

Adult Women's Health – Data Brief

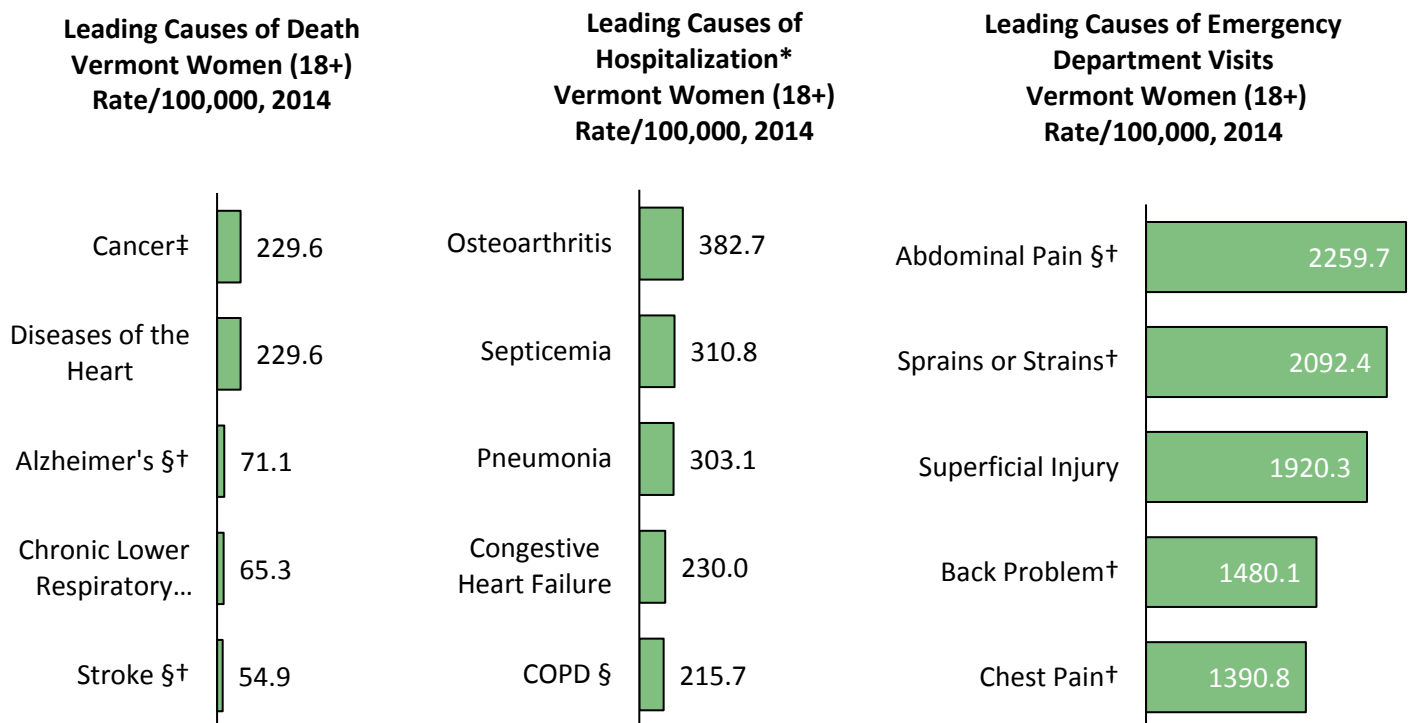
Vermont Behavioral Risk Factor Surveillance System, Vital Statistics, & Uniform Hospital Discharge Data Set

In 2015, women age 18 and older made up 41% of Vermont's population ¹. To more closely examine health concerns specific to women, this data brief covers the leading causes of death and hospitalizations among Vermont women, as well as preventative behaviors, substance use and chronic diseases.

Mortality and Hospitalization

In 2014, the average age of death for Vermont females was 80, significantly higher than the average age of death for men (73 years old). The five leading causes of death for adult female Vermont residents were: cancer (29%), diseases of the heart (29%), Alzheimer's disease (9%), chronic lower respiratory diseases (8%), and stroke (7%). Among those who died of cancer, the most common types were lung cancer (31%), breast cancer(13%), colorectal cancer (7%) and pancreatic cancer (6%).

In 2014, the most common causes of hospitalization for Vermont adult women at Vermont hospitals were related to pregnancy or childbirth. Following pregnancy or childbirth, the five leading causes of hospitalization for adult female Vermont residents were: osteoarthritis, septicemia, pneumonia, non-hypertensive congestive heart failure and Chronic Obstructive Pulmonary Disease & bronchiectasis (COPD). Women in Vermont are significantly more likely to go to the hospital and the ED than men. For every 100 women in Vermont there are 8 hospitalizations and 38 emergency department visits, compared to 6 hospitalizations and 33 emergency department visits for every 100 Vermont men.



