

# Barre District Office

## 2014 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2016

 **VERMONT**  
**DEPARTMENT OF HEALTH**

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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 2014 statewide results from the Vermont BRFSS can also be found on the VDH website: [http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2014.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf)

### Recent 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 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 Barre District Office\*

The next few pages describe the demographic makeup of Barre area adults in 2013-2014.

More than half of Barre adults are female. Seven in ten adult Barre residents are 25-64, with nearly a quarter ages 65 and older.

- Eight percent of Barre residents are between the ages of 18-24, significantly lower than the 13% among Vermont adults

About a third of Barre area adults has a college degree or higher.

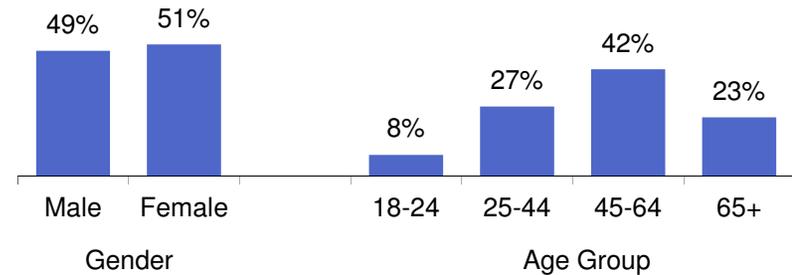
- Barre adults report similar a similar education distribution as those in Vermont overall.

More than half of Barre adults live in a home making \$50,000 or more annually, a significantly higher rate than that among Vermont adults (54% vs. 48%).

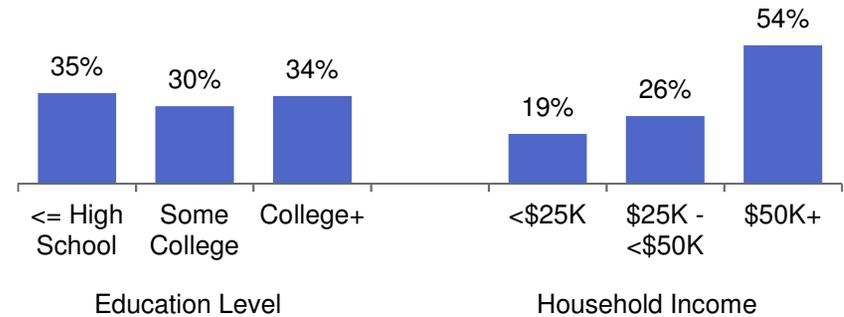
- Barre adults are also significantly less likely than Vermont adults overall to live in homes making less than \$25,000 per year (19% vs. 25%).

Four percent of adults in the Barre area report being a racial or ethnic minority. This is statistically similar to the six percent reported among Vermont adults overall.

**Barre Residents by Gender and Age**



**Barre Residents by Education & Income Level**



\*See page 31 for a list of the towns included in the Barre Health District.

# Demographics of Barre District Office

Two-thirds of Barre adult residents are currently employed, while about one in five is retired. Six percent said they are a student or homemaker, and five percent or fewer each said they are unemployed or unable to work.

- Barre area adults reported a similar employment distribution to Vermont adults overall.

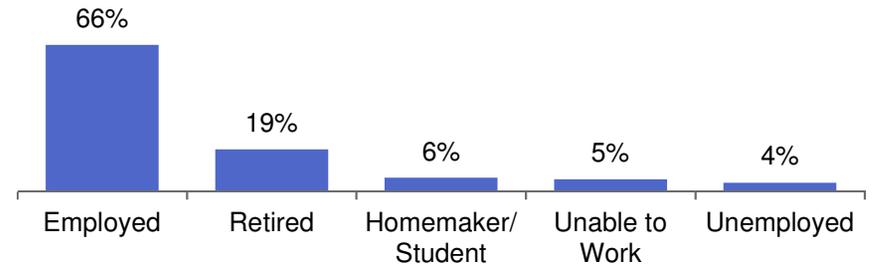
More than half of Barre adults are married (55%). About one in six are divorced or have never married. Five percent or fewer each are widowed or part of an unmarried couple.

- Adults in the Barre area reported statistically different rates of divorce (18% vs. 12%) and never married (17% vs. 23%) compared to the overall Vermont population.

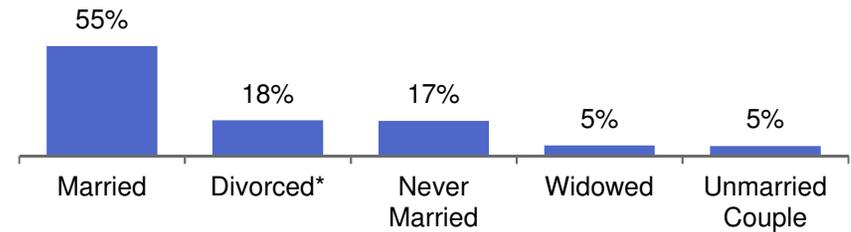
Nearly three quarters of adults in the Barre area said there are no children less than 18 in their home. Four percent reported having three or more children in the home.

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

**Barre Residents by Employment Status**

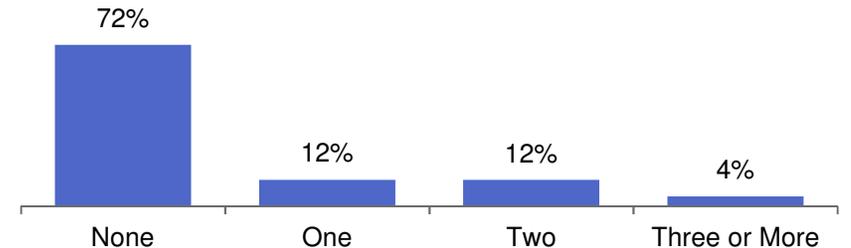


**Barre Residents by Marital Status**



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

**Barre Residents by Children in Household**



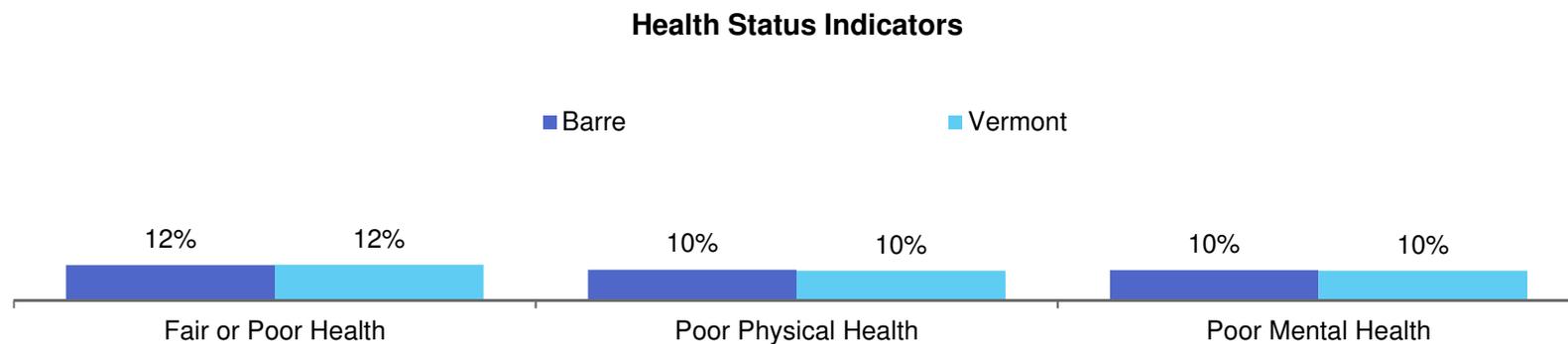
## Health Status Indicators

In 2013-2014, twelve percent of Barre area adults reported being in fair or poor general health. One in ten each reported having poor physical health and poor mental health.

- Poor mental and physical health were 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 Barre area adults and Vermont adults overall.

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



# Health Status Indicators

Rates of poor general health, poor physical health, and poor mental health among Barre adults do not differ significantly by gender.

