



Behavioral Risk Factor Surveillance System

2021 Report

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Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is completed by the Vermont Department of Health in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C., and most U.S. territories participate in the BRFSS.

In Vermont, each year, more than 6,000 adults are randomly and anonymously selected and interviewed as part of the BRFSS. All respondents are asked a uniform set of questions and results are weighted to represent the adult population of the state.

Additional information about the BRFSS can be found on the Department of Health and CDC websites:

www.healthvermont.gov/brfss

www.cdc.gov/brfss

New in 2021

The 2021 Vermont BRFSS questionnaire included new questions on:

- Caregiving
- Intimate partner violence: Ever frightened by an intimate partner
- Sexual violence: Ever made to take part in any non-consensual sexual activity
- COVID-19 vaccination

Methodology

Since 2011, weights have been calculated by the CDC using an iterative proportional fitting (or “raking”) methodology, which allows for the data to more accurately represent the adult population. This method allows the weights to be calculated using a smaller sample size, adjusts for more demographic variables and incorporates cell phone interview data into estimates.

The Vermont Department of Health recommends that comparisons with data prior to 2011 be made with caution. Statistical differences between data from 2011 onward versus prior to 2011 may be due to methodological changes and not changes in opinion or behavior.

Due to COVID-19 vaccination data only being collected for a partial year in 2021, different weights were used to calculate the estimates for this indicator.

Executive Summary

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is completed by the Vermont Department of Health in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C., and most U.S. territories participate in the BRFSS.

In 2021, BRFSS surveys were completed among 6,580 adults from across the state. These results are weighted to be representative of the entire adult population. The annual summary provides data on most survey questions broken down by sex, age, education, income, race and ethnicity, sexual orientation and gender identity, disability status, survey year, and county.

The Vermont Department of Health acknowledges that complex upstream factors, including social, economic and environmental inequities, can have a greater impact on health than individual behaviors and choices.

Health Status Indicators

Overall, most Vermont adults report good to excellent general health, with one in eight reporting fair or poor health (12%). Disparities are seen in general health, as fair or poor health is reported more frequently among adults with low education (20%), low income (32%), and a disability (34%). Most Vermont adults report having access to health care. More than nine in ten adults ages 18-64 have a health plan (94%), and 90% of adults have a personal health care provider. Men, younger adults and adults with lower education or income are less likely to have a personal health care provider. Only six percent of Vermont adults say there was a time in the past year that they did not go to a provider because of cost. Adults with lower education or income, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to delay medical care due to cost. Across each of these measures, Vermont reported statistically better general health and access to health care than U.S. adults.

Poor physical health among Vermont adults is reported at a statistically lower rate than U.S. adults (10% vs. 11%). Poor physical health is reported more frequently among adults of older age, with lower education, low income, and a disability.

New in 2021, Vermonters were asked about providing regular care or assistance to a friend or family member with a health problem or disability in the past month. Eighteen percent of Vermont adults identify as caregivers. Caregiving is reported more frequently among women and adults ages 45-64. In the next two years, one in seven Vermont adults expect to provide care or assistance to a friend or family member with a health problem or disability (14%).

Executive Summary (continued)

Chronic Condition Indicators

Among Vermont adults, the prevalence of chronic conditions included on the BRFSS has been stable since 2011. As compared with the U.S., prevalence of the following chronic conditions are statistically lower among Vermont adults: chronic kidney disease (2% vs. 3%), diabetes (9% vs. 11%), high cholesterol (32% vs. 36%), hypertension, (25% vs. 30%), obesity among ages 20 and older (30% vs. 34%), and overweight among ages 20 and older (32% vs. 35%).

Arthritis (29%), asthma (12%), and skin cancer (8%) are reported at statistically higher rates in Vermont than among U.S. adults (25%, 10%, and 6%, respectively). Higher rates of chronic disease are generally reported among older Vermont adults, adults with less education or income, and adults with a disability. Vermonters report a higher rate of depressive disorder than U.S. adults (25% vs. 19%). Prevalence of a depressive disorder is higher among women, younger adults, adults with lower education or income, LGBTQ+ adults and those with a disability.

Risk Behavior Indicators

Alcohol use (61%), heavy drinking (9%), and cigarette smoking (16%) are reported at statistically higher rates in Vermont than among U.S. adults (52%, 6%, and 14%, respectively). Significant disparities exist among adults who smoke cigarettes, with higher rates of use among adults with lower education or income, and with a disability.

E-cigarette use (5%) and not participating in any leisure time physical activity (17%) is statistically lower among Vermont adults than U.S. adults (7% and 23%, respectively). No leisure time physical activity is reported more frequently among older adults, adults with lower education or income, BIPOC adults and those with a disability.

Three percent of Vermont adults use smokeless tobacco. Nearly half of Vermont adults who smoke tobacco have made an attempt to quit smoking in the past year (47%).

More than two in ten Vermont adults report using cannabis in the past month (22%), statistically more than the 18% of adults using cannabis in 2020. Cannabis use is reported more frequently among men, younger adults, adults with lower education and LGBTQ+ adults.

Fifteen percent of Vermont adults report that an intimate partner has ever physically hurt them. Twelve percent of Vermont adults report they have ever been frightened for their safety or the safety of their family or friends because of anger or threats by a current or former intimate partner. Sixteen percent of Vermont adults report that an intimate partner has ever tried to control their daily activities. Experiencing physical harm or being frightened or controlled by an intimate partner is reported more frequently among women, adults with lower education or income, LGBTQ+ adults and those with a disability.

Executive Summary (continued)

Risk Behavior Indicators (continued)

One in six Vermont adults report having ever been made by to take part in any non-consensual sexual activity (16%). Being made to take part in any non-consensual sexual activity is reported more frequently among women, younger adults, adults with low income, LGBTQ+ adults and those with a disability. Two percent of Vermont adults report that someone exposed them to unwanted non-physical sexual situations in the past month. Younger adults and LGBTQ+ adults are more likely to report recent exposure to unwanted non-physical sexual situations.

Six percent of Vermont adults have seriously considered suicide in the past year. Younger adults, adults with lower education or income, LGBTQ+ adults and those with a disability are more likely to report having seriously considered suicide in the past year.

Preventive Behaviors & Health Screenings

New in 2021, Vermonters were asked about receiving a COVID-19 vaccination. Nine in ten Vermont adults report receiving a COVID-19 vaccination (90%).

More than seven in ten Vermont adults ages 65 and older have had a recent flu vaccination (73%), statistically higher than among U.S. adults (68%).

More than seven in ten Vermont adults ages 65 and older have ever received a pneumococcal vaccine (71%). Similarly, 72% of Vermont adults had a routine doctor visit in the past year.

Cholesterol screening (81%), and HIV screening in the past year (8%) among all adults are reported at statistically lower rates in Vermont than among U.S. adults (85% and 9%, respectively).

More than two in ten Vermont adults report eating at least five fruits and vegetables per day (23%), statistically higher than among U.S. adults (16%).

One-quarter of Vermont adults with private drinking water tested their water within the past year (25%). Younger adults and LGBTQ+ adults are more likely to have tested their private drinking water within the past year.

Demographics

Demographics

Using weighted BRFSS data, the next few pages describe the demographics of adult Vermont residents.

Half of adults are women (51% vs. 49%). Thirteen percent of adults are ages 18-24. Three in ten are ages 25-44 (29%). One-third of adults are between 45 and 64 (32%) and one-quarter are 65 and older (26%).

More than one-third of Vermont adults have a high school education or less (36%). Nearly three in ten have some college education (28%), and more than one-third of adults have a college education or higher (35%).

More than one in ten adults live in households earning less than \$25,000 annually (13%). One-quarter of adults live in homes earning \$25,000- <\$50,000 annually (25%). Nearly two in ten adults live in homes with incomes between \$50,000-<\$75,000 annually (19%), and more than four in ten adults have household incomes of \$75,000 or more (42%).

One in four Vermont adults have a disability (25%).

Note: The demographic sex category in this report reflects sex assigned at birth, unless this information was not reported. In those cases, information from a sex question in the screening section of the questionnaire was used.

Demographic Characteristics, 2021		Percent
Sex	Male	49%
	Female	51%
Age	18-24	13%
	25-44	29%
	45-64	32%
	65+	26%
Education Level	High School or Less	36%
	Some College	28%
	College or More	35%
Household Income Level	Low (<\$25K)	13%
	Middle (\$25K-<\$50K)	25%
	High (\$50K-<\$75K)	19%
	Highest (≥\$75K)	42%
Disability	No Disability	75%
	Any Disability	25%

Demographics (continued)

Ninety-three percent of adults are white, non-Hispanic. Two percent of adults are Hispanic. One percent of adults are non-Hispanic Asian, Native Hawaiian, Pacific Islander; Alaskan Native, American Indian; Black; and multi-racial. Less than 1% of adults are another race.

Nine in ten Vermont adults are heterosexual (90%). Six percent of adults are bisexual. Two percent of adults are lesbian or gay. Adults of another sexual orientation make up 2% of Vermont’s adult population.

Less than 1% of adults identify as transgender.

Note: The number of sampled Vermonters of each race (other than white, non-Hispanic) does not allow for analysis with strong statistical confidence. In order to have enough confidence for analysis, all Black, Indigenous and people of color were grouped into a “BIPOC” category to compare to white, non-Hispanic. For similar reasons, lesbian, gay, bisexual, other sexual orientation and transgender Vermonters were grouped into a “LGBTQ+” category to compare to heterosexual and cisgender adults.

Demographic Characteristics, 2021		Percent
Race/ Ethnicity	White	93%
	Hispanic	2%
	Asian, Native Hawaiian, Pacific Islander	1%
	Alaskan Native, American Indian	1%
	Black	1%
	Multi-racial	1%
	Other race	1%
Sexual Orientation	Heterosexual	90%
	Bisexual	6%
	Lesbian/Gay	2%
	Other sexual orientation	2%
Gender Identity	Cisgender	99%
	Transgender	1%

Demographics (continued)

Four percent of Vermont women 18-44 were pregnant in 2021.

One in ten Vermont adults have ever been on active duty in the military (9%). This includes the National Guard or reservists ever activated to active duty.

Half of Vermont adults report being married (51%). Twenty-three percent have never been married, while 13% are divorced, 6% are widowed, and 6% are part of an unmarried couple. Few are separated (1%).

More than six in ten Vermont adults are employed (62%), which is defined as those responding, 'employed for wages' or 'self-employed'. More than two in ten adults are retired (22%). Five percent of adults report their employment status as: unemployed, currently unable to work, or a student. Two percent of adults report their employment status as a homemaker.

Three-quarters of Vermont adults say they own their home (74%). Two in ten rent (21%), and five percent have some other arrangement.

More than seven in ten Vermont adults have no children under the age of 18 in their home (72%). Twelve percent have one child and 11% have two children in their home. Three percent have three children, while two percent have four or more children in their home.

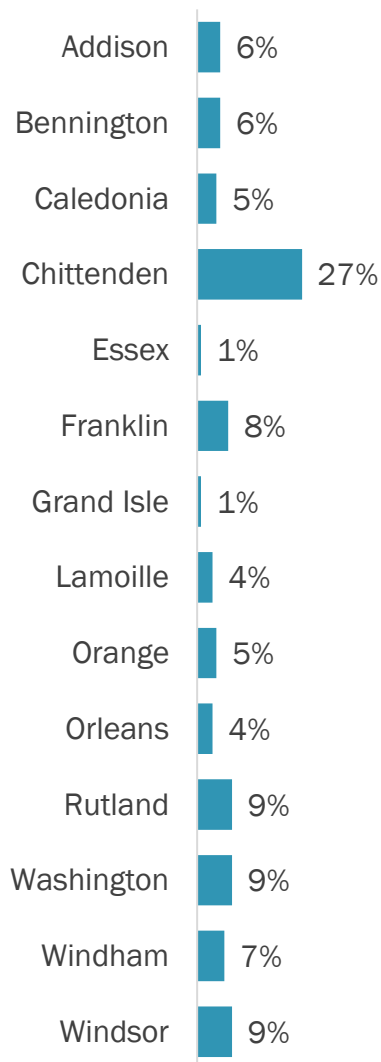
Demographic Characteristics, 2021		Percent
Pregnancy Status	Pregnant	4%
	Not Pregnant	96%
Veteran Status	Veteran	9%
	Non-Veteran	91%
Marital Status	Married	51%
	Never Married	23%
	Divorced	13%
	Widowed	6%
	Unmarried Couple	6%
	Separated	1%
Employment Status	Employed	62%
	Retired	22%
	Unemployed	5%
	Unable to Work	5%
	Student	5%
	Homemaker	2%
Homeowner Status	Own	74%
	Rent	21%
	Other Arrangement	5%
Children Under 18 Years of Age in the Home	No Children	72%
	One Child	12%
	Two Children	11%
	Three Children	3%
	Four or More Children	2%

Demographics (continued)

More than one-quarter of Vermont adults report living in Chittenden County (27%).

Nine percent live in Rutland, Washington and Windsor counties. Between five and eight percent live in: Franklin, Windham, Addison, Bennington, Caledonia and Orange counties. Less than five percent live in Orleans, Lamoille, Grand Isle and Essex counties.

County of Residence, 2021



Health Status Indicators

General Health Status

One in eight Vermont adults report fair or poor general health (12%), this is statistically lower compared to 16% of U.S. adults.

Men and women report statistically similar rates of fair or poor health.

Older adults are more likely to report fair or poor health.

- Adults 45 and older are statistically more likely to report fair or poor health than those 25-44.

Adults with a high school education or less are four times more likely to report fair or poor health than those with a college education or higher.

- All differences by education level are statistically significant.

Adults in low-income homes are over six times more likely to have fair or poor health than those in the highest income homes.

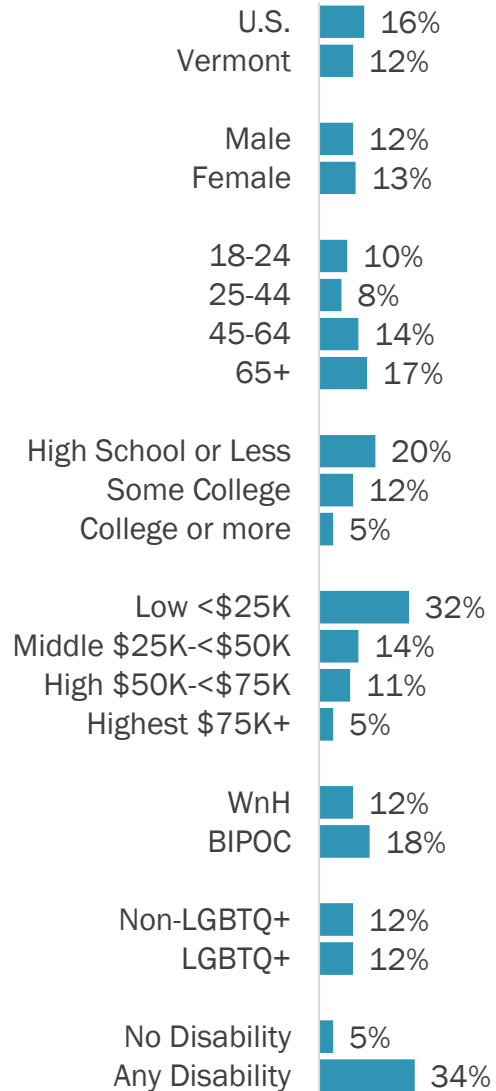
- All differences by income are statistically significant except between adults in homes with middle incomes and those with high incomes.

There are no differences in fair or poor health by race and ethnicity, or sexual orientation and gender identity.

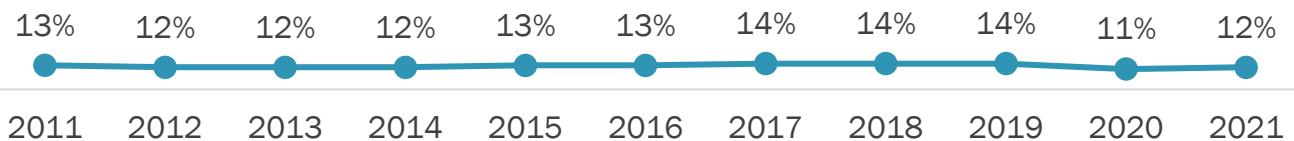
Adults with a disability are nearly seven times more likely to report fair or poor health than adults with no disability, a statistical difference.

The proportion of Vermont adults with fair or poor health is statistically similar to 2020 and 2011.

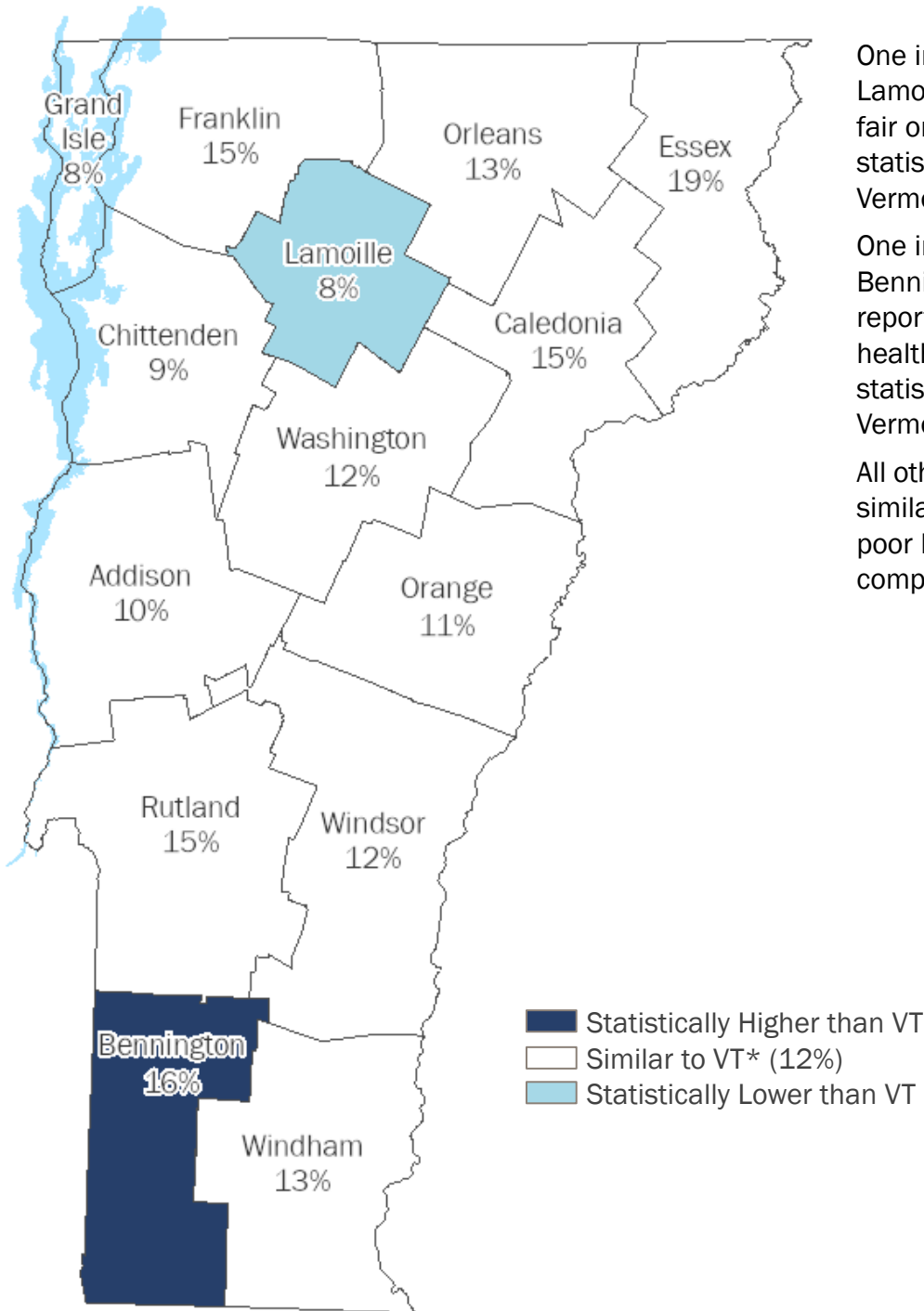
Vermont Adults with Fair or Poor Health, 2021



Vermont Adults with Fair or Poor Health



Vermont Adults with Fair or Poor Health by County, 2020-2021



One in twelve adults in Lamoille County report fair or poor health (8%), statistically lower than Vermont overall.

One in six adults in Bennington County report fair or poor health (16%). This is statistically higher than Vermont overall.

All other counties have similar rates of fair or poor health when compared to Vermont.

*Vermont estimate represents two years of data.

Medical Health Plan Coverage

More than nine in ten Vermont adults ages 18-64 have health care coverage (94%). This is statistically higher than the 89% among U.S. adults ages 18-64.

Men and women report having a health plan at statistically similar rates.

Adults 25-44 are statistically less likely to have a health plan than those 45-64.

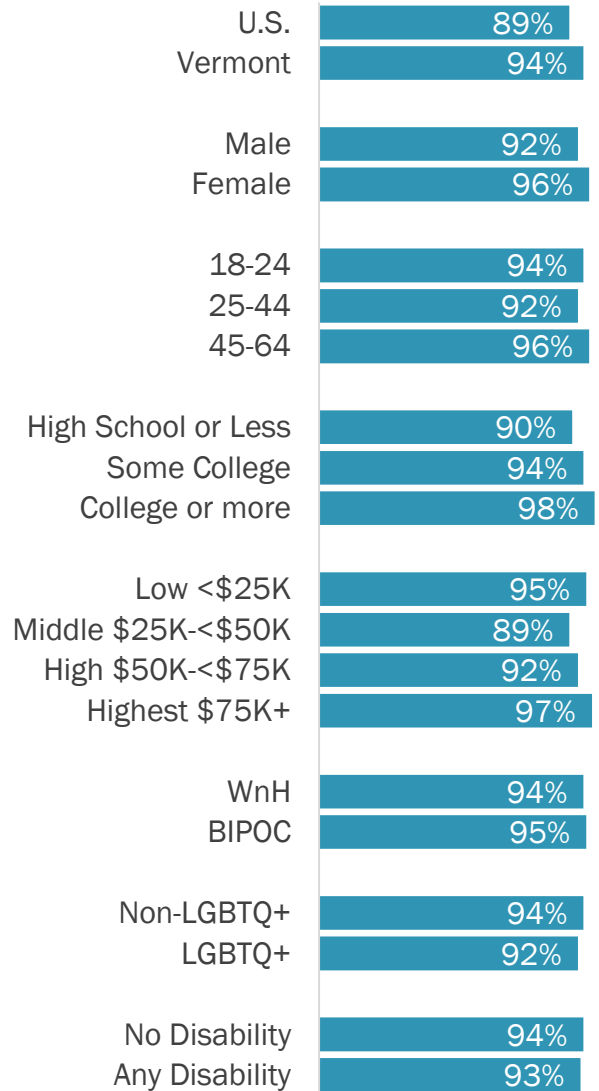
Reported health plan coverage is statistically lower among adults with some college education or less compared to adults with at least a college degree.

Adults in homes with the highest annual income are statistically more likely to have a medical health plan than those with middle to high household incomes.

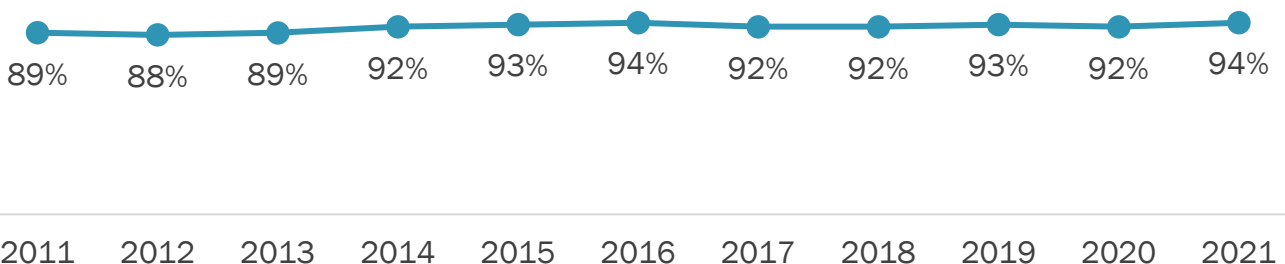
There are no differences in health plan coverage by race and ethnicity, sexual orientation and gender identity or disability status.

The proportion of adults reporting medical health plan coverage is statistically similar to 2020, but higher than 2011.

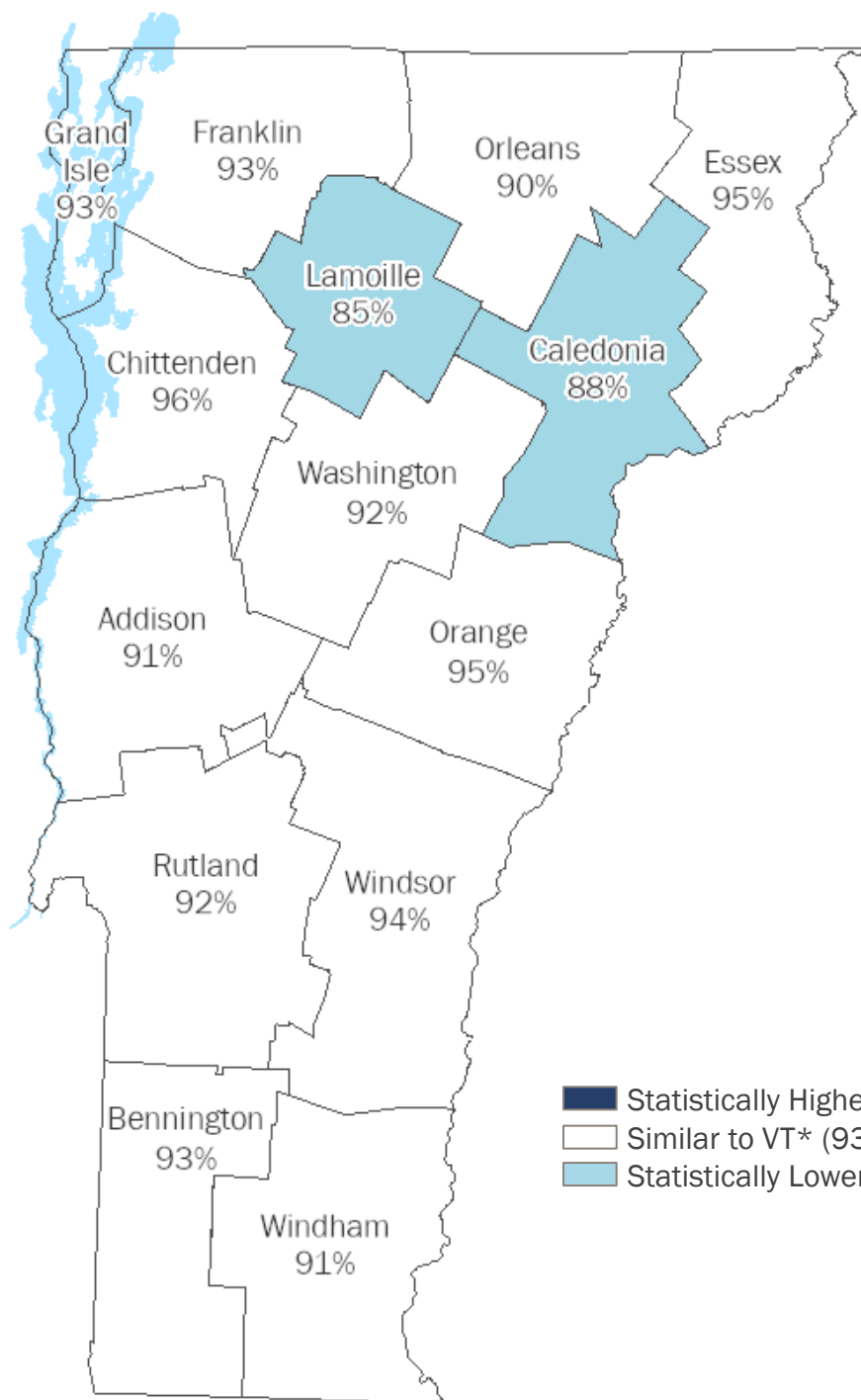
Vermont Adults 18-64 with a Medical Health Plan, 2021



Vermont Adults 18-64 with a Medical Health Plan



Vermont Adults Ages 18-64 with a Medical Health Plan by County, 2020-2021



Eighty-eight percent of adults 18-64 in Caledonia County and 85% of adults in Lamoille County have a medical health plan, statistically lower than the proportion of Vermont adults 18-64 with a health plan.

In all other counties, the percent of adults with a medical health plan is similar to Vermont.

- Statistically Higher than VT
- Similar to VT* (93%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

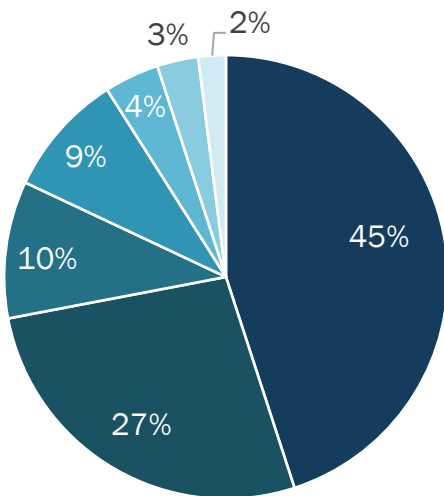
Medical Health Plan Coverage – Source

Among Vermont adults with a health plan, regardless of age, nearly half have a plan purchased through their or someone else’s employer or union (45%). More than one-quarter of adults have Medicare or Medigap (27%), one in ten have Medicaid (10%), and nine percent purchased a private health plan themselves. Other health plans Vermonters have for coverage include state programs (4%), military related health care (3%), or Indian Health Service or some other government program (2%).

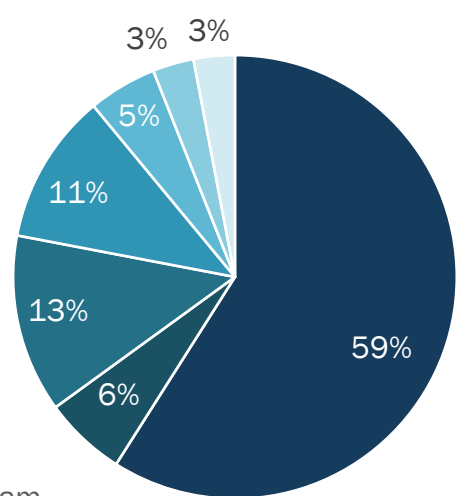
Compared to all Vermont adults, those 18-64 are statistically more likely have an employer or union purchased health plan (59%). Fewer adults 18-64 have Medicare or Medigap (6%), and more have Medicaid (13%), both statistically different compared to all Vermont adults. The proportion with private self-purchased, some other state program, military related health care, or Indian Health Service or some other government program are similar regardless of age limitations.

Note: Due to changes in the response options for this question in 2021, comparisons to prior years cannot be made.

All Vermont Adults with a Health Plan, 2021



Vermont Adults 18-64 with a Health Plan, 2021



- Employer or Union
- Medicare or Medigap
- Medicaid
- Private Self-Purchased
- Other State Program
- Military
- Indian Health Service or Other Government Program

Medical Health Care Access – Provider

Ninety percent of Vermont adults report having a personal health care provider (PCP), statistically higher than the 83% reported by U.S. adults.

Women are statistically more likely than men to have a PCP.

The proportion of adults reporting they have a PCP increases with age.

- All differences by age are statistically significant except between adults 18-24 and 25-44, and between those 45-64 and 65 and older.

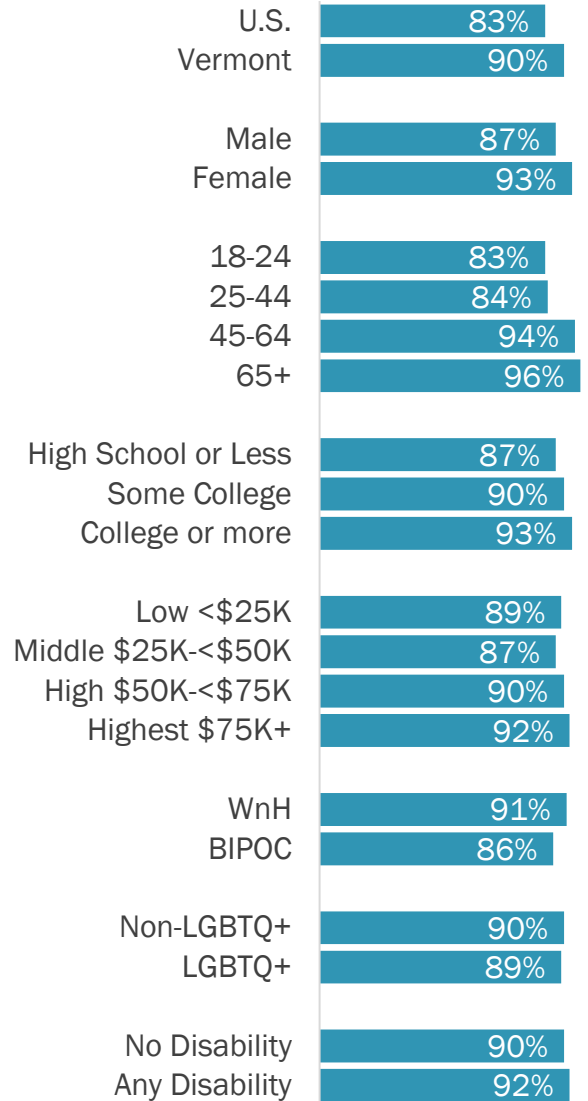
Adults with at least a college degree are statistically more likely to have a PCP than those with a high school education or less.

Adults in homes with the highest annual income are statistically more likely to have a PCP than those with middle household incomes.

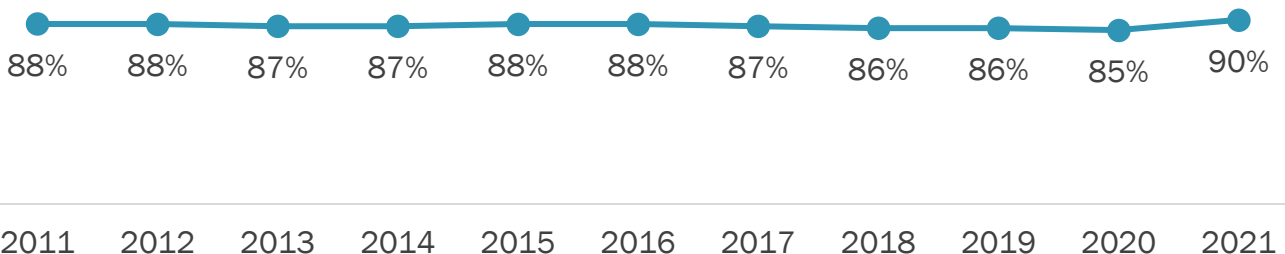
Having a PCP is not statistically different by race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults with a PCP is statistically higher than 2020, but similar to 2011.

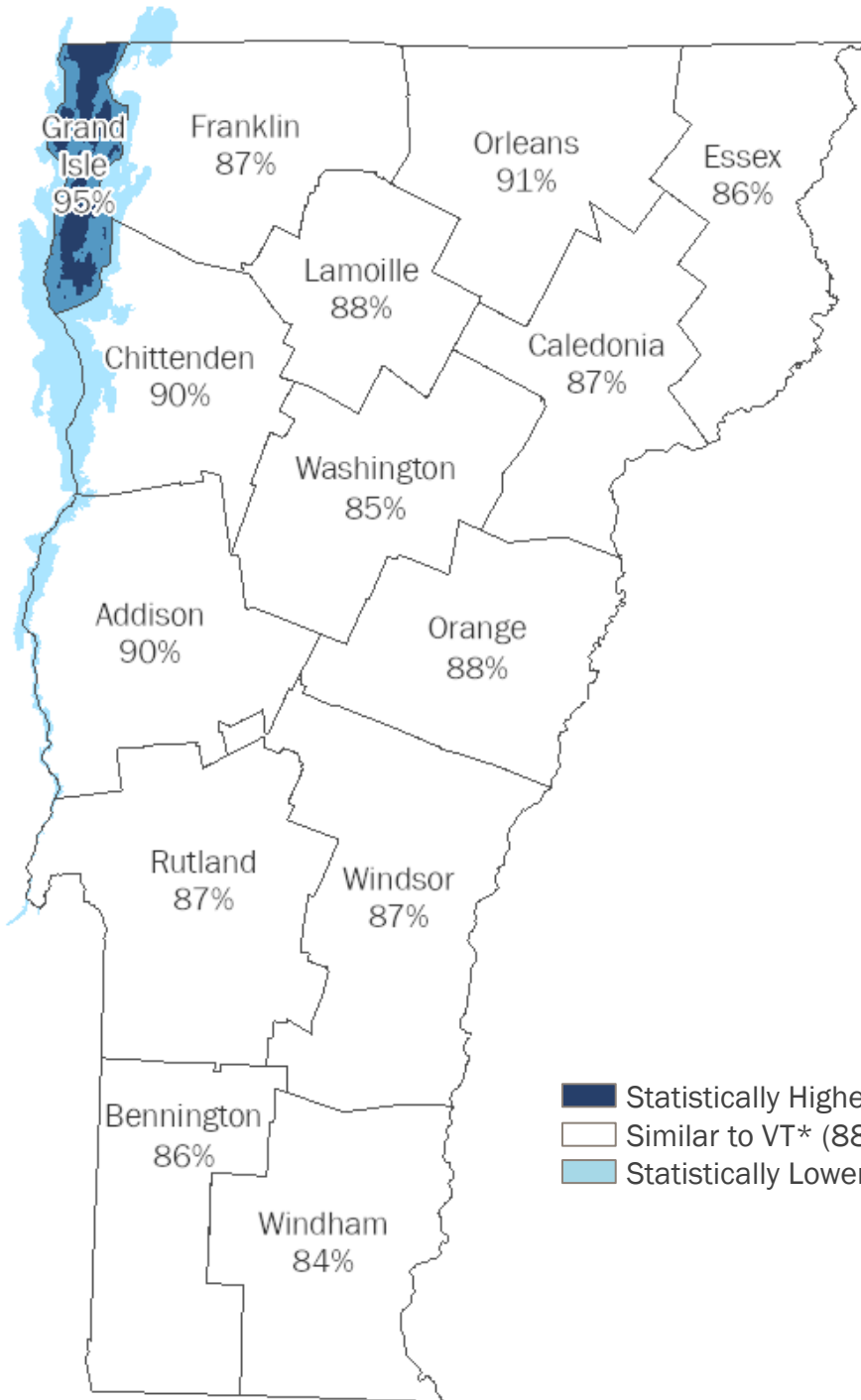
Vermont Adults with a Personal Health Care Provider, 2021



Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider by County, 2020-2021



Ninety-five percent of adults in Grand Isle County have a personal health care provider, statistically higher than Vermont overall.

All other counties have a similar proportion of adults with a personal health care provider, compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (88%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Medical Health Care Access – Delay Due to Cost

Six percent of Vermont adults say there was a time in the past year they did not go to the doctor because of cost. This is statistically lower than the 10% of U.S. adults.

Men and women report not seeing a doctor due to cost at statistically similar rates.

Adults 25-44 are most likely to report not going to the doctor due to cost.

- All differences by age are statistically significant except between adults 18-24 and those 25-44 or 45-64.

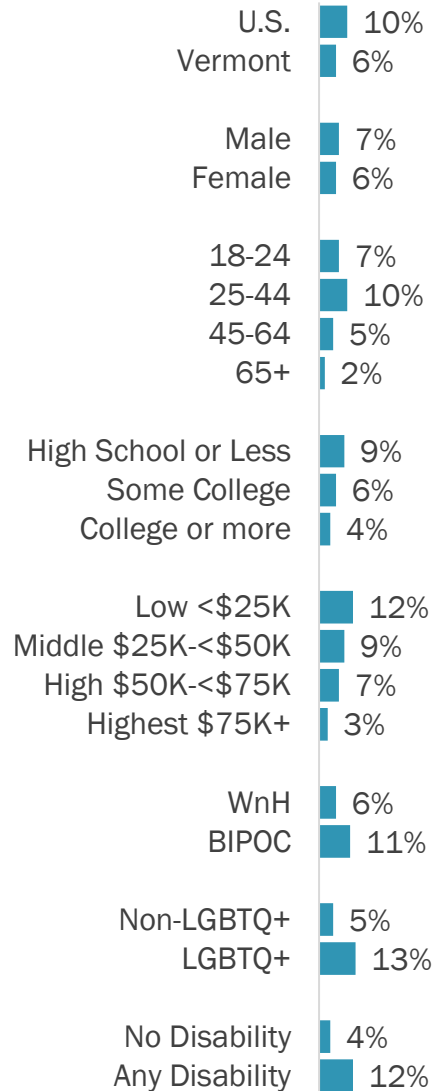
Adults with a high school education or less are statistically more likely to delay medical care due to cost than those with a college education or higher.

Adults with low to high household incomes are statistically more likely to delay medical care due to cost compared to adults in households with the highest annual income.

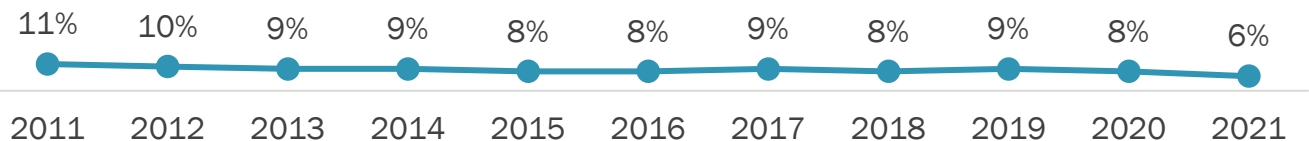
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to delay care due to cost than white, non-Hispanic adults, non-LGBTQ+ adults and those with no disability.

The proportion of adults delaying medical care due to cost is statistically similar to 2020, but lower than 2011.

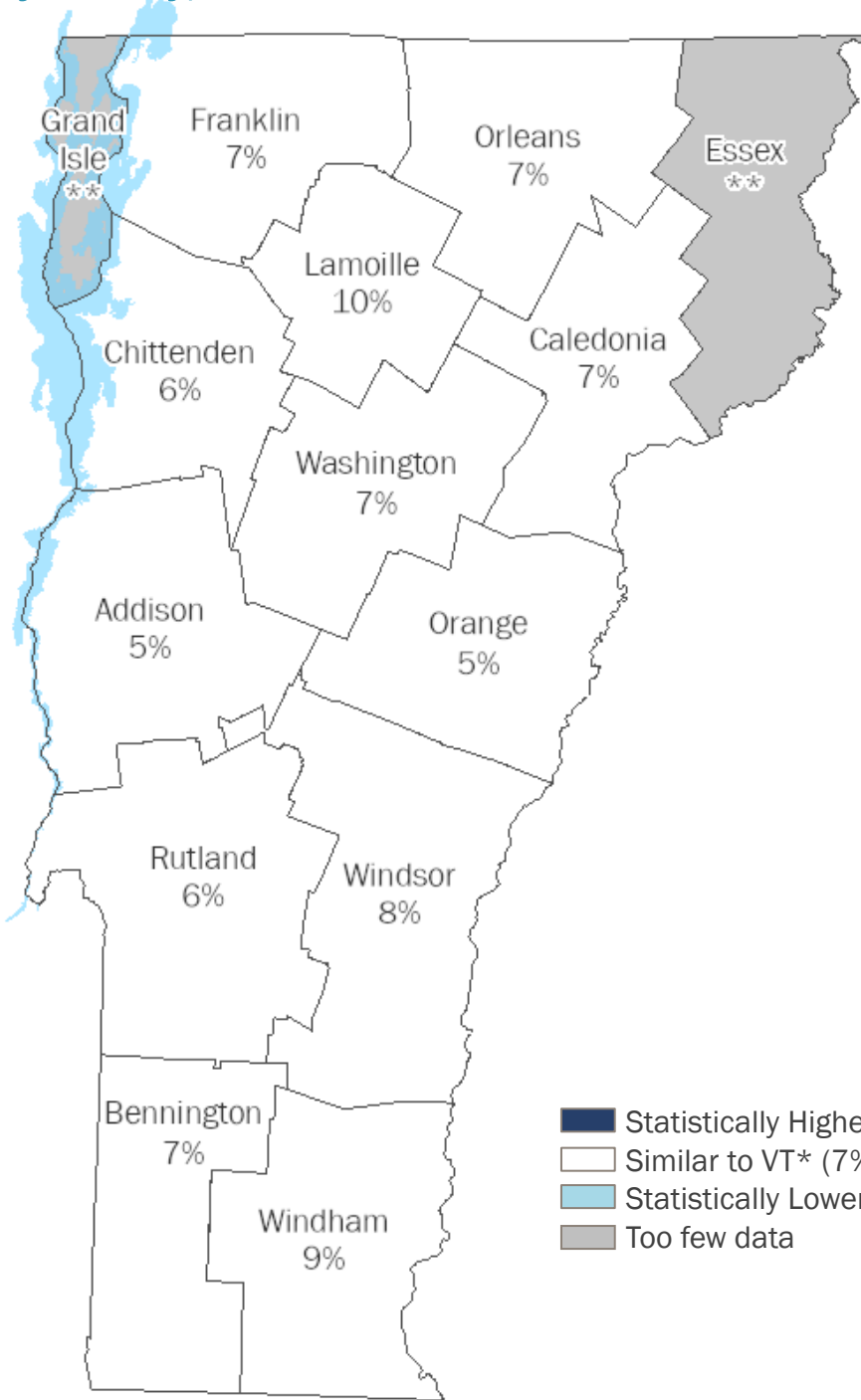
Vermont Adults who Did Not Visit Doctor Due to Cost, 2021



Vermont Adults who Did Not Visit Doctor Due to Cost



Vermont Adults who Did Not Visit Doctor Due to Cost by County, 2020-2021



Adults in all counties delay medical care due to cost at a similar proportion to Vermont overall.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Quality of Life – Physical Health

One in ten Vermont adults report poor physical health^o (10%), statistically lower than the 11% of U.S. adults.