*Excluding hospitalizations related to pregnancy or childbirth

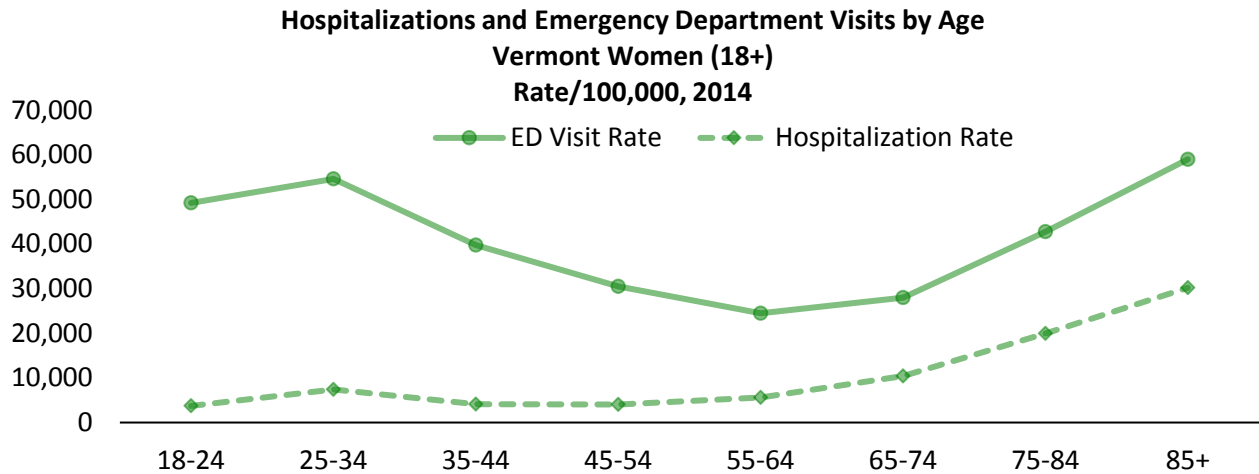
¹ US Census Bureau, 2015 Population Estimates

[†] Statistically higher than adult Vermont men

[‡] Statistically lower than adult Vermont men

[§] Not a leading cause among adult Vermont men

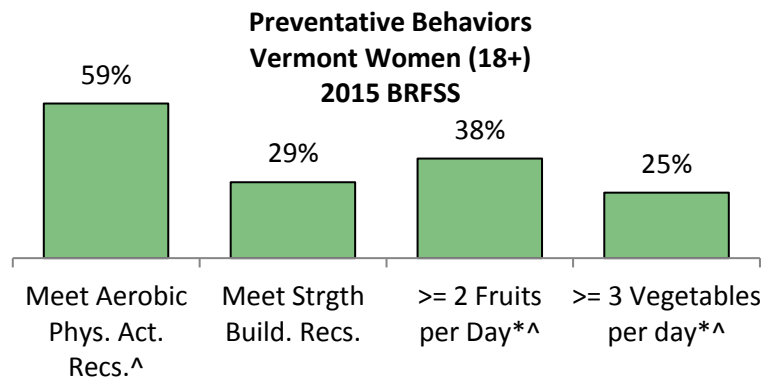
Hospitalization rates for Vermont women significantly increase with each 10-year age range over 55. Emergency department visit rates peak among adults 25-34, before increasing again among those 65 and older. Women ages 25-34 and 85 and older visit the emergency department most frequently, while women ages 55-64 are the least likely to visit the emergency department.



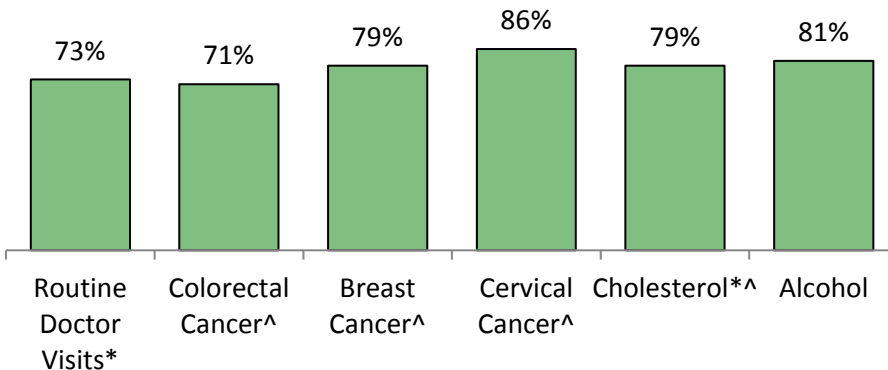
Preventative Behaviors

Physical activity, good nutrition, routine doctor visits and medical screenings are all behaviors that can improve health outcomes. Women and men participate in aerobic and strength building exercise at similar rates, but there is room for improvement with about three in five women (59%) meeting aerobic guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity a week, and just three in ten Vermont women (29%) participating in muscle strengthening exercises two or more times a week.

