

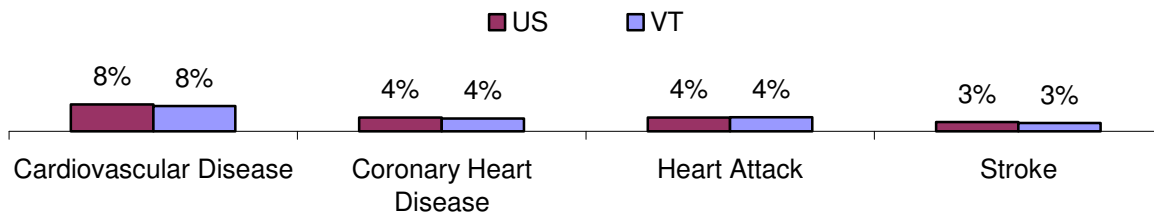
Vermont Adult Behavioral Risk Factor Survey

Data Brief – Cardiovascular Disease

Cardiovascular disease (CVD) is the second leading cause of death in Vermont¹. CVD is caused by a narrowing of blood vessels and is commonly due to atherosclerosis. Coronary heart disease, heart attacks, and strokes all result from CVD².

In 2011, 8% of Vermont adults reported having CVD³. Four percent said they were diagnosed with coronary heart disease and a heart attack, while three percent had ever had a stroke. CVD rates in Vermont are the same as for the U.S. (Figure 1)

Figure 1: Adult Prevalence of Cardiovascular Disease U.S. and Vermont, 2011

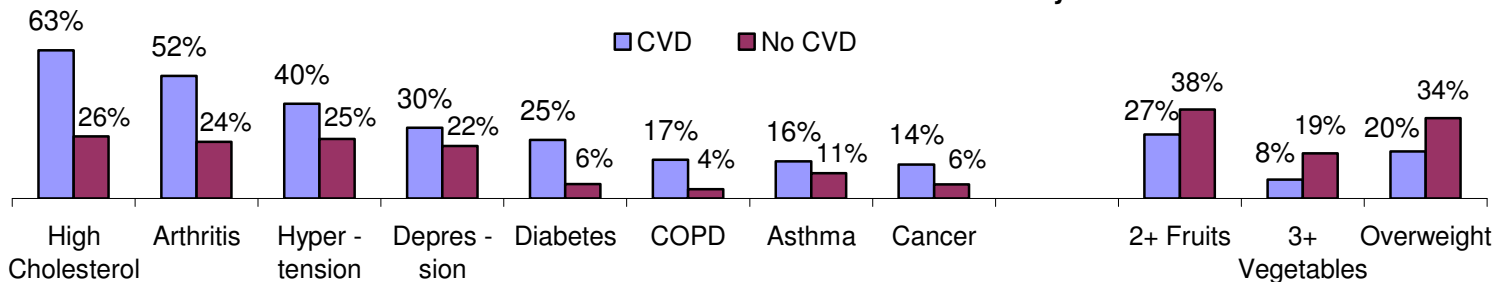


CVD Co-Morbidities and Risk Factors

Vermont adults with CVD were significantly more likely to also have high cholesterol, arthritis, hypertension, a depressive disorder, diabetes, Chronic Obstructive Disorder (COPD), asthma and cancer as compared with those who do not have CVD. They were also significantly less likely to eat the recommended daily servings of fruits and vegetables, and, interestingly, less likely to be overweight. (Figure 2)

There were no statistically significant differences between those with and without CVD in terms of smoking prevalence (23% vs. 19%), meeting physical activity recommendations (50% vs. 60%), not exercising during the last month (27% vs. 20%), and being obese (35% vs. 25%).

Prevalence of Selected Co-Morbidities and Risk Factors by CVD Status



¹Vermont Vital Statistics, 2009: <http://www.healthvermont.gov/research/index.aspx#vitalstats>

²<http://www.who.int/mediacentre/factsheets/fs317/en/index.html>

³The BRFSS defines CVD as adults ever diagnosed with coronary heart disease, a heart attack or a stroke. As individuals may be diagnosed with more than one cardiovascular event, the sum of the individual percents may not equal the overall total for CVD.

