

St. Johnsbury District Office

2016 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

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 survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

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

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

A report summarizing the 2016 statewide results from the Vermont BRFSS can also be found on the VDH website: http://www.healthvermont.gov/sites/default/files/documents/pdf/summary_brfss_2016.pdf.

Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, 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 and subsequent results to previous years. VDH’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 of St. Johnsbury District Office*

The next few pages describe the demographic makeup of St. Johnsbury District Office area adults in 2015-2016.

More than half of St. Johnsbury adults are male. Two-thirds are ages 25-64, with about a quarter (27%) ages 65 and older.

- St. Johnsbury area residents are statistically less likely to be 18-24 years old (8% vs. 13%) and more likely to be 65 and older (27% vs. 23%) compared to Vermont adults overall

More than two in five (44%) of St. Johnsbury adults has a high school degree or less. One quarter has a college degree or higher.

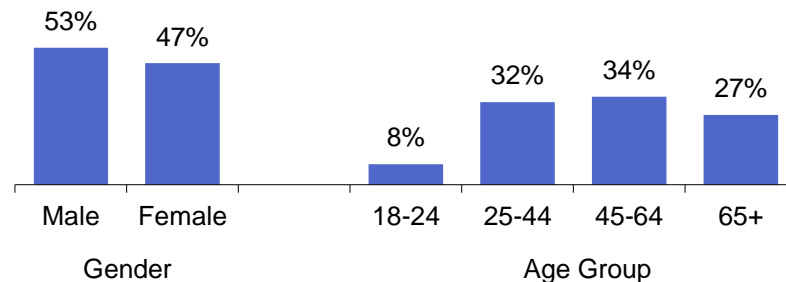
- St. Johnsbury adults are statistically less likely than Vermont adults overall to have a college degree or higher (26% vs. 33%).

More than four in ten St. Johnsbury area adults lives in a home making \$50,000 or more annually, statistically lower than Vermont adults overall (43% vs. 50%).

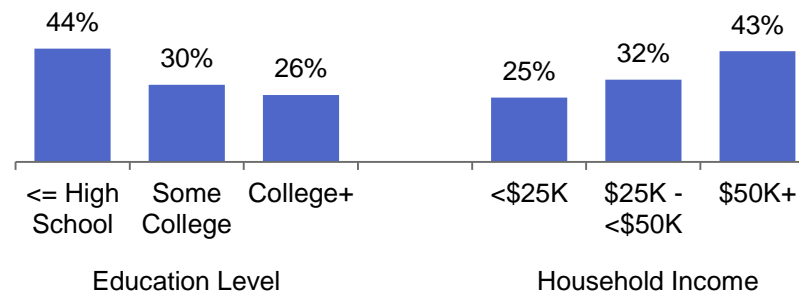
- St. Johnsbury adults are also more likely than Vermont adults to live in homes making \$25,000-\$49,999 per year (32% vs. 22%).

Three percent of adults in the St. Johnsbury area report being a person of color, statistically lower than reported among Vermont adults overall.

St. Johnsbury Residents by Gender and Age



St. Johnsbury Residents by Education and Income Level



*See page 31 for a list of the towns included in the St. Johnsbury Health District.

Demographics of St. Johnsbury District Office

About six in ten (62%) St. Johnsbury area adults are currently employed, while 22% are retired. Seven percent are unable to work and slightly less, six percent are a student or homemaker. Few, three percent, are unemployed.

- St. Johnsbury adults have a similar employment distribution to Vermont overall.

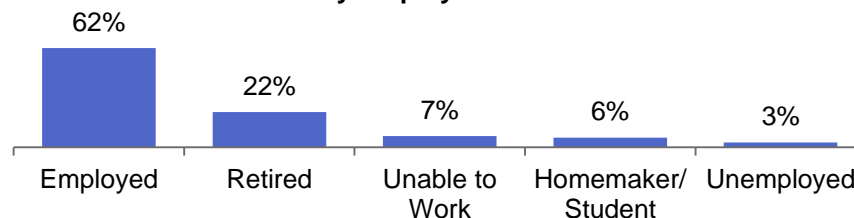
Less than six in ten (56%) St. Johnsbury area adults are married. Two in ten have never married and twelve percent are divorced. Less than one in ten each are widowed (8%) or part of an unmarried couple (5%).

- St. Johnsbury area adults have a similar marital status distribution, compared with Vermont adults overall.

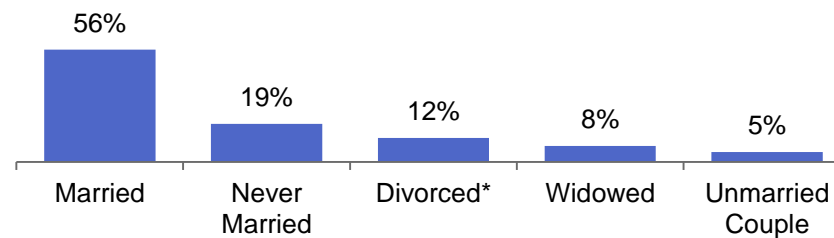
Seven in ten (69%) adults in the St. Johnsbury area said there are no children less than 18 in their home. Five percent reported having three or more children.

- The number of children in the home reported by St. Johnsbury area adults is similar to that for Vermont overall.

St. Johnsbury Residents by Employment Status

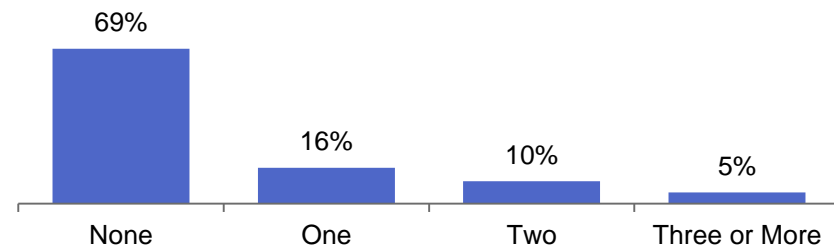


St. Johnsbury Residents by Marital Status



*Includes those who reported their marital status as divorced or separated.

St. Johnsbury Residents by Children in Household



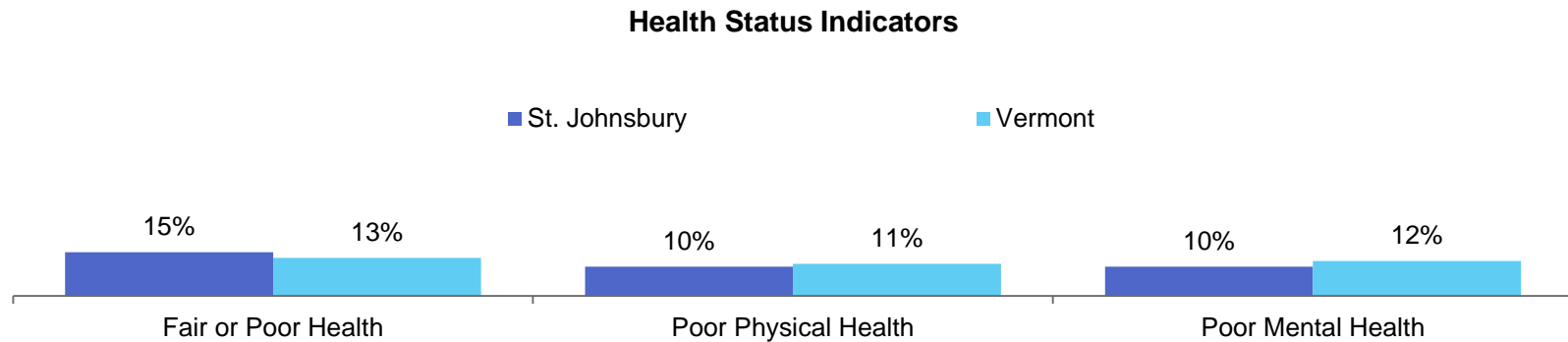
Health Status Indicators

In 2015-2016, one in seven (15%) St. Johnsbury area adults reported being in fair or poor general health. One in ten reported having poor physical health and poor mental health.