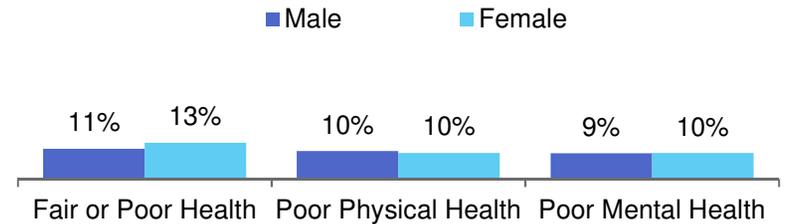
There are no statistical differences in fair or poor general health or poor mental health by age.

- Adults 65 and older are statistically more likely to be in poor physical health than those 18-44.

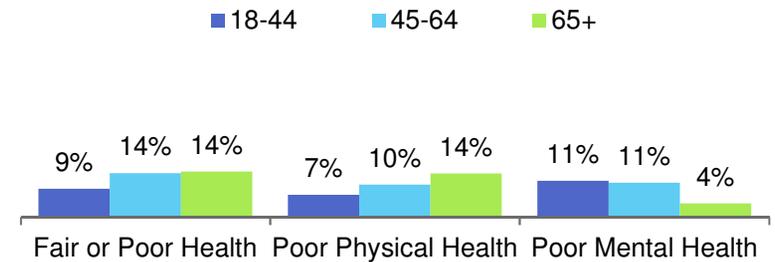
Poor health, regardless of the indicator, among Barre area adults is highest among those with the lowest income.

- Adults in homes that make less income on an annual basis are significantly more likely to have fair or poor general health compared to those that make \$50,000 or more annually.
- Those in homes with annual incomes of less than \$25,000 annually are significantly more likely to have poor physical health than those in homes with more income.
- Adults in homes making less than \$25,000 per year are significantly more likely to report poor mental health than those in homes making \$50,000 or more.

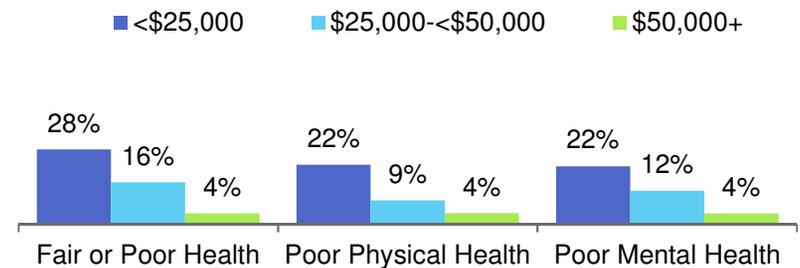
**Health Status Indicators by Gender  
Barre Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**

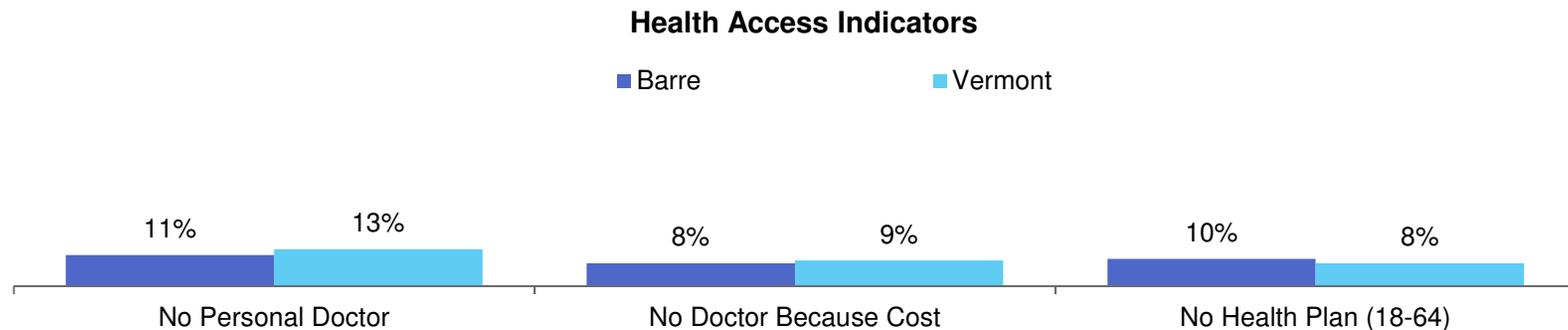


## Health Access Indicators

In 2013-2014, more than one in ten adults in the Barre area said they do not have a personal doctor for health care. Eight percent said they needed care in the last year but did not seek it due to the cost. Among Barre area adults ages 18-64, one in ten said they do not have health insurance.

When compared with Vermonters overall, Barre area adults report statistically similar rates of not having a personal doctor (11% vs. 13%), not seeing a doctor due to cost (8% vs. 9%), and not having a health plan (10% vs. 8%)

Additionally, among Barre area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



# Health Access Indicators

Barre males are statistically more likely to not have a personal doctor than area females.

- There are no statistically significant differences by gender in delaying care due to cost and having a health plan.

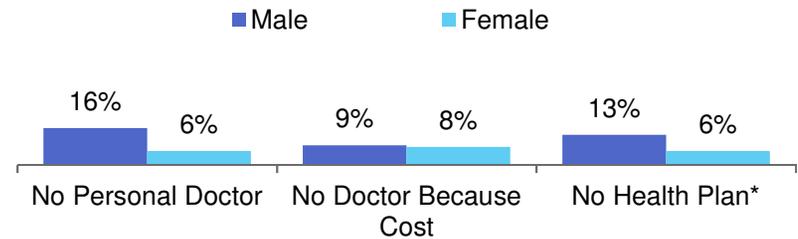
Poor health care access decreases with increasing age.

- Barre adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- Adults 18-64 in the Barre area are significantly more likely than those 65 and older to delay care due to cost.
- Adults 18-44 are significantly less likely than those 45-64 to have health coverage.

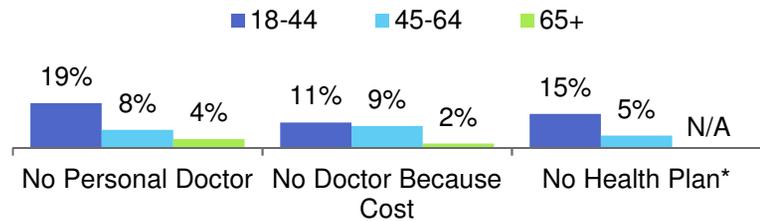
Adults in the Barre area who have higher annual household incomes are less likely to report poor health care access.

- Adults living in homes with the highest incomes, \$50,000 or more, are significantly less likely to delay care due to cost or to not have a health plan than those in homes who make less than \$25,000 annually.
- There are no significant differences in not having a personal doctor by annual household income level.

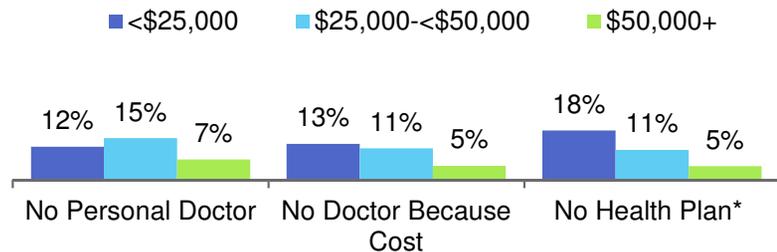
**Health Access Indicators by Gender  
Barre Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

# Disability

About one quarter of Vermont adults reported having a disability (24%) in 2014, which is similar to the 25% reported among adults in the Barre area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

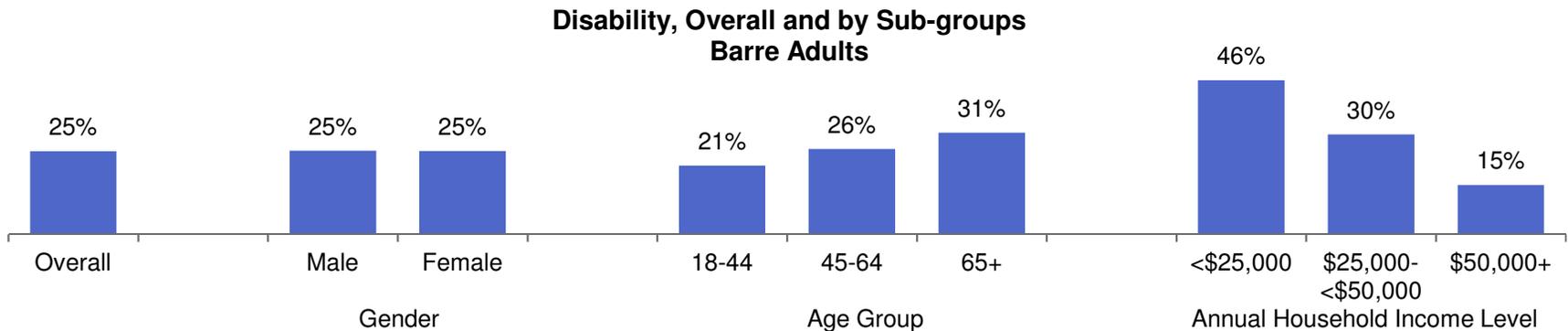
Men and women in the Barre area report being disabled at the same rate.

