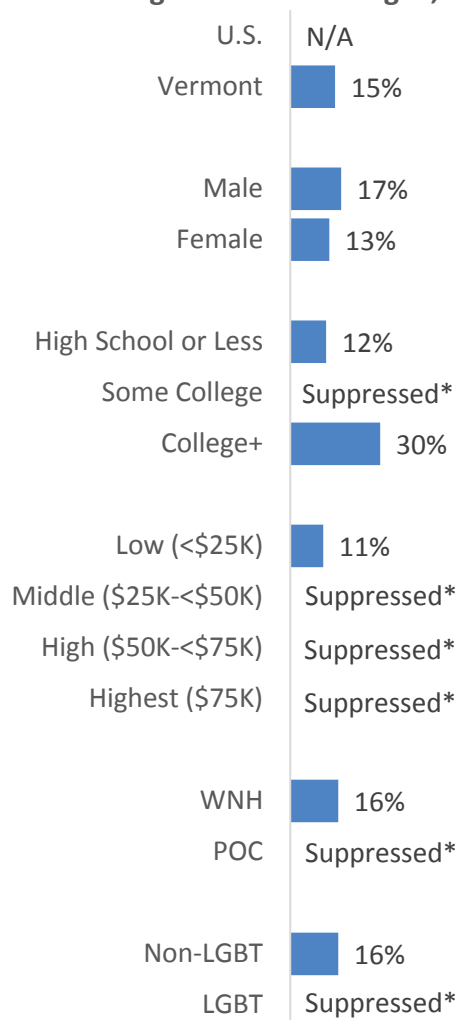
- An additional 27% received a CT scan, but for a reason other than screening for lung cancer.

There are no statistical differences in meeting lung cancer screening recommendations by sex and education level.

Statistical comparisons by annual household income level, race and ethnicity, and sexual orientation and gender identity were not made due to suppression of data.

Lung cancer screening questions were asked for the first time in 2017. As a result, no information on trend over time is available.

Received Lung Cancer Screening Vermont Adults Meeting Criteria for Lung Cancer Screening**, 2017



*Value suppressed because sample size too small or relative standard error (RSE) is > 30.

**Lung cancer screening is recommended for adults who are 55-80, have a 30 pack-year smoking history, and are a current smoker or stopped smoking within the last 15 years. Additional information about lung cancer screening recommendations can be found here:

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening>

HIV Screening - Ever

More than a third (36%) of Vermont adults reported ever being tested for HIV, in 2017. This increases to 43% when looking at adults 18-64.

HIV testing among both all Vermont adults and those 18-64 is statistically lower than the rates among U.S. adults overall (40%) and 18-64 (46%).

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

HIV testing is highest among those 25-44 and lowest among those 65 and older.

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

Adults with more education are more likely to have been tested for HIV.

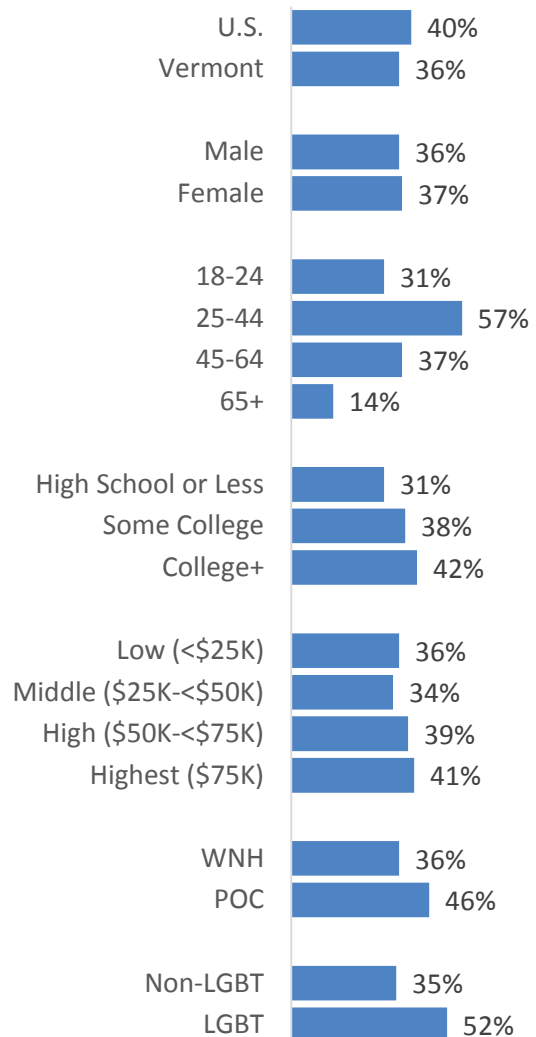
- Adults with at least some college education are statistically more likely than those with less education to have received HIV testing.

