



Vermont
Behavioral Risk Factor
Surveillance System
2011 Data Summary



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Introduction

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

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

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

Methodology Changes

In 2011, the Centers for Disease Control and Prevention implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population.

Weights are now 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 2011 results to previous years.

The Vermont Department of Health’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics

Demographics

The next few pages describe the demographic makeup of adult Vermont residents in 2011.

About one in every eight (13%) of Vermont adults are 18-24 years of age.

- More than two-thirds are 25-44 or 45-64 (68%) and 19% are 65 or older.

Half of adults are women (51% versus 49%). Ninety-four percent of Vermont adults are White, non-Hispanic.

A majority of Vermont households make less than \$50,000 per year (56%).

- One in five make \$50,000 to less than \$75,000 per year.
- One in four have an annual income of \$75,000 or more.

Three in ten (30%) Vermont adults have a college or higher education.

- About four in ten (42%) have a high school education or less.
- More than a quarter (28%) have some college education.

Demographic Characteristics:	
Age	Percent
18-24	13%
25-44	30%
45-64	38%
65 and older	19%
Sex	
Male	49%
Female	51%
Race	
White, non-Hispanic	95%
Other race	5%
Household Income Level	
Low (<\$25K)	28%
Middle (\$25-<\$50K)	28%
High (\$50K-<\$75K)	19%
Highest (≥\$75K)	25%
Education Level	
High school or less	42%
Some college	28%
College or higher	30%

Demographics

In 2011, nearly two-thirds (63%) of Vermont adults were employed.

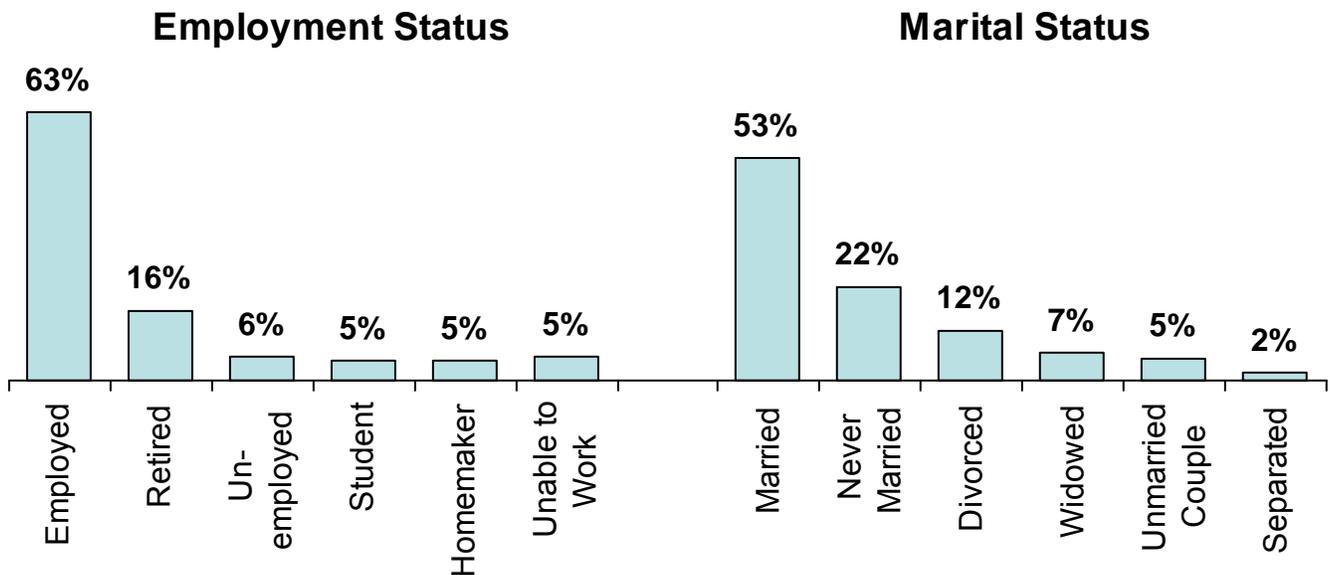
- Employed was defined as those responding ‘employed for wages’ or ‘self-employed’.

Nearly one-fifth are retired (16%)

All other categories were each less than 10% (6% unemployed, 5% student, 5% homemaker, and 5% unable to work).

More than half of Vermont adults are married (53%).

- Twenty-two percent have never been married, 12% are divorced and 7% are widowed.
- The remaining categories were each five percent or less (5% in unmarried couple and 2% are separated).



Demographics

Since the BRFSS is collected proportional to the population, it is no surprise that:

In 2011, more than a fifth (23%) of Vermont adults lived in Chittenden county.

Ten percent lived in Rutland county. Between five and nine percent lived in:

- Windsor, Washington, Franklin, Windham, Addison, Bennington, Caledonia, Orange and Orleans counties.

Less than five percent lived in Lamoille, Essex and Grand Isle counties.

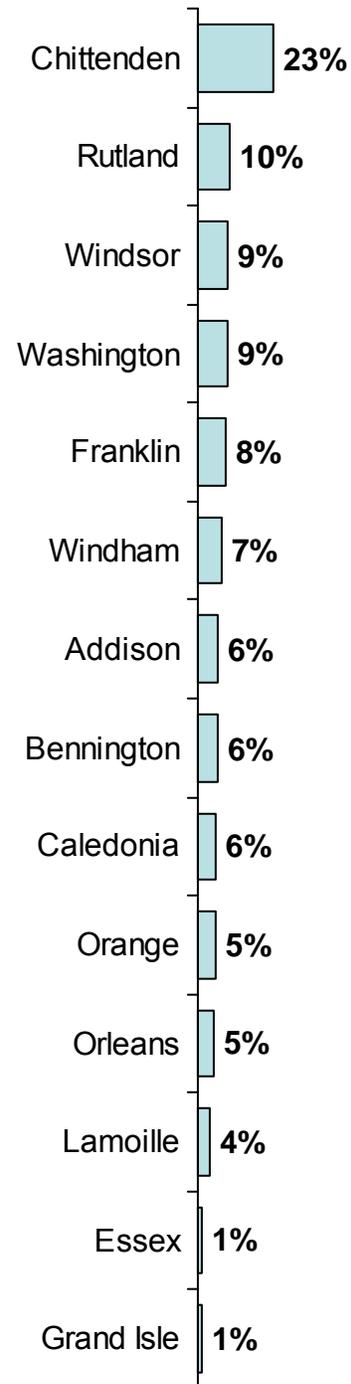
Ten percent of Vermont adults have ever been on active duty in the military. This includes National Guard or reservists who were activated to active duty.

Four percent of women under the age of 45 are currently pregnant.

Sixty-seven percent of Vermont adults have no children under the age of 18 in their household.

- An additional 14% have one child and 12% has two children in their home.
- Four percent have three children, while 2% count four or more children in their household.

County of Residence



Health Status Indicators

General Health Status

In 2011, one fifth of Vermont residents said their health is 'excellent' (20%).

More than a third said their health was 'very good' (37%), 29% said 'good', while one in ten said 'fair' and less than five percent (3%) said 'poor'.

Men and women reported their health as fair or poor at a similar rate.

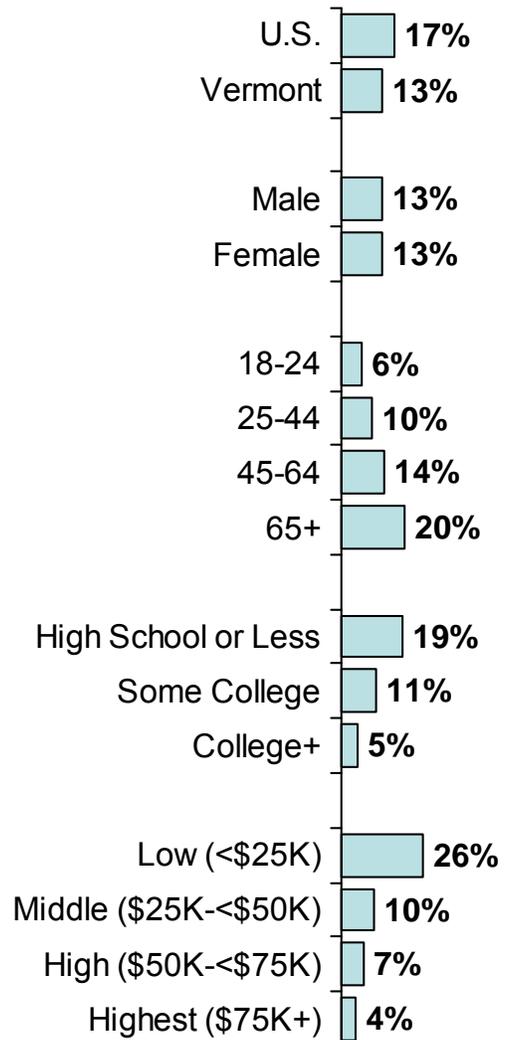
Increasing age results in a higher proportion who report their health is fair or poor.

- Those 65 and older report significantly worse health than other age groups. The same is true for those 45-64 when compared with those less than 45.

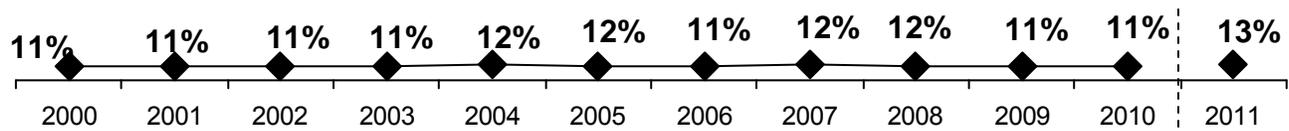
Lower levels of education and household income yield larger proportions who report fair or poor health.

- Five percent of those with a college degree report fair or poor health while 19% of those with a high school education or less report the same.
- More than a quarter of individuals in households with low incomes per year reported fair or poor health compared to 10% or less of those with higher incomes.

**General Health Fair or Poor
Vermont Adults, 2011**



**General Health Fair or Poor
Vermont Adult Residents 2000-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Health Plan Coverage

Nearly ninety percent of Vermont adults under the age of 65 said they have a health plan.

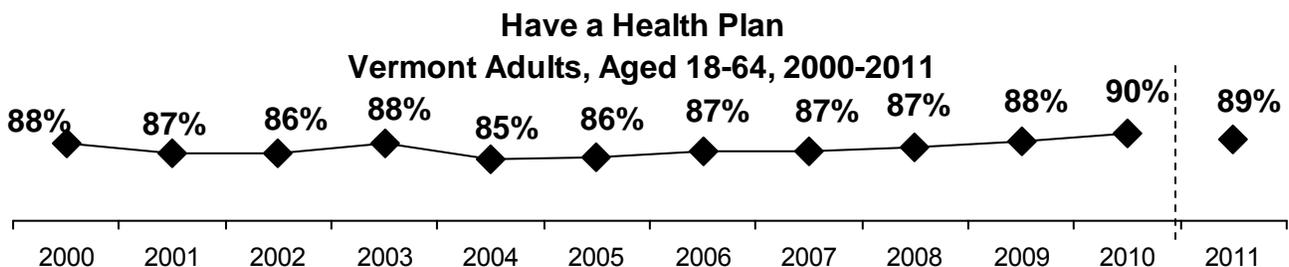
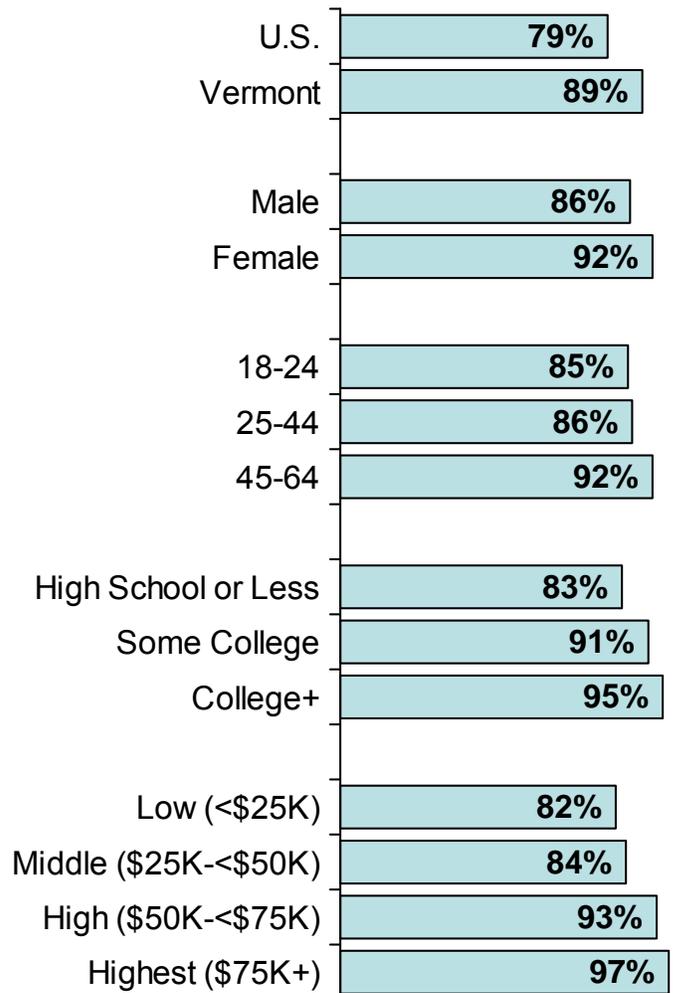
Women are statistically more likely than men to report having a health plan.

Adults 45-64 are statistically more likely to have a health plan as compared to those less than 45.

Those with the lowest education and annual household income levels are the least likely to have a health plan.

- Those with a high school or less education are significantly less likely to have a health plan compared to those with more education.
- Individuals in households making low and middle incomes are significantly less likely to have a health plan compared to those in homes with higher incomes.

Have a Health Plan Vermont Adults 18-64, 2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Health Care Access

Nearly nine in ten (88%) Vermont adults said they have a personal health care provider.

Women are significantly more likely than men to have a personal doctor.

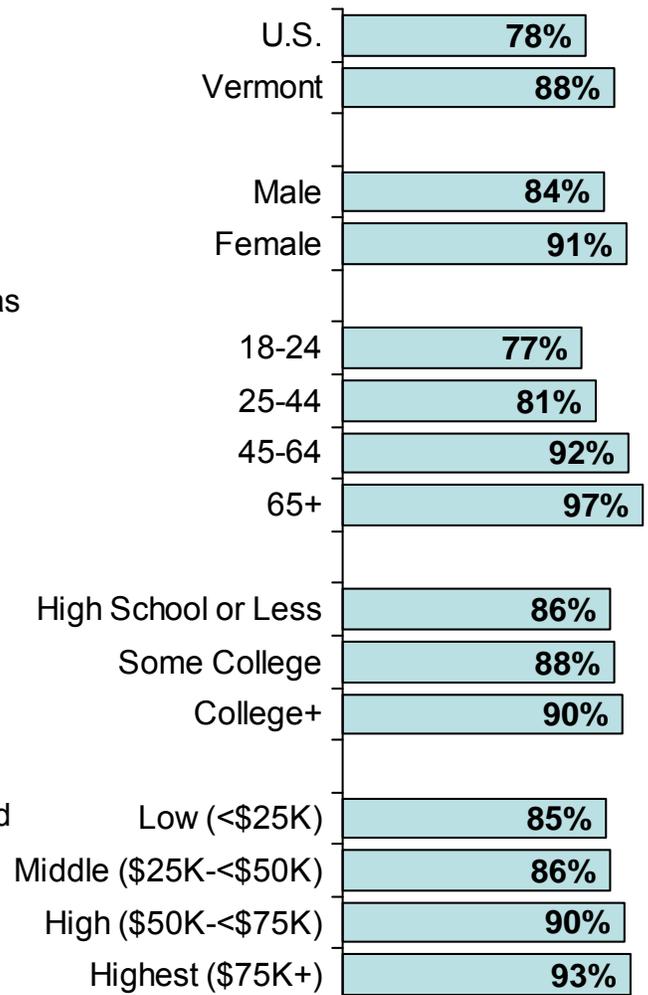
Older adults are more likely to have a personal health care provider.

- Those 44 and younger are less likely to have a personal doctor as compared with those 45 and older. These differences are statistically significant, as is the difference between those 45-64 and 65 and older.

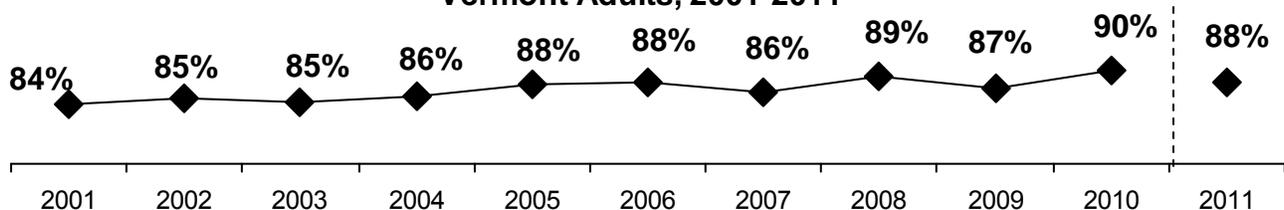
Vermont adults with lower education levels and annual household income levels are less likely to have a personal doctor.

- Those with a high school or less education are significantly less likely to have a personal doctor compared to those with a college degree.
- Individuals in households with low and middle annual incomes are significantly less likely to have a doctor as compared to those making the highest income.

Personal Health Care Provider Vermont Adults, 2011



Personal Health Care Provider Vermont Adults, 2001-2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Health Care Access

Eleven percent of Vermont adults said there was a time in the last year they did not go to the doctor because of cost.

Men and women reported not seeing a doctor due to cost at a similar rate.

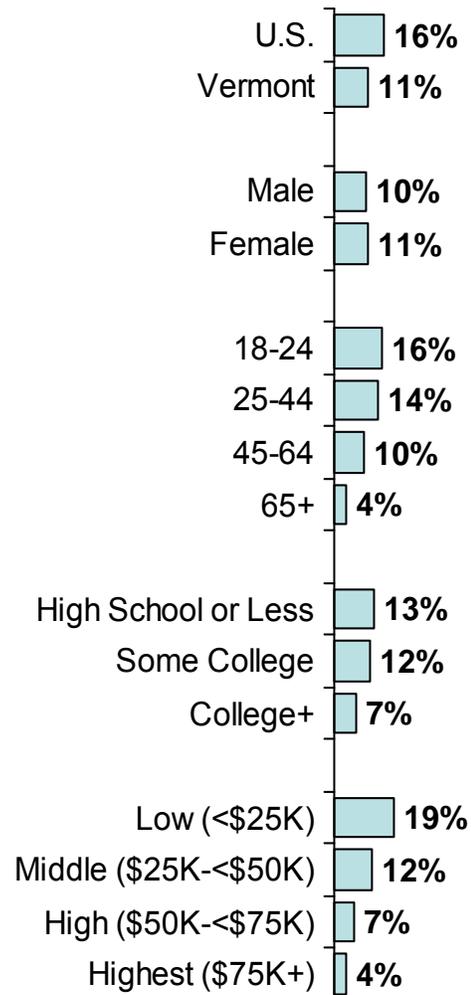
Cost as a barrier to doctor visits decreases as Vermonters age.