There are no statistical differences in disability rates by age among Barre adults.

Barre area adults with lower annual household incomes are more likely to be disabled.

- All differences by annual household income level are statistically significant.

While reported disability among Barre area adults has decreased since 2011, the change is not statistically significant. See Appendix A for results over time.



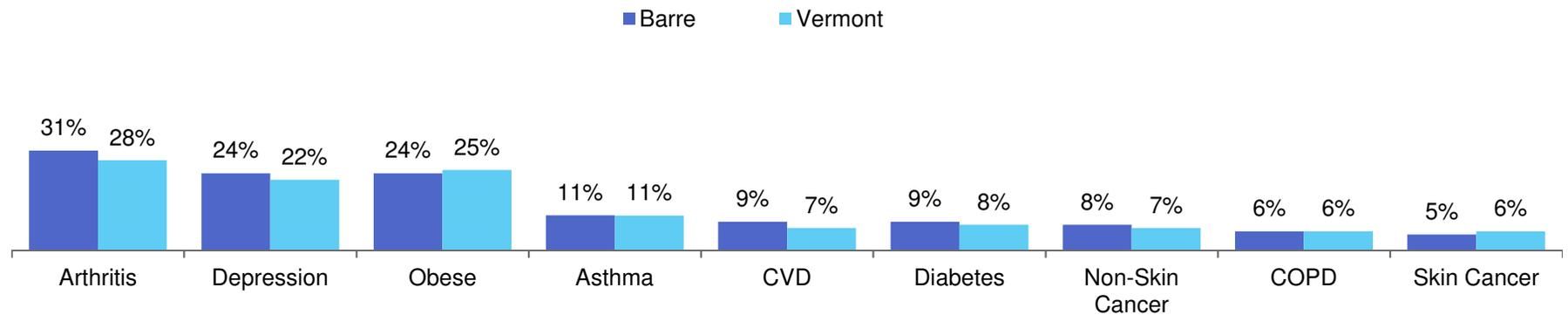
# Chronic Conditions

About one in three Barre adults reported having arthritis, and about a quarter of area adults reported having a depressive disorder or obesity. One in ten Barre adults reported ever being diagnosed with asthma, while nine percent each said they have cardiovascular disease and diabetes. Eight percent or fewer reported non-skin cancer, COPD, and skin cancer.

Barre area and Vermont adults reported similar rates for all chronic conditions, regardless of the measure.

The prevalence of arthritis among Barre area adults has increased significantly over time, from 26% (2011-2012) to 31% (2013-2014). Prevalence of other chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

**Prevalence of Selected Chronic Conditions**



CVD = cardiovascular disease.

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

# Chronic Conditions

Women are significantly more likely than men to have asthma (14% vs 8%) and a depressive order (30% vs. 18%).

There are no statistically significant differences by gender in the prevalence of arthritis and obesity, among Barre area adults.

Arthritis prevalence among Barre adults increases with increasing age.

- All differences by age are statistically significant.

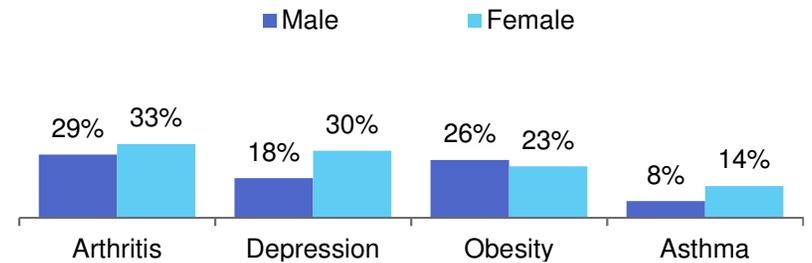
There are no differences in obesity, depression and asthma prevalence by age.

The prevalence of arthritis, depressive disorders, and asthma among Barre adults all decrease as reported annual household income increases.

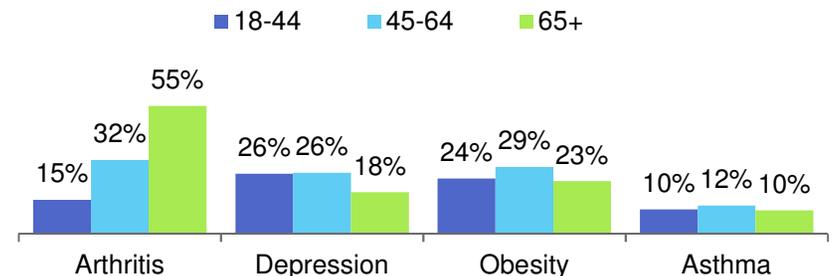
- Arthritis prevalence is significantly lower among those in homes making \$50,000 or more compared to those in homes with less income.
- Adults in homes making \$50,000 or more are significantly less likely to report a depressive disorder than those in homes making less.
- Asthma is also significantly less likely to be reported among those in homes making \$50,000 or more compared with those whose income is less than \$25,000 (7% vs. 19%).

There are no statistically significant differences in the prevalence of obesity by annual household income level.

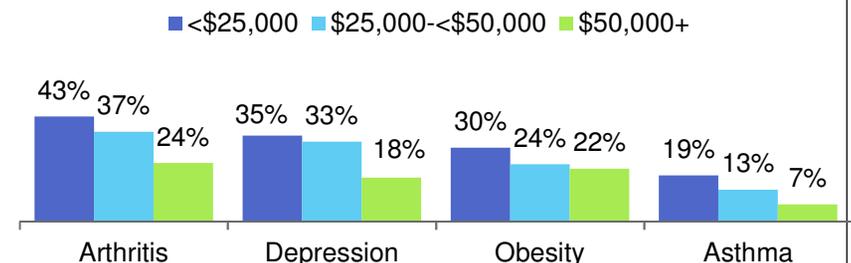
**Chronic Conditions by Gender  
Barre Adults**



**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

Barre area men are significantly more likely to have cardiovascular disease than women (12% vs. 6%).

There are no statistically significant differences by gender in the prevalence of diabetes or COPD among Barre adults.

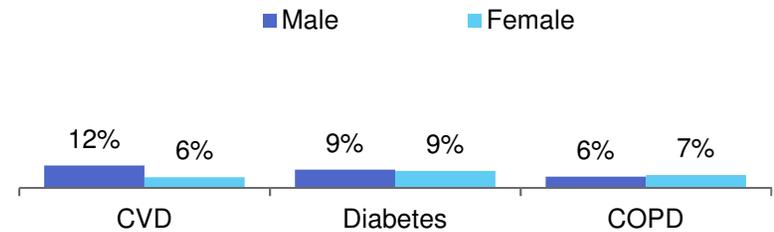
Reported cardiovascular disease, diabetes and COPD among Barre area adults all increase as age increases.

- All differences by age are statistically significant for cardiovascular disease and diabetes.
- Barre adults 65 and older are significantly more likely to report COPD than those 18-44.

