



Behavioral Risk Factor Surveillance System

2018 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:

<http://healthvermont.gov/research/brfss/brfss.aspx>

<http://www.cdc.gov/brfss>

New for 2018

The 2018 Vermont BRFSS questionnaire included new questions on:

- Housing security
- Food security
- Steps taken to reduce falls
- Alcohol interactive medication use
- Tick bite risk exposure and tick bite prevention
- Hypertension self management

In addition to the demographic breakdowns provided in previous years, this report provides measures by disability status and by county.

Methodology Changes

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population.

In 2011 and forward, weights are calculated using an iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using a smaller sample size, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare results from 2011 forward with those from previous years.

The Vermont Department of Health recommends that comparisons between 2011 data and earlier years be made with caution. Statistical differences between data collected in 2011 or later and that from 2010 and earlier may be due to methodological changes, rather than changes in opinion or behavior.

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 2018, BRFSS surveys were completed among 6,544 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, and trend and county level data.

Health Status Indicators

Overall most Vermont adults report good to excellent general health, with one in seven reporting fair or poor health (14%). Disparities are seen in general health as fair or poor health is reported more frequently by adults with low education (22%), and low income (29%) and adults with a disability (40%). Most Vermont adults report having access to health care. More than nine in ten (92%) adults 18-64 have a health plan, and 86% of all adults have a personal health care provider. Men, younger adults and adults of color are less likely to have a personal health care provider. Across each of these measures, Vermont reported significantly better general health and access to health care than U.S. adults.

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 significantly lower among Vermont adults: obesity (29% vs. 32%), diabetes (9% vs. 11%), and chronic kidney disease (2% vs. 3%).

Arthritis (28%) and asthma (12%) are reported at a significantly higher rate in Vermont than among U.S. adults (26% and 9% respectively). Higher rates of chronic disease are generally reported among older Vermont adults, adults with a lower education, lower income and adults with a disability. Additionally, LGBT adults have a higher asthma rate than non-LGBT adults (18% vs. 11%). While the percent of Vermonters reporting depression decreased from 2017 (25% to 21%), Vermonters still report a higher rate of depression than all U.S. adults (18%). Significant disparities in reported depression exist by all examined demographics. Prevalence of depression is higher among women, younger adults, adults with less education or incomes, people of color, LGBT adults and adults with a disability.

Risk Behavior Indicators

New in 2018, Vermonters were asked about risk factors such as food and housing insecurity, risk of tick bites, alcohol interactive medications use among older adults, firearm storage and suicidal ideation.

Executive Summary (continued)

Eight percent of Vermont adults report they were unable to pay their mortgage, rent or utilities sometime in the past year, and five percent were worried they or someone in their home would not have enough food to eat. One in four adults spending time in grassy or wooded areas sometimes or never take measures to prevent tick bites (27%).

Of the four in ten Vermont adults with a firearm in their home (43%), 17% keep a firearm loaded. Two-thirds of those with a loaded firearm in or around their home keep a loaded firearm unlocked (65%). Four percent of Vermont adults seriously considered suicide in the last year. LGBT adults are three times as likely to report seriously considering suicide compared to non-LGBT adults (12% vs. 4%), and adults with a disability are five times as likely to consider suicide than adults with no disability (10% vs. 2%).

One in six Vermont adults report using marijuana in the last month (17%). This continues the recent trend of increased marijuana use each year since 2013 (7%). Among marijuana users, one in four drove within three hours of using the drug at least once in the last month (23%). Most adults using marijuana say their primary method of use is smoking (80%), ten percent usually vape marijuana, eight percent usually eat or drink it, and two percent dab it.

Alcohol use among all Vermonters has decreased since 2011 (65% to 61%) but remains higher than among U.S. adults (53%). Twenty-seven percent of adults 18-24 binge drink, this is better than the HV2020 goal of 31% and is down from 34% in 2011. Cigarette use has also decreased among Vermont adults since 2011 (20% to 15%), but significant disparities remain with higher rates of cigarette use among adults with less education and income, adults of color and adults with a disability.

Not participating in any leisure time physical activity is statistically lower among Vermont adults than US adults (18% vs. 24%).

Preventive Behaviors & Health Screenings

Nearly four in ten adults and just over half of adults 65 and older had their flu vaccination in the last year. Flu vaccination rates have decreased significantly from 2011 to 2018 among all adults (41% to 37%) and adults 65 and older (65% to 54%).

More than three in four adults had a routine doctor visit in the last year, a significant increase from 2017 (70% to 76%). Most adults were asked about their alcohol use at their recent doctor's visit (79%), but screening for alcohol use is less likely among low income adults (68%), and adults with a disability (67%). Vermont adults are significantly more likely to report visiting a dentist in the last year when compared to all U.S. adults (73% vs 66%).

While the proportion of Vermont adults 18-64 getting an HIV test in the last year continues to meet the HV2020 goal of 10%, Vermont has a lower screening rate than the U.S. (15%). This is also true for all adults (8% vs. 12%). Lifetime HIV screening among Vermont adults and adults 18-64 has significantly increased since 2011, both age groups report similar rates to the U.S.

Demographics

Demographics

Using 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. One-third of adults are between 45 and 64 (34%) and one-quarter are over 65 (24%).

Nearly four in ten Vermont adults have a high school education or less (38%). Three in ten adults have some college education. One-third of adults have a college education or higher.

Two in ten adults live in households earning less than \$25,000 (22%) and \$50,000- <\$75,000 annually (19%). One-quarter of adults live in homes with an income between \$25,000-<\$50,000, and one-third of adults have a household income of \$75,000 or more (33%).

Ninety-four 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; and multi-racial. Less than 1% of adults are black or other race.

Nine in ten Vermont adults are heterosexual (92%). Four percent of adults are bisexual. Lesbian or gay adults and adults of an other sexual orientation each make up 2% of Vermont's adult population.

Less than 1% of adults identify as transgender.

One in four Vermonters have a disability (24%).

Note: The proportion of Vermonters of each race other than white, non-Hispanic is small. Due to the small sample size, all people of color were grouped into a "POC" category to compare to white, non-Hispanic. For similar reasons, lesbian, gay, bisexual, other sexual orientation, and transgender Vermonters were grouped into "LGBT" to compare to heterosexual/cisgender adults.

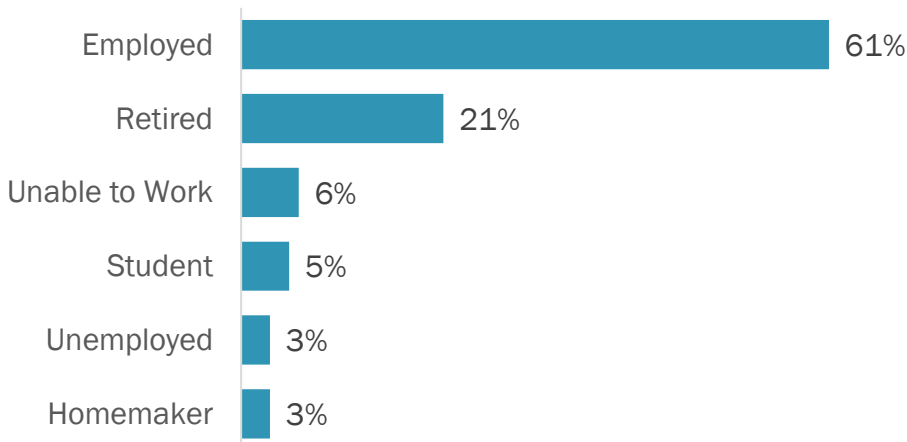
Demographic Characteristics		Percent
Sex	Male	49%
	Female	51%
Age	18-24	13%
	25-44	29%
	45-64	34%
	65+	24%
Education Level	High School or Less	38%
	Some College	29%
	College or Higher	33%
Household Income Level	Low (<\$25K)	22%
	Middle (\$25K-<\$50K)	26%
	High (\$50K-<\$75K)	19%
	Highest (≥\$75K)	33%
Race/Ethnicity	White	94%
	Hispanic	2%
	Asian, Native Hawaiian Pacific Islander	1%
	Alaskan Native, American Indian	1%
	Multi-racial	1%
	Black	0.8%
	Other race	0.5%
Sexual Orientation	Heterosexual	92%
	Bisexual	4%
	Lesbian/Gay	2%
	Other sexual orientation	2%
Gender Identity	Cisgender	99%
	Transgender	0.7%
Disability	No Disability	76%
	Any Disability	24%

Demographics

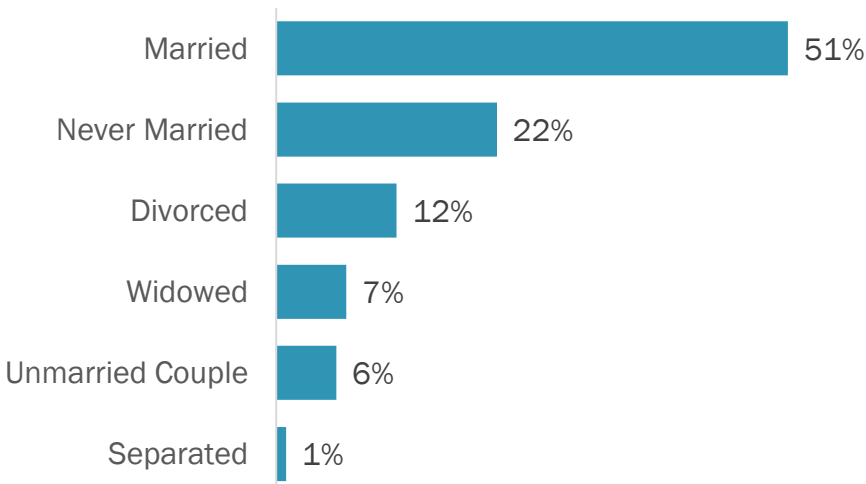
Six in ten Vermont adults are employed (61%), which is defined as those responding employed for wages' or 'self-employed'. Two in ten are retired (21%). Six percent or fewer adults report their employment status as: currently unable to work, a student, unemployed, or a homemaker.

Half of Vermont adults report being married (51%). Twenty-two percent have never been married, while 12% are divorced, 7% widowed, and 6% part of an unmarried couple. Few report their marital status as separated (1%).

Employment Status



Marital Status



Demographics

One quarter of Vermont adults report living in Chittenden County (26%).

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

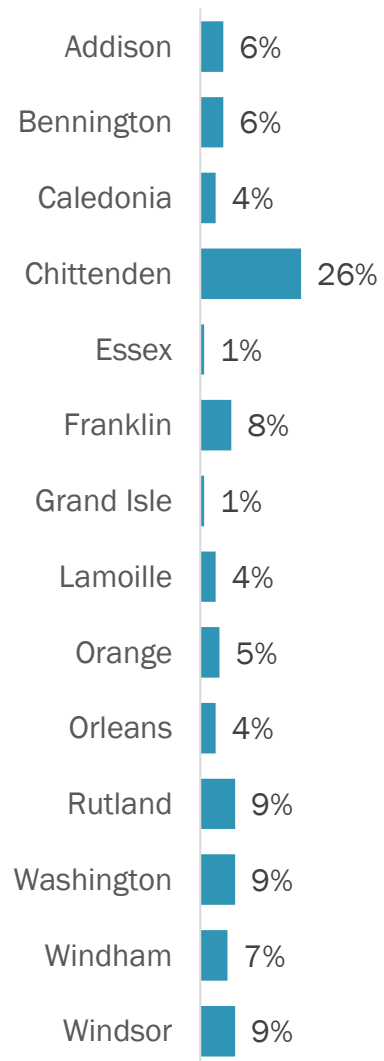
One in ten Vermont adults have ever been on active duty in the military. This includes National Guard or reservists ever activated to active duty.

Seven in ten Vermont adults have no children under the age of 18 in their home. Thirteen percent have one child and 11% have two children in their home. Four percent have three children, while two percent have four or more children in their home.

- Four percent of women 18-44 are currently pregnant.

Three-quarters of Vermont adults said they own their home (73%). Two in ten rent (21%), while six percent have some other arrangement.

County of Residence



Health Status Indicators

General Health Status

One in seven Vermont adults report fair or poor general health (14%), this is statistically lower compared to 19% of U.S. adults.

Men and women report similar rates of fair or poor general 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 18-44.

Adults with a high school education or less are three times as 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 six times more likely to have fair or poor health than those in the highest income homes.

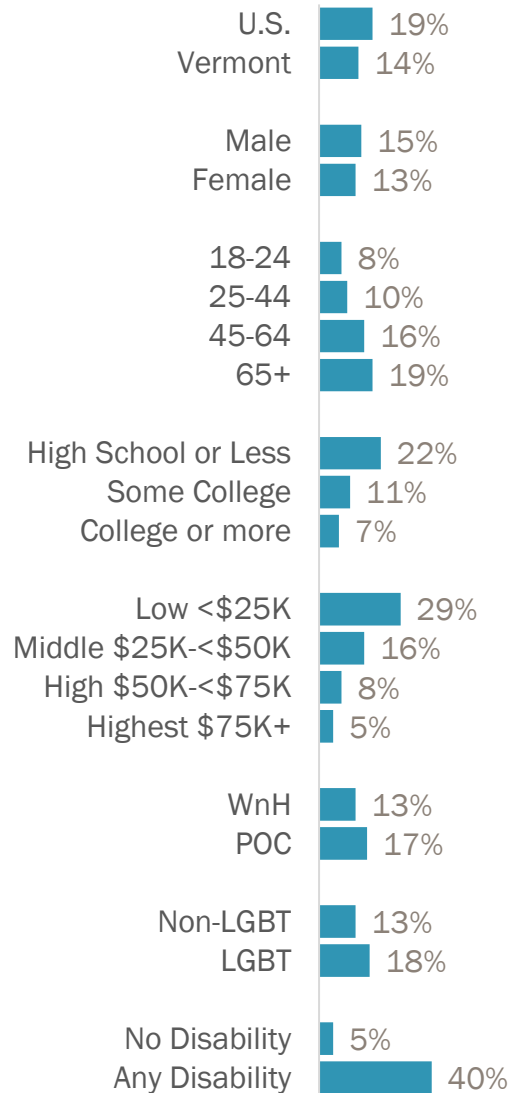
- All differences in fair or poor health by household income level are statistically significant, except between the high and highest incomes.

Fair or poor health is statistically similar when comparing race and ethnicity, or sexual orientation and gender identity.

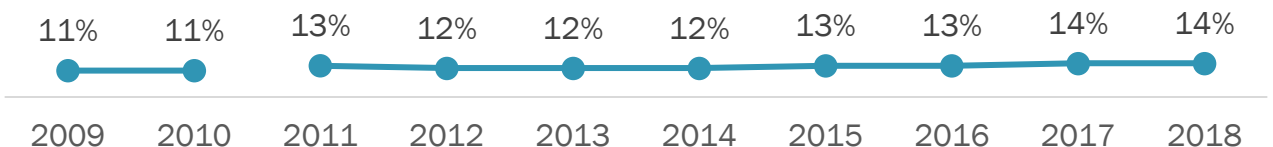
Adults with a disability are eight times more likely to report fair or poor health than adults with no disability, a statistically significant difference.

The proportion of Vermont adults with fair or poor health has remained similar since 2011.

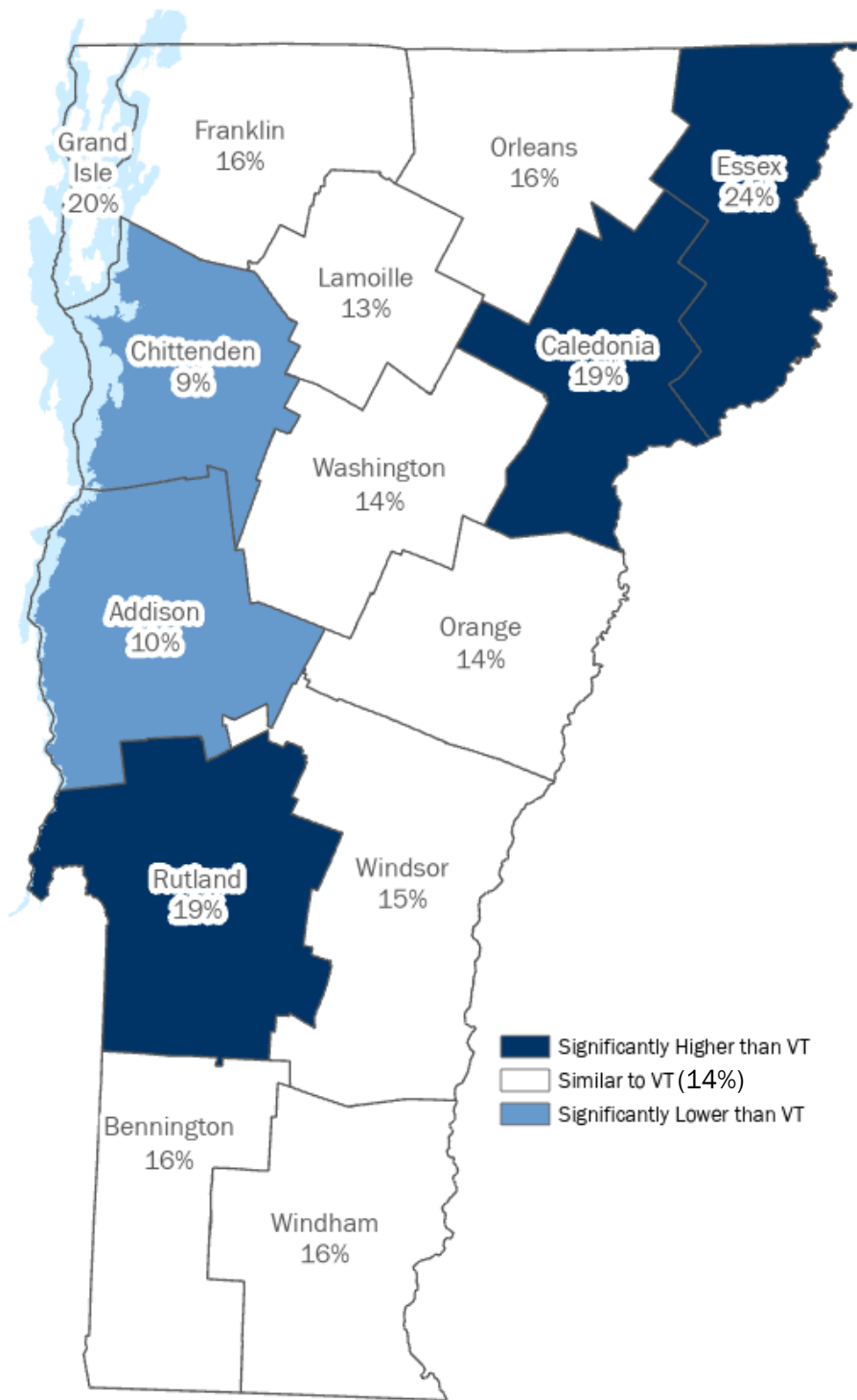
General Health Fair or Poor Vermont Adults, 2018



General Health Fair or Poor Vermont Adults



General Health Fair or Poor by County, 2017-2018



One in ten adults in Addison (9%) and Chittenden (10%) counties report fair or poor health, significantly less than Vermont overall.

Two in ten adults in Caledonia (19%) and Rutland (19%) counties, and one in four adults in Essex county (24%) report fair or poor health. This is significantly higher than Vermont overall.

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

Medical Health Plan Coverage

More than nine in ten Vermont adults ages 18-64 have health care coverage (92%). This is statistically higher than the 85% among U.S. adults 18-64.

Men are significantly less likely to have a health plan than women.

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

Reported health plan coverage is statistically lower among adults with a high school education or less compared to adults with more education.

Adults with a household income of \$75,000 or more are most likely to have a medical health plan.