- Poor mental and physical health are defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing St. Johnsbury area adults and Vermont adults overall.

Among adults in the St. Johnsbury area, health status indicators have not changed statistically since 2011. See Appendix A for results over time.



Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ statistically by gender, among St. Johnsbury area adults.

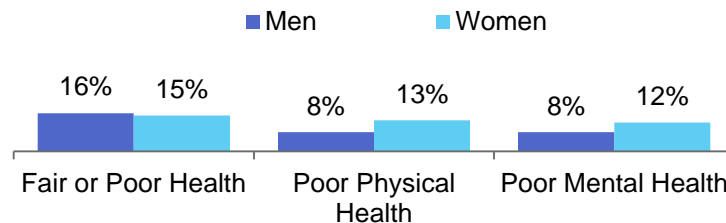
Reported fair or poor general health and poor physical health increase with age, however poor mental health decreases with increasing age.

- Adults 45 and older are statistically more likely than younger adults to report fair or poor general health.
- Likewise adults 65 and older are statistically more likely than those 18-44 to have poor physical health.
- There are no significant differences by age in poor mental health.

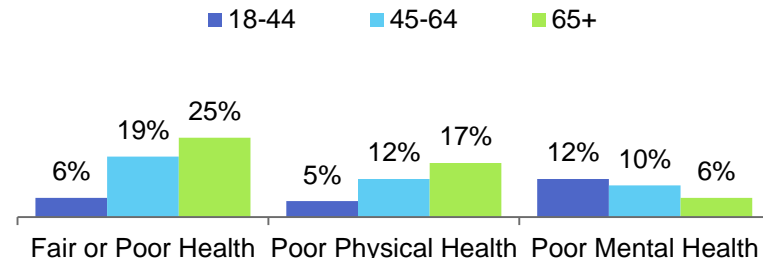
Poor health, regardless of the indicator, decreases with increasing annual household incomes.

- Adults in homes making less than \$25,000 per year are statistically more likely to report fair or poor general health than those in homes with more income.
- Those in homes making less than \$50,000 annually are also statistically more likely to have poor physical and mental health than those making \$50,000 or more.
- St. Johnsbury area adults in homes with an income of less than \$25,000 are statistically more likely than those in homes making \$50,000 or more per year to have poor mental health.

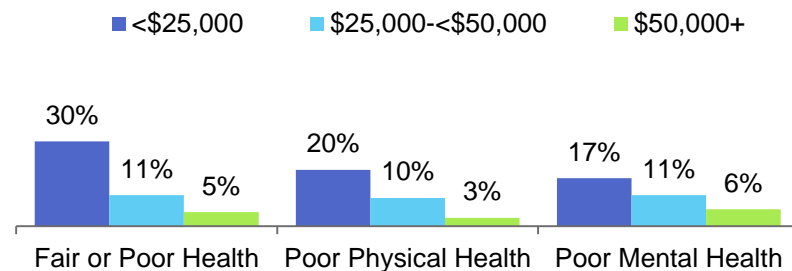
**Health Status Indicators by Gender
St. Johnsbury Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level



Healthcare Access Indicators

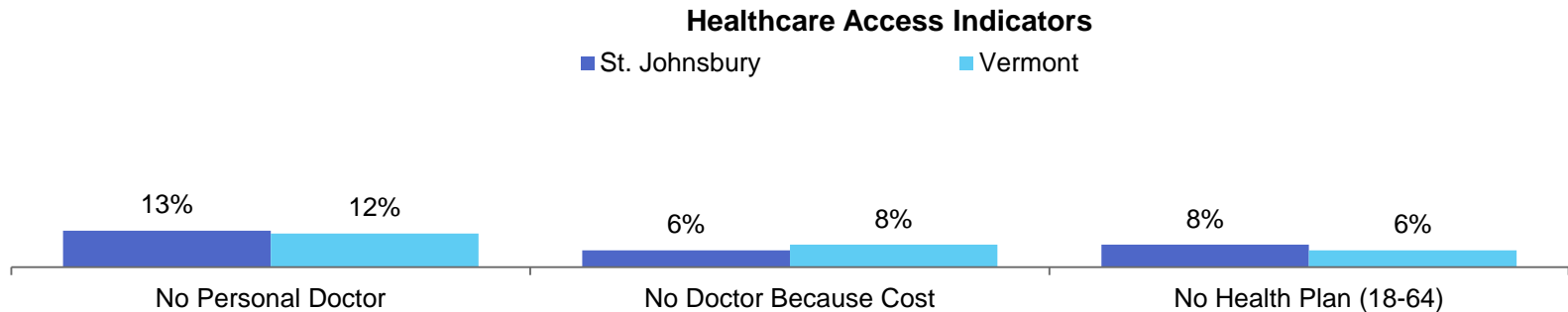
In 2015-2016, one in eight adults in the St. Johnsbury area said they do not have a personal doctor for health care. Six percent needed care in the last year but did not seek it due to the cost. Among St. Johnsbury area adults ages 18-64, less than one in ten (8%) do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Johnsbury area adults and Vermonters overall.

Among St. Johnsbury area adults, delaying care due to cost is trending down, from 11% in 2011-2012 to six percent in 2015-2016. Likewise, among adults 18-64, the proportion without a health plan is also decreasing (15% in 2011-2012 to 8% in 2015-2016). However, for both measures the difference between 2011-2012 and 2015-2016 is not statistically significant.

- The proportion of adults without a health care provider also has not changed statistically since 2011.

See Appendix A for results over time.



Healthcare Access Indicators

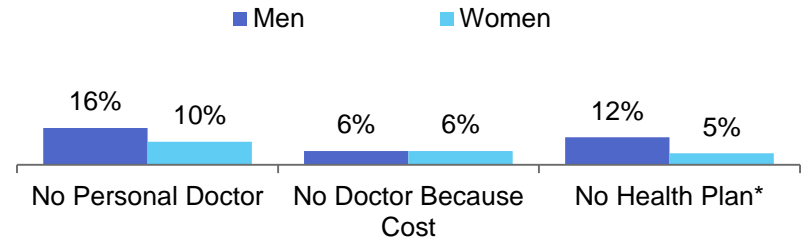
There are no statistical differences by gender in poor healthcare access, regardless of the measure, among St. Johnsbury area adults.

Poor healthcare access decreases with increasing age.

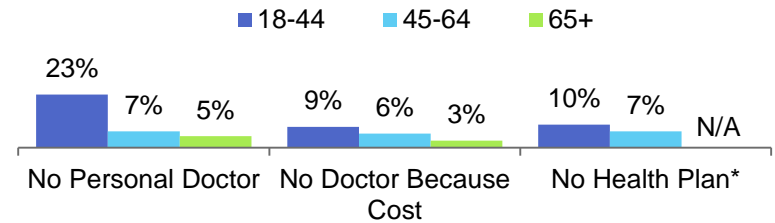
- Adults ages 18-44 are statistically more likely to not have a personal doctor compared to older age groups.
- Adults 18-44 are statistically more likely than those 65 and older to delay care due to cost.
- There are no differences by age in health plan coverage.

Comparatively, poor healthcare access is higher among adults with lower annual household incomes. However, differences are not statistically significant.

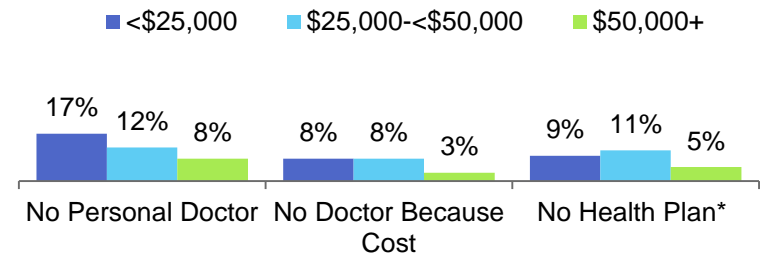
**Healthcare Access Indicators by Gender
St. Johnsbury Adults**



Healthcare Access Indicators by Age



**Healthcare Access Indicators
by Income Level**



*Limited to adults 18-64.

Chronic Conditions

A third of St. Johnsbury area adults have arthritis and three in ten are obese.