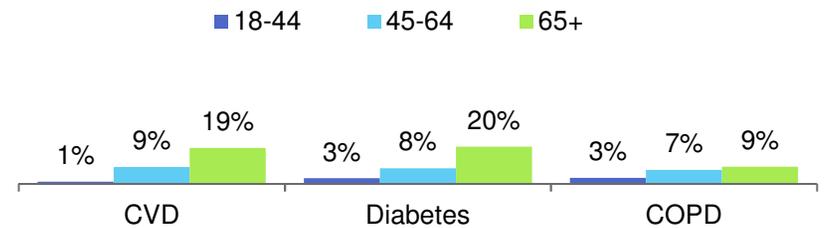
Barre area adults living in homes with less income are more likely to have a cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes with income greater than \$50,000 per year to report cardiovascular disease.
- Adults in homes making less than \$25,000 per year, are significantly more likely than those in homes making at least \$25,000 per year to have diabetes and COPD.

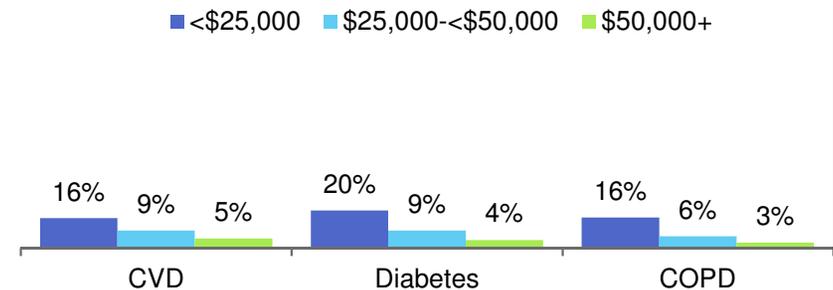
**Chronic Conditions by Gender  
Barre Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

# Chronic Conditions

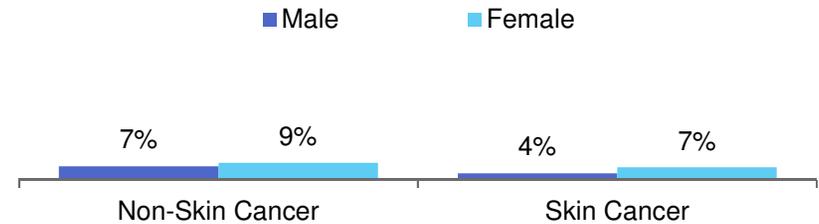
There are no significant differences in skin or non-skin cancer prevalence by gender, among Barre area adults.

The prevalence of both skin cancer and non-skin cancers increases with increasing age.

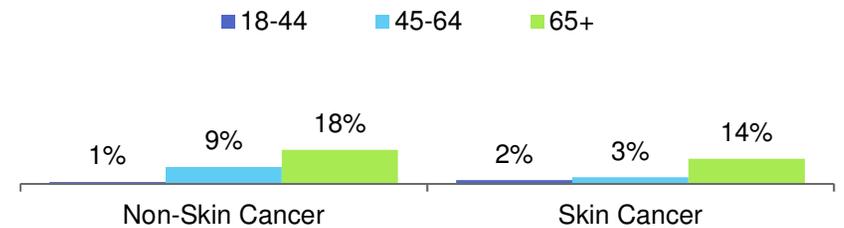
- All differences by age are significant for those who reported non-skin cancer.
- Adults 65 and older are significantly more likely than those 18-64 to report skin cancer.

There are no statistical differences by annual household income level in the prevalence of non-skin cancer or skin cancer, among Barre adults.

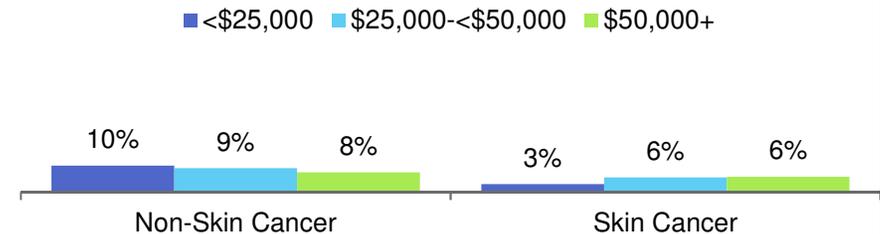
**Chronic Conditions by Gender  
Barre Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



## Risk Behaviors

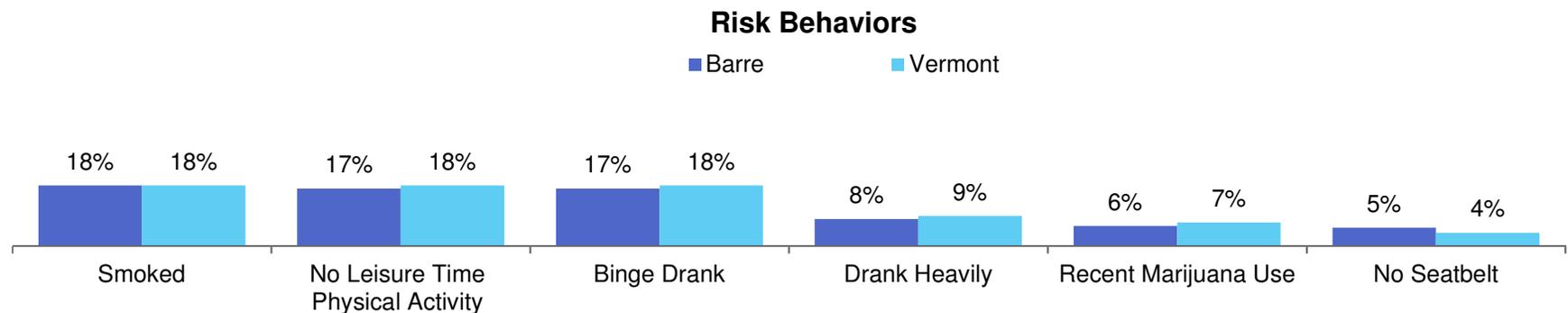
In 2013-2014, eighteen percent of Barre area adults said they currently smoke. Slightly fewer, 17% do not participate in any leisure time physical activity. Of smokers, 51% said they tried to quit at least once in the last year.

About one in six said they binge drank in the last month, while one in twelve said they heavily drank.

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

Six percent or less said they recently used marijuana or wear their seatbelt seldom to never.

Barre area and Vermont adults had similar risk factor prevalence for all measures. Additionally, risk behavior prevalence has not changed significantly 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 by gender, among Barre area adults, in smoking and not participating in leisure time physical activity.

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

- All differences in smoking prevalence by age are statistically significant.

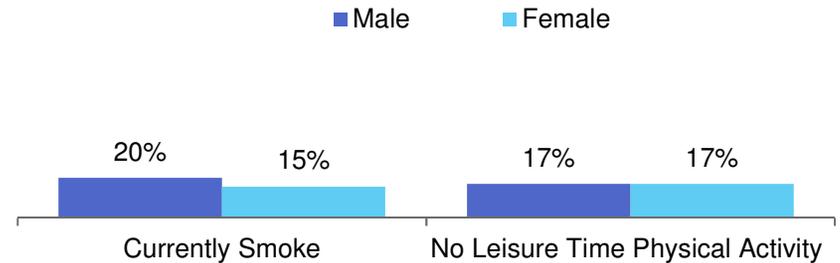
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in physical activity than those 18-44 years old.

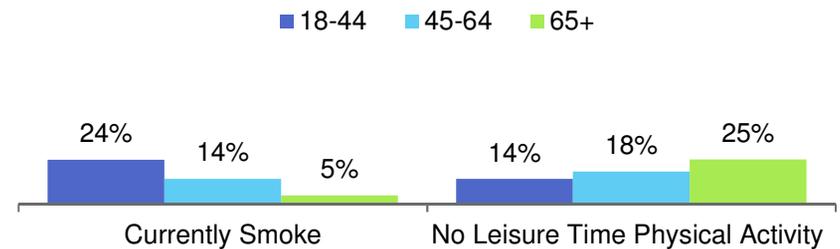
Barre area adults in homes with more income are less likely to smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely to smoke or not participate in exercise than those in homes that make less income.

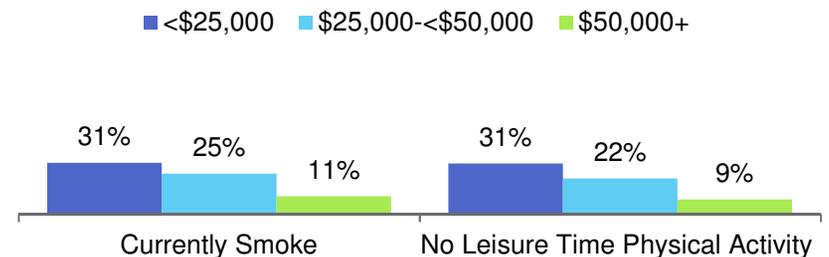
**Risk Behaviors by Gender  
Barre Adults**



**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

About one quarter of men in the Barre area said they binge drank in the last month. This is significantly higher than the 10% reported among women.

Men are also significantly more likely to use marijuana than women (9% vs. 3%).

Heavy drinking does not differ by gender.

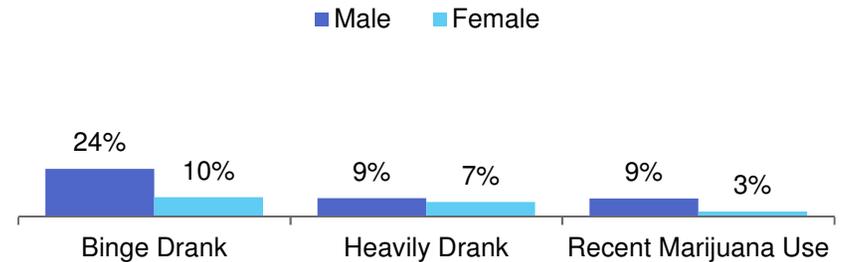
Binge drinking and marijuana use decreases with increasing age.

- All differences in binge drinking by age are statistically significant.
- Barre adults 65+ are significantly less likely to have recently used marijuana than younger adults.

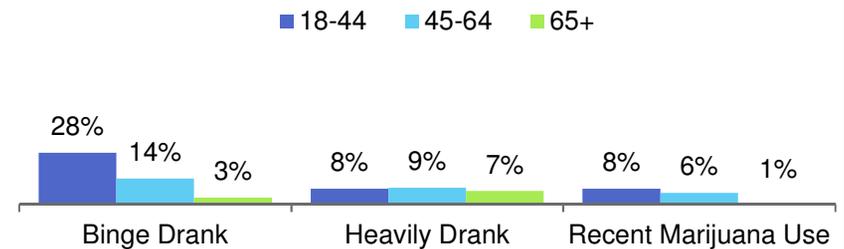
There are no significant differences in heavy drinking by age.

Binge drinking, heavy drinking and marijuana use do not vary significantly by annual household income level.

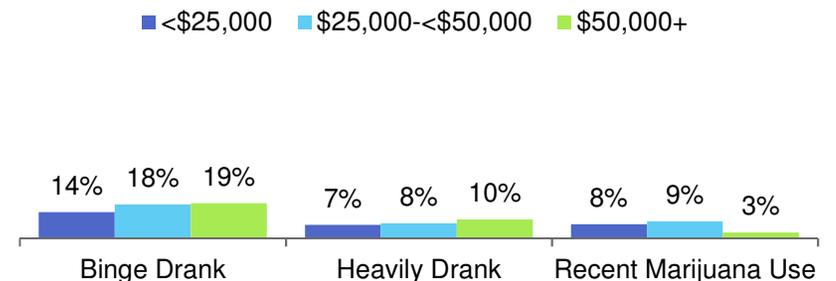
**Risk Behaviors by Gender  
Barre Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**

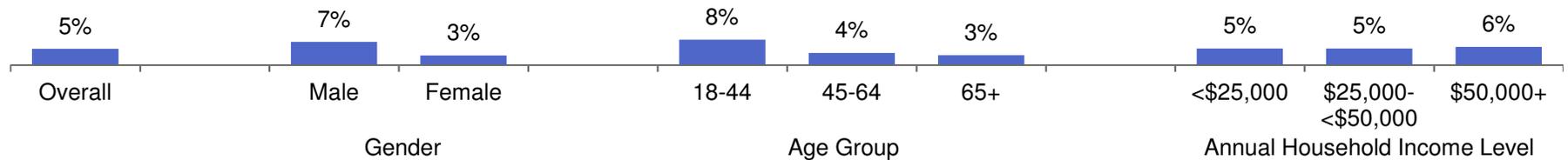


## Risk Behaviors

Overall, one in twenty adults in the Barre area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

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

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
Barre Adults**

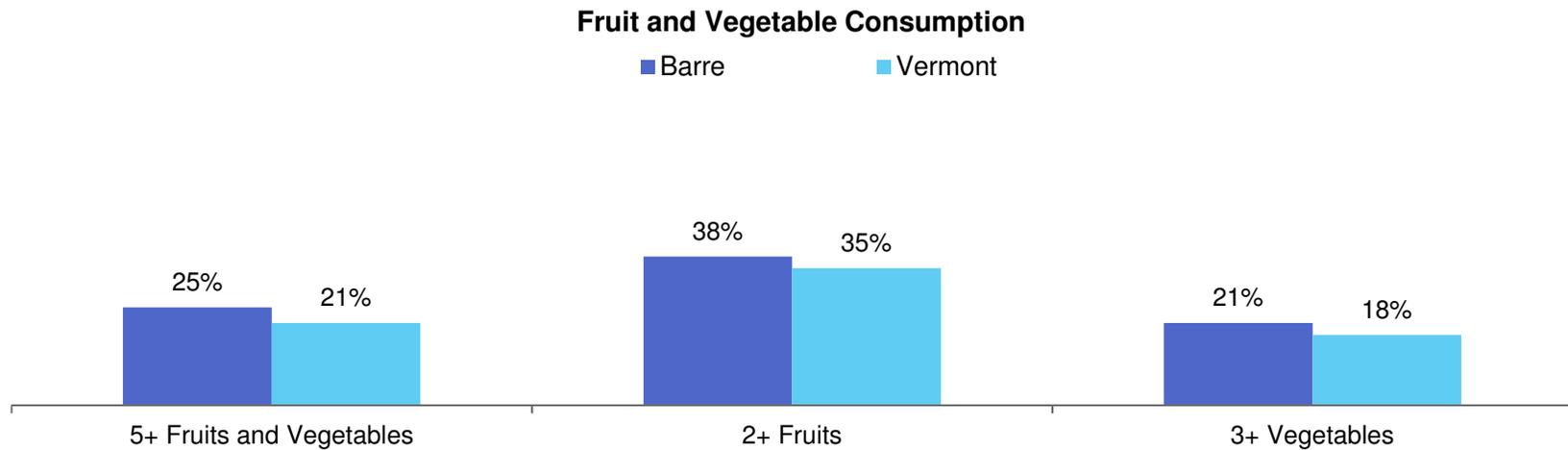


## Preventive Behaviors

In 2011-2013, a quarter of Barre area adults reported eating fruits and vegetables five or more times per day. About four in ten ate two or more fruits and 21% reported eating three or more vegetables.

Barre area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



# Preventive Behaviors

Women in the Barre area eat more fruits and vegetables than men.

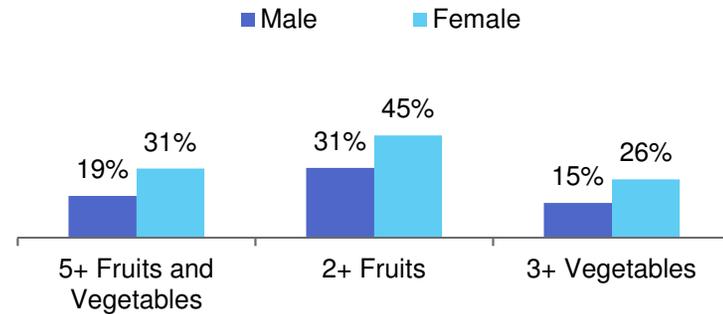
- Nearly a third of women said they eat five or more fruit and vegetables per day. This is significantly higher than the 19% reported by men.
- Women are also significantly more likely than men to eat three or more vegetables per day (26% vs. 15%) and two or more fruits a day (45% vs. 31%).

There are no differences in fruit and vegetable consumption by age.

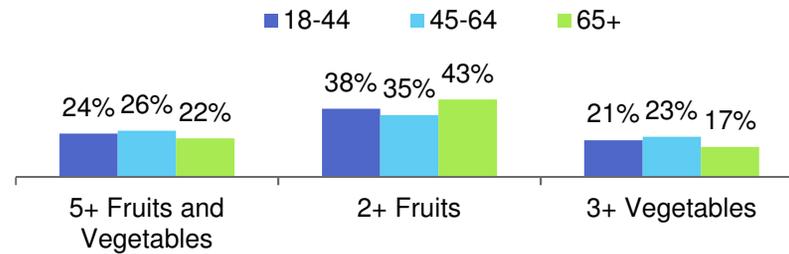
Fruit and vegetable consumption increases as annual household income level increases.

- Adults in homes making \$50,000 or more are significantly more likely than those in homes making less than \$25,000 per year to eat 5 or more fruits and vegetables per day.
- No other differences are statistically significant.

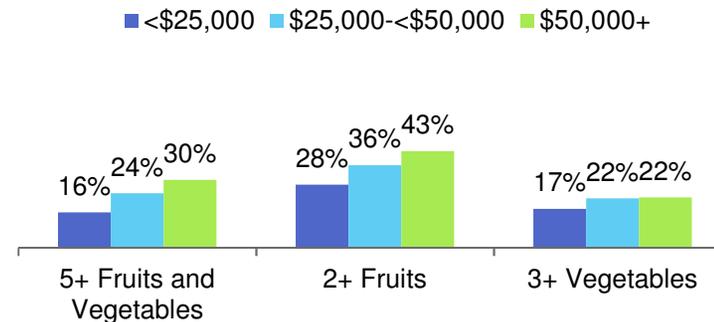
**Preventive Behaviors by Gender  
Barre Adults**



**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 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations\*. This is the same as reported among Barre area adults.

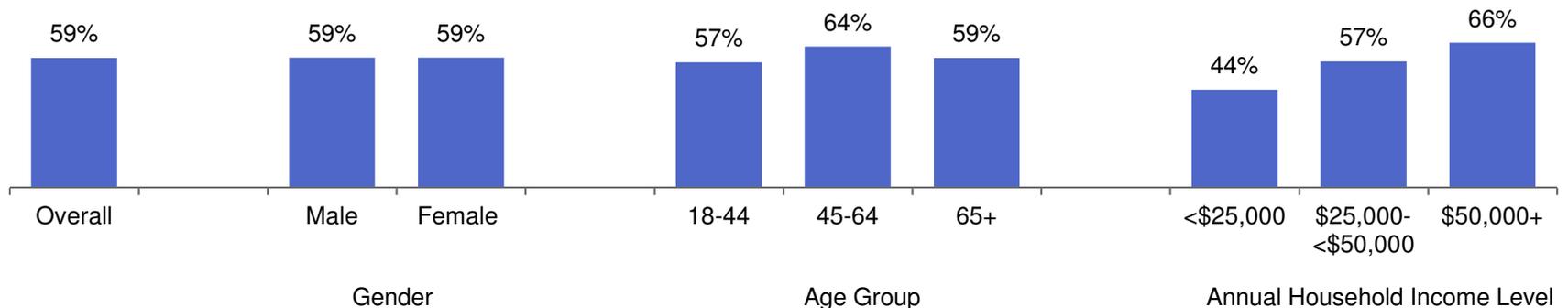
Men and women in the Barre area reported meeting physical activity recommendations at the same rate, 59% each.

There are no differences in meeting physical activity recommendations by age.

Among Barre area adults, meeting physical activity recommendations increases with increasing annual household income. Those in home making at least \$50,000 annually are significantly more likely than those in homes making less than \$25,000 to meet physical activity recommendations.

Meeting physical activity recommendations information was only collected in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Barre 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](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

Note: Met physical activity recommendation data, except that by age, are age adjusted to the U.S. 2000 population.

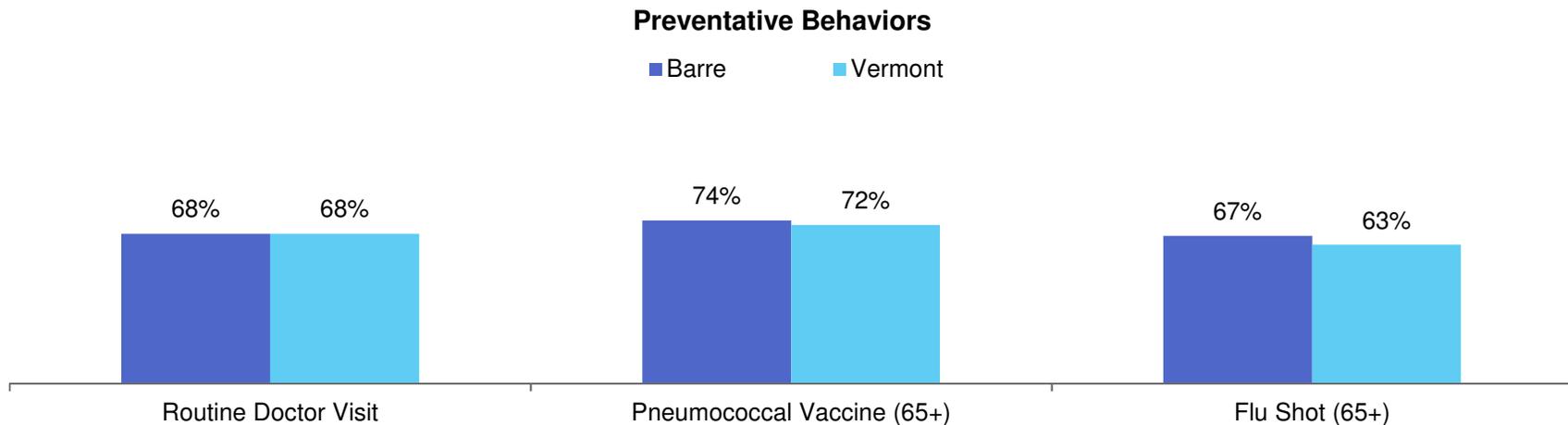
## Preventive Behaviors

Nearly seven in ten (68%) of Barre area adults said they saw their doctor for a routine visit in the previous year, the same as reported among all Vermont adults.

About three quarters (74%) of Barre area adults ages 65 and older have received a pneumococcal vaccine. Fewer, 67% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Barre adults, 72% and 63%, respectively.

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



# Preventive Behaviors

Among Barre area adults, women are significantly more likely to have had a routine doctor visit, compared with men (72% vs. 63%).

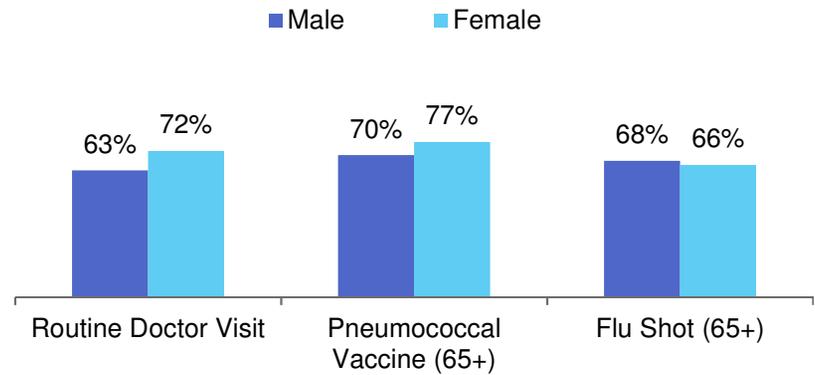
There are no significant differences by gender for receipt of an annual flu vaccine nor a pneumococcal vaccine.