- Vermonters 18-44 are significantly more likely to not visit a doctor due to cost when compared to adults 45 and older.

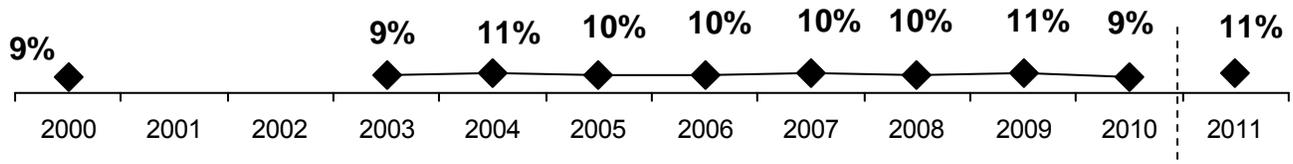
Those with lower levels of education and annual household income are more likely to have forgone care due to cost, as compared to those with more education or higher income.

- Those with some college education or less are significantly more likely to cite cost as a barrier to medical treatment than those with more education.
- Individuals in homes with low and middle annual incomes are significantly more likely to not see a doctor due to cost than those with higher annual incomes.

**Did Not Visit Doctor Due to Cost
Vermont Adults, 2011**



**Did Not Visit Doctor Due to Cost
Vermont Adults, 2000-2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Quality of Life/Healthy Days

About one in ten (11%) of Vermont adults reported poor* physical health (14+ days).

Men and women report poor physical health at a similar rate.

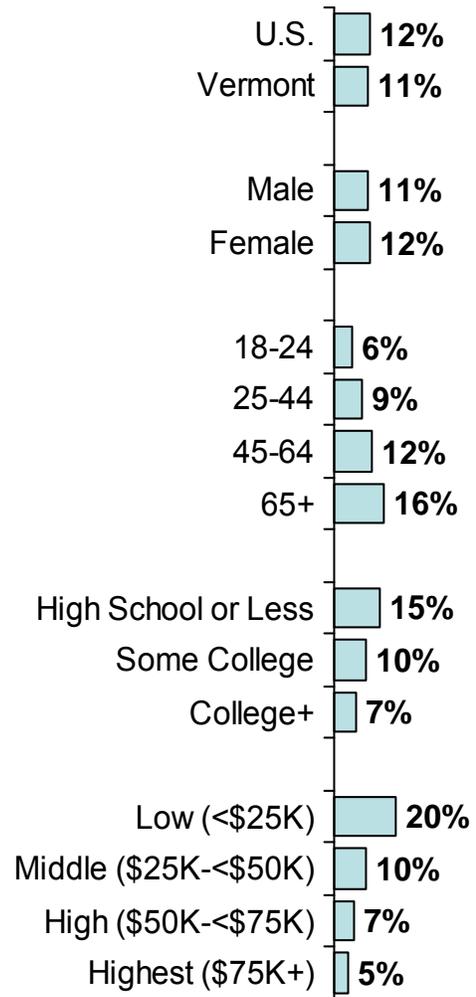
Poor physical health increases as Vermonters age.

- Those 65 and older significantly more often report poor physical health than those 18-44.
- Similarly, significantly more 45-64 years olds have poor physical health vs. adults 18-24.

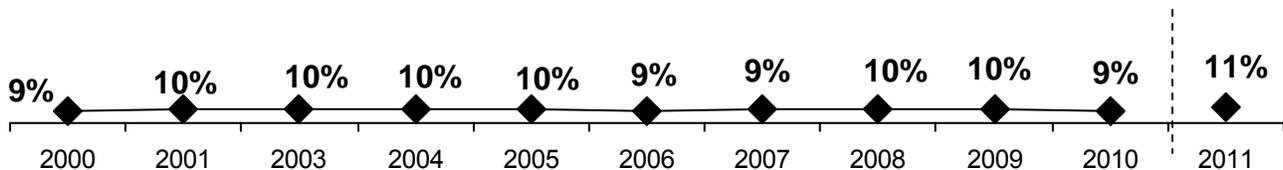
Those with lower education and annual household incomes are more likely to report poor physical health.

- Differences by education level are all statistically significant.
- Individuals in households with a low or middle annual income are significantly more likely to have poor physical health compared to those in households with higher incomes.

Poor* Physical Health Vermont Adults, 2011



Poor* Physical Health Vermont Adults, 2000-2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Quality of Life/Healthy Days

More than one-tenth of Vermont adults reported poor* mental health (14+ days).

Men and women report poor mental health at a similar rate.

Poor mental health decreases as Vermonters age.

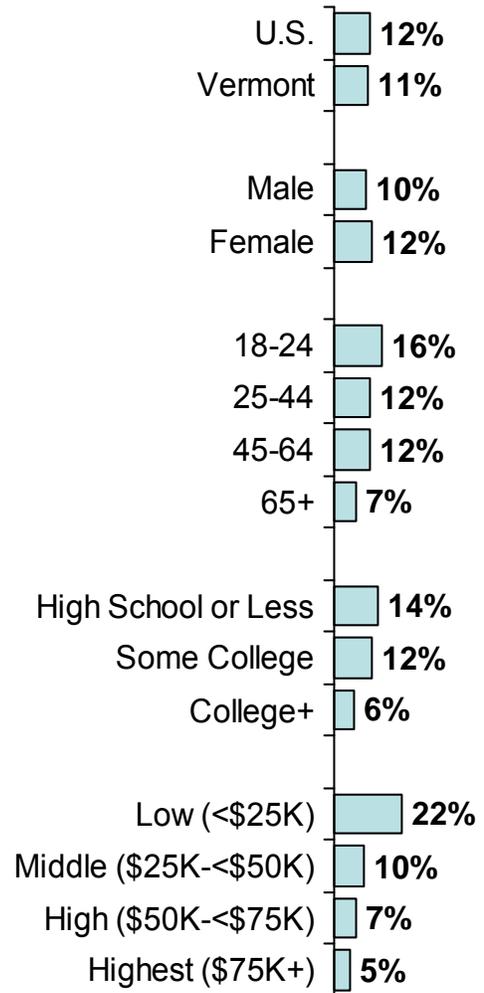
- Those 65 and older significantly less often report poor mental health than other age groups.

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

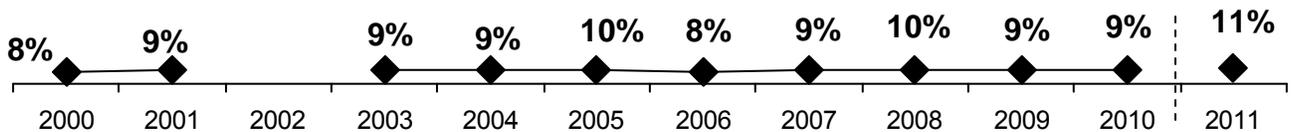
- Those with some college education or less are significantly more likely to report poor mental health compared to those with a college degree.
- Individuals in households with a low annual income are significantly more likely to have poor mental health compared to those in homes of all other incomes levels. The same is true for those in homes with middle incomes when compared to households with the highest income.

Adults reporting any poor physical or mental health said that, on average, their poor health kept them from doing their usual activities 4.2 days in the last month.

Poor* Mental Health Vermont Adults, 2011



Poor* Mental Health Vermont Adults, 2000-2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Disability

Disability is defined as activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment (e.g. wheelchair or special phone).

A quarter of (26%) of Vermont adults reported they are disabled.

Women are significantly more likely to report being disabled as compared to men.

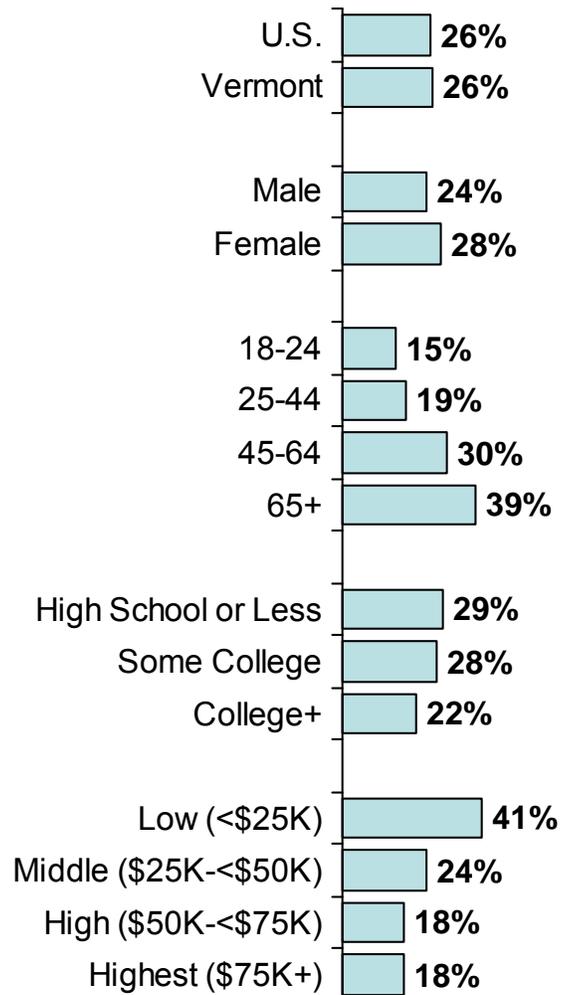
Disability increases as age increases.

- Adults 65 and older and 45-64 are significantly more likely to be disabled as compared to all younger age groups.

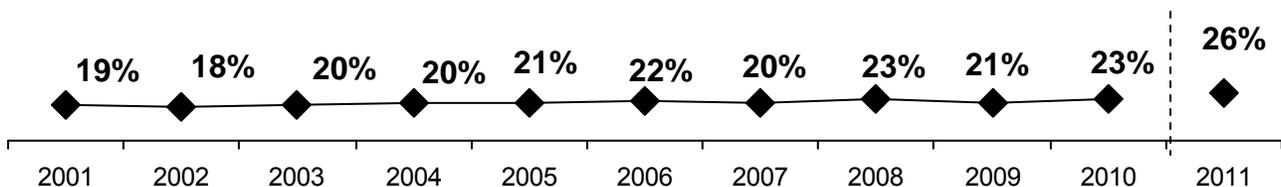
Those with less education and lower annual household income levels are more likely to be disabled.

- Adults with some college education or less are significantly more likely to be disabled than those with a college degree.
- Individuals in households with low and middle annual incomes are significantly more likely to be disabled compared to those in households with higher earnings.

Disabled Vermont Adults, 2011



Disabled Vermont Adults, 2001-2011



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Chronic Conditions

Arthritis

More than a quarter (27%) of Vermont adults said they have arthritis.

Women report having arthritis at statistically significant higher rates than do men.

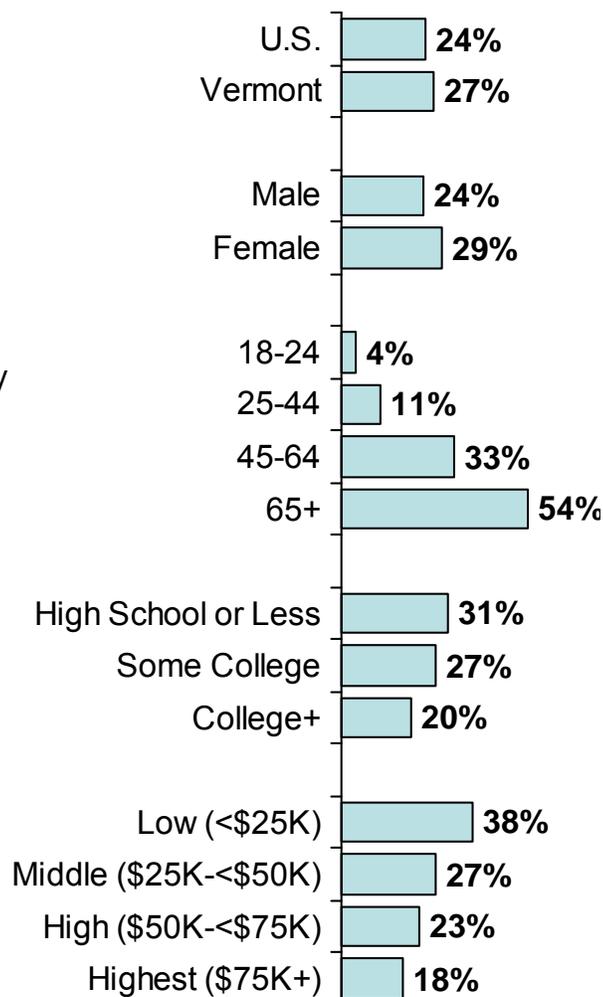
Diagnosis of arthritis increases with increasing age.

- All differences by age are statistically significant.

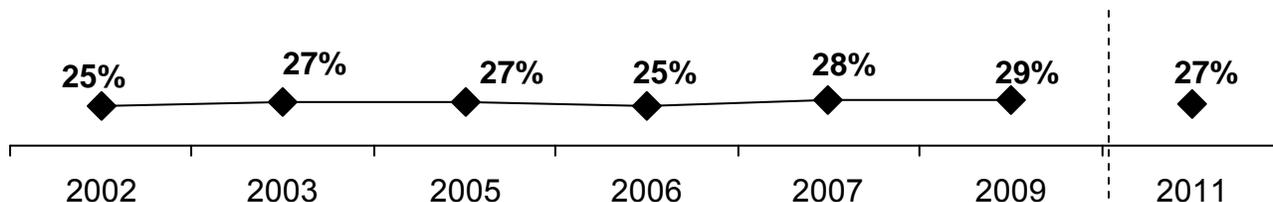
Prevalence of arthritis decreases with increasing education level and annual household income level.

- Adults with a college degree are significantly less likely to have arthritis than those with less education.
- Individuals in homes with the highest incomes are significantly less likely to have arthritis than those in homes making less money.
- Similarly, adults in homes middle and high incomes are significantly less likely to have arthritis than those in homes with the lowest incomes.

**Adults Diagnosed with Arthritis
Vermont Adults, 2011**



**Adults Diagnosed with Arthritis
Vermont Adults, 2002-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Arthritis Burden

Arthritis can impact a person’s social activities and their work.

About half (51%) of Vermont adults with arthritis said they are limited in their usual activities due to arthritis or joint symptoms.

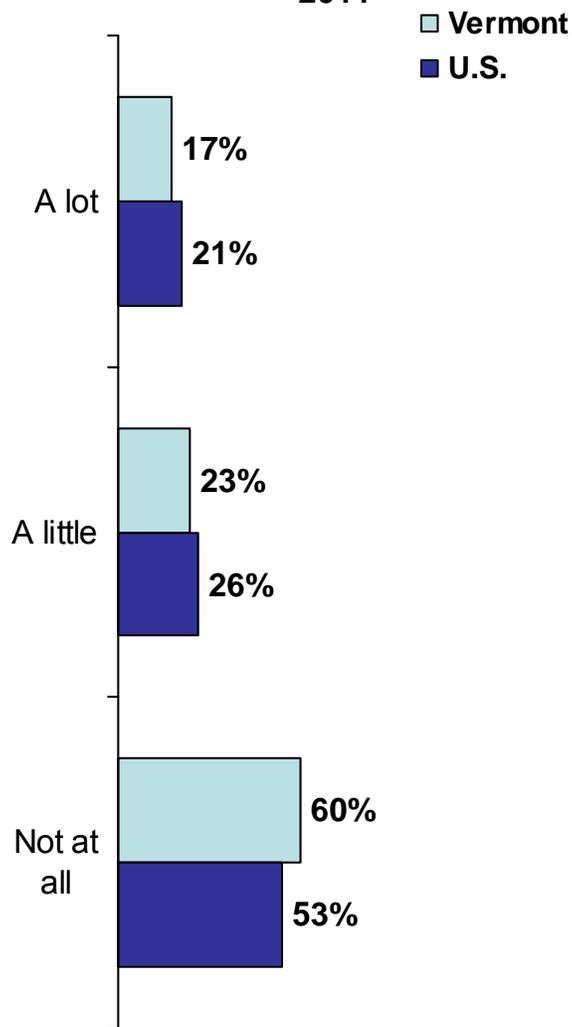
About a third (32%) said their arthritis or joint symptoms affect whether they work, the type of work they do, and/or the amount of work they do.

Four out of ten Vermont adults with arthritis said their arthritis or joint symptoms limited their social activities at least a little.

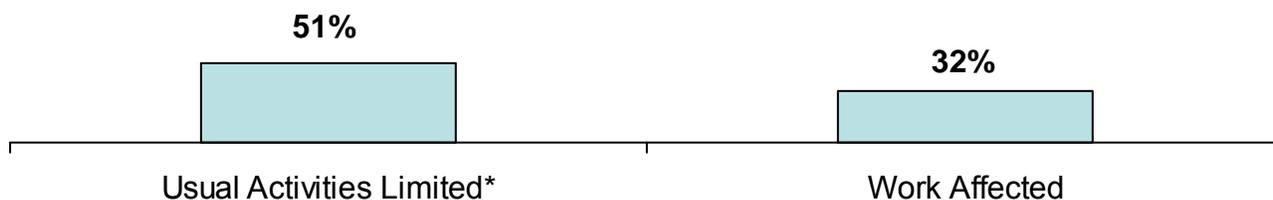
- Less than one out of five (17%) said their social activities are limited “a lot” by their arthritis or joint pain while nearly a quarter (23%) said they were affected “a little”.

On average, Vermont adults with arthritis rated their joint pain in the last month as 4.5, on a scale of 1 to 10.

**Extent Social Activities Limited
Vermont Adults with Arthritis,
2011**



**Adults Diagnosed with Arthritis
Vermont Adults, 2011**



*Age adjusted to the U.S. 2000 population.

[Note: The measure ‘usual activities limited’ is a Healthy Vermonters 2020 goal.]

Asthma - Adults

Approximately one in six (16%) Vermont adults said they had ever been diagnosed with asthma, while 11% report they currently have asthma.

Women more often have current asthma as compared to men.

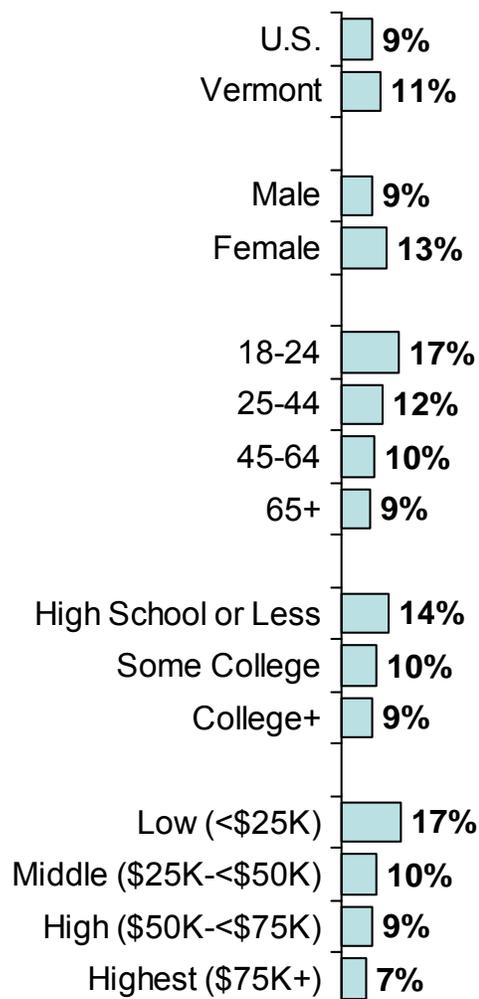
The rate of asthma decreases with increasing age.