- St. Johnsbury adults have a statistically higher prevalence of arthritis than Vermont adults overall (33% vs. 28%)

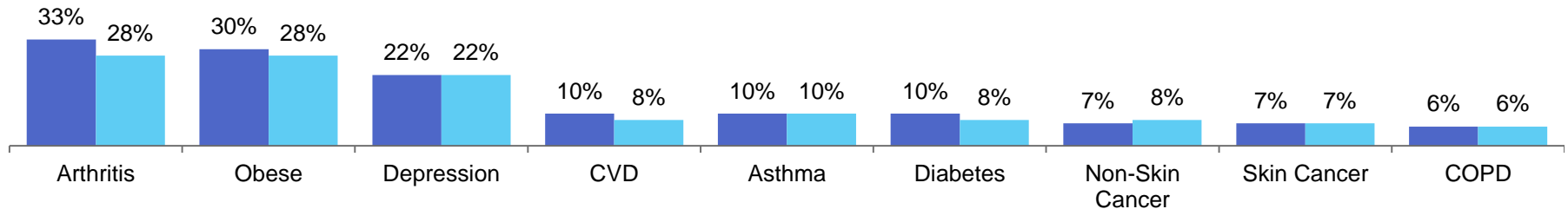
More than two in ten (22%) St. Johnsbury area adults have ever been diagnosed with a depressive disorder. One in ten have ever being diagnosed with any of the following chronic conditions: cardiovascular disease (CVD), asthma, and diabetes. Fewer than one in ten have ever been diagnosed with a non-skin cancer (7%), skin cancer (7%), and chronic obstructive pulmonary disease (COPD, 6%).

- There are no statistical differences between the rates for the above chronic conditions among St. Johnsbury area adults compared to Vermont adults overall.

The prevalence of diabetes is trending up, increasing from six percent in 2011-2012 to 10% in 2015-2016, however the difference in diabetes prevalence in these two years is not statistically significant. Prevalence of other chronic conditions have not changed statistically since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions

■ St. Johnsbury ■ Vermont



Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

Among St. Johnsbury area adults, the prevalence of arthritis, depression, obesity, and asthma does not differ statistically by gender.

Arthritis prevalence increases with increasing age.

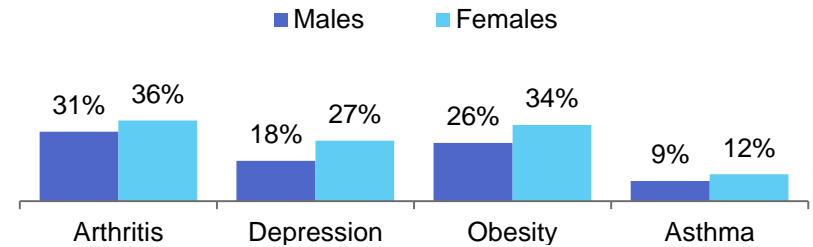
- Adults 45 and older are statistically older than younger adults to have arthritis.

There are no statistical differences in the prevalence of depression, obesity, or asthma by age.

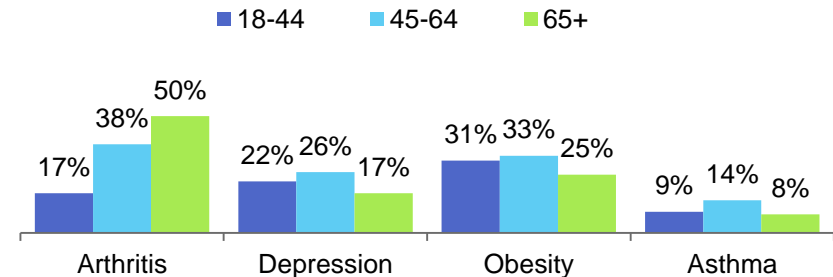
Arthritis and depression prevalence are higher among adults with lower household incomes.

- St. Johnsbury area adults in homes making less than \$25,000 per year are statistically more likely than those in homes making at least \$50,000 annually to report arthritis and depression.
- Obesity and asthma prevalence do not vary statistically by annual household income level.

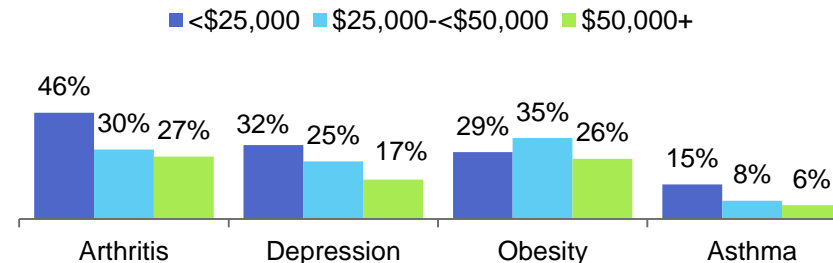
**Chronic Conditions by Gender
St. Johnsbury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of CVD, diabetes, and COPD.

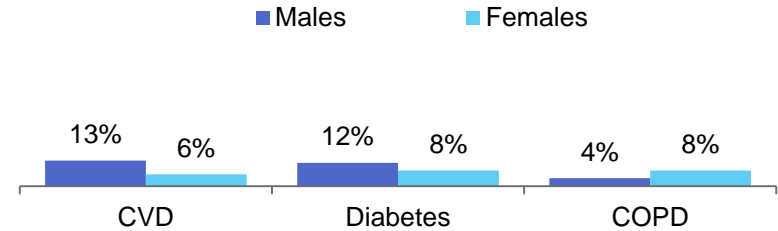
Reported CVD, diabetes, and COPD among St. Johnsbury area adults all increase as age increases.

- St. Johnsbury adults 65 and older are statistically more likely to have CVD compared to younger adults.
- Similarly, adults 65 and older are statistically more likely than those 18-44 to have COPD.
- All differences in diabetes prevalence by age are statistically significant.

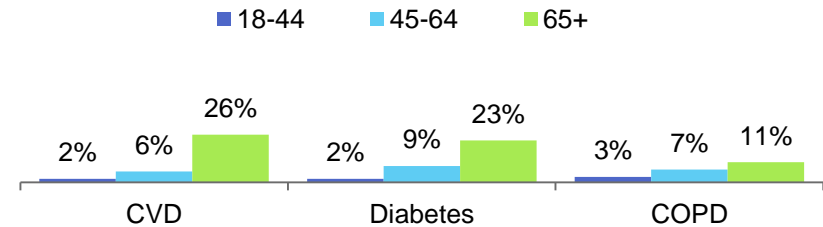
St. Johnsbury area adults living in homes with less income are more likely to have CVD, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are statistically more likely than those in homes making \$50,000 or more to have diabetes or COPD.
- Additionally, adults in homes making less than \$25,000 are also more likely than those in homes making \$25,000-\$49,999 to have COPD.
- Differences in CVD prevalence by annual household income level are not statistically significant.

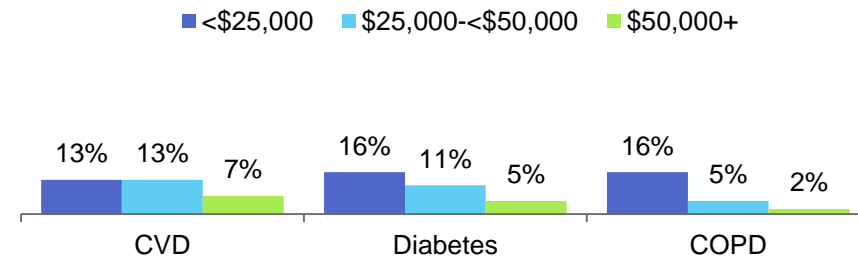
**Chronic Conditions by Gender
St. Johnsbury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Chronic Conditions

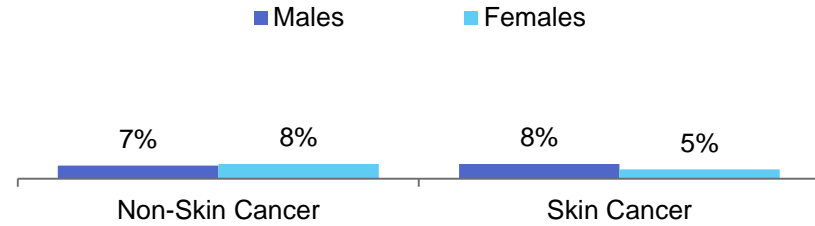
There are no statistically significant differences in the prevalence of non-skin cancer or skin cancer by gender among St. Johnsbury area adults.