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

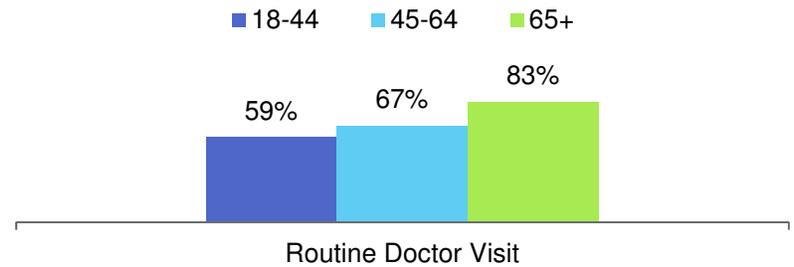
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Barre area adults, in the occurrence of routine doctor visits, pneumococcal or flu shot vaccinations by annual household income level.

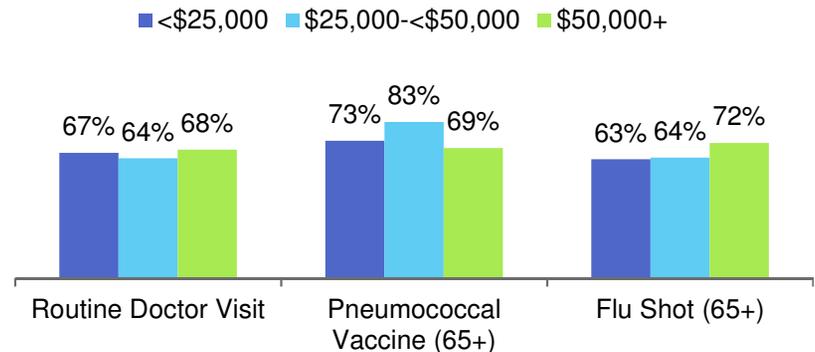
**Preventive Behaviors by Gender  
Barre Adults**



**Preventive Behaviors by Age**



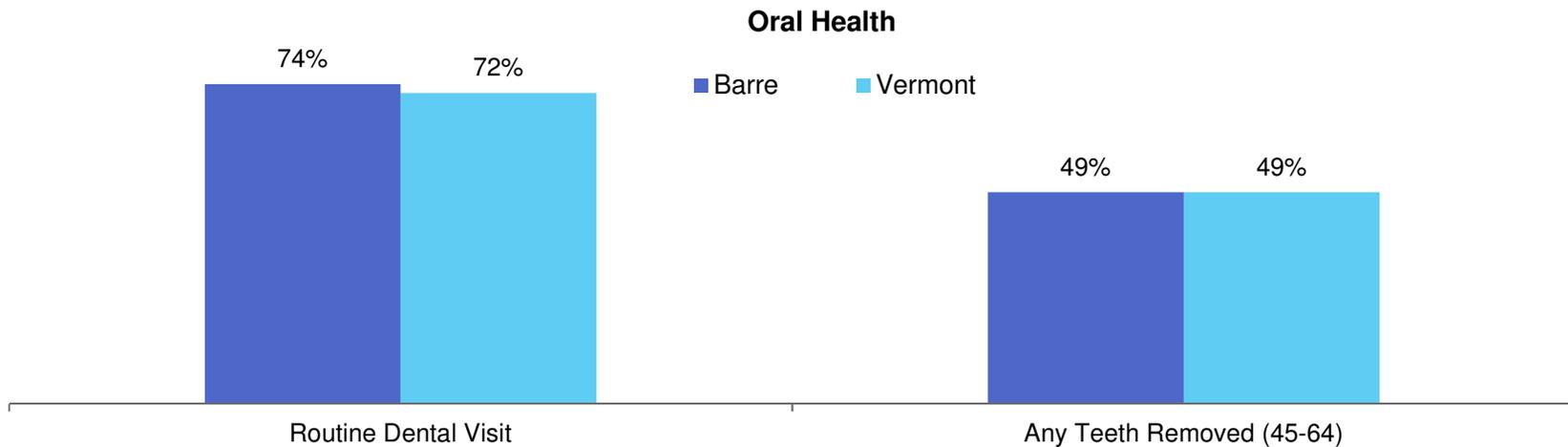
**Preventive Behaviors by Income Level**



## Oral Health

Barre area adults reported seeing a dentist for any reason in the last year at a statistically similar rate to Vermont adults overall (74% vs. 72%). Adults 45-64 reported having a tooth removed at the same rate (49%) as VT adults overall.

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Routine dental visit data are age adjusted to the U.S. 2000 standard population.

# Oral Health

Among Barre area adults, females are significantly more likely than males to have seen their dentist in the last year (80% vs. 66%).

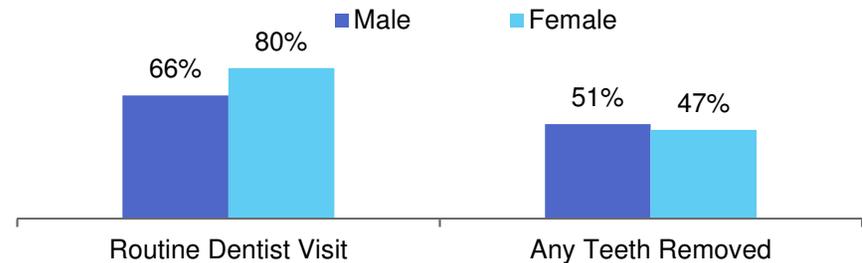
There are no statistically significant differences by gender in teeth removed or extracted, among Barre adults 45-64.

There are no differences in routine dental visits by age.

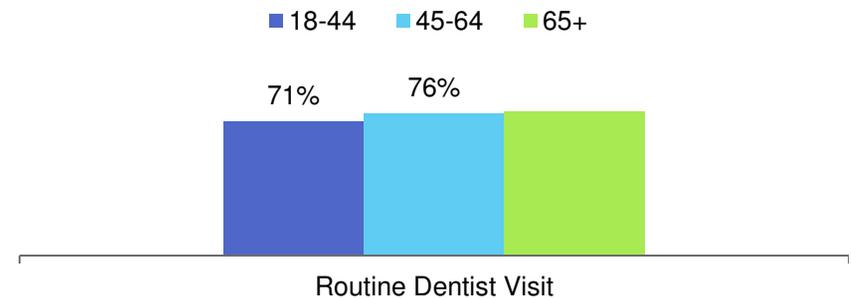
Barre area adults living in homes with more income are more likely than those with less income to routinely see their dentist. They are less likely to have teeth removed.

- Those in homes making \$50,000 or more per year are significantly more likely to routinely visit the dentist than those in homes with less income.
- Similarly, those in homes making at least \$50,000 are significantly less likely to have had teeth removed as compared with those in homes with less income.

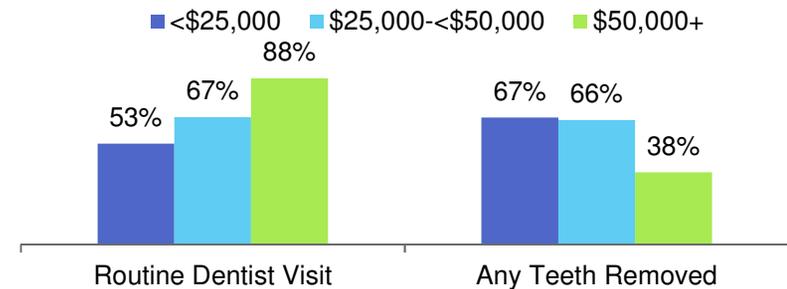
**Oral Health by Gender  
Barre Adults**



**Oral Health by Age**



**Oral Health by Income Level**



Note: Routine dental visit data, except that by age, are age adjusted to the U.S. 2000 standard population.

# HIV Screening

In 2013-2014, about one-third of Barre area adults had ever been tested for HIV. This is statistically similar to the 31% reported among Vermont adults overall.

Men and women in the Barre area report HIV testing at similar rates.