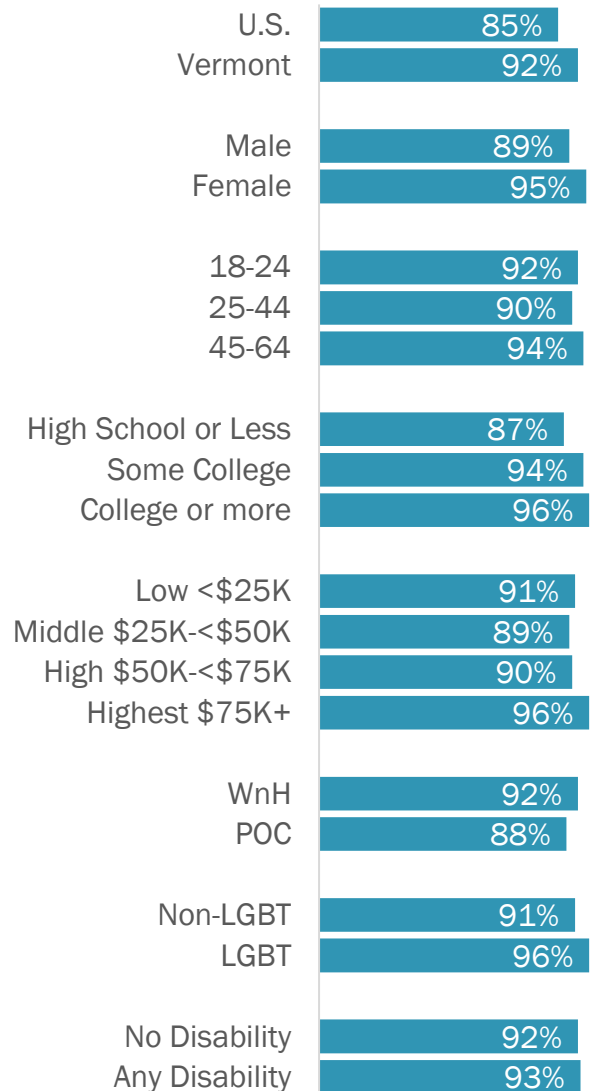
- Adults 18-64 in homes earning \$25,000 - < \$75,000 are statistically less likely to have a health plan than those in homes earning at least \$75,000 annually.

There are no differences in health plan coverage by race and ethnicity or disability status.

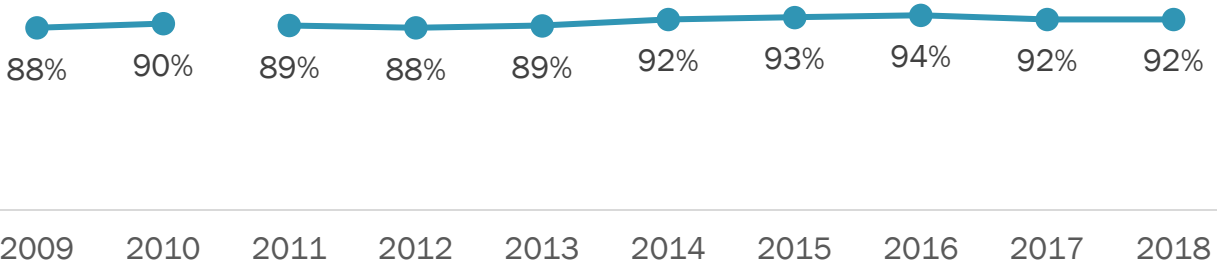
LGBT adults are significantly more likely to report having a medical health plan than non-LGBT adults.

The proportion of adults reporting medical health plan coverage has remained the same over the past few years but has significantly increased since 2013.

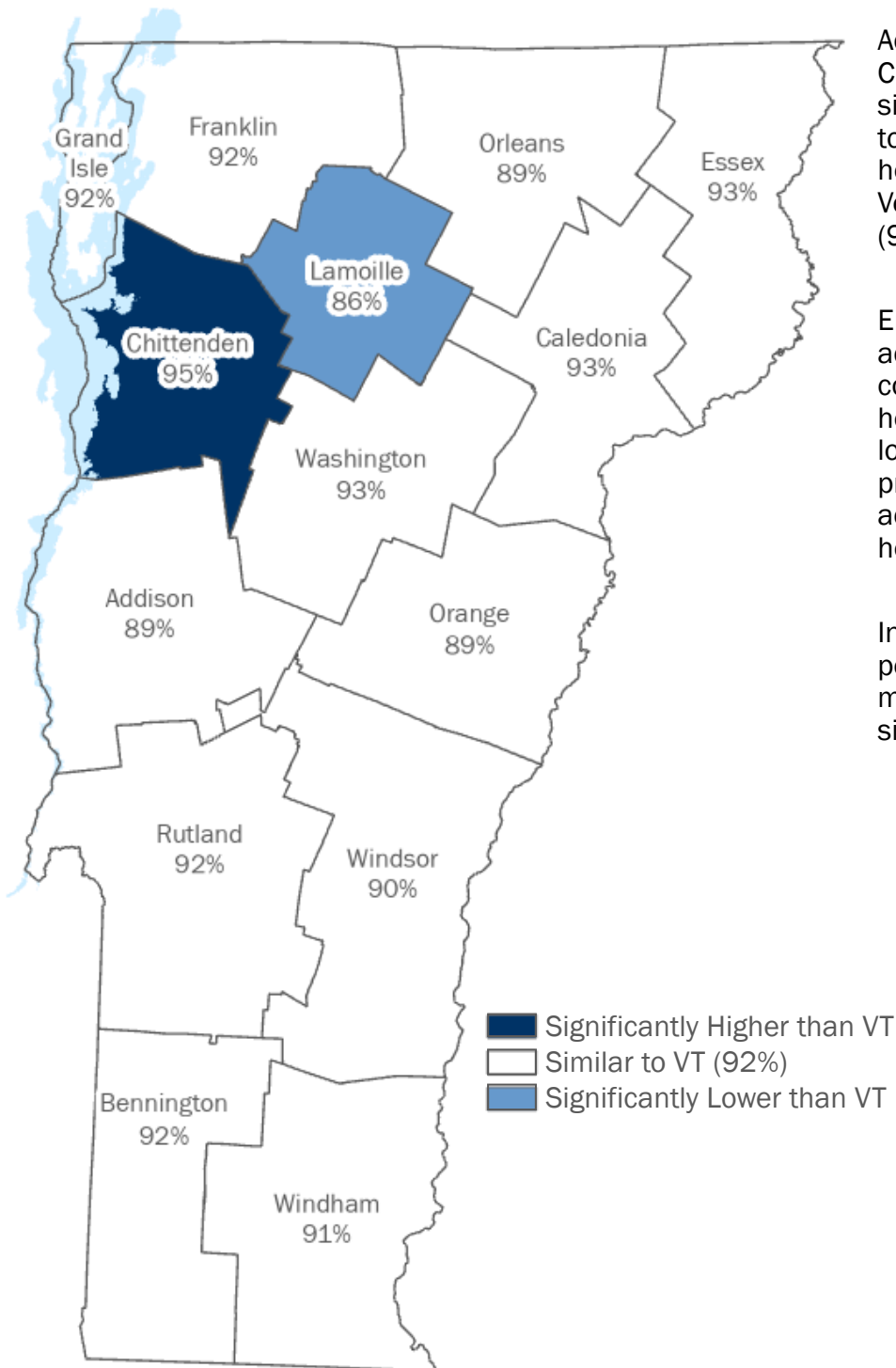
Have a Medical Health Plan Vermont Adults 18-64, 2018



Have a Medical Health Plan Vermont Adults 18-64



Medical Health Plan Coverage Among Adults 18-64 by County, 2017-2018



Adults 18-64 in Chittenden County are significantly more likely to have a medical health plan than Vermont adults 18-64 (95% vs 92%).

Eighty-six percent of adults 18-64 in Lamoille county have a medical health plan, statistically lower than the proportion of Vermont adults 18-64 with a health plan.

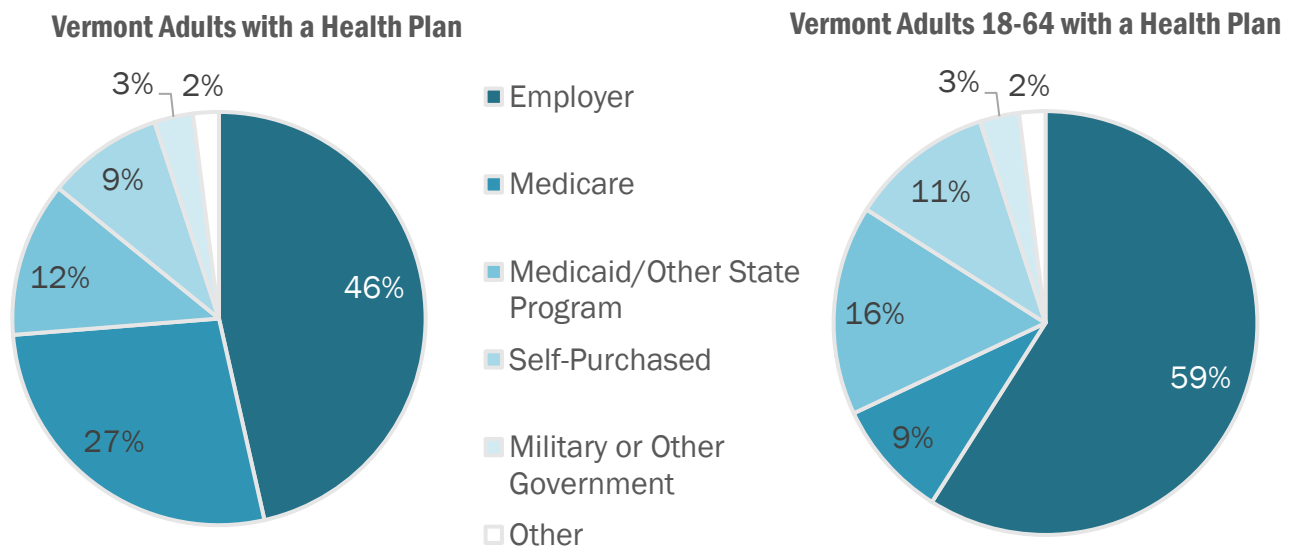
In all other counties the percent of adults with a medical health plan is similar to Vermont.

Medical Health Plan Coverage - Source

Among adults with a health plan, regardless of age, nearly half have a plan purchased through their or someone else's employer (46%). One in ten purchased their health plan themselves (9%). A quarter of Vermont adults have Medicare (27%), while 12% have Medicaid or some other state insurance program. Few have military provided insurance (3%) or some other type of insurance (2%).

When looking at adults 18-64, a higher proportion (nearly six in ten) have an employer purchased health plan (59%). Fewer have Medicare (9%), while more report having Medicaid (16%). The proportion with self-purchased, military, or other health plans are similar regardless of age limitations.

There are no statistical differences in the distribution of health insurance type among all adults and those 18-64 in 2018 compared with 2017.



Medical Health Care Access - Provider

Eighty-six percent of Vermont adults report having a personal health care provider, significantly higher than the 77% reported by U.S. adults.

Women are significantly more likely than men to have a personal doctor.

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

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

Adults with a college degree are significantly more likely to have a personal doctor than those with a high school education or less.

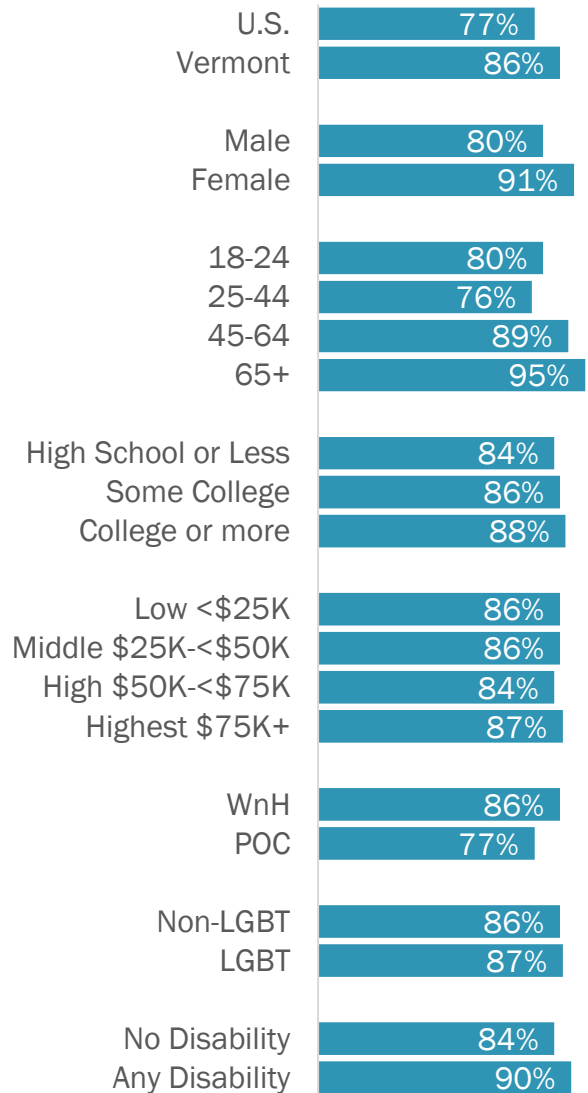
Having a personal doctor is not significantly different by household income or sexual orientation and gender identity.

White, non-Hispanic adults are statistically more likely to have a personal doctor than adults of color.

Adults with a disability are statistically more likely to have a personal doctor than those with no disability.

The proportion of adults with a personal doctor has remained statistically similar since 2011.

Personal Health Care Provider Vermont Adults, 2018

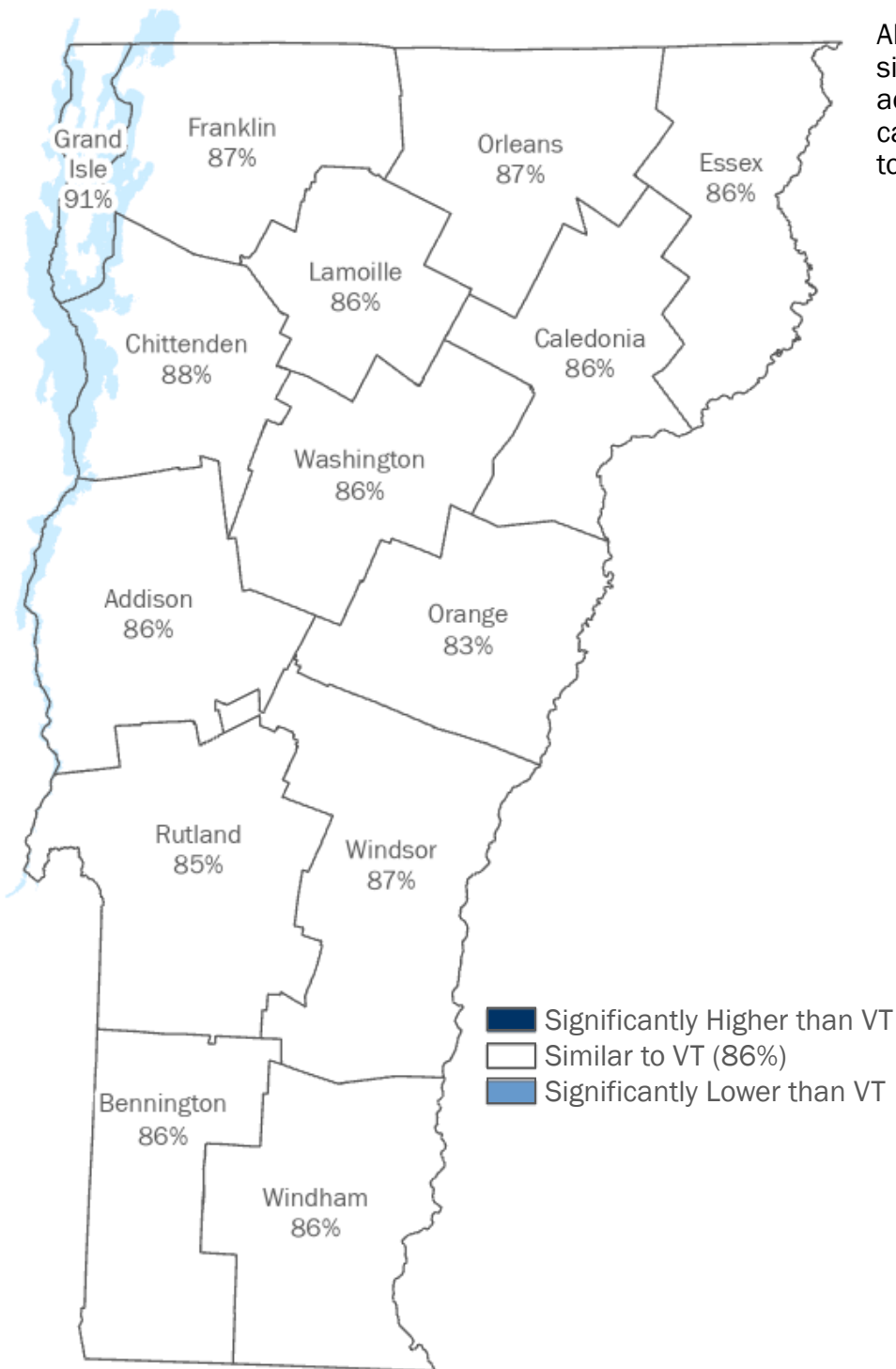


Personal Health Care Provider Vermont Adults



2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

Personal Health Care Provider by County, 2017-2018



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

Medical Health Care Access – Delay Due to Cost

One in twelve Vermont adults said there was a time in the past year they did not go to the doctor because of cost (8%). This is significantly lower than U.S. adults (13%).

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

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

- Adults 25-64 are statistically more likely to delay seeing a doctor because of cost compared to those 65 and older.

There are no differences in delaying medical care due to cost by education.

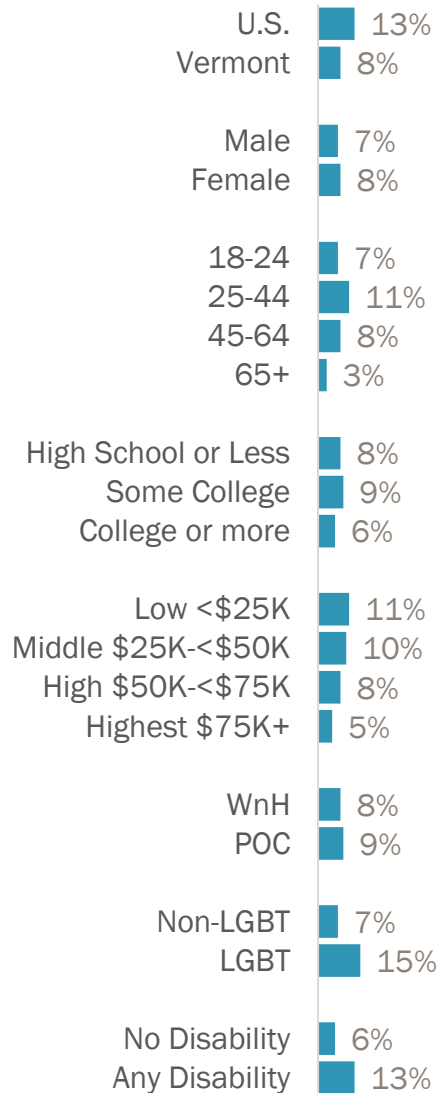
Adults with low to middle household incomes are statistically more likely to delay medical care due to cost compared to adults in households with the highest annual income.

There is no statistical difference in delaying care due to cost by race and ethnicity.

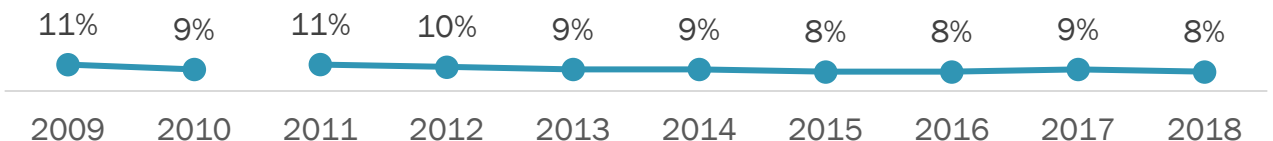
LGBT adults and adults with a disability are statistically more likely to delay care due to cost than non-LGBT adults and adults with no disability.

The proportion of adults delaying medical care due to cost in 2018 is similar to 2017, but statistically less than 2011.