Poor physical health is reported at statistically similar rates for men and women.

Adults 45 and older are statistically more likely to report poor physical health than adults 25-44.

Adults with less education and lower household income are more likely to report poor physical health.

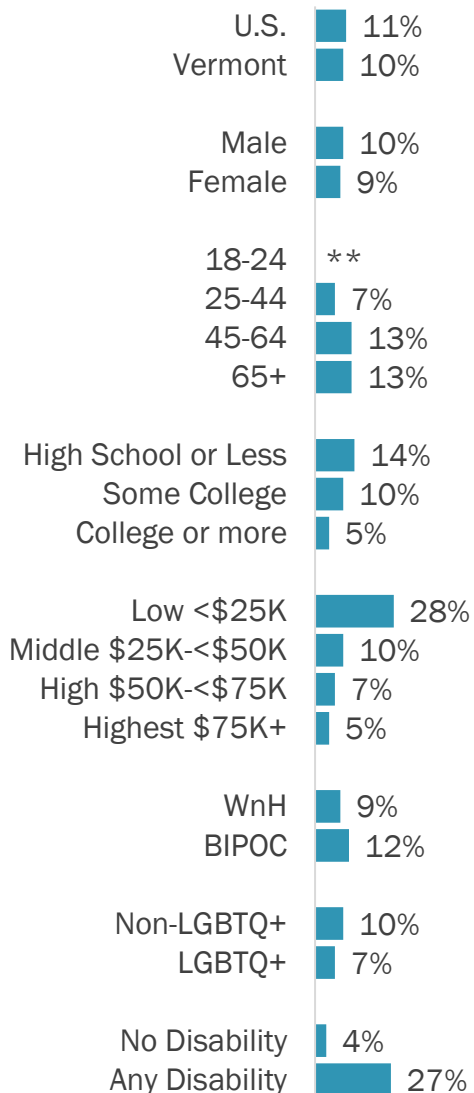
- Poor physical health is statistically higher among adults who have not obtained a college degree.
- Adults in homes with low incomes are statistically more likely to report poor physical health than those in homes with middle to highest incomes.
- Adults in homes with middle incomes are statistically more likely to report poor physical health than those in homes with the highest incomes.

There are no statistical differences in physical health by race and ethnicity, or sexual orientation and gender identity.

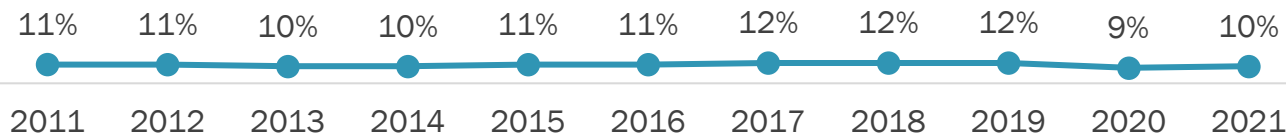
Adults with a disability are nearly seven times more likely to report poor physical health than adults with no disability, a statistical difference.

The proportion of adults with poor physical health is statistically similar to 2020 and 2011.

Vermont Adults with Poor Physical Health, 2021



Vermont Adults with Poor Physical Health

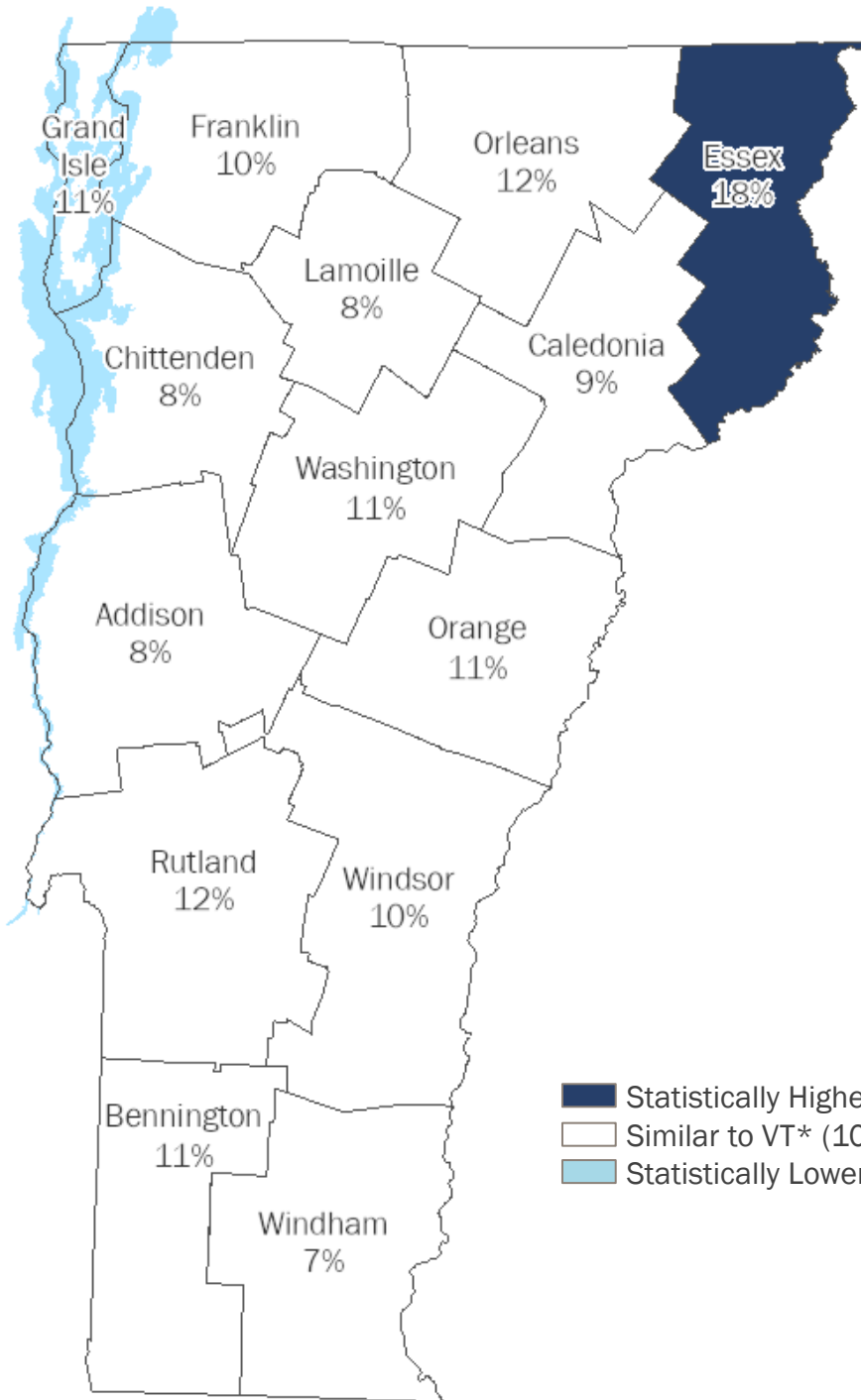


^oPoor physical health defined as 14+ days in the last 30 where physical health self-reported as not good.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Poor Physical Health^o by County, 2020-2021



Eighteen percent of adults in Essex County had 14 or more poor physical health days in the past month, statistically higher than the proportion of Vermont adults.

All other counties report poor physical health at a similar proportion to all Vermont adults.

^oPoor physical health defined as 14+ days in the last 30 where physical health self-reported as not good.
*Vermont estimate represents two years of data.

Quality of Life – Mental Health

One in six Vermont adults report poor mental health^o (16%), statistically similar to the 15% of U.S. adults.

Women are statistically more likely to report poor mental health than men.

Younger adults are most likely to report poor mental health.

- All differences by age are statistically significant except between adults 18-24 and 25-44.

Adults with less education and lower household income are more likely to report poor mental health.

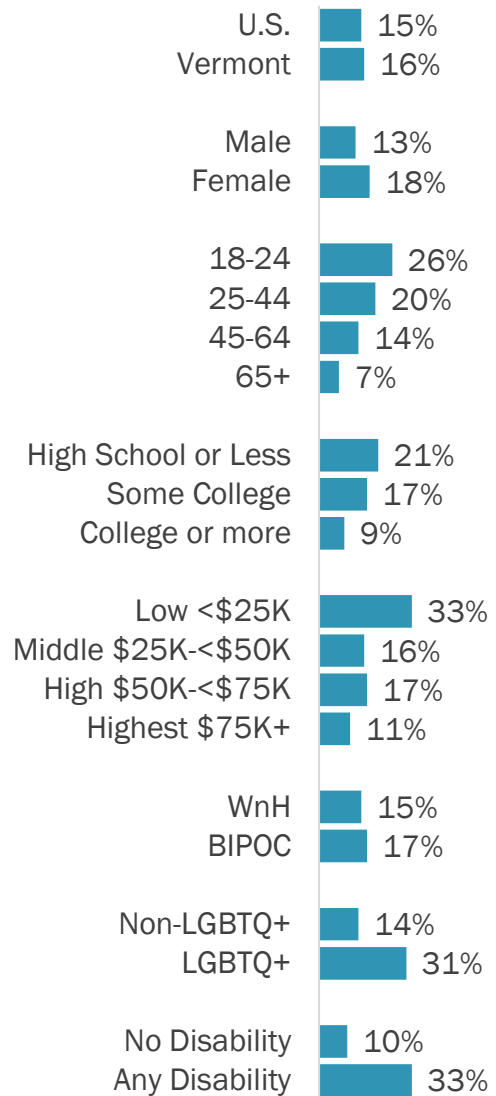
- Adults with less than a college degree are statistically more likely to report poor mental health than adults with at least a college education.
- Adults in homes with low incomes are statistically more likely to report poor physical health than those in homes with middle to highest incomes.

There are no statistical differences in mental health by race and ethnicity.

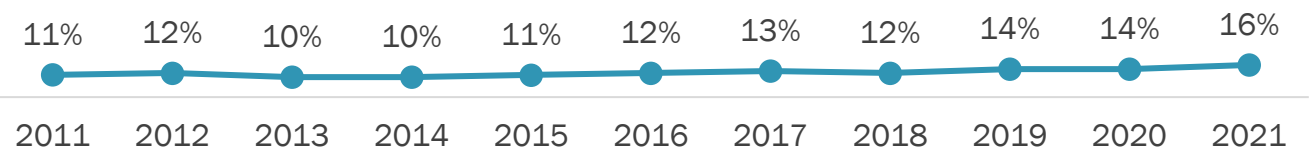
LGBTQ+ adults and adults with a disability are statistically more likely to report poor mental health in the past month than non-LGBTQ+ and adults with no disability.

The proportion of adults reporting poor mental health is statistically similar to 2020, but higher than 2011.

Vermont Adults with Poor Mental Health, 2021

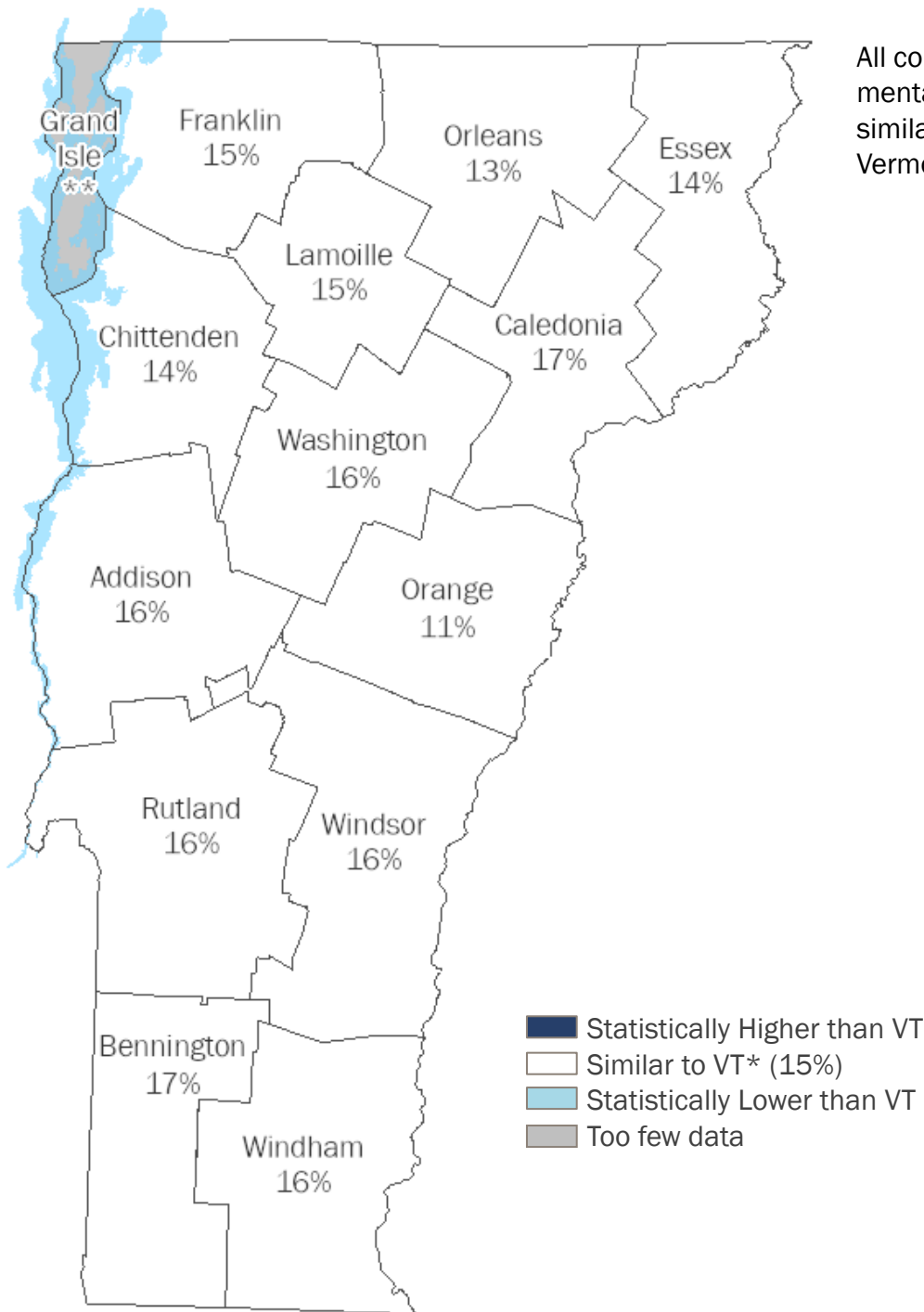


Vermont Adults with Poor Mental Health



^oPoor mental health defined as 14+ days in the last 30 where mental health self-reported as not good.

Vermont Adults with Poor Mental Health^o by County, 2020-2021



All counties report poor mental health at a similar proportion to all Vermont adults.

^oPoor mental health defined as 14+ days in the last 30 where mental health self-reported as not good.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Disability

Disability includes anyone who reports having serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone.

One-quarter of Vermont adults have a disability (25%), statistically lower than the 29% of U.S. adults.

Men and women report statistically similar rates of disability.

Older adults are more likely to have a disability.

- Adults 65 and older are statistically more likely to have a disability than those 18-64.
- Adults 45-64 are statistically more likely to have a disability than those 25-44.

Adults with less education and lower household incomes are more likely to report a disability.

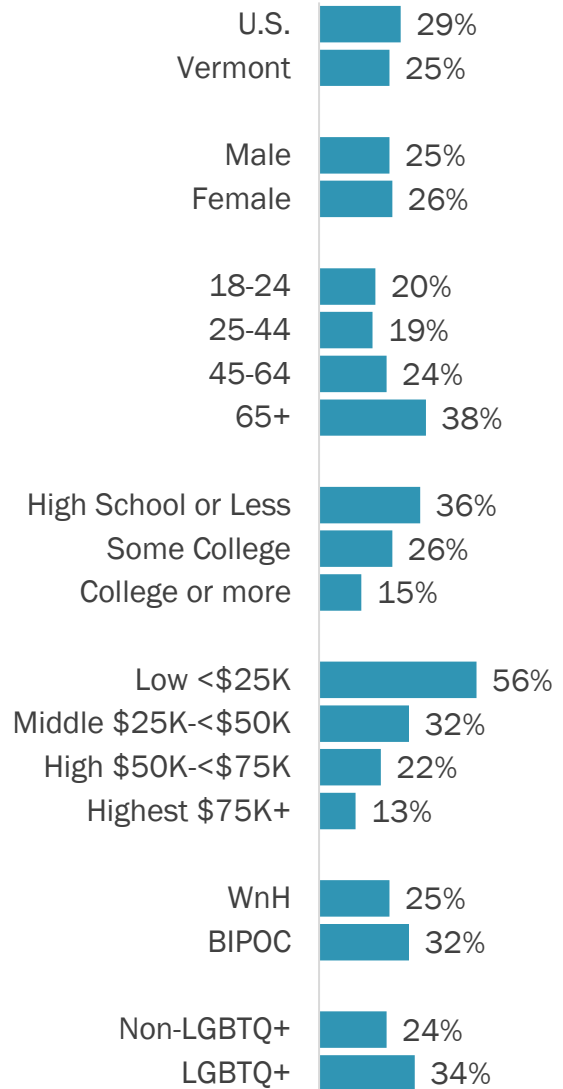
- All differences in disability by education are statistically significant.
- All differences in disability by annual household income level are statistically significant.

There are no statistical differences in reported disability by race and ethnicity.

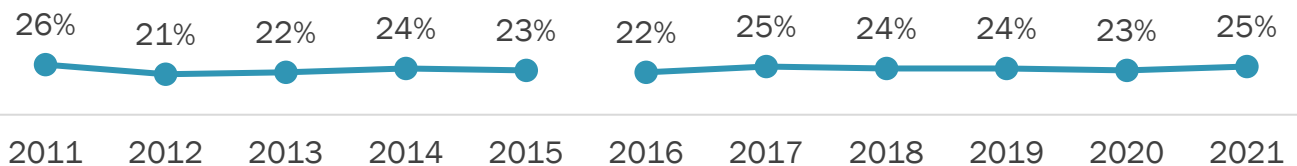
LGBTQ+ adults are statistically more likely to report a disability than non-LGBTQ+ adults.

The proportion of adults with a disability is statistically similar to 2020, but higher than 2016.

Vermont Adults with a Disability, 2021

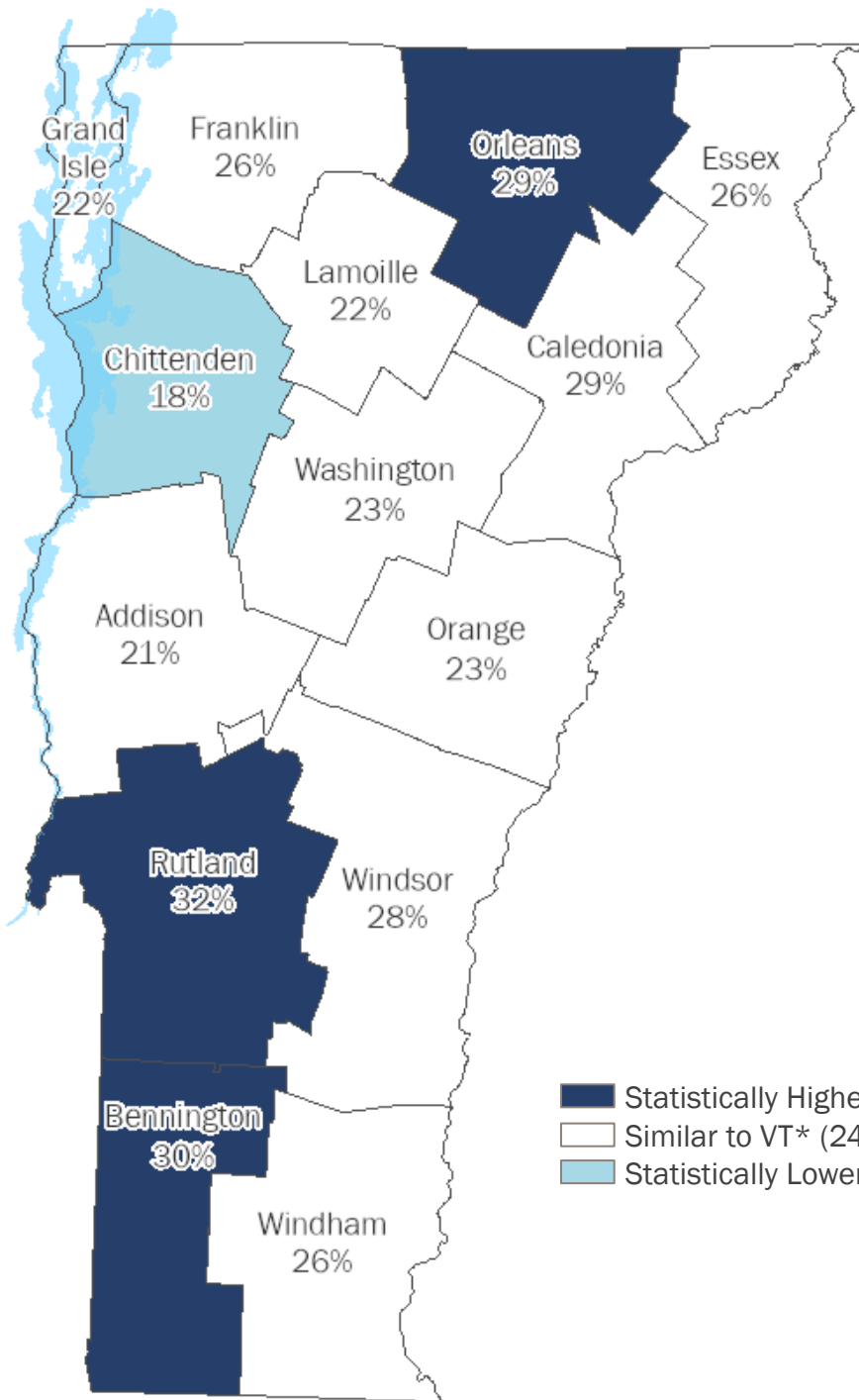


Vermont Adults with a Disability



[Note: Due to changes in the questions used to define disability in 2016, comparisons to prior years cannot be made.]

Vermont Adults with Any Disability^o by County, 2020-2021



Nearly one-third of adults in Rutland County have a disability (32%). Three in ten adults in Bennington County (30%), and nearly three in ten adults in Orleans County (29%) have a disability. These counties have a statistically higher prevalence of adults with a disability than Vermont overall.

Eighteen percent of adults in Chittenden County have a disability, statistically lower than the proportion of all Vermont adults.

All other counties have a similar percent of adults with a disability, compared to Vermont overall.

^oDisability includes anyone who reports having serious difficulty walking or climbing stairs, concentrating or making decisions, hearing, seeing, dressing or bathing, or who, because of a physical, mental, or emotional condition has difficulty doing errands alone.

*Vermont estimate represents two years of data.

Disability – Type

Individual questions are asked about specific disabilities or challenges adults may face related to disability.

Twelve percent of Vermont adults have serious difficulty concentrating, remembering or making decisions due to a physical, mental, or emotional condition. More than one in ten Vermont adults have difficulty walking or climbing stairs (11%).

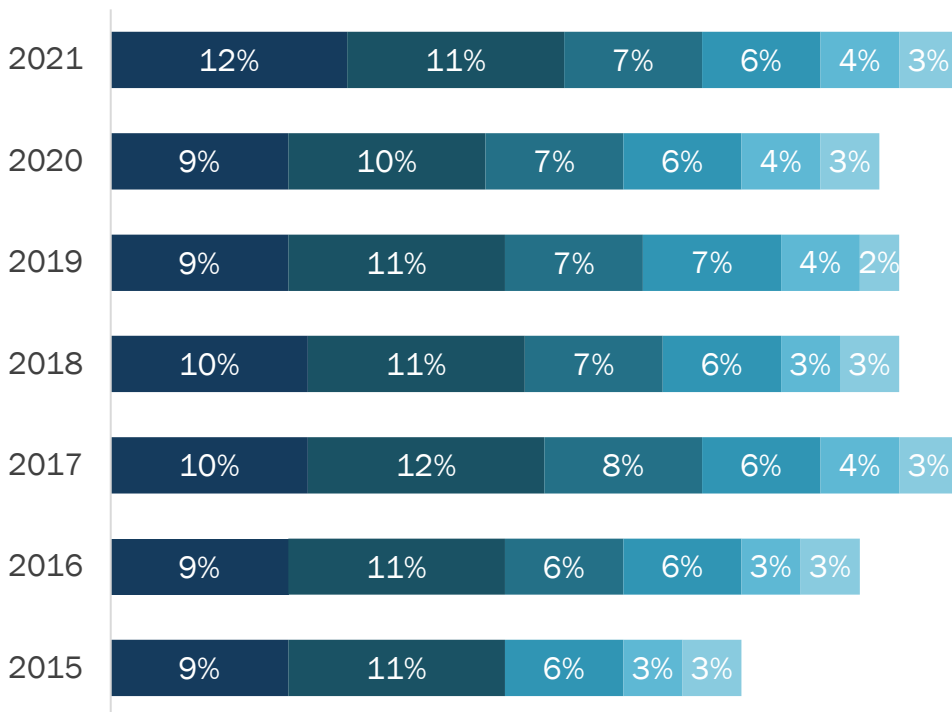
Seven percent of adults have a hearing impairment and six percent have serious difficulty doing errands alone. Less than five percent have difficulty seeing (4%), or dressing or bathing (3%).

The proportion of adults with serious difficulty concentrating or making decisions due to a physical, mental or emotional condition is statistically higher than 2020 and 2015.

The proportion of Vermont adults with all other types of disability are statistically similar to 2020 and 2015.

Type of Disability

- Concentrating, Remembering or Making Decisions
- Hearing Impairment
- Visual Impairment
- Walking or Climbing Stairs
- Doing Errands Alone
- Dressing or Bathing



[Note: Serious difficulty hearing was first asked on the 2016 BRFSS.]

Caregiving

Eighteen percent of Vermont adults report providing regular care or assistance to a friend or family member with a health problem or disability in the past month.

Women are statistically more likely to provide care than men.

All differences in caregiving by age are statistically significant except between adults 25-64 and those 65 and older.

There are no statistical differences in caregiving by education level.

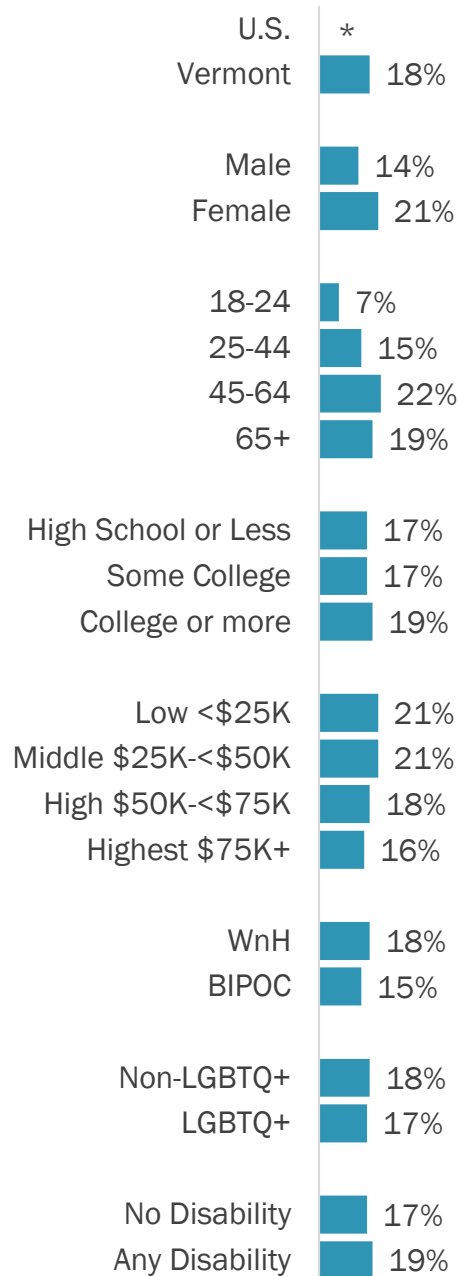
Adults in homes with middle incomes are statistically more likely to provide care than those in homes with the highest incomes.

There are no statistical differences in caregiving by race and ethnicity, sexual orientation and gender identity, or disability status.

In the next two years, one in seven Vermont adults expect to provide care or assistance to a friend or family member with a health problem or disability (14%).

Note: 2021 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Provide Regular Care or Assistance, 2021



*No national estimate available.

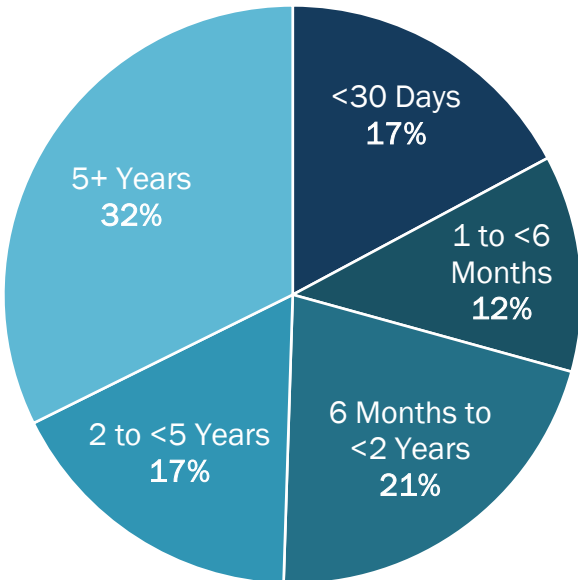
Caregiving Burden

Among Vermont adults who report providing regular care or assistance in the past month to a friend or family member with a health problem or disability, 17% have provided care for less than 30 days. Twelve percent report providing care for one to six months, 21% for six months to less than two years, and 17% for two to five years. Most caregivers report providing care for five or more years (32%).

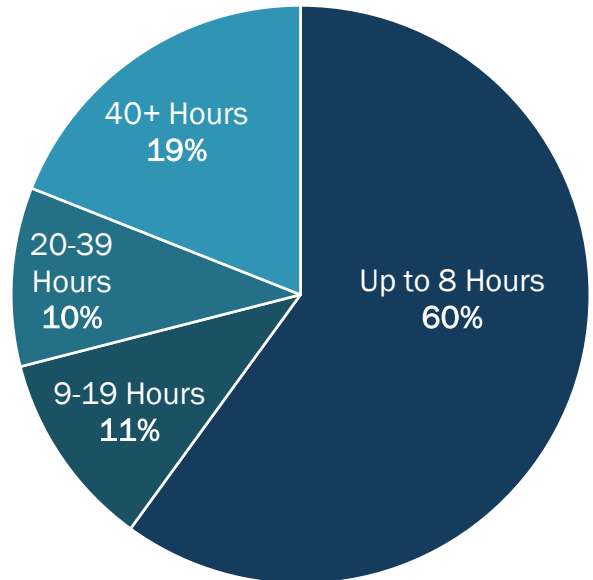
In an average week, most Vermont caregivers (six in ten) report providing care or assistance for up to eight hours (60%). Eleven percent report providing care for nine to 19 hours, ten percent for 20 to 39 hours, and nineteen percent for 40 hours or more in an average week.

In the past month, more than four in ten caregivers managed personal care such as giving medications, feeding, dressing or bathing (43%), and eight in ten caregivers managed household tasks such as cleaning, managing money or preparing meals (79%).

**Length of Time
Caregiving, 2021**



**Hours of Caregiving
in Average Week, 2021**



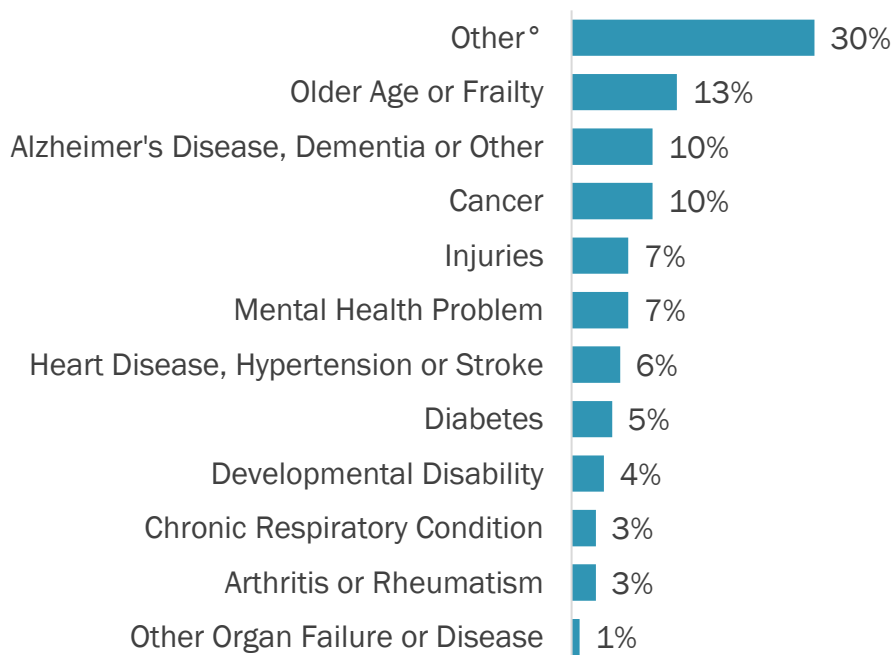
Caregiving Burden

Among the people that caregivers provide regular care or assistance for, the main health problems, long-term illnesses or disabilities reported are: older age or frailty (13%), Alzheimer's disease, dementia or some other cognitive impairment disorder (10%), cancer (10%), injuries, including broken bones (7%), a mental health condition such as anxiety, depression or schizophrenia (7%), and heart disease, hypertension or stroke (6%). Five percent or less of caregivers care for a person whose main health problem is: diabetes (5%), a developmental disability (4%), a chronic respiratory condition such as emphysema or COPD (3%), arthritis or rheumatism (3%), other organ failure or disease such as kidney or liver problems (1%), and some other health problem, including substance use disorder, asthma or HIV (30%).

Caregivers who care for a person with a main health problem other Alzheimer's disease, dementia or some other cognitive impairment disorder were asked if the person they care for also experiences this health problem. Thirteen percent of caregivers report that they care for a person who also has Alzheimer's disease, dementia or some other cognitive impairment disorder, in addition to their main health problem, long-term illness or disability.

Three in ten Vermont adults who report providing care or assistance in the past month care for a parent or parent-in-law (30%). One-quarter care for a non-relative or family friend (25%), and two in ten care for a husband, wife or live-in partner (20%). Eleven percent care for a child or grandchild, and six percent or less care for: a sibling or sibling-in-law (6%), a grandparent (4%), or some other relative (5%).

Main Health Problem, Long-Term Illness or Disability of Person Whom Caregivers Provide Care For, 2021



^oOther includes, but is not limited to, substance use disorder, asthma or HIV.

Chronic Conditions

Arthritis

Nearly three in ten Vermont adults have arthritis (29%), statistically higher than the 25% of U.S. adults.

Women are statistically more likely to have arthritis than men.

Arthritis prevalence increases with age.

- All differences by age are statistically significant.

There are no statistical differences in arthritis prevalence by education level.

The prevalence of arthritis among adults decreases as household income increases.

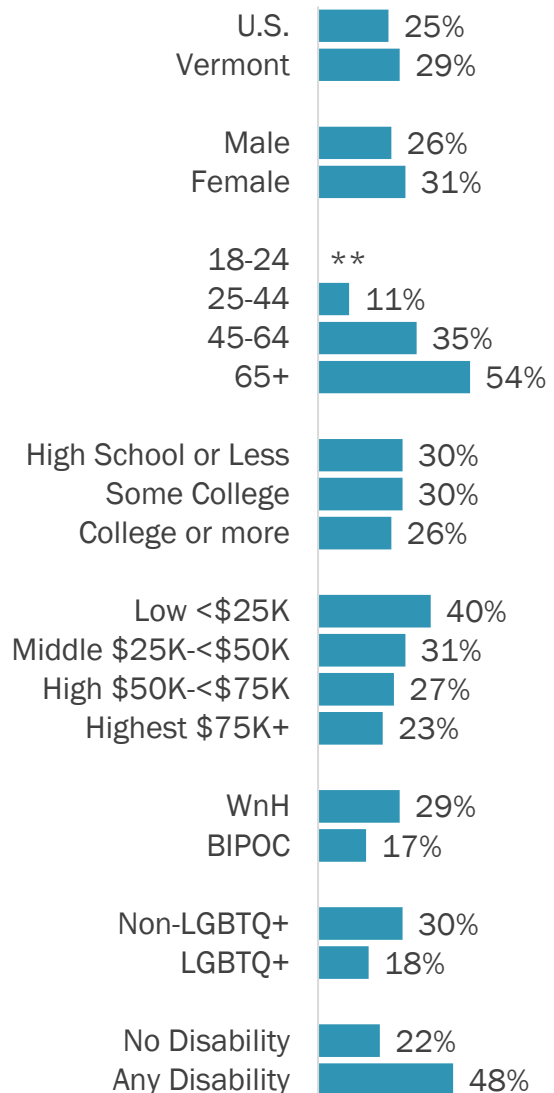
- All differences by income are statistically significant except between households with middle and high incomes, and between those with high and highest incomes.

White, non-Hispanic adults and non-LGBTQ+ adults are statistically more likely to report having arthritis than BIPOC adults and LGBTQ+ adults.

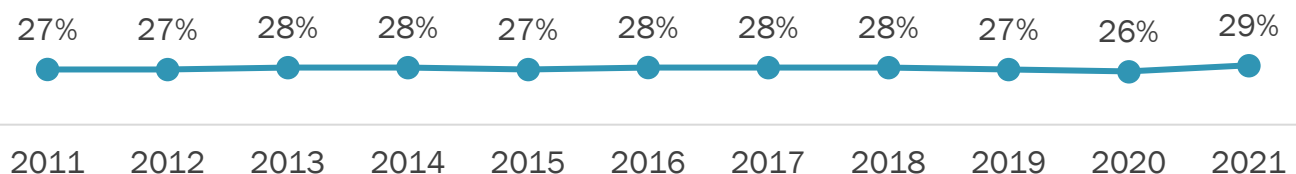
Adults with a disability are more than twice as likely to report having arthritis than adults with no disability, a statistical difference.

The proportion of adults with arthritis is statistically similar to 2020 and 2021.

Vermont Adults with Arthritis, 2021

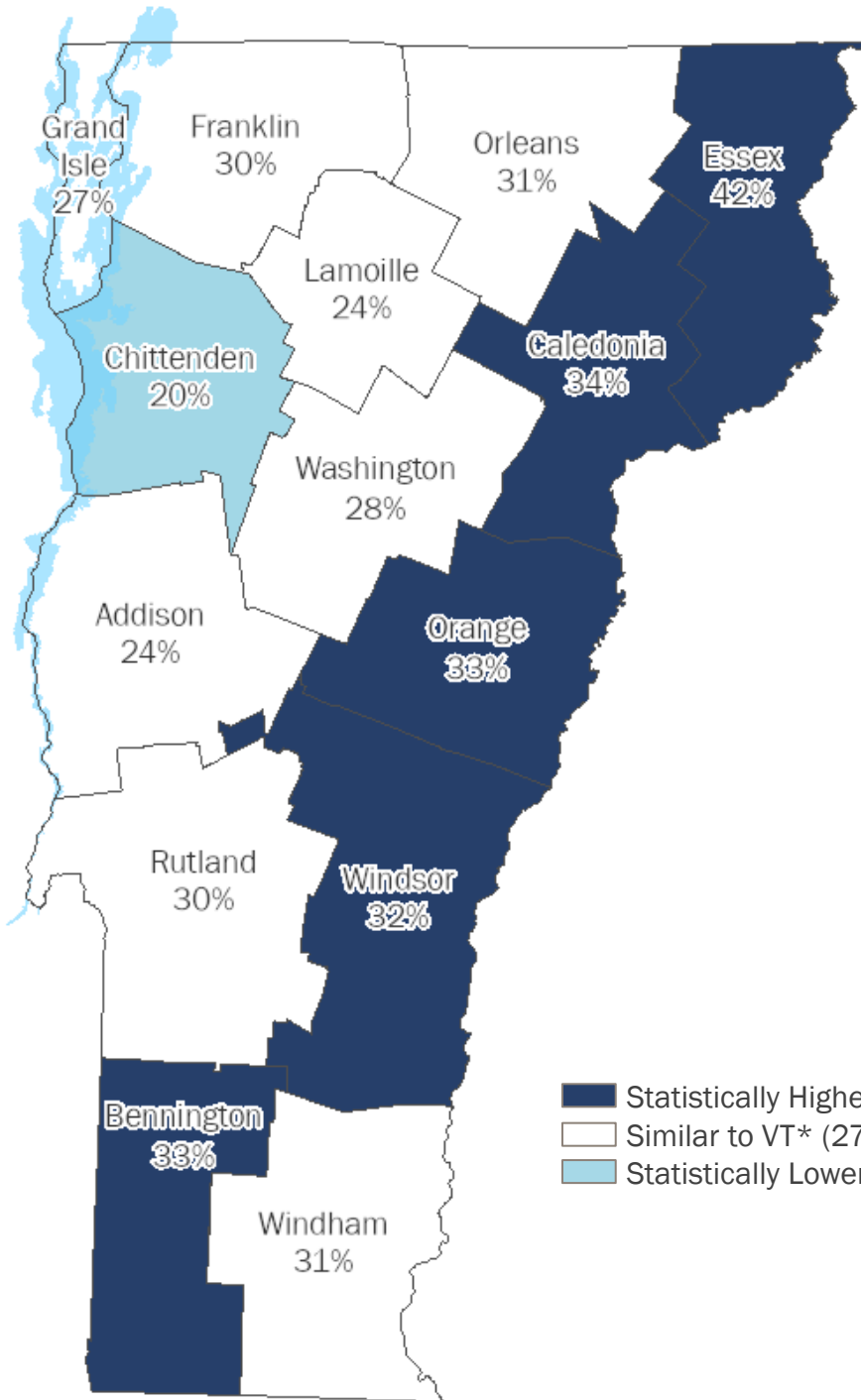


Vermont Adults with Arthritis



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with Arthritis by County, 2020-2021



More than four in ten adults in Essex County have arthritis (42%). One-third of adults in Caledonia (34%), Bennington (33%), Orange (33%), and Windsor (32%) counties have arthritis. These counties have a statistically higher arthritis prevalence than Vermont overall.