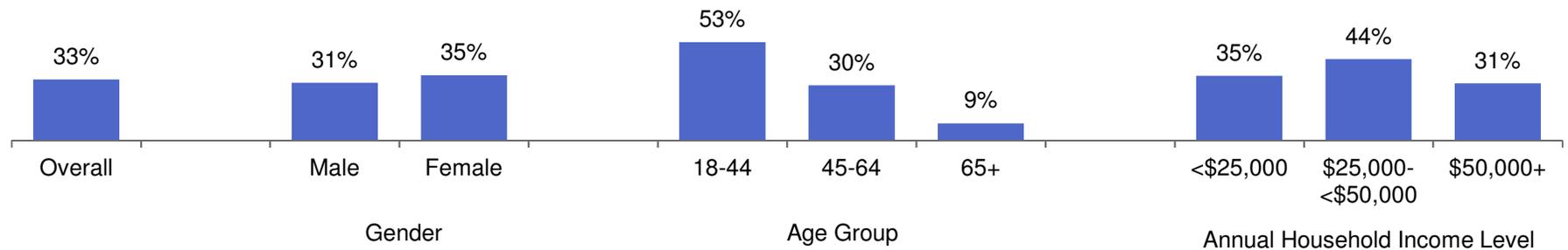
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

Among adults in the Barre area, those in households earning \$25,000-\$50,000 per year are significantly more likely than those with higher incomes to have received a HIV test over houses with higher incomes.

HIV testing among Barre adults has not change significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups  
Barre Adults**



## Cancer Screening

In 2012-2014, over eight in ten (83%) women ages 50-74 in the Barre area reported meeting 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.

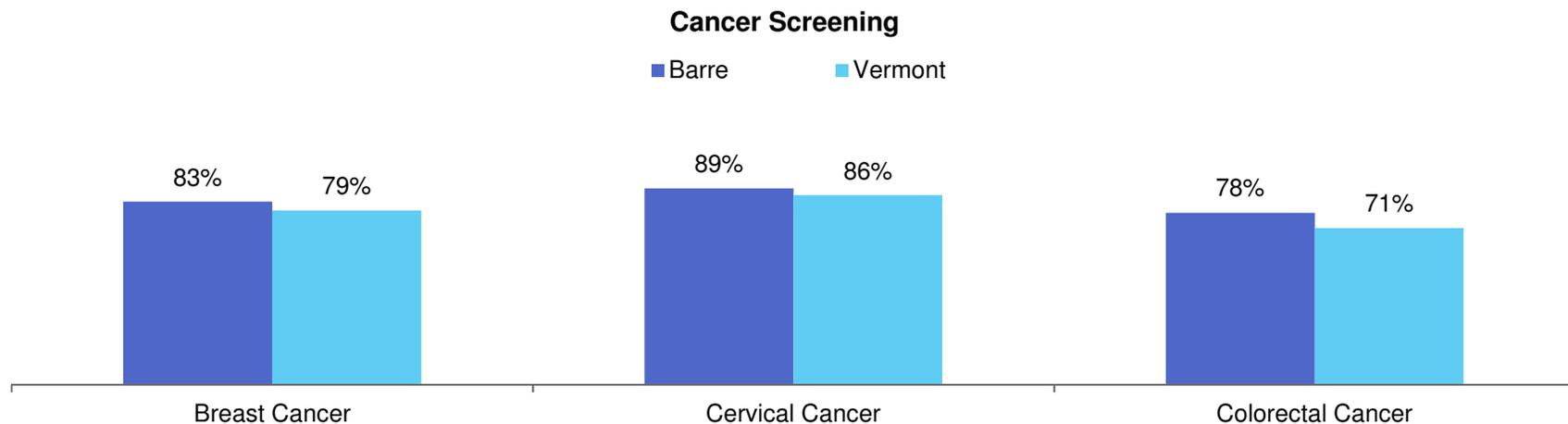
Eighty-nine percent of women 21 to 65 who live in the Barre area met cervical cancer recommendations, statistically similar to the 86% among Vermont women of the same age.

- 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 Barre area, roughly eight in ten (78%) met colorectal cancer screening recommendations. This is significantly higher than the 71% reported by all Vermonters of the same age.

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

Cancer screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

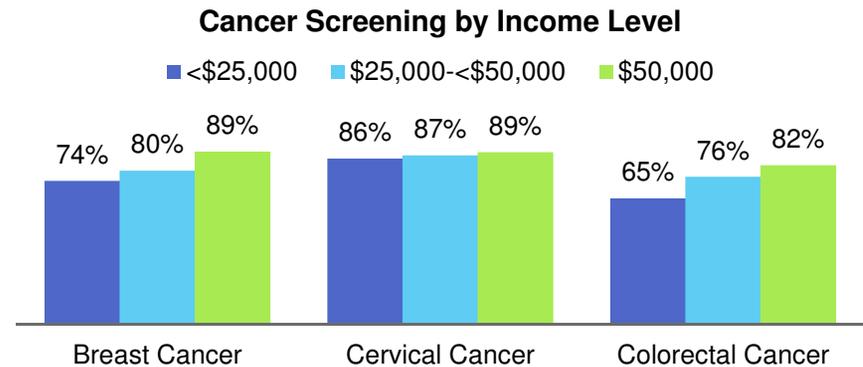
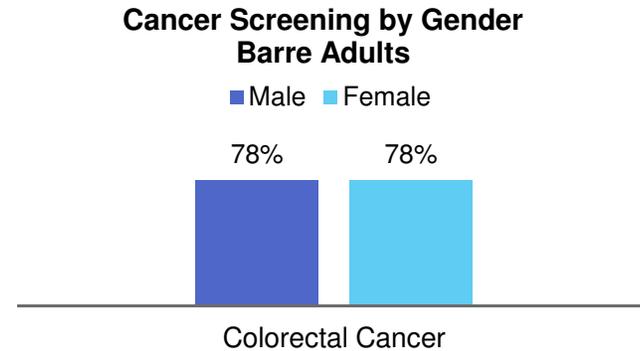
# Cancer Screening

Cancer screening results by subgroup are reduced as screening recommendation are already limited by age or gender.

Among Barre area adults ages 50-75, receipt of colorectal cancer screening is the same for men and women (78%).

Barre area adults in homes with more income are more likely to receive cancer screening as recommended.

- Barre adults ages 50-75 in homes making at least \$50,000 per year are significantly more likely than those in homes making less than \$25,000 to receive recommended screenings for colorectal cancer.
- No other differences for colorectal cancer screenings are statistically significant by income level.



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

## Appendix A: Barre District Office Trend Results (2011-2014)

<b>Health Status Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Fair or Poor General Health	11%	12%	12%	No
Poor Physical Health	10%	10%	10%	No
Poor Mental Health	10%	10%	10%	No
Disabled	22%	23%	25%	No
<b>Health Access Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
No Personal Doctor	8%	9%	11%	No
No Doctor Because of Cost	7%	9%	8%	No
No Health Plan (ages 18-64)	10%	10%	10%	No
<b>Chronic Conditions</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Arthritis	26%	29%	31%	Yes
Depression	24%	25%	24%	No
Obesity	22%	23%	24%	No
Asthma	9%	11%	11%	No
Diabetes	8%	9%	9%	No
Non-Skin Cancer	7%	7%	8%	No
Cardiovascular Disease (CVD)	9%	9%	9%	No
Skin Cancer	6%	6%	5%	No
Chronic Obstructive Pulmonary Disease (COPD)	5%	6%	6%	No

## Appendix A: Barre District Office Trend Results (2011-2014)

<b>Risk Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Smoking	17%	15%	18%	No
Binge Drinking	16%	17%	17%	No
No Exercise	17%	14%	17%	No
Recent Marijuana Use	8%	6%	N/A	No
Heavy Drinking	9%	8%	8%	No
Seldom or Never use Seatbelt	3%	5%	5%	No
<b>Preventative Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Routine Doctor Visit, in Last year	70%	68%	68%	No
Pneumococcal Vaccine, Ever, Ages 65+	71%	72%	74%	No
Flu Shot in the Last Year, Ages 65+	62%	65%	67%	No
Ever Tested for HIV	31%	30%	33%	No

## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

[Jessie.Hammond@vermont.gov](mailto:Jessie.Hammond@vermont.gov)

802-863-7663

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

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

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Towns included in the Barre Health District are: Braintree, Brookfield, Orange, Washington, Williamstown, Barre City, Barre Town, Berlin, Cabot, Calais, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Plainfield, Roxbury, Waitsfield, Warren, Waterbury, and Worcester.