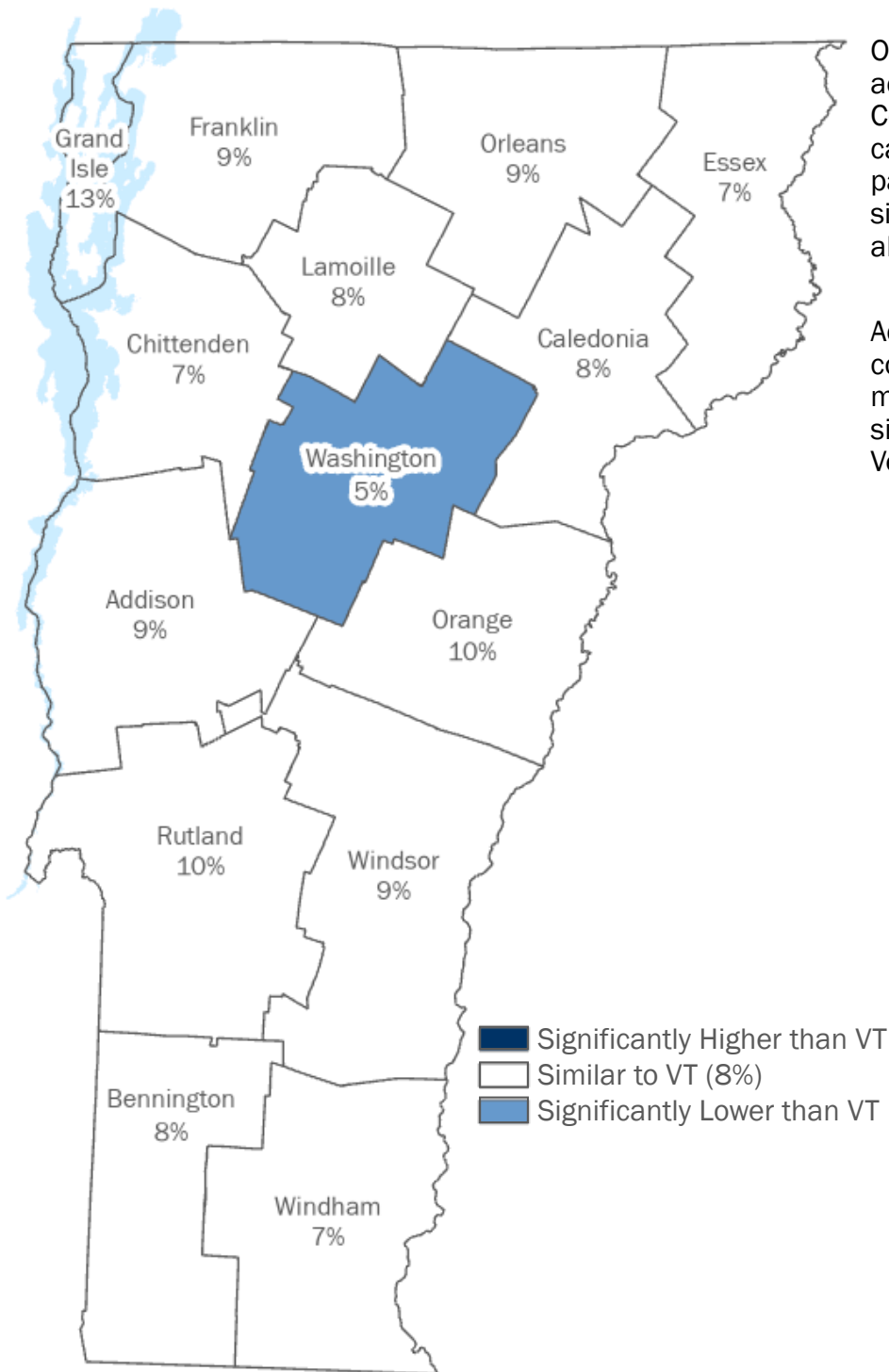
Did Not Visit Doctor Due to Cost Vermont Adults, 2018



Did Not Visit Doctor Due to Cost Vermont Adults



Did Not Visit Doctor Due to Cost by County, 2017-2018



One in twenty (5%) adults in Washington County delayed medical care due to cost in the past year. This is significantly lower than all Vermont adults.

Adults in all other counties report delaying medical care at a similar proportion to all Vermonters.

Quality of Life – Physical Health

One in eight Vermont adults report poor physical health (12%), similar to the 13% of U.S. adults.

Poor physical health is reported at the same rate for men and women.

Adults over age 45 are more likely to report poor physical health.

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

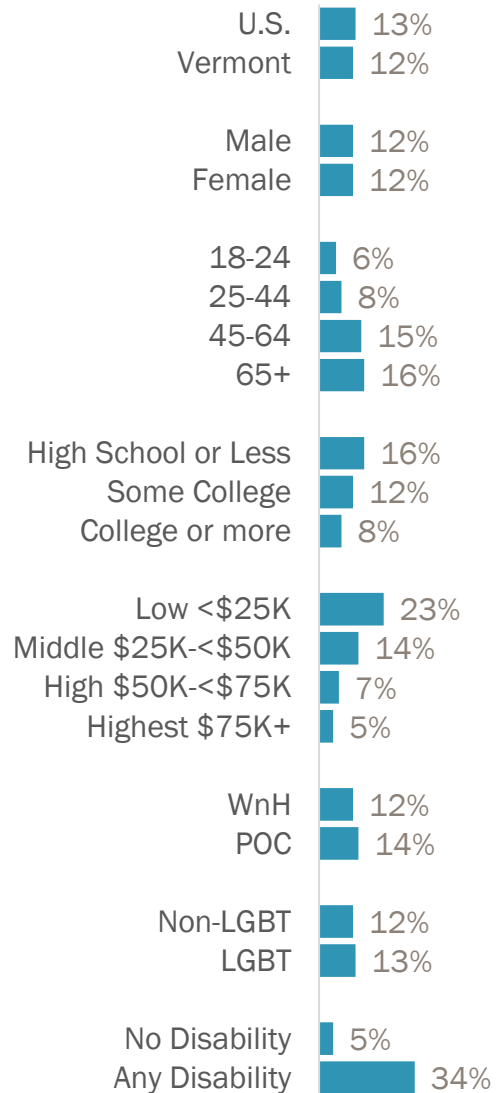
- Poor physical health is statistically higher among adults who have not obtained a college degree.
- All differences by income are statistically different except between adults in homes earning \$50,000-\$75,000 and those with an income of \$75,000 or more.

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

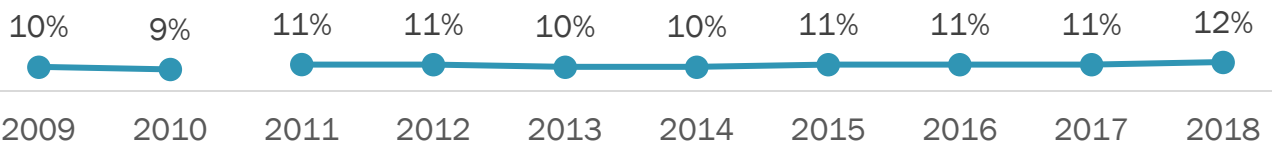
Adults with a disability are seven times more likely to report poor physical health than adults with no disability.

The proportion of adults with poor physical health in 2018 is similar to 2017 and 2011.

Poor Physical Health^o Vermont Adults, 2018

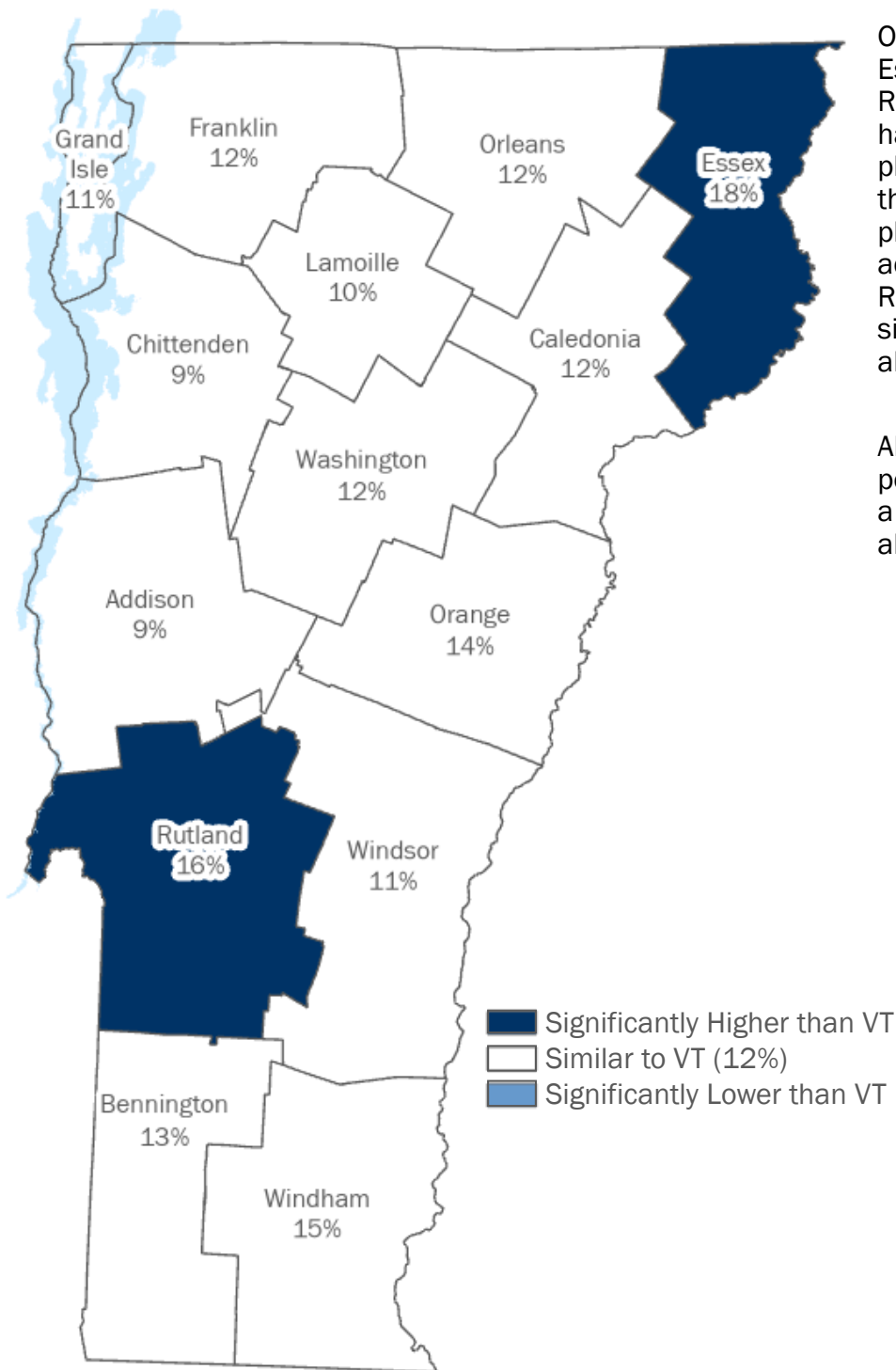


Poor Physical Health^o Vermont Adults



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

Poor Physical Health^o by County, 2017-2018



One in six adults in Essex (18%) and Rutland (16%) counties had 14 or more poor physical health days in the past month. Poor physical health among adults in Essex and Rutland counties is significantly higher than all 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.

Quality of Life – Mental Health

One in eight Vermont adults report poor mental health (12%), statistically similar to the 13% 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.

- Adults 18-64 are statistically more likely to report poor mental health than adults 65 and older.

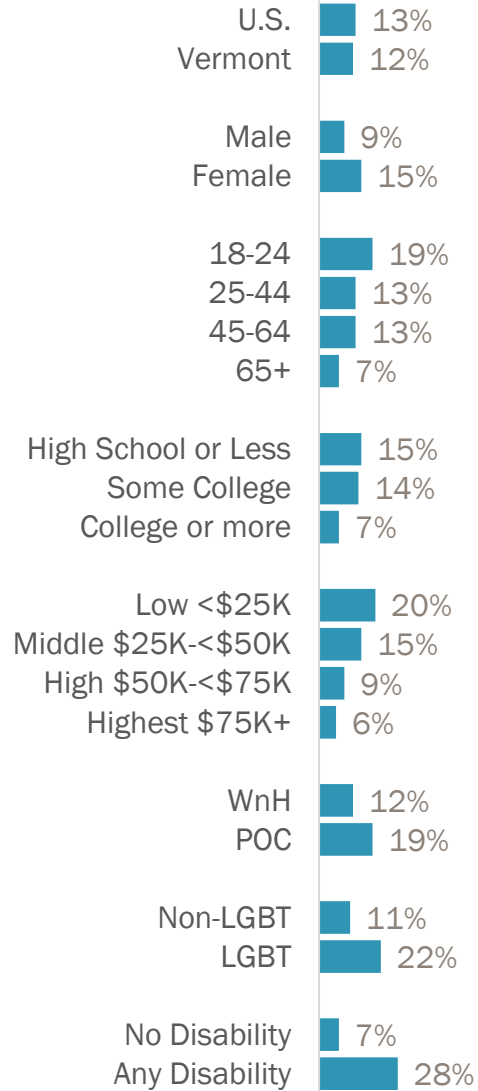
Adults with some college education or less are statistically more likely to report poor mental health than adults with at least a college education.

Adults living in homes earning less than \$50,000 are statistically more likely to report poor mental health than those in homes with an annual income of \$50,000 or more.

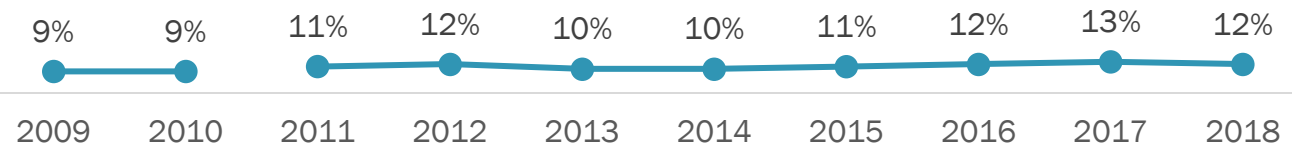
Adults of color, LGBT adults, and adults with a disability are statistically more likely to report poor mental health in the last month than white, non-Hispanic, LGBT, and adults with no disability.

The proportion of adults reporting poor mental health in 2018 is statistically higher than 2013 but has remained statistically similar since 2011.

Poor Mental Health^o Vermont Adults, 2018

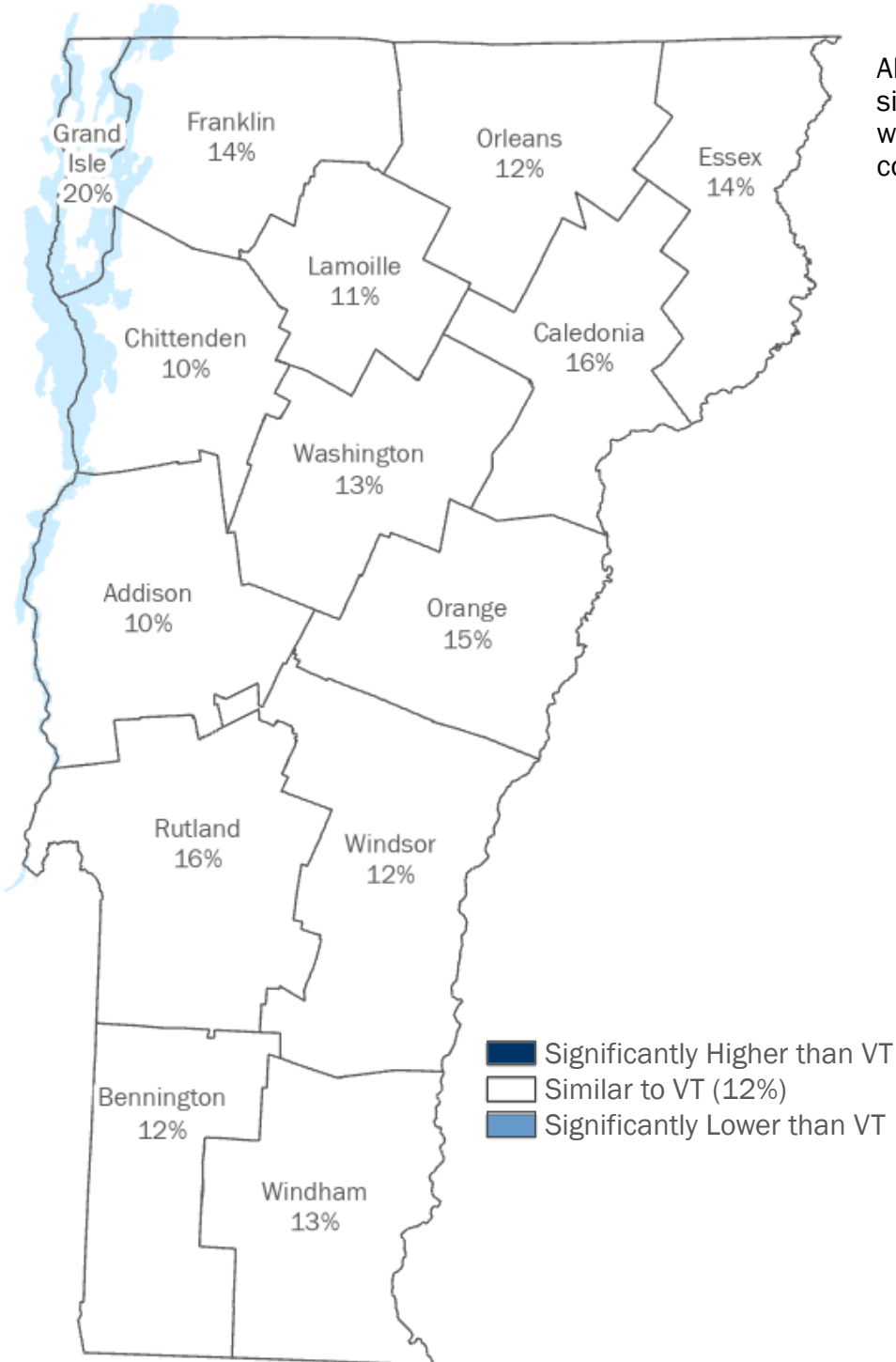


Poor Mental Health^o Vermont Adults



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

Poor Mental Health^o by County, 2017-2018



All counties have a similar percent of adults with poor mental health compared to Vermont.

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

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 in four Vermont adults have a disability (24%), statistically lower than the 27% of U.S. adults.

Men and women report 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 all other age groups.
- Adults 45-64 are statistically more likely to have a disability than adults 25-44.

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

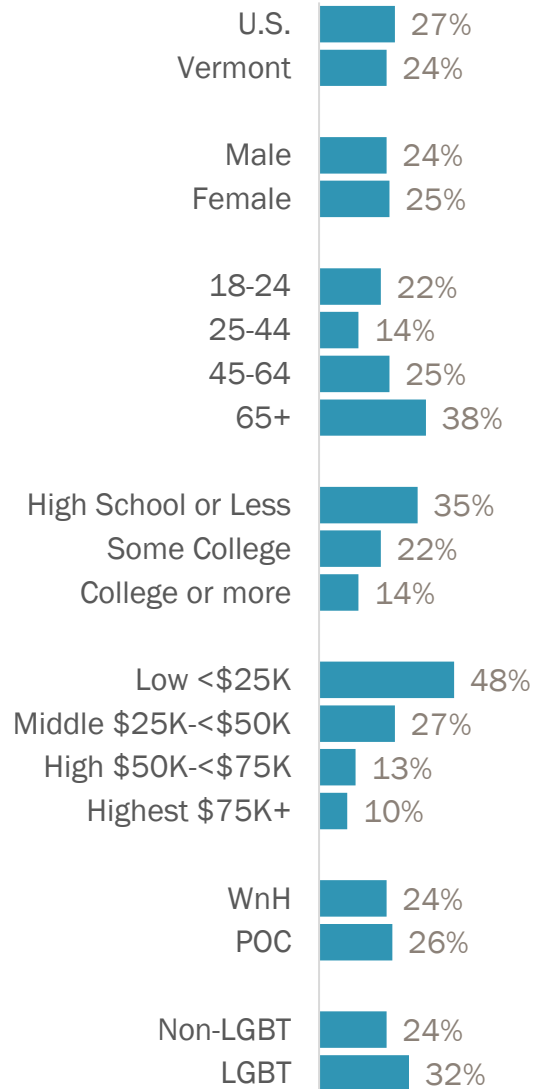
- All difference in disability by education are statistically significant.
- All differences in disability by annual household income level are statistically significant, except between the high and highest incomes.

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

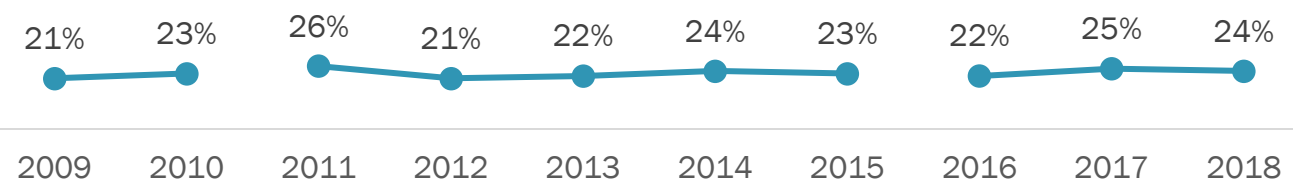
LGBT adults are statistically more likely to report a disability than non-LGBT adults.

The proportion of adults with a disability has remained similar since 2016.

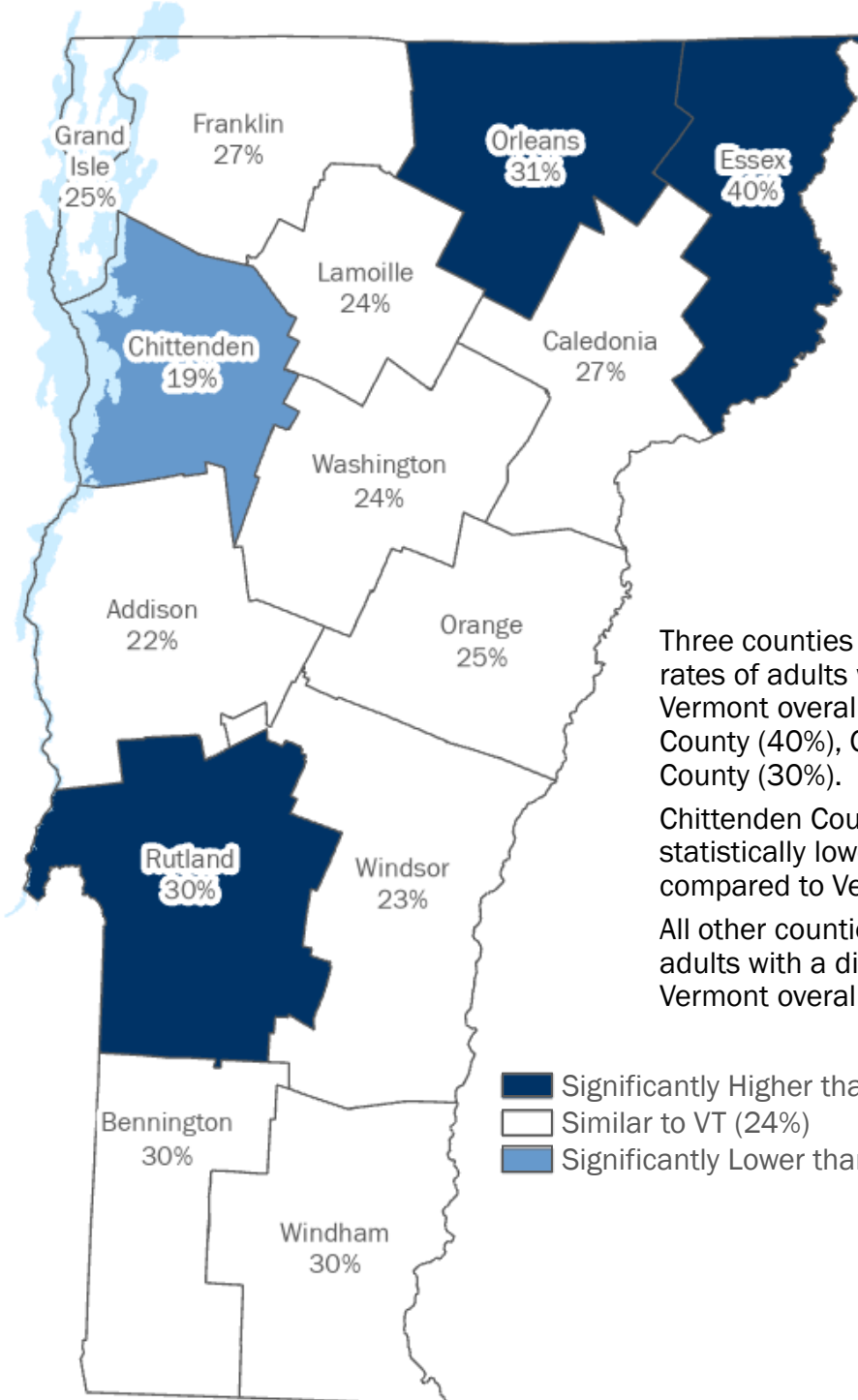
Vermont Adults with a Disability 2018



Vermont Adults with a Disability



Vermont Adults with Any Disability by County, 2017-2018



Disability includes anyone who has serious difficulty:

- seeing
- hearing
- walking or climbing stairs
- dressing or bathing
- concentrating or making decisions
- or who, because of a physical, mental, or emotional condition has difficulty doing errands alone.

Three counties have significantly higher rates of adults with a disability than Vermont overall. These include Essex County (40%), Orleans County, and Rutland County (30%).

Chittenden County adults have a statistically lower rate of disability (19%), compared to Vermont.

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

- Significantly Higher than VT
- Similar to VT (24%)
- Significantly Lower than VT

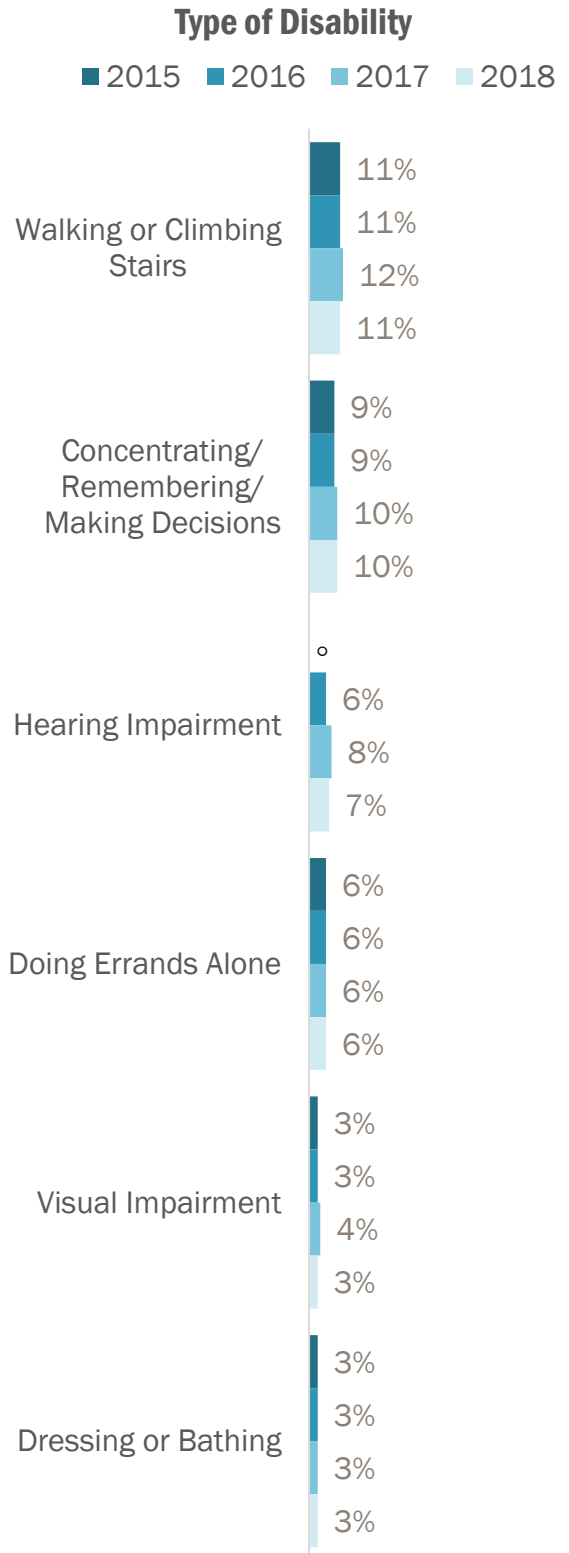
Disability

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

About one in ten Vermont adults have difficulty walking or climbing stairs due to a physical, mental, or emotional conditions. (11%) or have serious difficulty concentrating, remembering, or making decisions (10%).

Seven percent of Vermont adults have a hearing impairment, while six percent or fewer have serious difficulty doing errands alone (6%), seeing (3%), and dressing or bathing (3%).

The proportion of Vermont adults with each type of disability has remained similar since 2015.



°Serious difficulty hearing was first asked on the 2016 BRFSS.

Social and Emotional Support

One in ten Vermont adults rarely or never get the social and emotional support they need (9%).

Men are significantly more likely than women to not get needed social and emotional support.

Adults ages 65 and older are significantly more likely than those 25-64 to not get social and emotional support.

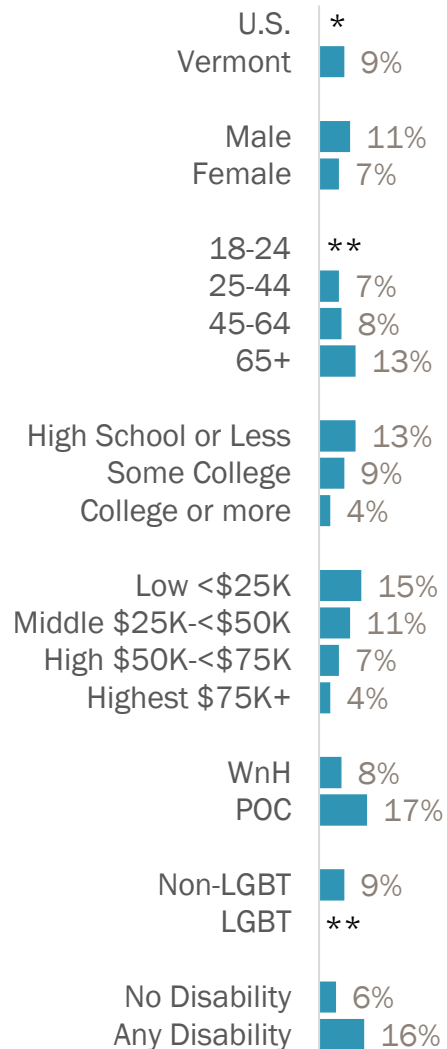
Adults with less education and lower household incomes are more likely to report rarely or never getting support.

- All differences by education level are statistically significant.
- Adults with a low household income are significantly more likely than those with high or highest incomes to report not getting needed social and emotional support.
- Adults in homes with a middle income are significantly more likely than those with the highest incomes to report not getting needed support.

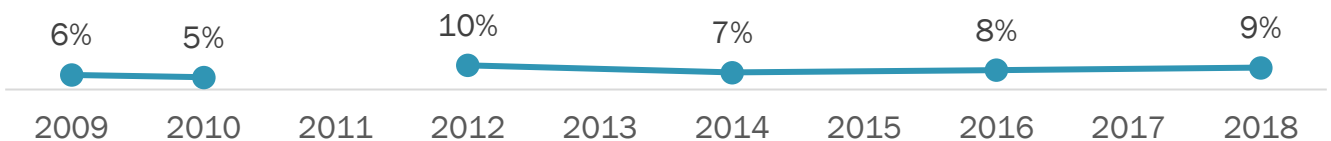
People of color and adults with a disability are more than twice as likely to report rarely or never getting the emotional and social support they need than white, non-Hispanic adults or those with no disability. This is a statistical difference.

The proportion of adults rarely or never getting the social and emotional support they need has remain similar since 2012.

Rarely/Never Get Social and Emotional Support Vermont Adults, 2018



Vermont Adults Rarely or Never Getting Social and Emotional Support

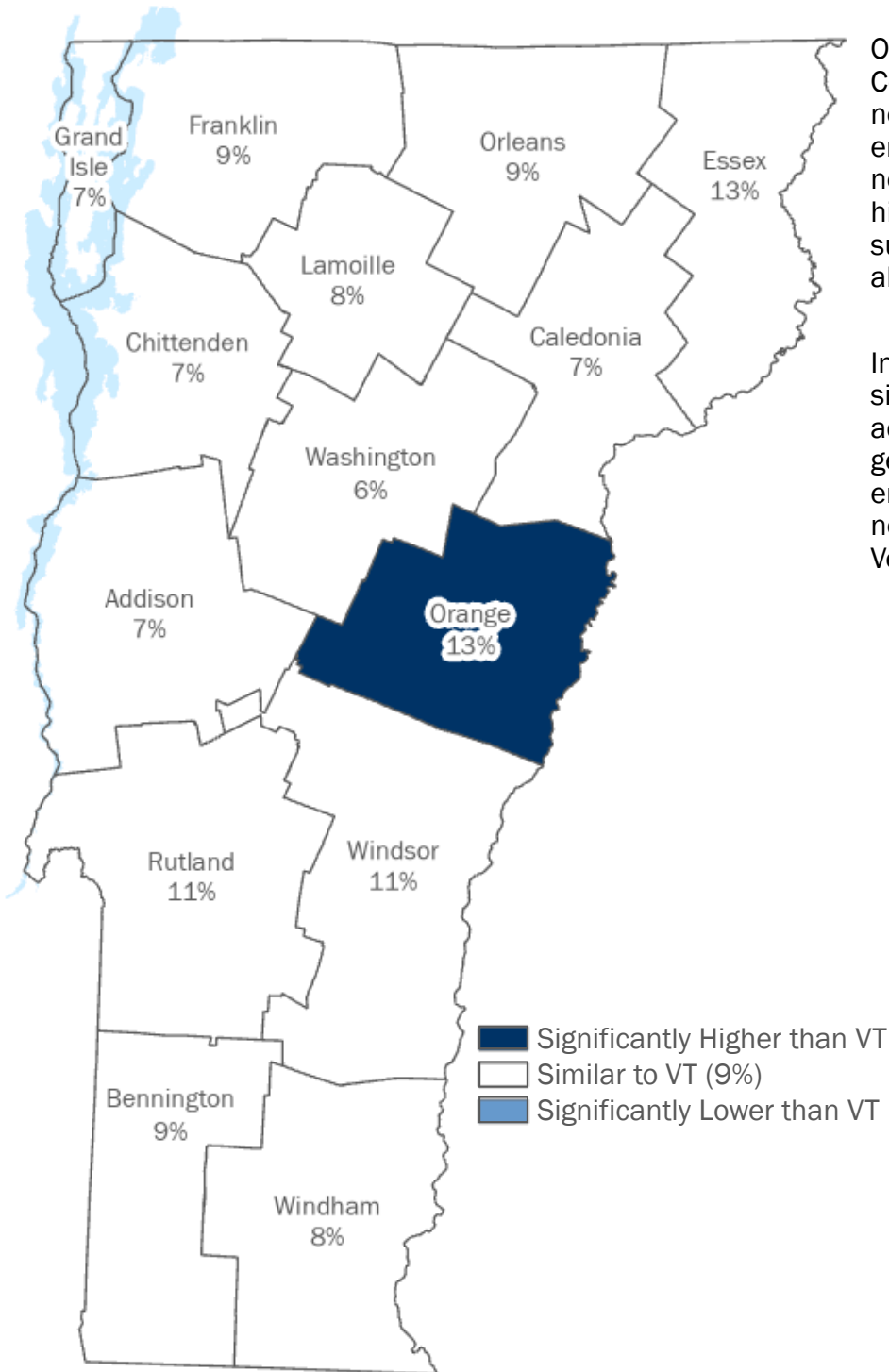


*No national estimate available

**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 Rarely or Never Getting Social and Emotional Support by County, 2016, 2018



One in seven Orange County adults rarely or never get the social and emotional support they need (13%), statistically higher than the lack of support reported among all Vermont adults.

In all other counties a similar proportion of adults rarely or never get the social or emotional support they need, compared with Vermont overall.

Falls

One-third of Vermont adults age 45 and older fell in the last year. This is statistically higher than the 26% of U.S. adults age 45 and over.

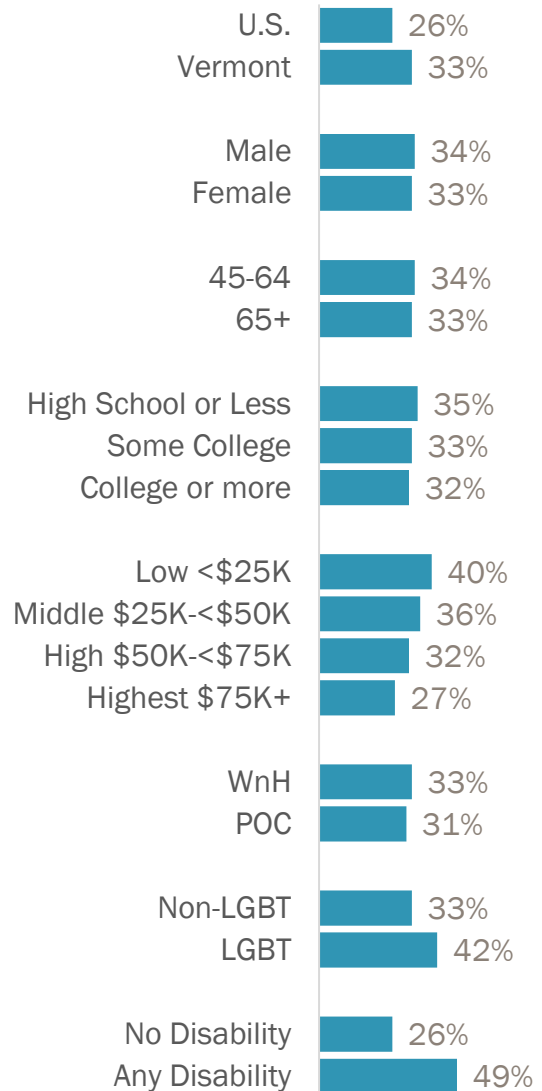
Men and women experienced at least one fall at similar rates.

There are no differences in falls by age, education level, race and ethnicity, or sexual orientation and gender identity.

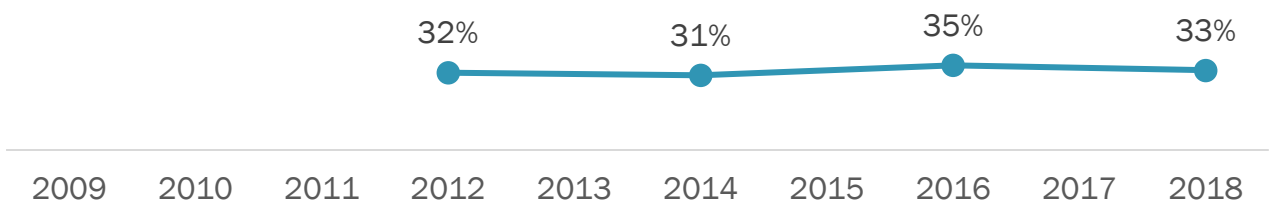
Adults in homes with an annual income of less than \$50,000 are statistically more likely to experience falls than adults earning \$75,000 or more.

Since 2012, the proportion of adults experiencing at least one fall in the past year has remained unchanged.

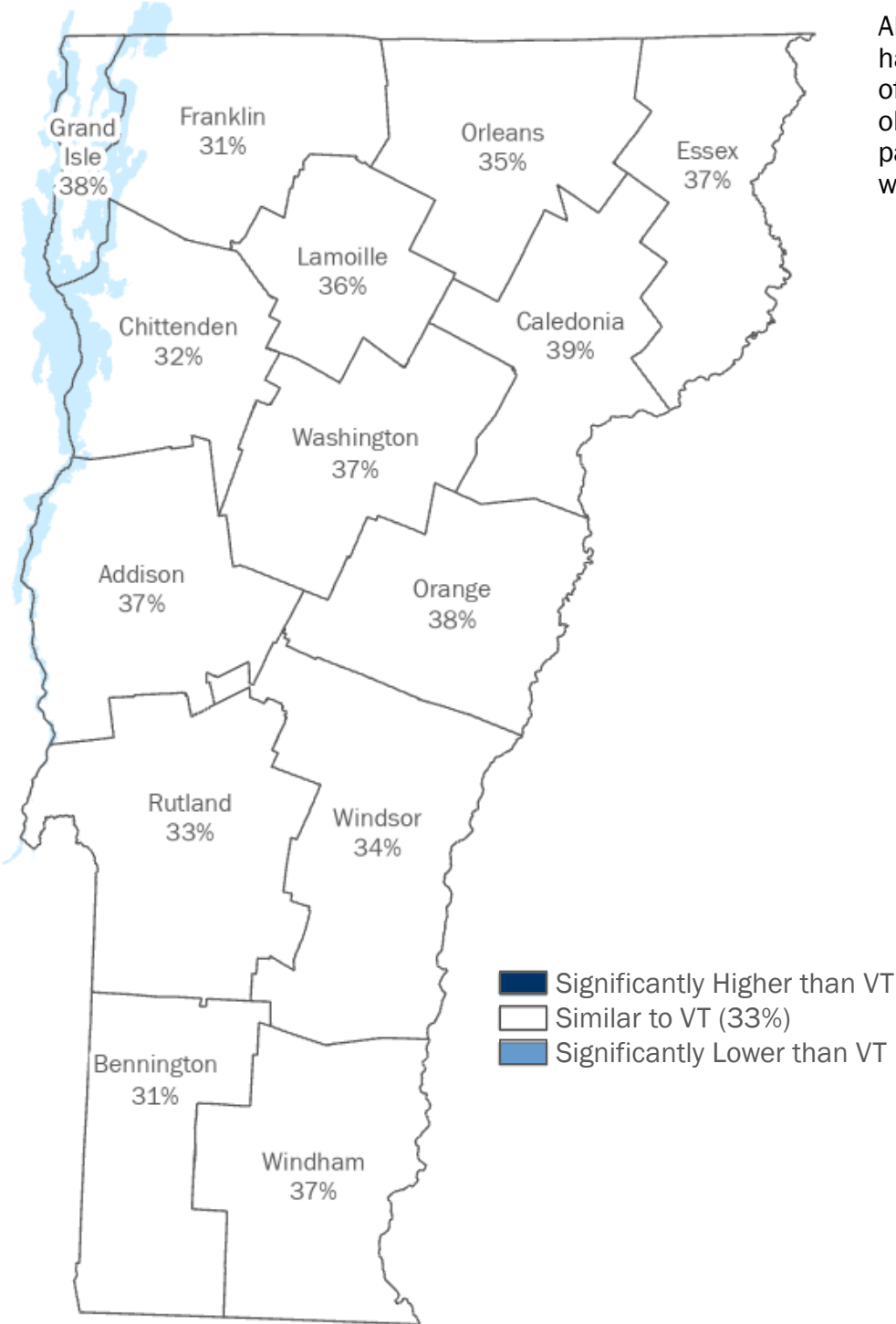
Fell in the Last 12 Months Vermont Adults 45+, 2018



Vermont Adults Ages 45+ who Fell in the Last 12 Months



Vermont Adults ages 45 and Older who Fell in the Last 12 Months, by County, 2016, 2018



All Vermont counties have a similar percent of adults ages 45 and older who fell in the past year, compared with Vermont.