Two in ten adults in Chittenden County have arthritis (20%), statistically less than all Vermont adults.

Other counties have a similar arthritis prevalence when compared to all Vermont adults.

- Statistically Higher than VT
- Similar to VT* (27%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Arthritis Burden and Management

Arthritis can impact a person’s participation in activities and limit both the amount and type of work they do. More than four in ten Vermont adults with arthritis say they limited their usual activities due to arthritis or other joint symptoms (41%), statistically similar to the 45% in 2019.

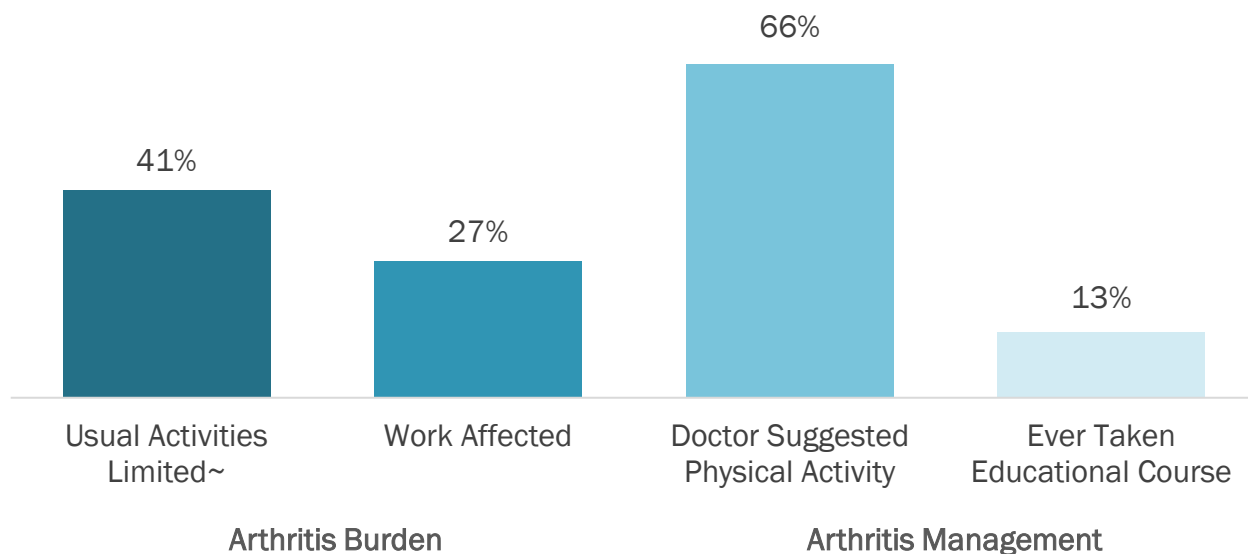
More than one-quarter say their arthritis or joint symptoms affects whether they work, the type of work they do and/or the amount of work they do (27%), statistically lower than the 33% in 2019.

On average, Vermont adults with arthritis rated their joint pain in the past month as 4.5, on a scale of 1 to 10.

Two-thirds of Vermont adults with arthritis have had a doctor suggest physical activity or exercise to help with their arthritis or joint symptoms (66%), statistically similar to the 71% in 2019.

Thirteen percent of adults with arthritis have taken an educational course on how to manage problems related to their arthritis or joint symptoms, statistically similar to the 15% in 2019.

**Limitations Due to Joint Symptoms and Arthritis Management
Among Vermont Adults with Arthritis, 2021**



~Age-adjusted to U.S. 2000 population. [Note: This measure is a Healthy Vermonters 2020 goal.]

Asthma

One in eight Vermont adults currently have asthma (12%), statistically higher than the 10% of U.S. adults.

Women are statistically more likely to have asthma than men.

There are no differences in asthma prevalence by age or education level.

Adults living in homes with low incomes are statistically more likely to have asthma than those in homes with middle or highest incomes.

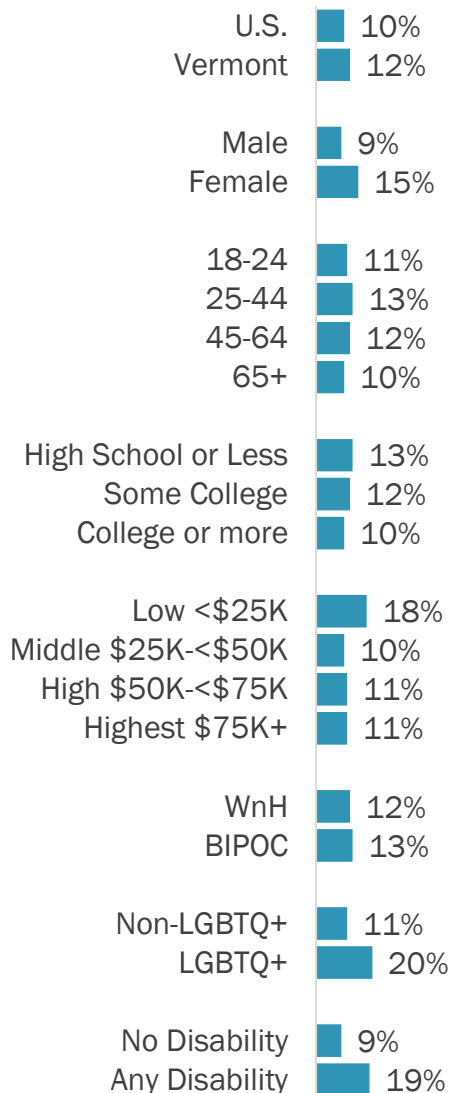
There are no differences in asthma prevalence by race and ethnicity.

LGBTQ+ adults are nearly twice as likely to have asthma than non-LGBTQ+ adults, a statistical difference.

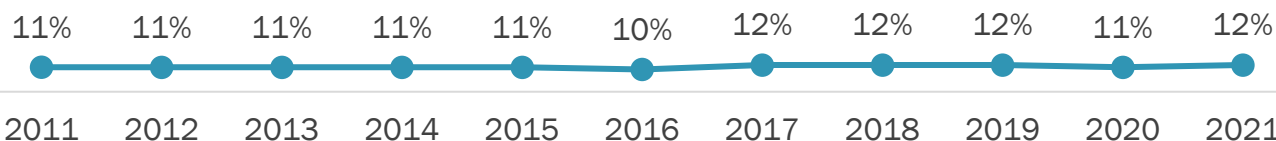
Adults with a disability are more than twice as likely to have asthma than those with no disability, a statistical difference.

The prevalence of asthma among Vermonters is statistically similar to 2020 and 2011.

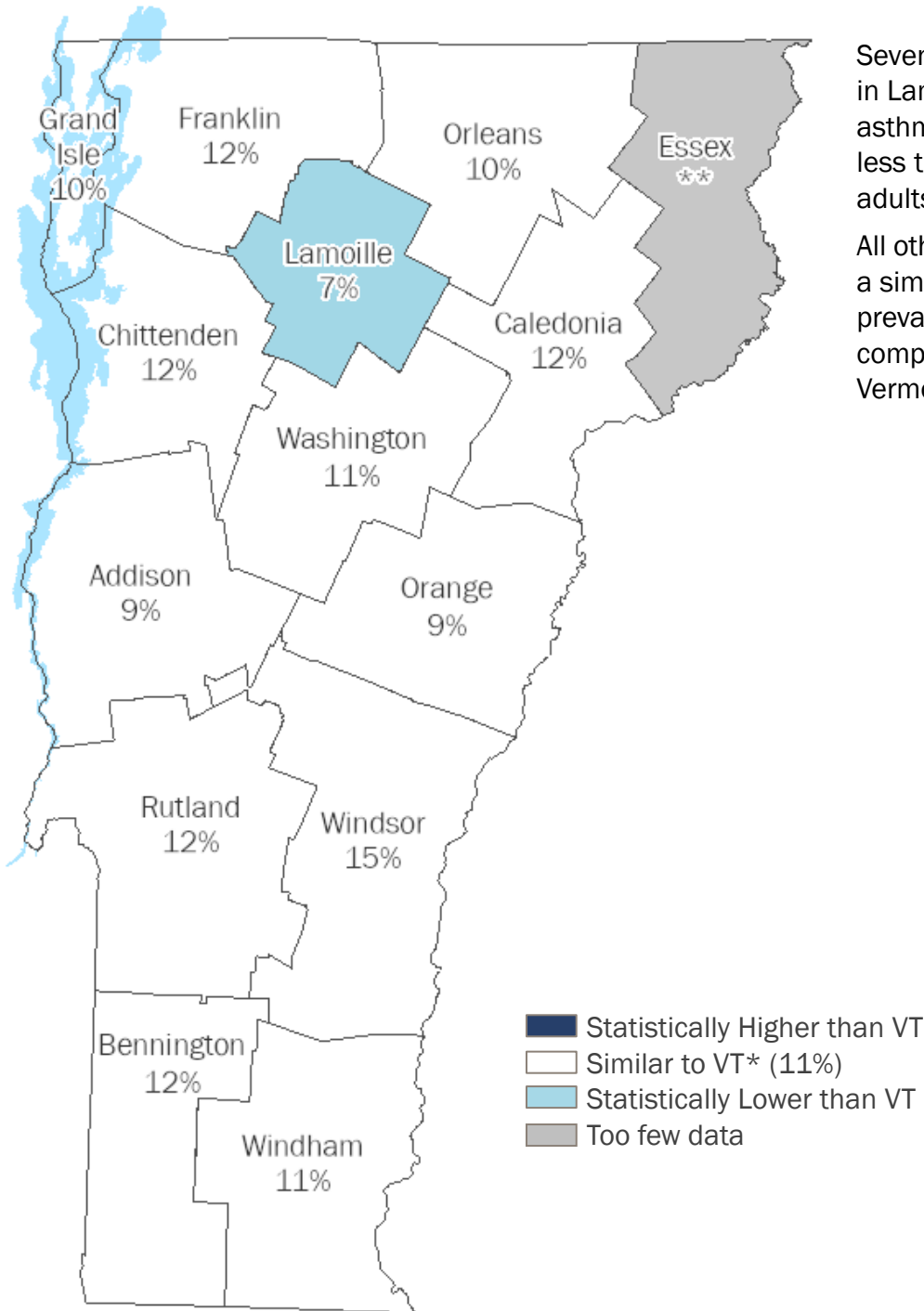
Vermont Adults with Asthma, 2021



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2020-2021



Seven percent of adults in Lamoille County have asthma, statistically less than all Vermont adults.

All other counties have a similar asthma prevalence when compared to all Vermont adults.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Cancer Diagnosis (Non-Skin)

One in fourteen Vermont adults have ever been diagnosed with cancer (7%), statistically the same as among U.S. adults.

This definition excludes skin cancer.

Women are statistically more likely to be diagnosed with cancer than men.

Prevalence of cancer statistically increases as age increases.

There are no differences in cancer prevalence by education level.

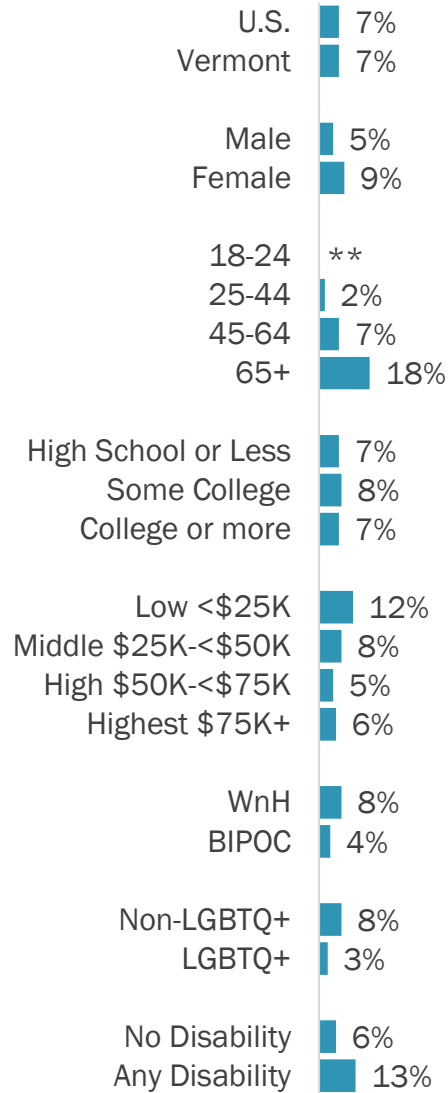
Adults living in homes with an annual income of less than \$25,000 are statistically more likely to have ever had cancer than adults in homes with an income of \$50,000 or more.

White, non-Hispanic adults are twice as likely to be diagnosed with cancer than BIPOC adults, a statistical difference.

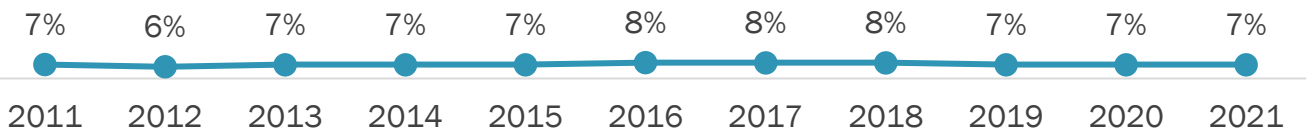
Non-LGBTQ+ adults and adults with a disability are statistically more likely to have ever had cancer than LGBTQ+ adults and those with no disability.

Cancer prevalence among Vermont adults is statistically similar to 2020 and 2011.

Vermont Adults Ever Diagnosed with Cancer, 2021

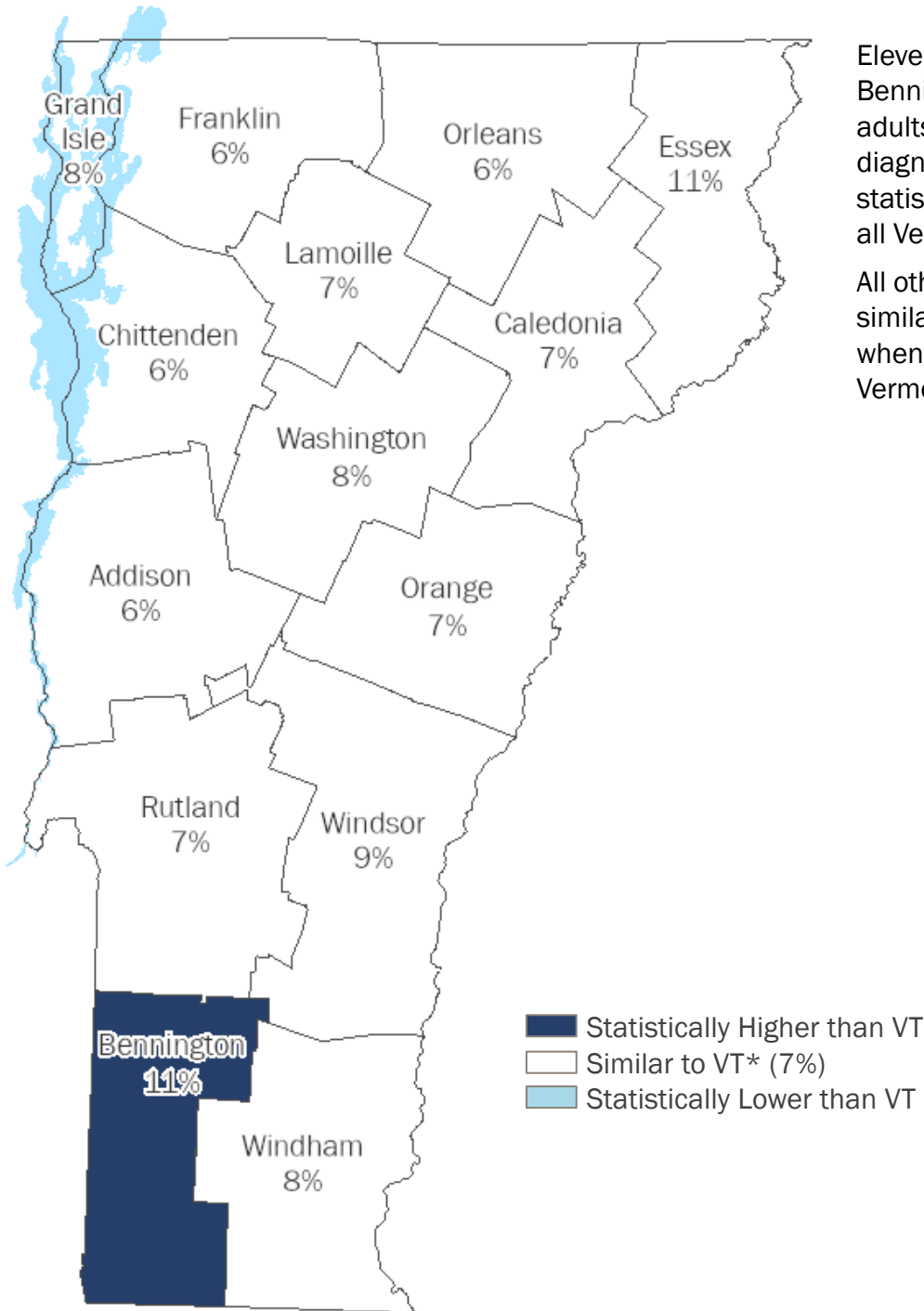


Vermont Adults Ever Diagnosed with Cancer



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults Ever Diagnosed with Cancer by County, 2020-2021



Eleven percent of Bennington County adults have ever been diagnosed with cancer, statistically higher than all Vermonters.

All other counties have similar rates of cancer when compared to Vermont.

*Vermont estimate represents two years of data.

Skin Cancer Diagnosis

Eight percent of Vermont adults have ever been diagnosed with skin cancer. This is statistically higher than the 6% of U.S. adults.

There is no difference in prevalence of skin cancer by sex.

Adults ages 65 and older are more than twice as likely to have had skin cancer than adults 45-64, a statistical difference.

Adults with a college education or higher are statistically more likely to report having been diagnosed with skin cancer than adults with a high school education or less.

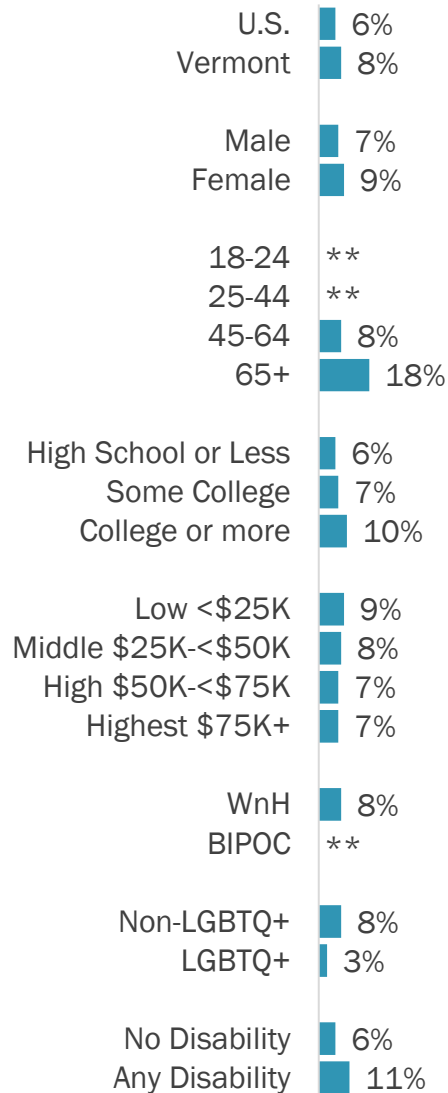
Skin cancer prevalence is similar across household income levels and by race and ethnicity.

Non-LGBTQ+ adults are more than twice as likely to have had skin cancer than LGBTQ+ adults, a statistical difference.

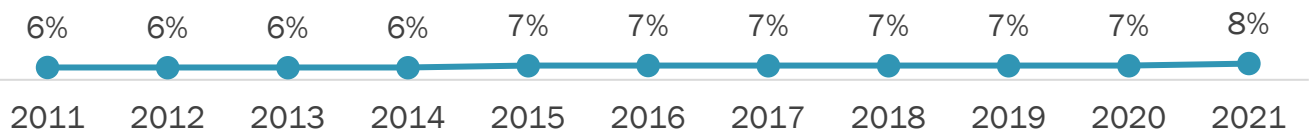
Adults with a disability are statistically more likely to have had skin cancer than those with no disability.

The prevalence of skin cancer is statistically similar to 2020, but higher than 2011.

Vermont Adults Ever Diagnosed with Skin Cancer, 2021

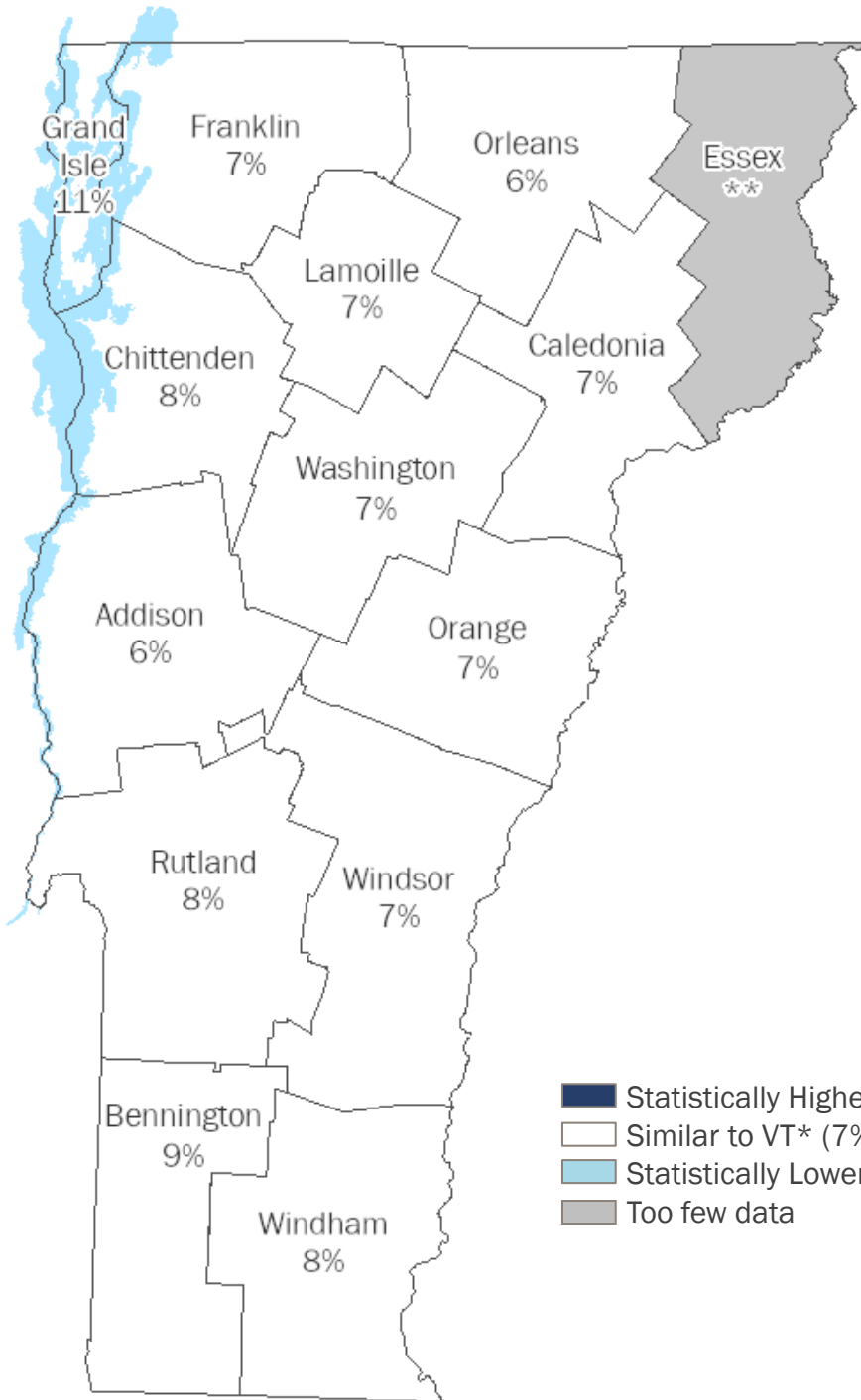


Vermont Adults Ever Diagnosed with Skin Cancer



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults Ever Diagnosed with Skin Cancer by County, 2020-2021



All counties are similar to Vermont when comparing the prevalence of skin cancer.

- Statistically Higher than VT
- Similar to VT* (7%)
- Statistically Lower than VT
- Too few data

*Vermont estimate represents two years of data.

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Cardiovascular Disease

Cardiovascular disease (CVD) is defined as ever having been diagnosed with coronary heart disease, a myocardial infarction (heart attack), or a stroke.

Eight percent of Vermont adults have ever been diagnosed with CVD, statistically similar to the 8% among U.S. adults.

Four percent of Vermont adults have coronary heart disease, 4% have had a myocardial infarction and 2% have had a stroke.

Men are statistically more likely to have CVD than women.

Prevalence of CVD statistically increases as age increases.

Adults with less than a college degree are statistically more likely to have CVD than adults with at least a college education.

Prevalence of CVD is highest among adults in low-income households.

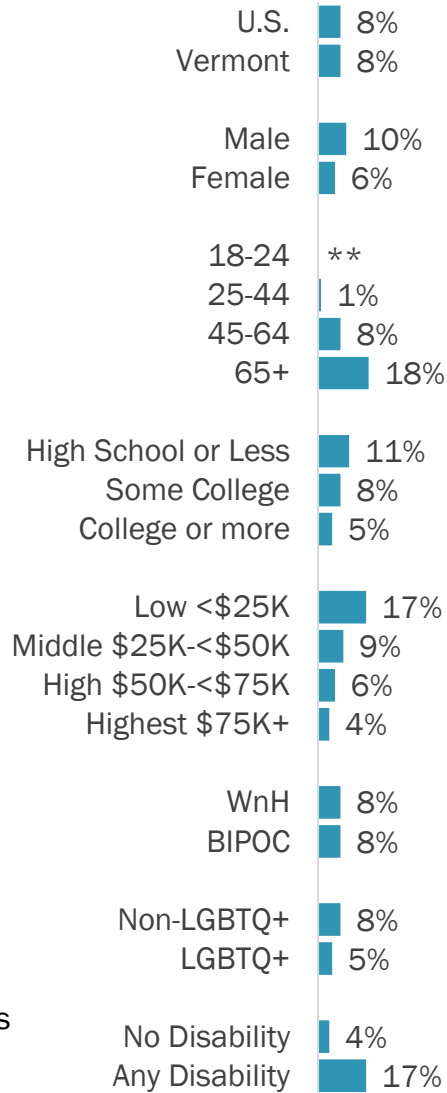
- Adults in homes with low incomes have statistically higher rates of CVD than adults in homes earning middle to highest incomes.
- Adults in homes with middle incomes have statistically higher rates of CVD than adults in homes with the highest incomes.

There are no statistical differences in CVD by race and ethnicity, or sexual orientation and gender identity.

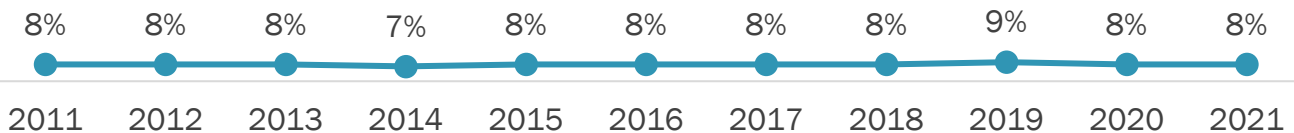
Adults with a disability are more than four times as likely to report having CVD than adults with no disability, a statistical difference.

The prevalence of CVD among Vermont adults is statistically similar to 2020 and 2021.

Vermont Adults with Cardiovascular Disease, 2021



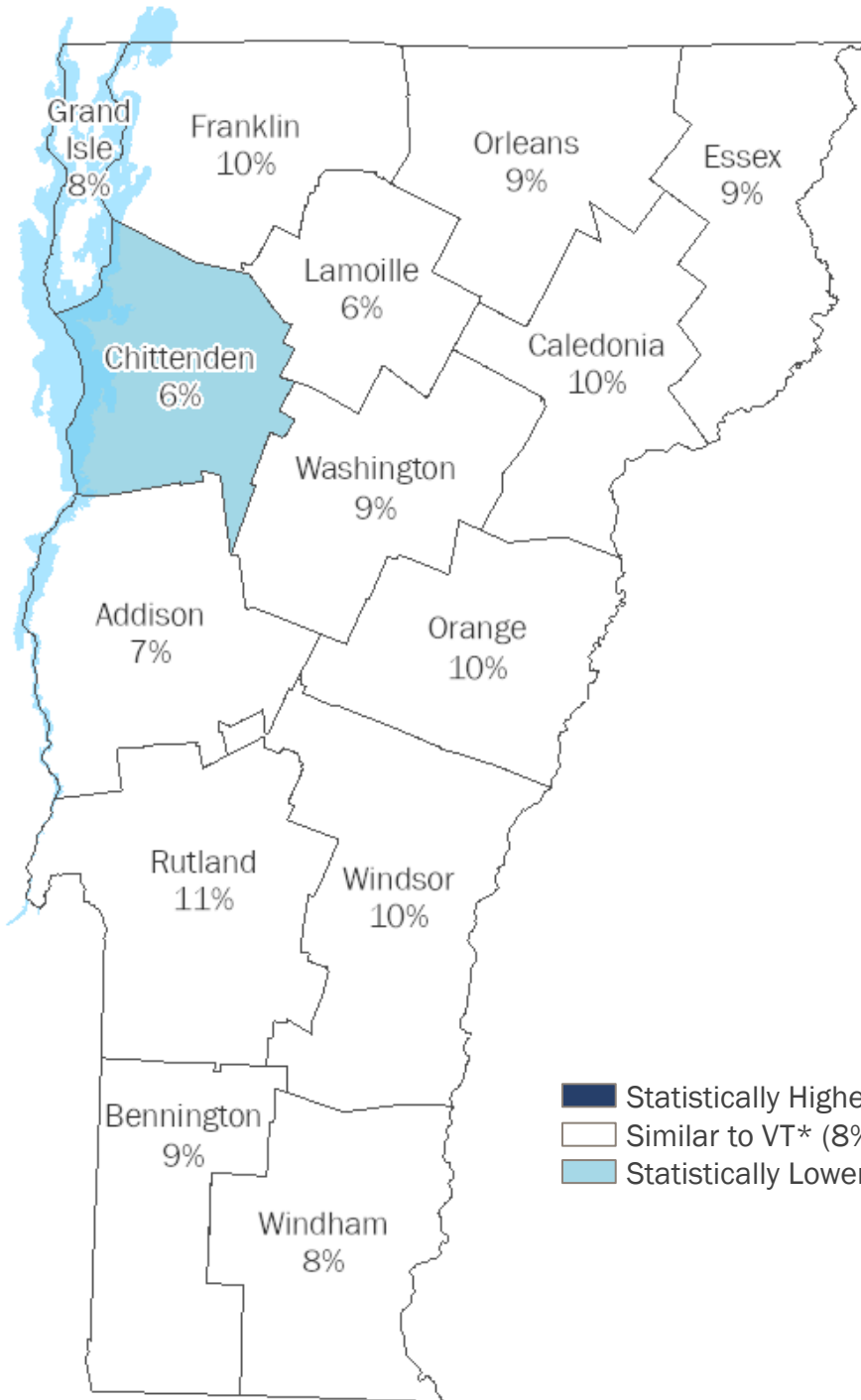
Vermont Adults with Cardiovascular Disease



**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Cardiovascular Disease by County, 2020-2021



Six percent of Chittenden County adults have CVD, statistically lower than all Vermonters.

All other counties have a similar CVD prevalence to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (8%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Chronic Kidney Disease

Two percent of Vermont adults have chronic kidney disease. This is statistically lower than the 3% among U.S. adults.

Excluded from chronic kidney disease are kidney stones, bladder infections and incontinence.

Men and women report having chronic kidney disease at statistically similar rates.

Chronic kidney disease diagnosis increases with age.

- Adults 65 and older are statistically more likely to have chronic kidney disease than adults 45-64.

Adults with less than a college degree are statistically more likely to have chronic kidney disease than adults with at least a college education.

Adults in homes with low incomes are statistically more likely to have chronic kidney disease than adults in homes with at least high incomes.

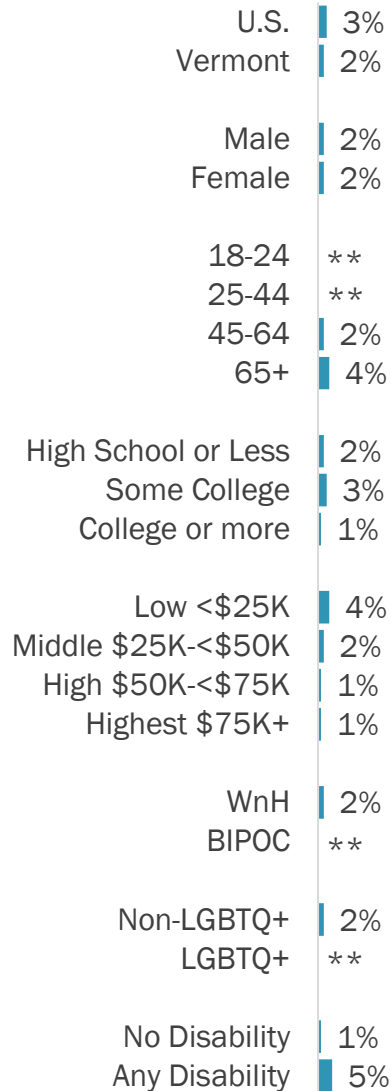
Statistical comparisons were not made by race and ethnicity, or sexual orientation and gender identity due to data suppression.

Adults with a disability are five times more likely than those without a disability to report chronic kidney disease, a statistical difference.

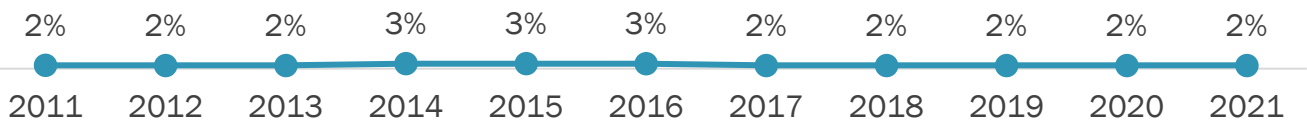
The proportion of adults with chronic kidney disease is statistically similar to 2020 and 2011.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 8% have chronic kidney disease, statistically higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2021

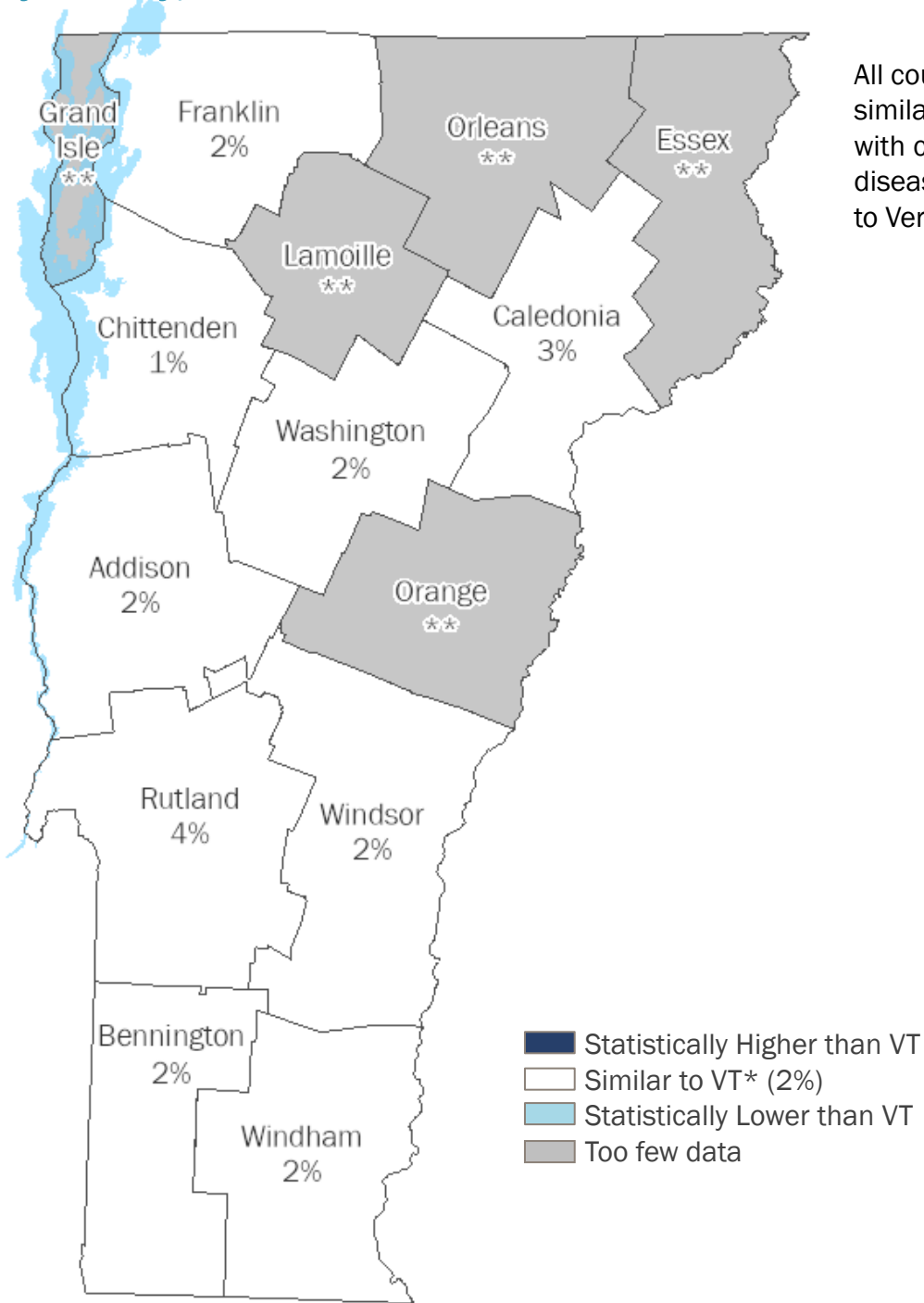


Vermont Adults with Chronic Kidney Disease



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with Chronic Kidney Disease by County, 2020-2021



All counties have a similar percent of adults with chronic kidney disease when compared to Vermont overall.

*Vermont estimate represents two years of data.
 **Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Chronic Obstructive Pulmonary Disease (COPD)

One in fourteen Vermont adults have ever been told they have chronic obstructive pulmonary disease (COPD) (7%). This is statistically similar to 6% among U.S. adults.

Men and women report having COPD at statistically similar rates.

The prevalence of COPD among Vermont adults increases with age.

- All differences in COPD by age are statistically significant, except between adults 45-64 and 65 and older.

Adults with less education and lower household incomes are more likely to have COPD.

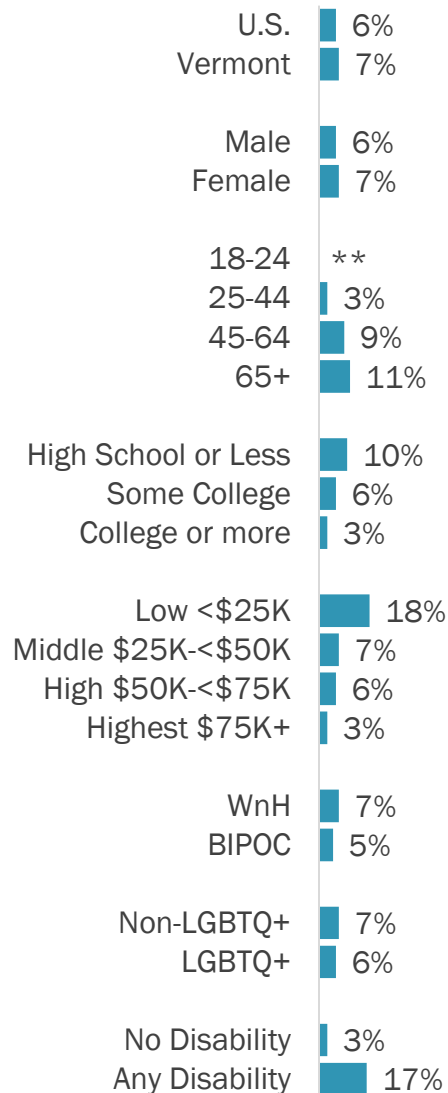
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between those with middle and high incomes.

There are no statistical differences in the prevalence of COPD by race and ethnicity, or sexual orientation and gender identity.

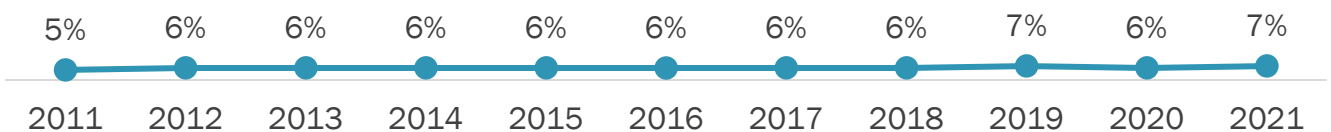
Adults with a disability are nearly six times more likely to report having COPD than adults without a disability.

The proportion of Vermont adults with COPD is statistically similar to 2020, but higher than 2011.

Vermont Adults with COPD, 2021

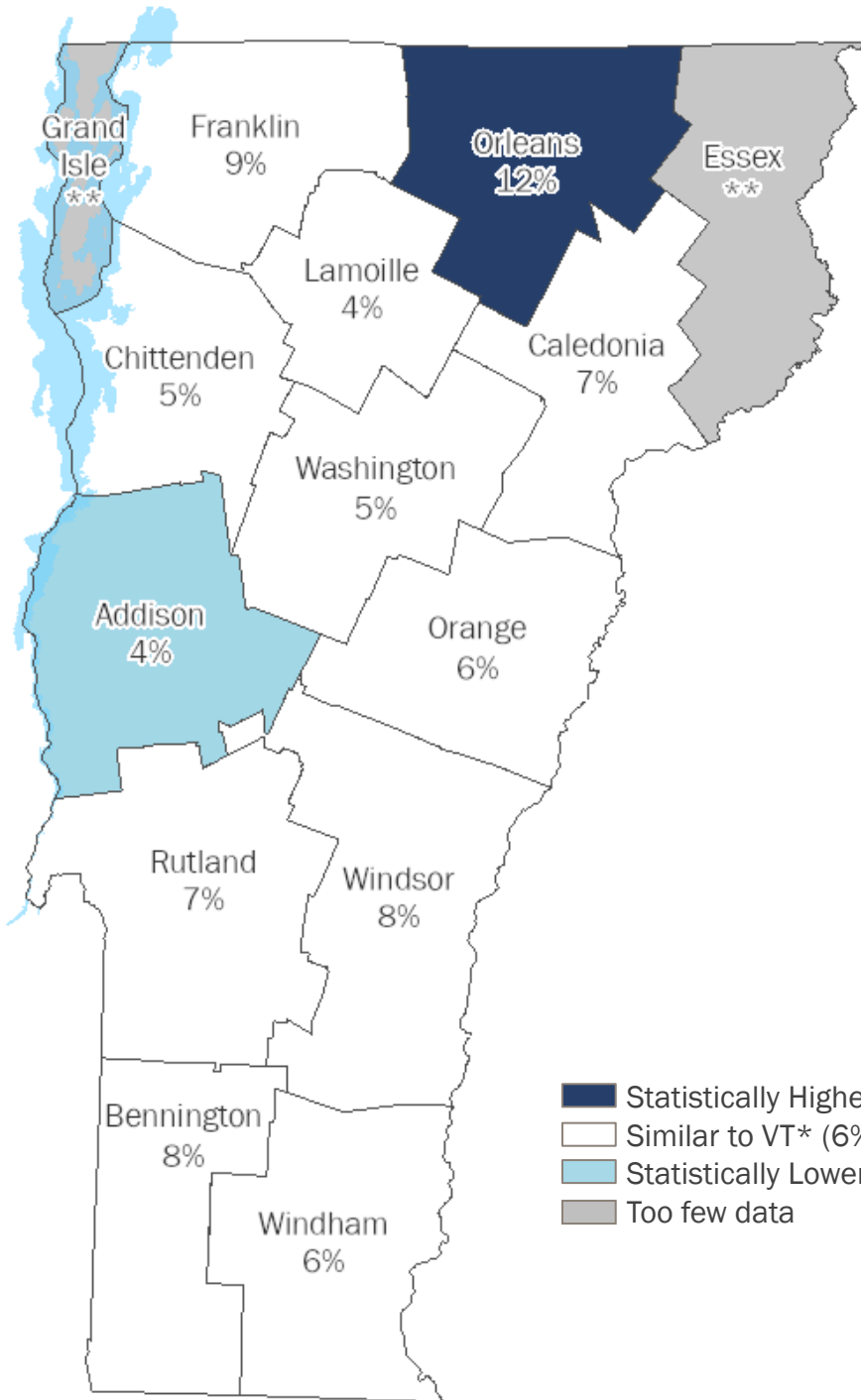


Vermont Adults with COPD



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with COPD by County, 2020-2021



Twelve percent of Orleans County adults have COPD, statistically higher than Vermont overall.