- Adults 18-24 significantly more often report having asthma than those 45 and older. Adults 25-44 also significantly more often report asthma than those 65 and older.

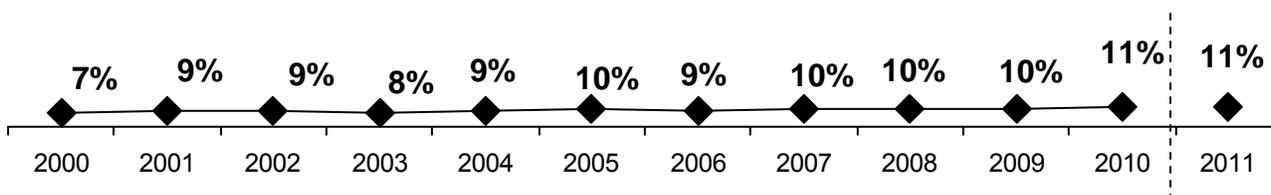
Those with less education and lower annual household income levels are more likely to have asthma.

- Those with a high school or less education have significantly higher asthma prevalence than those with a college degree.
- Individuals in households with the lowest incomes per year have significantly higher rates of asthma than those in households making more money per year.

**Adults with Current Asthma
Vermont Adults, 2011**



**Adults with Current Asthma
Vermont Adults, 2000-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Cancer Diagnosis – Non-Skin Cancer

Less than one in ten (7%) Vermont adults report ever being diagnosed with cancer. This definition of cancer excludes skin cancers.

Women are more likely to report having cancer than men.

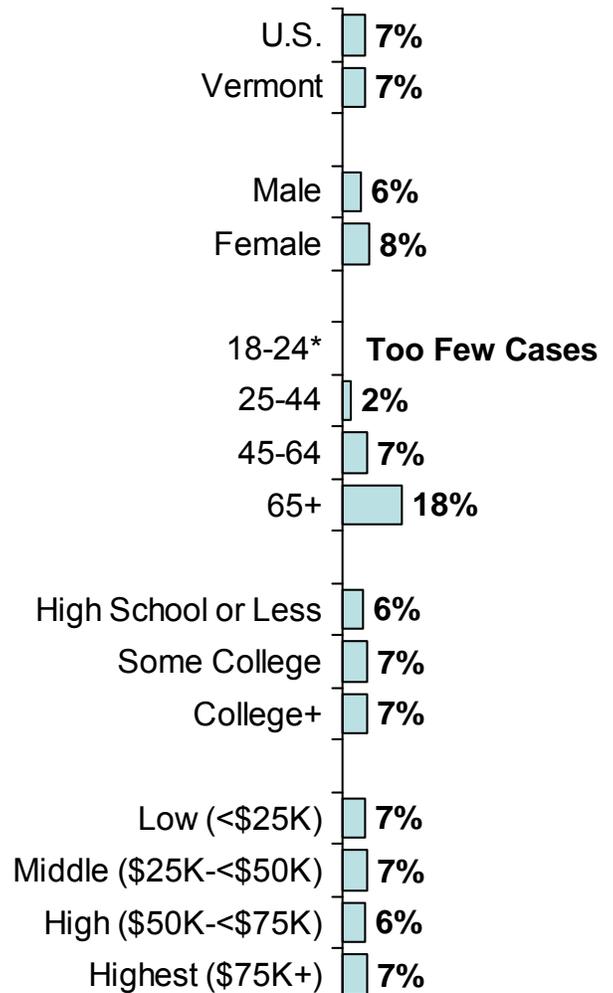
As age increases, so does the proportion of Vermonters ever diagnosed with cancer.

- Differences by age are all statistically significant.
- Adults 65 and older reported having cancer at a rate (18%) more than twice as high as any other age group.

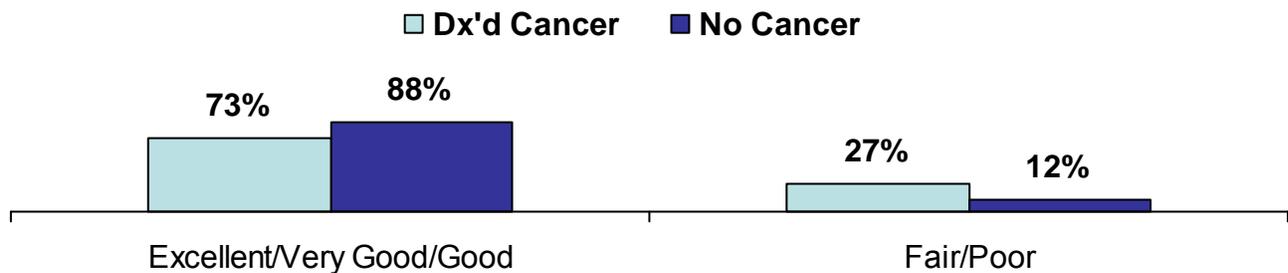
Cancer diagnosis does not differ by education or annual household income level.

Due to changes in the questions trend data for cancer prevalence are not available.

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



**General Health Status
Vermont Adults with and without Cancer, 2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Cancer Diagnosis – Skin Cancer

One in six Vermont adults said they had ever been diagnosed with skin cancer. This definition of skin cancer does not distinguish between basal, squamous and melanoma cancers.

Men and women reported skin cancer diagnoses at a similar rate.

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

- Differences by age are all statistically significant.

Skin cancer diagnosis increases with increasing education level.

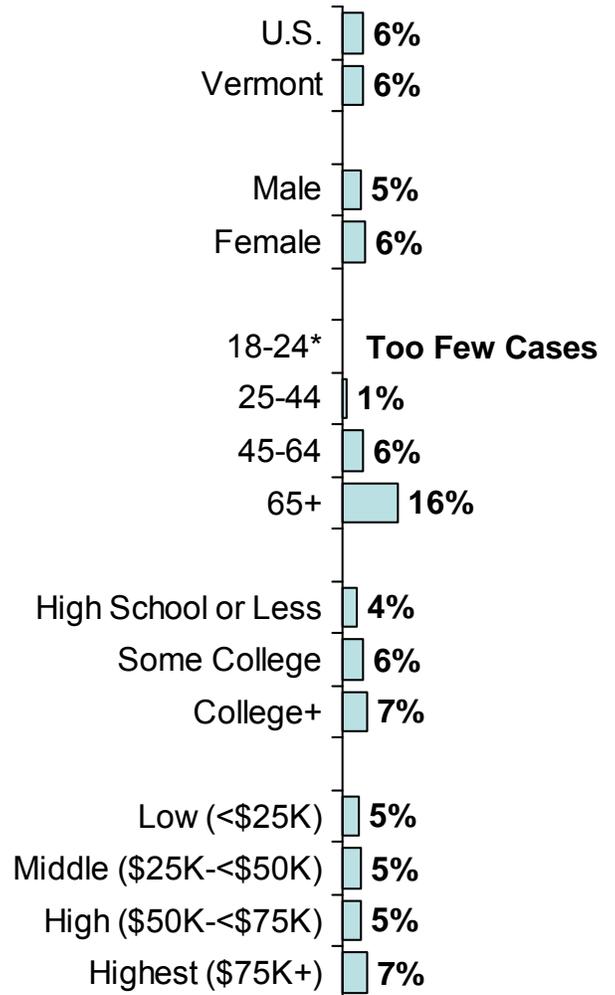
- Adults with a college degree are significantly more likely to have a skin cancer diagnosis than those with a high school or less education.

There are no differences by annual household income level.

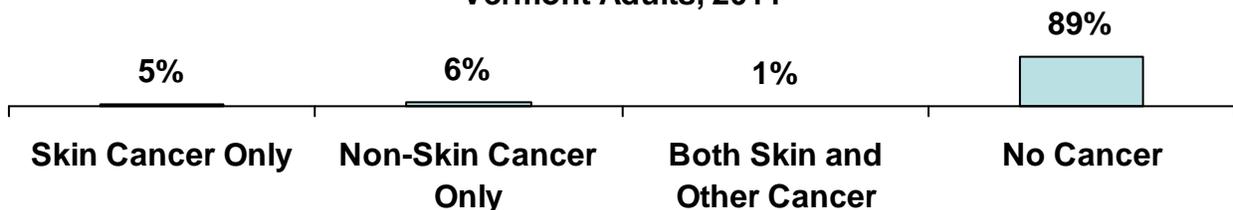
There are no trend data to report as 2011 was the first year skin cancer was asked in this manner.

Nearly nine in ten Vermont adults have not been diagnosed with any type of cancer. Six percent have received a non-skin cancer diagnosis only, while five percent have been diagnosed with skin cancer only. Only one percent of Vermont adults have been diagnosed with both skin and non-skin cancers.

Adults Diagnosed with Skin Cancer Vermont Adults, 2011



Type of Cancer Diagnosis Vermont Adults, 2011



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

Cardiovascular Disease

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

Fewer than one in ten (8%) Vermont adults reported being diagnosed with CVD.

- 4% had coronary heart disease and myocardial infarction, respectively and 3% reported having a stroke.

More males have CVD as compared to women.

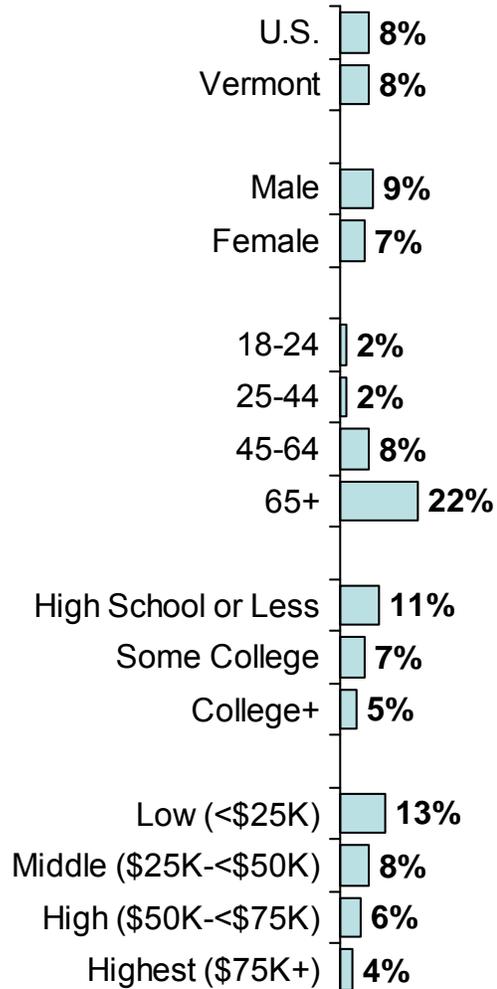
Differences in CVD prevalence among those less than 45, 45-64 and 65 and older are all statistically significant.

- Adults 65 and older reported CVD at a rate more than twice that of any other age group.

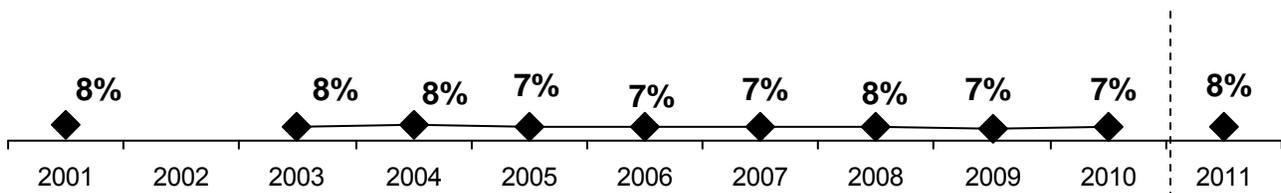
Adults with less education and lower annual household income levels are more likely to have CVD.

- Differences in CVD prevalence by education level are all statistically significant.
- Adults in households with low annual earnings are more likely to have CVD vs. those in homes of all other income levels. The same is true for those in middle income homes vs. the highest income ones.

**Adults with Cardiovascular Disease
Vermont Adults, 2011**



**Adults with Cardiovascular Disease
Vermont Adults, 2001-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Chronic Obstructive Pulmonary Disease

One in twenty Vermont adults had been told they have chronic obstructive pulmonary disease or COPD.

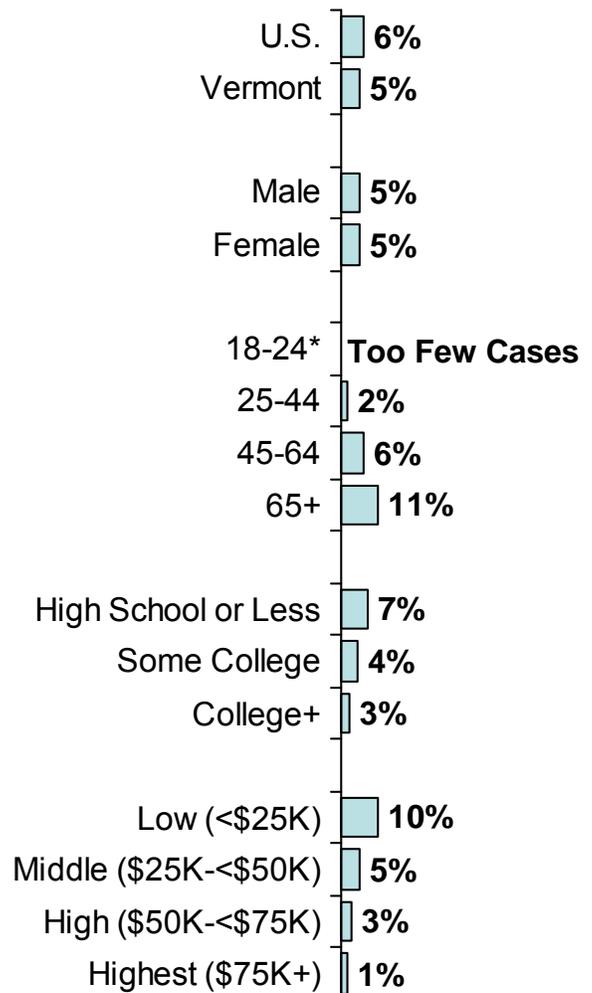
Men and women reported having COPD at a similar rate.

The prevalence of COPD increases significantly with increasing age.

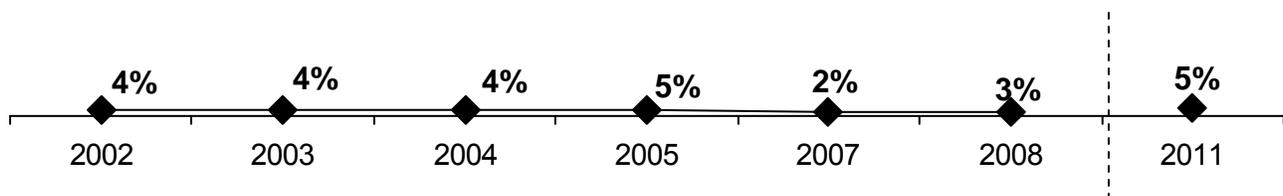
Adults with less education and lower annual household incomes are more likely to have COPD.

- All differences by education level are statistically significant.
- COPD prevalence among those with a high school or less degree are about twice that of those with more education.
- Those in households with the lowest annual earnings are at least two times as likely to have COPD compared to adults of higher household incomes.
- Individuals in middle income homes are more likely to have COPD than those in homes with the highest incomes.

**Adults with COPD
Vermont Adults, 2011**



**Adults with COPD
Vermont Adults, 2002-2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Depressive Disorder

About a quarter (23%) of Vermont adults report being told they have a depressive disorder.

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

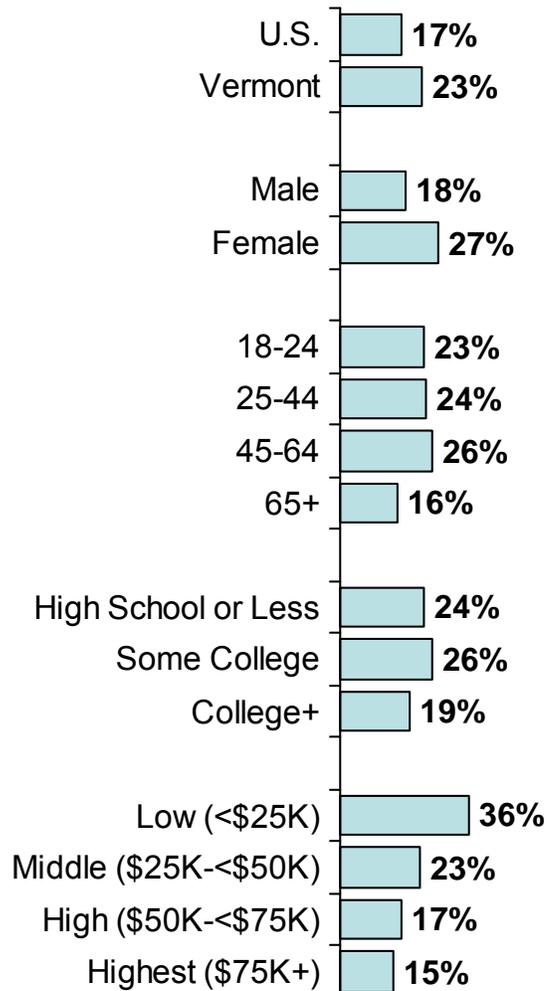
Women were more likely to report having a depressive disorder as compared to men.

Adults 65 and older report a depressive disorder significantly less often than younger age groups.

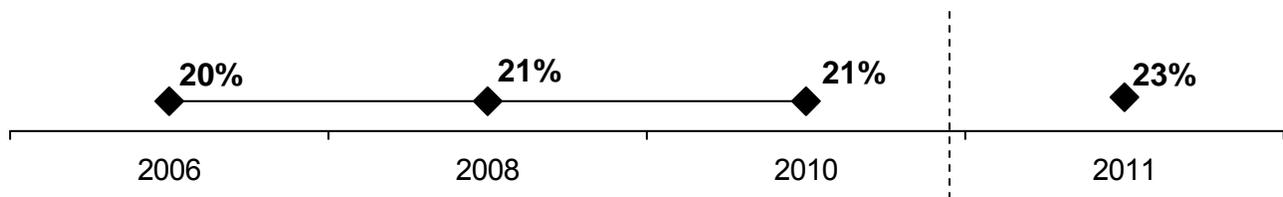
Adults with less education and lower annual household incomes report depressive disorders more often.

- Adults with some college education or less are significantly more likely to report a depressive disorder than those with a college degree.
- Those in households with a middle annual income are more likely to have a depressive disorder when compared to adults of higher household incomes.

**Adults with a Depressive Disorder
Vermont Adults, 2011**



**Adults with a Depressive Disorder
Vermont Adults, 2006, 2008, 2010 & 2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Diabetes Prevalence

Less than one in ten (8%) of Vermont adults have been told they have diabetes.

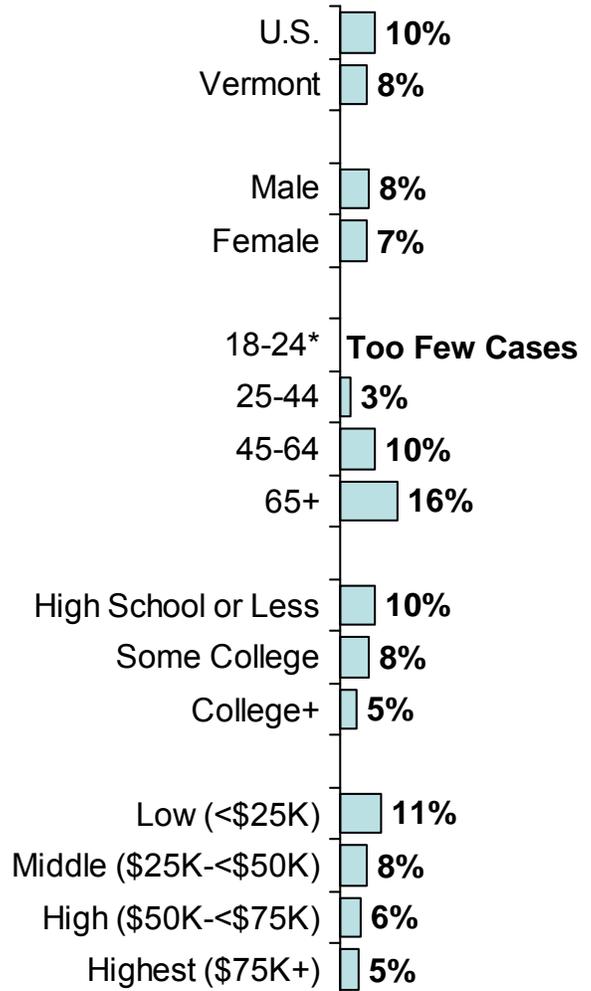
Men and women reported having diabetes at a similar rate.

Diabetes prevalence increases significantly with increasing age.

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

- Adults with some college education or less are significantly more likely to report diabetes than those with a college degree.
- Those in households with a low annual income are more likely to have diabetes compared to adults of all other income levels.
- Individuals in households with a middle annual income also report having diabetes more often than adults in households with the highest incomes per year.

Adults with Diabetes Vermont Adults, 2011



Adults with Diabetes Vermont Adults, 2000-2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

High Cholesterol

One in three Vermont adults report they have been told they have high cholesterol. This is likely an underestimate as only 75% of adults have had their cholesterol tested within the last five years.

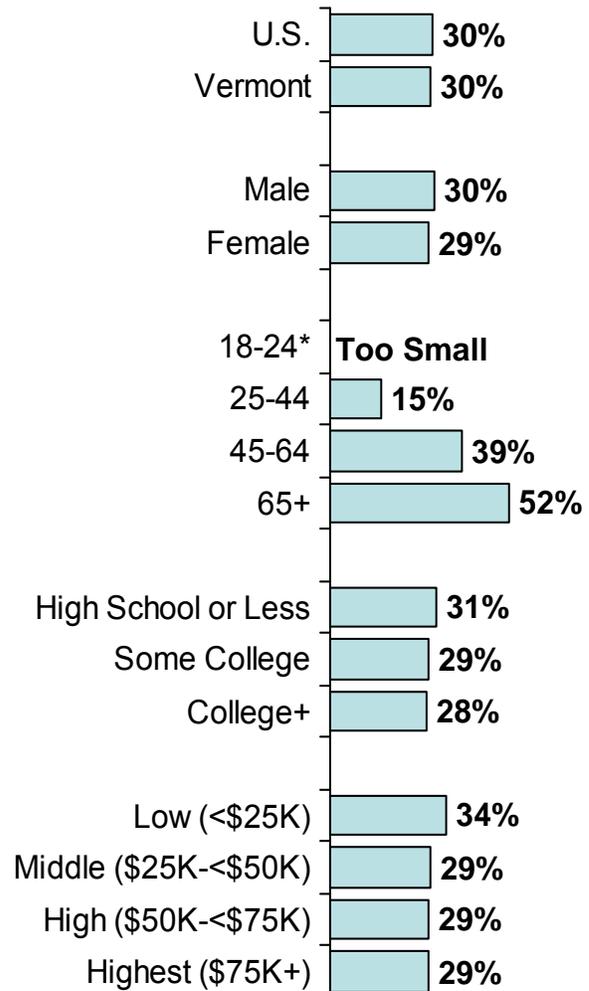
Men and women report having high cholesterol at similar rates.

Diagnoses of high cholesterol increase as Vermonters age.

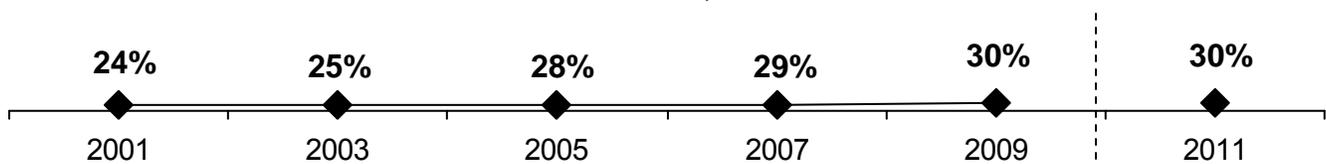
- All differences by age are statistically significant.

Rates of high cholesterol are statistically similar across education and annual household income levels.

Told Have High Cholesterol Vermont Adults, 2011



Told Have High Cholesterol Vermont Adults, 2001-2011



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Hypertension

Less than one in three (27%) Vermont adults report having been told they have hypertension.

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

Hypertension increases as Vermont adults age.

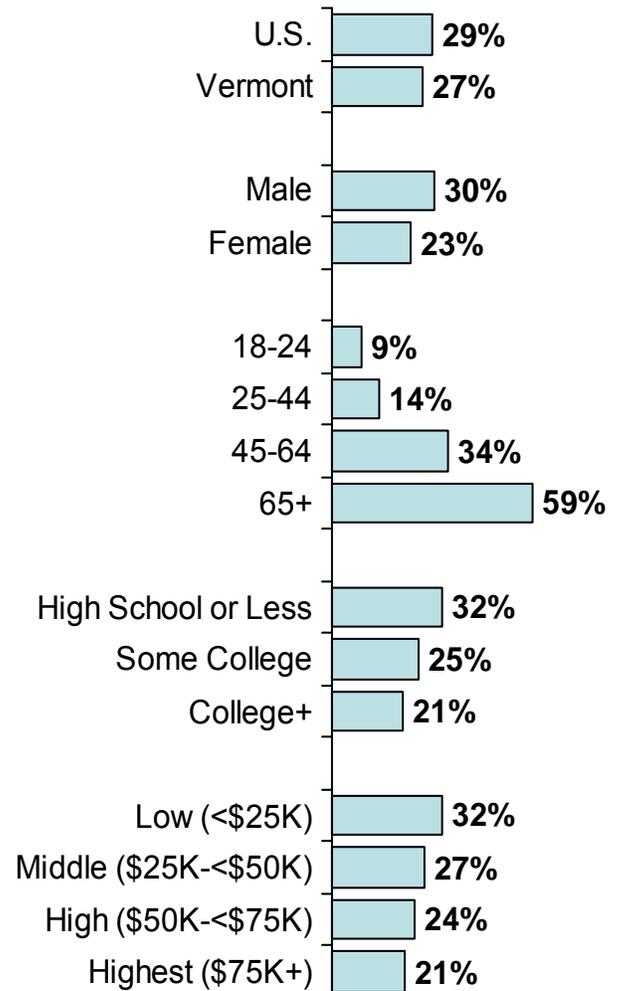
- Adults 45 to 64 and 65 and older are both significantly more likely to have hypertension than all younger age groups.
- Hypertension rates for adults 45 and older are two to six times higher than the rates in younger adults.

A diagnosis of high blood pressure decreases with increasing education level and annual household income level.

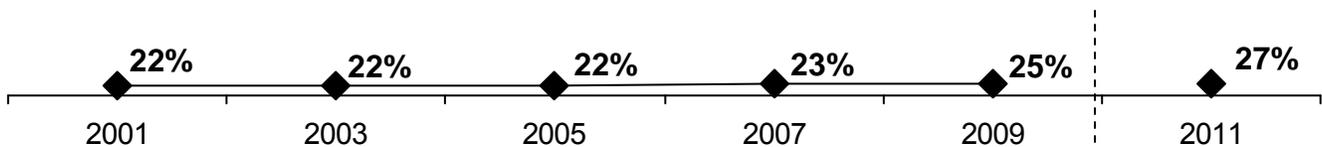
- All differences by education level are statistically significant.
- Adults in homes with the lowest incomes per year are significantly more likely to have high blood pressure than those in homes with incomes of higher incomes.
- Similarly, adults in homes with middle incomes are more likely to have high blood pressure than those in homes with the highest annual earnings.

More than half (54%) of adults with hypertension are currently taking medication to treat it.

**Diagnosed with Hypertension
Vermont Adults, 2011**



**Diagnosed with Hypertension
Vermont Adults, 2001-2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Kidney Disease

Two percent of Vermont adults report having kidney disease. Excluded from the kidney disease were the occurrence of kidney stones, bladder infections and incontinence.

Men and women reported having kidney disease at a similar rate.

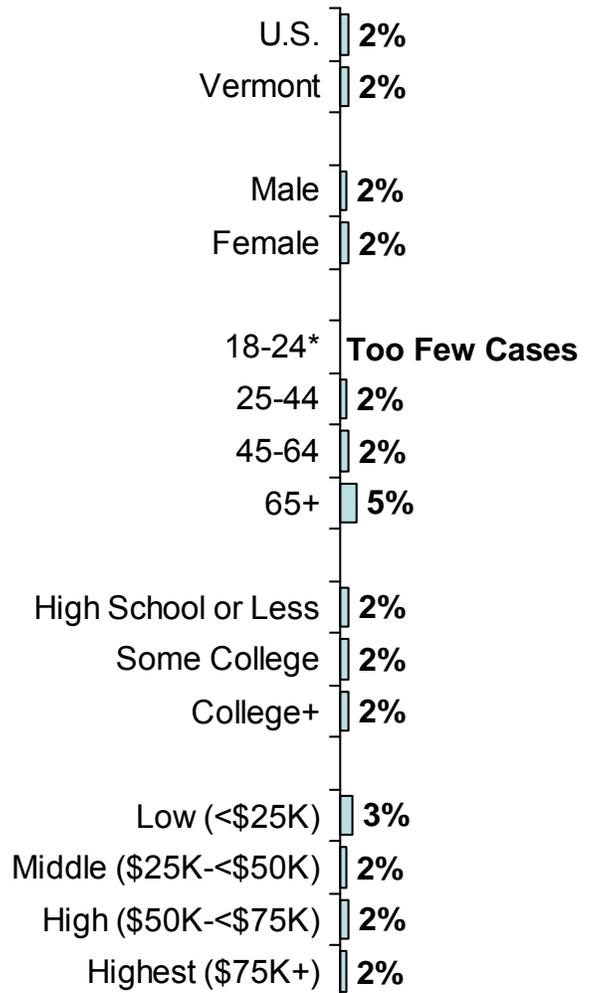
Adults 65 and older have kidney disease at significantly higher rates than those in younger age groups.

There are no differences in the prevalence of kidney disease by education or annual household income level.

As 2011 is the first year kidney disease was asked as part of the BRFSS, there are no trend data to report.

Kidney disease is a concern for those with diabetes. In 2011, 8% of Vermont adults with diabetes reported kidney disease compared with 2% of those without diabetes.

Adults with Kidney Disease Vermont Adults, 2011



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

Overweight and Obesity*

A quarter of Vermont adults reported being obese, while an additional 33% were overweight.

Men and women report obesity at similar rates.

A significantly higher proportion of adults 25 and older report obesity than those 18-24.

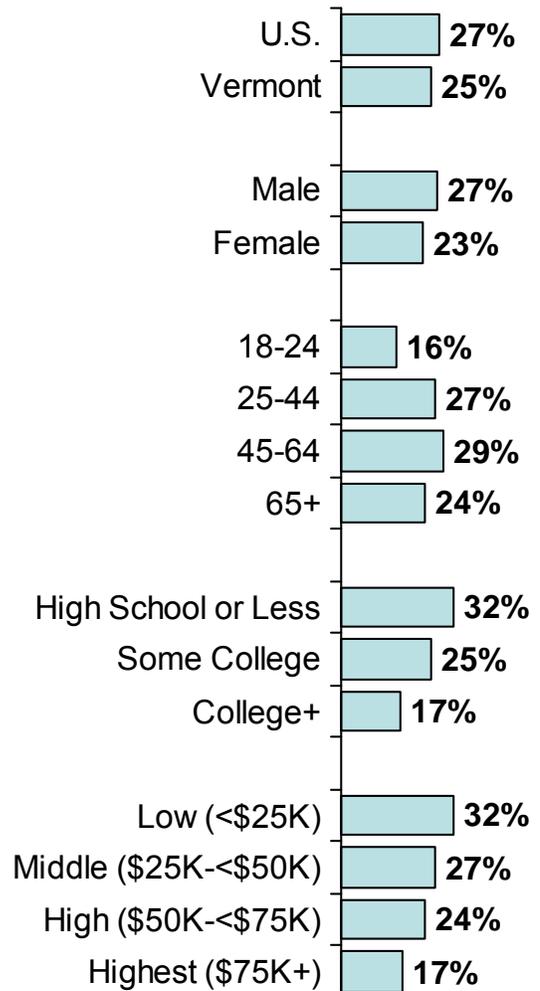
Adults with less education and lower annual household income levels are more often obese.

- All differences by education level are significantly different.
- Individuals in households with low or middle incomes per year are significantly more likely to be obese vs. those in households with higher incomes.

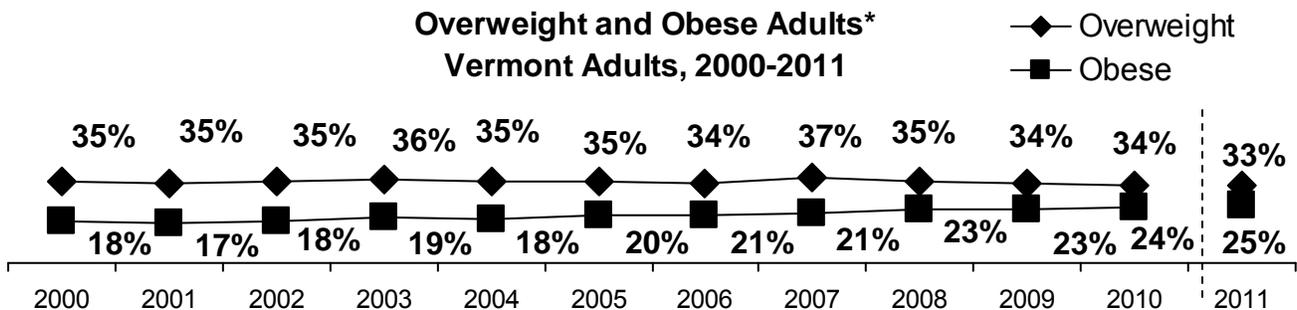
Reducing obesity among adults 20 and older is a Healthy Vermonters 2020 objective.

- In 2011, 26% of Vermonters ages 20+ were obese.

**Obese Adults*
Vermont Adults, 2011**



**Overweight and Obese Adults*
Vermont Adults, 2000-2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Vision Impairment

Two in ten (19%) Vermont adults said they have vision impairment.

Men and women reported having vision impairment at a similar rate.

Adults 65 and older report vision impairments significantly more often than all other age groups.

- Those 45-64 also report a vision impairment significantly more often than those 25-44.

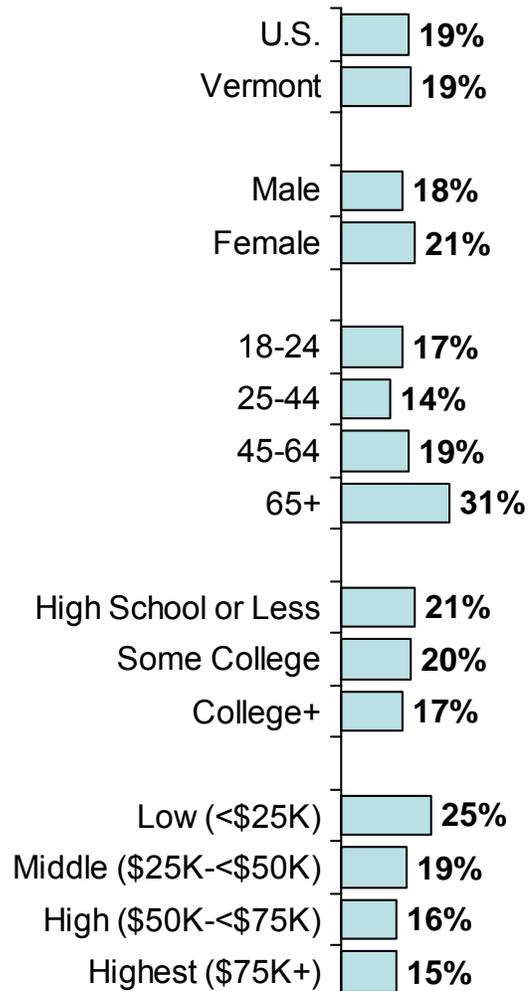
There are no statistical differences in the occurrence of vision impairments by education level.

Adults with lower annual household incomes are more likely to have a vision impairment.

- Those in households with the lowest annual incomes are more likely to have a vision impairment compared to adults in homes of higher incomes.

As 2011 is the first year vision impairment was asked as part of the BRFSS, there are no trend data to report.

**Adults with a Vision Impairment
Vermont Adults, 2011**



Risk Behavior Indicators

Adverse Childhood Experiences (ACE)

58% of Vermont adults had at least one adverse event in their childhood.

- 23% had one ACE and 14% four or more.

Women significantly more often had four or more ACE than men.

Adults 25-44 were significantly more likely to report four or more ACE, compared with those 45 and older.

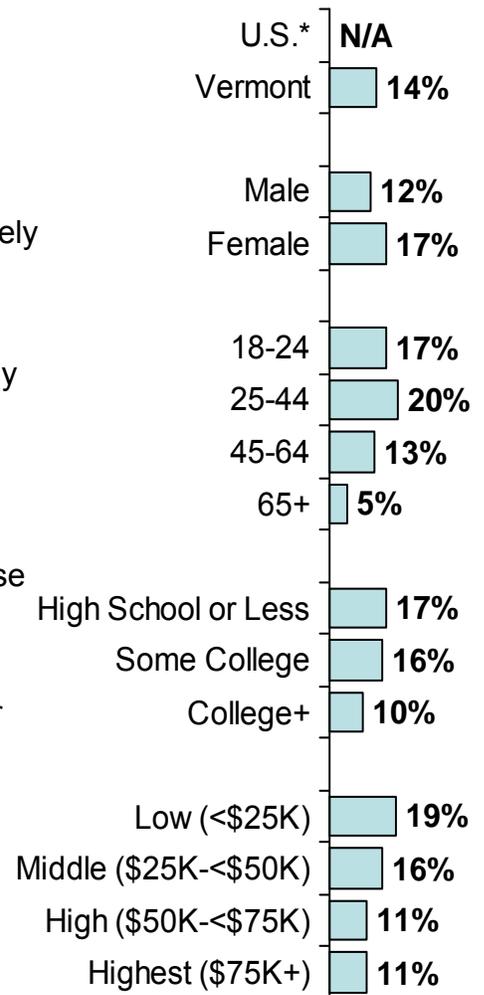
- Adults 65 and older were also significantly less likely to report four or more ACE compared to all other age groups.