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

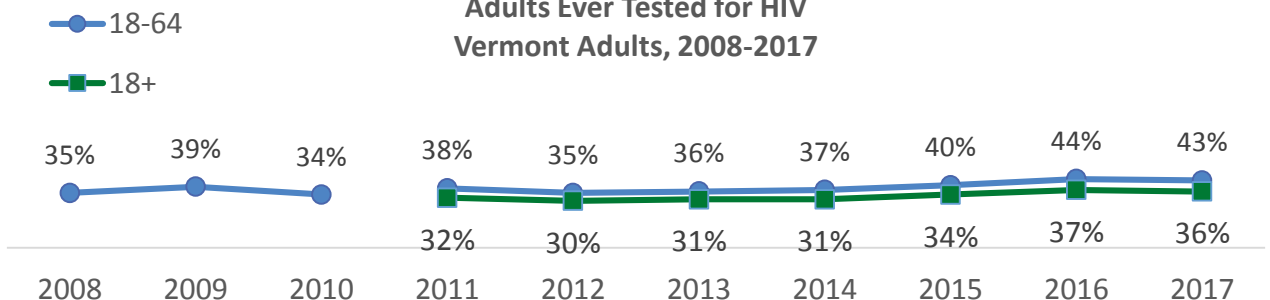
LGBT adults are statistically more likely than non-LGBT to have received HIV testing.

In 2017, ever tested for HIV rates among Vermont adults, overall and age 18-64 were similar to those in 2016, statistically higher than those in 2011 (18-64: 38% vs. 43%; overall: 32% vs. 36%).

**Adults Ever Tested for HIV
Vermont Adults, 2017**



**Adults Ever Tested for HIV
Vermont Adults, 2008-2017**



HIV Screening – In Last Year

Eight percent of Vermont adults report they were tested for HIV in the last year. When limited to adults 18-64, this increases to ten percent.

Recent HIV testing is statistically lower among Vermont adults when compared to U.S. adults overall (12%) and those 18-64 (15%).

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.

Adults with low annual household income levels are most likely to have received recent HIV testing.

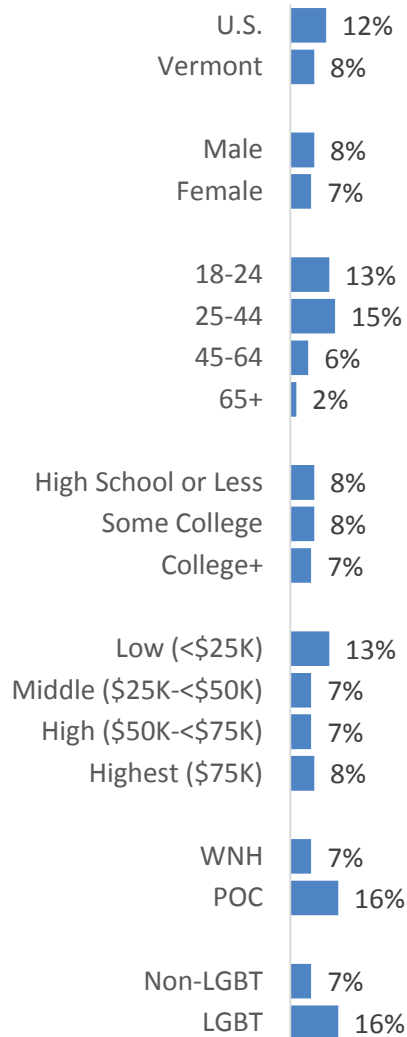
- Adults in homes with incomes of less than \$25,000 are statistically more likely than those with incomes of \$25,000-\$49,999 to have been tested for HIV in the last year.

Adults of color are twice as likely as white, non-Hispanic adults to have received recent HIV testing, a statistically significant difference.

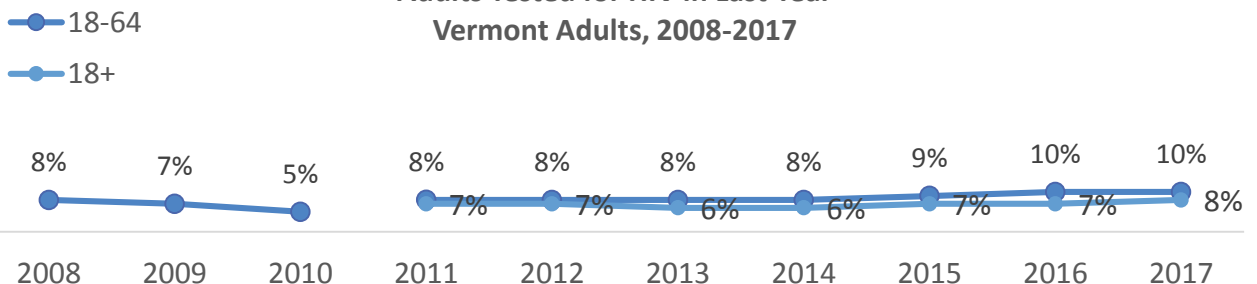
Similarly, LGBT adults are twice as likely as non-LGBT adults to recently have been tested for HIV. This difference is also a statistically significant difference.

Receipt of a recent HIV test is statistically similar since 2011, both among adults overall and those 18-64.

**Adults Tested for HIV in Last Year
Vermont Adults, 2017**



**Adults Tested for HIV in Last Year
Vermont Adults, 2008-2017**



Report prepared by:

Vermont Department of Health
Division of Health Surveillance
108 Cherry Street Burlington, Vermont 05402
802-863-7300

For more information:

Email: AHS.VDHBRFSS@vermont.gov

Call: (800) 869-2871

Visit: <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss>