

Rutland 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 Rutland District Office*

The next few pages describe the demographic makeup of Rutland area adults in 2015-2016.

Half of Rutland adults are female. Two-thirds are ages 25-64, while a quarter of Rutland adults are age 65 or older.

- Rutland area adults are statistically more likely than Vermont adults to be 65 or older (26% vs. 23%).

Forty-five percent of Rutland area adults have a high school degree or less.

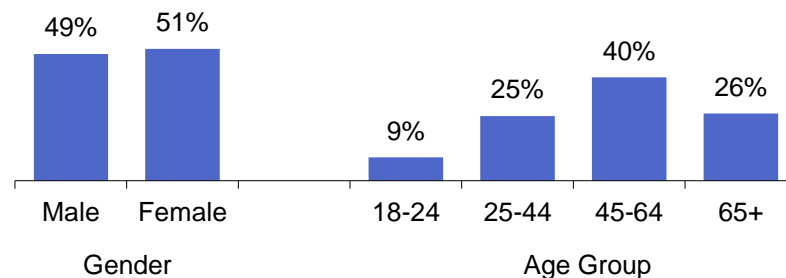
- Rutland adults are statistically more likely than Vermont adults overall to have a high school degree or less (45% vs. 38%) and less likely to have a college degree or more (27% vs. 33%).

Nearly three in ten Rutland adults live in a home making less than \$25,000 annually, while almost half (47%) are in a home making at least \$50,000 per year.

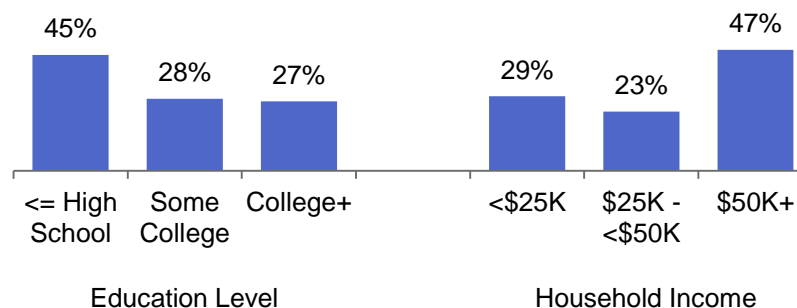
- Rutland area adults are statistically more likely than Vermont adults to live in a home making less than \$25,000 annually (29% vs. 25%).

Three percent of adults in the Rutland area report being a person of color, which is statistically lower than the six percent among Vermont overall.

**Rutland Residents
by Gender and Age**



**Rutland Residents
by Education & Income Level**



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

Demographics of Rutland District Office

Six in ten Rutland adult residents are currently employed, while about one in five are retired (22%). Seven percent said they are unable to work, while six percent are a homemaker or student. Four percent are unemployed.

- Rutland area adults are statistically more likely to be retired, compared with Vermont adults overall (22% vs. 19%).

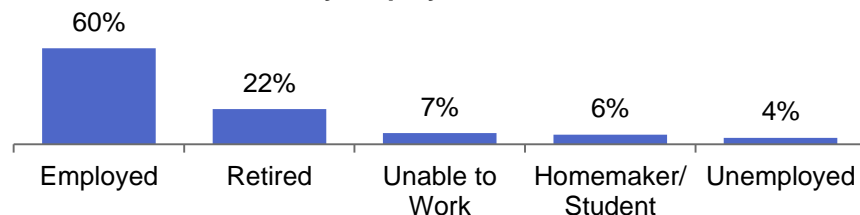
More than half (54%) of Rutland adults are married, while seventeen percent have never married. Fifteen percent are divorced and one in ten are widowed. Five percent are part of an unmarried couple.

- Adults in the Rutland area are statistically less likely than Vermont adults to have never married (17% vs. 22%).

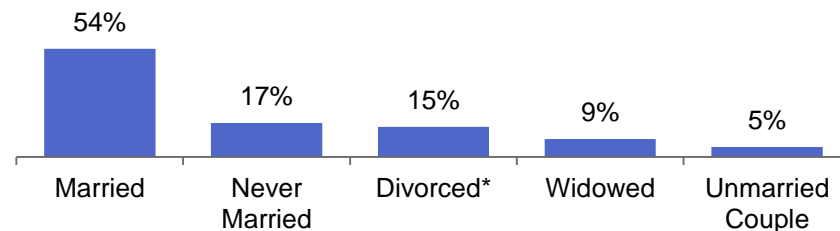
Seven in ten adults in the Rutland area said there are no children younger than 18 in their home. Three percent reported having three or more children.

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

Rutland Residents by Employment Status

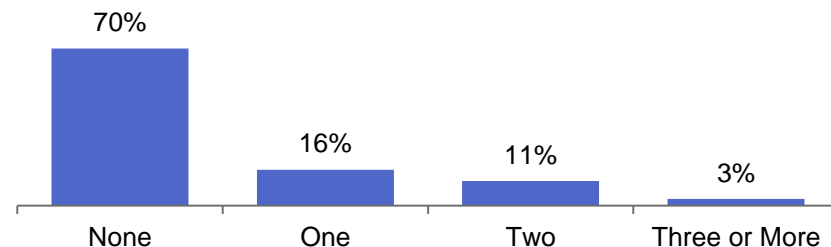


Rutland Residents by Marital Status



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

Rutland Residents by Children in Household



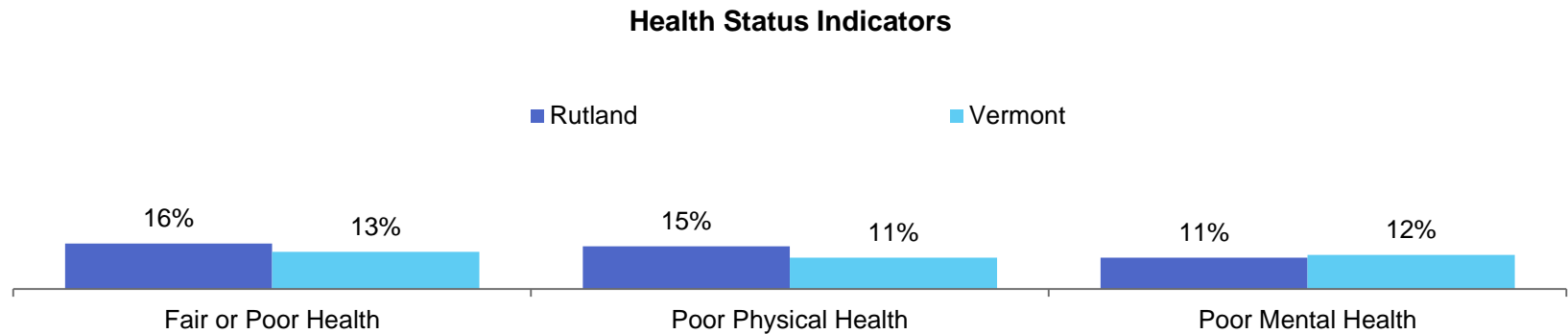
Health Status Indicators

In 2015-2016, one in six (16%) Rutland area adults reported their general health as fair or poor. Slightly fewer (15%) have poor physical health, while 11%, have 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 Rutland area adults and Vermont adults overall.

Among adults in the Rutland 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 and poor physical and mental health among Rutland area adults do not differ statistically by gender.

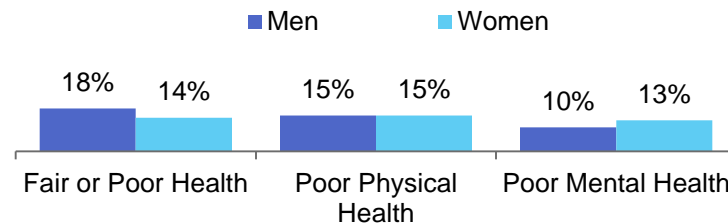
Among Rutland adults, fair or poor general health increases with age.

- Adults 65 and older are statistically more likely to report fair or poor general health compared to younger adults 18-44.
- There are no statistical differences by age in Rutland Adults who reported poor physical or mental health.

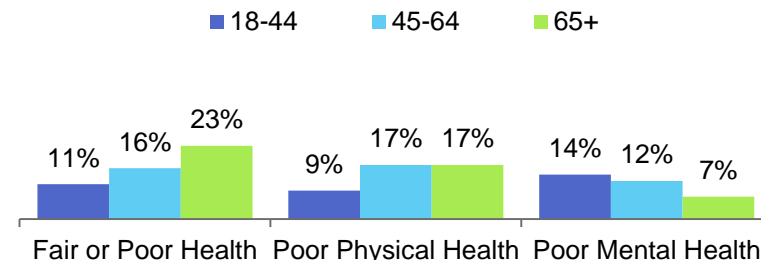
Poor health, regardless of the indicator, among Rutland area adults decreases with increasing annual household incomes.

- Rutland area adults in homes making less than \$25,000 annually are statistically more likely than those with more income to have fair or poor general health.
- Those in homes making less than \$50,000 per year are statistically more likely to report poor physical health compared with those in homes with higher incomes.
- Adults in homes making less than \$25,000 are statistically more likely than those in homes making at least \$50,000 per year to have poor mental health.

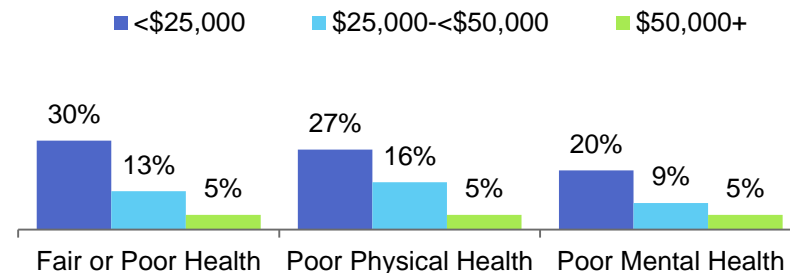
**Health Status Indicators by Gender
Rutland Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

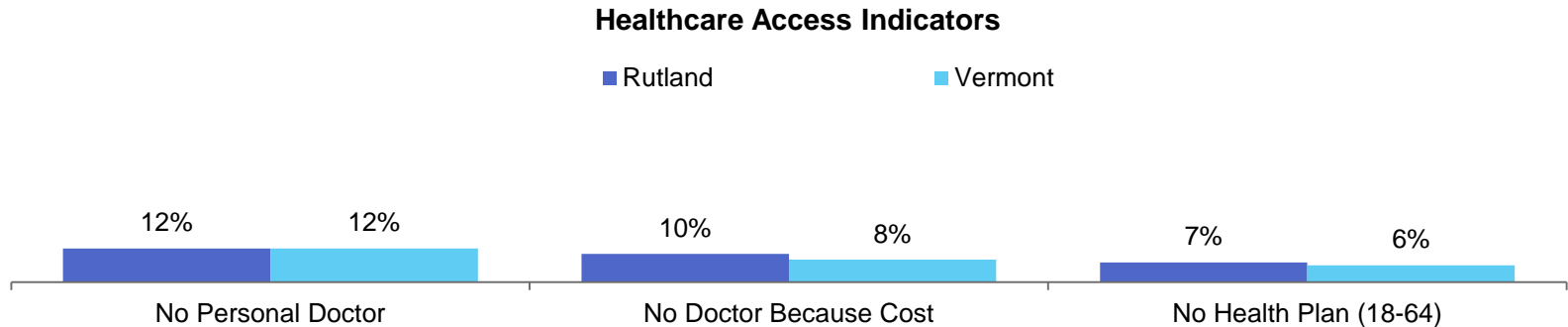


Healthcare Access Indicators

In 2015-2016 one in eight (12%) adults in the Rutland area do not have a personal doctor for health care, while slightly fewer, one in ten, delayed necessary care in the last year due to cost. Seven percent of Rutland area adults, ages 18-64, do not have health insurance.

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

In the Rutland area, the proportion of adults 18-64 without a health plan has decreased by half since 2011 (14% to 7%), a statistically significant change. Other healthcare access measures have not change statistically during this time. See Appendix A for results over time.



Healthcare Access Indicators

Males, 18-64, in the Rutland area are statistically more likely than females (16% vs. 9%) to not have a health plan.

- There are no statistical differences by gender, among Rutland area adults, in not having a personal doctor and delaying care due to cost.

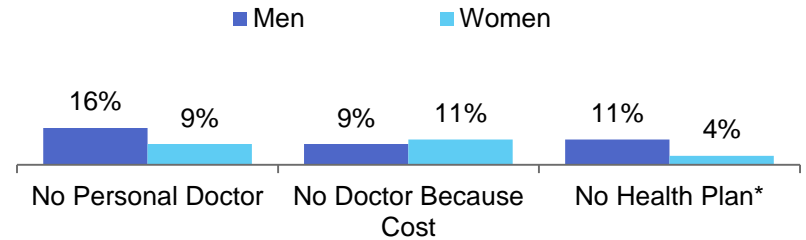
Poor healthcare access decreases with increasing age.

- Rutland adults 18-44 are statistically more likely than those 45 and older to not have a personal doctor and delay care due to cost.
- There are no differences in not having a health plan by age.

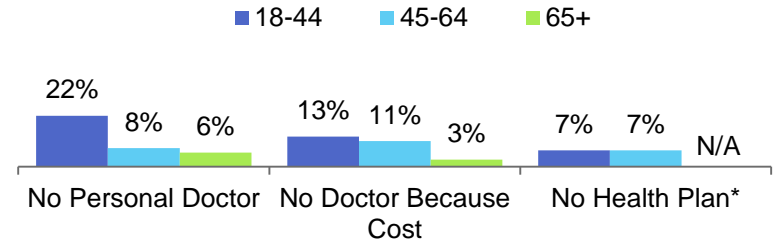
Poor healthcare access is higher among adults with lower household incomes.

- Adults living in homes making less than \$25,000 per year are statistically more likely to delay care due to cost, than those with incomes of at least \$50,000.
- Adults in homes making less than \$50,000 per year are statistically more likely to be without a health plan than those with more income.
- There are no differences in not having a personal doctor by annual household income.

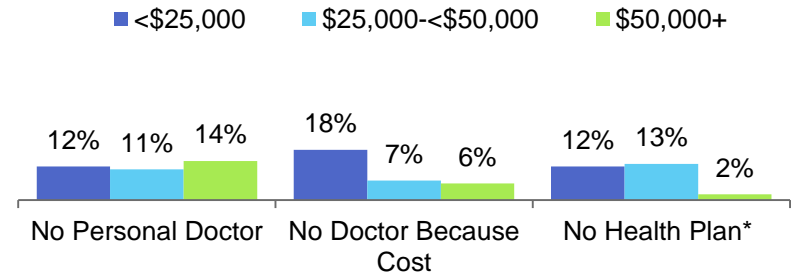
**Healthcare Access Indicators by Gender
Rutland Adults**



Healthcare Access Indicators by Age



**Healthcare Access Indicators
by Income Level**



*Limited to adults 18-64.

Chronic Conditions

Rutland area adults reported statistically higher rates of obesity and arthritis compared to Vermont adults overall.

- More than a third of adults in the Rutland area are obese or have arthritis (35% and 34% respectively), compared to about a quarter of Vermont adults.

Likewise, Rutland adults are statistically more likely than Vermont adults to have chronic obstructive pulmonary disease (COPD), nine percent among Rutland area adults and six percent among Vermont adults.

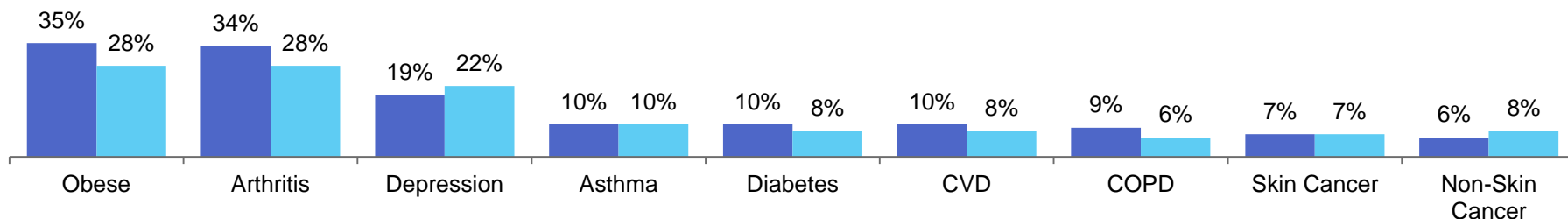
Rutland and Vermont adults have similar rates of each of the following chronic conditions: depressive disorders, asthma, diabetes, cardiovascular disease (CVD), skin cancer, and non-skin cancers.

The skin cancer rate, among adults in the Rutland area, is trending up increasing from five percent in 2011-2012 to seven percent in 2015-2016. However, the difference between these two time periods is not statistically significant.

- The prevalence of other chronic conditions have not changed since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions

■ Rutland
■ Vermont



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

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of arthritis, depressive disorders, obesity and asthma among Rutland adults.

Arthritis prevalence among Rutland adults increases with age.

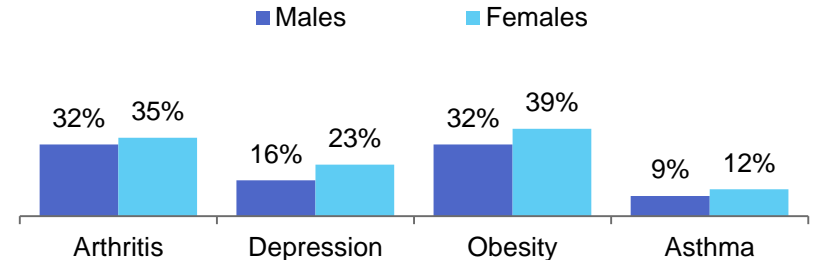
- All differences in arthritis prevalence by age are statistically significant.

There are no statistical differences by age in the prevalence of depressive disorders, obesity and asthma.

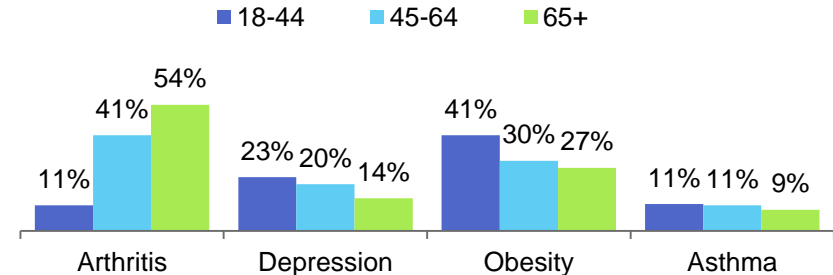
Rutland area adults in homes with less income are more likely than those in homes with higher incomes to have arthritis, depression, obesity, and asthma.

- Rutland area adults in homes making less than \$50,000 per year are statistically more likely than those homes with more income to have arthritis and asthma.
- Adults in homes with an income of less than \$25,000 annually are statistically more likely to report a depressive order or asthma than those in homes with an income of at least \$50,000 annually.
- There are no statistical differences by annual household income level for rates of obesity.

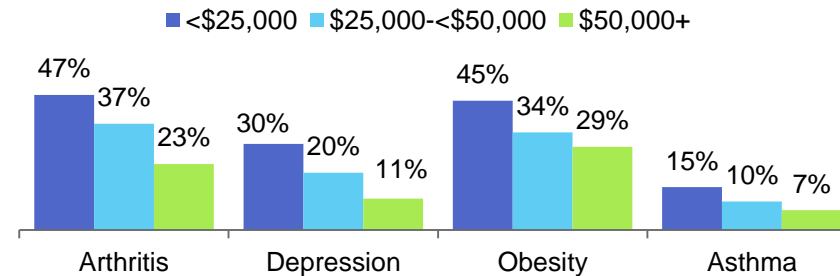
**Chronic Conditions by Gender
Rutland Adults**



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.

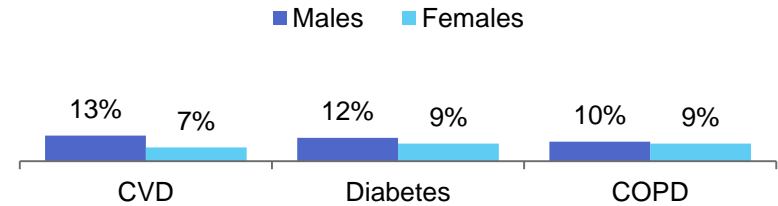
Among Rutland area adults, the prevalence of CVD, diabetes, and COPD increases with increasing age.

- Adults 65 years of age and older have statistically higher rates of CVD than those 45-64.
- Rutland area adults ages 65 and older are statistically more likely than adults in younger age groups to report diabetes and COPD.

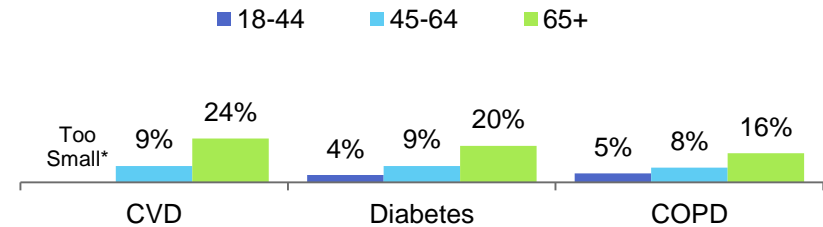
Rutland area adults in homes with less income are more likely to have CVD, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are statistically more likely than those in homes with annual incomes of at least \$50,000 to report CVD.
- Adults in households making less than \$50,000 per year are statistically more likely to have diabetes than those in homes with more income.
- Rutland area adults in homes making less than \$25,000 annually are statistically more likely than those in homes with more income to have COPD.

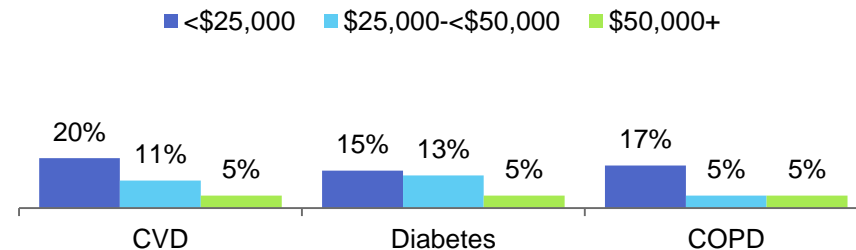
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

Chronic Conditions

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Rutland adults.

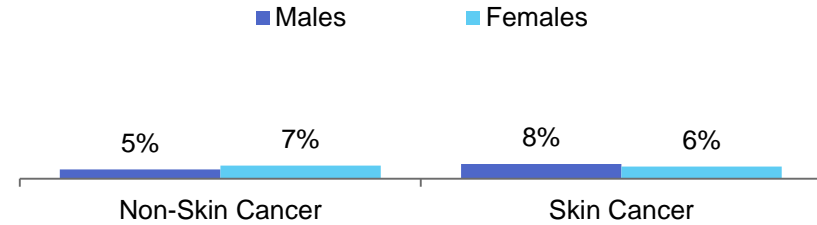
The prevalence of both skin cancer and non-skin cancers in Rutland area adults increases with increasing age.

- Rutland area adults 65 and older are statistically more likely to report ever having skin cancer or a non-skin cancer compared with those 18-64.

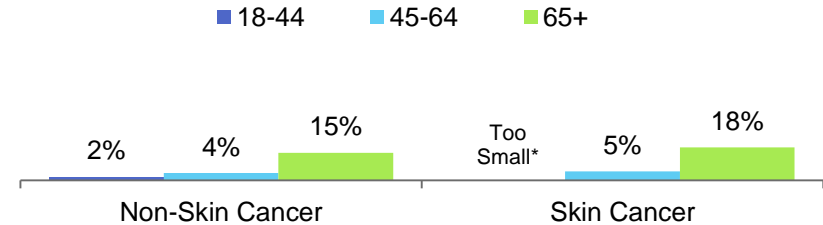
There are no statistical differences by annual household income level in the prevalence of non-skin cancer.

Rutland area adults in homes with an annual income of \$25,000 to \$49,999 are statistically more likely than those with more income to have ever had skin cancer.

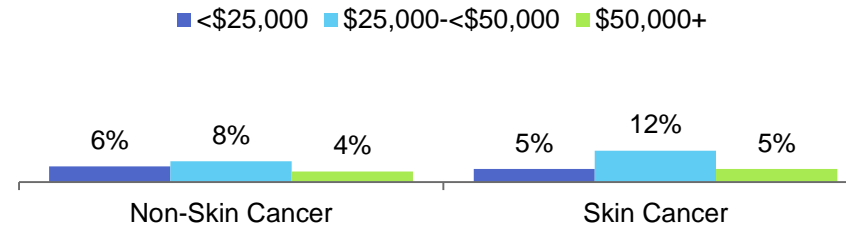
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Risk Behaviors

In 2015-2016, one in five (21%) Rutland adults currently smoke. Of smokers, more than half (55%) had tried to quit in the last year (data not shown).

Twenty-one percent of Rutland adults also did not participate in any leisure time physical activity during the previous month.

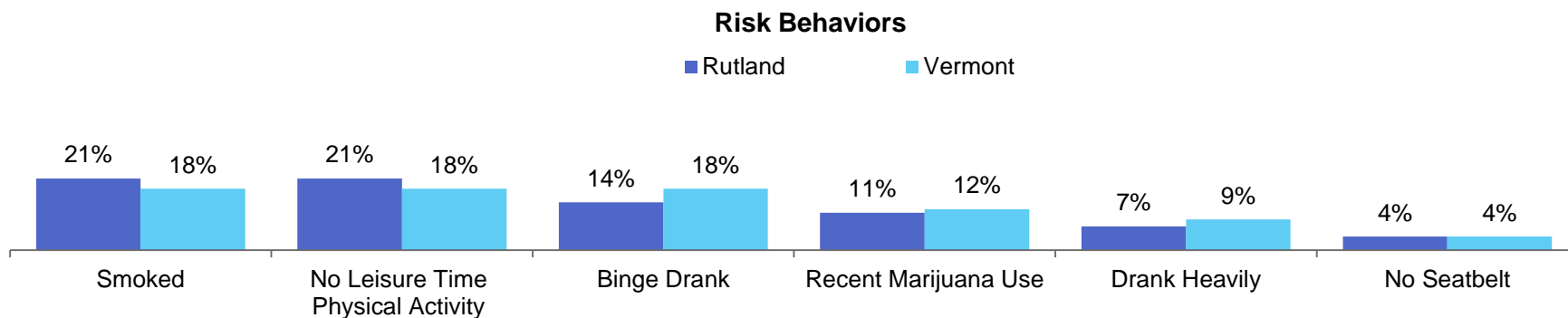
One in seven (14%) adults binge drank in the last month, while seven percent drank heavily. Reported binge drinking among Rutland area adults is statistically lower than that among Vermont adults overall (14% vs. 18%), however, heavy drinking is similar.

- 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.

About one in ten Rutland area adults used marijuana recently, or in the last 30 days.

Seldom or never wearing a seat belt was reported by four percent of Rutland area adults.

Reported risk behaviors among Rutland area adults, other than binge drinking, are similar to Vermont overall. 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 difference by gender in smoking and not participating in leisure time physical activity, among Rutland area adults.

Among adults in the Rutland area, smoking rates are lowest among older adults.

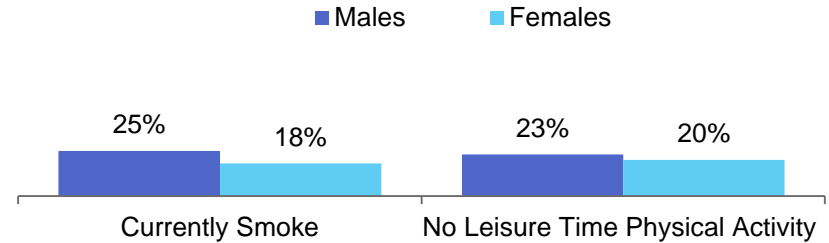
- Adults 65 and older are statistically less likely to report smoking, compared with younger adults.

Conversely, not participating in leisure time physical activity increases with increasing age, however differences by age are not statistically significant.

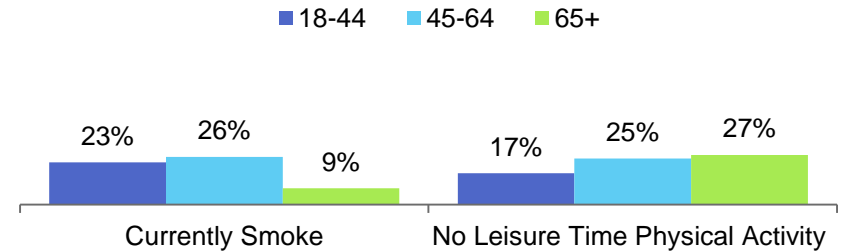
Rutland area adults in homes with less income are more likely to currently smoke and not participate in physical activity.

- Adults in homes making less than \$25,000 per year are statistically more likely to smoke compared to those in homes with incomes of at least \$50,000 annually.
- Differences by annual household income level for not participating in leisure time physical activity are not statistically significant.

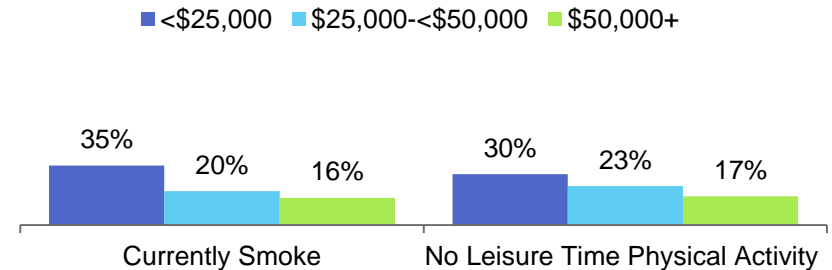
**Risk Behaviors by Gender
Rutland Adults**



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

Men in the Rutland area are statistically more likely than women to binge drink and use marijuana.

- Nineteen percent of men binge drank in the last month, compared with about one in ten women (9%).
- Similarly, fifteen percent of men recently used marijuana, versus six percent of women.
- Heavy drinking does not vary statistically by gender.

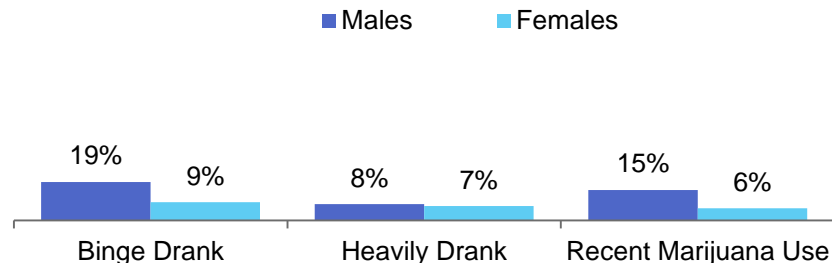
Binge drinking and marijuana use both decrease with increasing age.

- Adults 18-64 are statistically more likely than older adults to binge drink, while recently marijuana use is more likely among adults 18-44 than those 45 and older.

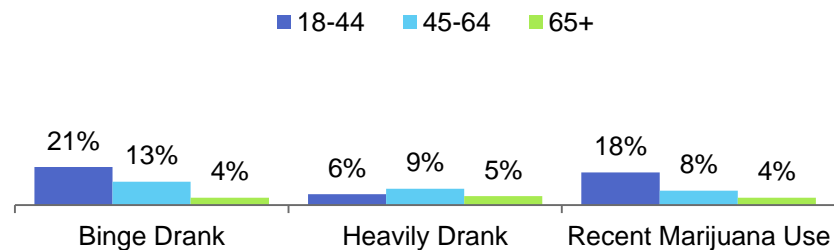
Heavy drinking does not differ statistically by age.

There are no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level, among Rutland area adults.

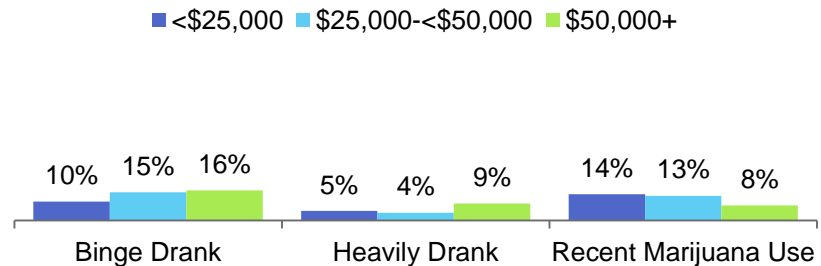
**Risk Behaviors by Gender
Rutland Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



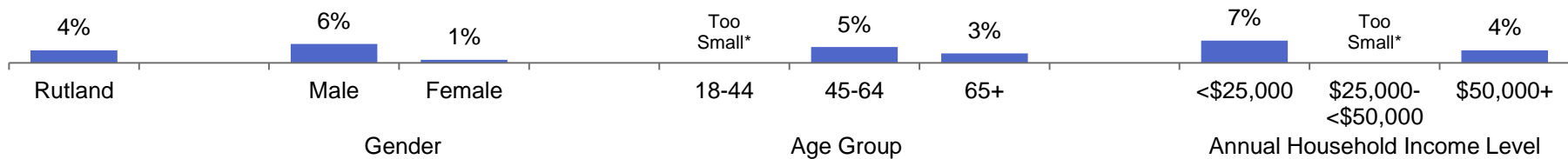
Risk Behaviors

Overall, four percent of adults in the Rutland area seldom or never wear a seatbelt when riding or driving in a car, the same as reported for Vermont adults overall.

Rutland area men are statistically more likely than women to seldom or never wear a seatbelt (6% vs. 1%).

Adult non-use of seatbelts in the Rutland area does not differ statistically by age or annual household income.

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



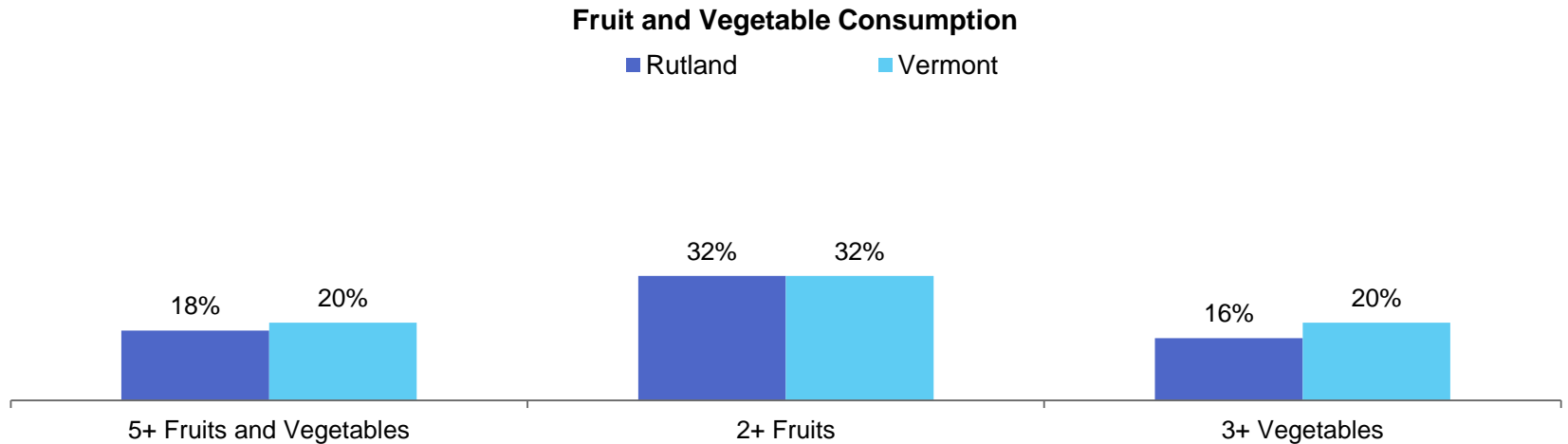
*Sample size is too small to report.

Preventive Behaviors

In 2013/2015, about two in ten (18%) Rutland area adults ate fruits and vegetables five or more times per day. A third (32%) ate two or more fruits while 16% reported eating three or more vegetables.

Rutland area adult consumption of fruits and vegetables is similar to that among Vermont adults.

Fruit and vegetable consumption has not changed statistically since 2011. See Appendix A for results over time.



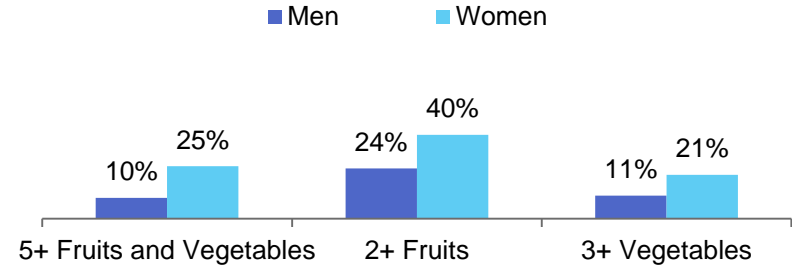
Preventive Behaviors

Women in the Rutland area eat more fruits and vegetables than men, regardless of the measure.

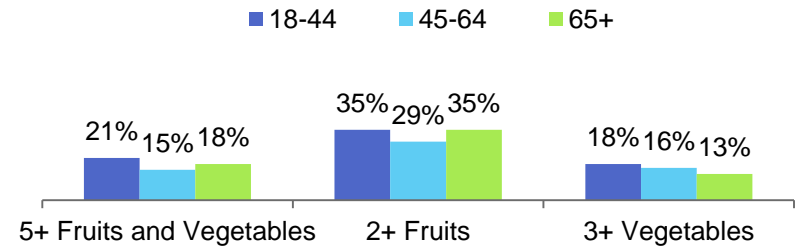
- All differences in fruit and vegetable consumption by gender are statistically significant.

There are no differences in fruit and vegetable consumption by age or annual household income, among Rutland adults.

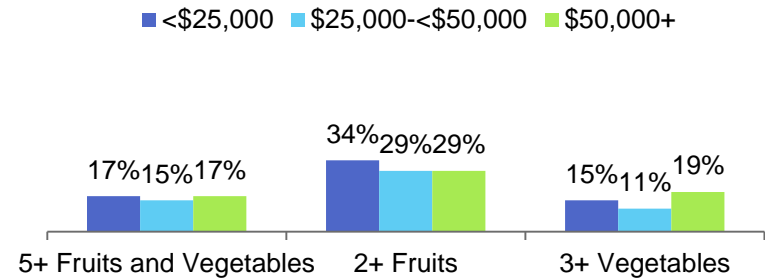
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



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

Preventive Behaviors

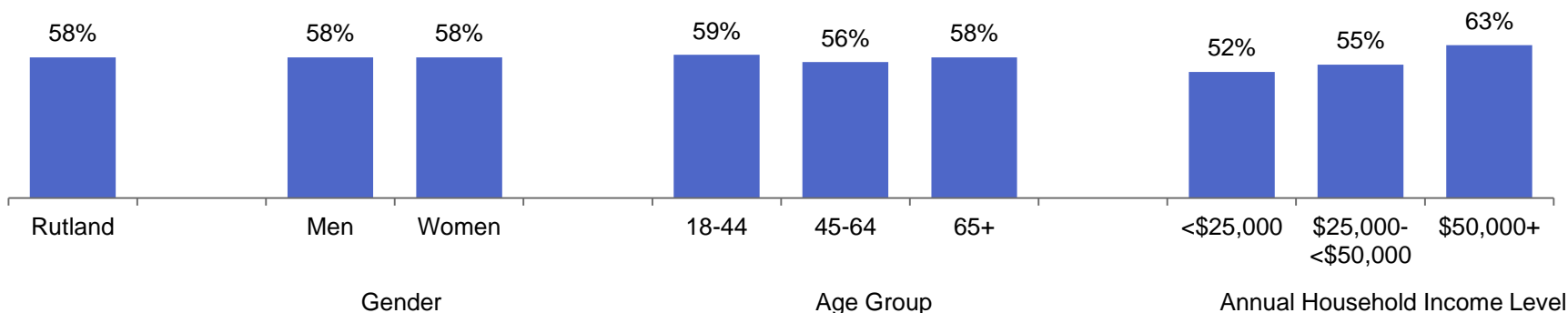
In 2013/2015, about six in ten (58%) Rutland area adults reported meeting physical activity recommendations*. This is similar to the 59% reported among Vermont adults.

Among Rutland adults, there are no significant differences in meeting physical activity recommendations by gender or age.

Recommended physical activity increases as annual household income level increases, however differences are not statistically significant.

The proportion of Rutland area adults meeting physical activity recommendations has not changed statistically since 2011. See Appendix A for results over time.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Rutland 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.

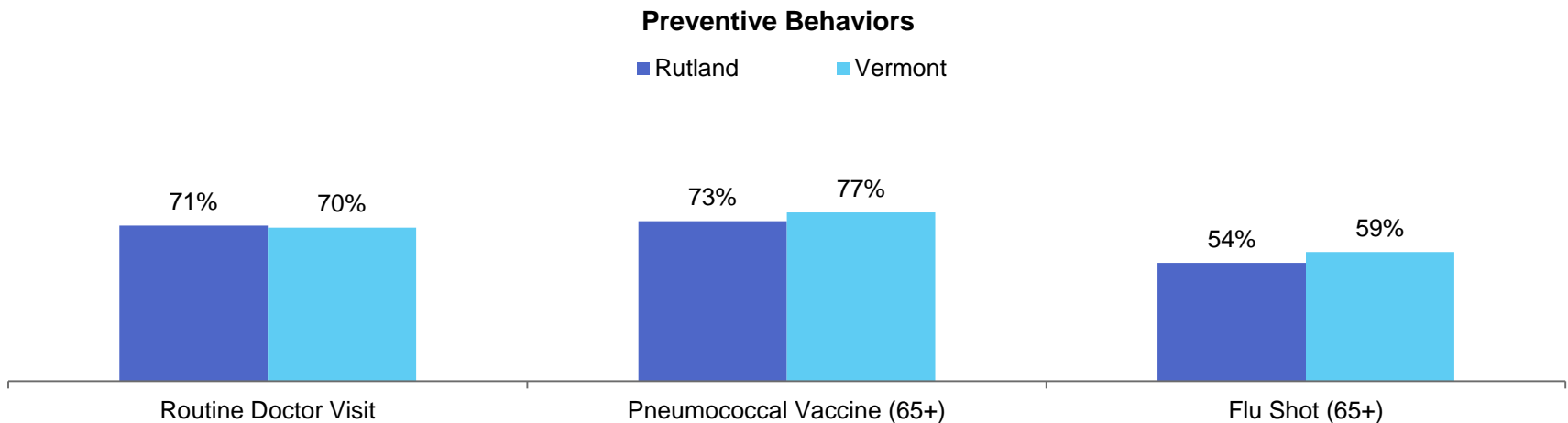
Preventive Behaviors

Seven in ten (71%) adults in the Rutland area saw their doctor for a routine visit in the previous year. This is similar to the 70% reported among all Vermont adults.

Similarly, 73% of Rutland area adults ages 65 and older have ever gotten a pneumococcal vaccine. More than half (54%) got a flu shot in the last year.

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

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



Preventive Behaviors

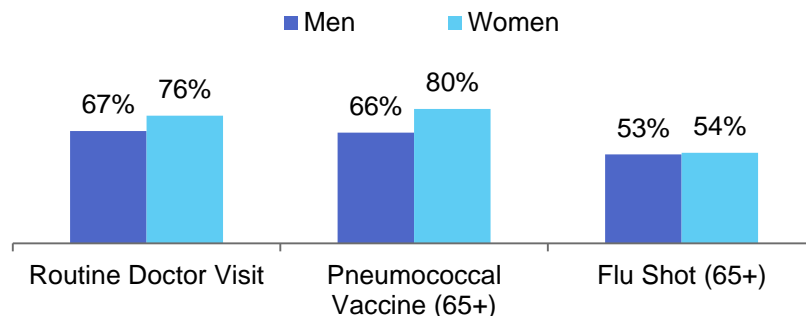
There are no differences, among Rutland area adults, in routine doctor visits, pneumococcal vaccinations, or flu shots by gender.

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

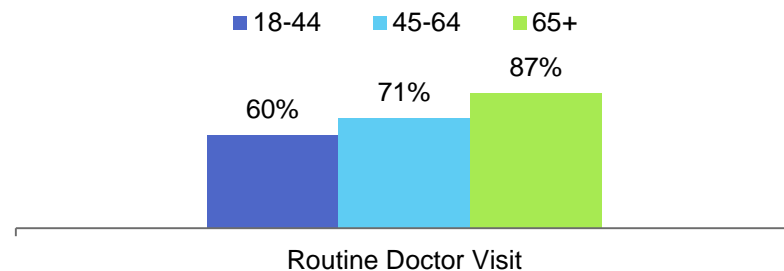
- Adults 65 and older are statistically more likely than younger adults to have visited a doctor in the last year.

Rutland area adults report similar rates of routine doctor visits and receipt of vaccinations by annual household income.