Adults with some college education or less were significantly more likely to report four ACE than those with a college degree.

Adults in households with a low annual income were significantly more likely to report four or more ACE than those in households with higher incomes.

- Individuals in homes with middle incomes were also significantly more likely to report four or more ACE than those in homes with the highest annual earnings.

Four or More ACE Vermont Adults, 2011



Adverse Childhood Experiences Vermont Adults, 2010 and 2011



*No national estimate available.

**Additional information about the ACE questions can be found: <http://www.cdc.gov/ace/index.htm>

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Alcohol Consumption – Any in Last Month

About two-thirds (65%) of Vermont adults said they drank alcohol in the last 30 days.

Men report drinking alcohol significantly more often than do women.

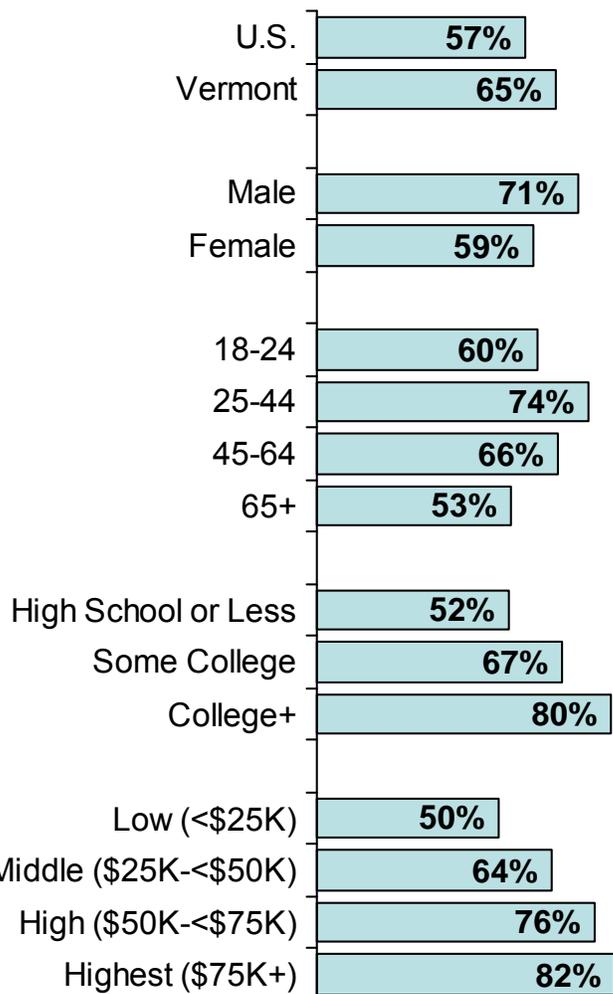
Alcohol consumption is highest between the ages of 25 and 44 and lowest among those 65 and older.

- Alcohol consumption is statistically significantly higher among those 25 to 44 than any other age group.
- Adults 45 to 64 are also significantly more likely to drink than those 65 and older.

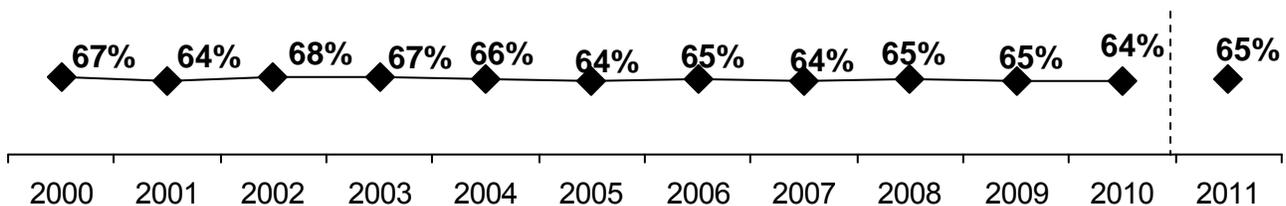
Adults with more education and higher annual household income levels are more likely to report recent drinking than those with less education and income.

- Differences by education are all statistically significant.
- Adults in homes with higher incomes are significantly more likely to drink alcohol than those in homes with low or middle incomes.
- The same is true for those with middle vs. low annual incomes.

Any Alcohol Consumption Vermont Adults, 2011



Any Alcohol Consumption Vermont Adults, 2000-2011



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

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 for women.

Eighteen percent of Vermont adults binge drank in the last month.

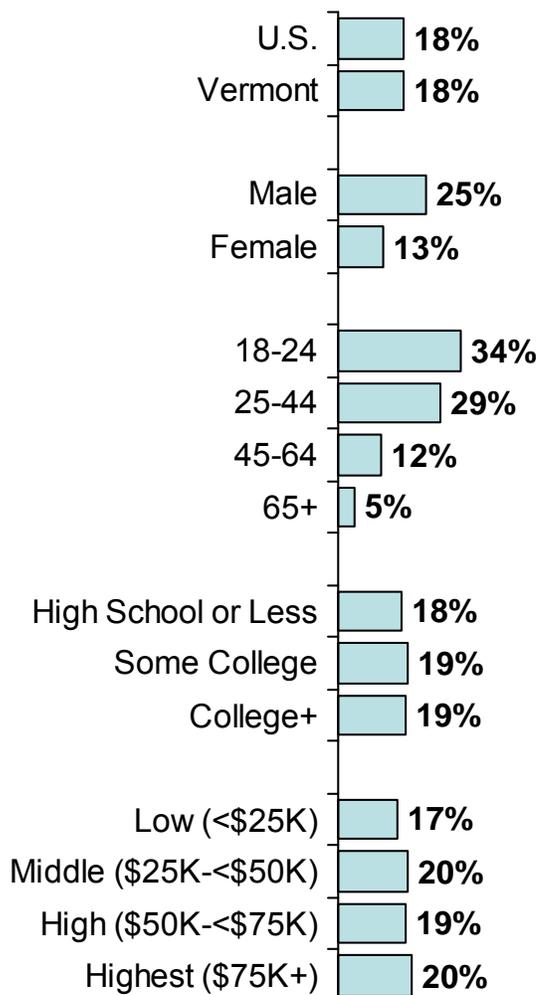
Men were two times more likely to report binge drinking than women.

Binge drinking decreases as Vermonters get older.

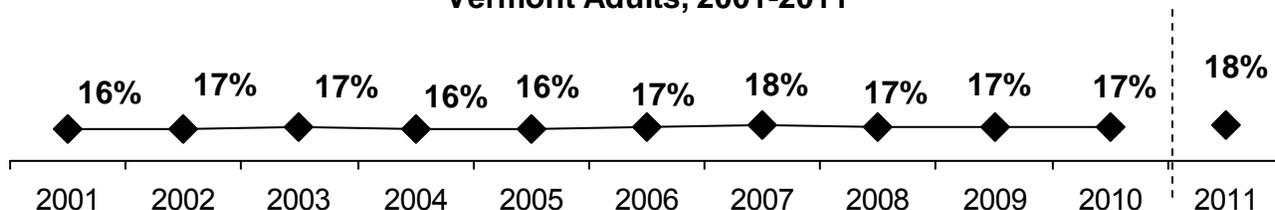
- 18-44 year olds are significantly more likely to binge drink as compared to those 45 and older.
- 65 and older adults binge drink significantly less often than all other age groups.

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

**Binge Drinking
Vermont Adults, 2011**



**Binge Drinking
Vermont Adults, 2001-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Marijuana Use - Ever

Forty-five percent of Vermont adults report they have ever used marijuana.

Men are significantly more likely to report having used marijuana compared to women.

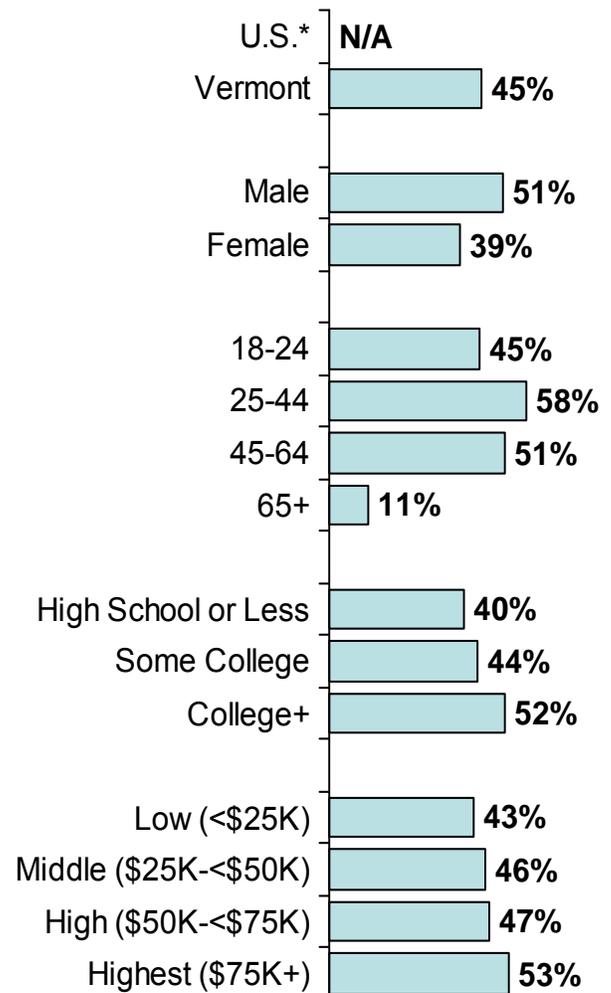
The proportion of adults who have ever used marijuana is highest among those 25-44 years of age and lowest among those 65+.

- Those 65+ are significantly less likely to have used marijuana compared to other age groups.
- Adults 25-44 are significantly more likely to have used marijuana vs. other age groups.

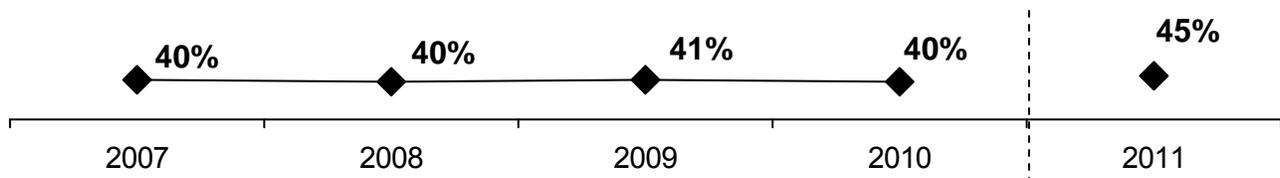
Adults with more education and higher annual household incomes are more likely to have used marijuana than those with less education and lower incomes.

- Those with a college degree are more likely to have used marijuana compared to those with less education.
- Adults in households making the highest incomes more often had used marijuana than those in homes with low or middle incomes.

**Ever Used Marijuana
Vermont Adults, 2011**



**Ever Used Marijuana
Vermont Adults, 2007-2011**



*No national estimate available.

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Marijuana Use – Current Use

One in ten (10%) Vermont adults said they currently use marijuana. Current use is defined as use in the last 30 days.

Men are significantly more likely to currently use marijuana as compared to women.

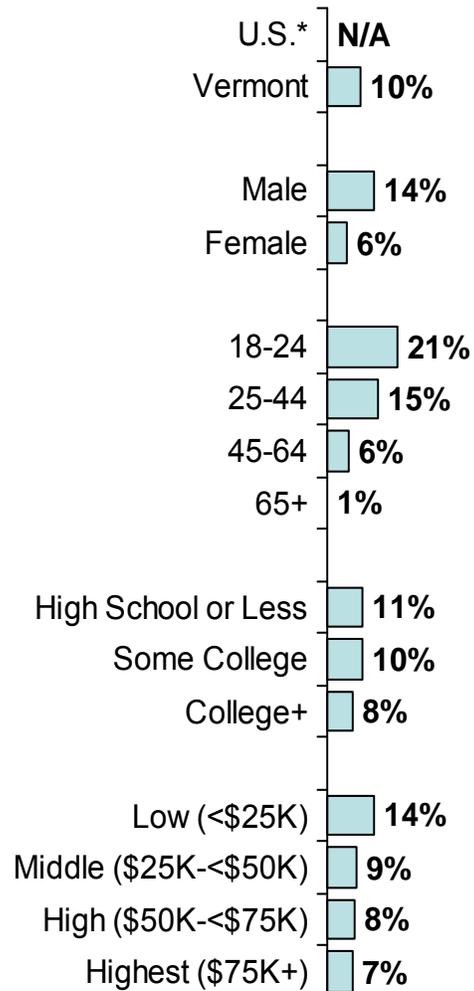
Current use of marijuana is highest among younger age groups.

- Adults 18-64 have a higher rate of current marijuana use compared to those 65 and older.
- Adults 18-44 also are more likely to currently use marijuana than those 45-64 years of age.

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

- There are no statistically significant differences in current marijuana use by education level.
- Individuals in homes with low incomes are significantly more likely to currently use marijuana compared to those in homes with higher incomes.

**Current Use of Marijuana
Vermont Adults, 2011**



**Current Use of Marijuana
Vermont Adults, 2007-2011**



*No national estimate available.

Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

No Leisure Time Physical Activity*

Twenty-one percent of Vermont adults said they did not participate in any physical activity during the previous month.

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

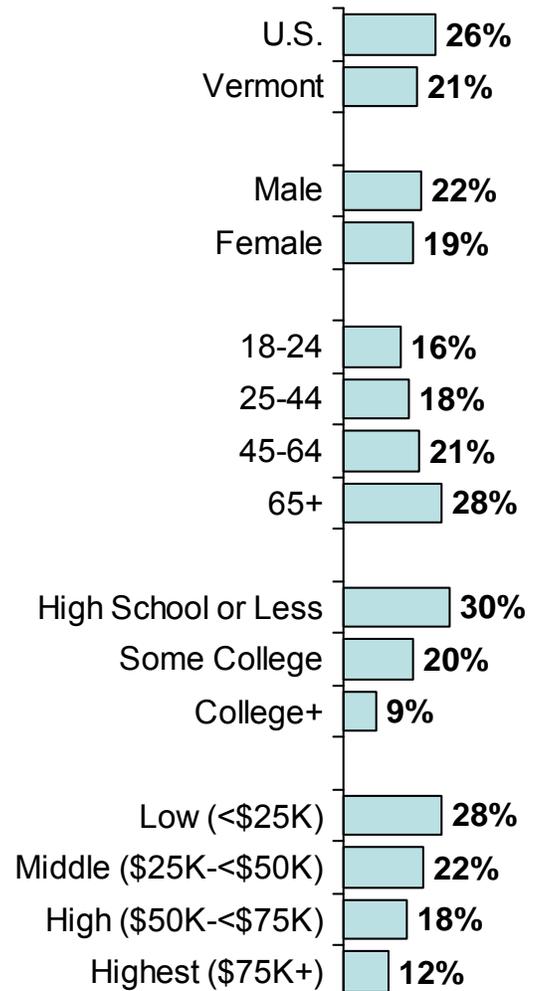
As Vermonters age, no participation in leisure time physical activity increases.

- Adults 65 and older are significantly more likely to not participate in physical activity than those in younger age groups.

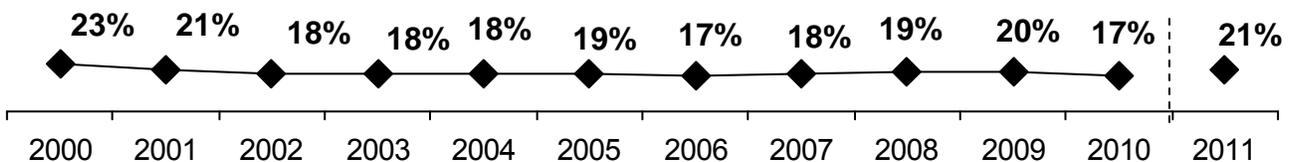
Adults with less education and lower annual household incomes are significantly more likely to not participate in leisure time physical activity.

- Differences by education level are all statistically significant.
- Adults with some college education or less are two to three times as likely as those with a college degree to not be physically active.
- Those in homes with low or middle incomes are roughly two times, and significantly, more likely to not participate in physical activity compared to those in homes with the highest annual incomes. The same is true of those with low vs. high incomes.

**No Leisure Physical Activity
Vermont Adults, 2011**



**No Leisure Time Physical Activity
Vermont Adults, 2000-2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Prescription Drug Misuse – Ever

Less than one in ten (8%) of Vermont adults said they had ever taken a prescription drug without a prescription. One percent said they had done so in the last 30 days.

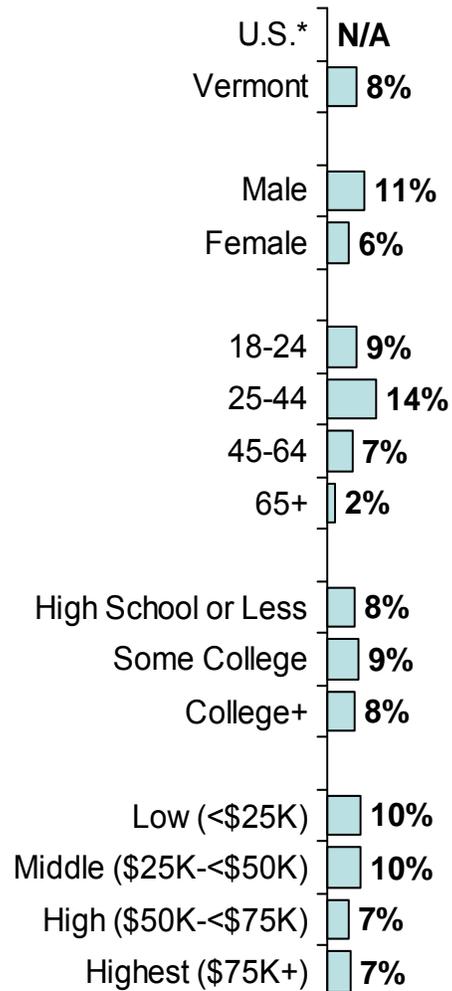
Men are more likely to report misuse of prescription drugs as compared with women.

Younger adults are more likely to use drugs without a prescription than older adults.

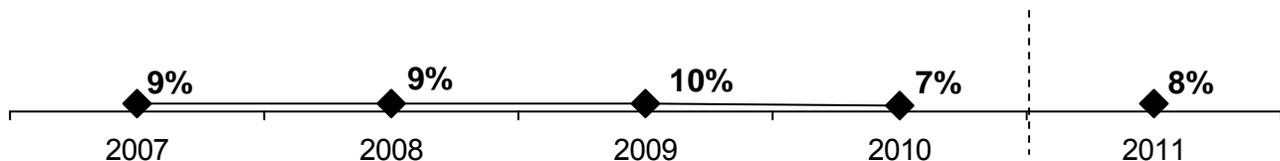
- Adults 18-64 more often reported prescription misuse than those 65 and older.
- Adults 25-44 more often reported prescription drug misuse than those 45-64.

There are no statistically significant differences in taking a prescription drug that wasn't prescribed to you by education level or annual household income level.