Older adults in the St. Johnsbury area are more likely to have skin and non-skin cancers compared to younger adults.

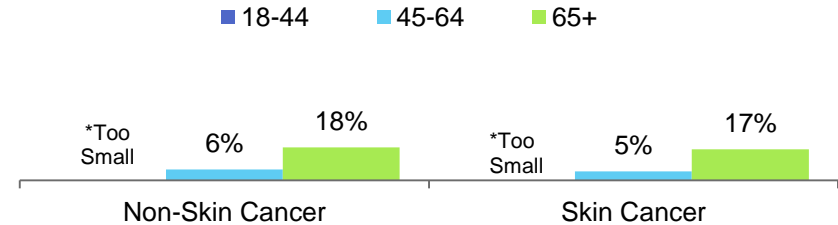
- Adults 65 and older are statistically more likely to report ever having cancer, regardless of the type, than those 45-64.

There are no statistical differences in the rates of non-skin or skin cancer by annual household income level.

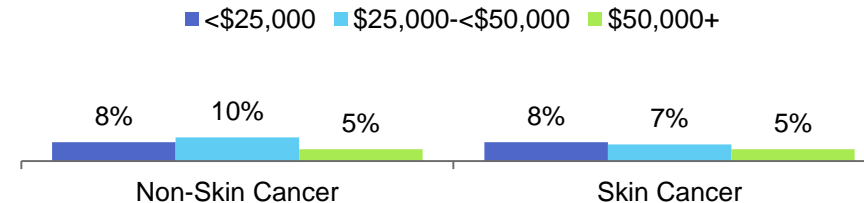
**Chronic Conditions by Gender
St. Johnsbury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Risk Behaviors

In 2015-2016, more than one in five (22%) St. Johnsbury adults did not participate in any leisure time physical activity during the previous month. One in five currently smoke (19%), while among smokers, less than half (46%) tried to quit in the last year (data not shown).

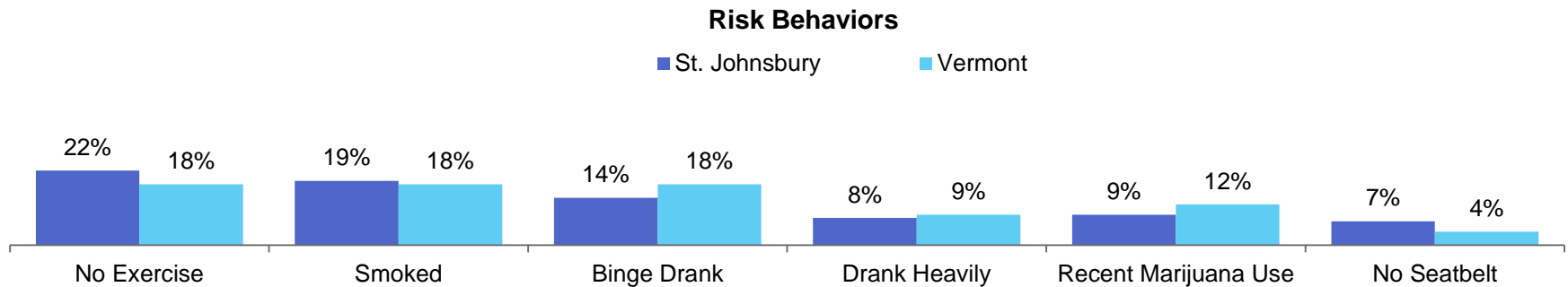
Fourteen percent of adults binge drank in the last month, while less than one in ten (8%) heavily drank.

- Binge drinking is defined as five or more drinks in one sitting for men and four or more drinks for women.
- Heavy drinking is defined as more than two drinks per day for men and more than one for women.

Nine percent of St. Johnsbury adults used marijuana in the last month. Seven percent seldom or never wear a seatbelt.

St. Johnsbury area adults are statistically more likely than Vermont adults to seldom or never wear a seatbelt (7% vs. 4%). Differences compared to Vermont for other risk behavior measures are not statistically significant.

Additionally, risk behavior prevalence has not changed statistically for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

Risk Behaviors

There are no statistically significant differences among St. Johnsbury area adults in smoking and not participating in leisure time physical activity gender.

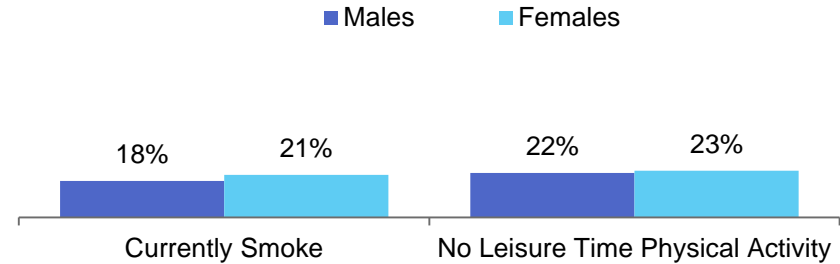
Among adults in the St. Johnsbury area, smoking rates decrease with increasing age.

- Compared to those 18-64, adults 65 and older are statistically less likely to smoke.
- There are no differences by age in not participating in leisure time physical activity.

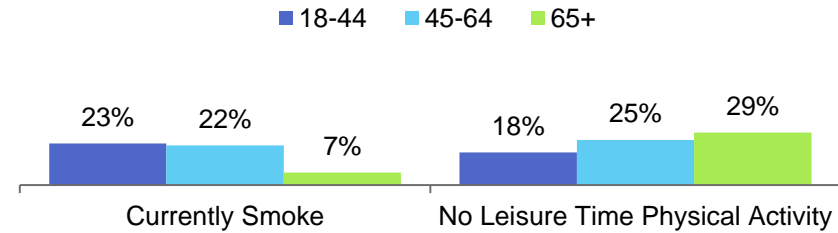
St. Johnsbury area adults in homes with more income are less likely to currently smoke and not participate in physical activity.

- Adults in homes making \$50,000 or more annually are statistically less likely than those in homes making less than \$25,000 per year to smoke.
- Adults in homes making less than \$50,000 per year are statistically more likely to not participate in leisure time physical activity, compared with those in homes with more annual income.

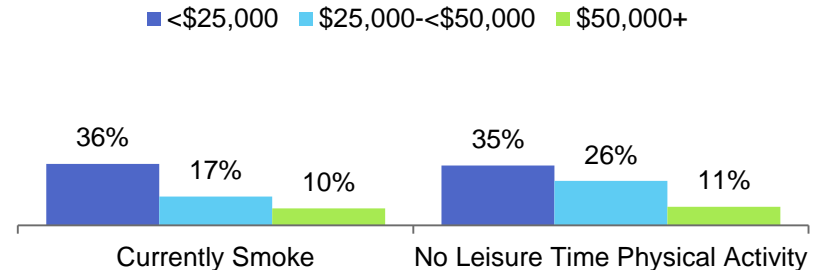
**Risk Behaviors by Gender
St. Johnsbury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

Among St. Johnsbury area adults, there are no statistical differences in binge drinking, heavy drinking, or recent marijuana use by gender.

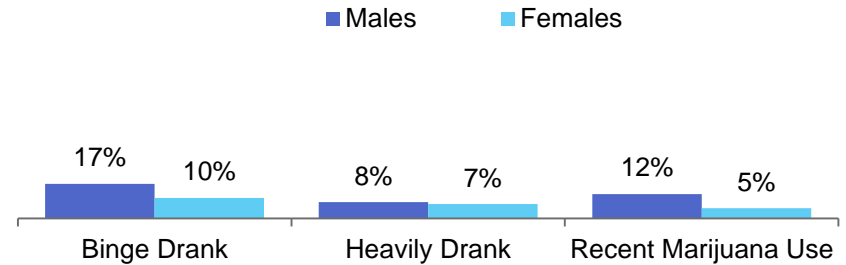
Rates of binge drinking, heavy drinking, and recent marijuana use are lowest among older adults in the St. Johnsbury area.