One in twenty Addison County adults have COPD (4%), statistically lower than Vermont overall.

All other counties have a similar prevalence of COPD compared to Vermont.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Depressive Disorder

One-quarter of Vermont adults report ever being told they have a depressive disorder (25%), statistically higher than the 19% of U.S. adults. Depressive disorders are defined as depression, major depression, dysthymia, or minor depression.

Women are statistically more likely than men to report having a depressive disorder.

The prevalence of depressive disorders among Vermont adults decreases with age.

- Adults 18-24 are statistically more likely to have a depressive disorder than those 65 and older.
- Adults 25-44 are statistically more likely to have a depressive disorder than those 45 and older.

Adults with less than a college degree are statistically more likely to have a depressive disorder than adults with at least a college education.

The prevalence of depressive disorders among Vermont adults decreases with household income level.

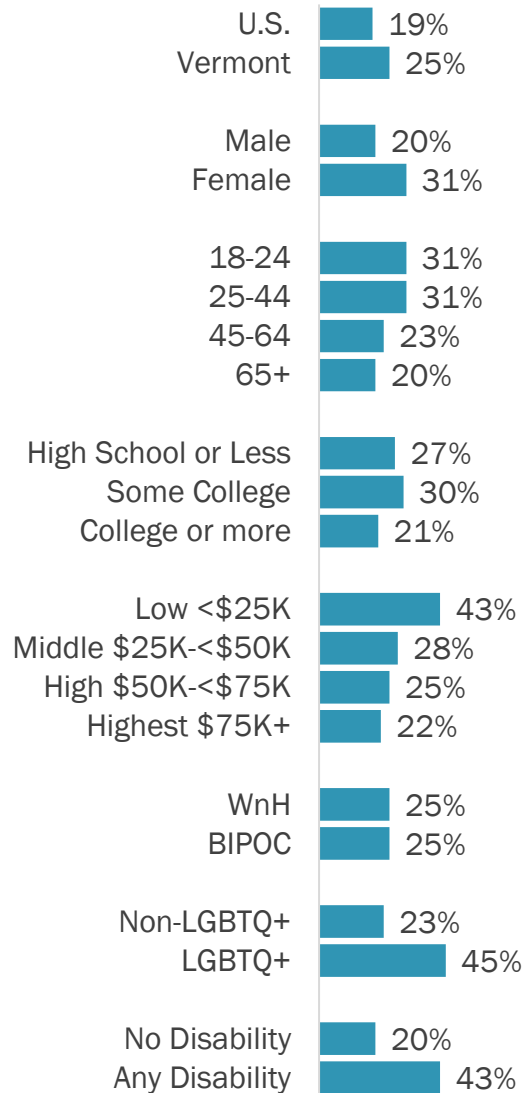
- Adults in homes with low incomes are statistically more likely to have a depressive disorder than those in homes with higher incomes.
- Adults in homes with middle incomes are statistically more likely to have a depressive disorder than those with the highest incomes.

There are no statistical differences in the prevalence of depressive disorders by race and ethnicity.

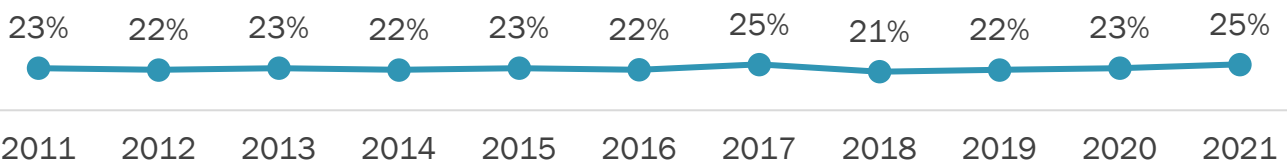
LGBTQ+ adults and adults with a disability are statistically more likely to have a depressive disorder than non-LGBTQ+ adults and those with no disability.

Depressive disorders among Vermont adults is statistically similar to 2020 and 2011.

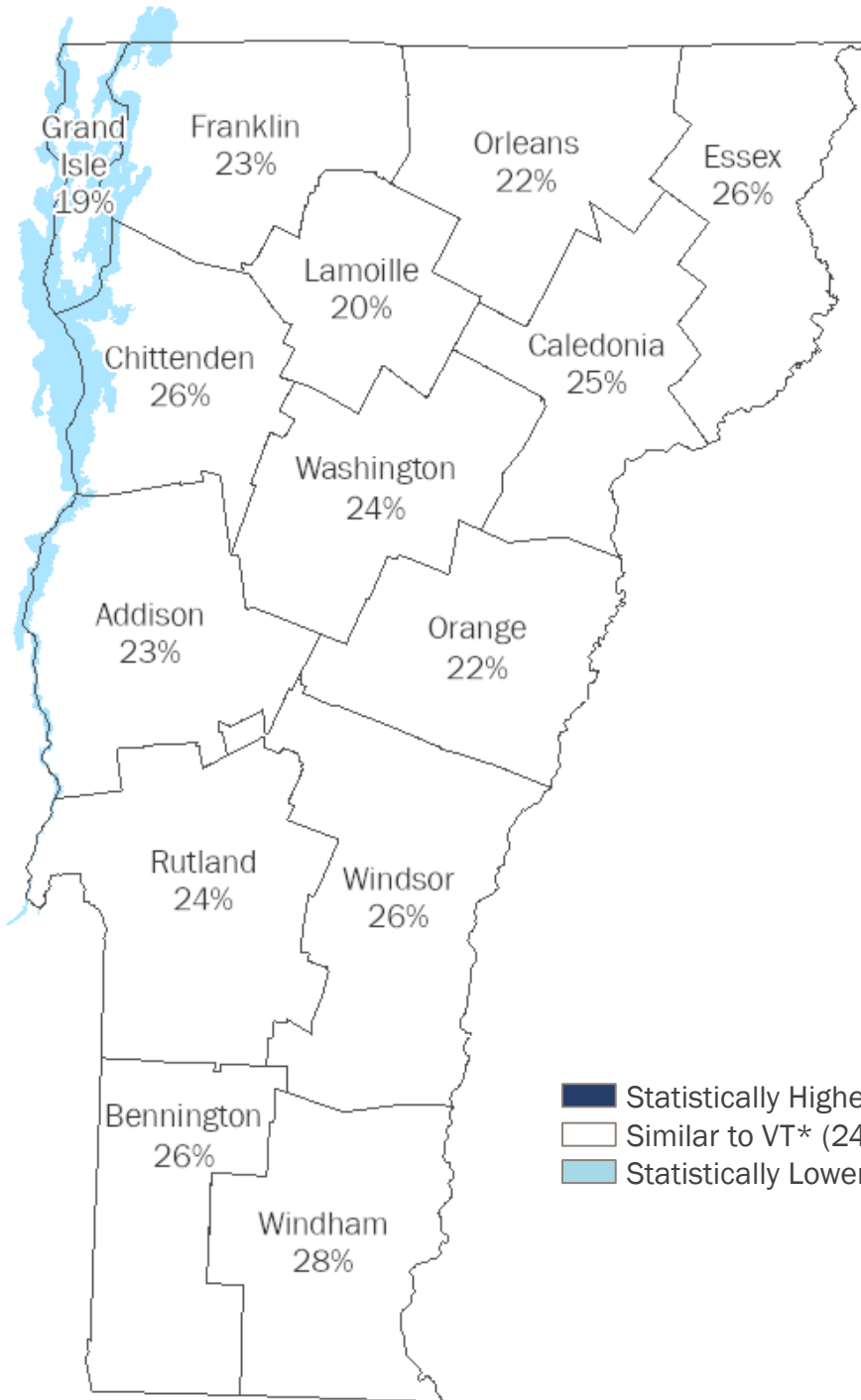
Vermont Adults with Depressive Disorder, 2021



Vermont Adults with Depressive Disorder



Vermont Adults with Depressive Disorder by County, 2020-2021



All counties have a similar prevalence of depression compared to Vermont overall.

*Vermont estimate represents two years of data.

Pre-Diabetes

Nine percent of Vermont adults said they had ever been diagnosed with borderline or pre-diabetes.

Men and women report statistically similar rates of pre-diabetes.

Prevalence of pre-diabetes increases statistically with age.

There are no differences in pre-diabetes prevalence by education level.

Pre-diabetes rates are higher among adults with lower household incomes.

- Adults living in homes earning less than \$25,000 annually are statistically more likely to have pre-diabetes than those in homes with at least high incomes.

There are no differences in pre-diabetes prevalence by race and ethnicity, or gender identity and sexual orientation.

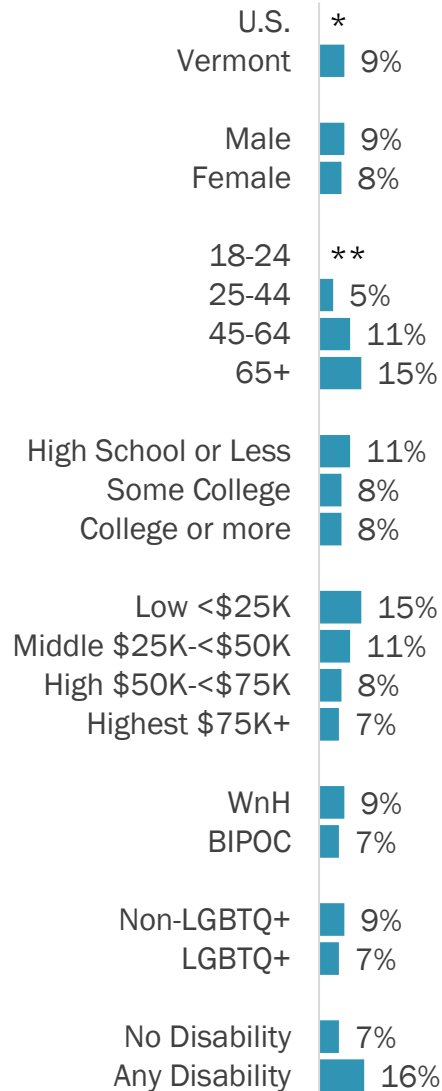
Adults with a disability are more than twice as likely to report having pre-diabetes than those with no disability.

The prevalence of pre-diabetes among Vermont adults is statistically similar to 2019, but higher than 2012.

Pre-diabetes is likely under-reported due to a relatively low rate of testing. In 2019, 45% of Vermont adults said they had been tested for diabetes or high blood sugar in the prior three years.

- Six percent of adults with pre-diabetes have ever participated in a lifestyle change program to improve their health or prevent diabetes.

Vermont Adults with Pre-Diabetes, 2021



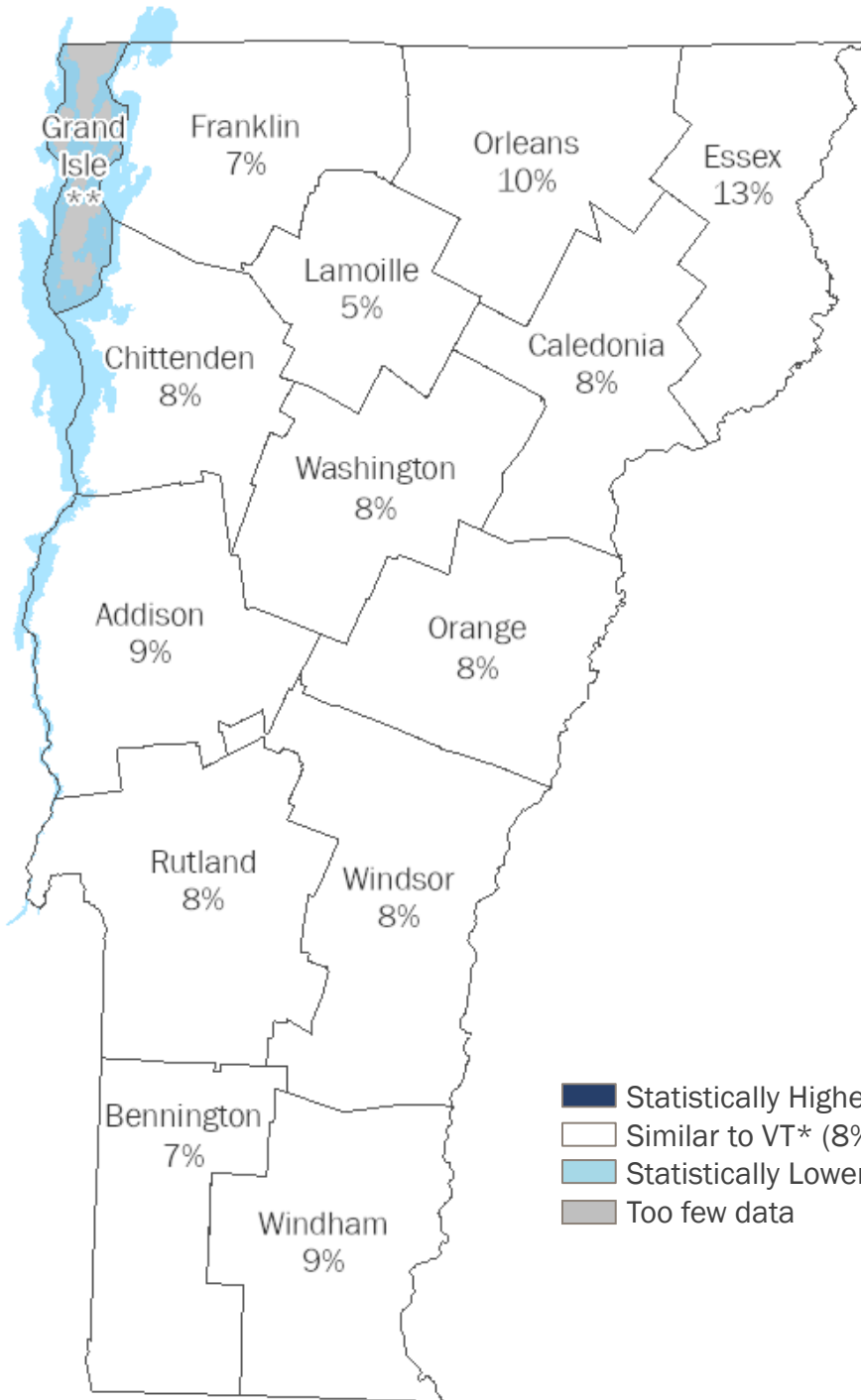
Vermont Adults with Pre-Diabetes



*No national estimate available.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with Pre-Diabetes by County, 2019, 2021



All counties have a similar prevalence of pre-diabetes compared to Vermont overall.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Diabetes

Nine percent of Vermont adults have ever been diagnosed with diabetes, statistically lower compared to 11% among U.S. adults.

Men and women report statistically similar rates of diabetes.

Prevalence of diabetes increases statistically with age.

Diabetes rates are higher among adults with lower education and lower household incomes.

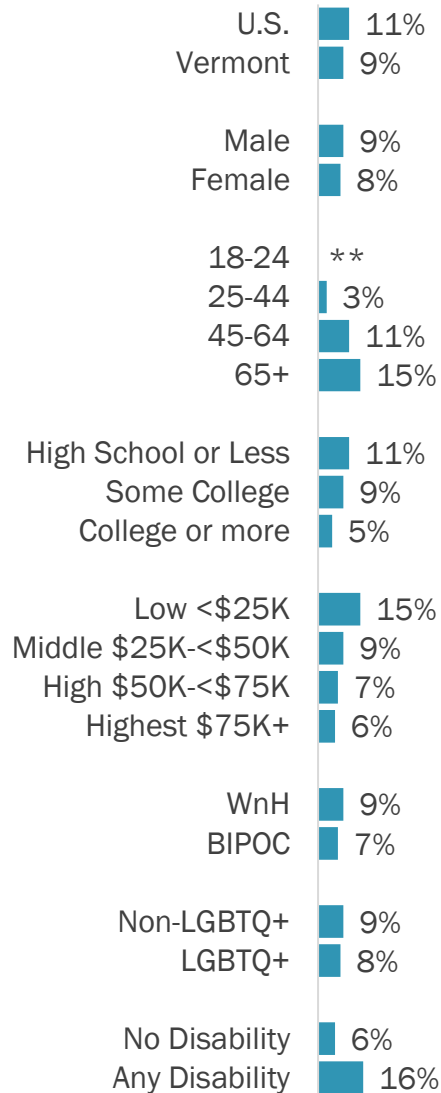
- Adults with less than a college degree are statistically more likely to have diabetes compared to those with at least a college education.
- Adults living in homes earning less than \$25,000 annually are statistically more likely to have diabetes than those in homes with higher incomes.
- Adults living in homes with middle incomes are statistically more likely to have diabetes than those in homes with the highest incomes.

There are no differences in diabetes prevalence by race and ethnicity, or gender identity and sexual orientation.

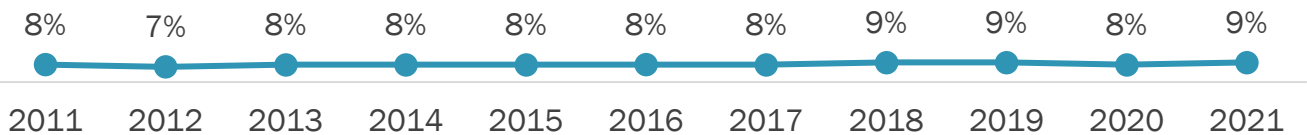
Adults with a disability are nearly three times as likely to report having diabetes than those with no disability.

The prevalence of diabetes among Vermont adults is statistically similar to 2020 and 2011.

Vermont Adults with Diabetes, 2021

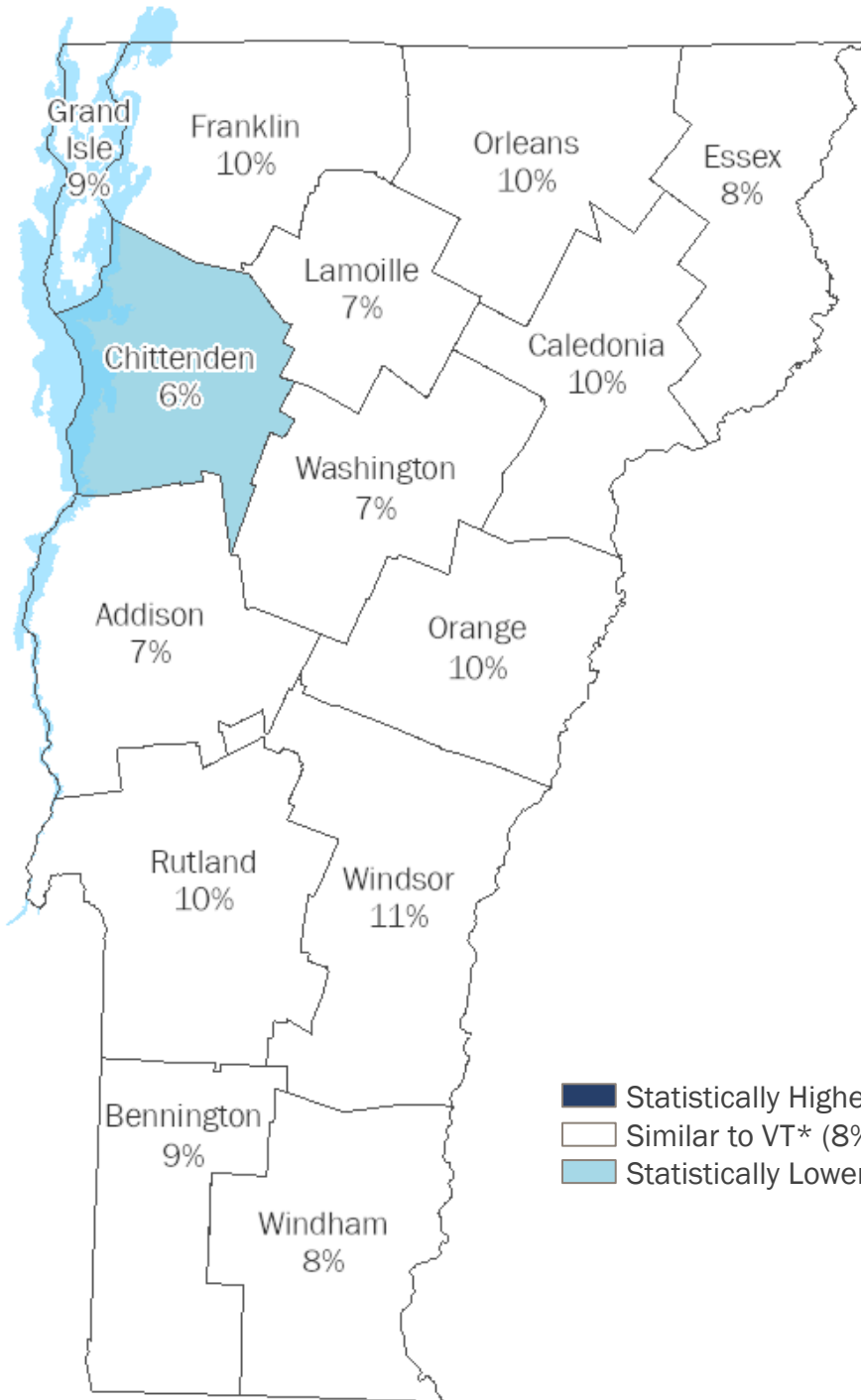


Vermont Adults with Diabetes



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with Diabetes by County, 2020-2021



Six percent of Chittenden County adults have diabetes, statistically lower than Vermont overall.

All other counties have a similar prevalence of diabetes compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (8%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

High Cholesterol

Nearly one-third of Vermont adults reported they have ever been told they have high cholesterol (32%). This is statistically lower compared to 36% among U.S. adults.

This is likely an underestimate as only 81% of adults have had their cholesterol checked in the last five years.

- More than half of adults with high cholesterol are taking medication to reduce it (56%).

Men are statistically more likely than women to have been diagnosed with high cholesterol.

Prevalence of high cholesterol increases statistically with age.

There are no differences in high cholesterol prevalence by education level.

The prevalence of high cholesterol is greater among adults with lower household incomes.

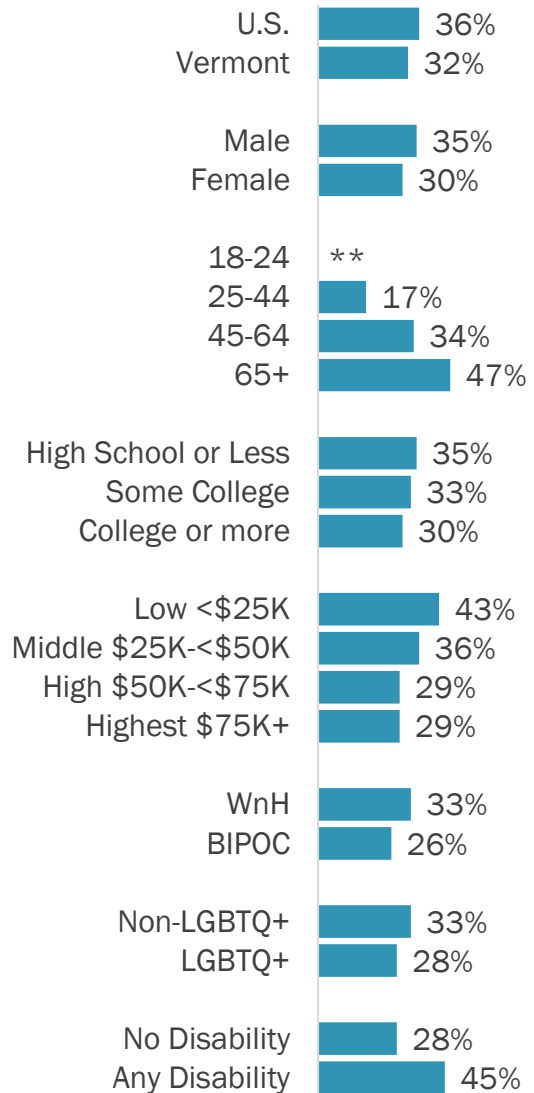
- Adults living in low-income households are statistically more likely to have high cholesterol than those with at least high incomes.
- Adults with middle incomes are statistically more likely to have high cholesterol than those with the highest incomes.

There are no differences in high cholesterol prevalence by race and ethnicity, or gender identity and sexual orientation.

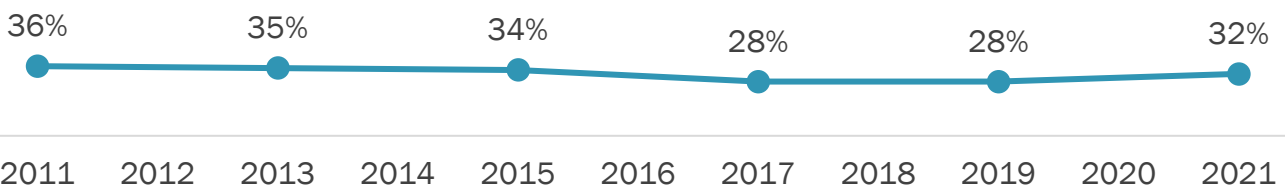
Adults with a disability are statistically more likely to report high cholesterol than those with no disability.

The prevalence of high cholesterol among Vermont adults is statistically higher than 2019, but lower than 2011.

Vermont Adults with High Cholesterol, 2021

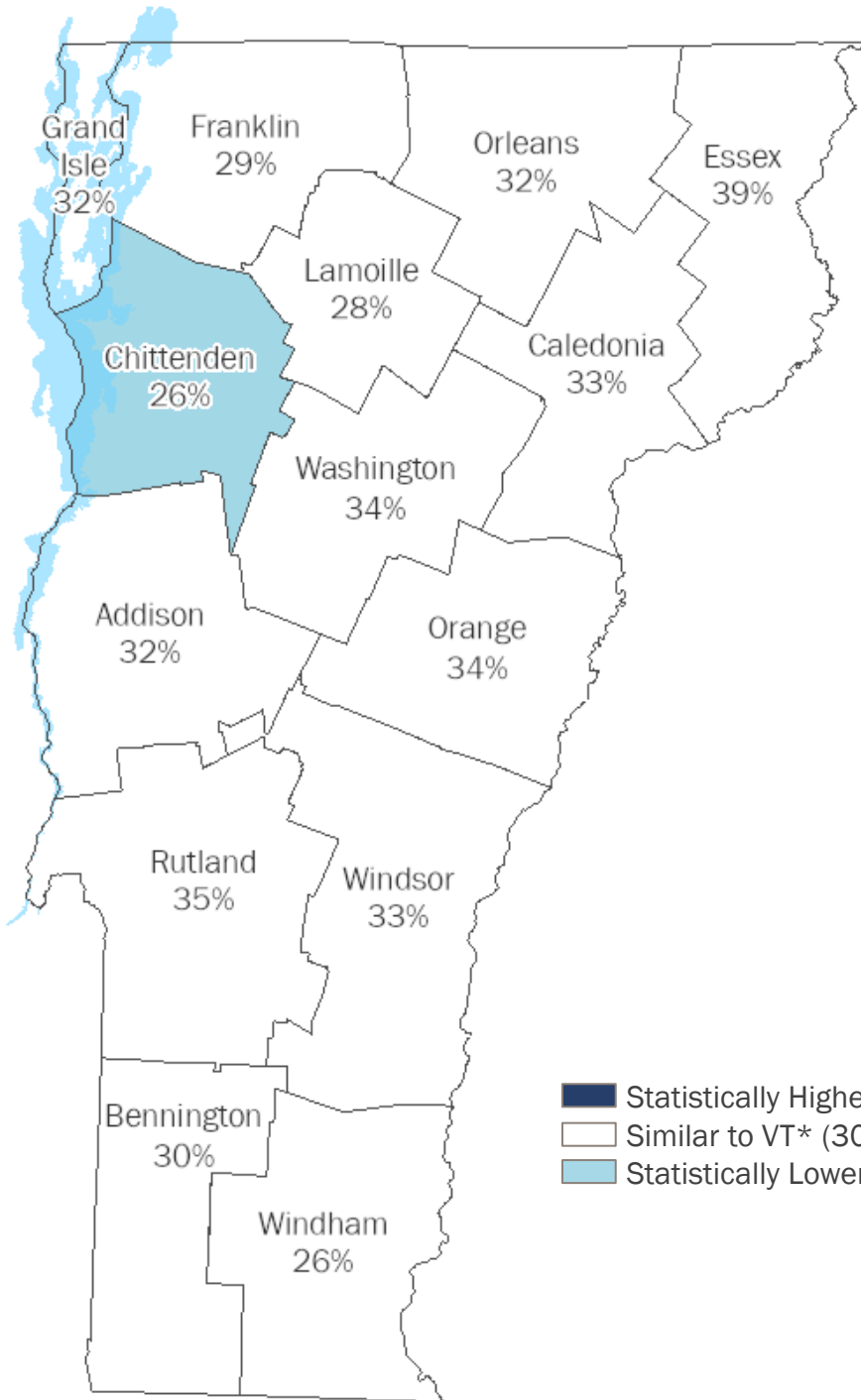


Vermont Adults with High Cholesterol



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with High Cholesterol by County, 2019, 2021



More than one-quarter of Chittenden County adults have high cholesterol (26%). This is statistically lower than Vermont overall.

All other counties have a similar prevalence of high cholesterol compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (30%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Hypertension~

One in four Vermont adults have been told they have hypertension, also known as high blood pressure (25%). This is statistically lower compared to U.S. adults (30%).

Men are statistically more likely than women to have been diagnosed with hypertension.

Hypertension increases statistically with age.

Adults with some college education or less are statistically more likely than those with at least a college degree to have hypertension.

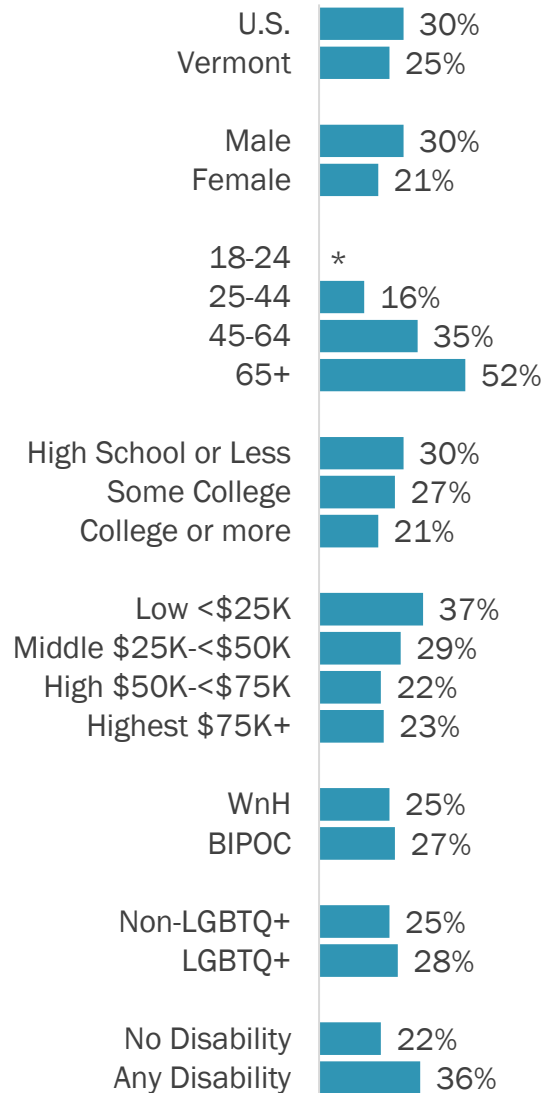
Adults in homes with low to middle incomes are statistically more likely to have hypertension than those in homes with higher incomes.

There are no differences in hypertension by race and ethnicity or sexual orientation and gender identity.

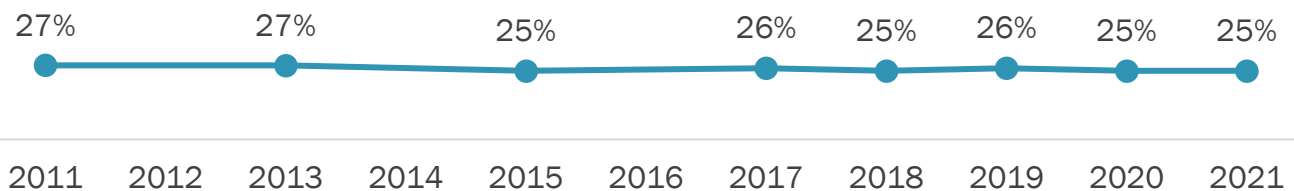
Adults with a disability are statistically more likely to report having hypertension than those with no disability.

The prevalence of hypertension among Vermonters is statistically similar to 2020 and 2011.

Vermont Adults with Hypertension, 2021

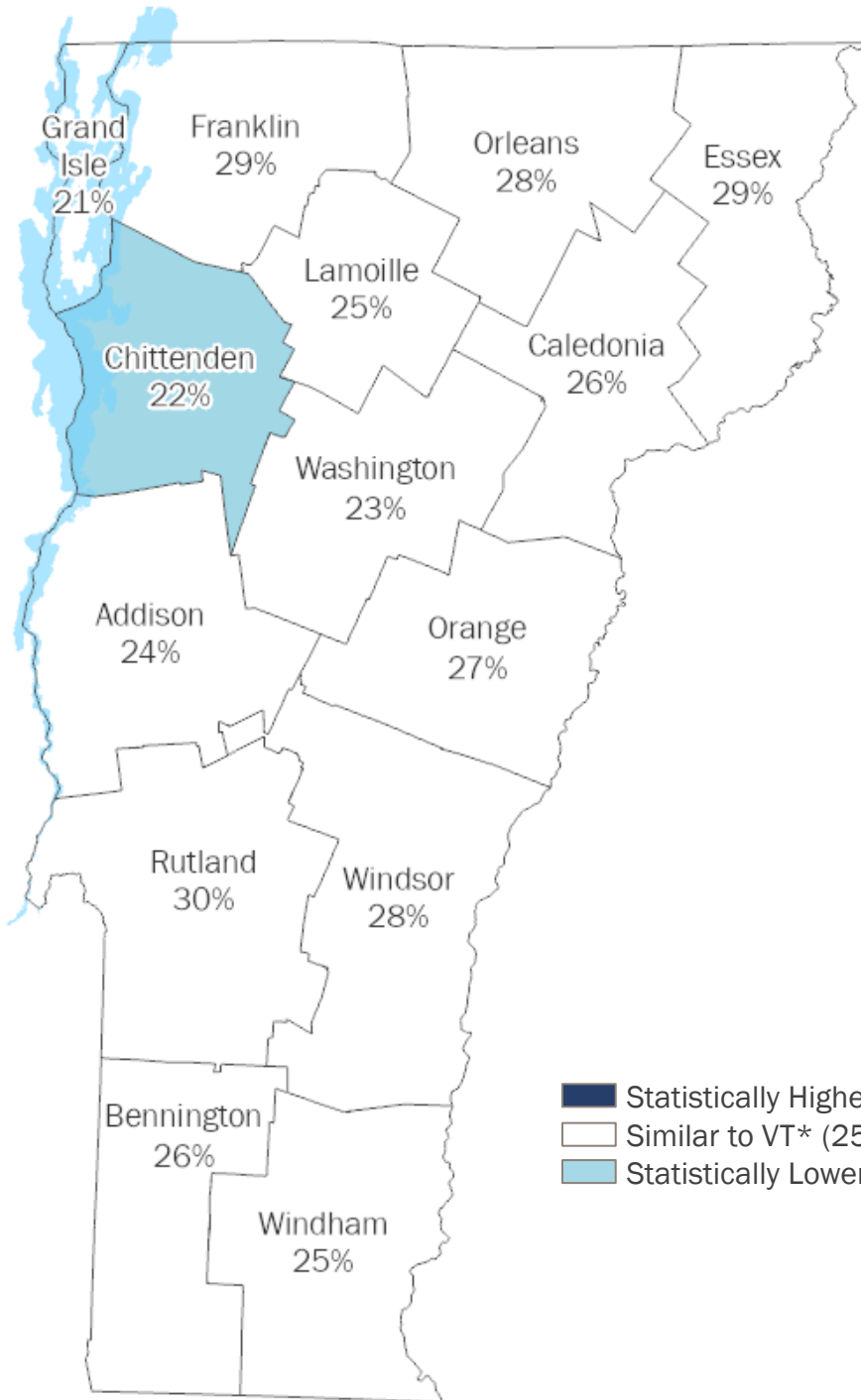


Vermont Adults with Hypertension



~All data on this page are age-adjusted to U.S. 2000 population, except that by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults with Hypertension ~ by County, 2020-2021



More than two in ten Chittenden County adults have hypertension (22%), statistically lower than Vermont overall.

All other counties have a similar rate of hypertension compared to Vermont.

~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Hypertension Self-Management

More than seven in ten Vermont adults with hypertension have been advised by a health care professional to monitor their blood pressure at home (72%), statistically higher than the 66% in 2020.

A hypertension self-management plan is created with a medical professional and documents changes someone can make to lower or control their blood pressure. Lifestyle changes on a self-management plan could include changing eating habits, reducing salt intake, increasing exercise, and/or reducing alcohol use.

More than half of adults who have ever been told they have high blood pressure have worked with a medical professional to create a self-management plan to help lower or control their blood pressure (53%).

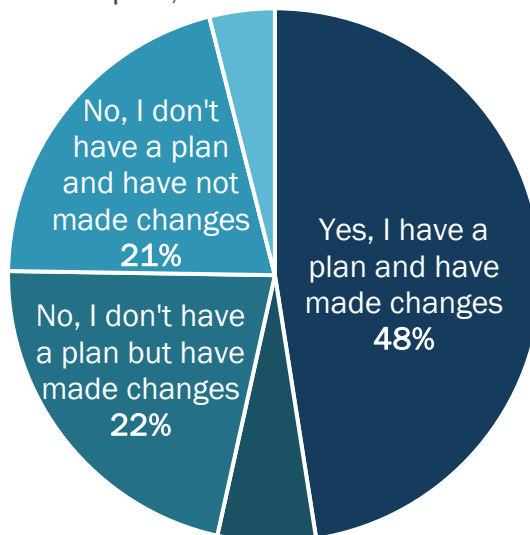
- Forty-eight percent of adults with hypertension have a self-management plan and have made changes to lower or control their blood pressure.
- Six percent of adults with hypertension have a self-management plan but have not made any changes.

More than four in ten adults with hypertension do not have a self-management plan (43%).

- Twenty-two percent of adults without a self-management plan have still made changes to lower their blood pressure (22%).

Ever Worked with a Medical Professional to Create a Plan to Lower Blood Pressure, 2021

Not sure if I have ever made a plan, 4%



Yes, I have a plan but have not made changes, 6%

Obesity & Overweight ~

More than six in ten Vermont adults 20 and older have obesity or are overweight (62%), specifically 30% have obesity and 32% are overweight. Vermont adults 20 and older are statistically less likely to have obesity or be overweight compared to U.S. adults of the same age (34% and 35% respectively.)

While men and women report statistically similar rates of obesity, men are statistically more likely to be overweight than women.

Adults 45-64 are statistically more likely to have obesity than adults 20-24 and those 65 and older. Adults 65 and older are statistically more likely to be overweight than those 25-44.

Adults with some college education or less are statistically more likely to have obesity than those with at least a college degree. Being overweight is reported similarly across education levels.

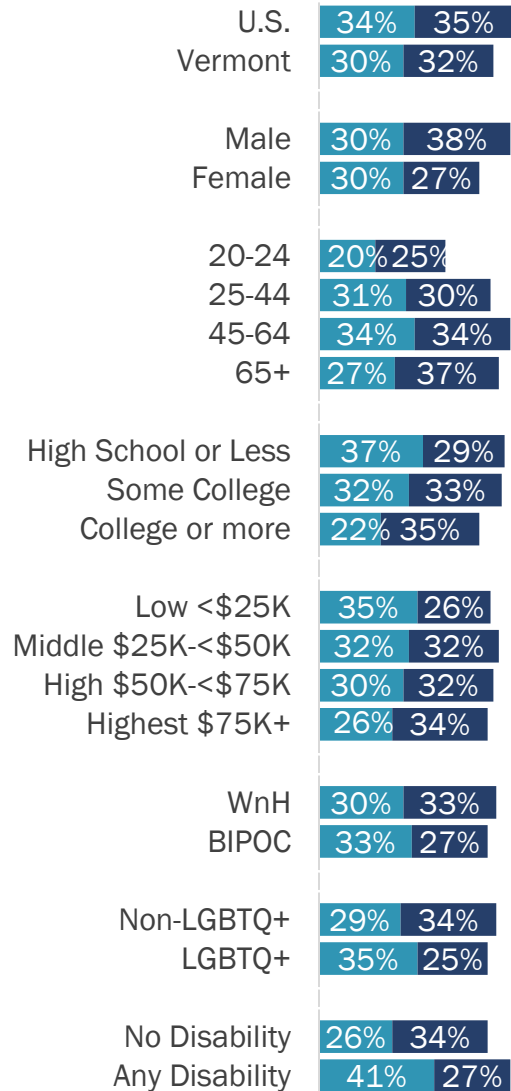
There are no statistical differences in obesity or overweight status by household income level or race and ethnicity.

While there are no statistical differences in obesity by sexual orientation and gender identity, non-LGBTQ+ adults are statistically more likely to be overweight than LGBTQ+ adults.

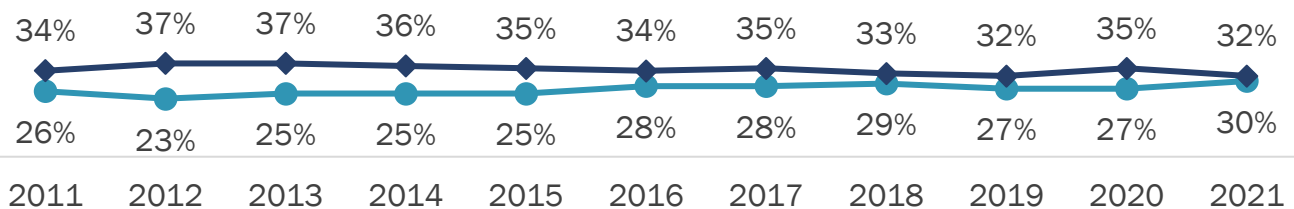
While adults with a disability are statistically more likely to have obesity, they are statistically less likely to be overweight, compared to adults with no disability.

The prevalence of obesity is statistically similar to 2020, but higher than 2011. The prevalence of being overweight is statistically similar to 2020 and 2011.