Ever Used Prescription Drug without Prescription Vermont Adults, 2011



Ever Used Prescription Drug without Prescription Vermont Adults, 2007-2011



*No national estimate available.

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Tobacco Use – Cigarette Smoking*

Two in ten (20%) of Vermont adults report being cigarette smokers.

Men smoke at a significantly higher rate than women.

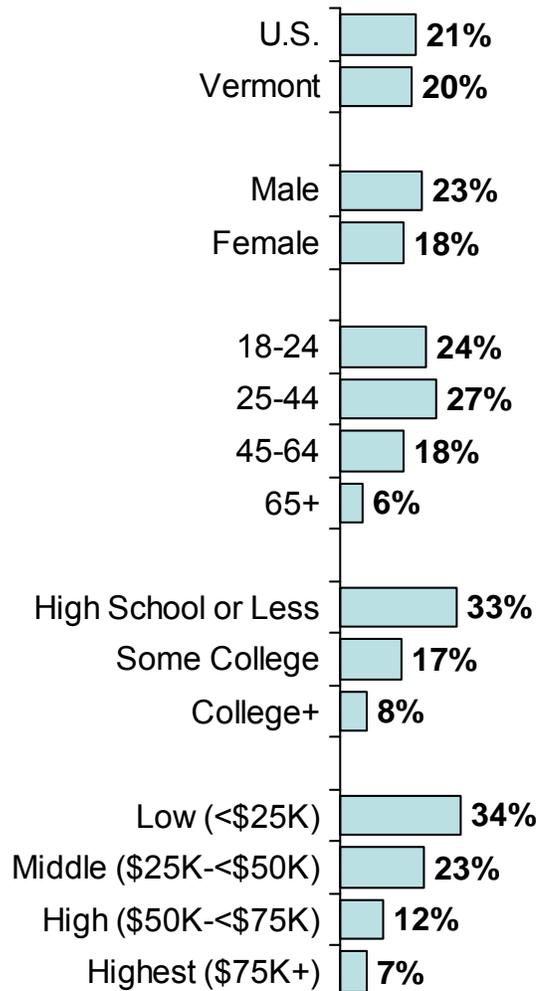
Smoking rates are lower in older age groups.

- Those 65 and older smoke at significantly lower rates than all other age groups.
- Adults 45-64 smoke significantly less often than those 25-44.

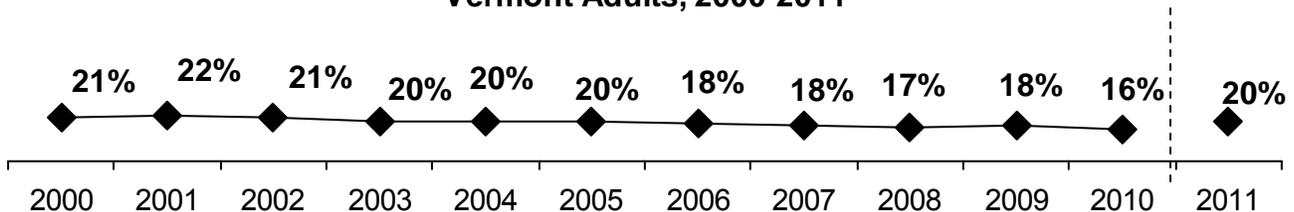
Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

- Differences by education level are all statistically significant.
- Adults with a high school or less education are at least two times as likely to smoke as those with at least some college education.
- Individuals in households with low and middle annual earnings are significantly more likely to be smokers than those in homes with higher incomes.

**Current Smoking*
Vermont Adults, 2011**



**Current Smoking*
Vermont Adults, 2000-2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Tobacco Use – Smokeless Tobacco

Less than one in twenty (3%) Vermont adults said they use smokeless tobacco products, such as chewing tobacco, snuff, or snus.

Men are significantly more likely to use smokeless tobacco as compared with women.

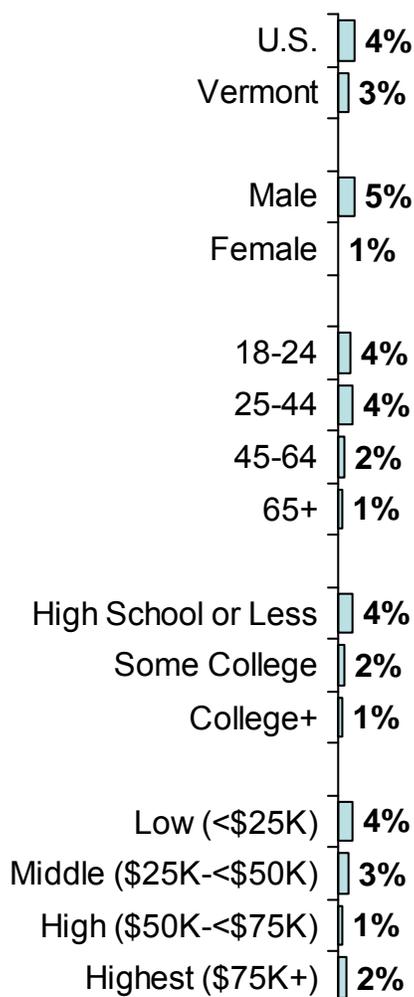
Adults' use of smokeless tobacco decreases with increasing age.

- 25-44 year olds are significantly more likely to use smokeless tobacco compared with those 45 and older.
- The same is true of those 18-24, when compared to those 65 and older.

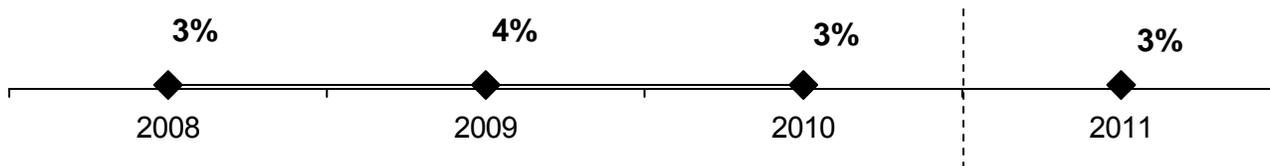
Smokeless tobacco use also decreases with increasing education and annual household income levels.

- Adults with a high school or less education are significantly more likely to use smokeless tobacco than those with a college degree.
- Adults with a low annual household income are significantly more likely to use smokeless tobacco than those in homes with a high income.

Smokeless Tobacco Use Vermont Adults, 2011



Smokeless Tobacco Use Vermont Adults, 2008-2011



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Tobacco Use – Quit Attempts*

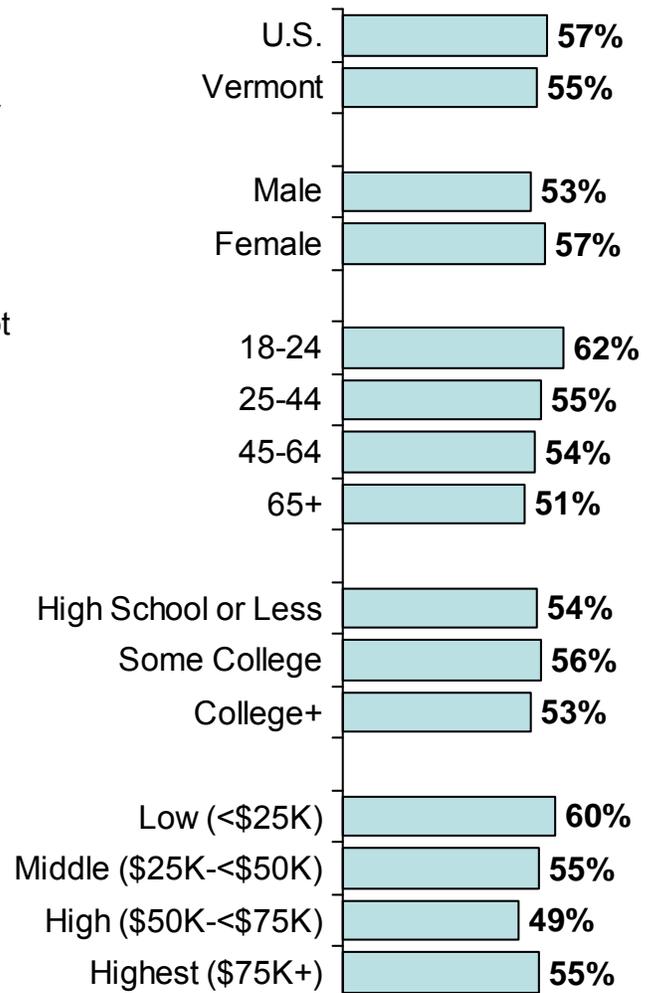
More than half (55%) of Vermont adult smokers made an attempt to quit smoking in the last year.

Men and women report trying to stop smoking at similar rates.

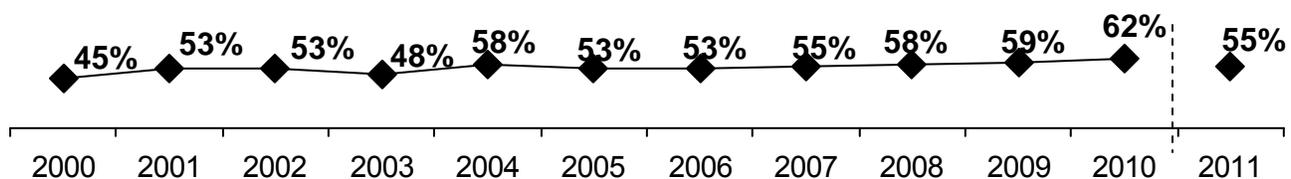
The rate of quit attempts do not differ statistically across age groups, education levels or annual household income levels.

- Quit attempts decrease slightly with increasing age and annual household income level, but these changes are not statistically significant.

**Smoking Quit Attempts*
Vermont Adult Smokers, 2011**



**Smoking Quit Attempts*
Vermont Adult Smokers, 2000-2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Seatbelt Use

More than eight in ten (83%) Vermont adults said they always wear their seatbelt when in a vehicle.

- Eight percent nearly always wear a seatbelt; 4% sometimes wear one and 5% seldom or never wear one.

Women are significantly more likely to report always wearing a seatbelt compared to men.

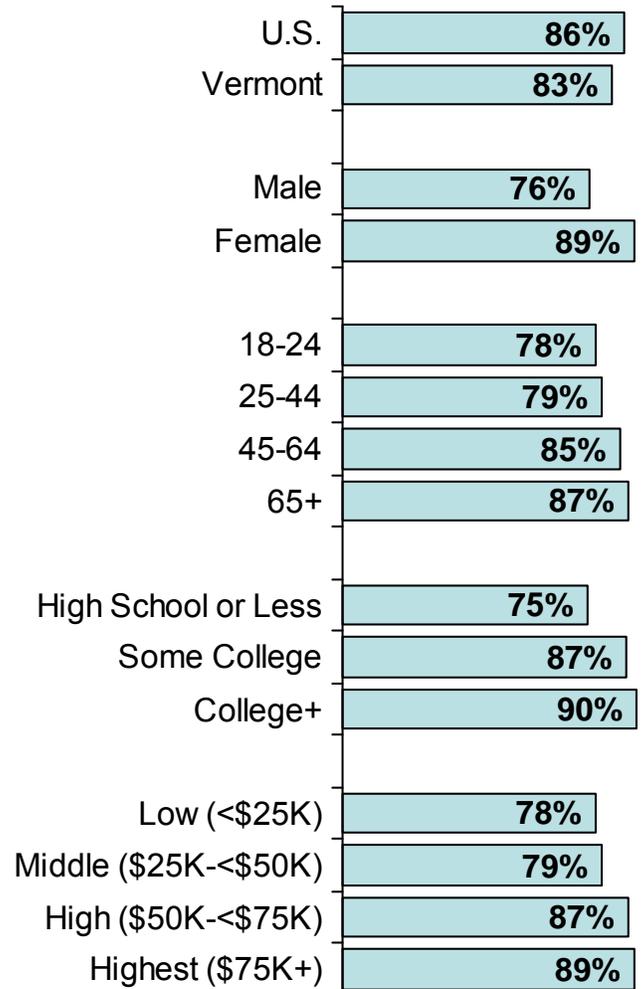
Seatbelt use is higher among older adults.

- Adults 45 and older were more likely to always wear their seatbelt compared to those 18-44.

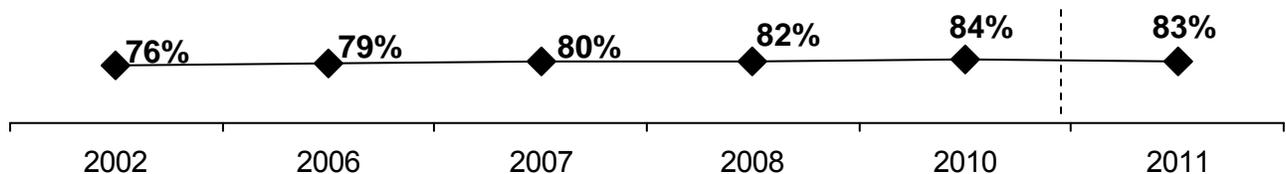
Adults with more education and higher annual household incomes are more likely to always wear a seatbelt.

- Adults with some college education were more likely to always wear a seatbelt more often than those with less education.
- Individuals in households with higher incomes were more likely to wear a seatbelt than those in homes with low and middle ones.

Always Wear Seatbelt Vermont Adults, 2011



Always Wear Seat Belt Vermont Adults, 2002-2011



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Preventive Behaviors and Health Screening

Immunizations – Flu Shot

Two-thirds (65%) of Vermont adults 65 and older report having a flu shot in the previous 12 months.

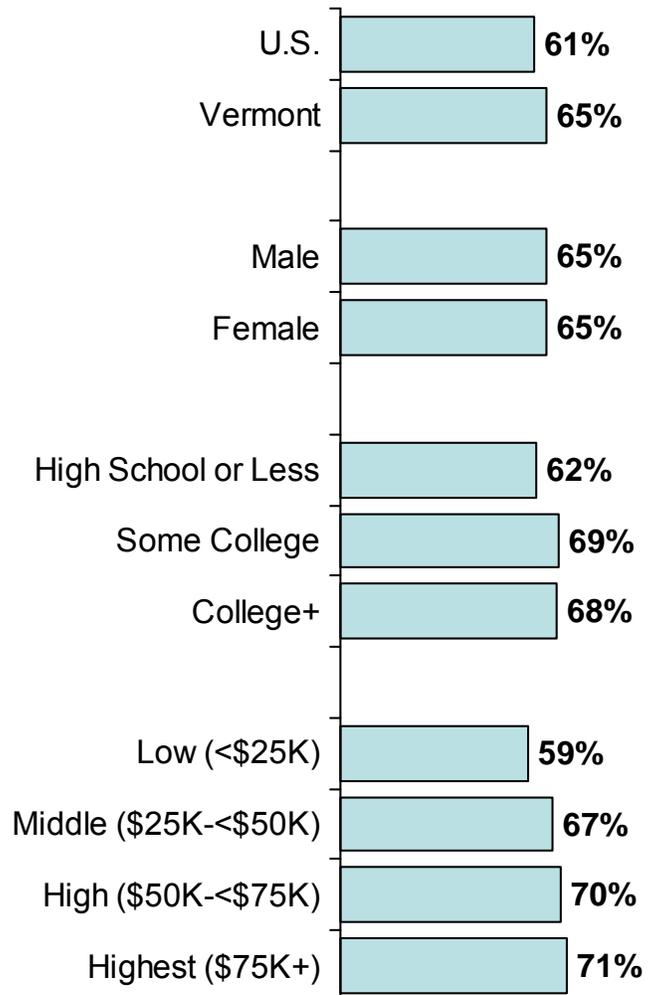
Men and women 65 and older get flu shots at similar rates.

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

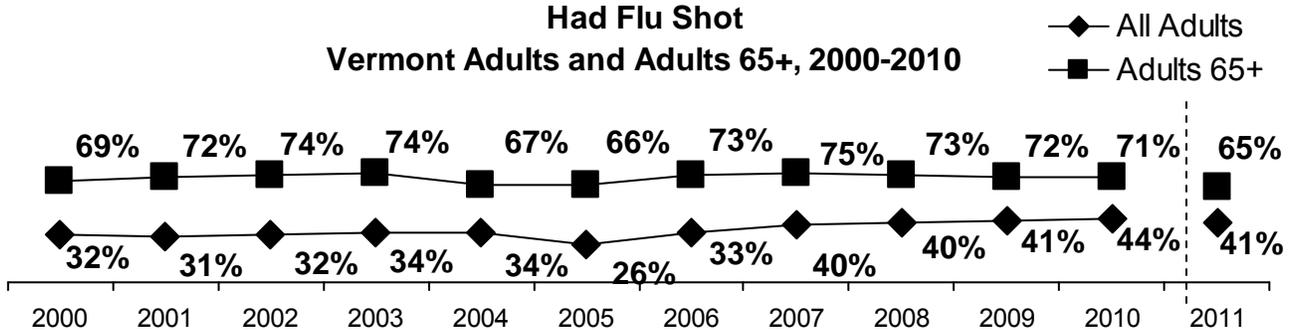
- There are no statistically significant differences by education level.
- Older adults in homes with low annual incomes are significantly less likely to get a flu shot as compared to those in homes with the highest incomes.

Flu vaccination is also important among health care workers who provide direct patient care. In 2011, 59% of direct care providers had a flu shot in the previous year.

**Had Flu Shot
Vermont Adults 65+, 2011**



**Had Flu Shot
Vermont Adults and Adults 65+, 2000-2010**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

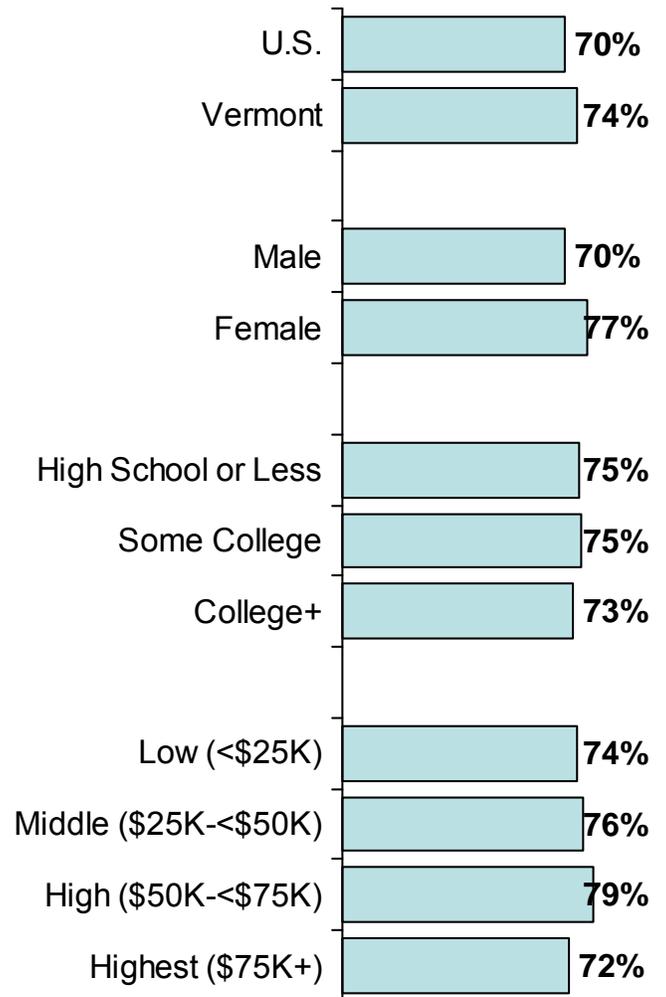
Immunizations – Pneumococcal Vaccine

About three-quarters (74%) of Vermont adults 65 and older said they had ever received a pneumococcal vaccine.