Falls Resulting in Injury

One in three Vermont adults age 45 and older who fell at least once in the last year said that a fall resulted in an injury (34%). This is statistically lower than the U.S. rate of 40% among adults ages 45 and older.

- An injury is defined as a fall that caused limitations in regular activities for at least a day or a visit to the doctor.

Women are statistically more likely to have a fall that results in an injury than men.

There are no differences in falls resulting in injury by age, education, or race and ethnicity.

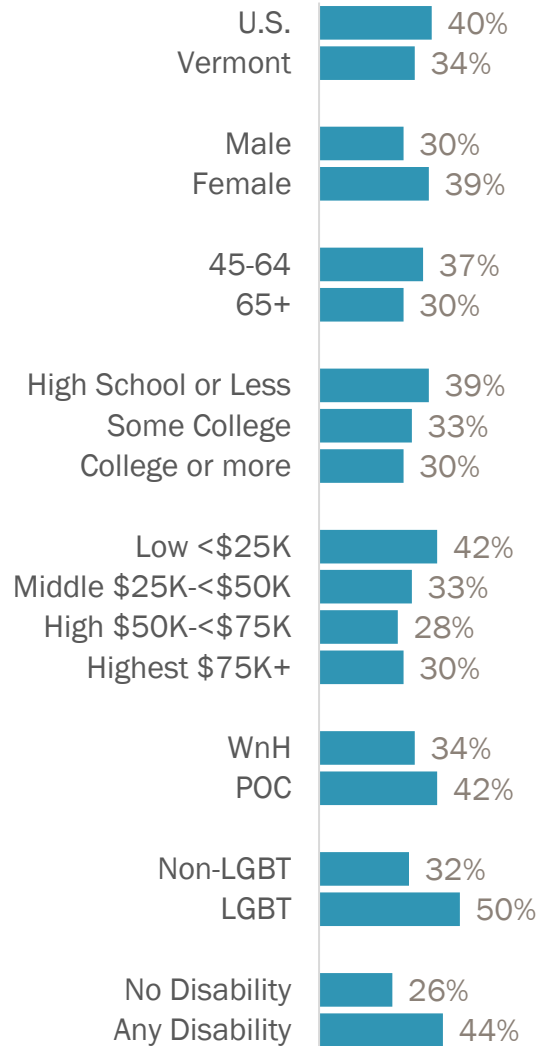
Adults with a household income less than \$25,000 are most likely to report a fall resulting in an injury.

- Adults with a household income less than \$25,000 are statistically more likely to report a fall causing an injury than those earning \$50,000-\$75,000 annually.

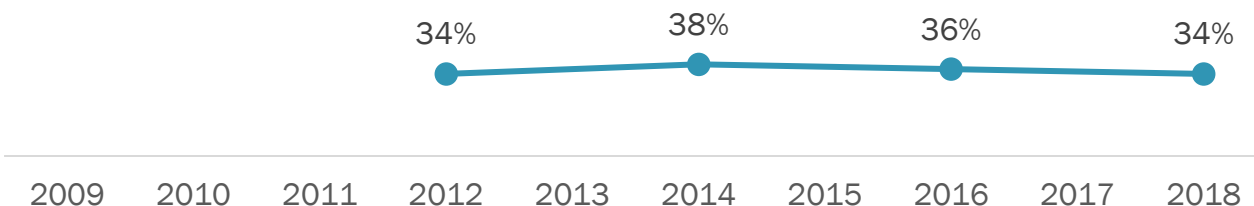
LGBT adults and adults with a disability are statistically more likely to report a fall that resulted in an injury than non-LGBT adults and those with no disability.

The proportion of adults reporting a fall resulting in an injury remains statistically unchanged since 2012.

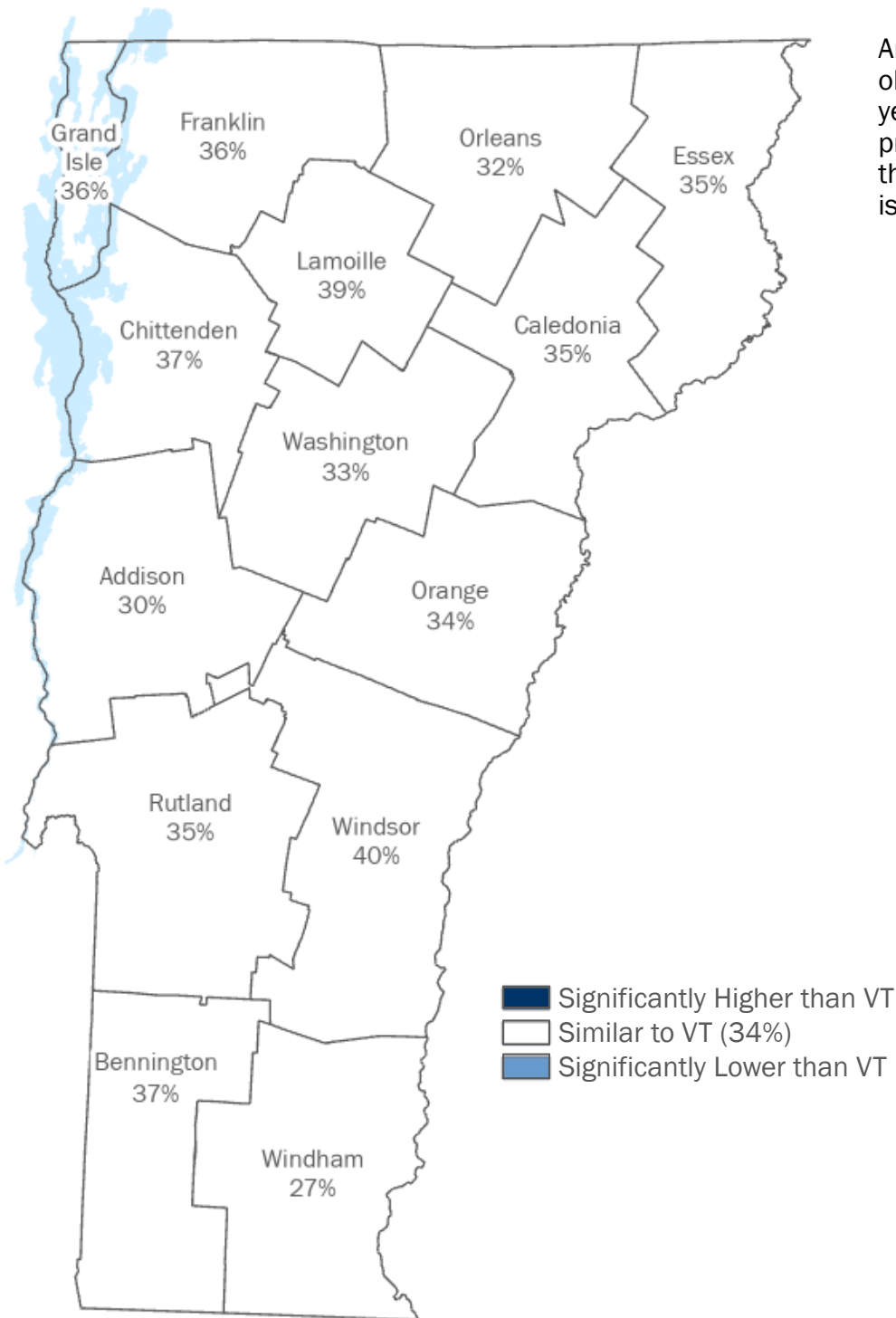
Fall Resulting in Injury, Last 12 Months Vermont Adults 45+, 2018



Vermont Adults Ages 45+ who had a Fall Resulting in an Injury, Last 12 Months



Injuries Caused by a Fall Among Vermont Adults Ages 45 and Older who Fell in the last 12 months, by County, 2016, 2018



Among adults 45 and older that fell in the last year, in all counties the proportion with a fall that resulted in an injury is similar to Vermont.

Chronic Conditions

Arthritis

Nearly three in ten Vermont adults have arthritis (28%), statistically more than the 26% 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.

Adults with a high school or less education are statistically more likely to report having arthritis.

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

- All differences are statistically significant except between households earning less than \$25,000 and those earning \$25,000-\$50,000 annually, and between adults earning \$50,000-\$75,000 and those earning \$75,000 or more.

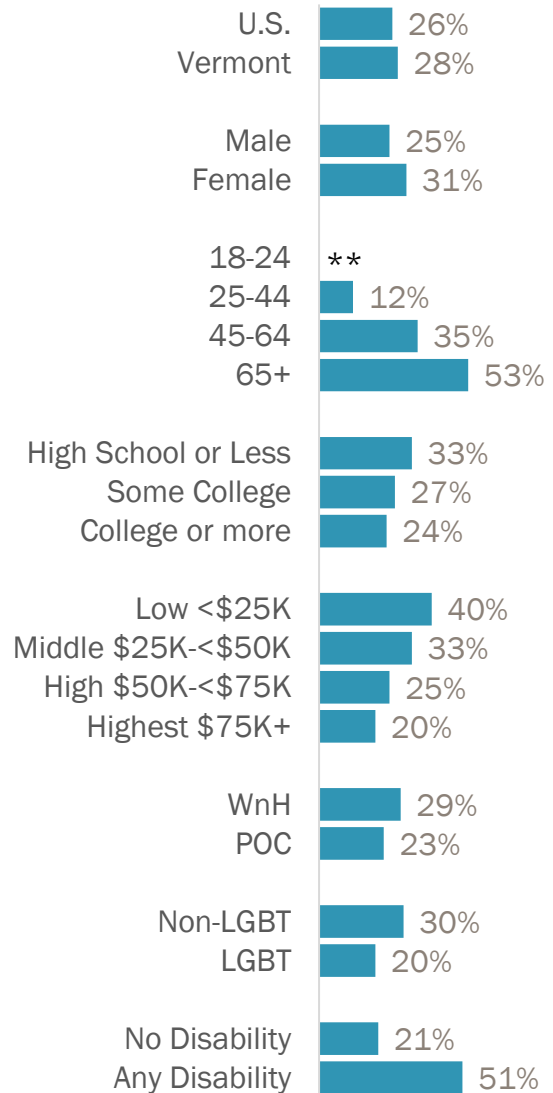
There is no statistical difference in arthritis prevalence reported by race and ethnicity.

Non-LGBT adults are statistically more likely than LGBT adults to have arthritis.

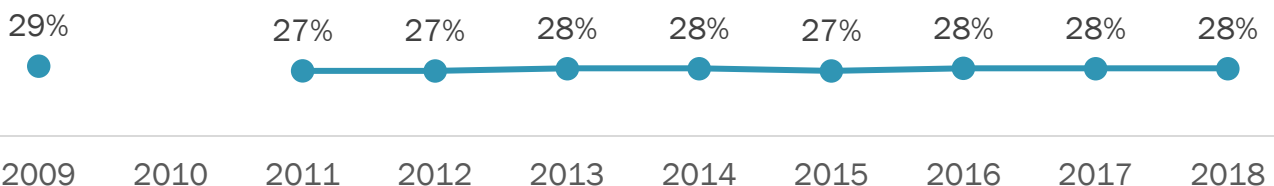
Adults with a disability are statistically more likely to report having arthritis than adults with no disability.

The proportion of adults with arthritis has remained statistically similar since 2011.

Vermont Adults with Arthritis, 2018

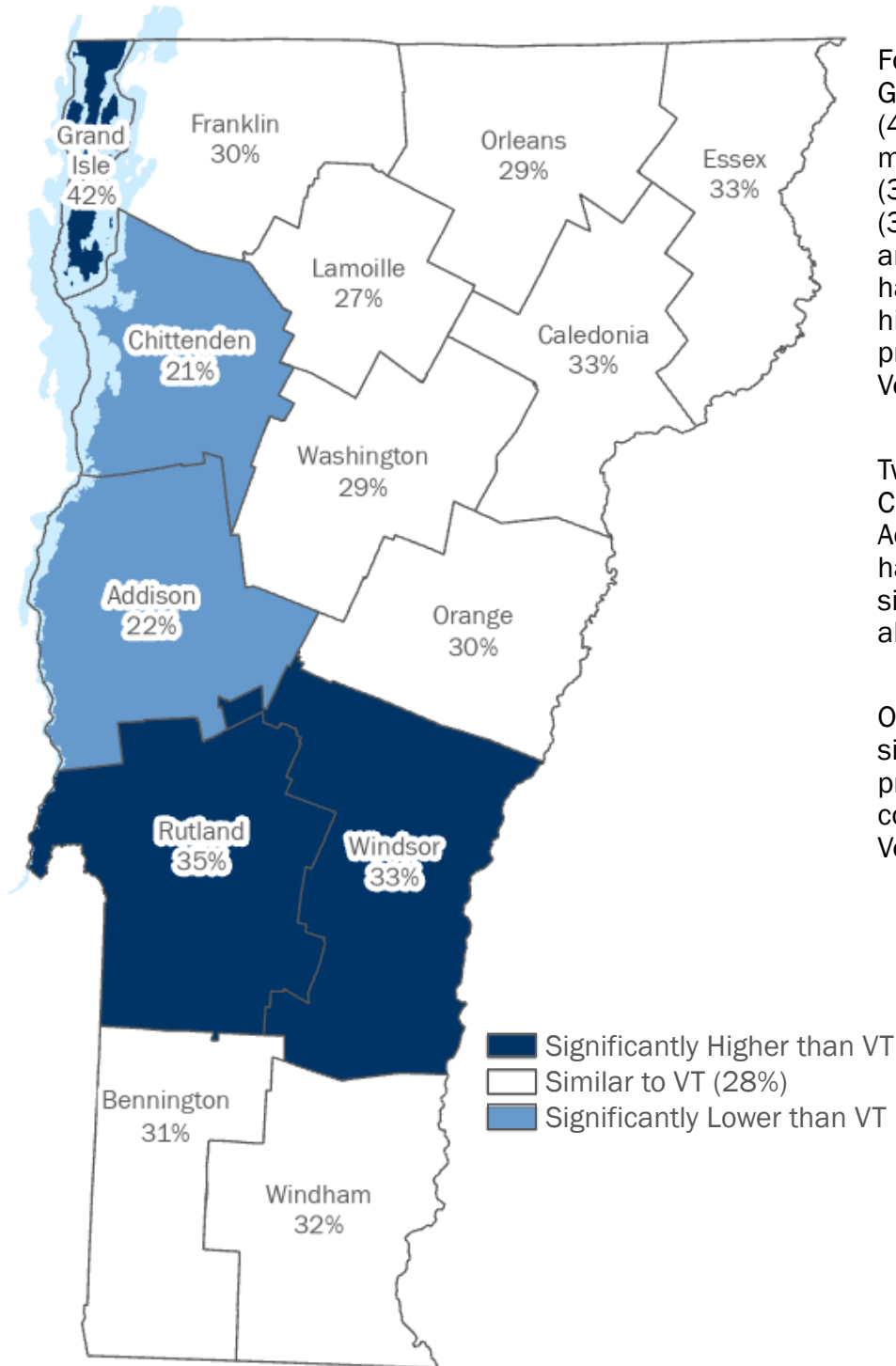


Vermont Adults with Arthritis



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Vermont Adults with Arthritis by County, 2017-2018



Four in ten adults in Grand Isle have arthritis (42%). One-third or more adults in Windsor (33%) and Rutland (35%) counties have arthritis. These counties have a statistically higher arthritis prevalence than Vermont overall.

Two in ten adults in Chittenden (21%) and Addison (22%) counties have arthritis, significantly less than all Vermont adults.

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

Asthma

One in eight Vermont adults currently have asthma (12%), statistically more than all U.S. adults (9%).

Men are statistically less likely to have asthma than women.

Asthma is reported similarly across all age groups.

Adults with a high school education or less are most likely to report currently having asthma.

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

Adults living in homes with an annual income less than \$25,000 are nearly twice as likely to have asthma than adults in homes earning \$75,000 or more. This is a statistically significant difference.

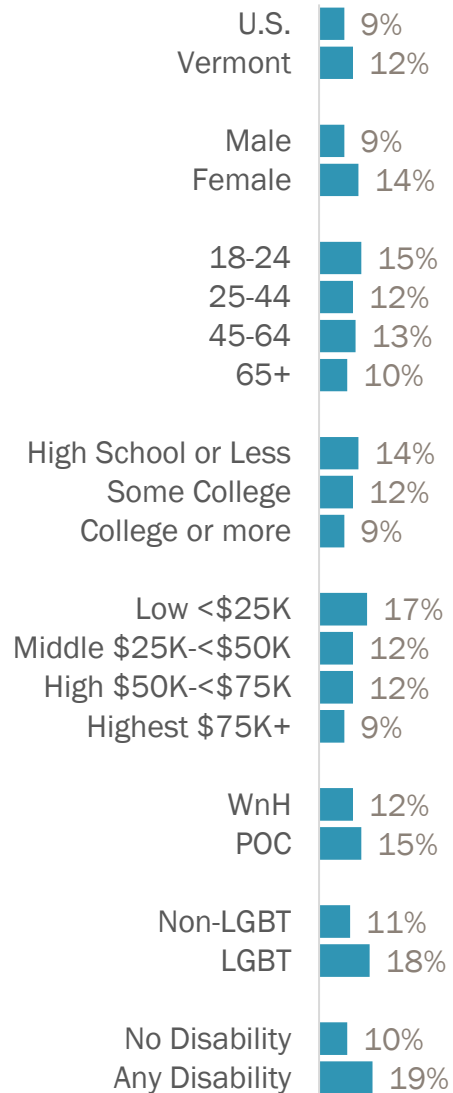
- All other comparisons of asthma prevalence by household income are statistically similar.

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

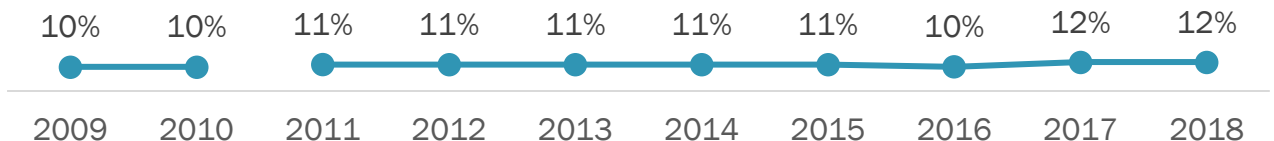
LGBT adults and adults with a disability are statistically more likely to have asthma than non-LGBT adults and those with no disability.

Prevalence of asthma among Vermonters has remained statistically similar since 2011.