Vermont Adults 20+ who Have Obesity or are Overweight, 2021



Vermont Adults 20+ who Have Obesity or are Overweight



~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

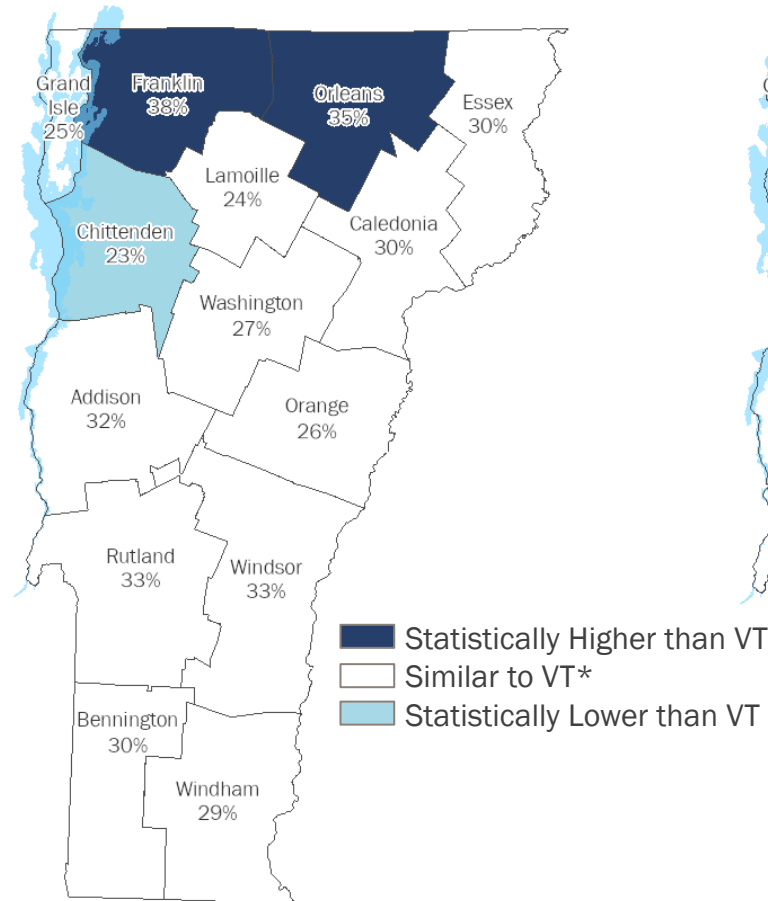
[Note: This measure is a Healthy Vermonters 2020 goal.]

Obesity & Overweight ~ by County

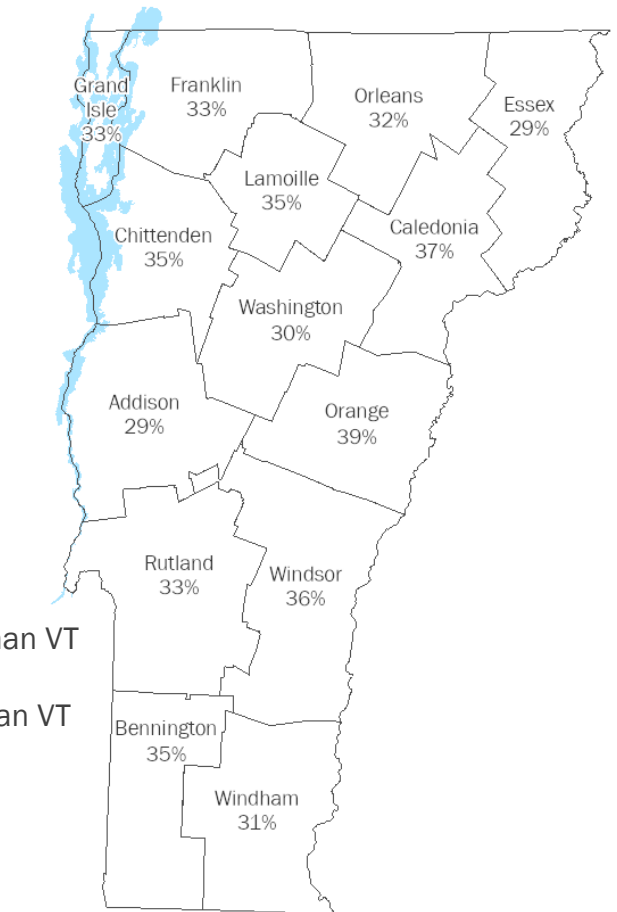
Franklin (38%), and Orleans (35%) counties have statistically higher rates of obesity when compared to all Vermont adults 20 and older (28%). Chittenden County (23%) has a statistically lower rate of obesity than Vermont adults 20 and older. All other counties have a statistically similar proportion of adults with obesity.

All counties have a statistically similar proportion of overweight adults when compared to Vermont adults 20 and older (34%).

Vermont Adults 20+ who Have Obesity ~, by County, 2020-2021



Vermont Adults who are Overweight ~, by County, 2020-2021



~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Risk Factors and Behaviors

Alcohol Consumption – Any in Past Month

More than six in ten Vermont adults had any alcohol in the past month (61%). This is statistically higher than the 52% of U.S. adults.

Men are statistically more likely to use alcohol than women.

Adults ages 25-44 are most likely to report using alcohol in the past month.

- Adults 25-44 are statistically more likely than adults 18-24 and those 45 and older to report using alcohol.
- Adults 45-64 are statistically more likely to report using alcohol than those 65 and older.

Adults with higher education and household income are statistically more likely to report alcohol use than those with less education and lower household income.

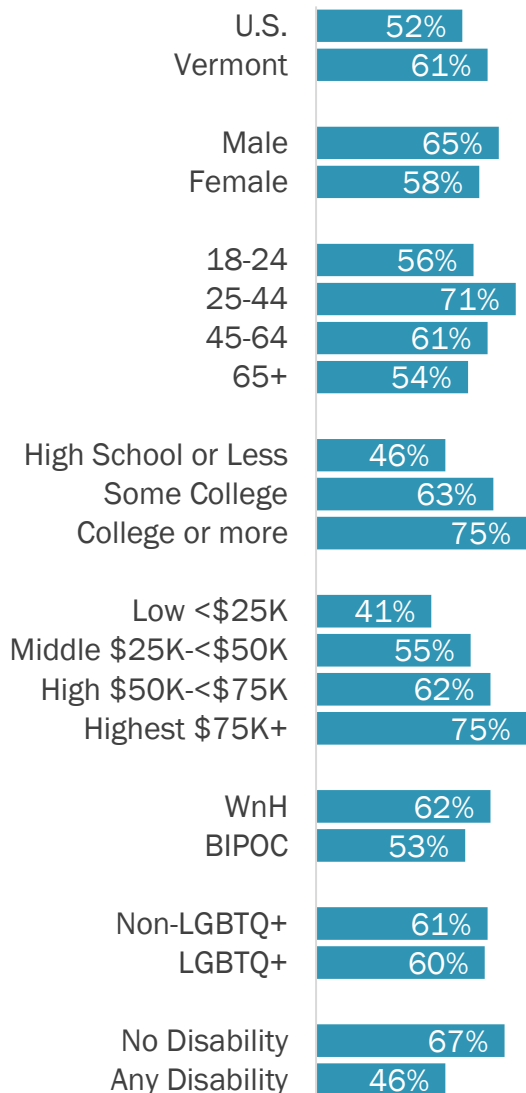
- All differences by education are statistically significant.
- All differences by household income level are statistically significant, except between middle and high household incomes.

There are no statistical differences in alcohol use by race and ethnicity, or sexual orientation and gender identity.

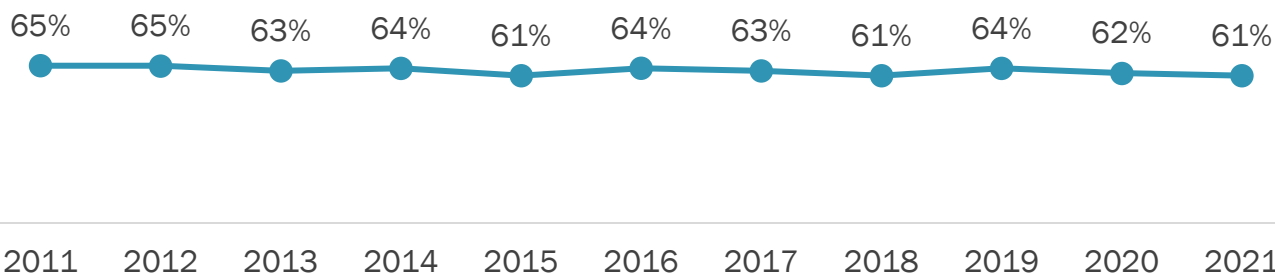
Adults with no disability are statistically more likely to use alcohol than adults with a disability.

The prevalence of alcohol use among adults is statistically similar to 2020, but lower than 2011.

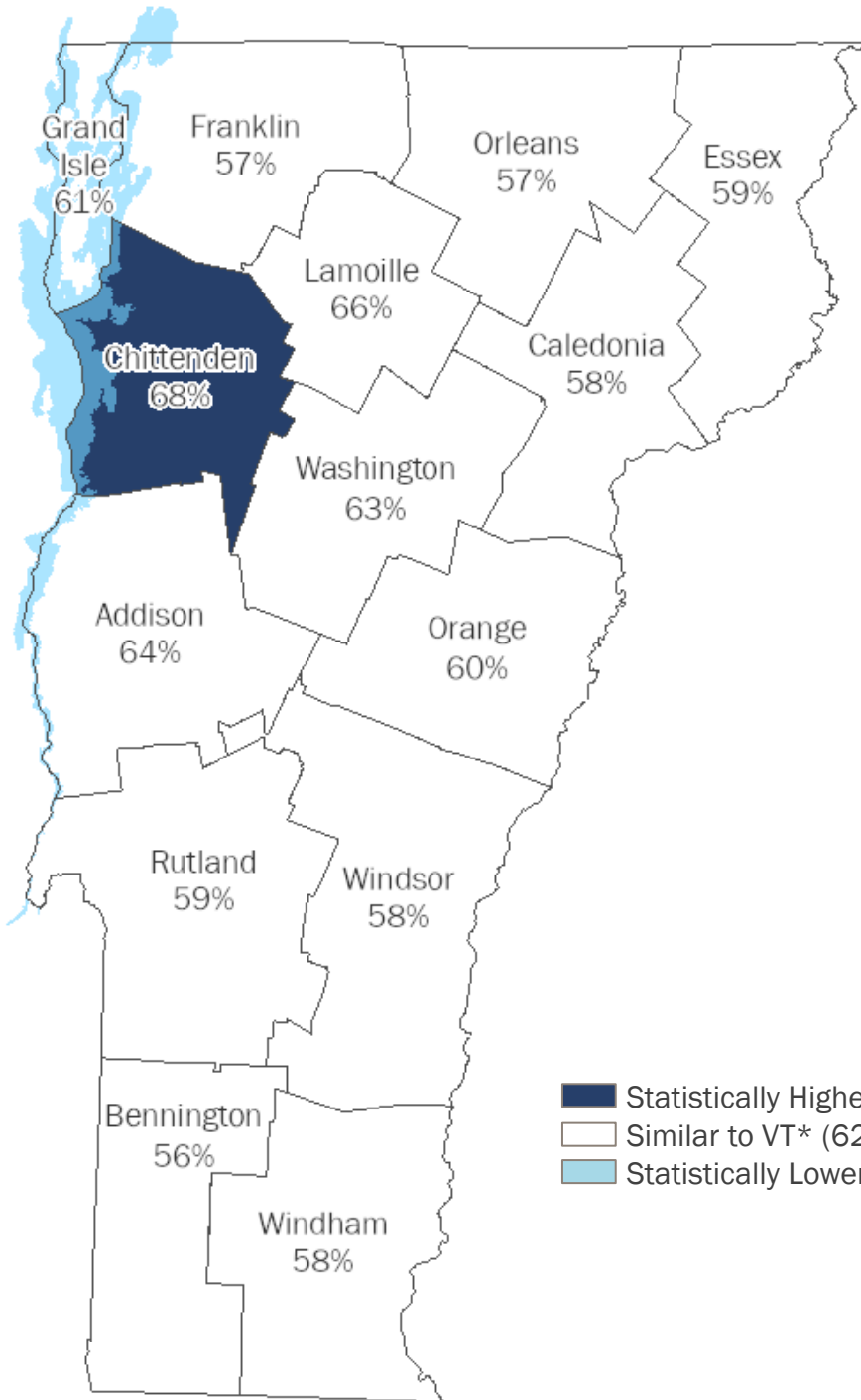
Vermont Adults with Any Alcohol Consumption, 2021



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2020-2021



Nearly seven in ten Chittenden County adults consumed any alcohol in the past month (68%). This is statistically higher than all Vermont adults.

All other counties have a similar prevalence of alcohol use in the past month compared to Vermont.

*Vermont estimate represents two years of data.

Alcohol Consumption – Binge Drinking

Seventeen percent of Vermont adults say they binge drank in the past month, statistically similar to the 15% of U.S. adults.

Binge drinking is defined as five or more drinks on an occasion for men and four or more for women.

Men are statistically more likely than women to binge drink.

Binge drinking decreases with age.

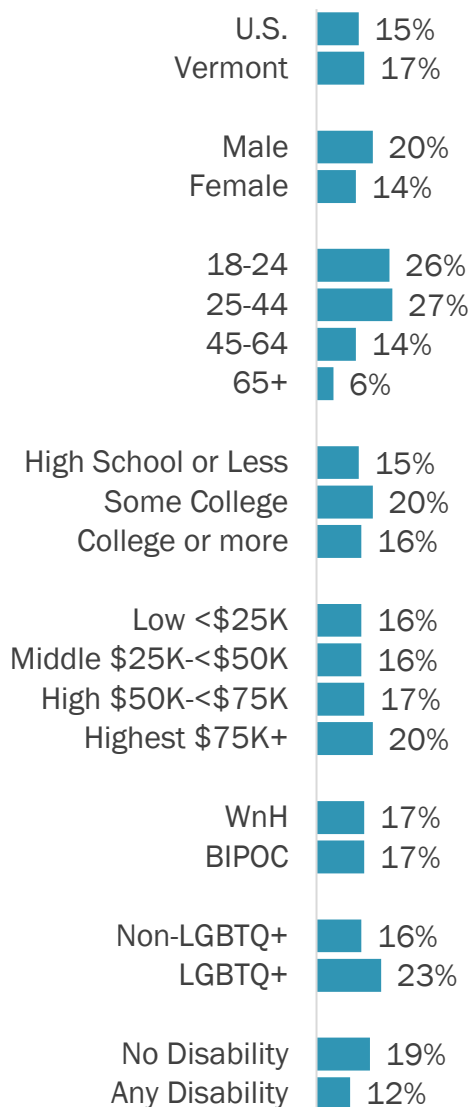
- All differences in binge drinking by age are statistically significant except between adults 18-24 and those 25-44.

There are no statistical differences in binge drinking by education level, household income level or race and ethnicity.

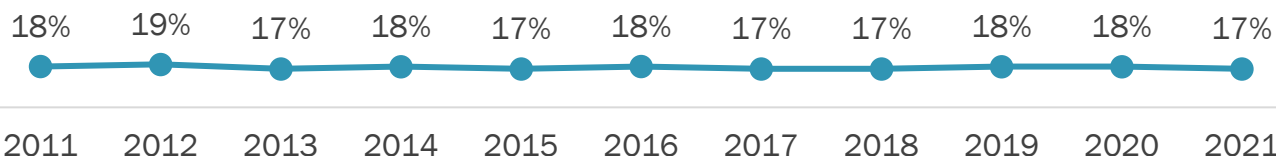
LGBTQ+ adults and adults with no disability are statistically more likely to binge drink than non-LGBTQ+ adults and those with a disability.

The proportion of Vermont adults binge drinking is statistically similar to 2020 and 2011.

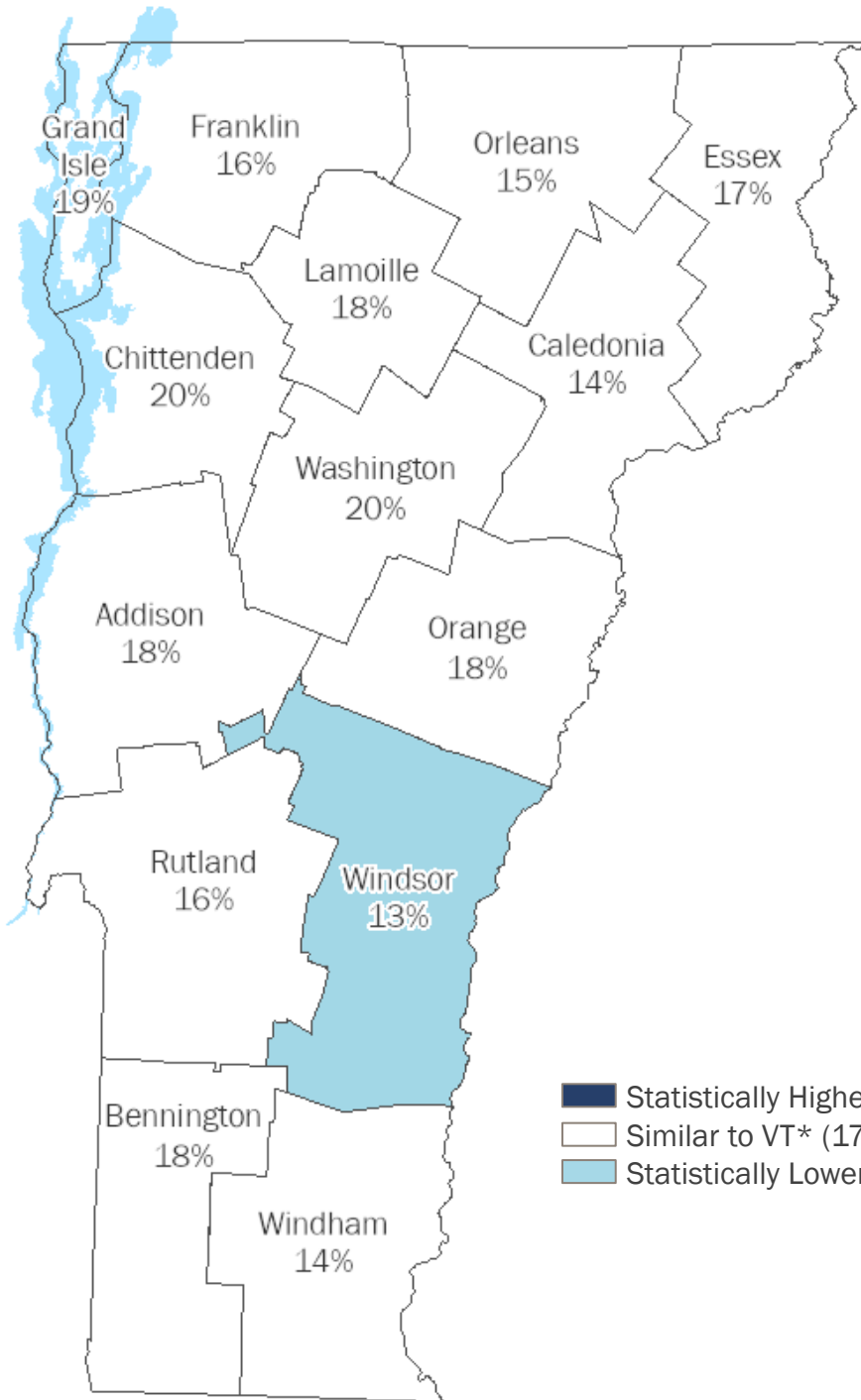
Vermont Adults who Report Binge Drinking, 2021



Vermont Adults who Report Binge Drinking



Vermont Adults who Report Binge Drinking by County, 2020-2021



Thirteen percent of Windsor County adults binge drank in the past month. This is statistically lower than all Vermont adults.

All other counties have a similar binge drinking rate compared to Vermont.

*Vermont estimate represents two years of data.

Alcohol Consumption – Heavy Drinking

Nearly one in ten Vermont adults report drinking heavily in the past month (9%), statistically higher than the 6% of U.S. adults.

Heavy drinking is defined as more than two drinks per day for men and more than one drink for women.

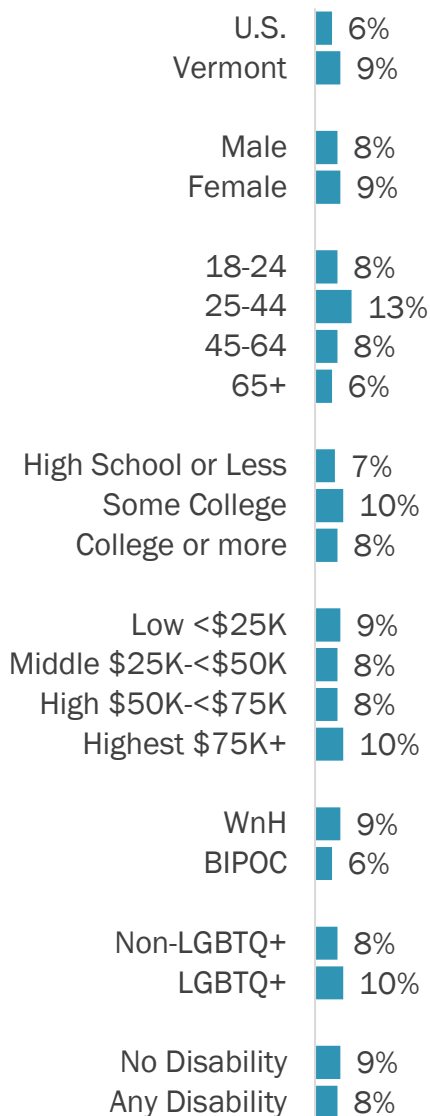
Men and women report statistically similar rates of heavy drinking.

Adults ages 25-44 are statistically more likely to report heavy drinking than adults 45 and older.

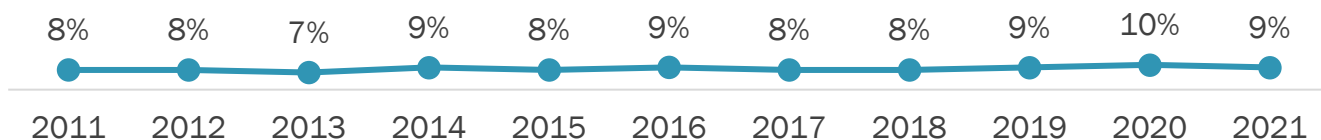
There are no statistical differences in heavy drinking by education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults drinking heavily is statistically similar to 2020 and 2011.

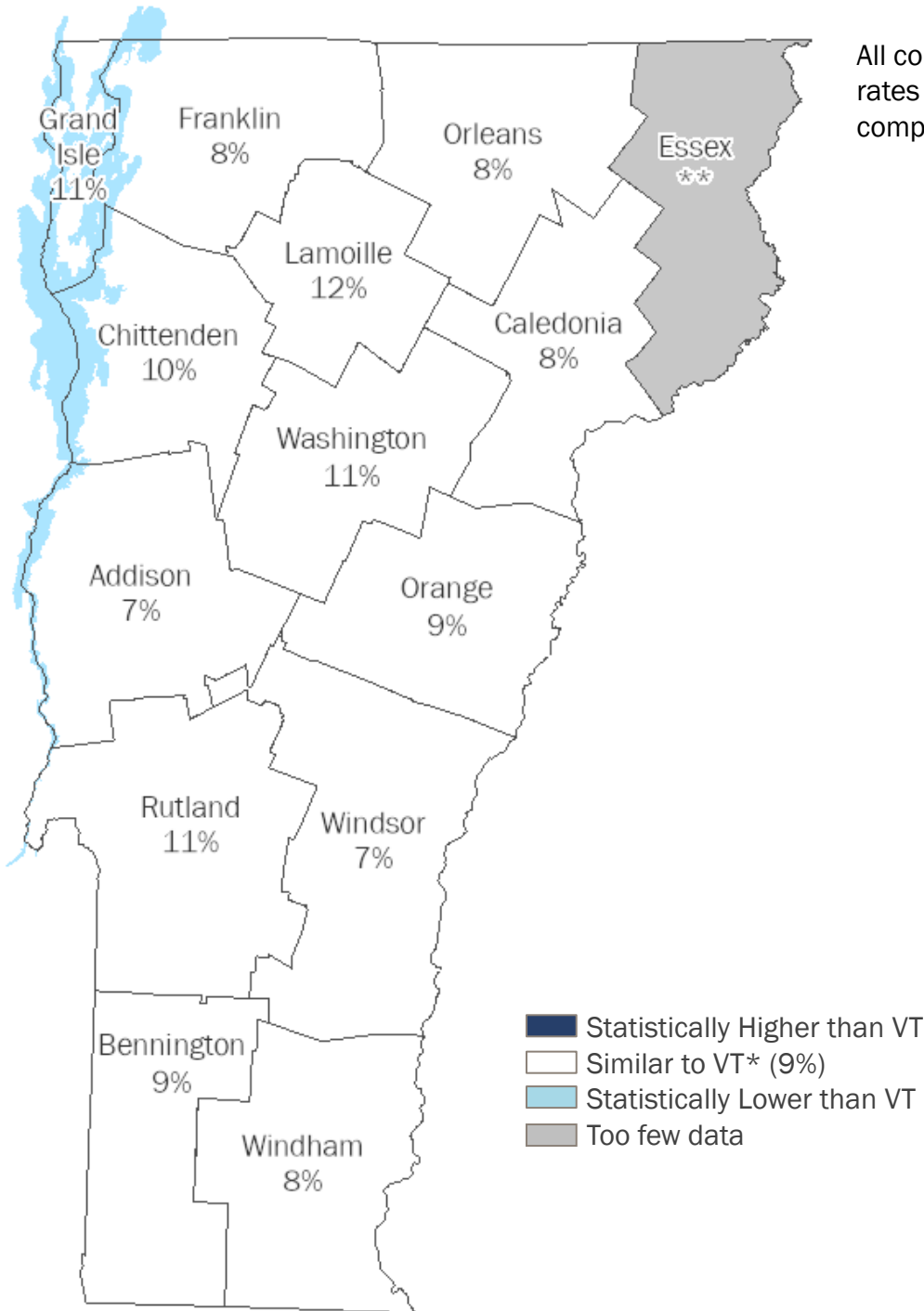
Vermont Adults who Report Heavy Drinking, 2021



Vermont Adults who Report Heavy Drinking



Vermont Adults who Report Heavy Drinking by County, 2020-2021



All counties have similar rates of heavy drinking compared to Vermont.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Cannabis Use

More than two in ten Vermont adults report currently using cannabis (22%).

Men are statistically more likely to use cannabis than women.

Cannabis use decreases with age.

- All differences in cannabis use by age are statistically significant except between adults 18-24 and those 25-44.

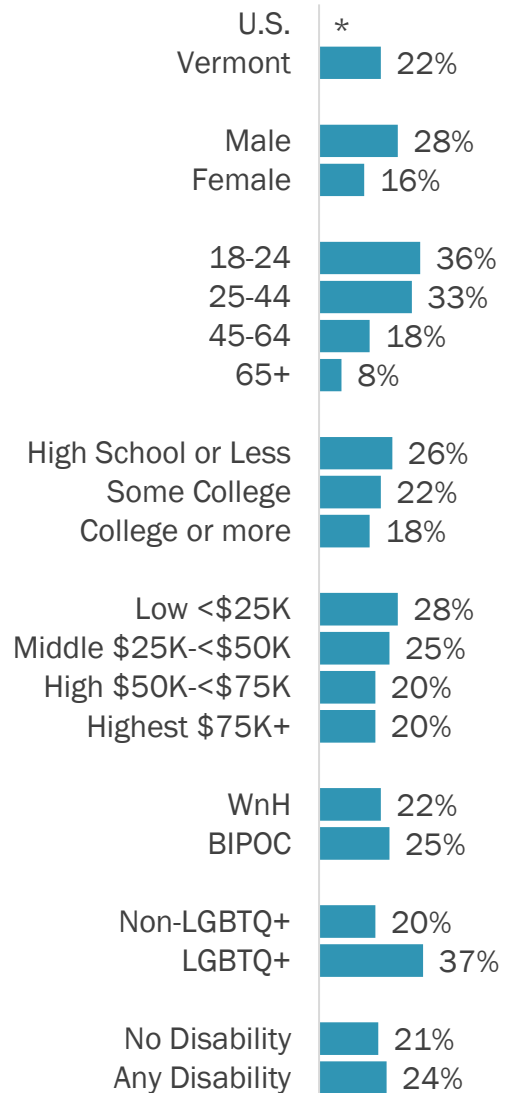
Adults with a high school education or less are statistically more likely to use cannabis than those with at least a college degree.

There are no statistical differences in cannabis use by household income level, race and ethnicity or disability status.

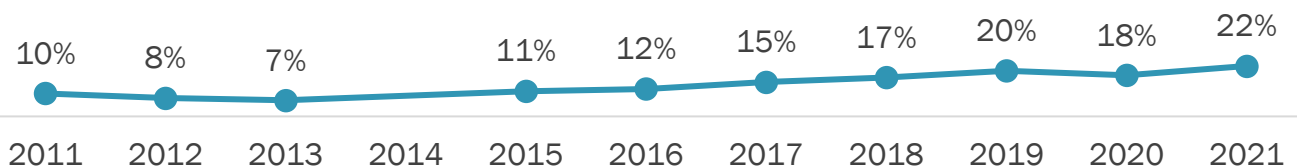
LGBTQ+ adults are statistically more likely to use cannabis than non-LGBTQ+ adults.

The proportion of adults using cannabis is statistically higher than 2020 and 2011.

Vermont Adults who Currently Use Cannabis, 2021

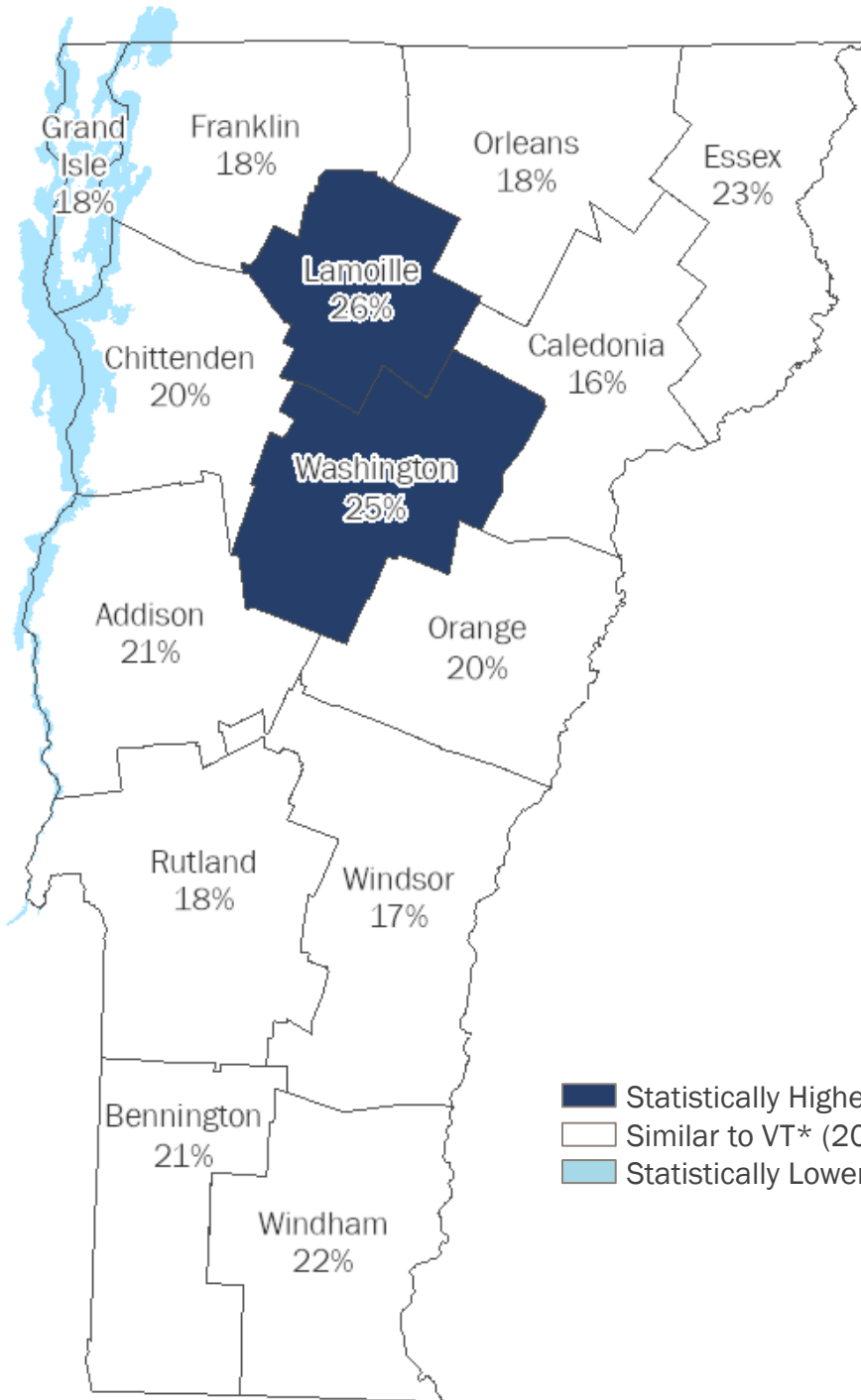


Vermont Adults who Currently Use Cannabis



*No national estimate available.

Vermont Adults who Currently Use Cannabis by County, 2020-2021



One-quarter of adults in Lamoille (26%), and Washington (25%) counties currently use cannabis, statistically higher than all Vermont adults.

All other counties have a similar rate of cannabis use compared to Vermont overall.

*Vermont estimate represents two years of data.

Cannabis Use – Primary Method & Reason

Most adults using cannabis in the past month say their primary method of use was smoking (73%). This is statistically similar to the 75% reported in 2020.

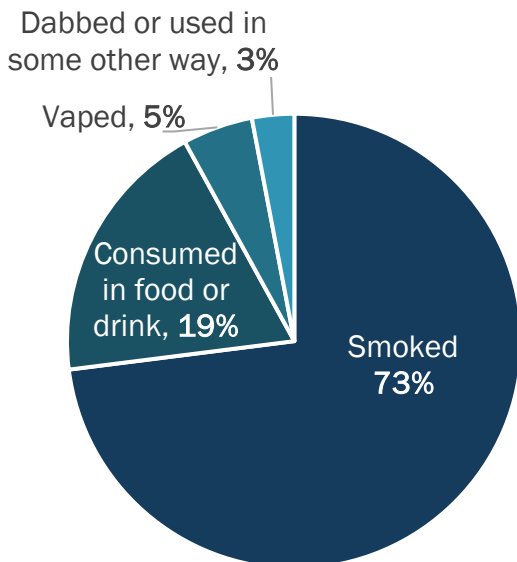
Nearly two in ten of cannabis users mainly consume it in food or drink (19%). This is statistically similar to the 15% of users primarily consuming cannabis in 2020.

Five percent of cannabis users mainly use cannabis by vaping. This is statistically similar to the 6% primarily vaping cannabis in 2020.

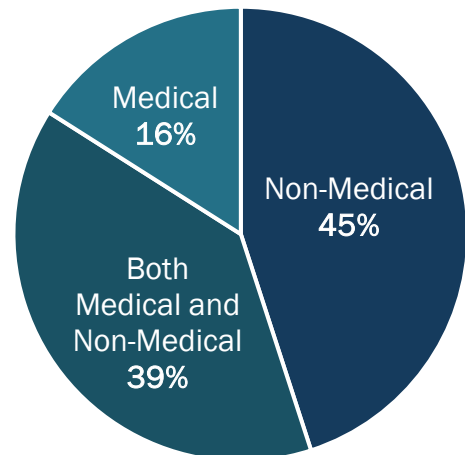
Dabbing or using cannabis in some other way is the primary method of cannabis use for 3% of users, statistically similar to the 4% in 2020.

Forty-five percent of adults using cannabis in the past month say it is usually for non-medical reasons, statistically similar to the 47% in 2020. Thirty-nine percent of cannabis users mainly use it for both medical and non-medical reasons, statistically similar to the 35% in 2020. Sixteen percent of cannabis users mainly use cannabis for medical reasons, statistically similar to the 18% in 2020.

**Primary Method of Cannabis Use
Among Vermont Adults
Using in the Past Month, 2021**



**Reason for Cannabis Use
Among Vermont Adults
Using in the Past Month, 2021**



Cannabis Use – Driving Under the Influence

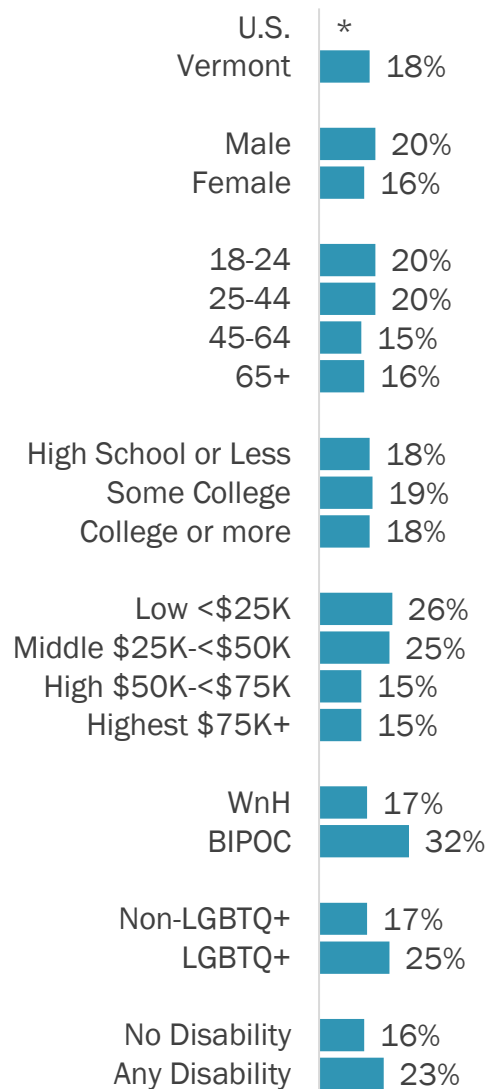
Eighteen percent of cannabis users drove within three hours of use at least once in the past month.

Men and women report statistically similar rates of driving after using cannabis.

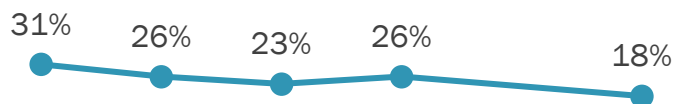
There are no statistical differences in driving after cannabis use by age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The prevalence of driving after cannabis use is statistically similar to 2019, but lower than 2016.

Vermont Adults Driving After Using Cannabis, 2021



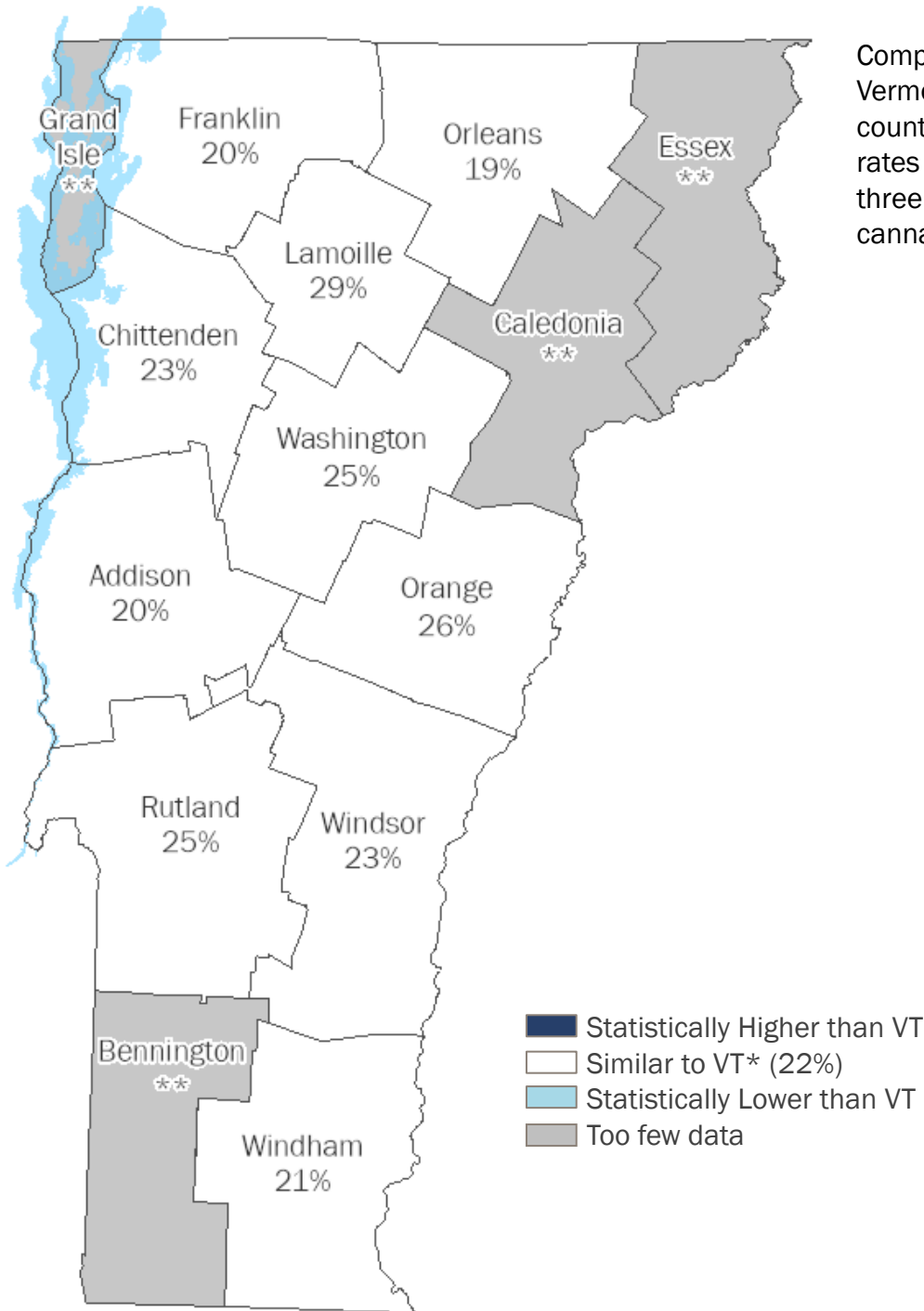
Vermont Adults Driving After Using Cannabis



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

*No national estimate available.

Vermont Adults Driving After Using Cannabis by County, 2019, 2021



Compared with Vermont, adults in all counties have similar rates of driving within three hours of using cannabis.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Tobacco Use – Current E-Cigarette Use

Five percent of Vermont adults report currently using electronic cigarettes (e-cigarettes) or other electronic vaping products. This is statistically lower compared to the 7% of all U.S. adults.

Men and women report statistically similar rates of e-cigarette use.

E-cigarette use statistically decreases with age.

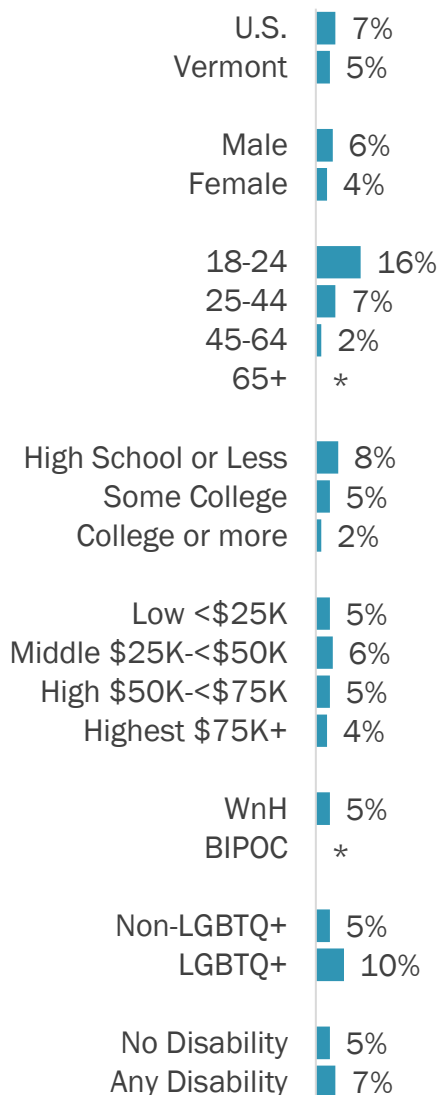
Adults with a high school education or less are statistically more likely to use e-cigarettes than those with at least a college degree.

There are no statistical differences in smoking by household income level or disability status.