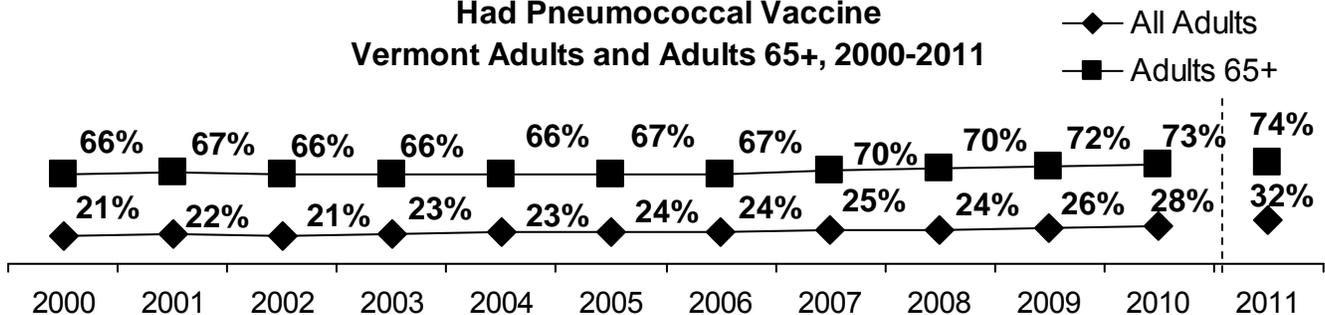
Women 65 and older receive pneumococcal vaccinations at statistically higher rates than men.

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

**Had Pneumococcal Vaccine
Vermont Adults 65+, 2011**



**Had Pneumococcal Vaccine
Vermont Adults and Adults 65+, 2000-2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Routine Doctor Visits

Two-thirds (67%) of Vermont adults had a routine doctor's visit within the previous year.

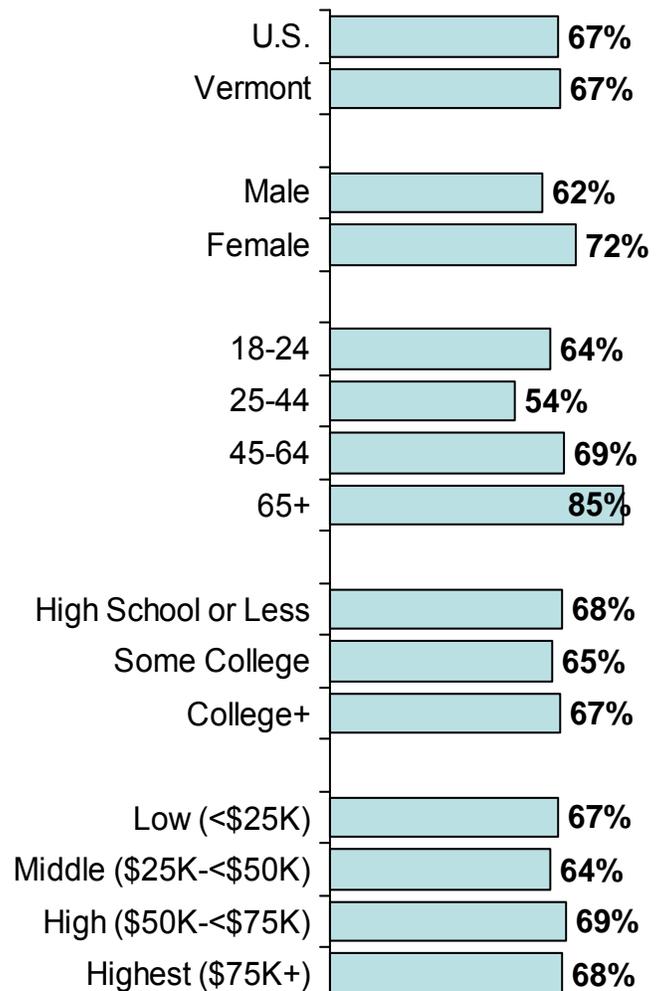
- 15% visited the doctor a year ago to less than two years ago; 10% saw one two years to less than five years ago and 8% saw the doctor five or more years ago*.

Women routinely visit their doctor more often than do men.

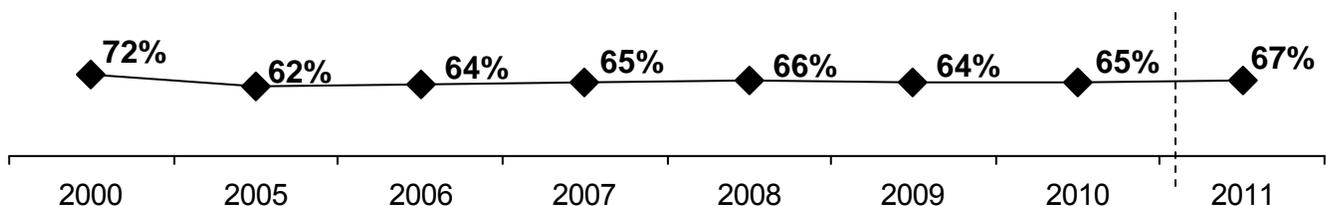
Adults 65 and older routinely see their doctor at significantly higher rates than all other age groups. Conversely, adults 25-44 are significantly less likely to visit their doctor routinely than any other age group.

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

**Routine Doctor Visit in Last Year
Vermont Adults, 2011**



**Routine Doctor Visit in Last Year
Vermont Adults, 2000-2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Cholesterol Screening

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

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

Similar rates of men and women had their cholesterol checked in the last five years.

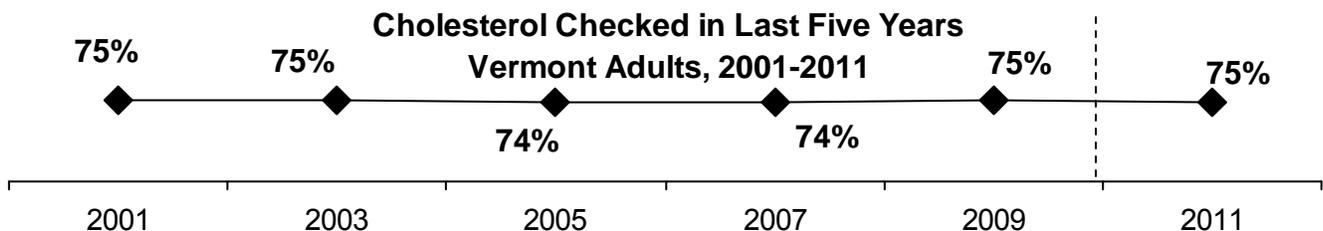
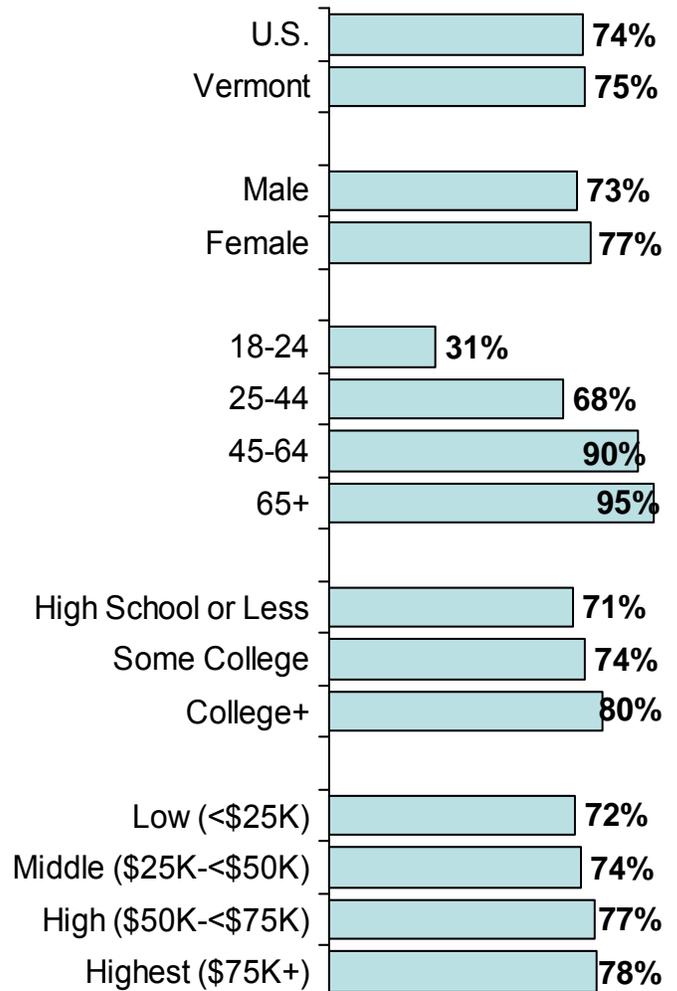
Getting cholesterol checked in the last five years increases with increasing age.

- All differences by age are statistically significant, however, the rate of cholesterol screening more than doubles between those 18-24 and those 25-44.

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

- Adults with a college degree are significantly more likely than those with a high school or less education to have had a cholesterol test in the past five years.
- Individuals in homes with the highest incomes are significantly more likely to have had their cholesterol checked in the past five years than those with the lowest annual incomes.

**Cholesterol Checked in Last Five Years
Vermont Adults, 2011**



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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

HIV Screening-Ever Tested

Thirty-one percent of Vermont adults report ever being tested for HIV in 2011.

- Thirty-eight percent of those 18-64 said they had ever been tested.

Men were as likely as women to have been tested.

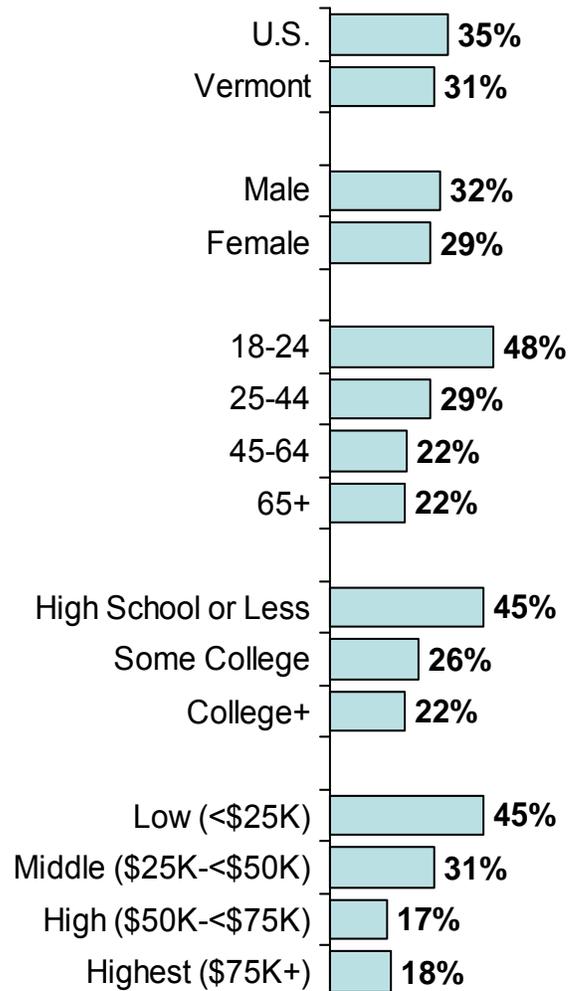
Adults 18-24 were significantly more likely to have ever been tested for HIV than those 45 and older

Adults with less education are more likely to have ever been tested for HIV. Those with a high school degree or less are significantly more likely to have been tested than those with more education.

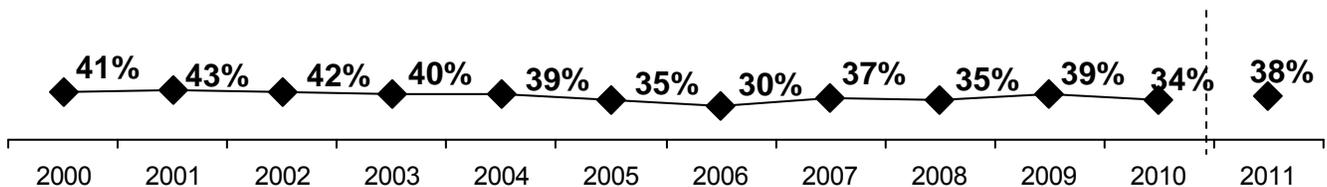
Adults in households with low incomes per year were more likely to have been tested for HIV than those in homes with higher earnings.

Prior to 2011, HIV testing was only asked of adults 18-64. Trend data for ever tested for HIV among all adults is not available. Instead, data for adults 18-64 is presented.

**Ever Tested HIV
Vermont Adults, 2011**



**Ever Tested for HIV
Vermont Adults 18-64, 2000-2011**



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

HIV Screening – Tested in Last Year

Seven percent of Vermont adults report they were tested for HIV in the last year.

- Eight percent of adults 18-64 were recently tested for HIV.

Men and women had been recently tested at similar rates.

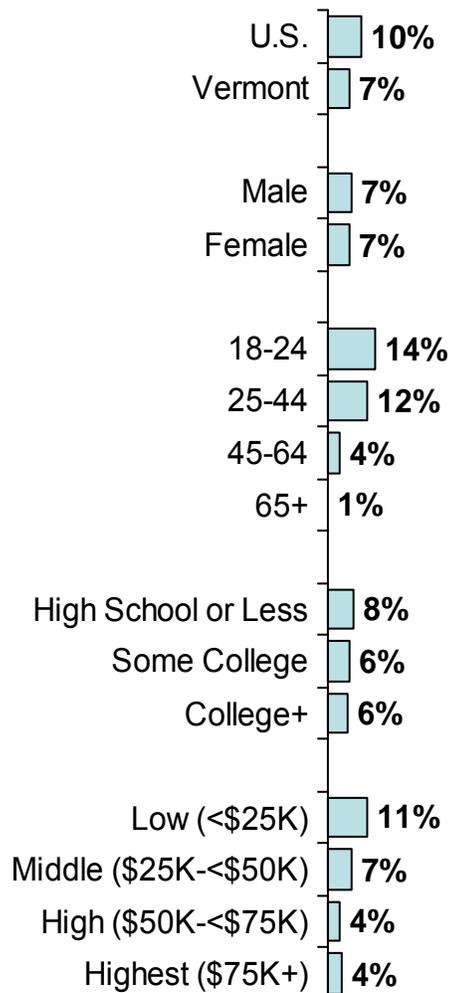
Adults 45-64 and 65 and older were significantly less likely to have a recent HIV test, compared to all younger age groups.

There are no statistical differences in recent HIV tests by education level.

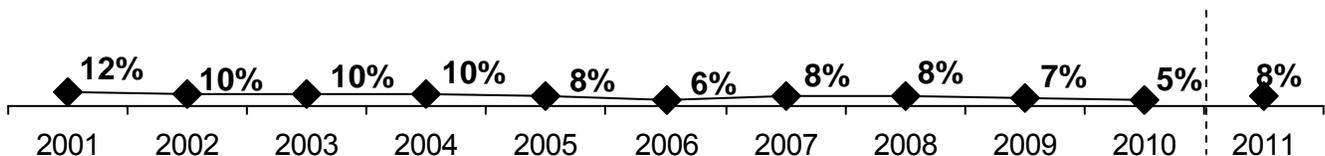
Adults in households with low annual incomes were more likely to have recently been tested for HIV compared to those in homes with higher incomes.

Prior to 2011, HIV testing was only asked of adults 18-64. Trend data for recent HIV testing among all adults is not available. Instead, data for adults 18-64 is listed below.

**HIV Test in Last Year
Vermont Adults, 2011**



**Tested for HIV in Last Year
Vermont Adults 18-64, 2001-2011**



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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

HIV Transmission Risk

The Vermont BRFSS asks respondents about the participation in four high risk behaviors for HIV transmission.

Respondents were asked whether they've participated in any of the following in the last year: intravenous drug use, treated for sexually transmitted or venereal disease, give or received sex or drugs for money, and anal sex without a condom.

Respondents are not asked to identify which of the behaviors they participated in, only that they did at least one of them.

Three percent of Vermont adults said they participated in a high risk behavior for HIV during the previous year.

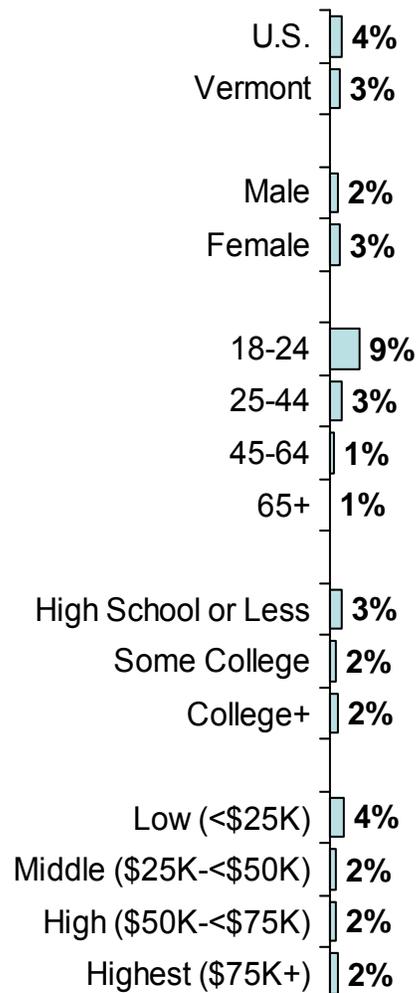
- Of those who participated in a high risk behavior, 18% were tested for HIV in the last year.

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

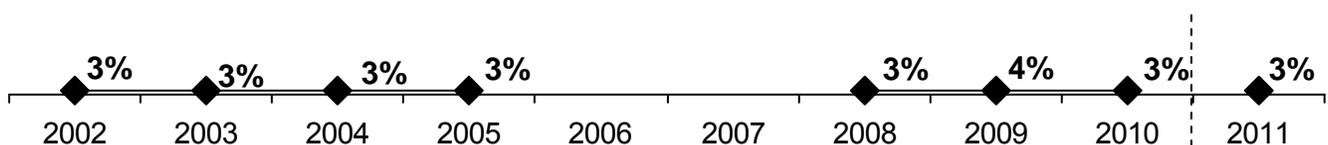
Adults 18-24 and 25-44 were significantly more likely to have participated in high risk behaviors for HIV than those in older age groups.

There are no statistically significant differences in participation in high risk behaviors for HIV by education or annual household income level.

High Risk HIV Transmission Behavior Vermont Adults, 2011



High Risk for HIV Transmission Behavior Vermont Adults, 2002-2011



[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Fruit Consumption

More than third (37%) of Vermont adults reported eating two or more servings of fruit per day.

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

Vermont adult consumption of fruit increases as age increases.