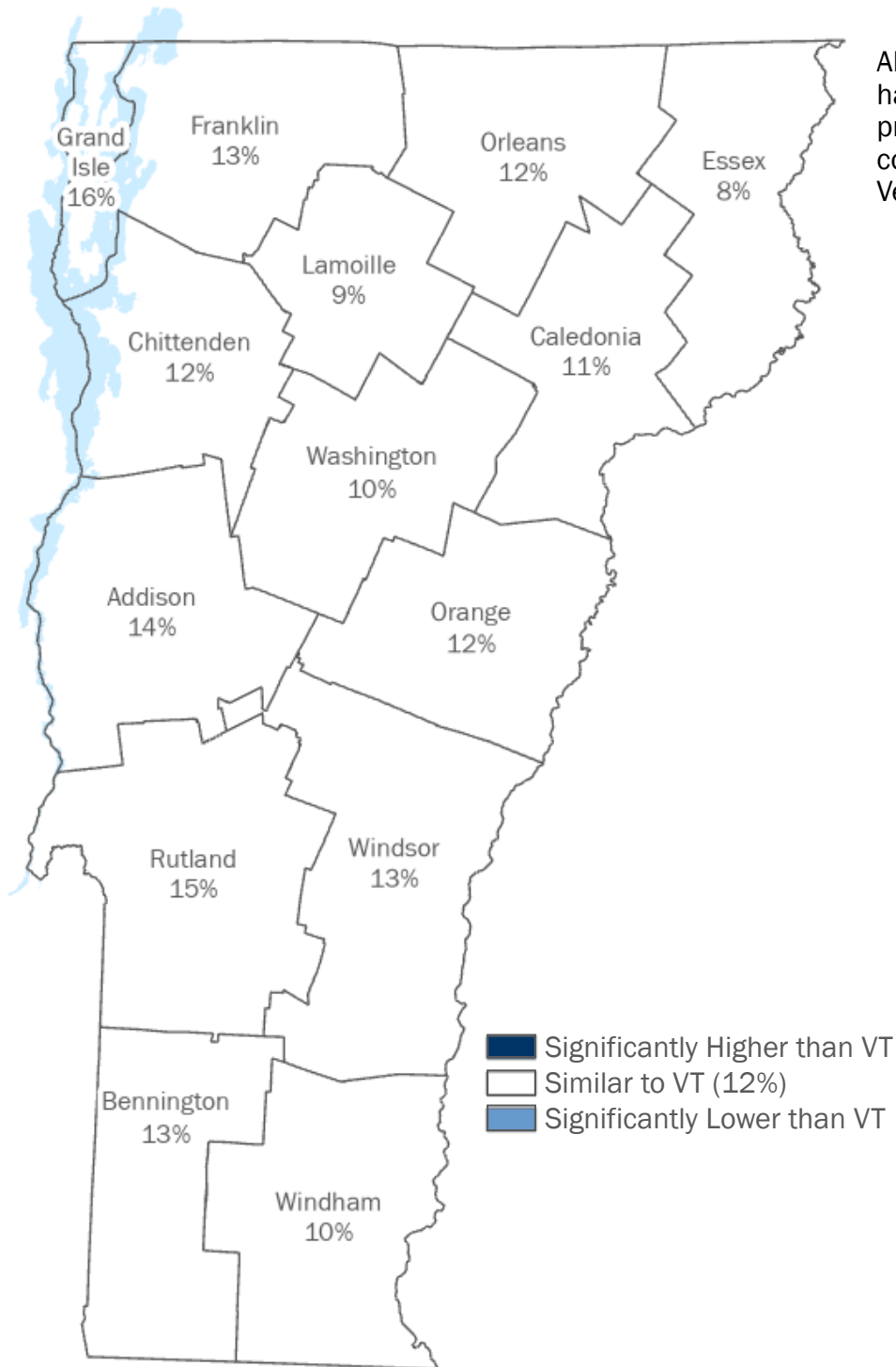
Vermont Adults with Asthma, 2018



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2017-2018



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

Cancer Diagnosis (Non-Skin)

One in thirteen Vermont adults have ever been diagnosed with cancer (8%), statistically similar to the U.S. overall (7%).

- This definition excludes skin cancer.

Women are statistically more likely to have ever had cancer than men.

Prevalence of cancer statistically increases as age increases.

There are no differences in cancer by education level.

Adults living in homes with an annual income less than \$25,000 are statistically more likely to have ever had cancer than adults in homes with an income of \$50,000 - \$75,000.

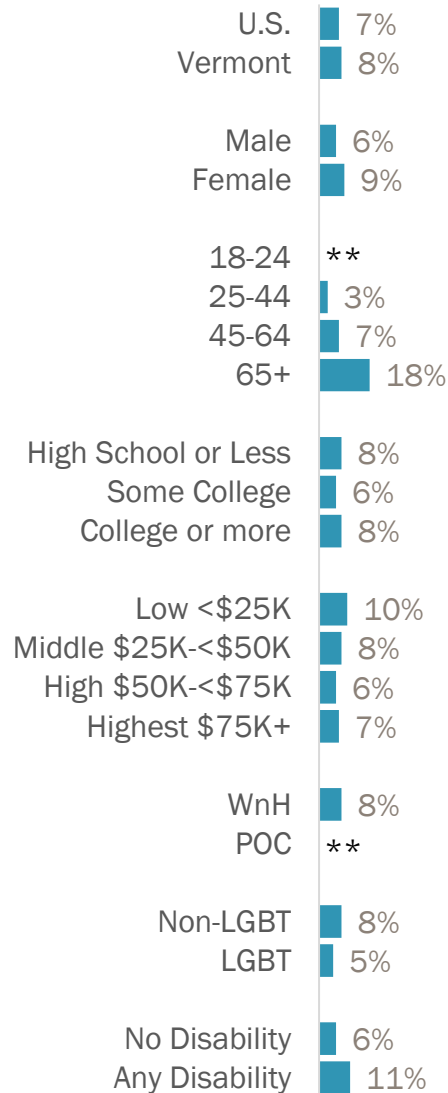
- There are no other statistical differences in cancer rates by household income.

Cancer prevalence is statistically similar by sexual orientation and gender identity.

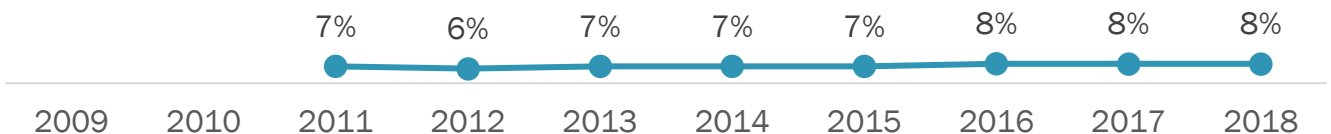
Vermonters with a disability are nearly twice as likely to have ever had cancer than adults without a disability.

Cancer prevalence among Vermont adults has remained statistically similar since 2011.

Vermont Adults Diagnosed with Cancer, 2018

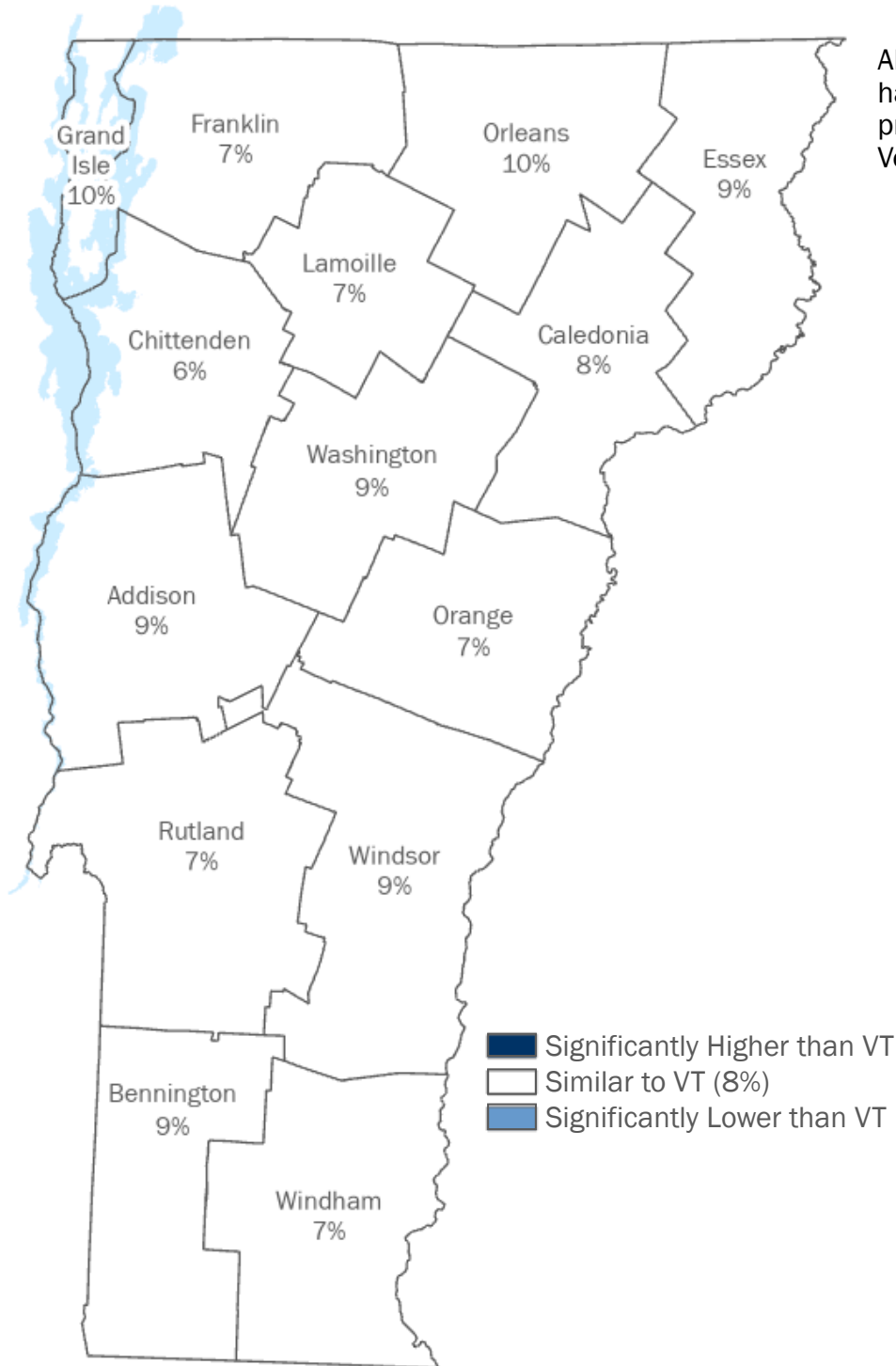


Vermont Adults Diagnosed with Cancer



**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 Diagnosed with Cancer by County, 2017-2018



All Vermont counties have a similar cancer prevalence compared to Vermont overall.

Skin Cancer Diagnosis

Seven percent of Vermont adults have ever been diagnosed with skin cancer. This is statistically similar to 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.

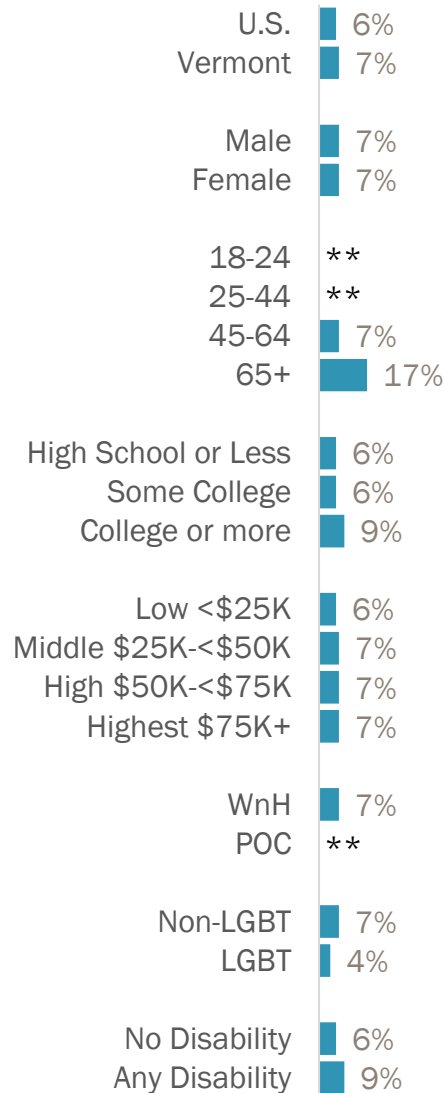
Adults with a college education or higher are significantly more likely to report having been diagnosed with skin cancer than adults with some college or less education.

Skin cancer prevalence is similar across household income levels.

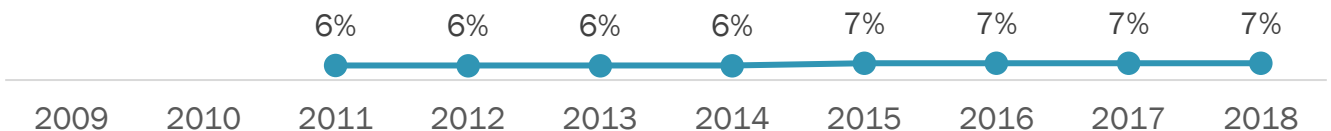
Non-LGBT adults and adults with a disability are statistically more likely to have had skin cancer than LGBT adults and those with no disability.

The prevalence of skin cancer is statistically unchanged since 2011.

Vermont Adults Diagnosed with Skin Cancer, 2018



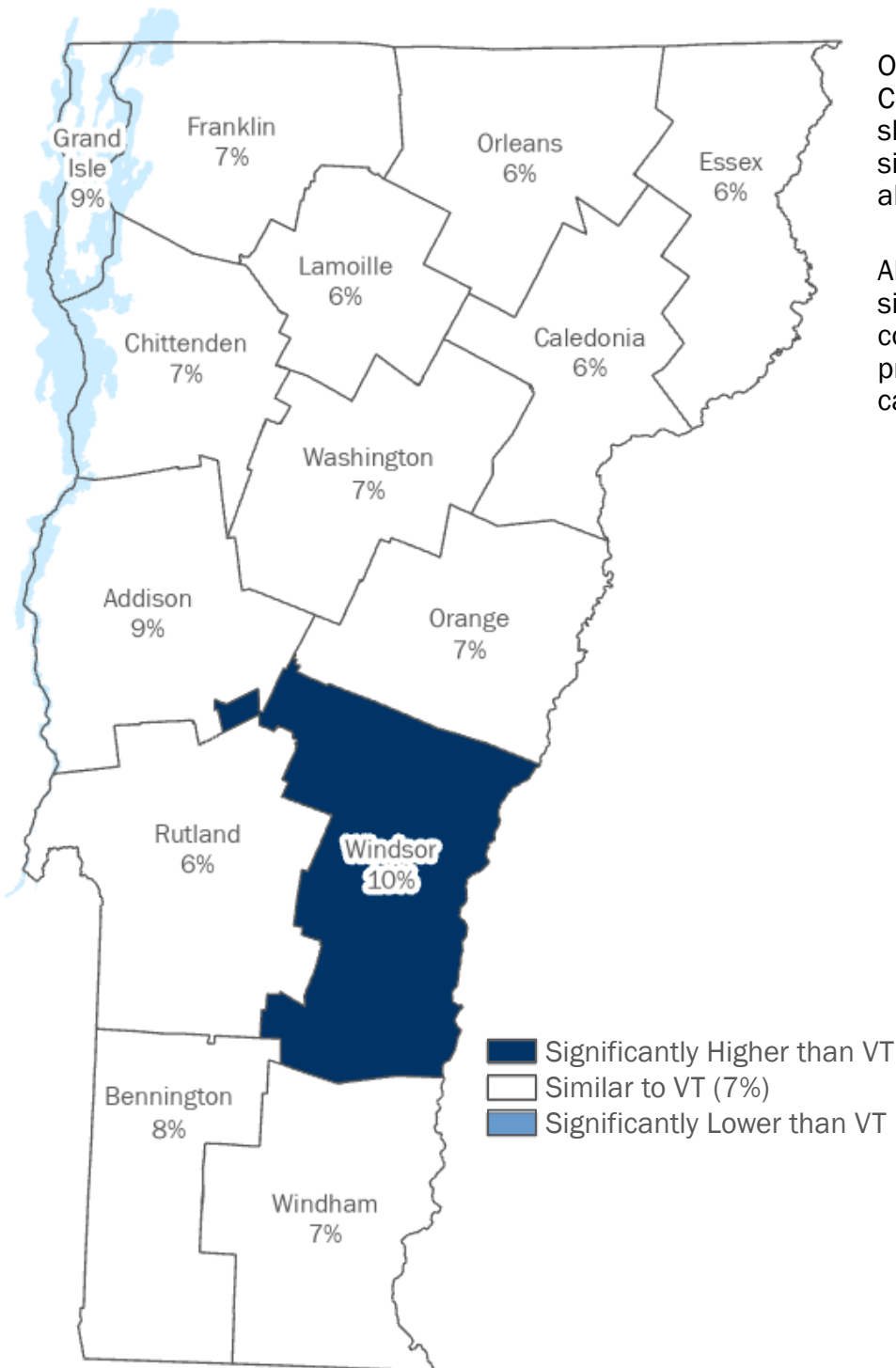
Vermont Adults Diagnosed with Skin Cancer



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Statistical comparisons are not completed on suppressed values.

Vermont Adults Diagnosed with Skin Cancer by County, 2017-2018



One in ten Windsor County adults have had skin cancer. This is significantly higher than all Vermont adults.

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

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. This is statistically less than the 9% among U.S. adults.

- Four percent of Vermont adults have coronary heart disease, 4% had a myocardial infarction, and 3% had a stroke.

Men are statistically more likely to have CVD than women.

CVD prevalence increases with age.

- All differences in CVD by age are statistically different.

Adults with a high school education or less are statistically more likely to report CVD compared to those with higher levels of education.

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

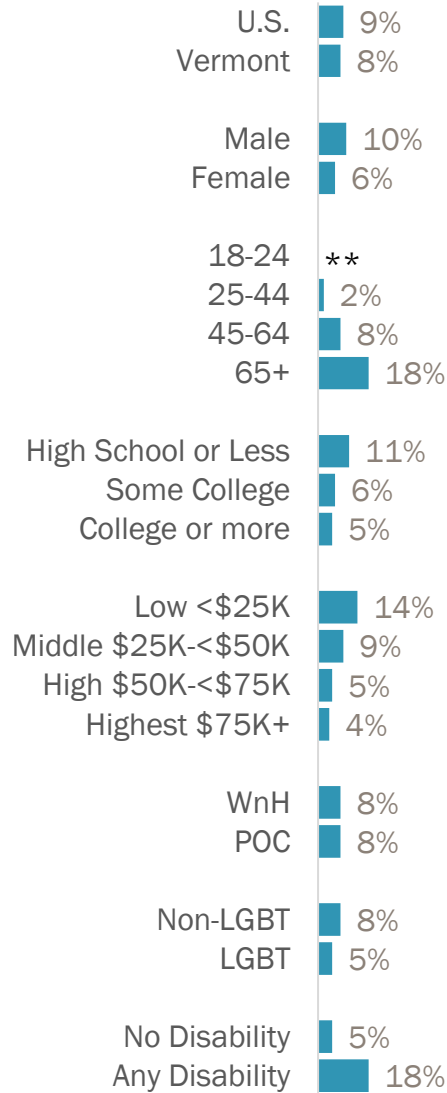
- Adults in homes earning less than \$50,000 annually have statistically higher rates of CVD than adults in homes earning more than \$50,000.

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

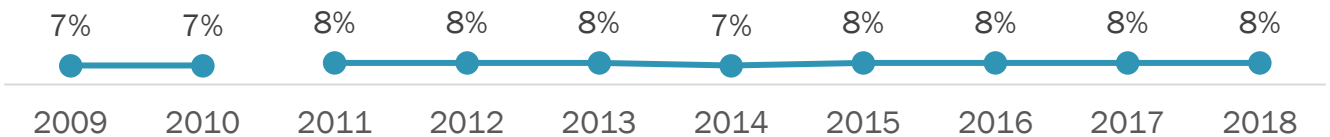
Adults with a disability are more than three times as likely to report having CVD than adults with no disability, a statistically significant difference.

Prevalence of CVD among Vermont adults has remained the same since 2011.