- Adults 65 and older are statistically less likely than younger adults to binge drink.
- Similarly, those 65 and older are also less likely than those 45-64 to drink heavily.
- Marijuana use is statistically less likely among adults 45 and older, compared with younger adults.

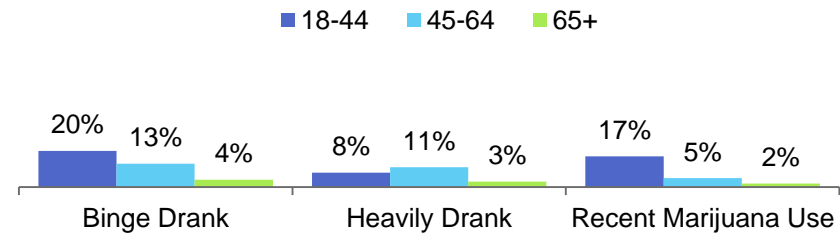
Adults living in homes making less than \$25,000 are statistically more likely than those in homes making \$50,000 or more to have recently used marijuana.

There are no differences in binge drinking or heavy drinking by annual household income.

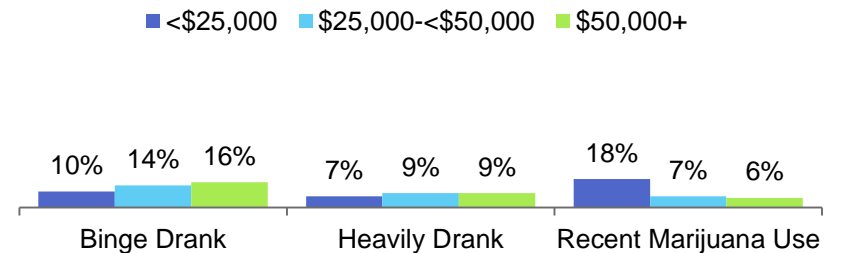
**Risk Behaviors by Gender
St. Johnsbury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level

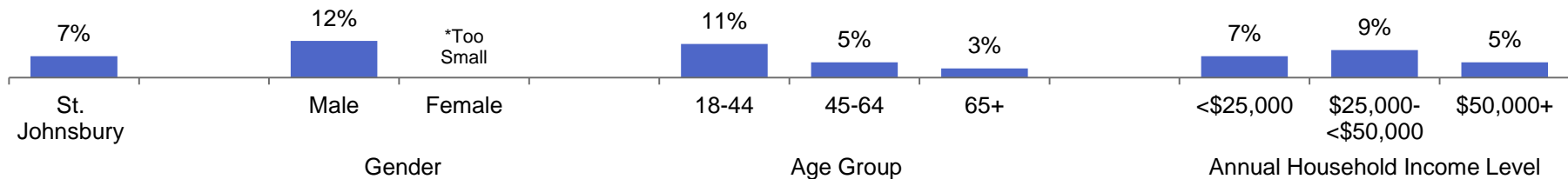


Risk Behaviors

Seven percent of adults in the St. Johnsbury area said they seldom or never wear a seatbelt when riding or driving in a car, statistically higher than the four percent among Vermont adults.

Adult non-use of seatbelts in the St. Johnsbury area does not differ by gender, age, or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
St. Johnsbury Adults**



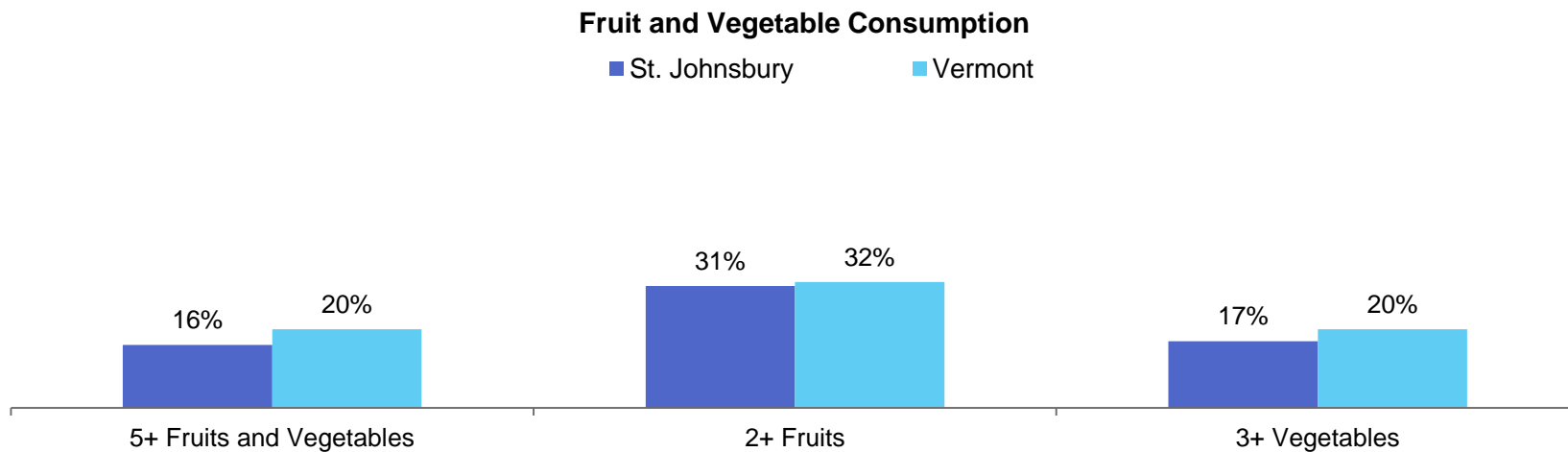
*Sample size is too small to report.

Preventive Behaviors

In 2013/2015, sixteen percent of St. Johnsbury area adults ate fruits and vegetables five or more times per day. A similar proportion, 17%, ate three or more vegetables per day, while three in ten ate two or more fruits daily.

St. Johnsbury area adult consumption of fruits and vegetables is statistically similar to that among Vermont adults overall.

Fruit and vegetable consumption, among St. Johnsbury area adults, did not change statistically from 2011/2013 to 2013/2015. See Appendix A for results over time.



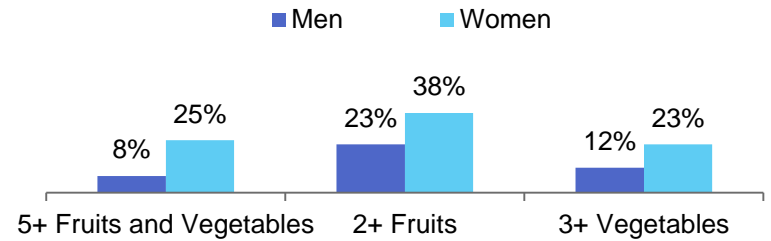
Preventive Behaviors

Fruit and Vegetable consumption among St. Johnsbury area women is higher than among men.

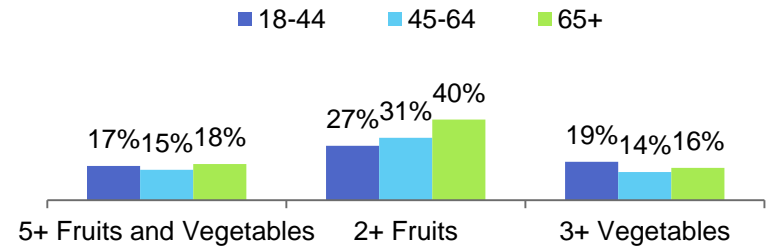
- Women are statistically more likely than men to eat five or more fruits and vegetables daily (8% vs. 25%).
- Likewise, women are also more likely to eat two or more fruits (38% vs. 23%), three or more vegetables daily (23% vs. 12%).

There are no statistically differences in fruit and vegetable consumption among St. Johnsbury area adults by age or annual household income level.