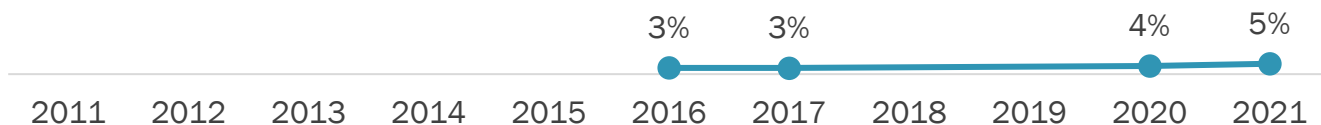
LGBTQ+ adults are twice as likely to use e-cigarettes than non-LGBTQ+ adults, a statistical difference.

The rate of e-cigarette use among Vermont adults is statistically similar to 2020 and 2016.

Vermont Adults who Currently Use E-Cigarettes, 2021

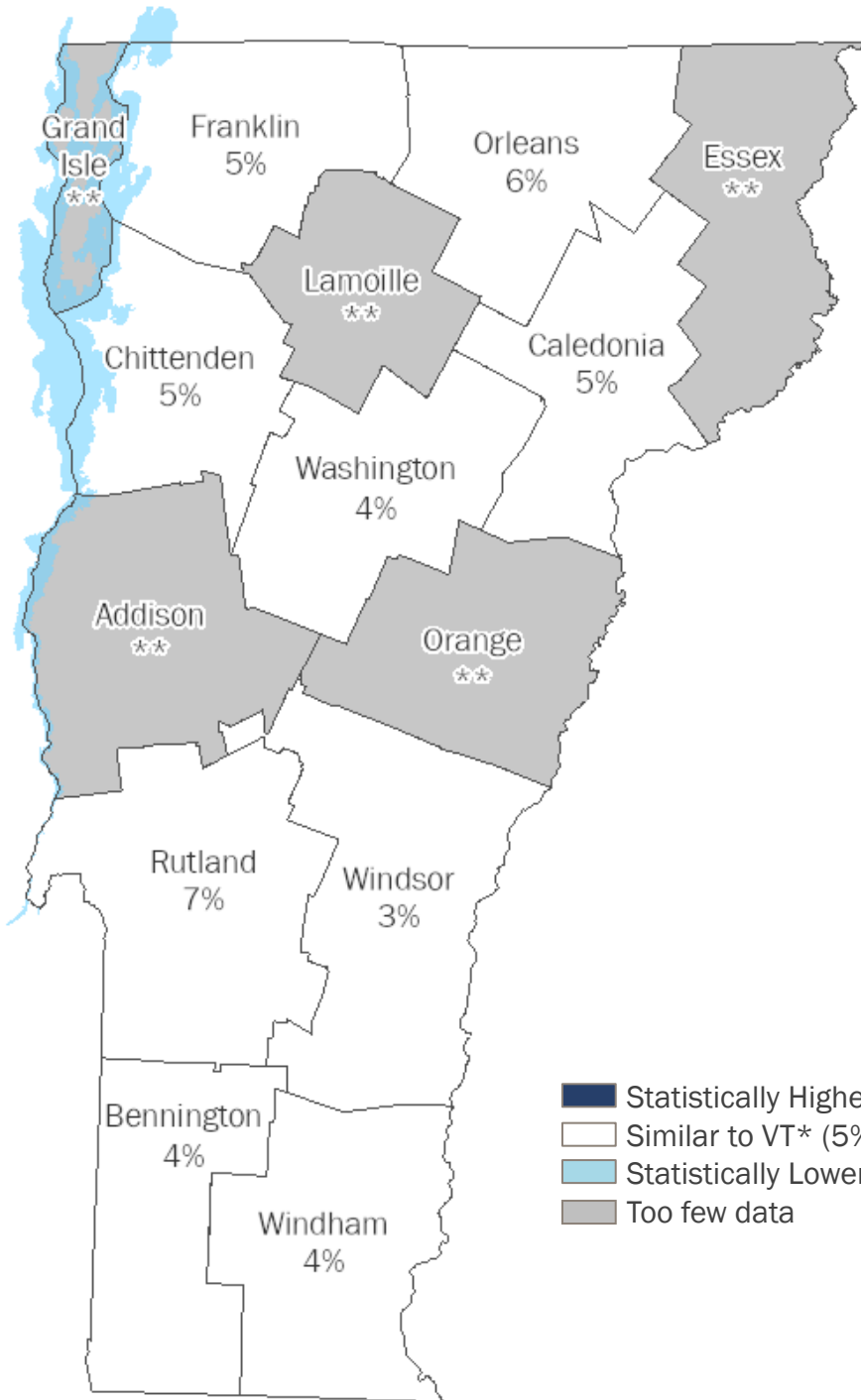


Vermont Adults who Currently Use E-Cigarettes



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults who Currently Use E-Cigarettes by County, 2020-2021



Compared with Vermont, adults in all counties have similar rates of e-cigarette use.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Tobacco Use – Smokeless Tobacco

Three percent of Vermont adults use smokeless tobacco, statistically the same as among U.S. adults.

Smokeless tobacco include products such as chewing tobacco, snuff and snus.

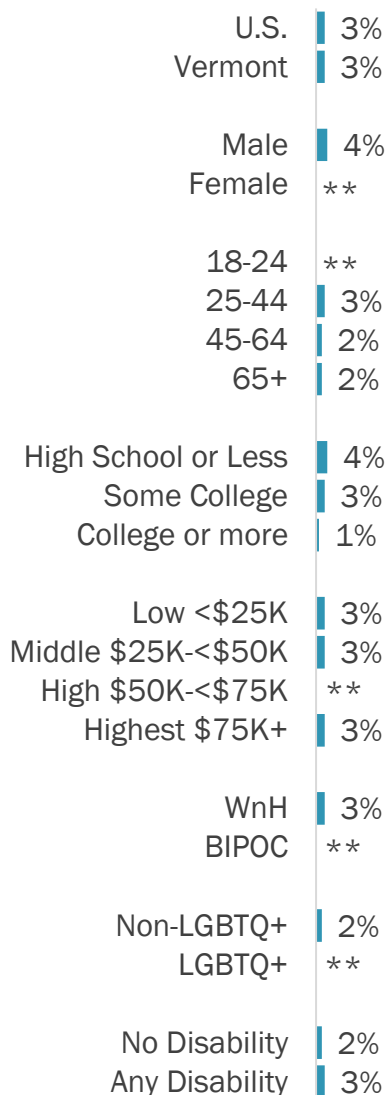
Smokeless tobacco use is statistically higher among adults with a high school education or less compared to those with a college education or more.

Rates of smokeless tobacco use are statistically similar across age groups, household income levels and by disability status.

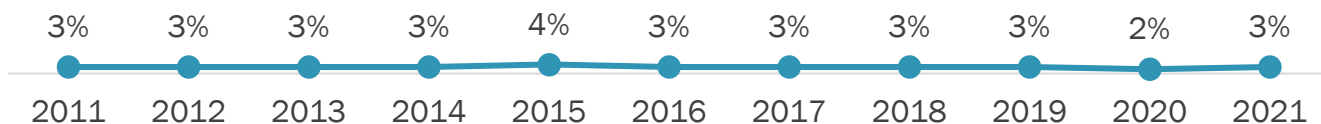
Statistical comparisons were not made for smokeless tobacco use prevalence by sex, race and ethnicity, or sexual orientation and gender identity due to data suppression.

The proportion of adults using smokeless tobacco is statistically similar to 2020 and 2011.

Vermont Adults who Use Smokeless Tobacco, 2021

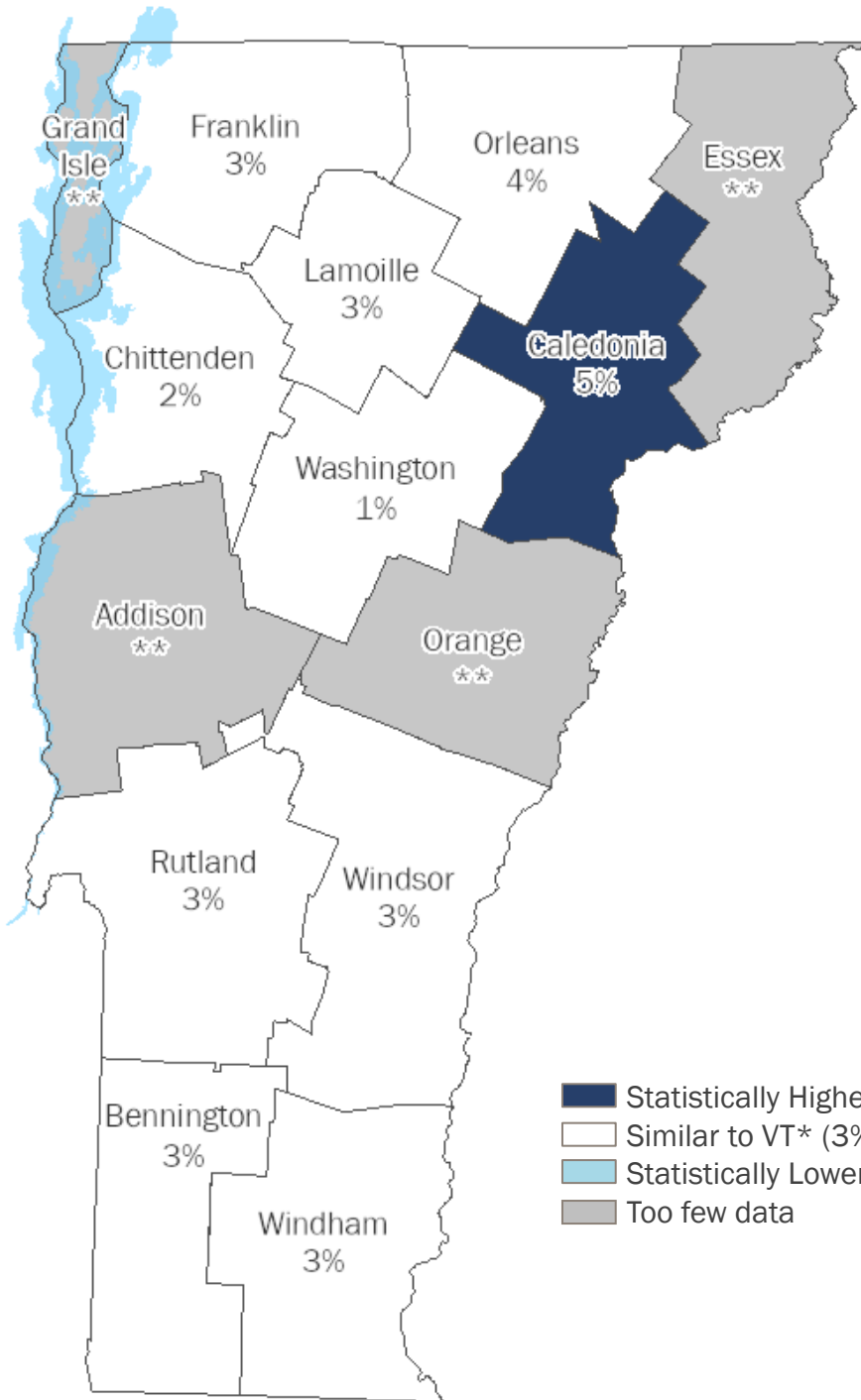


Vermont Adults who Use Smokeless Tobacco



**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults who Use Smokeless Tobacco by County, 2020-2021



Five percent of adults in Caledonia County use smokeless tobacco. This is statistically higher than Vermont overall.

All other counties have smokeless tobacco use rates similar to Vermont.

- Statistically Higher than VT
- Similar to VT* (3%)
- Statistically Lower than VT
- Too few data

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.

Tobacco Use – Cigarette Smoking~

One in six Vermont adults report smoking cigarettes (16%). This is statistically higher compared to the 14% of all U.S. adults.

Men and women report statistically similar rates of cigarette smoking.

All differences in cigarette smoking by age are statistically significant except between adults 18-24 and those 65 and older.

Smoking is higher among adults with less education and lower household income.

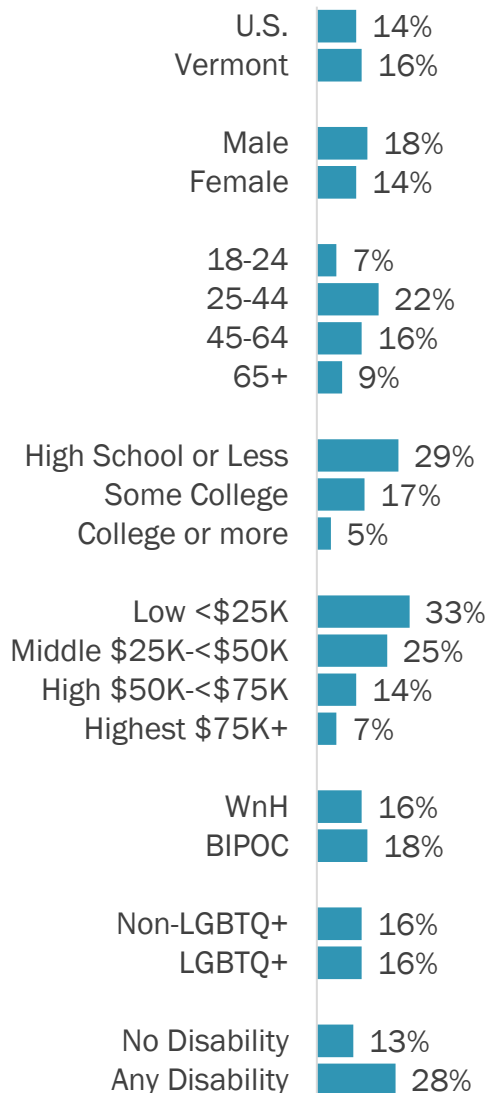
- All differences in smoking by education level are statistically significant.
- All differences in smoking by household income level are statistically significant, except between low and middle household incomes.

There are no statistical differences in smoking by race and ethnicity, or sexual orientation and gender identity.

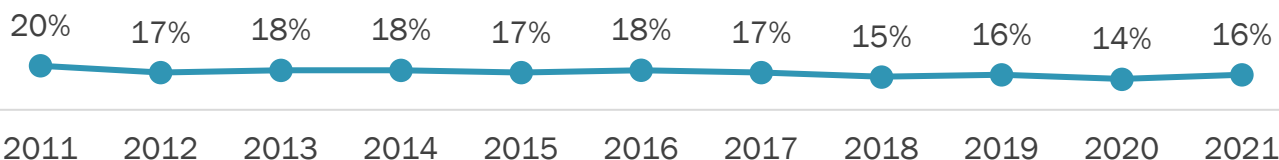
Adults with a disability are more than twice as likely to smoke cigarettes than adults with no disability, a statistical difference.

The smoking rate among Vermont adults is statistically similar to 2020, but lower than 2011.

Vermont Adults who Currently Smoke Cigarettes, 2021

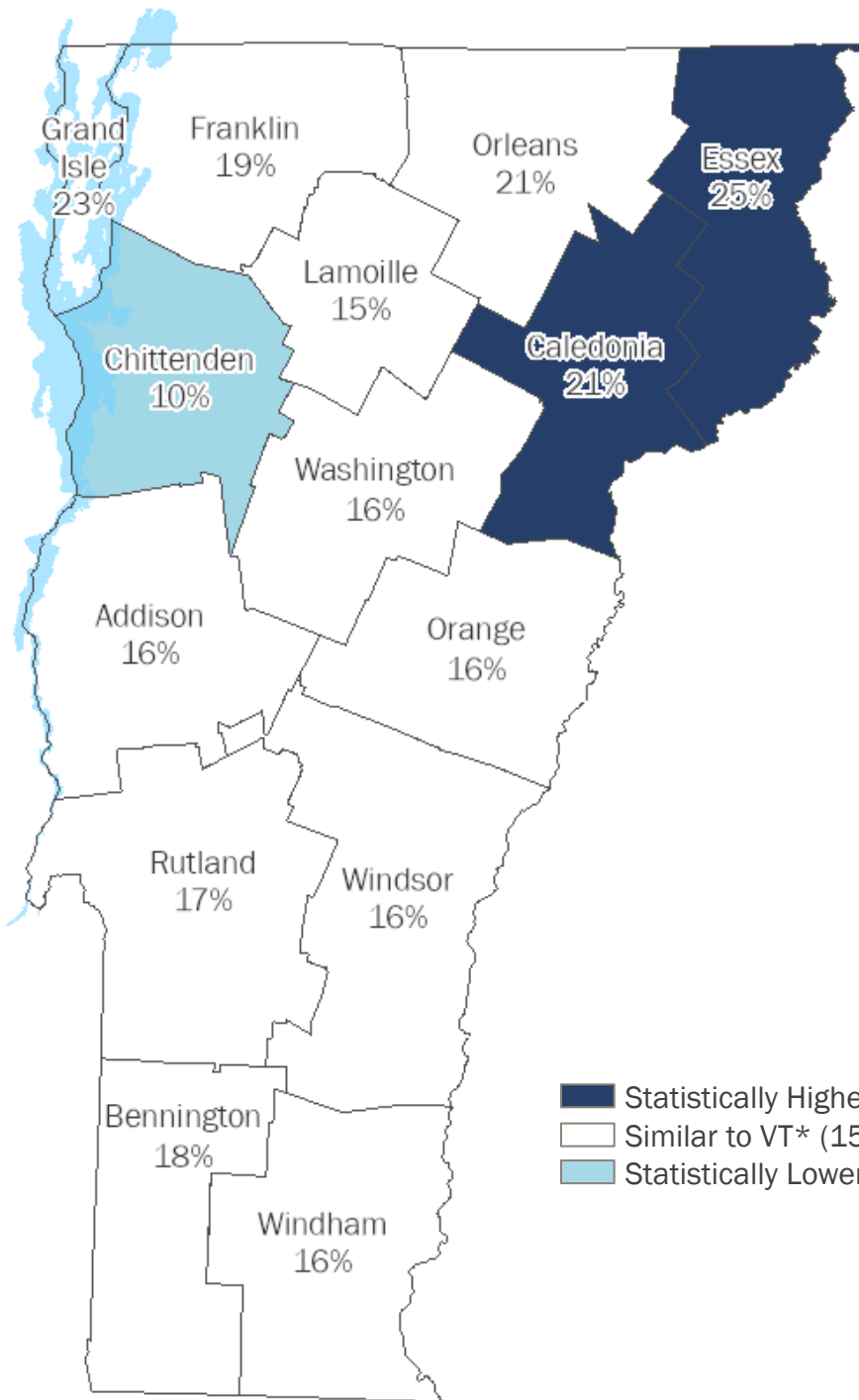


Vermont Adults who Currently Smoke Cigarettes



~All data on this page are age-adjusted to U.S. 2000 population, except that by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults who Currently Smoke Cigarettes~ by County, 2020-2021



Vermont adults in Essex (25%), and Caledonia (21%) counties are statistically more likely to smoke cigarettes than Vermont adults overall.

Vermont adults in Chittenden County (10%) are statistically less likely to smoke cigarettes than Vermont adults overall.

All other counties have smoking rates similar to Vermont.

- Statistically Higher than VT
- Similar to VT* (15%)
- Statistically Lower than VT

~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Tobacco Use – Quit Attempts ~

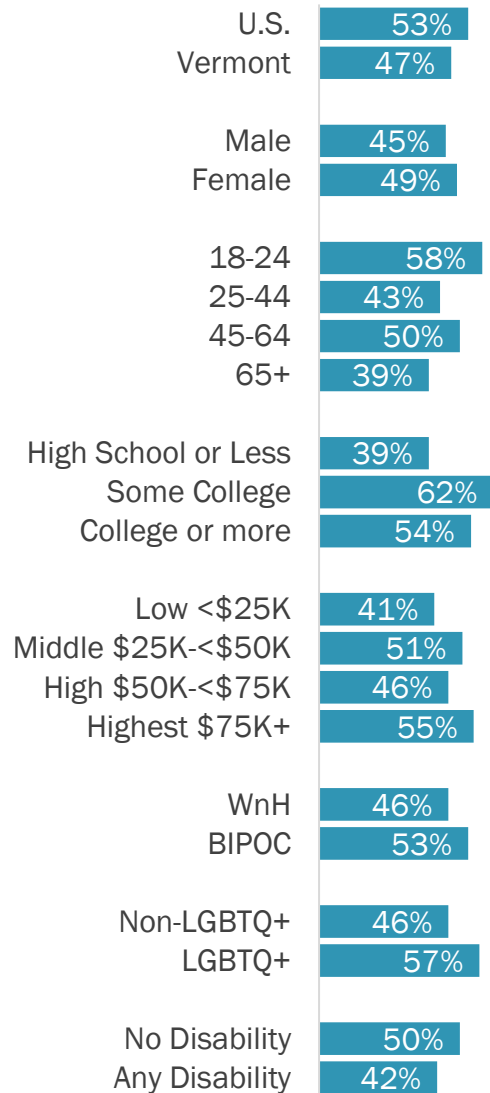
Nearly half of Vermont adults who smoke cigarettes have tried to quit smoking in the past year (47%). This is statistically similar to the 53% of U.S. adults who smoke and have tried to quit.

Adults with some college education are statistically more likely to try to quit smoking than those with a high school education or less.

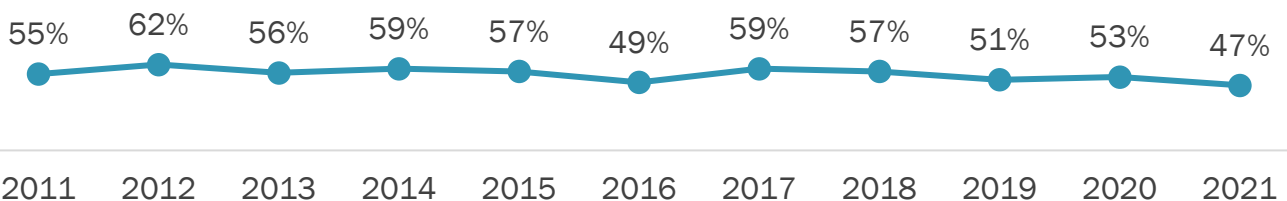
There are no statistical differences in trying to quit smoking by sex, age, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults who smoke cigarettes and have tried to quit is statistically similar to 2020 and 2011.

Vermont Adults who Tried to Quit Smoking, 2021

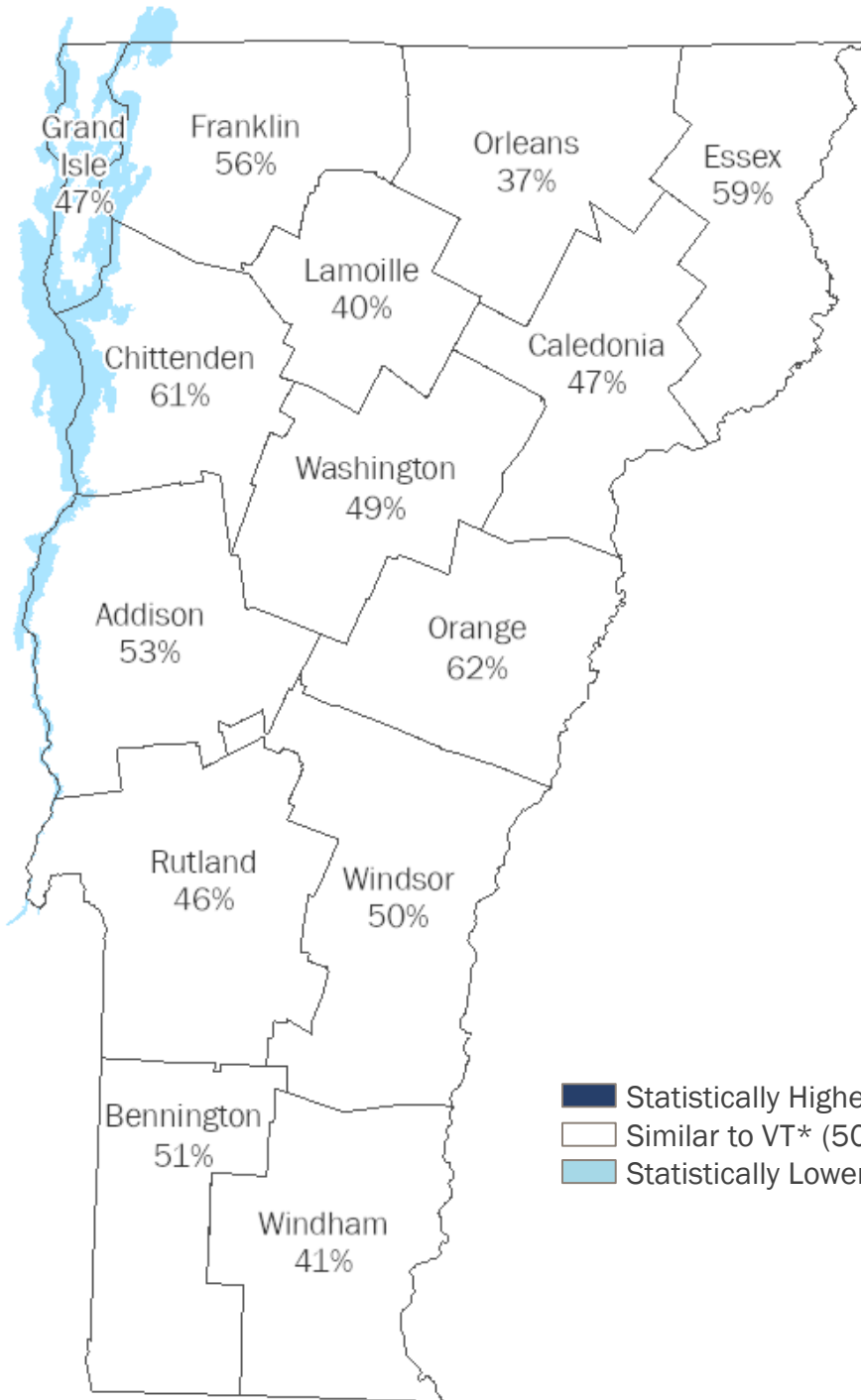


Vermont Adults who Tried to Quit Smoking



~All data on this page are age-adjusted to U.S. 2000 population, except that by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults who Tried to Quit Smoking~ by County, 2020-2021



Compared with Vermont, all counties have a similar proportion of adults who have tried to quit smoking cigarettes.

~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

[Note: This measure is a Healthy Vermonters 2020 goal.]

No Leisure Time Physical Activity~

Seventeen percent of Vermont adults said they did not participate in any leisure time physical activity during the previous month, statistically lower than the 23% among U.S. adults.

Men and women report not participating in leisure time physical activity at statistically similar rates.

As Vermonters age, the proportion with no leisure time physical activity increases.

- Adults 45-64 are statistically more likely than those 25-44 to have no leisure time physical activity.
- Adults 65 and older are statistically more likely than those in younger age groups to have no leisure time physical activity.

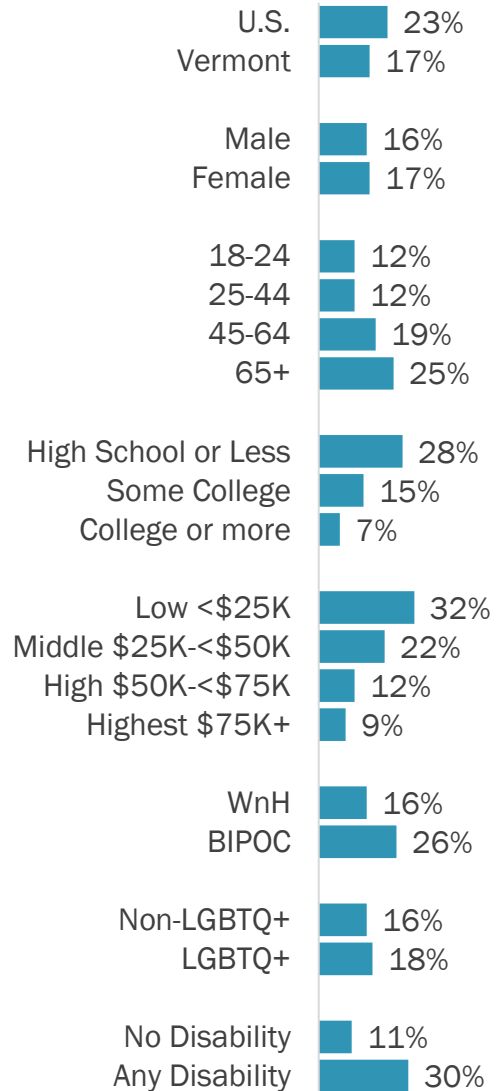
All differences by education and income are statistically different, except between adults living in homes with high and highest incomes.

BIPOC adults and adults with a disability are statistically more likely to report no leisure time physical activity than white, non-Hispanic adults and those with no disability.

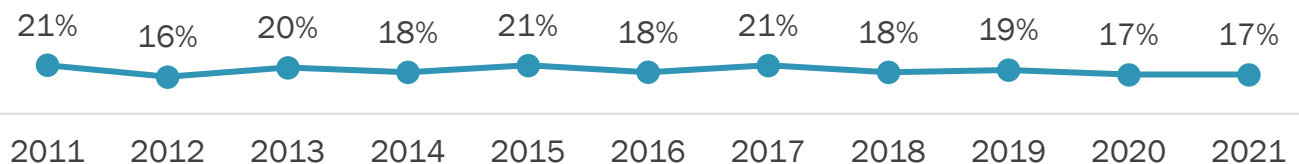
There is no statistical difference in no leisure time physical activity by sexual orientation and gender identity.

No leisure time physical activity is statistically similar to 2020, but lower than 2011.

Vermont Adults with No Leisure Time Physical Activity, 2021

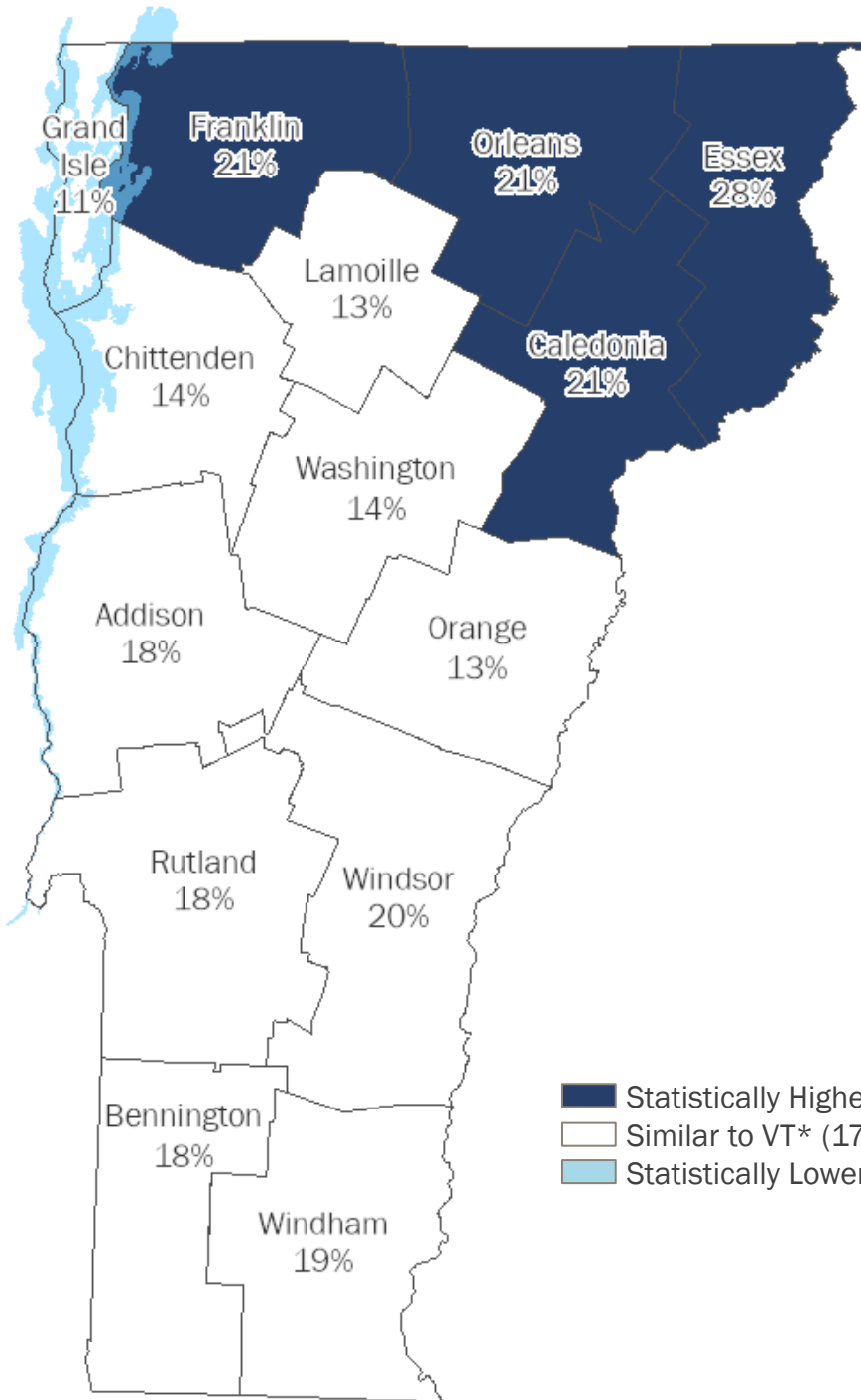


Vermont Adults with No Leisure Time Physical Activity



~ All data on this page are age-adjusted to U.S. 2000 population, except that by age. [Note: This measure is a Healthy Vermonters 2020 goal.]

Vermont Adults with No Leisure Time Physical Activity~ by County, 2020-2021



More than two in ten adults in Caledonia (21%), Franklin (21%), and Orleans (21%) counties do not participate in any leisure time physical activity. Nearly three in ten adults in Essex County do not get any leisure time physical activity (28%). These proportions are statistically higher compared to all Vermont adults.

All other counties have similar proportions of adults without any leisure time physical activity compared to all Vermonters.

- Statistically Higher than VT
- Similar to VT* (17%)
- Statistically Lower than VT

~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

[Note: This measure is a Healthy Vermonters 2020 goal.]

Intimate Partner Violence – Physical

Fifteen percent of Vermont adults report that an intimate partner has ever physically hurt them. Physically hurt is defined as being hit, slapped, punched, kicked, choked or hurt in any way.

Women are statistically more likely than men to report ever being physically hurt by a partner.

Adults 25-44 are statistically more likely to ever experience physical harm by a partner than those in any other age group.

Ever experiencing physical harm by a partner is greater among adults with less education and lower household incomes.

- Adults with some college education or less are statistically more likely to ever be physically hurt by a partner than those with at least a college degree.
- All differences by income level are statistically different, except between adults living in homes with middle and high incomes.

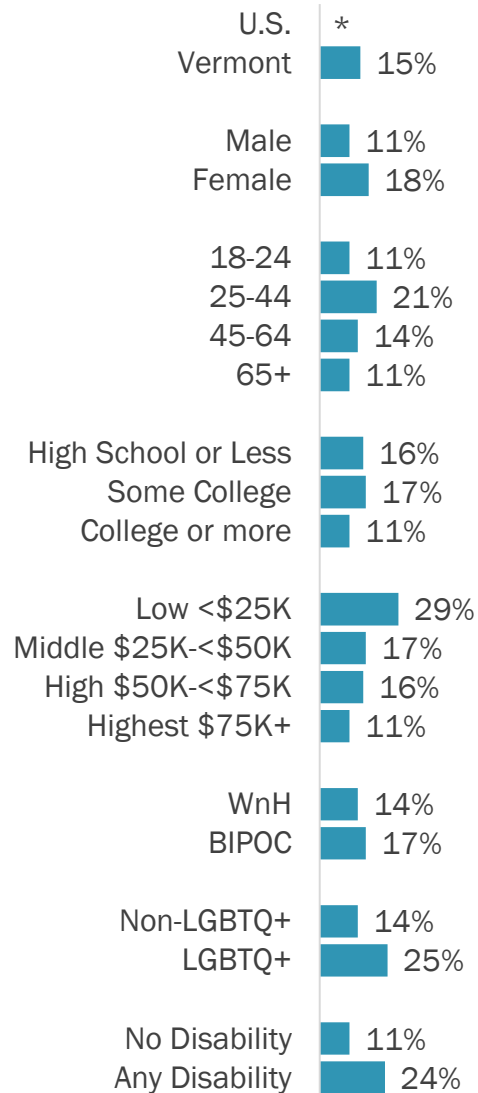
There is no statistical difference in ever experiencing physical harm by a partner by race and ethnicity.

LGBTQ+ adults are statistically more likely to ever be physically hurt by a partner than non-LGBTQ+ adults.

Adults with a disability are more than twice as likely to ever be physically hurt by a partner than those with no disability, a statistical difference.

The proportion of adults who have ever experienced physical harm by a partner is statistically similar to previous years.

Vermont Adults Ever Physically Hurt by Intimate Partner, 2021

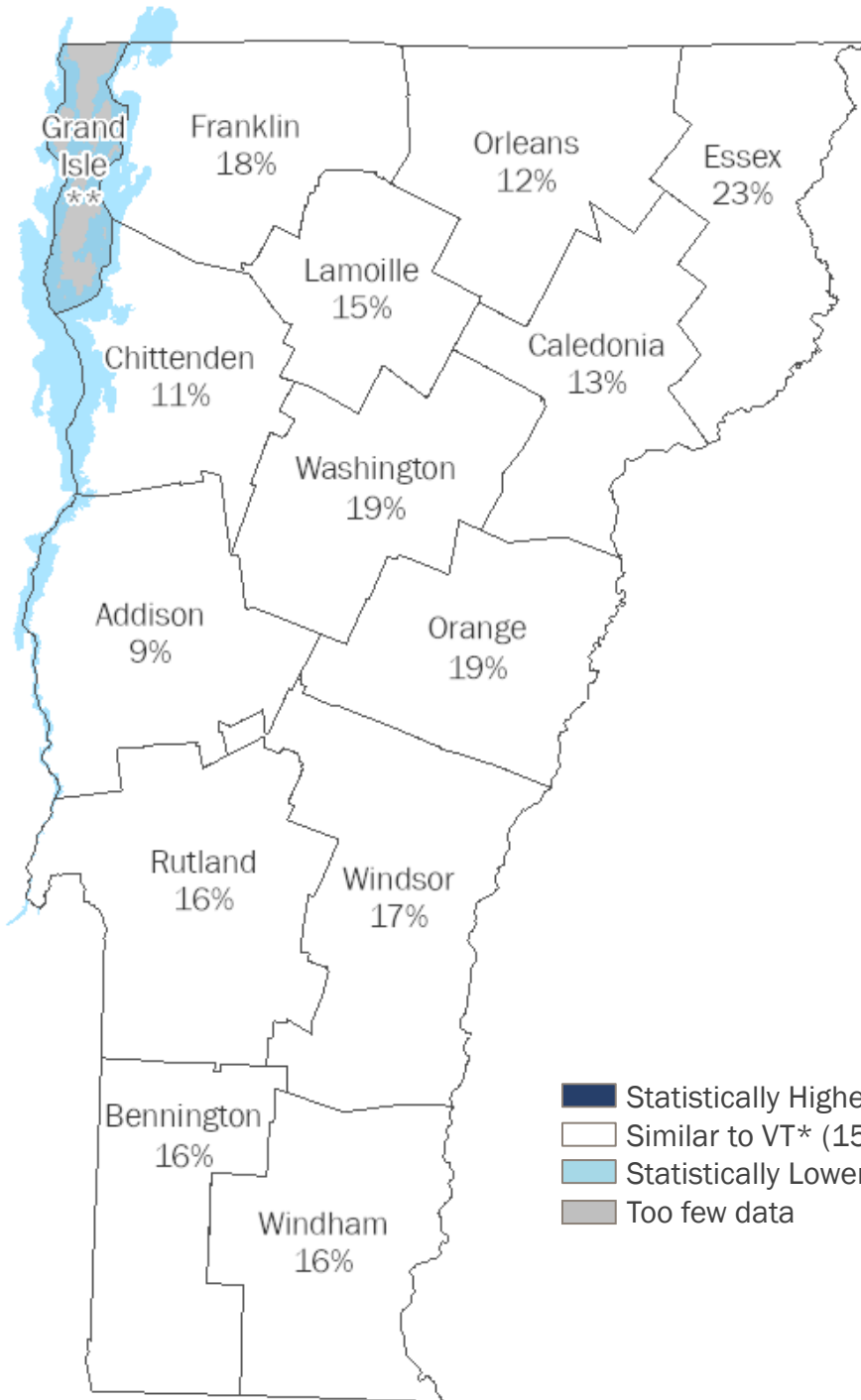


Vermont Adults Ever Physically Hurt by Intimate Partner



*No national estimate available.

Vermont Adults who Have Ever Been Physically Hurt by an Intimate Partner, by County, 2017, 2021



Compared with Vermont, all counties have a similar proportion of adults who report ever being physically hurt by an intimate partner.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Intimate Partner Violence – Frighten

Twelve percent of Vermont adults report having ever been frightened for their safety or the safety of their family or friends because of anger or threats by a current or former intimate partner.

Women are four times more likely than men to report ever being frightened by a partner, a statistical difference.

Adults 25-64 are statistically more likely to ever be frightened by a partner than those 18-24 and 65 and older.

Adults with some college education are statistically more likely to ever be frightened by a partner than those with at least a college degree.

Adults in low-income households are statistically more likely to ever be frightened by a partner than those with higher incomes. Adults with middle incomes are statistically more likely to ever be frightened by a partner than those with the highest incomes.

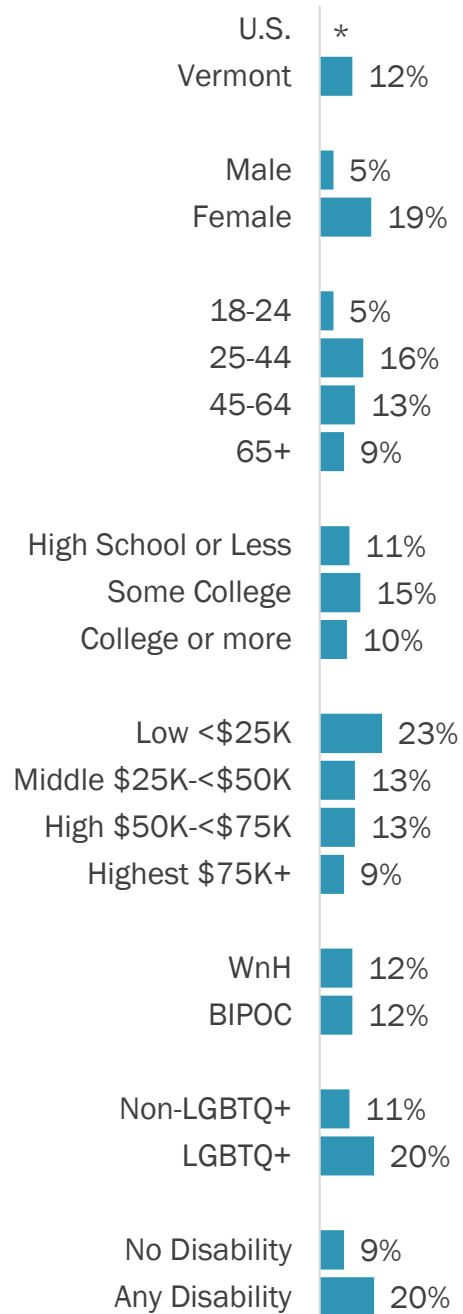
There is no statistical difference in having ever been frightened by a partner by race and ethnicity.

LGBTQ+ adults are statistically more likely to ever be frightened by a partner than non-LGBTQ+ adults.

Adults with a disability are more than twice as likely to ever be frightened by a partner than those with no disability, a statistical difference.

Note: 2021 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Ever Frightened by Intimate Partner, 2021



*No national estimate available.

Intimate Partner Violence – Control

One in six Vermont adults report that an intimate partner has ever tried to control their daily activities (16%).

Women are statistically more likely than men to report that a partner has ever tried to control their daily activities.

Ever experiencing controlling behavior by a partner is greater among adults of younger ages, less education and lower household incomes.

- All differences by age are statistically different, except between those 18-24 and 25-44.
- Adults with some college education or less are statistically more likely to ever have a partner try to control their daily activities than those with at least a college degree.
- Adults in low-income households are statistically more likely to ever have a partner try to control their daily activities than those with higher incomes.