Vermont Adults with Cardiovascular Disease, 2018



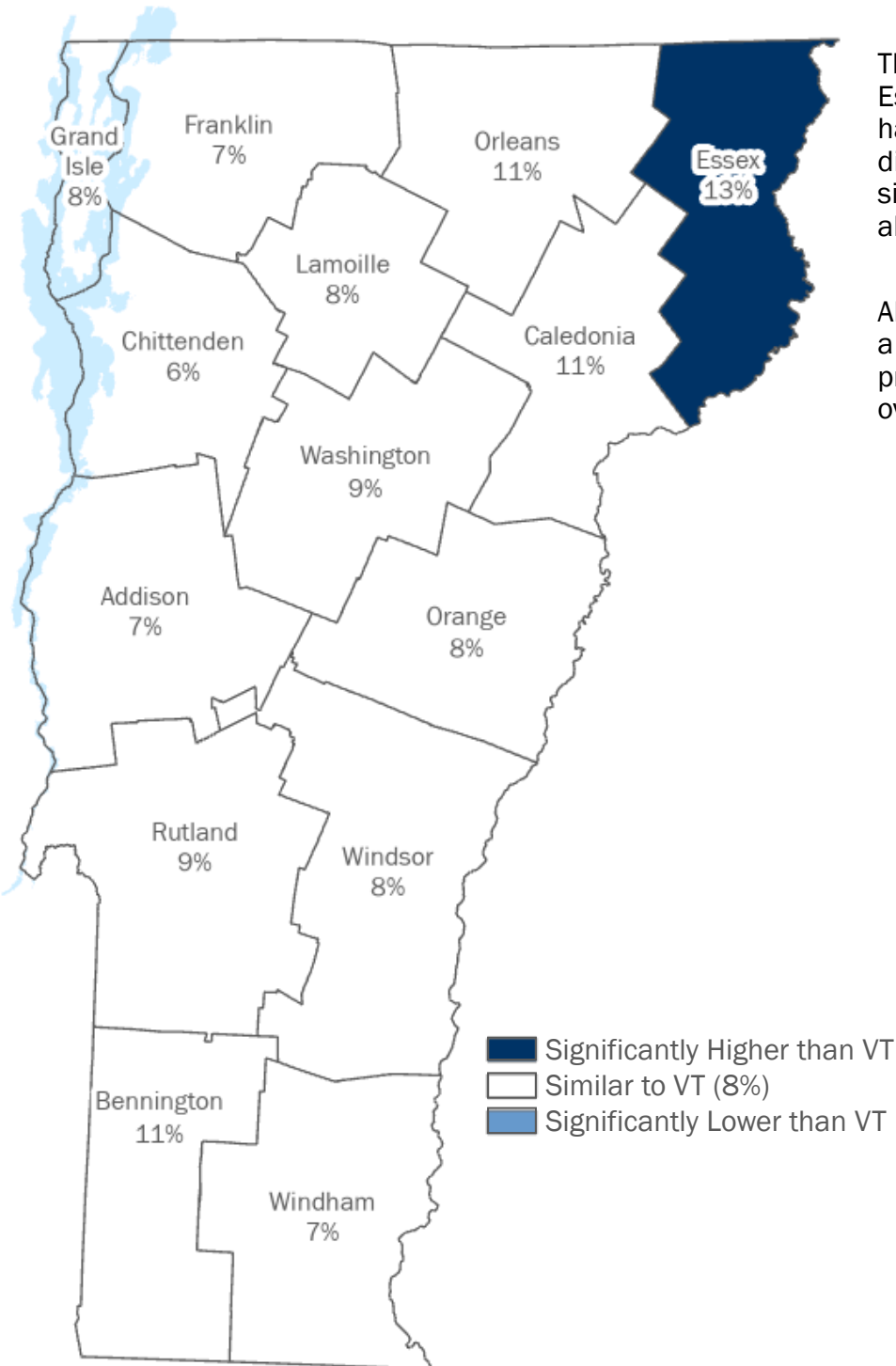
Vermont Adults with Cardiovascular Disease



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Statistical comparisons are not completed on suppressed values.

Vermont Adults with Cardiovascular Disease by County, 2017-2018



Thirteen percent of Essex County adults have cardiovascular disease. This is significantly higher than all Vermonters.

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

Chronic Obstructive Pulmonary Disease (COPD)

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

Men and women report having COPD at the same rate.

The prevalence of COPD among Vermont adults increases with age.

- All differences in COPD by age are statistically significant.

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

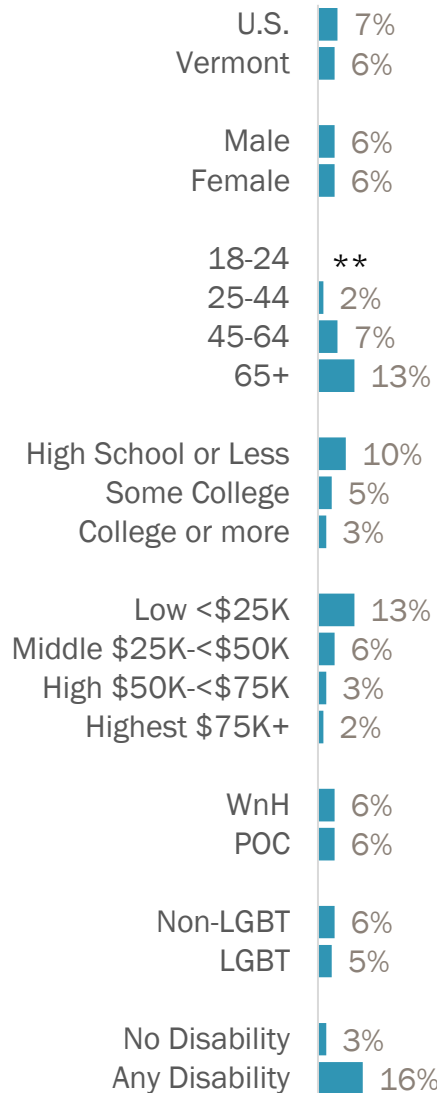
- All differences by education level are statistically significant.
- Adults in households making less than \$50,000 annually are statistically more likely to have COPD than adults in households earning more than \$50,000 a year.

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

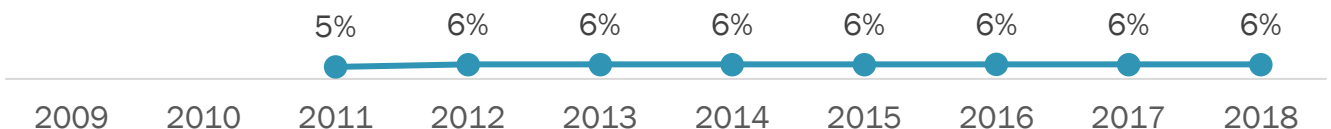
Vermonters with a disability are five times more likely to report having COPD than Vermonters without a disability.

The proportion of Vermont adults with COPD has remained unchanged since 2011.

Vermont Adults with COPD, 2018

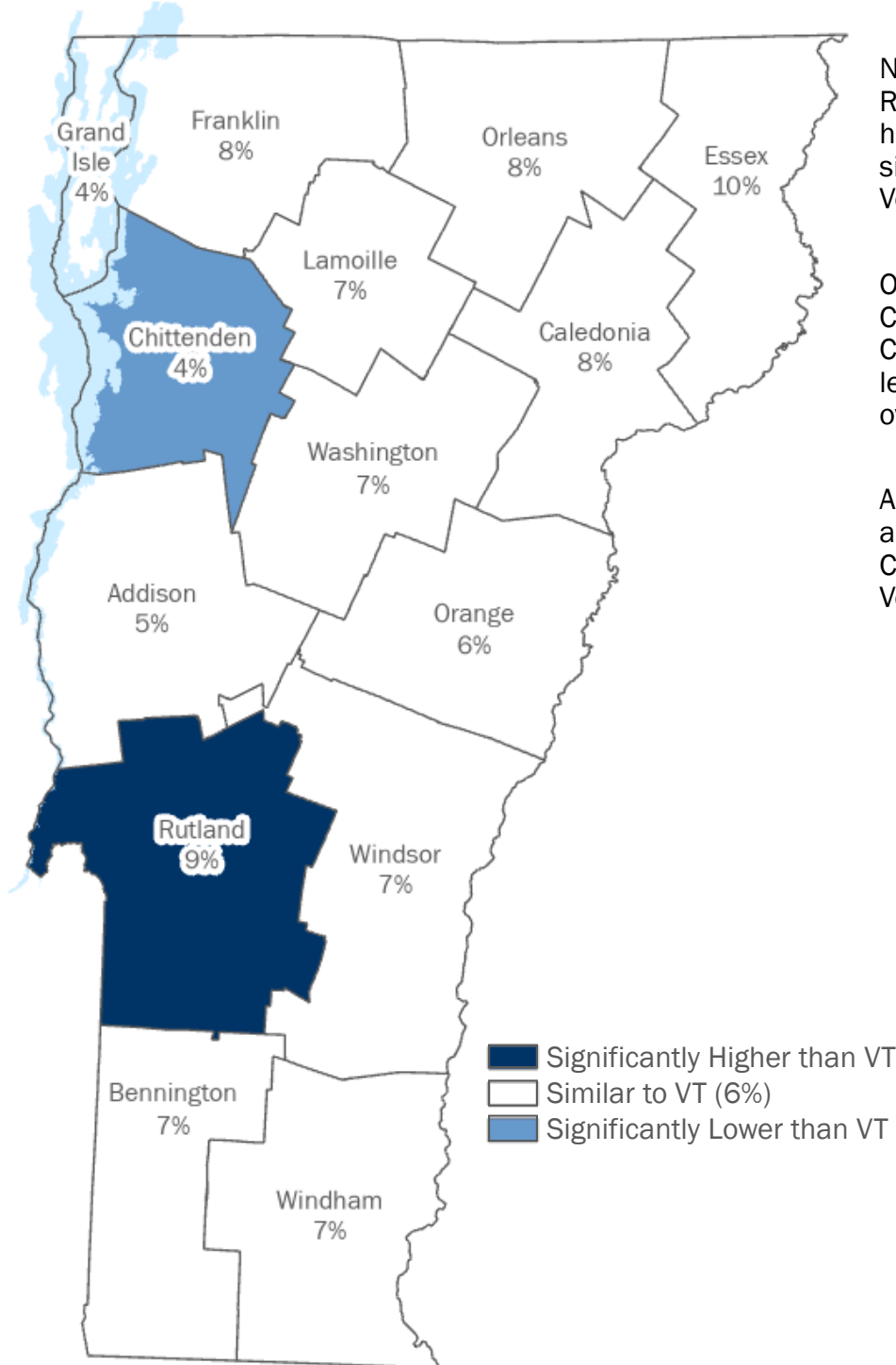


Vermont Adults with COPD



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Vermont Adults with COPD by County, 2017-2018



Nearly one in ten Rutland County adults have COPD (9%). This is significantly higher than Vermont.

One in 20 Chittenden County adults have COPD (4%), significantly less than Vermont overall.

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

Depressive Disorder

One in five Vermont adults report ever being told they have a depressive disorder, higher than the 18% among 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.

Adults under age 65 are statistically more likely to have been diagnosed with depression than older adults.

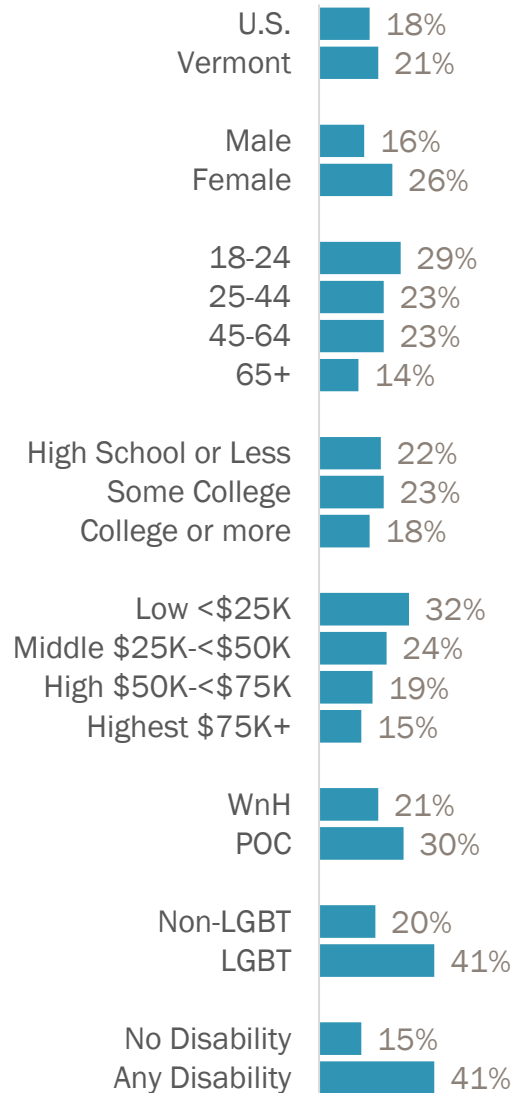
Depression is reported similarly across all education levels.

Adults in homes with less than \$25,000 in annual income are statistically more likely to have a depressive disorder than homes with more income. Adults in homes earning \$75,000 or more, are statistically less likely to have depression than homes with a middle income.

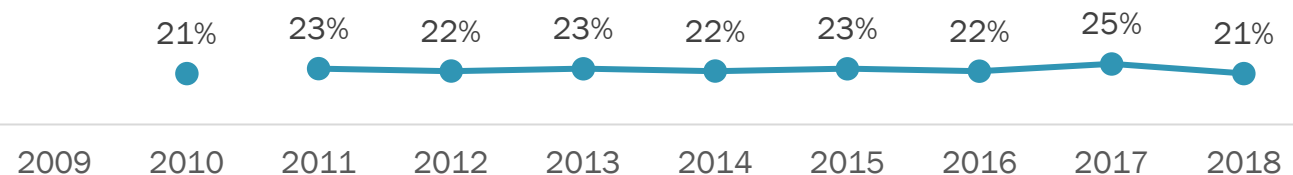
People of color, LGBT adults and adults with a disability are significantly more likely to have depression than white, non-Hispanic adults, non-LGBT adults and adults with no disability.

Depression among Vermont adults significantly decreased from 2017 but is similar to 2011.

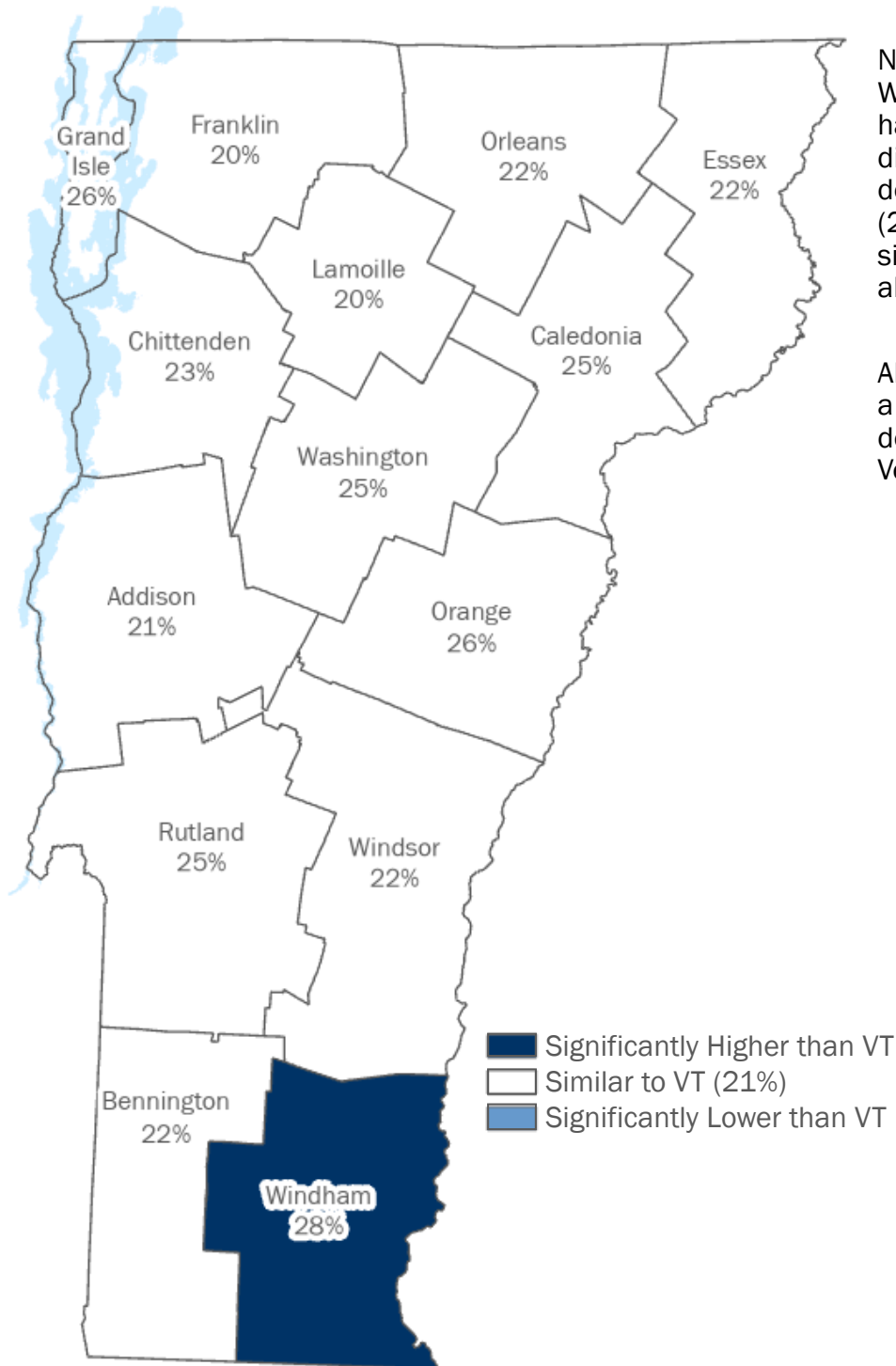
Vermont Adults with Depressive Disorder, 2018



Vermont Adults with Depressive Disorder



Vermont Adults with Depressive Disorder by County, 2017-2018



Nearly three in ten Windham County adults have ever been diagnosed with a depressive disorder (28%). This is significantly higher than all Vermont adults.

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

Diabetes

Nearly one in ten adults have ever been diagnosed with diabetes, significantly lower than the 11% among U.S. adults.

Men and women report similar rates of diabetes.

Prevalence of diabetes increases with age.

- All differences by age are statistically different.

Diabetes rates are higher among lower education and lower income adults.

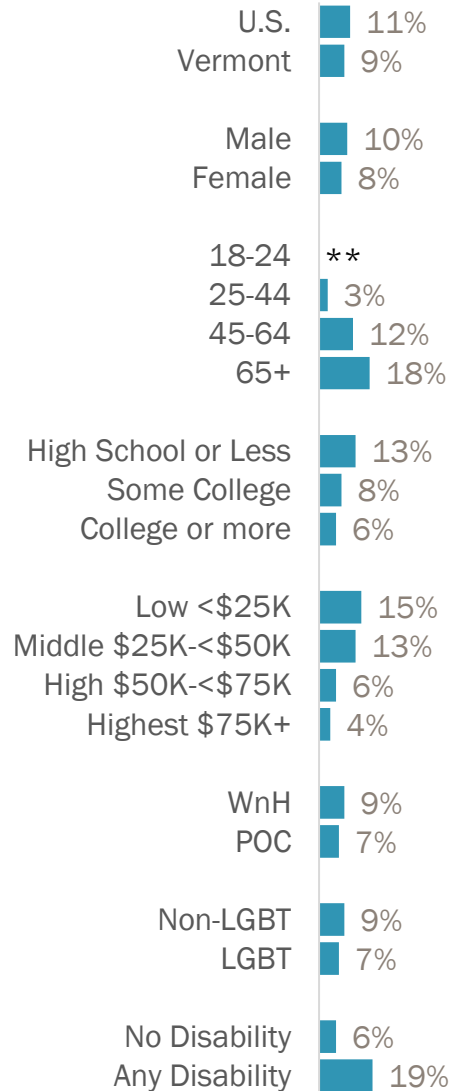
- All differences by education are statistically significant.
- Adults living in homes earning less than \$50,000 annually are statistically more likely to have diabetes than those in homes earning \$50,000 or more.

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

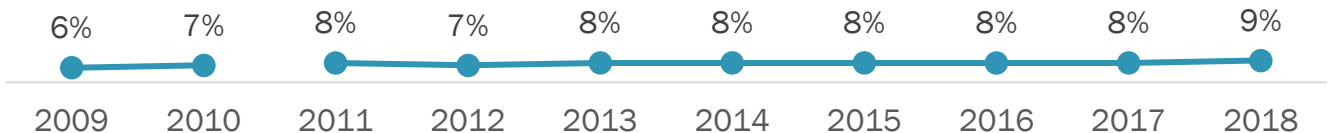
Adults with a disability are more than three times as likely to report having diabetes than those with no disability.

The prevalence of diabetes among Vermont adults has remained statistically similar since 2011.