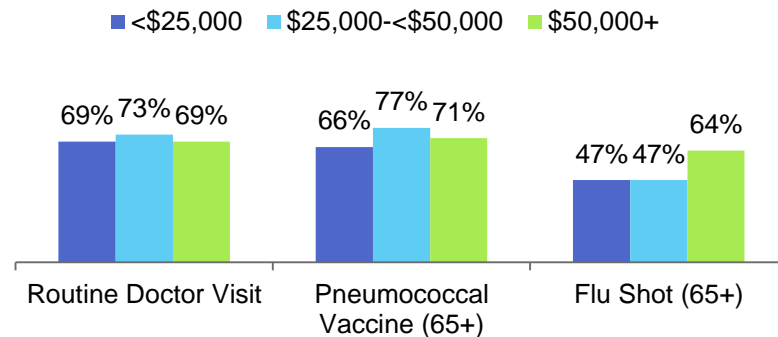
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

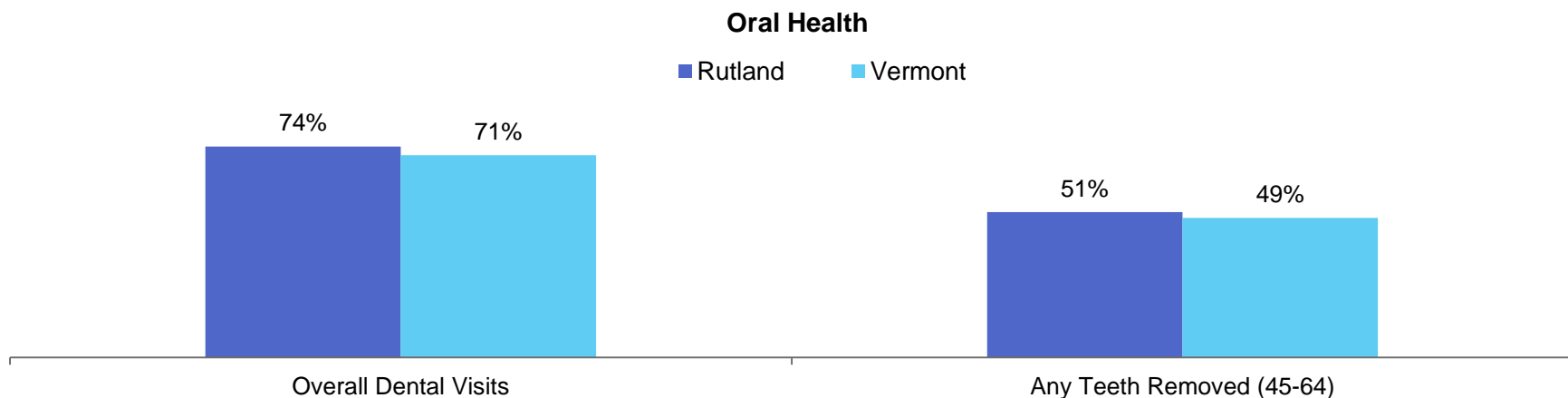


Oral Health

Three-quarters (74%) of Rutland area adults had a routine dental visit in the last year. This is similar to seven in ten Vermont adults overall (71%).

Similarly, Rutland adults aged 45-64 have had at least one tooth removed at statistically similar rates to Vermont adults overall (51% vs. 49%).

Routine dental visits and having one or more teeth pulled have not changed statistically since 2012. See Appendix A for results over time.



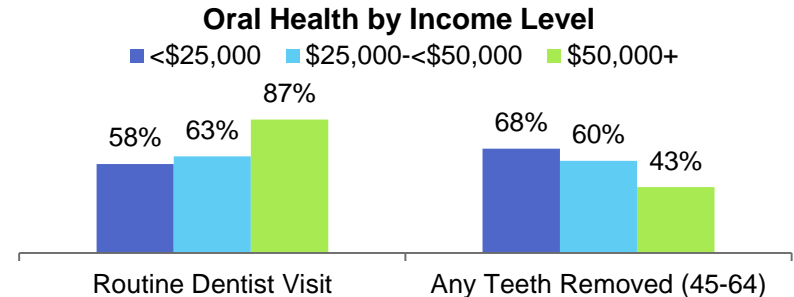
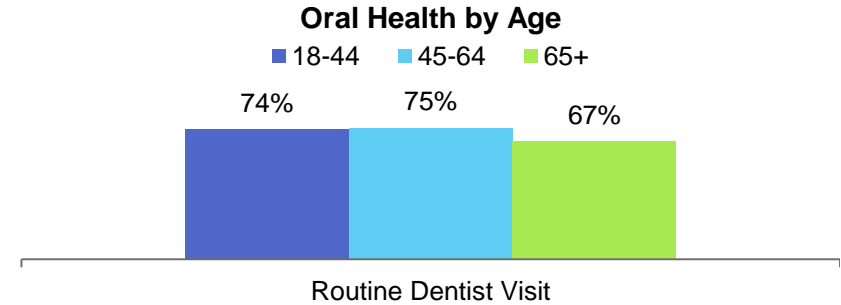
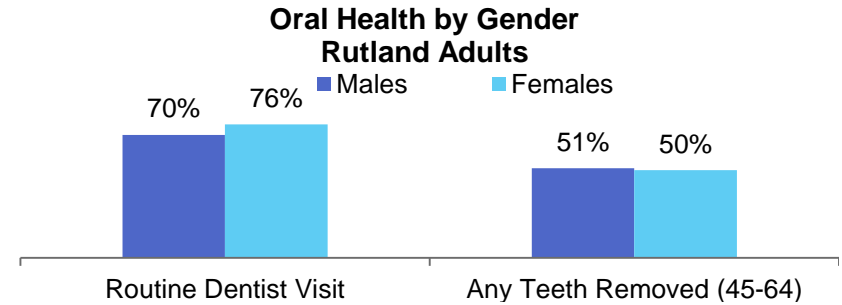
Oral Health

Among Rutland area adults, there are no differences by gender in routine dental visits and having one or more teeth extracted.

Routine dental visits also do not vary statistically by age.

Rutland Area adults living in homes with more income are more likely than those with less income to routinely visit the dentist and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are statistically more likely to regularly visit the dentist compared to those in homes with less income.
- Similarly, adults 45-64 in homes making at least \$50,000 are also statistically less likely to have had teeth removed than those in homes making less than \$25,000 per year.



HIV Screening

In 2015-2016, a third (32%) of Rutland area adults had ever been tested for HIV. This is statistically similar to the 37% among Vermont adults overall.

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

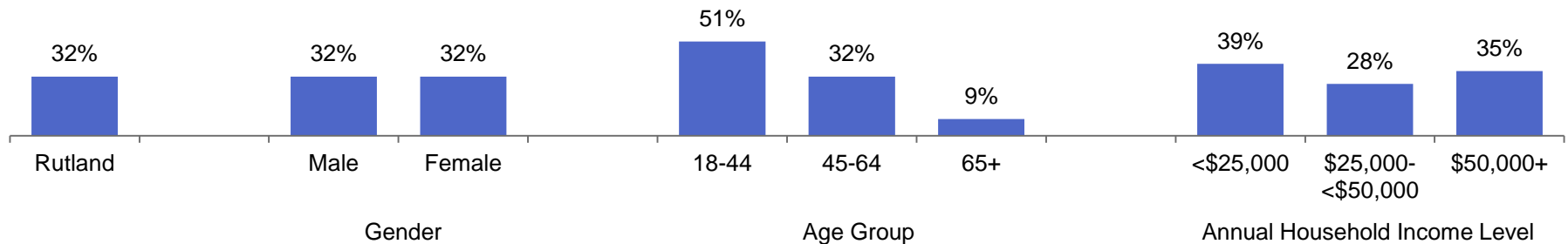
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

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

In the Rutland area, HIV test rates have not changed statistically since 2011. See Appendix A for results over time.

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



Cancer Screening

In 2014/2016, nearly eight in ten (79%) of women ages 50-74 in the Rutland 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.