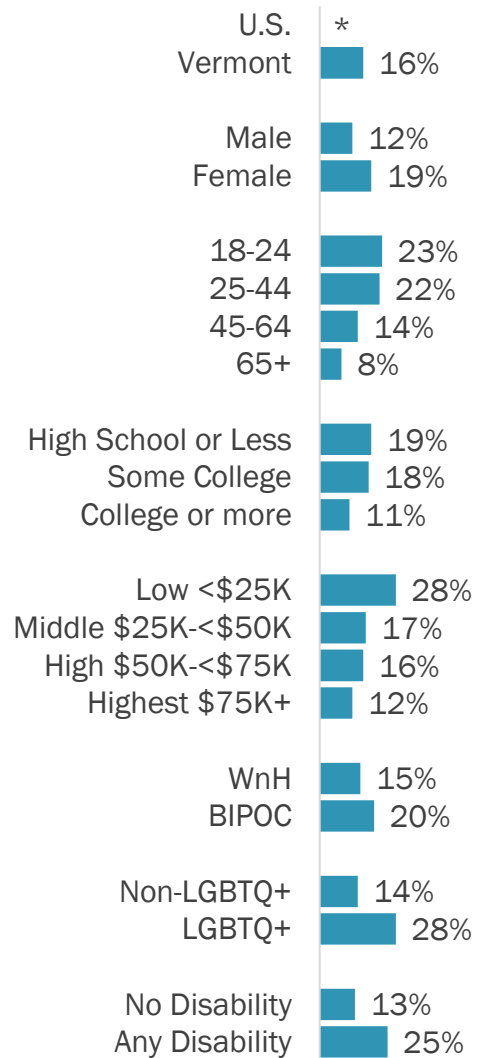
There is no statistical difference in having ever experienced controlling behavior by a partner by race and ethnicity.

LGBTQ+ adults are twice as likely to ever experience controlling behavior by a partner than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are nearly twice as likely to ever have a partner try to control their daily activities than those with no disability.

The proportion of adults who have ever experienced controlling behavior by a partner is statistically similar to 2017, but higher than 2014.

Vermont Adults Ever Experienced Controlling Behavior by Intimate Partner, 2021

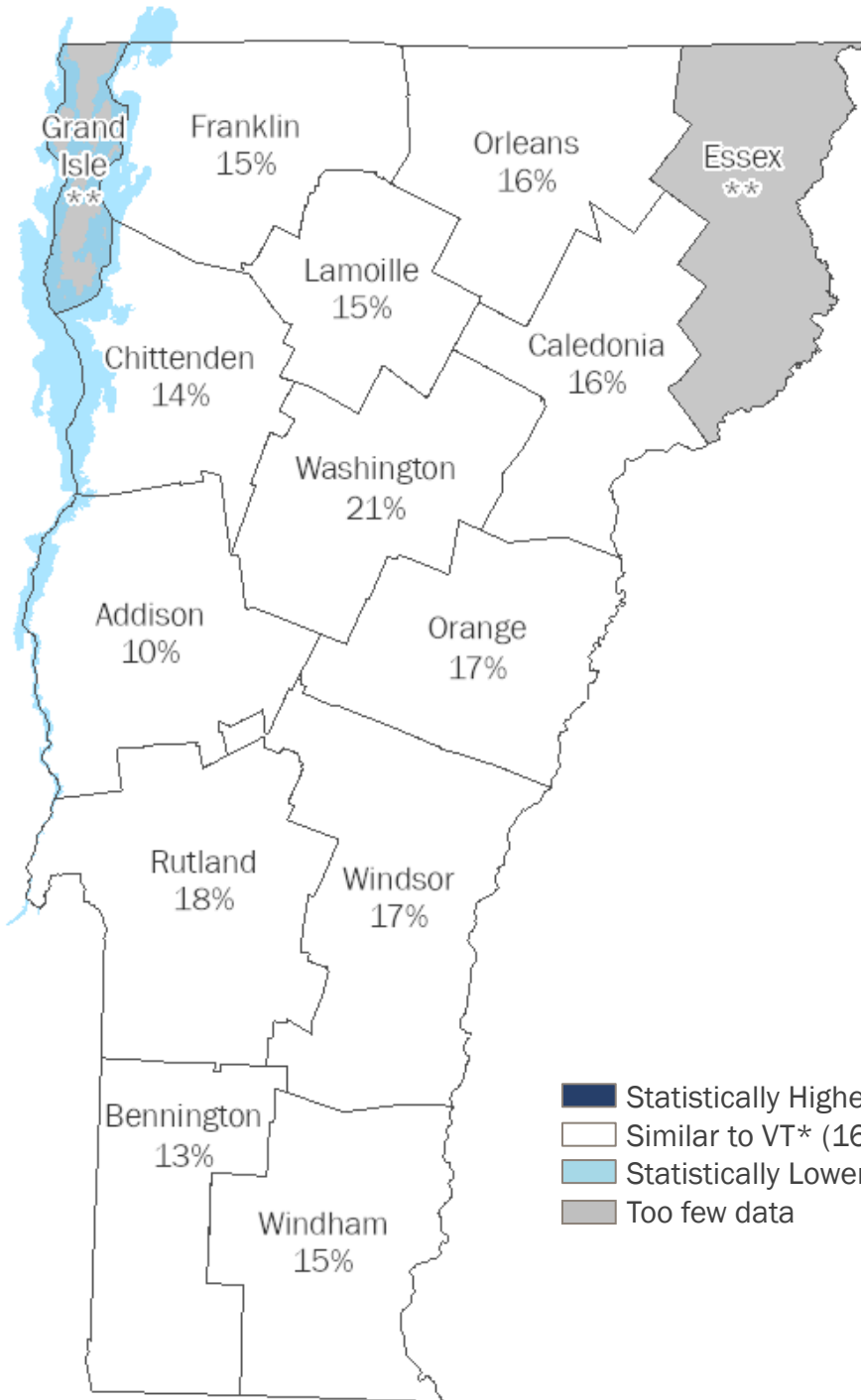


Vermont Adults Ever Experienced Controlling Behavior by Intimate Partner



*No national estimate available.

Vermont Adults who Have Ever Experienced Controlling Behavior by an Intimate Partner, by County, 2017, 2021



Compared with Vermont, all counties have a similar proportion of adults who have ever had an intimate partner try to control their daily activities.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Sexual Violence – Any

One in six Vermont adults report having ever been made to take part in any non-consensual sexual activity (16%).

Women are statistically more likely than men to report ever experiencing sexual violence.

Adults 18-64 are statistically more likely to ever experience sexual violence than those 65 and older.

There are no statistical differences in ever experiencing sexual violence by education level.

Adults in low-income households are statistically more likely to ever experience sexual violence than those with higher incomes.

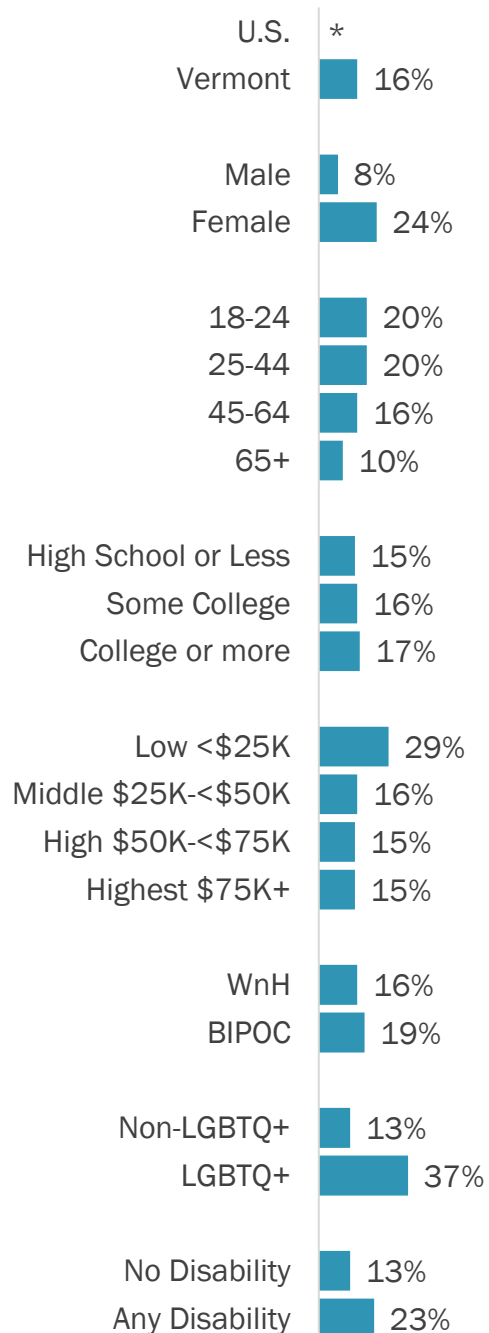
There is no statistical difference in ever experiencing sexual violence by race and ethnicity.

LGBTQ+ adults are nearly three times as likely to ever experience sexual violence than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are statistically more likely than those with no disability to have ever been made to take part in any sexual activity without their consent, a statistical difference.

Note: 2021 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults Ever Made to Take Part in Non-Consensual Sexual Activity, 2021



*No national estimate available.

Sexual Violence – Non-Physical

Two percent of Vermont adults report that someone exposed them to unwanted sexual situations that did not involve physical touching in the past month. This includes situations such as sexual harassment, someone exposing sexual parts of their body, being seen by a peeping Tom, or being made to look at sexual content.

Women and men report being recently exposed to unwanted non-physical sexual situations at statistically similar rates.

The prevalence of recent exposure to unwanted non-physical sexual situations statistically decreases with age.

There are no statistical differences in recent exposure to unwanted non-physical sexual situations by education level.

Statistical comparisons were not made for the prevalence of recent exposure to unwanted non-physical sexual situations by household income level or race and ethnicity due to data suppression.

LGBTQ+ adults are seven times more likely than non-LGBTQ+ adults to have been exposed to unwanted non-physical sexual situations in the past month, a statistical difference.

There is no statistical difference in recent exposure to unwanted non-physical sexual situations by disability status.

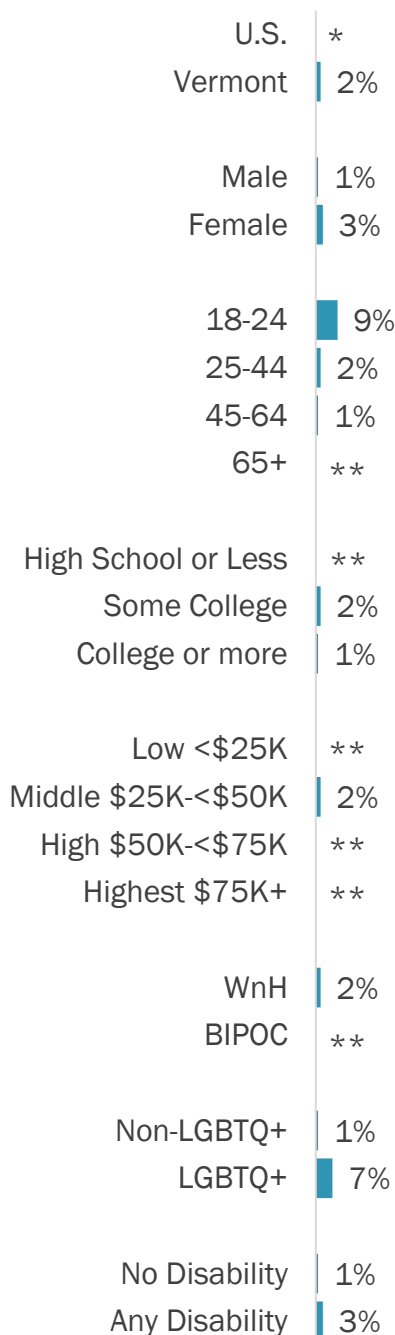
The proportion of adults who have been exposed to unwanted non-physical sexual situations in the past month is statistically similar to the 1% in 2015.

Note: Due to data suppression, county-level data are not available.

*No national estimate available.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults Exposed to Unwanted Non-Physical Sexual Situations, 2021



Suicidal Thoughts

Six percent of Vermont adults have seriously considered suicide in the past year.

Men and women report having seriously considered suicide at statistically similar rates.

As Vermonters age, the proportion having seriously considered suicide in the past year statistically decreases.

- Adults 18-24 are statistically more likely than those who are older to report having seriously considered suicide.
- Adults 25-44 are statistically more likely than those 65 and older to report having seriously considered suicide.

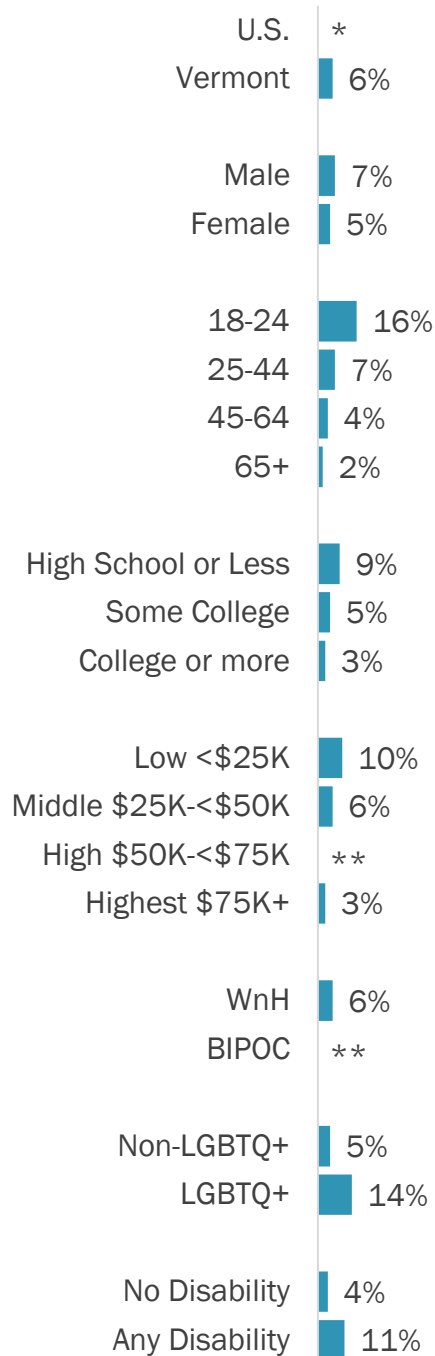
Adults with a high school education or less are statistically more likely to report having seriously considered suicide than those with at least a college degree.

Adults with low household incomes are statistically more likely to report having seriously considered suicide than those with the highest incomes.

LGBTQ+ adults and adults with a disability are nearly three times as likely as non-LGBTQ+ adults and those with no disability to have seriously considered suicide in the past month, a statistical difference.

The proportion of adults who have seriously considered suicide in the past month is statistically similar to the 4% in 2018.

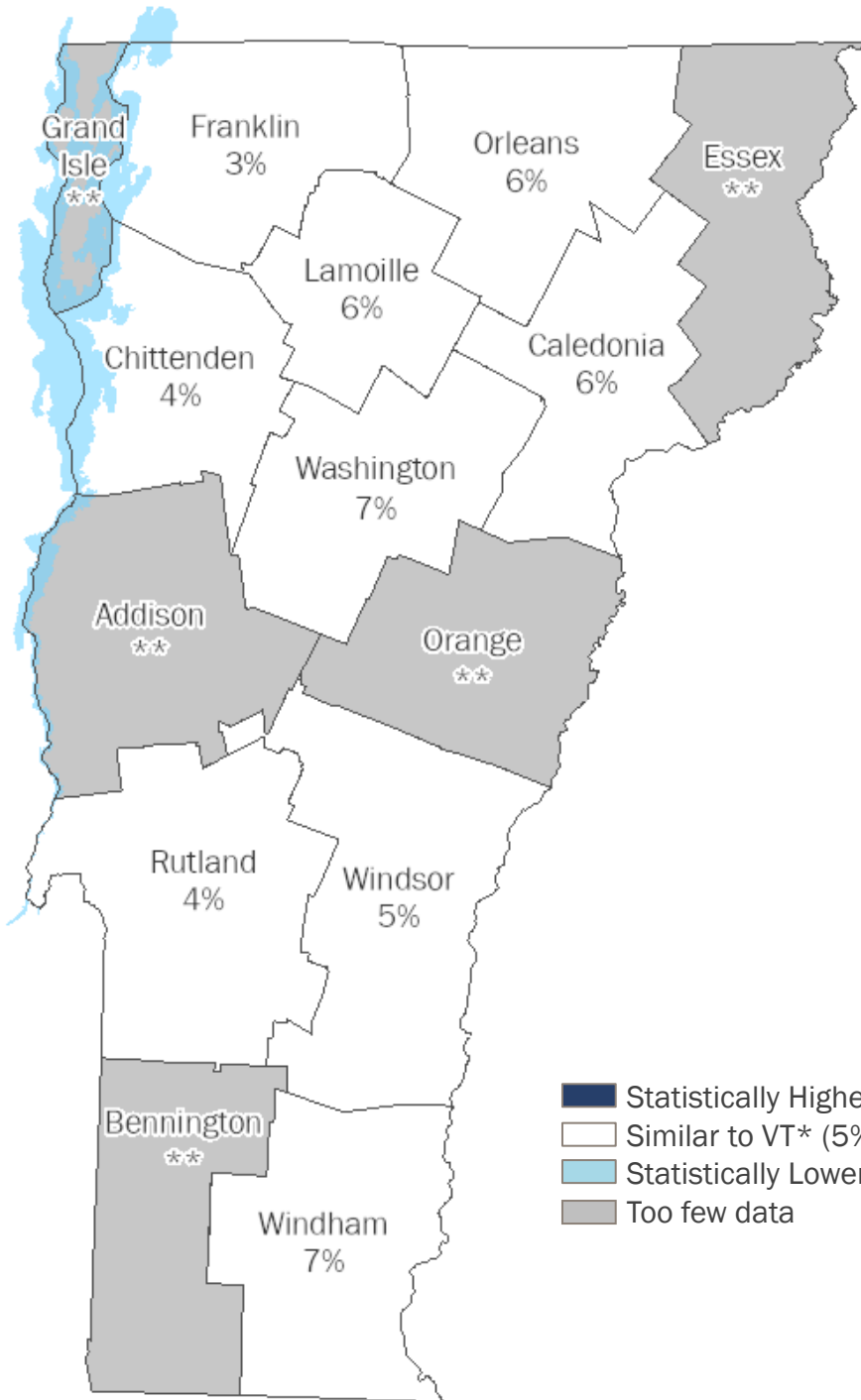
Vermont Adults who Seriously Considered Suicide, 2021



*No national estimate available.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Vermont Adults with Suicidal Thoughts in Past Year by County, 2018, 2021



Compared with Vermont, all counties have a similar proportion of adults that have seriously considered suicide in the past year.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Preventative Behaviors and Screenings

Immunizations – COVID-19 Vaccine

Nine in ten Vermont adults received a COVID-19 vaccination (90%).

Men and women report receipt of a COVID-19 vaccination at statistically similar rates.

Adults 65 and older are statistically more likely to have received a COVID-19 vaccination than adults 18-64. Adults 45-64 received a COVID-19 vaccination at a statistically higher rate than adults 25-44.

Adults with some college education or more are statistically more likely to receive a COVID-19 vaccination than those with a high school education or less.

Adults with the highest household incomes are statistically more likely to have received a COVID-19 vaccination than those with low to middle incomes.

There are no statistical differences in receipt of a COVID-19 vaccination by race and ethnicity, sexual orientation and gender identity, or disability status.

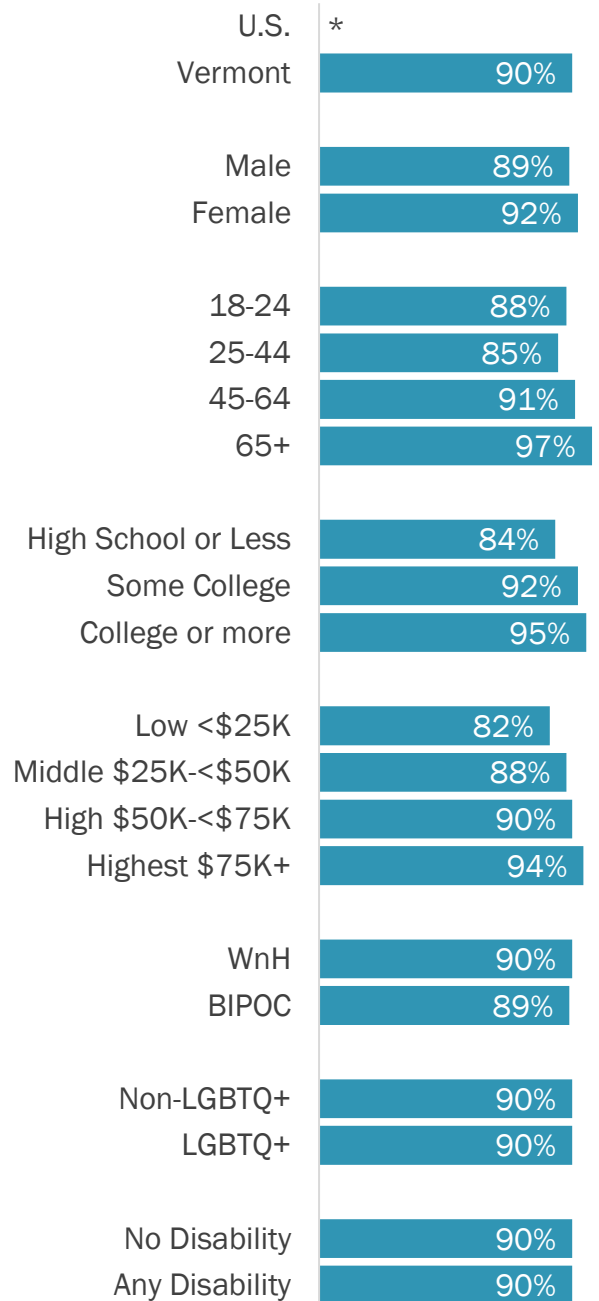
More than one in ten Vermont adults have received one COVID-19 vaccination (11%) while nearly nine in ten Vermont adults received two or more (89%).

Among adults who have received a COVID-19 vaccination, most have already received all recommended doses (70%), 27% plan to receive all recommended doses, and three percent do not plan to receive all recommended doses.^o

Among adults who have not received a COVID-19 vaccination, one in ten adults said they will definitely get a vaccination (10%), more than one in ten said they will probably get one (12%), three in ten said they will probably not get one (30%), and nearly half said they will definitely not get a COVID-19 vaccination (48%).

Note: 2021 is the first year data was collected for this measure, so trend and county-level data are not available. Additionally, this data was only collected for a partial year.

Vermont Adults who Had a COVID-19 Vaccine, 2021



^oRecommended dosing refers to the recommendations during the time a respondent participated in the survey. Interpret with caution as recommendations have rapidly changed over time.

*No national estimate available.

Immunizations – Flu Vaccine

More than seven in ten Vermont adults ages 65 and older had a flu vaccination in the past year (73%). This is statistically higher than the 68% of U.S. adults ages 65 and older.

A flu vaccine includes either a shot in the arm, or spray or mist in the nose.

Men and women report receipt of recent flu vaccination at statistically similar rates.

Older adults with at least a college education are statistically more likely than those with a high school education or less to have received a recent flu vaccination.

Older adults with higher household incomes are more likely to have received a flu vaccination.

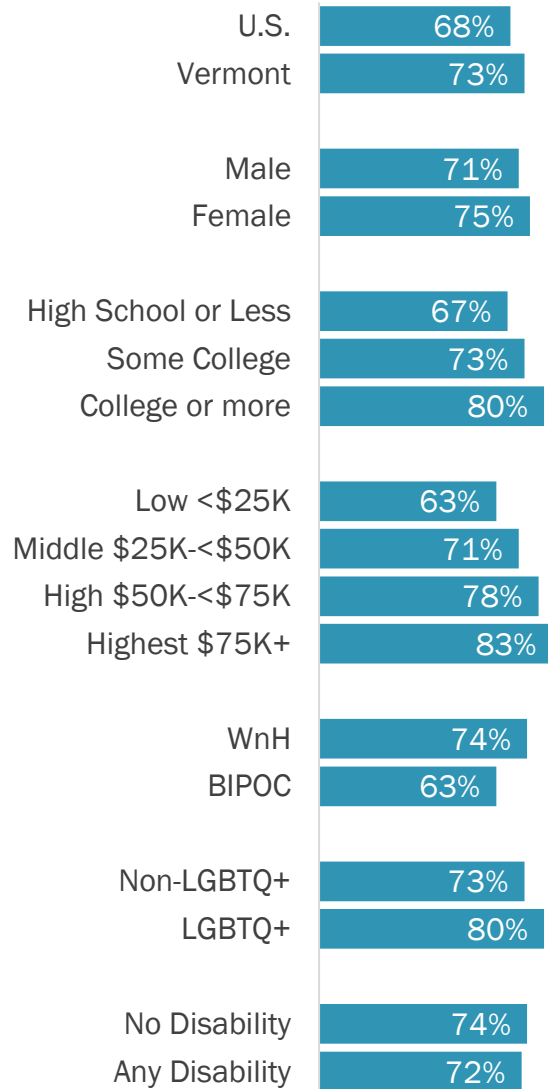
- Older adults in homes with at least high incomes are statistically more likely to have had a recent flu vaccination than those with low incomes.
- Older adults in homes with the highest incomes are statistically more likely to have had a recent flu vaccination than those with low to middle incomes.

There are no statistical differences in receipt of a flu vaccination in the past year among adults ages 65 and older by race and ethnicity, sexual orientation and gender identity, or disability status.

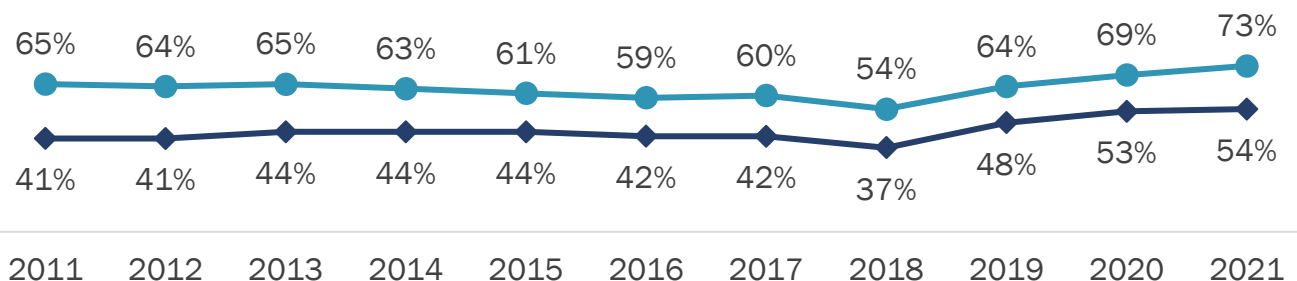
The proportion of adults 65 and older receiving a flu vaccination in the past year is statistically similar to 2020 and higher than 2011.

The proportion of all adults receiving a flu vaccination in the past year is statistically similar to 2020 and higher than 2011.

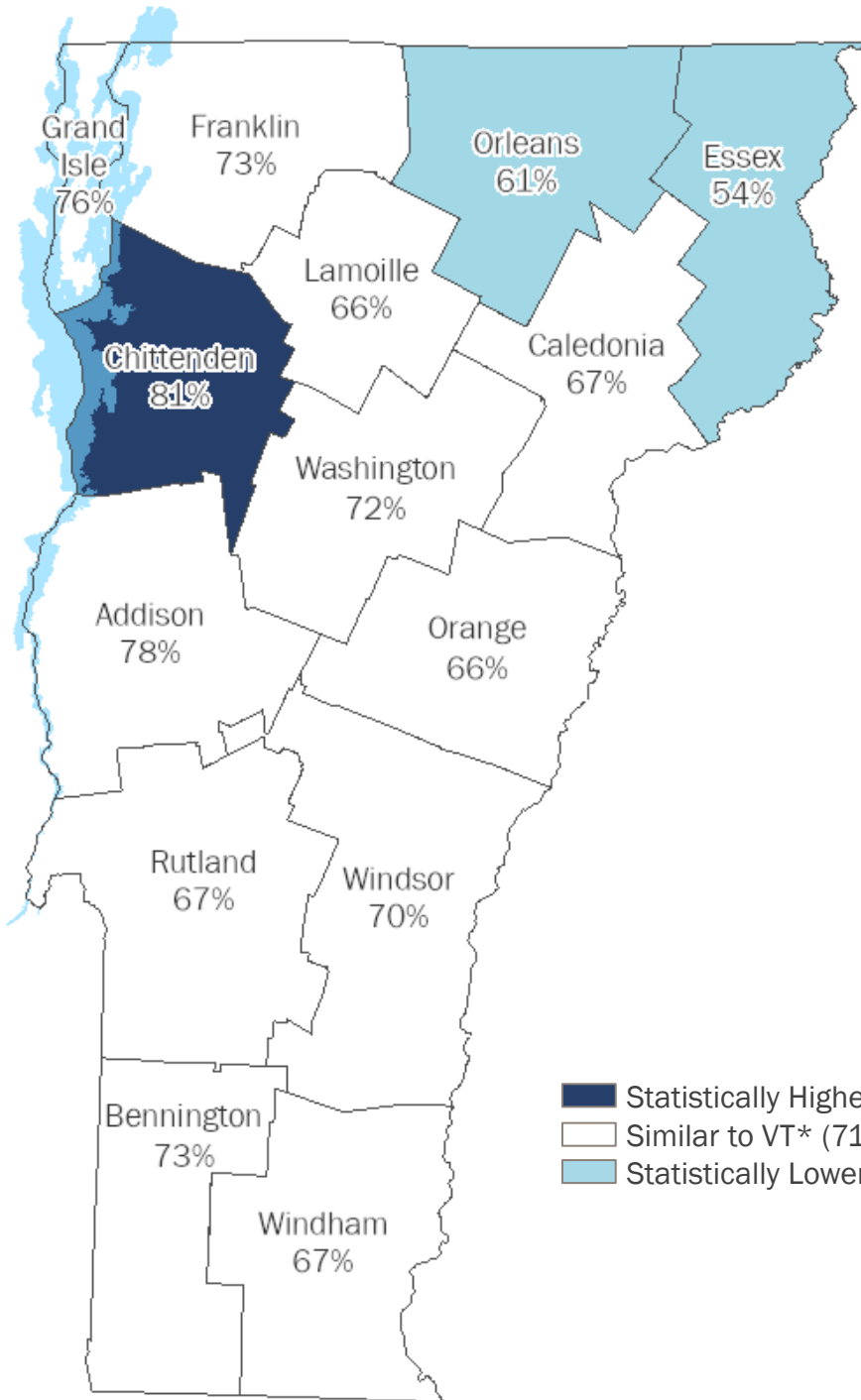
Vermont Adults 65+ who Had a Flu Shot, 2021



Vermont Adults and Adults 65+ who Had a Flu Shot



Vermont Adults 65+ who Had a Flu Shot in Past Year by County, 2020-2021



More than eight in ten Chittenden County adults 65 and older have had a flu vaccination in the past year (81%), statistically higher than Vermont adults of the same age.

Six in ten Orleans County adults 65 and older (61%), and more than five in ten Essex County adults 65 and older (54%) have had a flu vaccination in the past year, statistically lower than Vermont adults of the same age.

Flu vaccination rates among adults ages 65 and older in all other counties are similar to Vermont adults of the same age.

- Statistically Higher than VT
- Similar to VT* (71%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Immunizations – Pneumococcal Vaccine

More than seven in ten Vermont adults ages 65 and older have ever received a pneumococcal vaccine (71%). This is statistically similar to the 70% of U.S. adults ages 65 and older.

Women 65 and older are statistically more likely than men of the same age to have ever received a pneumococcal vaccine.

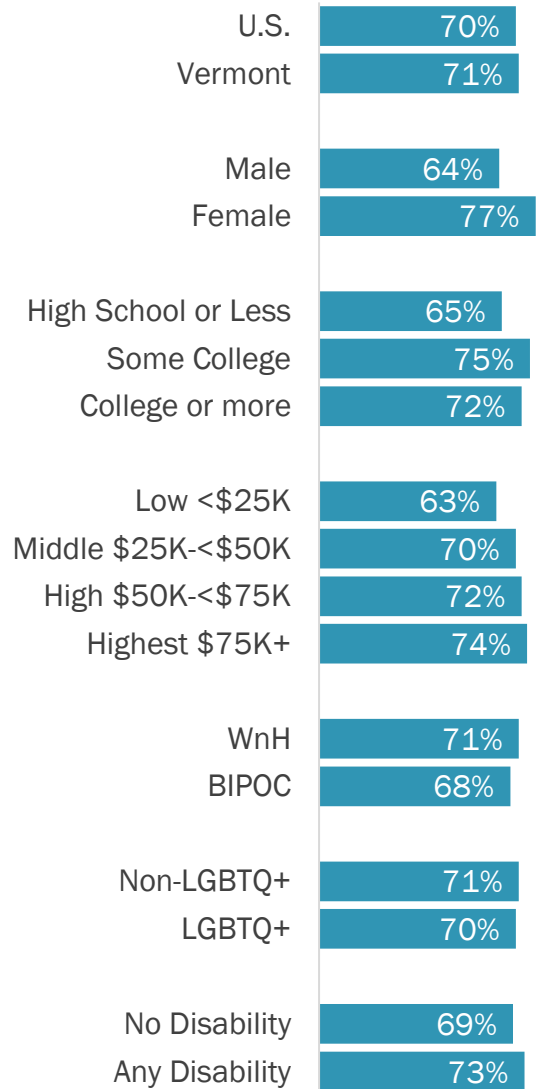
Older adults with some college education are statistically more likely to have ever received a pneumococcal vaccine than those with a high school education or less.

There are no statistical differences in adults 65 and older receiving the pneumococcal vaccine by household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

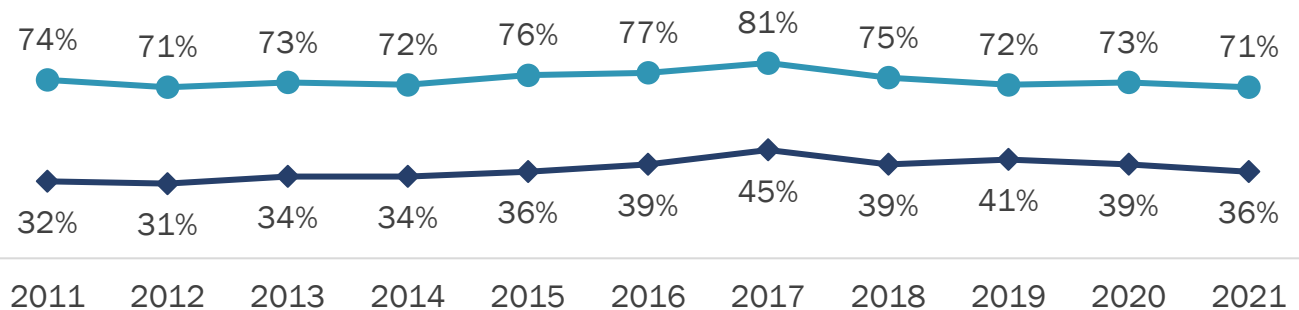
The proportion of adults 65 and older ever having a pneumococcal vaccine is statistically similar to 2020 and 2011.

The proportion of all adults ever having a pneumococcal vaccine is statistically similar to 2020, but higher than 2011.

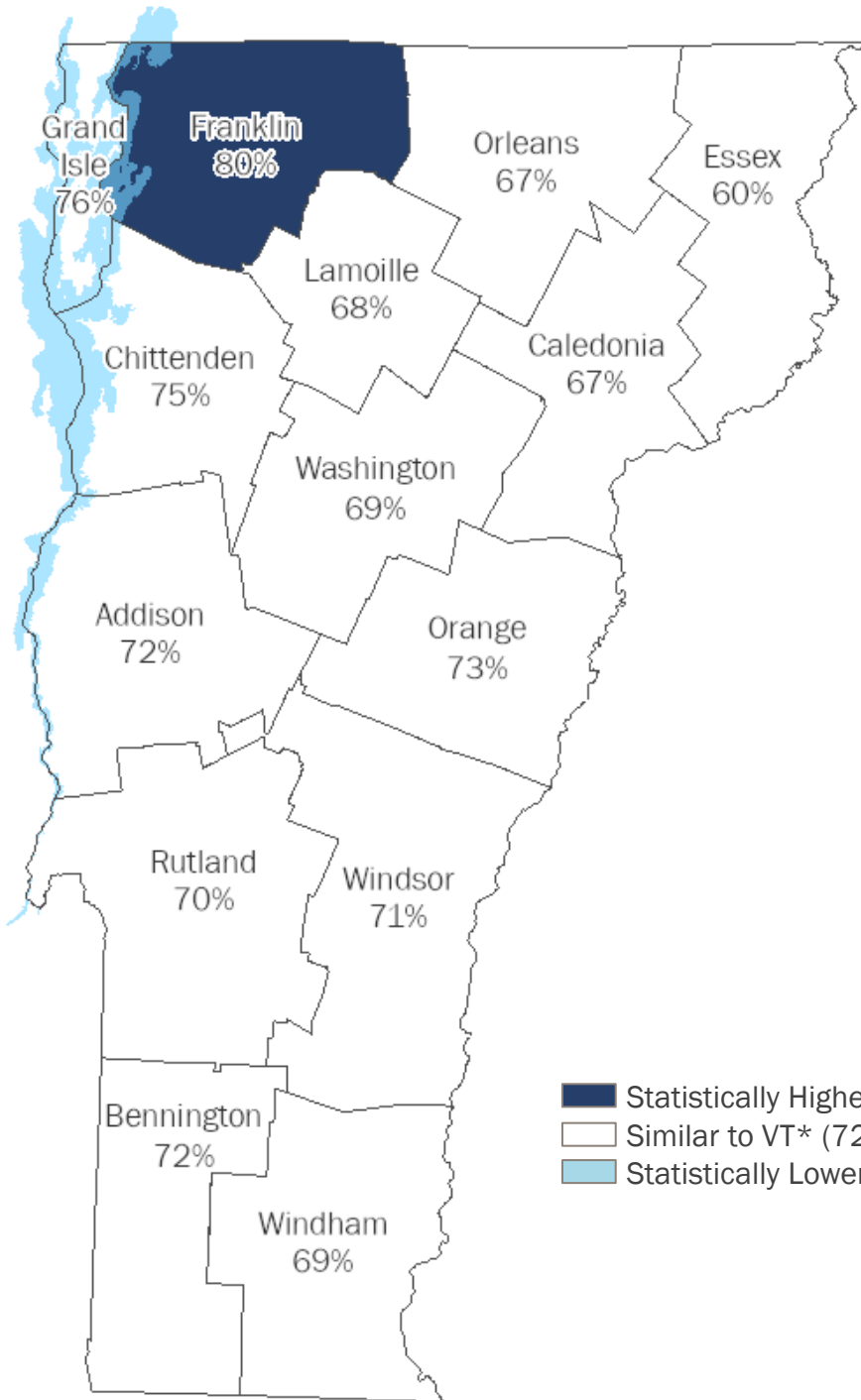
Vermont Adults 65+ who Ever Had Pneumococcal Vaccine, 2021



Vermont Adults and Adults 65+ who Ever Had a Pneumococcal Vaccine



Vermont Adults 65+ who Have Ever Had a Pneumococcal Vaccine, by County, 2020-2021



Eight in ten Franklin County adults 65 and older have ever had a pneumococcal vaccination (80%), statistically higher than Vermont adults of the same age.

Pneumococcal vaccination rates among adults ages 65 and older in all other counties are similar to Vermont adults of the same age.

- Statistically Higher than VT
- Similar to VT* (72%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Routine Doctor Visits

More than seven in ten Vermont adults had a routine doctor visit in the past year (72%). This is statistically similar to the 74% of U.S. adults.

Men and women report a routine doctor visit in the past year at statistically similar rates.

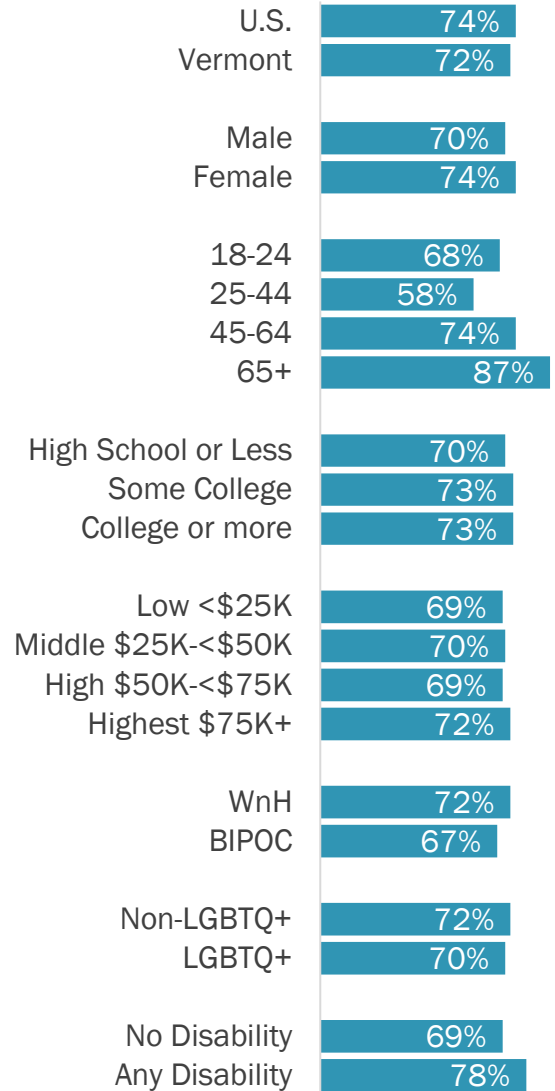
Adults 65 and older are statistically more likely than younger adults to have had a routine doctor visit in the past year. Adults 45-64 are statistically more likely to have had a routine doctor visit in the past year than those 25-44.

There are no statistical differences in doctor visits by education level, household income level, race and ethnicity, or sexual orientation and gender identity.

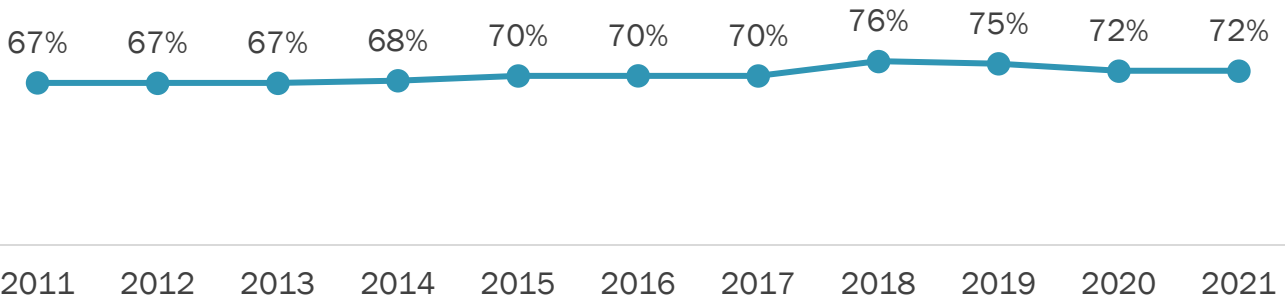
Adults with a disability are statistically more likely to have seen a doctor for a routine visit in the past year than those with no disability.

Routine doctor visits are statistically similar to 2020, but higher than 2011.