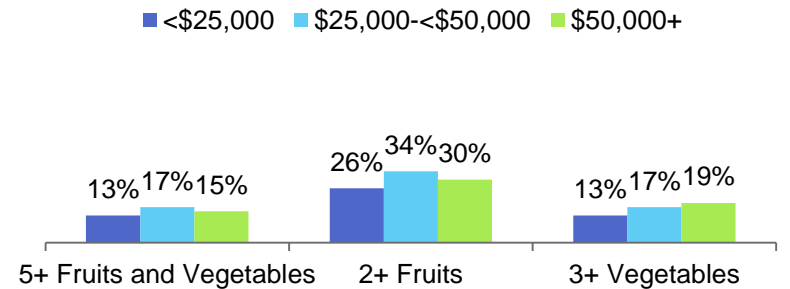
**Preventive Behaviors by Gender
St. Johnsbury Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

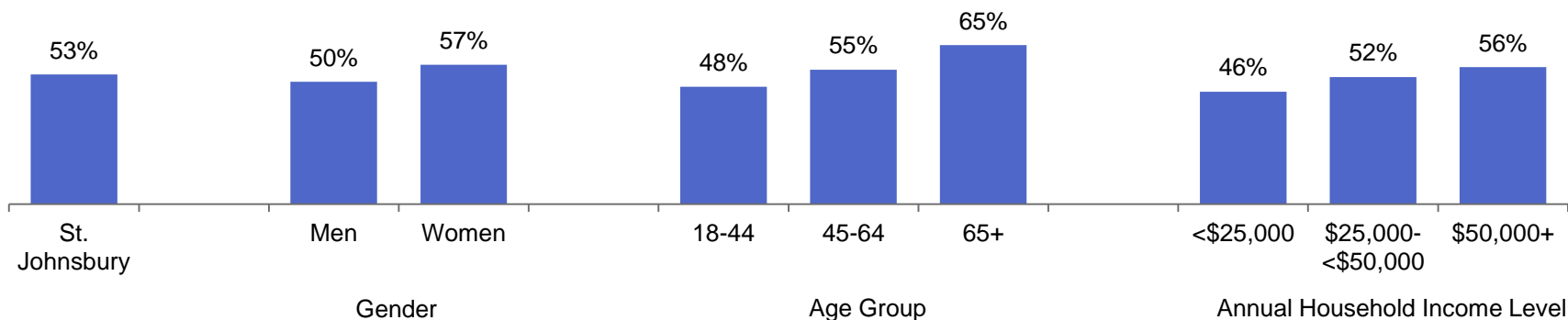
In 2013/2015, more than half (53%) of St. Johnsbury area adults met physical activity recommendations*. This is similar to the 59% among Vermont adults.

Among St. Johnsbury adults, there are no differences in meeting physical activity recommendations by gender or annual household income.

Meeting physical activity recommendations increases with age. Among St. Johnsbury area adults, those 65 and older are statistically more likely than those 18-44 to meet physical activity recommendations.

Meeting physical activity recommendations did not change statistically from 2011/2013 to 2013/2015. See Appendix A for results over time.

**Met Physical Activity Recommendations, Overall and by Sub-groups
St. Johnsbury Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see: www.cdc.gov/physicalactivity/everyone/guidelines/index.html.

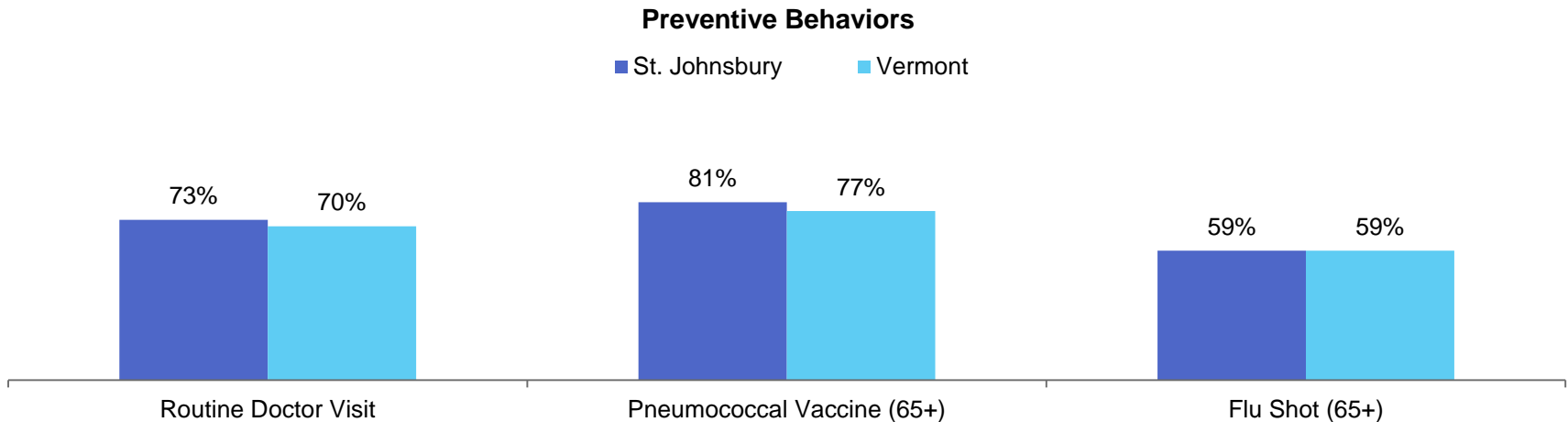
Preventive Behaviors

About three-quarters (73%) of adults in the St. Johnsbury area saw their doctor for a routine visit in the previous year. This is similar to the seven in ten reported among all Vermont adults.

Similarly, eight in ten St. Johnsbury area adults ages 65 and older have ever gotten a pneumococcal vaccine and six in ten (59%) got a flu shot in the last year.

- Vermont adults, ages 65 and older get pneumococcal and flu shot vaccines at similar rates to St. Johnsbury adults, 77% and 59%, respectively.

Routine doctor visits and receipt of vaccinations among St. Johnsbury area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

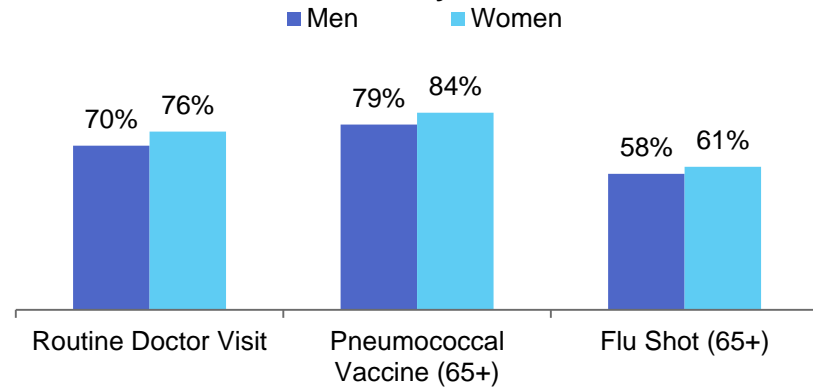
There are no statistical differences by gender among St. Johnsbury adults for having a routine visit to the doctor in the last year or receipt of a flu shot or pneumococcal vaccine, among adults 65 and older.

Routine visits to the doctor in the last year increase with age.

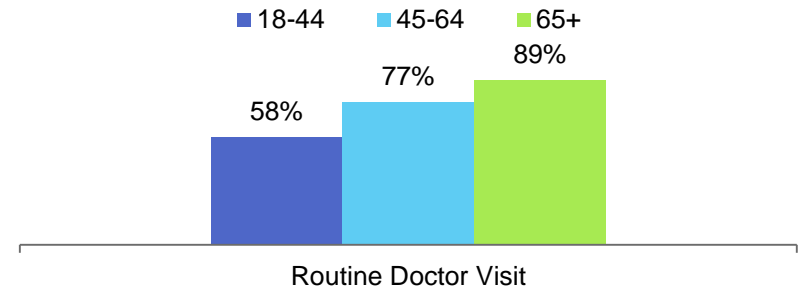
- All differences by age are statistically significant.