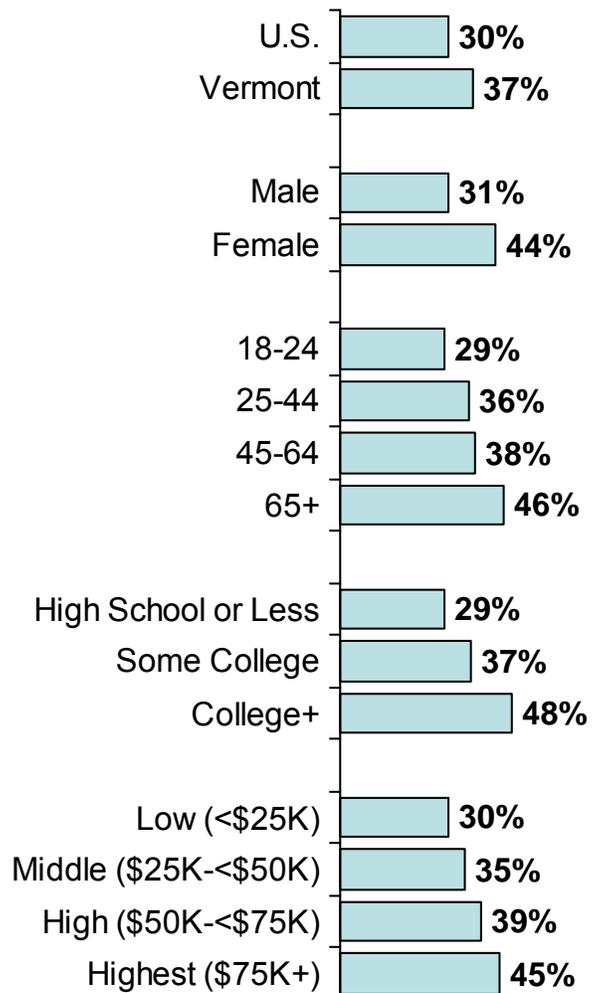
- Adults 65 and older are significantly more likely to eat two or more servings of fruit per day than younger age groups.
- Those 45-64 are significantly more likely than those 18 to 24 to eat two or more fruit servings per day.

Adults with more education and higher annual household incomes are more likely to eat two or more daily servings of fruit.

- Differences by education level are all statistically significant.
- Those in homes with the highest annual incomes are significantly more likely to eat two or more daily fruit servings compared to those in homes with low or middle incomes.

Due to changes to the 2011 questions about fruit and vegetable consumption, comparisons to earlier years cannot be made. Trend data on fruit and vegetable consumption is not available.

2+ Daily Servings of Fruit Vermont Adults, 2011



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

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

Additional information about recommendations regarding fruit consumption can be found:

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Vegetable Consumption

One in five (19%) Vermont adults report eating three or more servings of vegetables per day.

Women are significantly more likely than men to eat three or more servings of vegetables daily.

Vermont adults report eating vegetables at similar rates across all age groups.

Adults with more education and higher annual household incomes are more likely to eat three or more daily servings of vegetables.

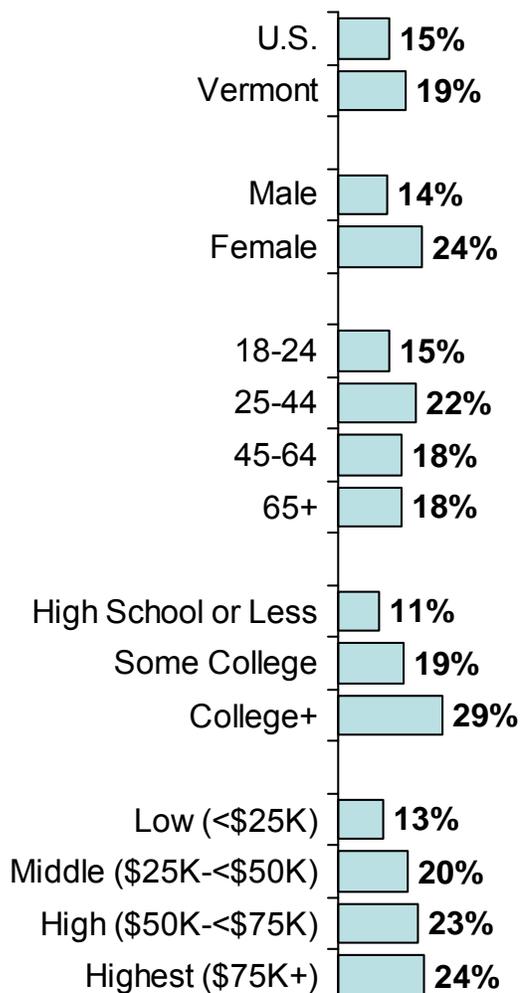
- Differences by education level are all statistically significant.
- Those in homes with the lowest incomes are significantly more likely to eat three or more daily vegetable servings compared to those of all other income levels.

Due to changes to the 2011 questions about fruit and vegetable consumption comparisons to earlier years cannot be made. Trend data on fruit and vegetable consumption is not available.

More information about the changes to the fruit and vegetable questions can be found in the data brief section of the BRFSS webpage:

<http://healthvermont.gov/research/brfss/reports.aspx#briefs>

3+ Daily Servings of Vegetables Vermont Adults, 2011



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

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

Additional information about recommendations regarding fruit consumption can be found:

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Fruit & Vegetable Consumption

About a quarter (23%) of Vermont adults report eating five or more servings of fruits and vegetables per day.

Women are significantly more likely than men to eat five or more servings of fruits and vegetables daily.

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

Adults with more education and higher annual household incomes are more likely to eat five or more daily servings of fruits and vegetables.

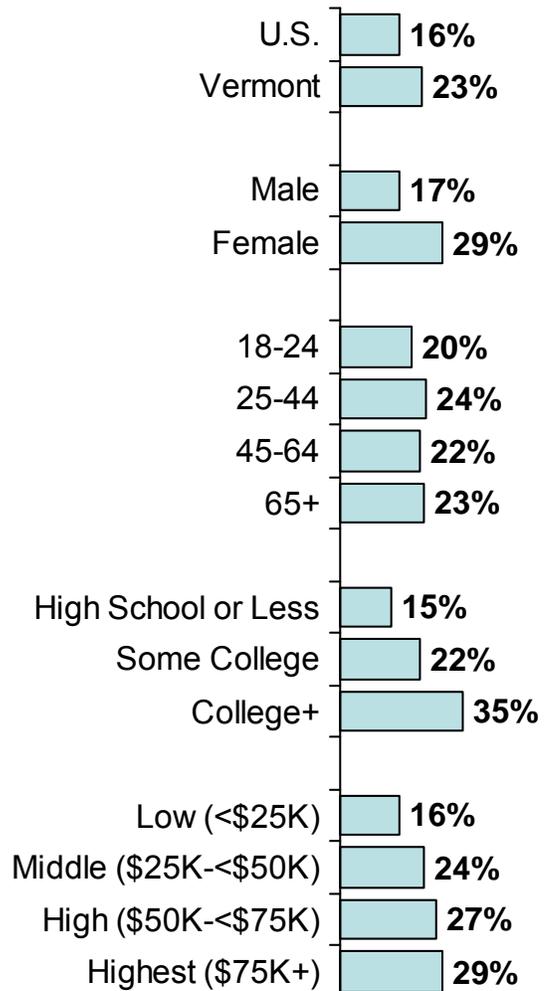
- Differences by education level are all statistically significant.
- Those in homes with the lowest annual incomes are significantly more likely to eat five or more fruit and vegetable servings compared to those in homes of all other income levels.

Due to changes to the 2011 questions about fruit and vegetable consumption comparisons to earlier years cannot be made. Trend data on fruit and vegetable consumption is not available.

More information about the changes to the fruit and vegetable questions can be found in the data brief section of the BRFSS webpage:

<http://healthvermont.gov/research/brfss/reports.aspx#briefs>

**5+ Daily Fruit & Vegetable Servings
Vermont Adults, 2011**



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

Additional information about recommendations regarding fruit consumption can be found:
<http://www.choosemyplate.gov/food-groups/>

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Met Physical Activity Recommendations*

The series of questions used to assess physical activity participation changed to ask about the specific activities respondents participated in.

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

Fifty-nine percent of Vermont adults met CDC aerobic physical activity recommendations.

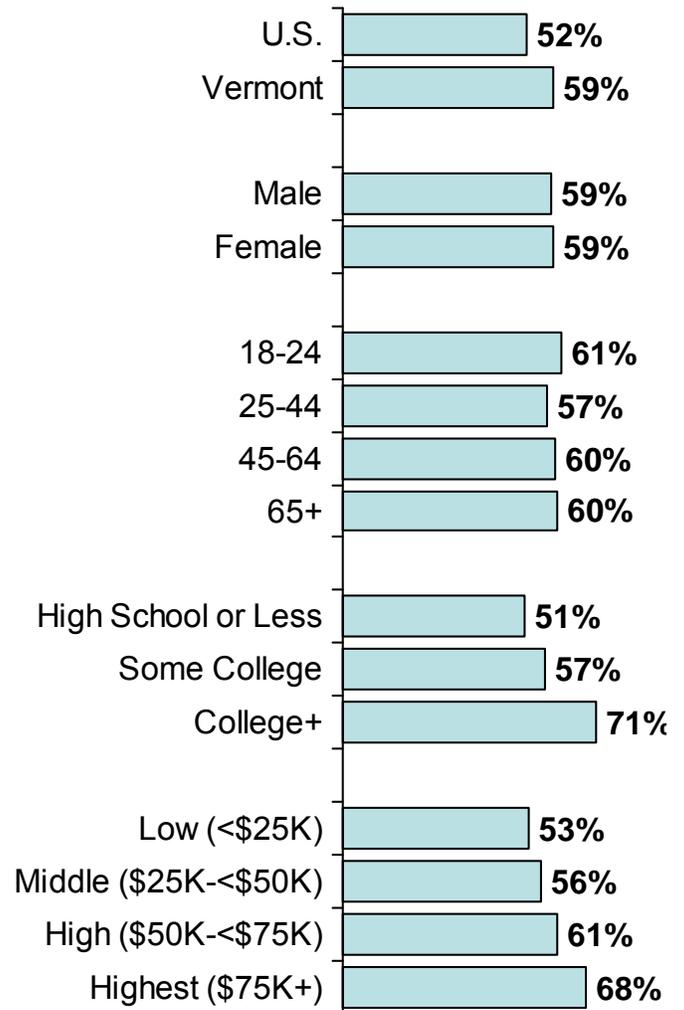
There are no significant differences in meeting aerobic physical activity guidelines by gender or age.

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

- Adults with a college degree are significantly more likely to meet aerobic physical activity guidelines than those with less education.
- Adults in homes with the highest incomes per year are significantly more likely to participate in physical activity than those in homes with low or middle incomes.

Due to changes in the physical activity questions, data from 2011 cannot be compared to that from previous years. Trend data for physical activity recommendations are not available.

Met Aerobic Physical Activity Recommendations Vermont Adults, 2011



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

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

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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Met Strength Building Recommendations*

Respondents were asked about their participation in muscle strengthening activities for the first time. The recommendation for muscle strengthening is to participate in activities for strength building at least twice per week**.

Less than a third (29%) of Vermont adults participated in muscle strengthening activities at least twice a week in 2011.

Women reported meeting the strength building recommendation significantly less often than men.

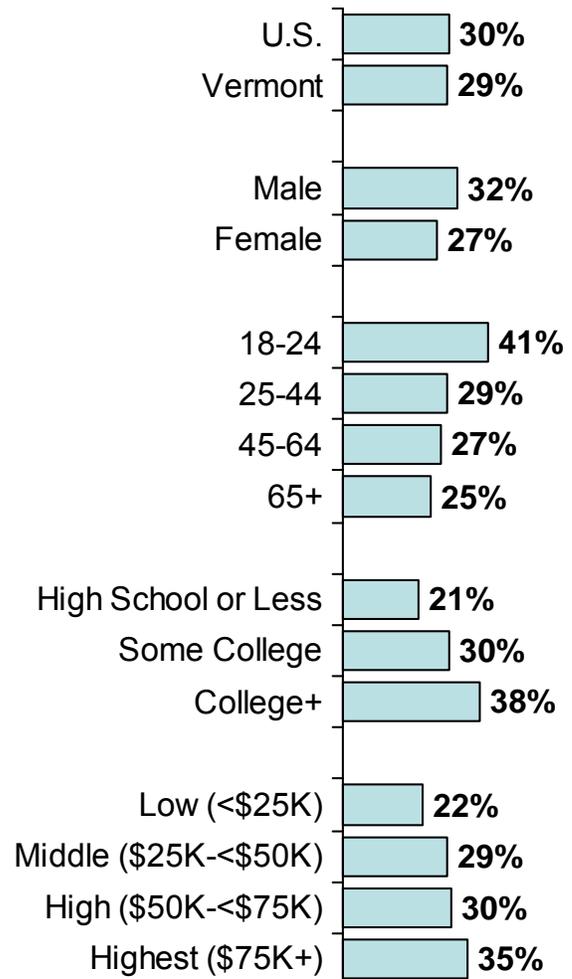
Participation in muscle building activities at least twice weekly decreases with increasing age.

- Adults 25 and older met strength building recommendations significantly less often than those 18-24.

Adults with less education and lower annual household income levels are significantly less likely to meet physical activity recommendations.

- Differences by education level are all statistically significant.
- Adults in homes with the lowest annual earnings were significantly less likely to do strength training at least twice a week as compared to those in homes of all other income levels.

**Met Strength Building Recommendations
Vermont Adults, 2011**



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

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

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

[Note: The survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. See page 3 for more information.]

Safety of Community for Walking

Vermont BRFSS respondents were asked for the first time about the safety of their community for walking.

Nine in ten (91%) Vermont adults said their community was extremely or quite safe for walking (48% extremely and 43% quite).

- Seven percent said their community was slightly safe and 2% said it was not at all safe.

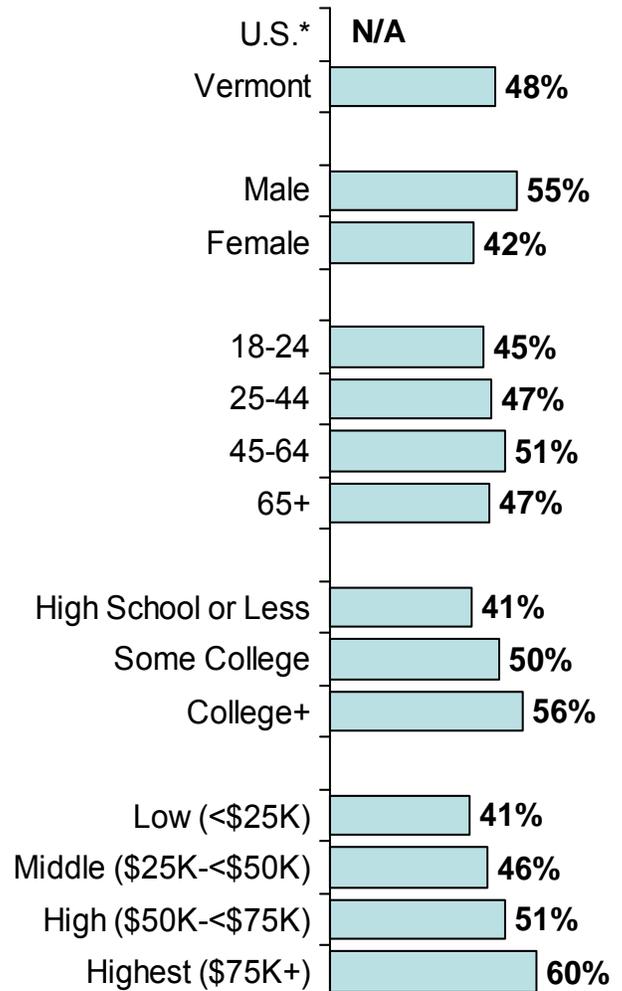
Men said their community was extremely safe at a significantly higher rate than women.

There were no differences by age in reported safety of community for walking.

The proportion of respondents reporting their community as extremely safe for walking increases with increasing education and annual household income level.

- All differences by education level are statistically significant.
- Adults in homes with high incomes or greater were significantly more likely to say their community is extremely safe for walking as compared to those in homes with low or middle incomes.

Community Extremely Safe for Walking, Vermont Adults, 2011



Level of Community Safety for Walking Vermont Adults, 2011



*No national estimate available.

Community Resources for Physical Activity

Respondents were asked for their use of community resources for physical activity. Examples of community resources are walking trails, parks, playgrounds, and sports fields.

More than half (57%) of Vermont adults said they use community resources for physical activity.

- Forty-two percent said they did not use and 1% said their community does not have such resources.

Men and women used community resources for physical activity at similar rates.

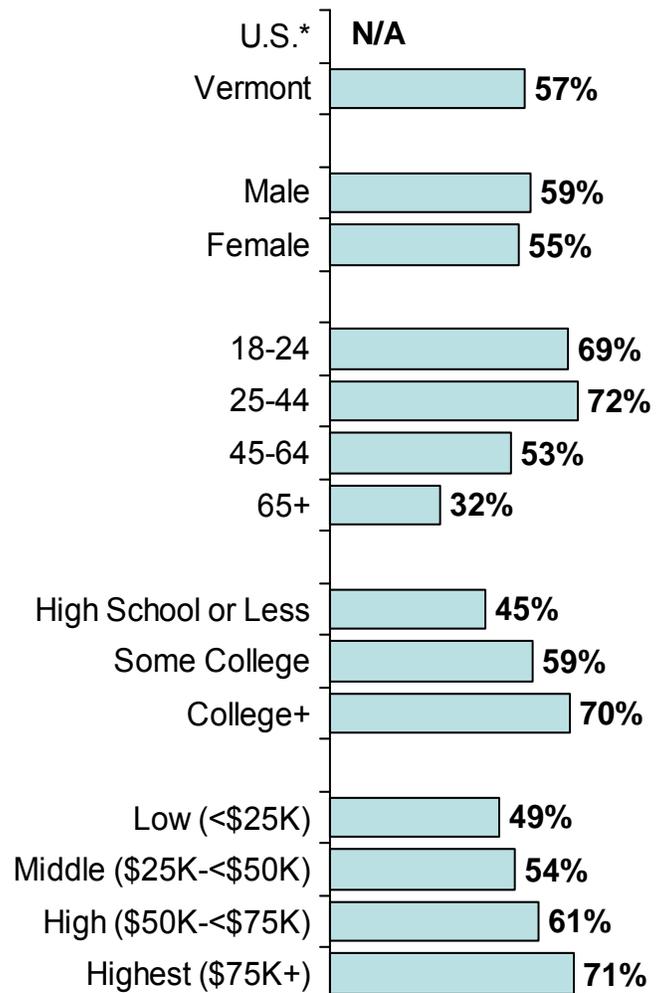
Adults 18-44 are significantly more likely to use community resources for physical activity than those 45 and older.

- Adults 45-64 and older are more likely to use community resources than those 65 and older.

The proportion of respondents that use community resources for physical activity increases with increasing education and annual household income level.

- All differences by education level are statistically significant.
- Adults in homes making the highest incomes were significantly more likely to use community resources for physical activity as compared to those in homes making less money per year.
- Adults in homes with high incomes were also significantly more likely to use community resources than those in homes with the lowest incomes.

**Use Community Resources for Physical Activity
Vermont Adults, 2011**



*No national estimate available.