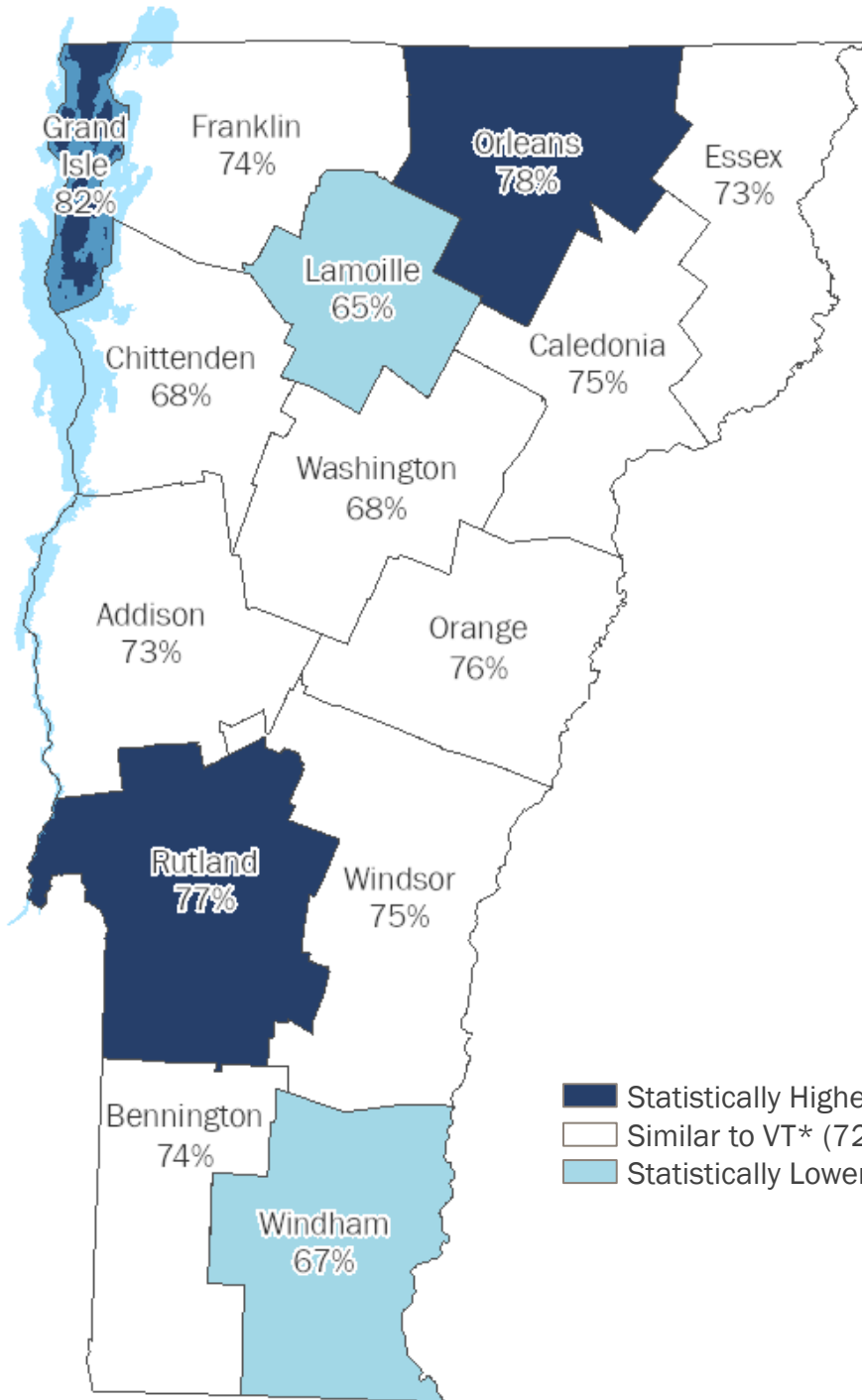
Vermont Adults who Had a Routine Doctor Visit in Past Year, 2021



Vermont Adults who Had a Routine Doctor Visit in Past Year



Vermont Adults who Had a Routine Doctor Visit in Past Year by County, 2020-2021



Compared with Vermont adults overall, adults in Grand Isle (82%), Orleans (78%), and Rutland (77%) counties are statistically more likely to have had a doctor visit in the past year, while adults in Windham (67%), and Lamoille (65%) counties are statistically less likely to have had a doctor visit in the past year.

All other counties are similar to Vermont overall for routine doctor visits in the past year.

*Vermont estimate represents two years of data.

Fruit & Vegetable Consumption ~

More than two in ten Vermont adults report eating at least five fruits and vegetables per day (23%). This is statistically higher than the 16% among U.S. adults.

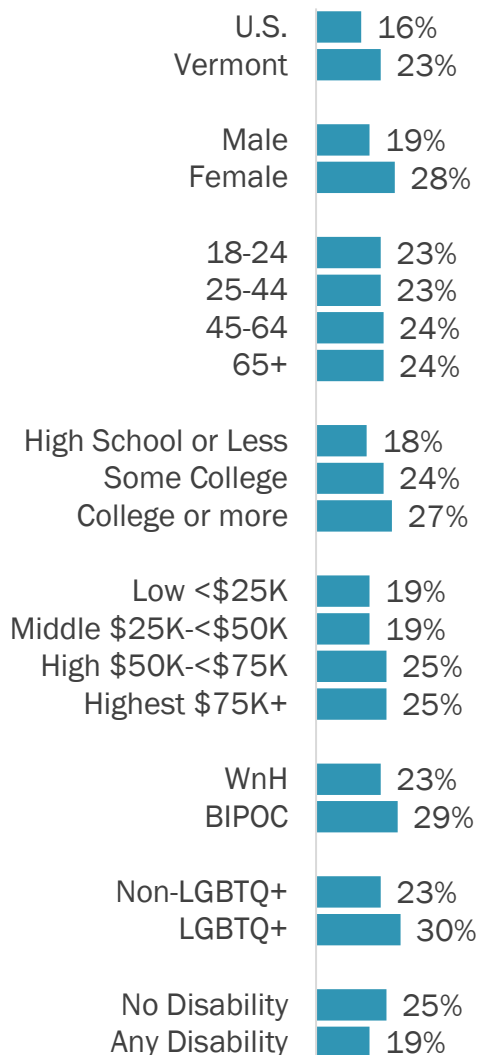
Women are statistically more likely than men to eat five or more fruits and vegetables per day.

There are no statistical differences in daily fruit and vegetable consumption by age, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

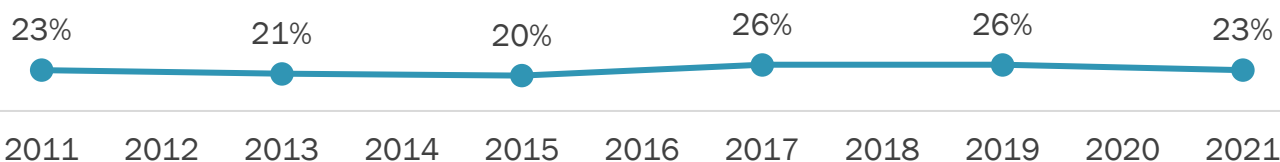
Adults with a college degree or more are statistically more likely than those with a high school education or less to eat at least five fruits and vegetables per day.

The proportion of Vermont adults eating five or more fruits and vegetables per day is statistically similar to 2019 and 2011. However, due to changes in the questions used to measure fruit and vegetable consumption, it is difficult to know whether the change is a true increase or if it is related to the changes in methodology.

Vermont Adults who Eat Fruits & Vegetables 5+ Times Daily, 2021



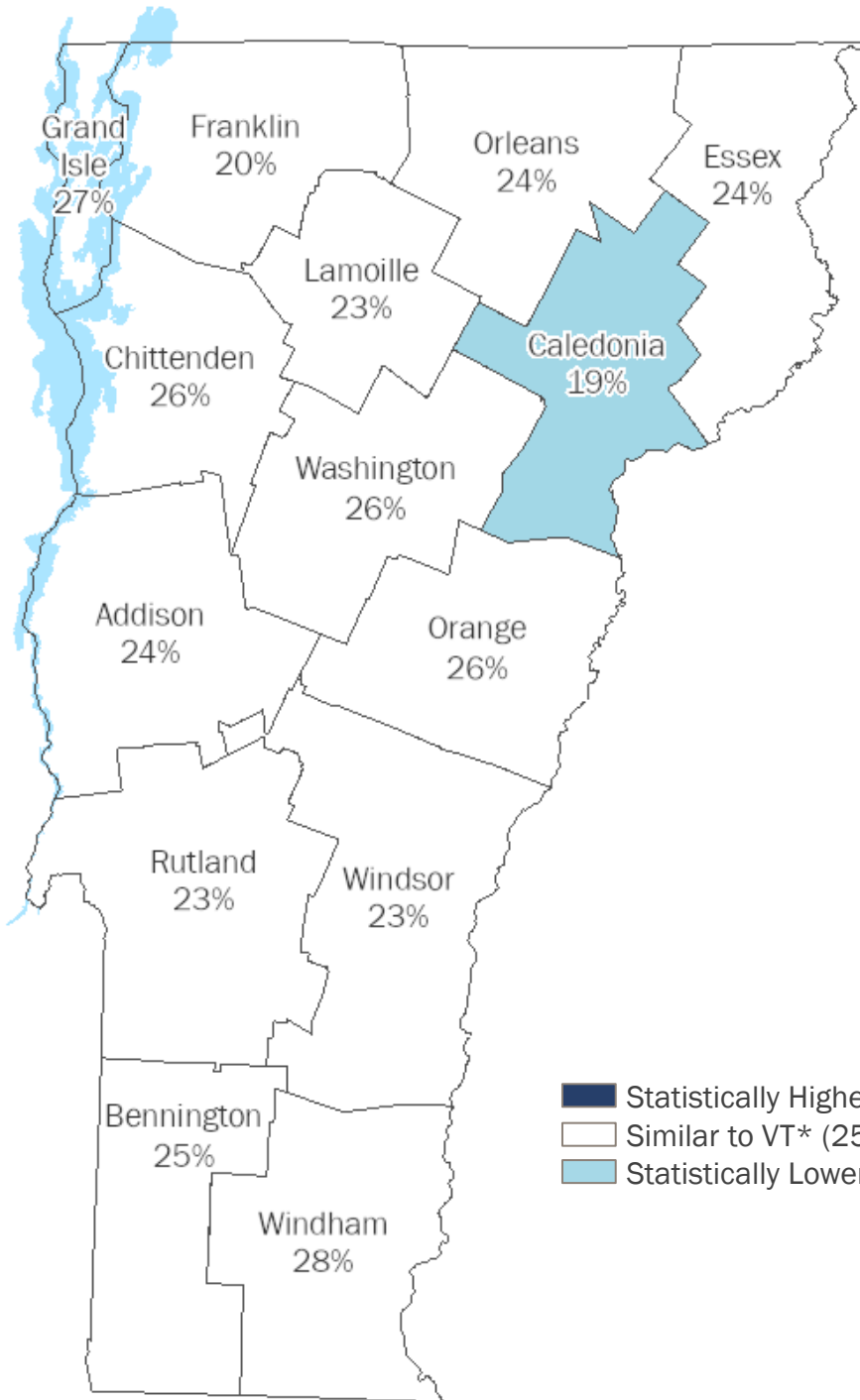
Vermont Adults who Eat Fruits & Vegetables 5+ Times Daily



~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: In 2017, changes were made to the questions used to measure fruit and vegetable consumption. Due to this, use caution when comparing to previous years.]

Vermont Adults who Eat Fruits & Vegetables 5+ Times Daily~ by County, 2019, 2021



Nearly two in ten Caledonia County adults report eating at least five fruits and vegetables per day (19%), statistically lower than Vermont overall.

All other counties have a similar proportion of adults eating fruits and vegetables at least five times daily compared to all Vermonters.

~All data on this page are age-adjusted to U.S. 2000 population.

*Vermont estimate represents two years of data.

Cholesterol Screening~

More than eight in ten Vermont adults report having their cholesterol checked within the past five years (81%). This is statistically lower than the 85% of U.S. adults.

Men and women report having their cholesterol recently checked at statistically similar rates.

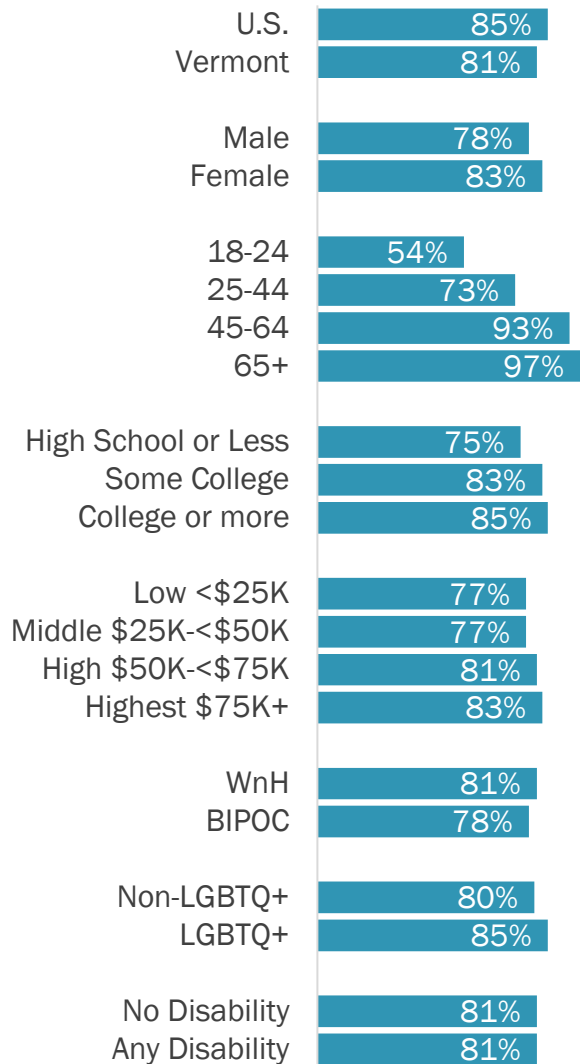
The prevalence of recent cholesterol screening increases statistically with age.

Adults with some college education or more are statistically more likely than those with a high school degree or less to have had their cholesterol checked within the past five years.

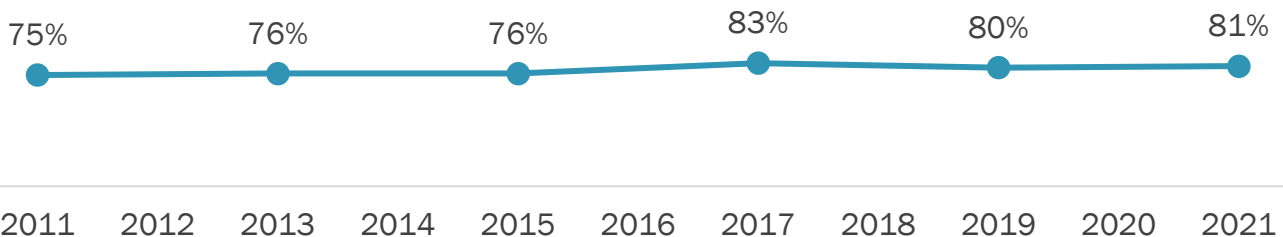
There are no statistical differences in recent cholesterol screening rates by household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults having their cholesterol checked within the past five years is statistically similar to 2019, but higher than 2011.

Vermont Adults who Had Cholesterol Screening in Past 5 Years, 2021



Vermont Adults who Had Cholesterol Screening in Past 5 Years

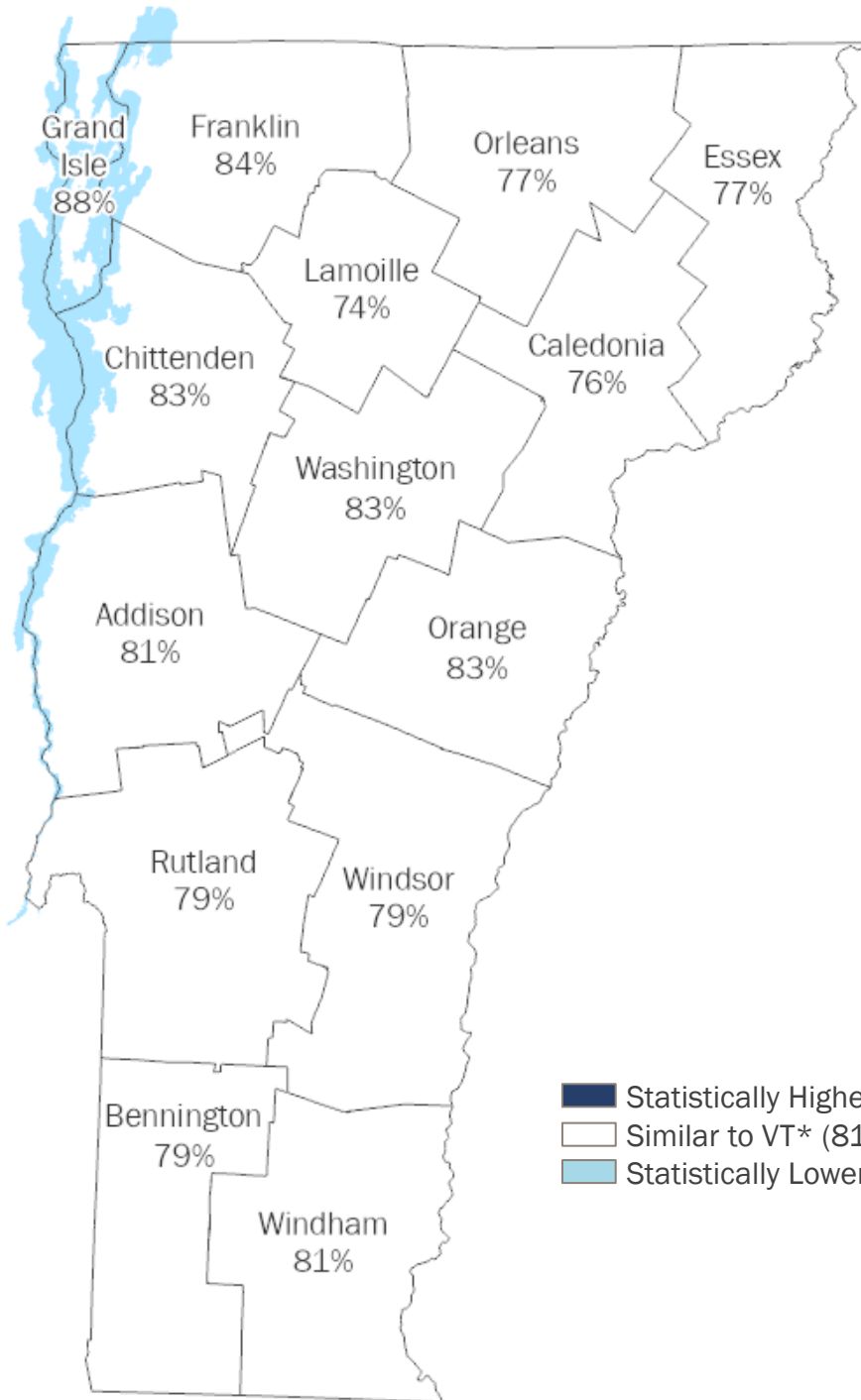


~All data on this page are age-adjusted to U.S. 2000 population, except that by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

[Note: In 2019, question methodology was updated to include additional response options in regard to the number of years since last cholesterol screening. Due to this, use caution when comparing to previous years.]

Vermont Adults who Had Cholesterol Screening in Past 5 Years ~, by County, 2019, 2021



All counties have a similar proportion of adults that have had recent cholesterol screening compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (81%)
- Statistically Lower than VT

~All data on this page are age-adjusted to U.S. 2000 population.
 *Vermont estimate represents two years of data.
 [Note: This measure is a Healthy Vermonters 2020 goal.]

HIV Screening – Ever

Nearly four in ten Vermont adults have ever been tested for HIV (39%). This increases to 46% for adults ages 18-64.

All Vermont adults report statistically similar rates of having ever been tested for HIV when compared to 37% all U.S. adults.

Vermont adults 18-64 have statistically higher rates of HIV testing when compared to U.S. adults of the same age (43%).

Among all Vermont adults, men and women report HIV testing at statistically similar rates.

Adults 25-44 are statistically most likely to have ever been tested for HIV, followed by adults 45-64, and 18-24.

- All differences in HIV testing prevalence by age are statistically significant.

Adults with a college degree or more are statistically more likely than those with a high school education or less to have ever had a HIV test.

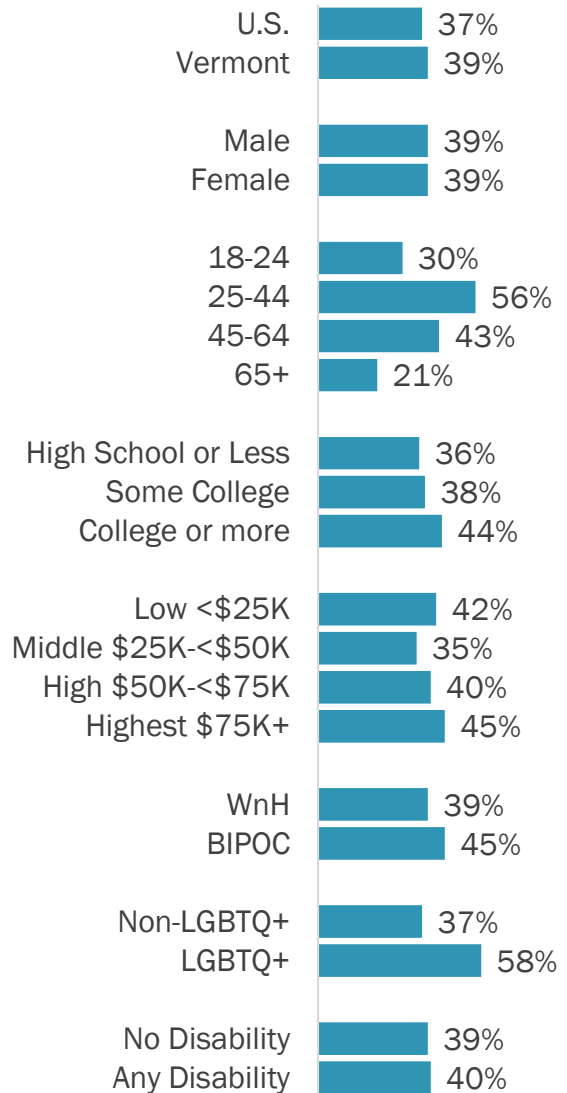
Adults with the highest household incomes are statistically more likely to have ever had a HIV test than those with middle incomes.

There are no differences in HIV testing by race and ethnicity, or disability status.

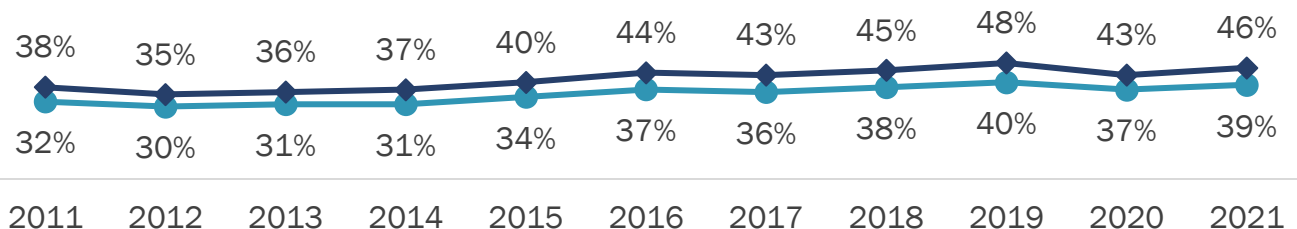
HIV screening rates are statistically higher among LGBTQ+ adults than non-LGBTQ+ adults.

HIV testing among all adults and those 18-64 is statistically similar to 2020, but higher than 2011.

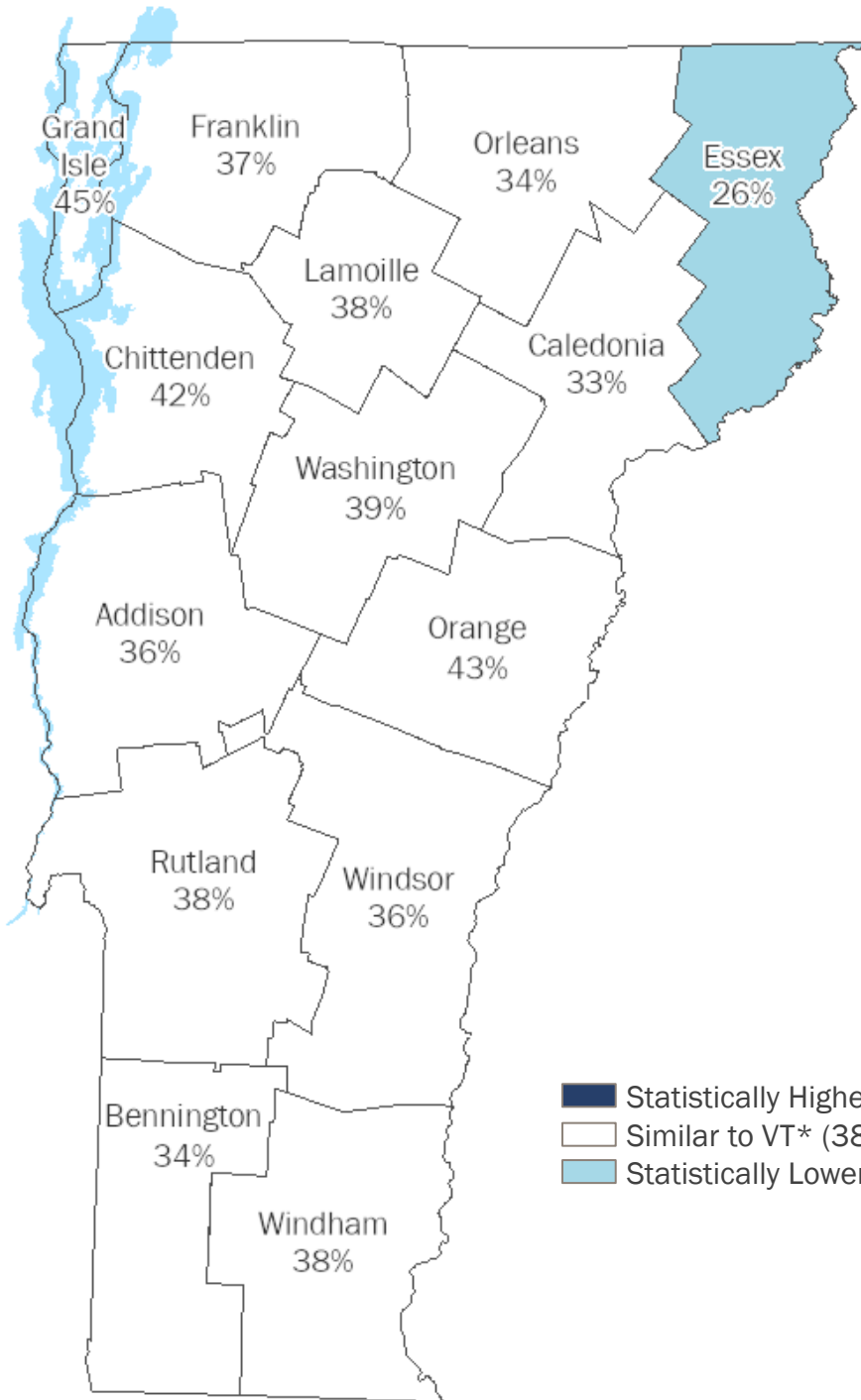
Vermont Adults Ever Tested for HIV, 2021



Vermont Adults and Adults 18-64 Ever Tested for HIV



Vermont Adults who Have Ever Been Tested for HIV by County, 2020-2021



Over one-quarter of Essex County adults have ever been tested for HIV (26%), statistically lower than Vermont overall.

HIV testing rates for adults in all other counties are similar to Vermont adults overall.

- Statistically Higher than VT
- Similar to VT* (38%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

HIV Screening – In Past Year

Eight percent of adults have had an HIV test in the past year. This increases to 10% for adults ages 18-64.

HIV testing is statistically lower among Vermont adults compared to all U.S. adults (9%) and those 18-64 (12%).

Among all Vermont adults, men and women report HIV testing at statistically similar rates.

HIV screening in the past year decreases with age.

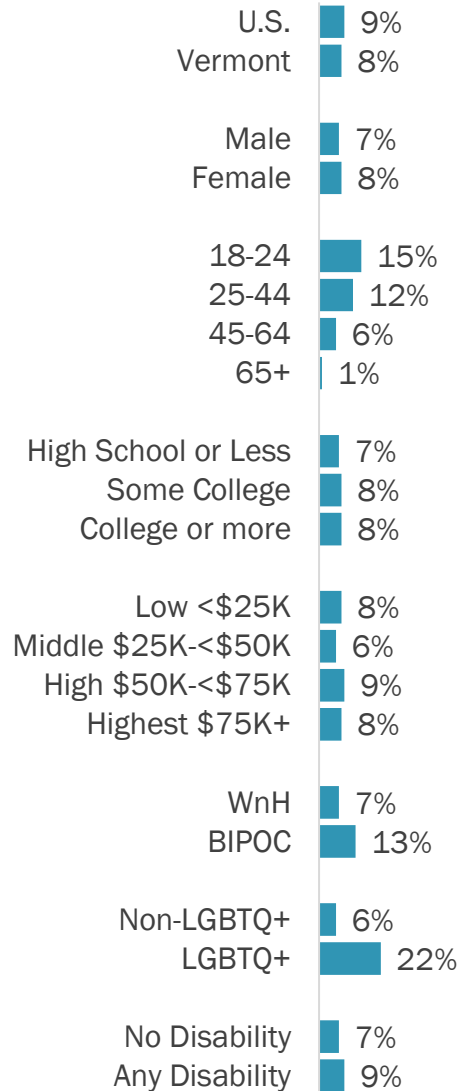
- All differences in HIV screening by age are statistically significant, except between adults 18-24 and those 25-44.

There are no differences in HIV screening in the past year by education level, household income level, race and ethnicity, or disability status.

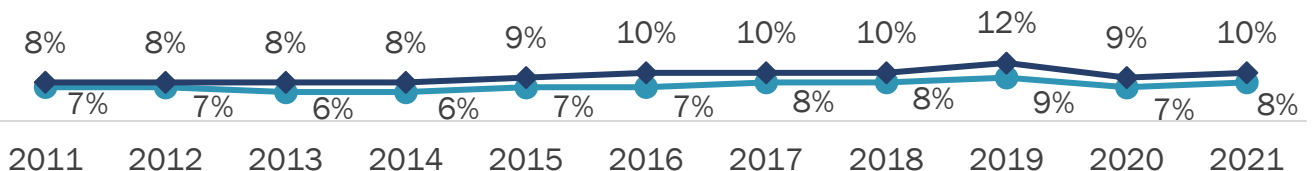
HIV screening rates are more than three times higher among LGBTQ+ adults than non-LGBTQ+ adults, a statistical difference.

HIV screening in the past year among all adults and those 18-64 is statistically similar to 2020 and 2011.

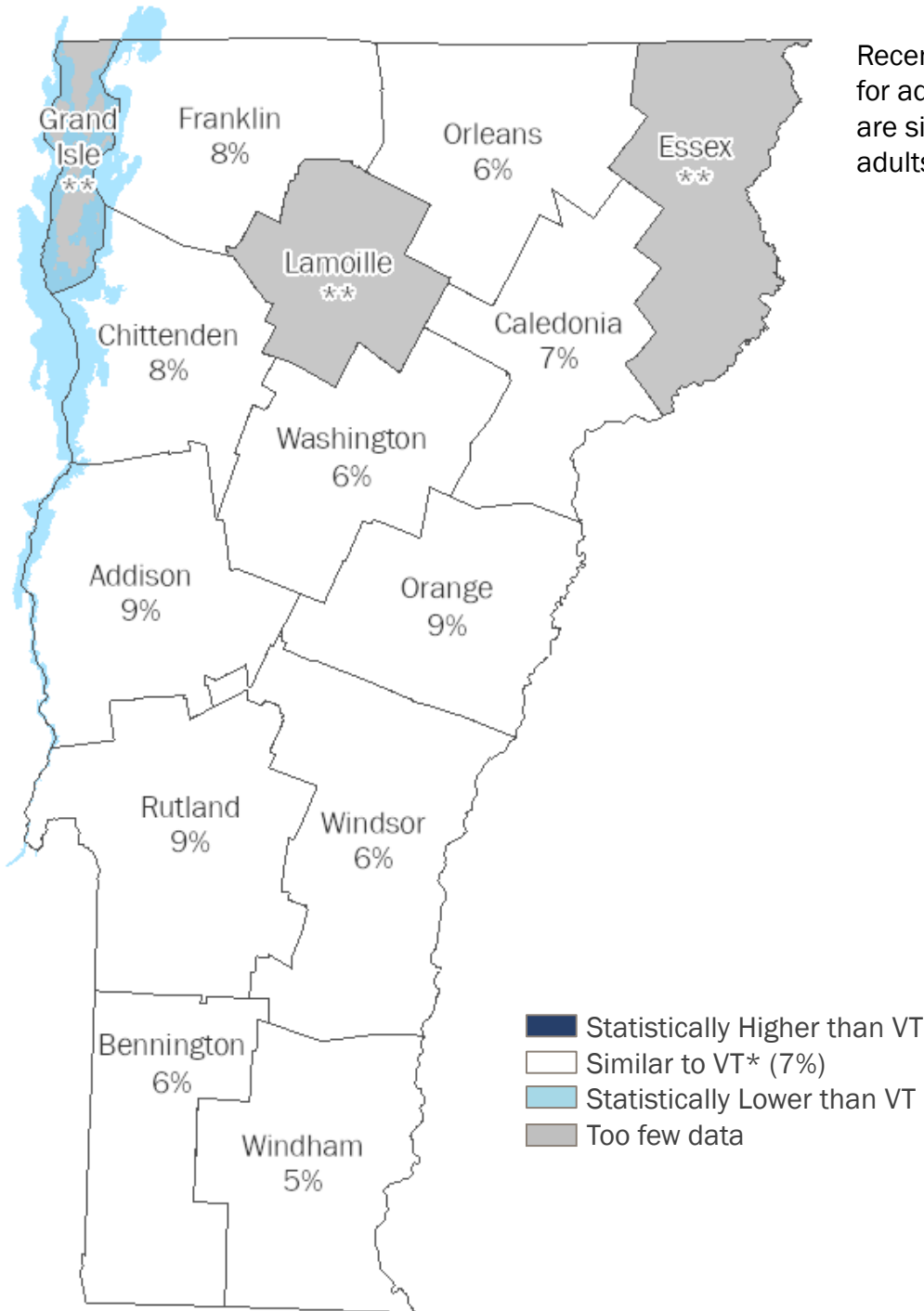
Vermont Adults Tested for HIV in Past Year, 2021



Vermont Adults and Adults 18-64 who Have Been Tested for HIV in the Past Year



Vermont Adults who Have Been Tested for HIV in Past Year by County, 2020-2021



Recent HIV testing rates for adults in all counties are similar to Vermont adults overall.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

Drinking Water & Testing – Main Source

Half of Vermont adults report having a public water system as the main source of water that comes into their home (50%), and half report having a private water source (50%). These are statistically similar to the 48% and 52%, respectively, reported in 2020.

Among adults with a private water source:

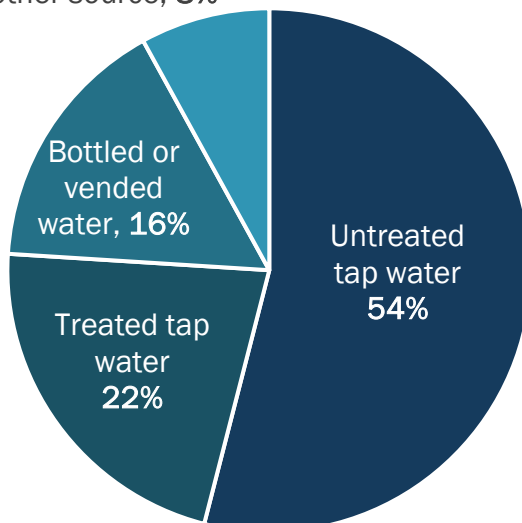
- More than three in ten adults have a private drilled well, serving just their home (31%).
- Eight percent have a private dug well, serving just their home.
- Four percent have a private spring, serving just their home.
- Two percent don't know whether they have a private drilled well, dug well, or spring, but that it is serving just their home.
- Two percent have a shared private drilled well, dug well, or spring serving less than 25 people.
- Less than one percent have a surface water source, such as a lake, creek or river.
- Two percent have a main source of water other than the ones listed above.

Vermont adults with a main water source other than a public water system were asked about the water source they most often drink at home.

- Over half of adults most often drink untreated tap water (54%).
- Over two in ten adults most often drink treated tap water (22%).
- Sixteen percent of adults most often drink bottled or vended water.
- Eight percent of adults most often drink water from another source.

**Water Source Most Often Drink At Home
Vermont Adults with Non-Public Water, 2021**

Water from another source, 8%



Drinking Water & Testing

Vermont adults with a private water source as the main source of water coming into their home^o and who most often drink untreated tap water, bottles or vended water, or water from another source at home were asked when they last tested their water.

- One-quarter of adults tested their private water within the past year (25%).
- More than three in ten adults tested their private water within the last five years (31%).
- One-third of adults tested their private water more than five years ago (33%).
- More than one in ten adults have never tested their private water (11%).

Men and women report testing their private drinking water in the past year at statistically similar rates.

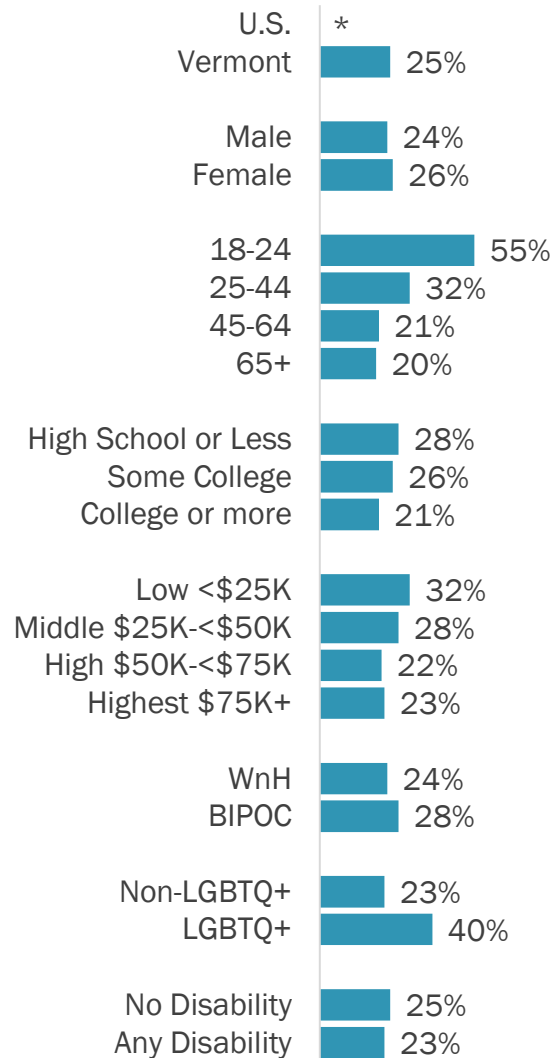
Adults 18-44 are statistically more likely to have tested their private drinking water in the past year than adults 45 and older.

There are no statistical differences in testing private drinking water in the past year by education level, household income level, race and ethnicity, or disability status.

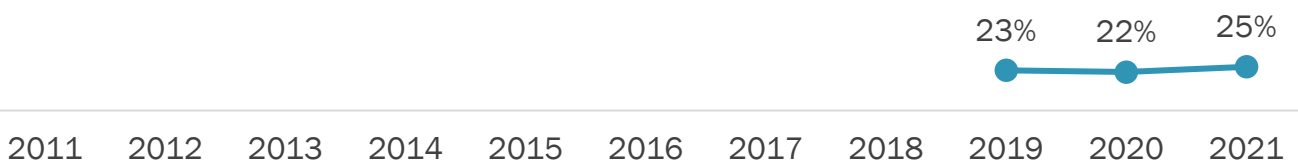
LGBTQ+ adults are statistically more likely to have tested their private drinking water in the past year than non-LGBTQ+ adults.

The proportion of adults testing their private drinking water in the past year is similar to previous years.

Vermont Adults who Tested Private Water in Past Year, 2021



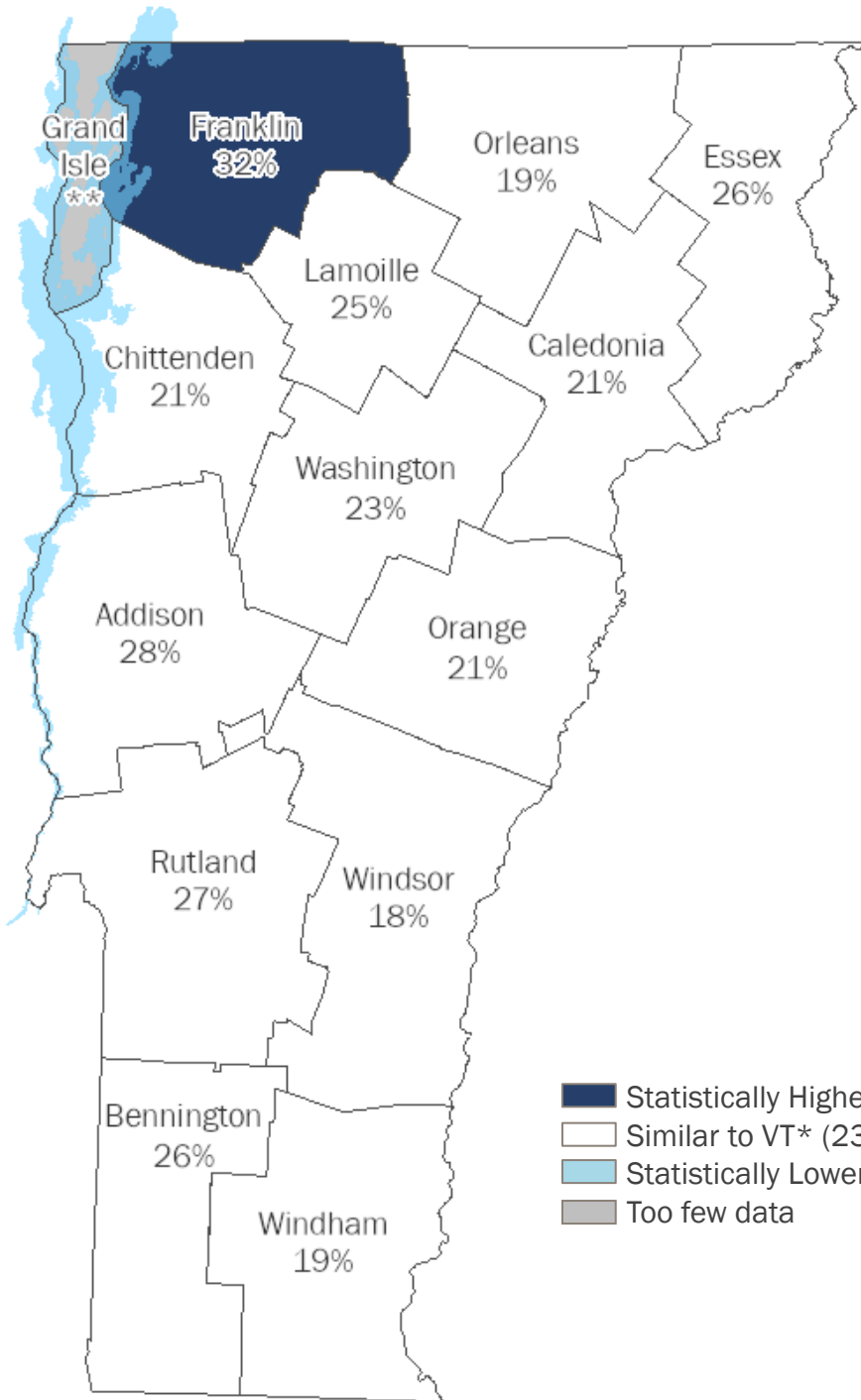
Vermont Adults who Tested Private Water in Past Year



^o Private drinking water includes a private drilled well, dug well, or spring serving a single-family home, a shared private drilled well, dug well, or spring serving less than 25 people, a surface water source, or other source that is not a public water system.

*No national estimate available.

Vermont Adults who Tested Private Drinking Water in Past Year by County, 2020-2021



Compared with Vermont adults overall, Franklin County adults are statistically more likely to have tested their private drinking water in the past year (32%).

All other counties are similar to Vermont overall for private drinking water testing in the past year.

*Vermont estimate represents two years of data.

**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Statistical comparisons are not completed on suppressed values.



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