There are no statistical differences by annual household income for routine doctor visits and receipt of vaccinations among St. Johnsbury area adults.

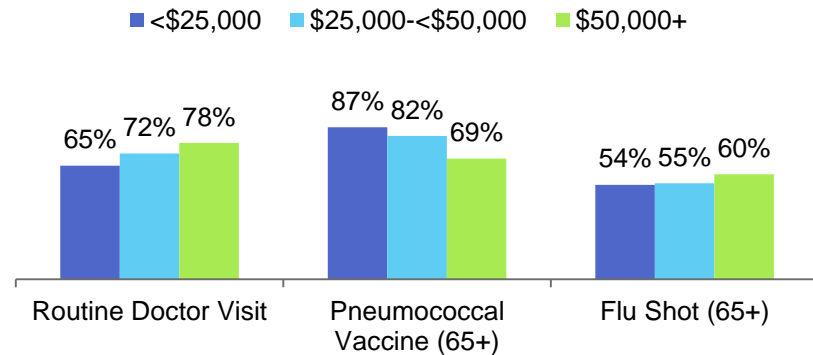
Preventive Behaviors by Gender
St. Johnsbury Adults



Preventive Behaviors by Age



Preventive Behaviors by Income Level

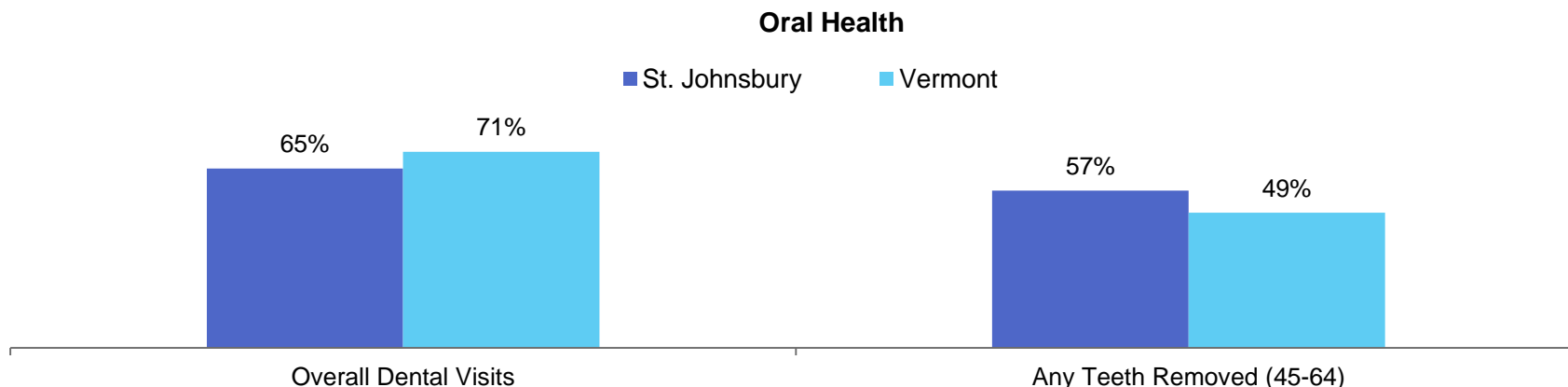


Oral Health

Two-thirds (63%) of St. Johnsbury adults visited the dentist within the past year, statistically lower than the 71% reported among Vermont adults overall.

More than half (57%) of adults 45-64, have had one or more teeth extracted in their lifetime. This is similar to the 49% among Vermont adults of the same age.

Reported routine dental visits and teeth extractions did not change statistically from 2012/2014 to 2014/2016. See Appendix A for trend results.



Oral Health

St. Johnsbury area females are statistically more likely than males to have a routine dental visit in the last year (73% vs. 58%).

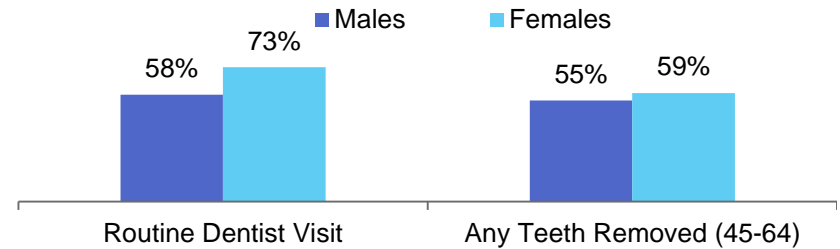
- There are no differences by gender in reported removal of teeth among adults 45-64.

There are no differences by age in routine dentist visits.

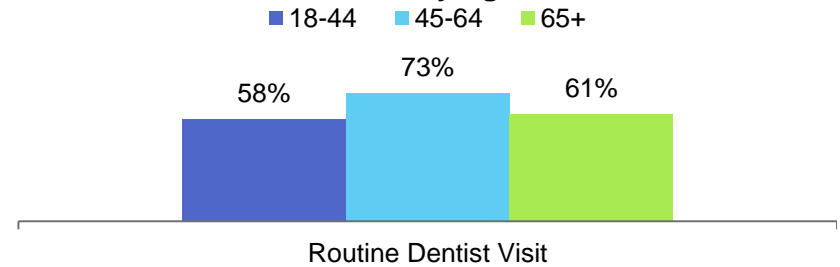
St. Johnsbury area adults living in homes with more income are more likely than those in homes with less income to routinely visit the dentist and less likely to have teeth removed than homes with less income.

- Adults in homes making \$25,000 or more per year are statistically more likely to regularly visit the dentist compared to those in homes with less income.
- Similarly adults in homes with incomes of at least \$50,000 annually are statistically less likely than those with low incomes to have had any teeth extracted.

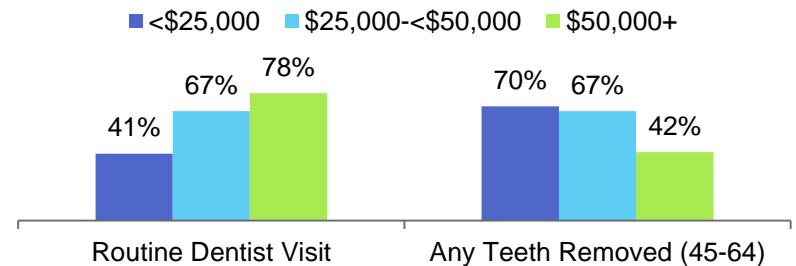
**Oral Health by Gender
St. Johnsbury Adults**



Oral Health by Age



Oral Health by Income Level



HIV Screening

In 2015-2016, about a quarter (27%) of St. Johnsbury area adults had ever been tested for HIV. This is statistically lower than the 37% reported among Vermont adults overall.

Men and women in the St. Johnsbury area experience HIV testing at similar rates.

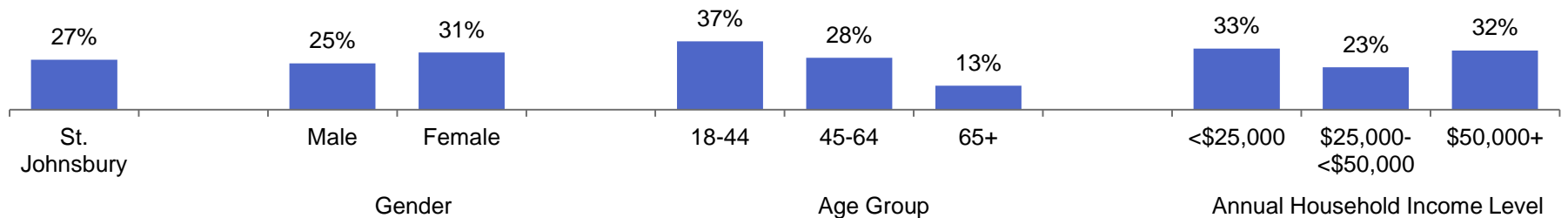
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 65 and older are statistically less likely to have an HIV test than younger age groups.

There are no differences, among adults in the St. Johnsbury area, in HIV testing by annual household income level.