Women are more likely than men to eat the recommended servings of fruits and vegetables each day. Thirty-eight percent of women eat two or more fruits per day, versus 26% of men. A quarter of women eat three or more vegetables per day, compared to 15% of men.



Preventative Behaviors: Health Screenings Vermont Women (18+) 2014 & 2015 BRFSS



In 2015, three-quarters (73%) of Vermont women reported seeing a doctor in the last year and eight in ten (79%) had their cholesterol checked in the past five years, significantly higher than men.

In 2014, eight in ten women ages 50-74 said they had a mammogram in the past two years, 71% of women 50-75 met [colorectal cancer screening recommendations](#), and 86% of women ages 21-65 had a PAP test in the past three years.

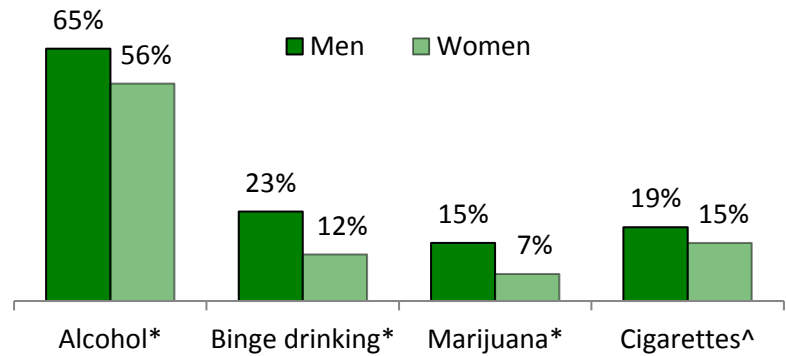
*Statistically different than Vermont men

^ Healthy Vermonters 2020 indicator, <http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports>

Substance Use

Women report using substances at a lower rate than men. Fifty-six percent of women drank any alcohol in the last month and 12% reported drinking four or more drinks on at least one occasion, this is half of reported binge drinking among men (23%). About half as many women use marijuana as men (7% vs. 15%). Women report smoking cigarettes at a similar rate to men (15% vs. 19%), but are much less likely to use smokeless tobacco such as chewing tobacco, snuff and snus (1% vs. 7%).

**Current Substance Use (in the past 30 days)
Vermont Men and Women (18+)
2015 BRFSS**

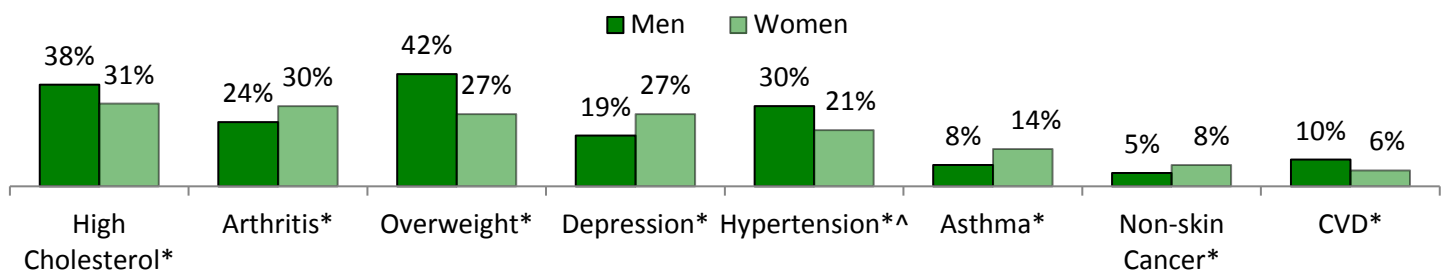


Chronic Conditions

The prevalence of chronic conditions tends to be statistically different between women and men. In 2015, women were more likely to report having arthritis (30%), depression (27%), asthma (14%) and cancer (8%). Women reported having high cholesterol (31%), hypertension (21%), cardiovascular disease (6%) and being overweight (27%) at lower rates than men.

Women and men report similar prevalence of obesity (26% vs. 25%), diabetes (7% vs. 9%) or prediabetes (6% vs. 5%), skin cancer (7%) and COPD (6%).

**Prevalence of Chronic Conditions
Vermont Men and Women (18+)
2015 BRFSS**



Weight Perception

Vermont overweight and obese adults tend to believe they are a BMI category below their actual weight status. Among overweight and obese women (53% of women), more than half (55%) have a misperceived weight status. A third of overweight women believe they are about the right weight, while two-thirds of obese women believe they are overweight.

Intimate Partner Violence

Women are much more likely than men to report someone had ever had sex with them without their consent (11% vs. 2%).

See the [Vermont Adult Men's Health Data Brief](#) for similar information on Men's Health.

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*Statistically different than Vermont men

^ Healthy Vermonters 2020 indicator, <http://healthvermont.gov/about/reports/healthy-vermonters-plans-reports>