HEALTH EQUITY BRIEF

Chronic Disease and Low Socio-Economic Status

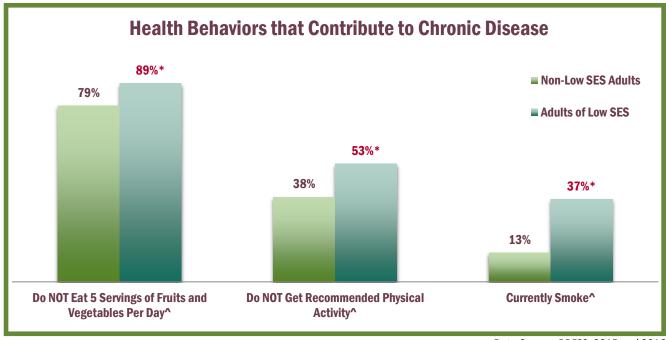
Vermonters who live in households with incomes less than 250% of the federal poverty level and have a high school degree or less are disproportionately impacted by chronic disease. These Vermonters of low socio-economic status (SES) are more likely to have higher rates of both risk factors and chronic diseases than adults living at a higher SES. All Vermonters should have equal opportunity for health, regardless of income or education.

3-4-50 is a simple concept to help us grasp the reality that 3 health behaviors contribute to 4 chronic diseases that claim the lives of more than 50 percent of Vermonters. This data brief compares these measures between Vermont adults with a low socio-economic status and those not of a low SES.

3 BEHAVIORS

Poor nutrition, lack of physical activity and tobacco use are three health behaviors that contribute to the development and severity of chronic disease. Vermont adults with a low SES are almost three times as likely to smoke, more likely to have a poor diet, and not get the recommended physical activity. More than one-third (37%) of Vermont adults of low SES smoke, nearly nine out of 10 (89%) did not eat the recommended amount of fruits and vegetables, and over half (53%) do not get enough physical activity.

Nationally, people of low SES are twice as likely to be smokers. There are multiple and often complex factors that influence this situation. For example, low income smokers are more likely to inhale longer and more deeply when smoking¹ and may live and work in social groups where smoking is more common, making quitting more difficult.



(*) notes statistical difference

Data Source: BRFSS, 2015 and 2016 ^Age-adjusted to the U.S. 2000 population



LEAD TO 4 CHRONIC DISEASES

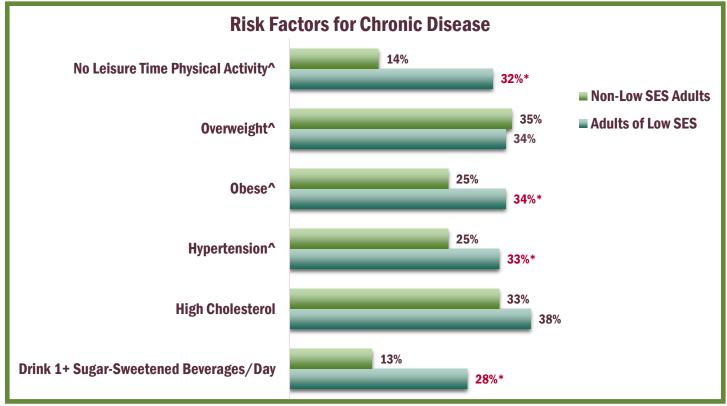
Lung disease, diabetes, cancer, and cardiovascular disease impact many Vermonters.

- Vermont adults of low SES are twice as likely to have been diagnosed with Lung Disease (22%) (asthma 15%; COPD 13%), diabetes (14%), and cardiovascular disease (15%) than adults not of low SES.
- 34% of Low SES Vermont adults are

	obese. Another third are overweight (34%).	Cancer	7%	8%	
•	One out of three adults of low SES have	(*) notes statistical difference	Da	nta Source: BRFSS, 201	
	hypertension (33%) or get no leisure time physical activity (32%), and about three in ten (28%) drink 1 or				
	more sugar-sweetened beverages a day. A	Adults of low SES were more than	n twice as likely t	o not have any	

Chronic Disease Diagnosis	Non-Low SES Adults	Adults of Low SES
Lung Disease (Asthma/COPD)	12% (9%/4%)	22%* (15%*/13%*)
Diabetes	7%	14%*
Cardiovascular Disease	6%	15%*
Cancer	7%	8%

016 leisure time physical activity or consume one or more sugar-sweetened beverages a day.



(*) notes statistical difference

Data Source: BRFSS, 2013, 2015, and 2016 ^Age-adjusted to the U.S. 2000 population

For questions related to the data presented here, email 3-4-50@vermont.gov.

1. The American Economic Review, Volume 96, Number 4, September 2006, pp. 1013-1028(16)