Identifying Who Has Cardiovascular Disease

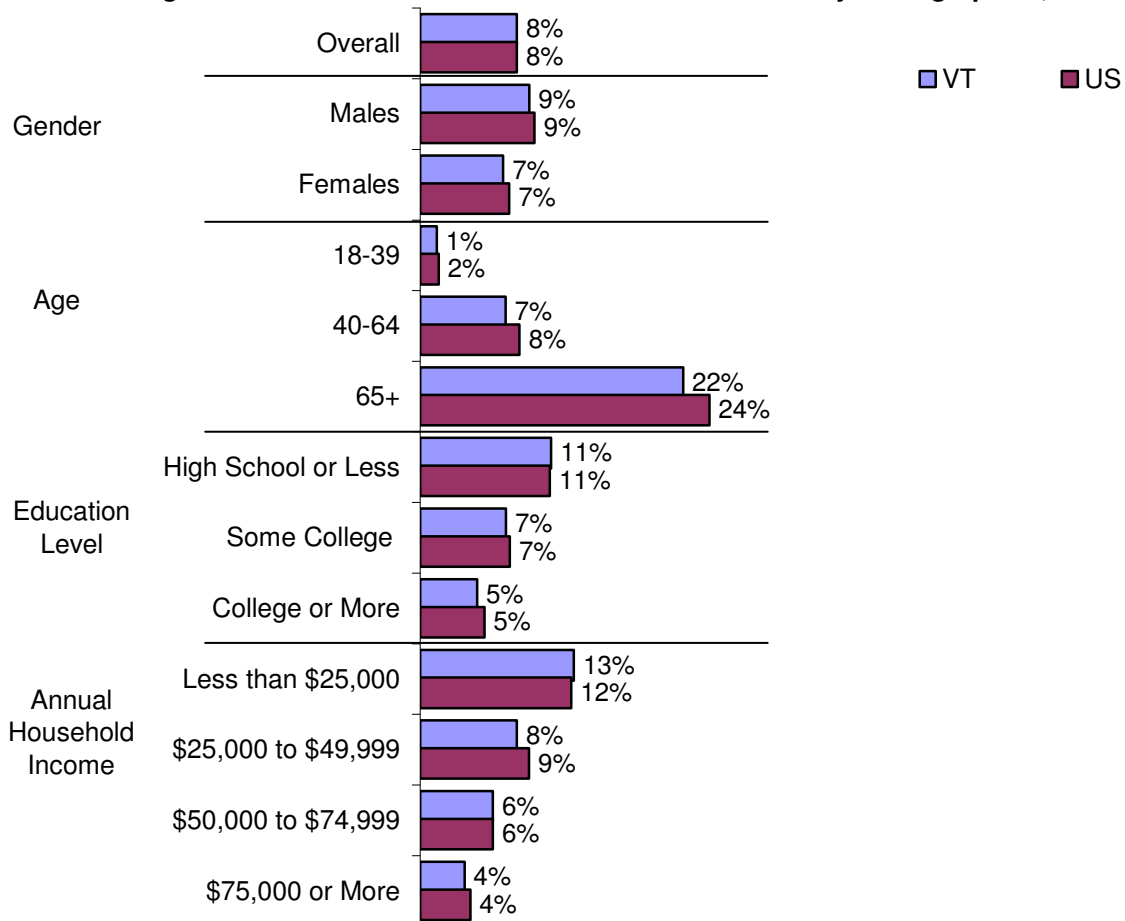
While less than 10% of Vermont adults have been diagnosed with CVD, there are populations, or sub-groups, that experience CVD at higher rates. Men, older adults (65+) and adults of lower socio-economic status were all significantly more likely to have CVD.

CVD prevalence increases with age - nearly a quarter of adults 65 and older have been diagnosed. Those of lower socio-economic status were significantly more likely to have been diagnosed with CVD than those of higher SES.

All differences by education level and annual household income level were statistically significant, except between those in homes making \$25,000 to \$49,999 per year and \$50,000 to \$74,999 per year.

There were no statistically significant differences in CVD prevalence between Vermont and the U.S.

Figure 2: Adult Prevalence of Cardiovascular Disease by Demographics, 2011



For more information about cardiovascular disease prevention efforts in Vermont please visit http://healthvermont.gov/prevent/ladies_first/women_hd.aspx or contact Kimberly Swartz at Kimberly.Swartz@state.vt.us.

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (802-863-7663; Jessie.Hammond@state.vt.us).