HIV testing among St. Johnsbury adults has not changed statistically since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
St. Johnsbury Adults**



Cancer Screening

In 2014/2016, eight in ten women ages 50-74 in the St. Johnsbury area met breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

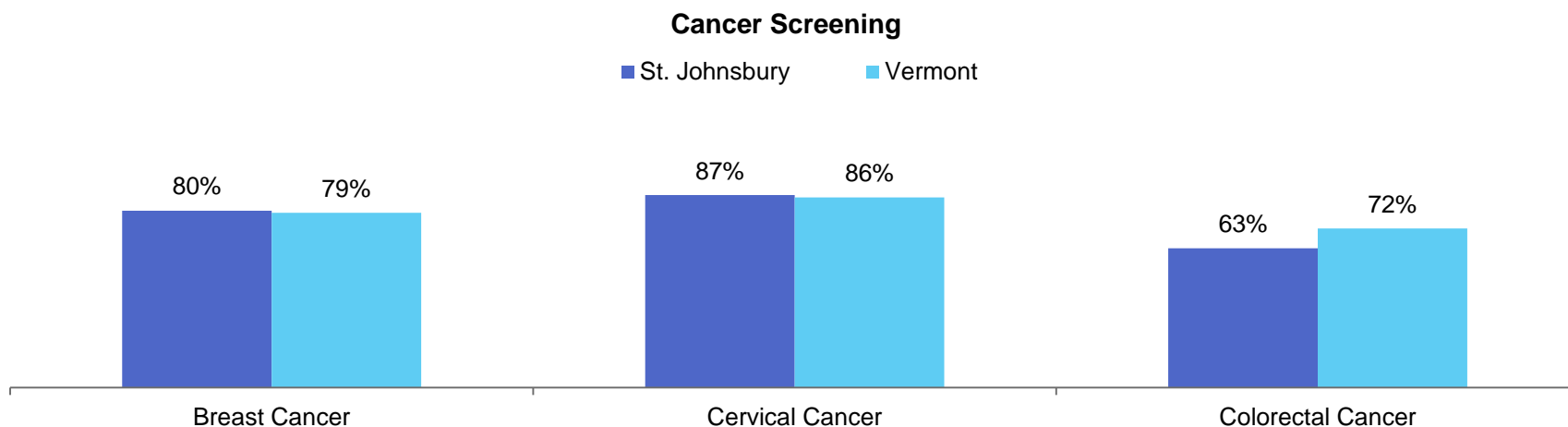
Eighty-seven percent of women 21-65 who live in the St. Johnsbury area met cervical cancer recommendations, similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the St. Johnsbury area, more than six in ten (63%) met colorectal cancer screening recommendations. This also is similar to the rate among Vermonters of the same age (72%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy every five years and FOBT every three years OR colonoscopy every ten years.

Receipt of mammograms among women 50-74, and of colorectal cancer screening among adults 50-75 did not change statistically from 2012/2014 to 2014/2016. Changes in cervical cancer screening could not be measured due to a difference in how hysterectomies were asked about in 2016 and earlier years



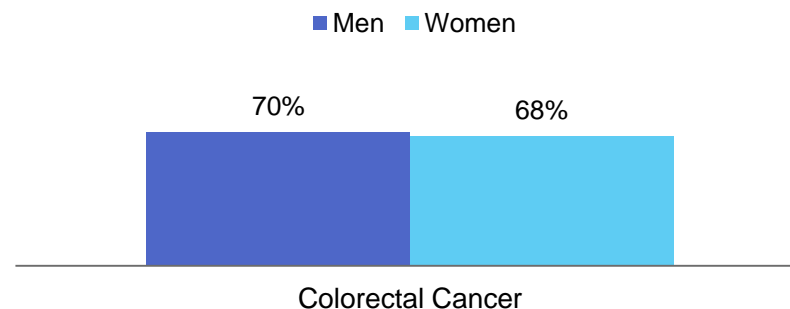
Cancer Screening

Among St. Johnsbury area adults, there are no statistically significant differences by gender in receipt of recommended colorectal cancer screenings.

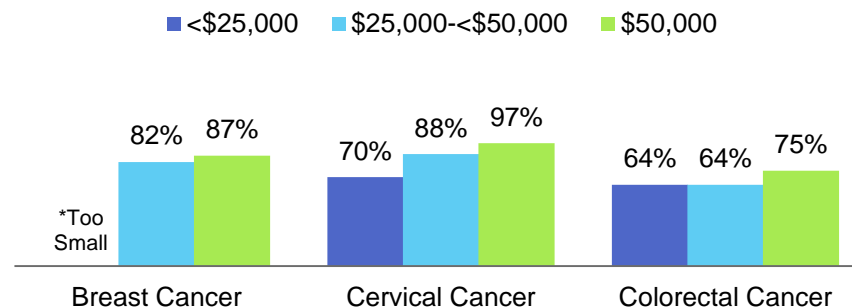
Meeting cancer screening recommendations is more likely among St. Johnsbury adults with higher incomes.

- Women 21-65 in homes with high incomes are also statistically more likely than those with low incomes to meet cervical cancer screening.
- There are no differences by annual household income for meeting colorectal or breast cancer screening recommendations.

Cancer Screening By Gender St. Johnsbury Adults



Cancer Screening by Income Level



*Sample size is too small to report.

Appendix A: St. Johnsbury District Office Trend Results (2011-2016)

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Fair or Poor General Health	14%	12%	14%	16%	15%	No
Poor Physical Health	11%	9%	11%	11%	10%	No
Poor Mental Health	12%	9%	10%	11%	10%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
No Personal Doctor	16%	13%	11%	11%	13%	No
No Doctor Because of Cost	11%	11%	12%	10%	6%	No*
No Health Plan (ages 18-64)	15%	14%	9%	9%	8%	No*
Chronic Conditions	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Arthritis	29%	28%	32%	35%	33%	No
Depression	23%	22%	22%	22%	22%	No
Obesity	29%	27%	31%	33%	30%	No
Asthma	11%	8%	9%	9%	10%	No
Diabetes	6%	6%	9%	10%	10%	No*
Non-Skin Cancer	6%	6%	7%	7%	7%	No
Cardiovascular Disease (CVD)	9%	8%	10%	11%	10%	No
Skin Cancer	5%	6%	5%	5%	7%	No
Chronic Obstructive Pulmonary Disease (COPD)	6%	6%	5%	5%	6%	No

*No health plan among St. Johnsbury area adults 18-64, as well as delaying care due to cost and diabetes prevalence among all adults in this area have statistically significant trends. However, the change from 2011-2012 to 2015-2016 is not statistically significant.

Appendix A: St. Johnsbury District Office Trend Results (2011-2016)

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Cigarette Smoking	21%	18%	19%	18%	19%	No
Binge Drinking	18%	14%	17%	17%	14%	No
Heavy Drinking	8%	6%	7%	8%	8%	No
No Exercise	19%	17%	22%	23%	22%	No
Seldom or Never use Seatbelt	6%	4%	4%	5%	7%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	7%	6%	7%	9%		No
Preventive Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	72%	72%	72%	72%	73%	No
Pneumococcal Vaccine, Ever, Ages 65+	75%	75%	72%	78%	81%	No
Flu Shot in the Last Year, Ages 65+	59%	63%	64%	60%	59%	No
Ever Tested for HIV	33%	31%	27%	25%	27%	No

Appendix A: St. Johnsbury District Office Trend Results (2011-2016)

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	55%	53%	No
Eat 2+ Fruits Per Day	31%	31%	No
Eat 3+ Vegetables Per Day	18%	17%	No
Eat 5+ Fruits & Vegetables Per Day	18%	16%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	63%	65%	No
Teeth Removed , Ages 45-64	47%	48%	No
Mammogram, Last 2 Years, Women 50-74	83%	80%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	69%	69%	No
PAP Test, Last 3 Years, Women 21-65	88%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the St. Johnsbury Health District are: Barnet, Burke, Danville, Groton, Kirby, Lyndon, Newark, Peacham, Ryegate, Sheffield, St. Johnsbury, Sutton, Walden, Waterford, Wheelock, Concord, East Haven, Granby, Guildhall, Lunenburg, Maidstone, Victory, Newbury, and Topsham.