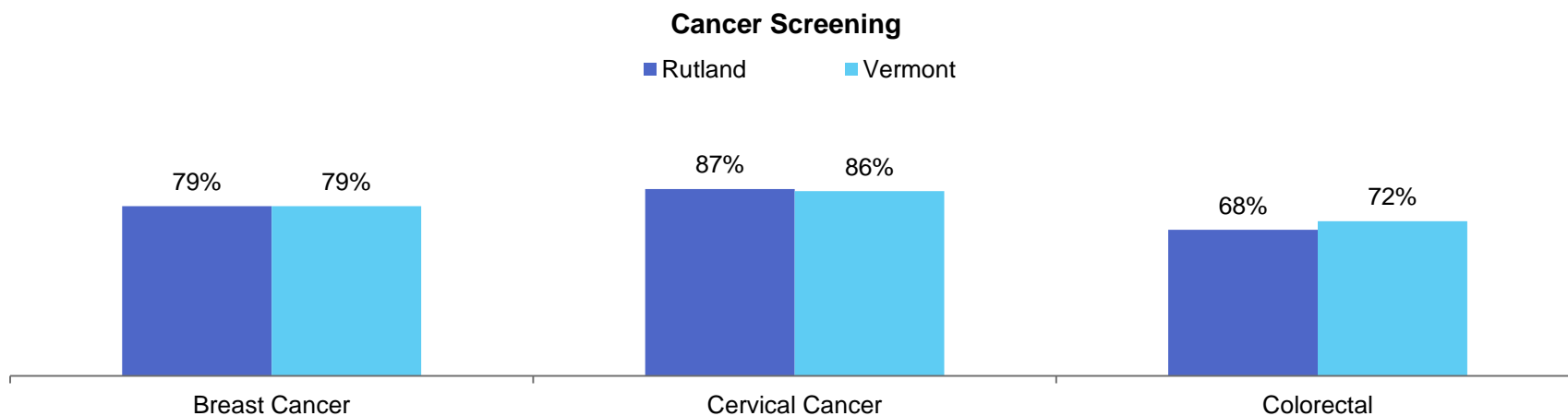
Eighty-seven percent of women 21-65 and older who live in the Rutland area met cervical cancer screening recommendations, the same as among Vermont women of the same age.

- 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 Rutland area, more than two-thirds (68%) met colorectal cancer screening recommendations. This is statistically less than 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.



VDH – June 2018

Rutland District Office: BRFSS Data,

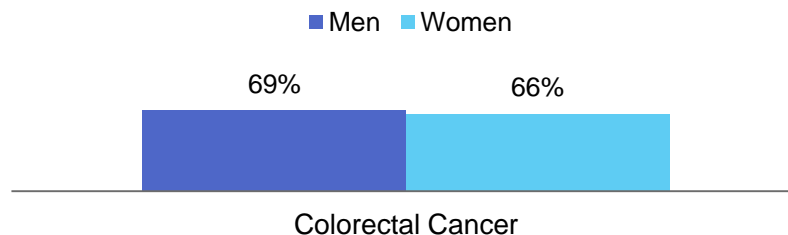
Breast and Colorectal Cancer Screening - 2014, 2016; Cervical Cancer - 2012, 2014

Cancer Screening

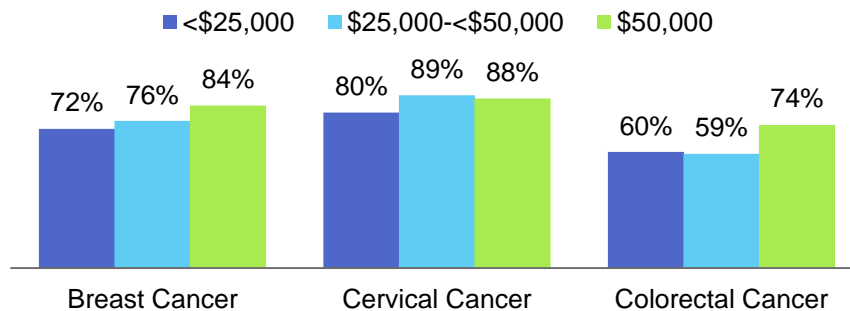
Among Rutland area adults, there are no statistically significant differences in receiving recommended colorectal cancer screenings by gender.

Receipt of cancer screenings is more likely among those in homes with higher incomes, however differences are not statistically significant.

Cancer Screening By Gender Rutland Adults



Cancer Screening by Income Level



Appendix A: Rutland District Office Trend Results (2011-2016)

Health Status Indicators	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Fair or Poor General Health	14%	14%	14%	15%	16%	No
Poor Physical Health	14%	12%	13%	15%	15%	No
Poor Mental Health	13%	12%	10%	10%	11%	No
Health Access Indicators						Significant Change Since 2011
No Personal Doctor	12%	13%	13%	12%	12%	No
No Doctor Because of Cost	12%	11%	9%	9%	10%	No
No Health Plan (ages 18-64)	14%	15%	11%	8%	7%	Yes
Chronic Conditions						Significant Change Since 2011
Arthritis	30%	33%	33%	33%	34%	No
Depression	24%	25%	23%	21%	19%	No
Obesity	29%	32%	32%	30%	35%	No
Asthma	12%	14%	14%	12%	10%	No
Diabetes	8%	8%	10%	10%	10%	No
Non-Skin Cancer	7%	7%	7%	7%	6%	No
Cardiovascular Disease (CVD)	10%	9%	9%	10%	10%	No
Skin Cancer	5%	7%	8%	7%	7%	No*
Chronic Obstructive Pulmonary Disease (COPD)	6%	7%	7%	9%	9%	No

*Skin cancer prevalence among Rutland area adults has a statistically significant upward trend, however the change from 2011-2012 to 2015-2016 is not statistically significant.

Appendix A: Rutland District Office Trend Results (2011-2016)

Risk Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Smoking	19%	19%	21%	21%	21%	No
Binge Drinking	16%	15%	14%	14%	14%	No
Heavy Drinking	7%	6%	7%	7%	7%	No
No Exercise	19%	19%	20%	20%	21%	No
Seldom or Never use Seatbelt	4%	3%	2%	3%	4%	No
	2011-2012	2012-2013	2013, 2015	2015-2016		Significant Change Since 2011
Recent Marijuana Use	8%	7%	7%	11%		No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Significant Change Since 2011
Routine Doctor Visit, in Last year	66%	66%	69%	70%	71%	No
Pneumococcal Vaccine, Ever, Ages 65+	74%	74%	71%	72%	73%	No
Flu Shot in the Last Year, Ages 65+	62%	61%	58%	57%	54%	No
Ever Tested for HIV	28%	28%	30%	30%	32%	No

Appendix A: Rutland District Office Trend Results (2011-2016)

Preventive Behaviors (cont).	2011, 2013	2013, 2015	Significant Change Since 2011
Meet Physical Activity Recommendations	58%	58%	No
Eat 2+ Fruits Per Day	37%	32%	No
Eat 3+ Vegetables Per Day	16%	16%	No
Eat 5+ Fruits & Vegetables Per Day	20%	18%	No
	2012, 2014	2014, 2016	Significant Change Since 2011
Routine Dental Visit, Last Year	68%	74%	No
Teeth Removed , Ages 45-64	49%	49%	No
Mammogram, Last 2 Years, Women 50-74	77%	79%	No
Meet Colorectal Cancer Screen Recommendations, Adults 50-75	60%	68%	No
PAP Test, Last 3 Years, Women 21-65	87%		

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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802-863-7663

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

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

Towns in the Rutland Health District are: Goshen, Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Hubbardton, Ira, Killington, Mendon, Middletown Springs, Mount Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland, Rutland City, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, and West Rutland.