Vermont Adults with Diabetes, 2018



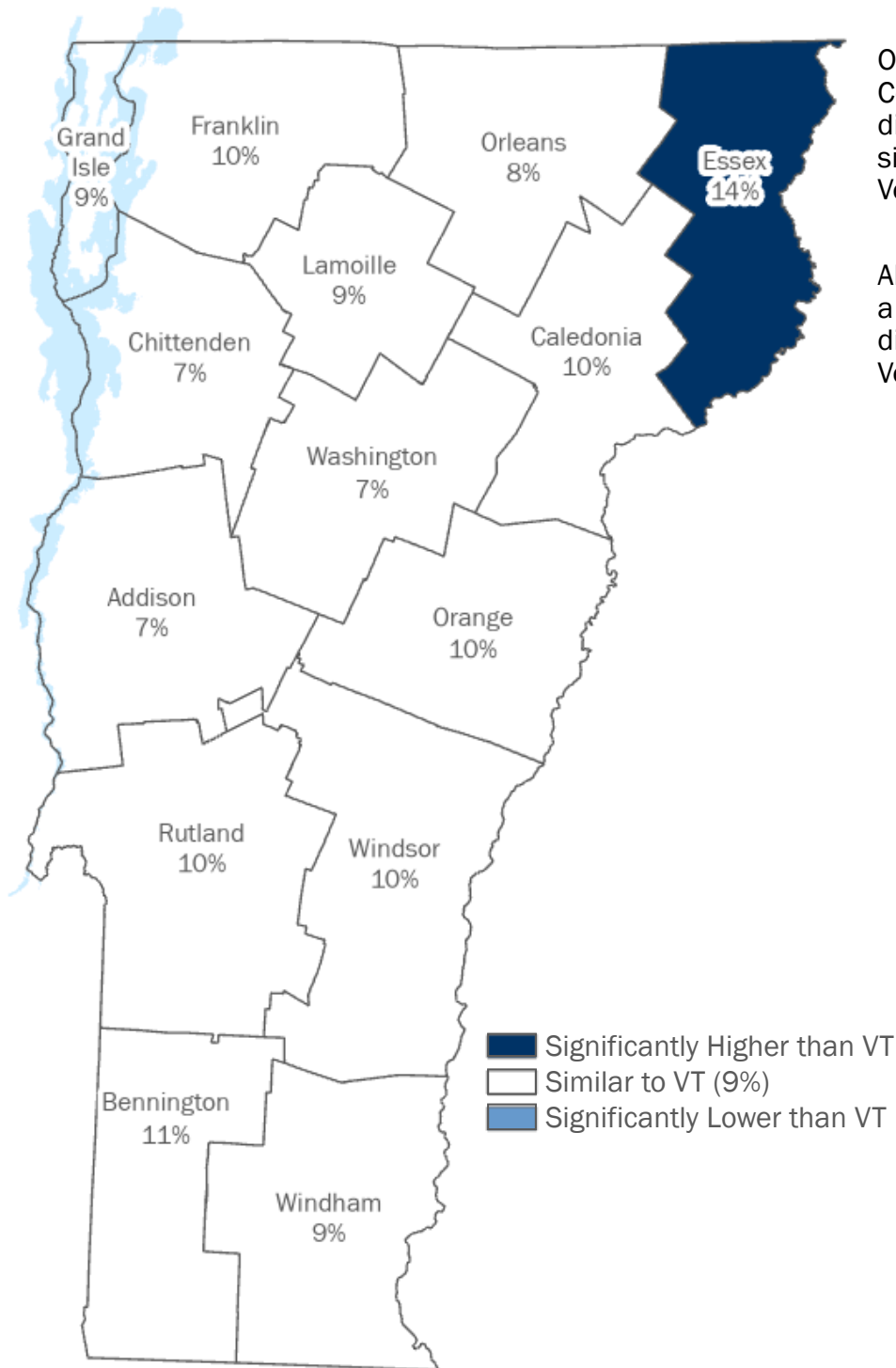
Vermont Adults with Diabetes



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Statistical comparisons are not completed on suppressed values.

Vermont Adults with Diabetes by County, 2017-2018



One in seven Essex County adults have diabetes (14%). This is significantly higher than Vermont.

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

Hypertension ~

One in four Vermont adults have been told they have hypertension, also known as high blood pressure.

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

Hypertension significantly increases as age increases.

Adults with some college education or less are significantly more likely than those with at least a college degree to have high blood pressure.

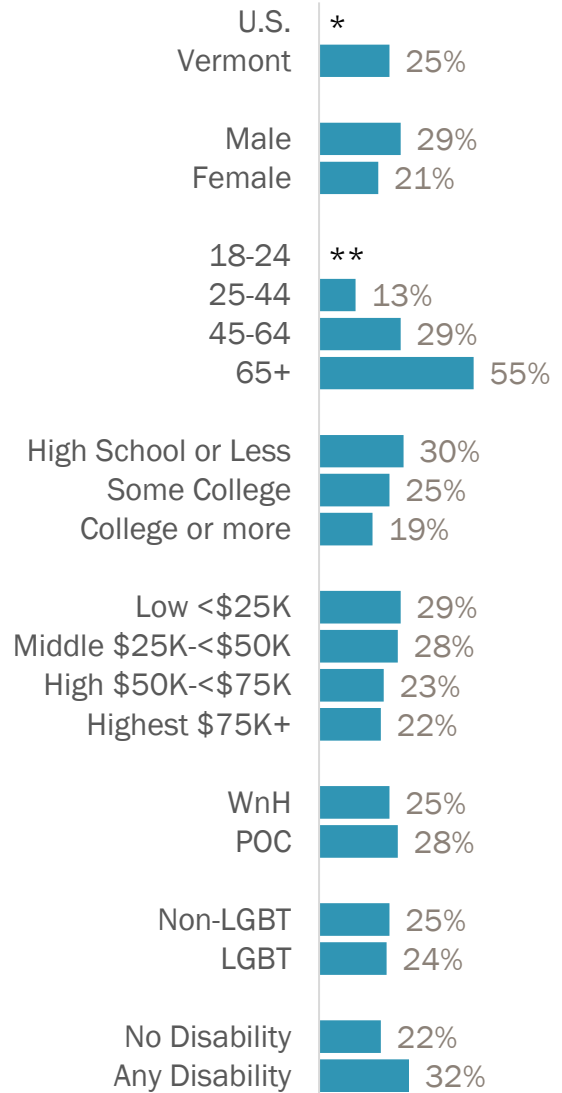
Adults in homes earning less than \$25,000 are significantly more likely to have hypertension than those in homes earning at least \$75,000.

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

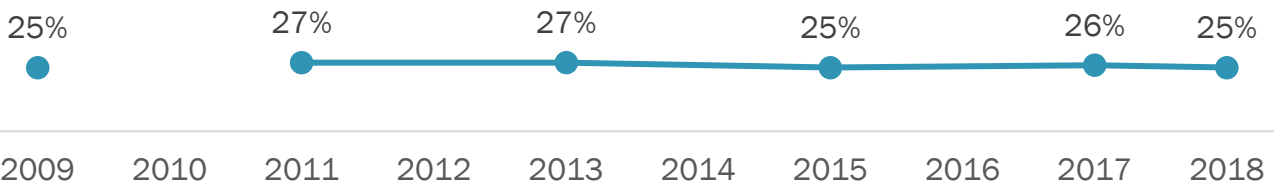
Adults with a disability are significantly more likely to report having hypertension than those with no disability.

The prevalence of high blood pressure among Vermonters has remained statistically similar since 2011.

Vermont Adults with Hypertension ~, 2018



Vermont Adults with Hypertension ~



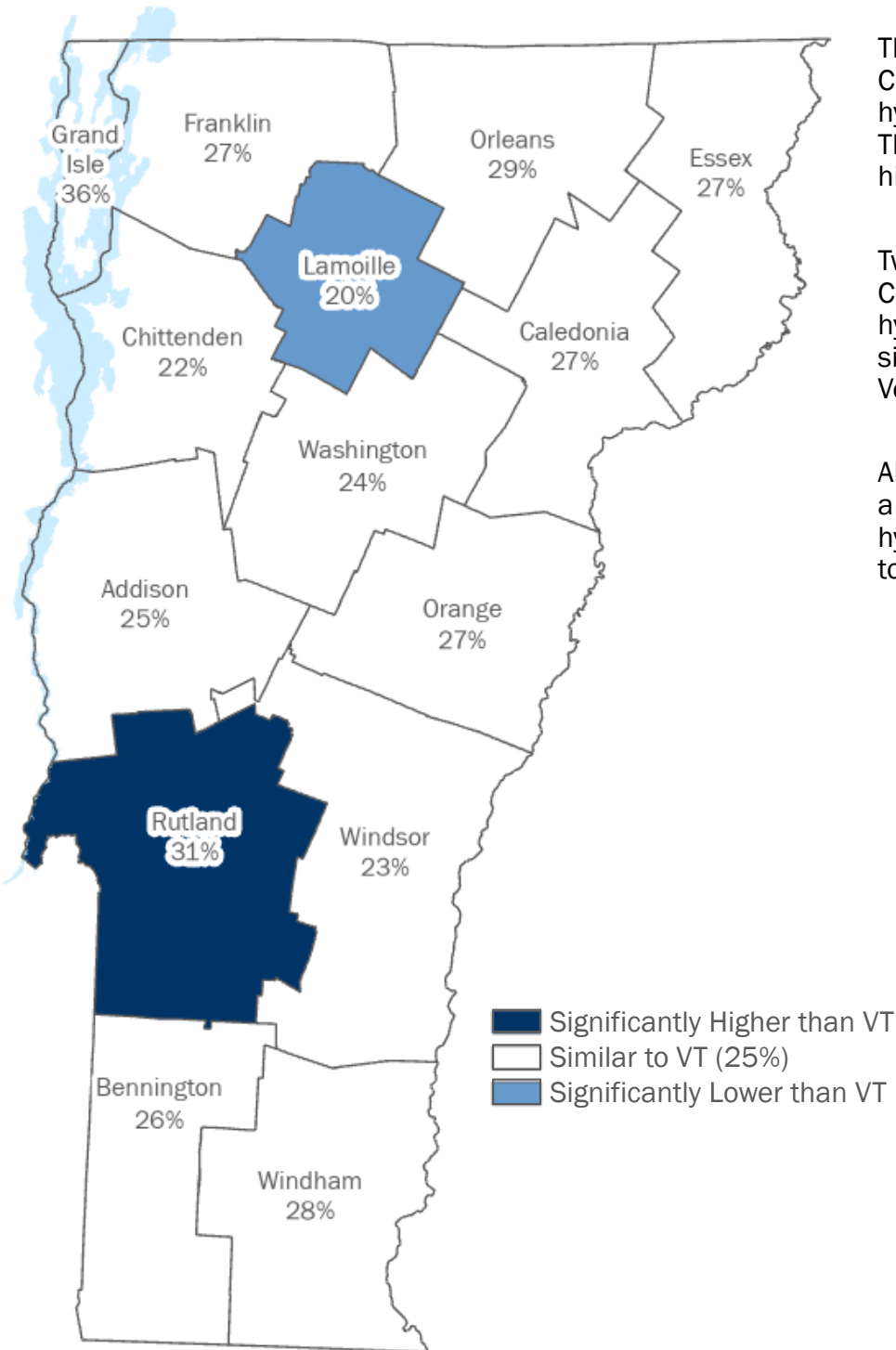
[Note: This measure is a Healthy Vermonters 2020 goal].

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

*No national estimate available

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

Vermont Adults with Hypertension ~ by County, 2017-2018



Three in ten Rutland County adults have hypertension (31%). This is significantly higher than Vermont.

Two in ten Lamoille County adults have hypertension (20%), significantly less than Vermont overall.

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

Hypertension Self-Management

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, or reducing alcohol use.

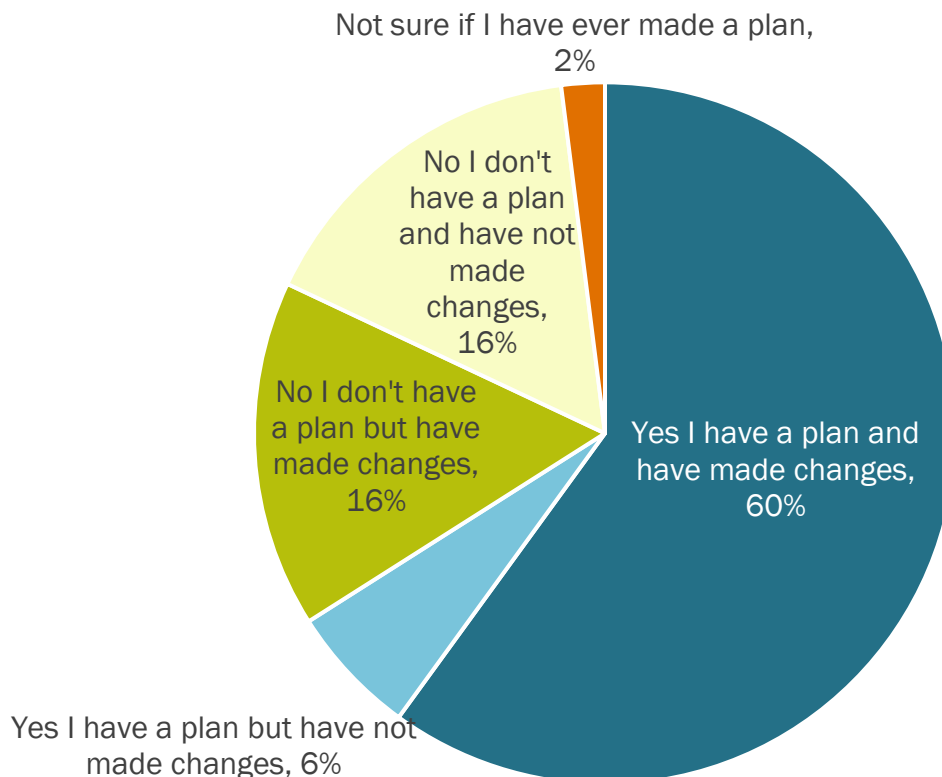
Two in three adults who have ever been told they have high blood pressure, have worked with a medical professional to create a self-management plan to help lower or control their blood pressure (66%).

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

One in three adults with high blood pressure do not have a hypertension self-management plan (32%).

- Half of adults without a self-management plan have still made changes to lower their blood pressure.

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



Kidney Disease

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

- Excluded from the kidney disease definition are kidney stones, bladder infections and incontinence.

Men and women report having kidney disease at the same rate.

Kidney disease diagnosis increases with age.

- Adults 65+ are significantly more likely to have kidney disease than adults 45-64.

There are no statistical differences in the prevalence of kidney disease by education level.

Adults in homes with middle to low incomes are statistically more likely to report having kidney disease than adults in homes with the highest income.

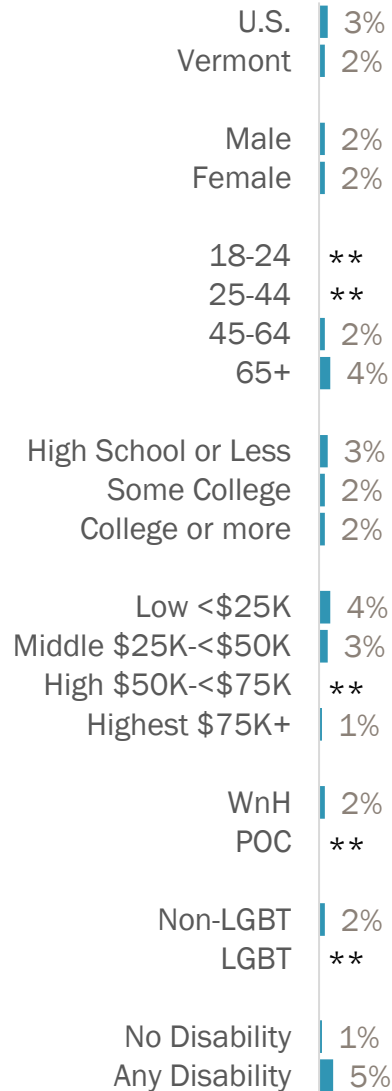
Statistical comparisons were not made for kidney disease prevalence by race and ethnicity or sexual orientation and gender identity due to data suppression.

Adults with a disability are statistically more likely to report kidney disease than adults with no disabilities.

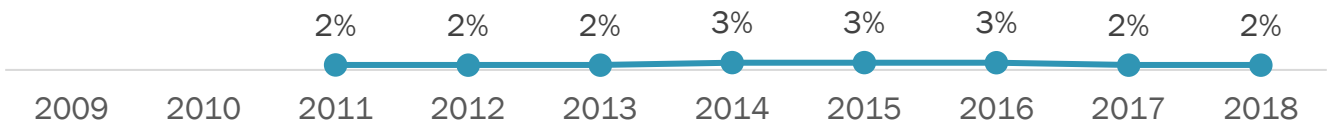
The proportion of adults with kidney disease is statistically unchanged since 2011.

Kidney disease is a concern for adults with diabetes. Among adults with diabetes, 7% have kidney disease, significantly higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2018



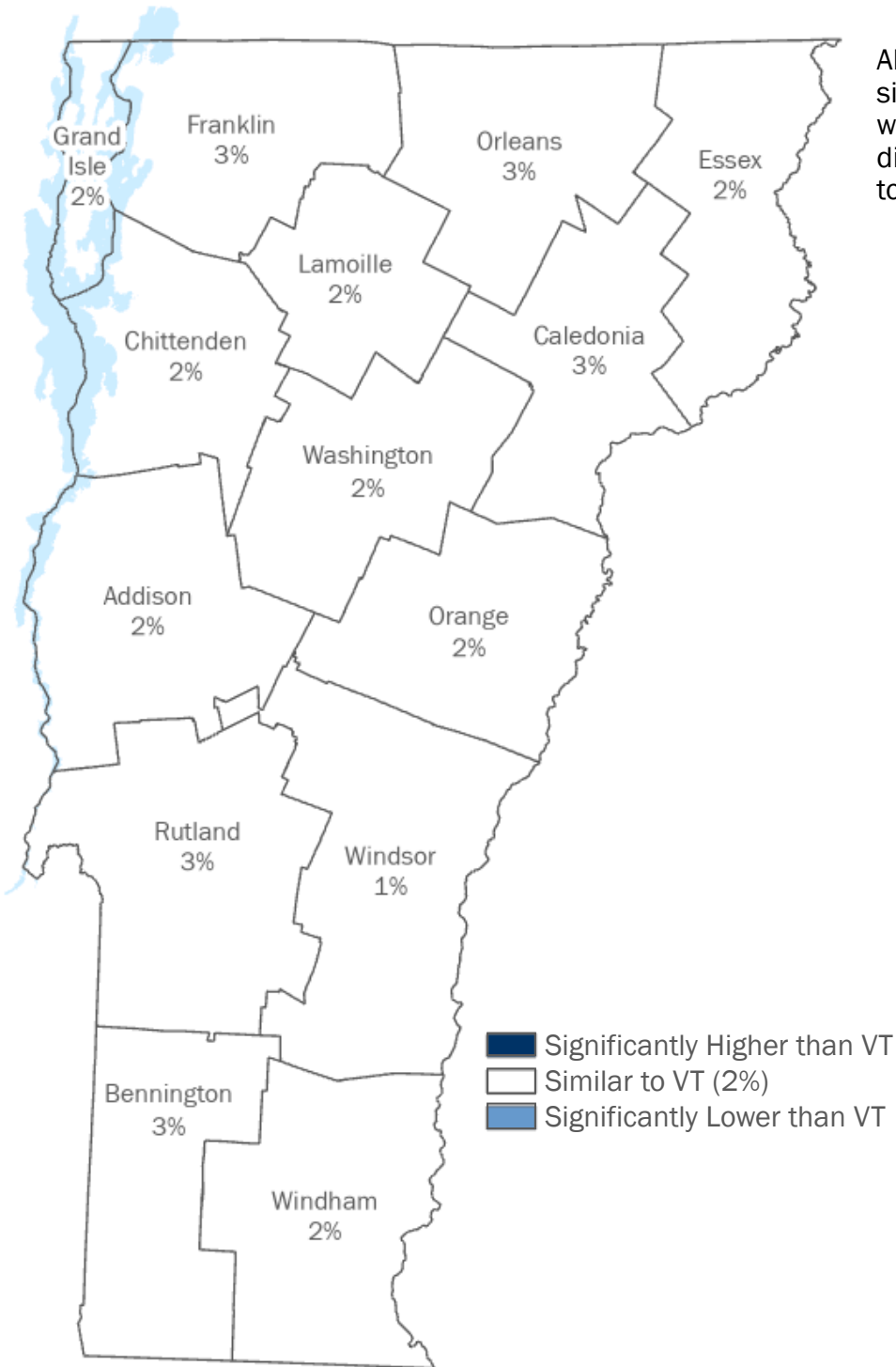
Vermont Adults with Chronic Kidney Disease



**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, 2017-2018



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

Obese & Overweight~

More than six in ten Vermont adults 20 and older are overweight or obese (62%), 29% are obese and 33% are overweight. Vermont adults 20 and older are statistically less likely to be obese than U.S. adults of the same age and have a similar prevalence of adults who are overweight (32% and 35% respectively.)

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

Adults 45-64 are most likely to be obese and overweight.

- Adults 45-64 are statistically more likely to be obese than all other age groups.
- Being overweight is reported similarly across age groups.

Adults with some college education or less are more likely to be obese than those with at least a college degree.

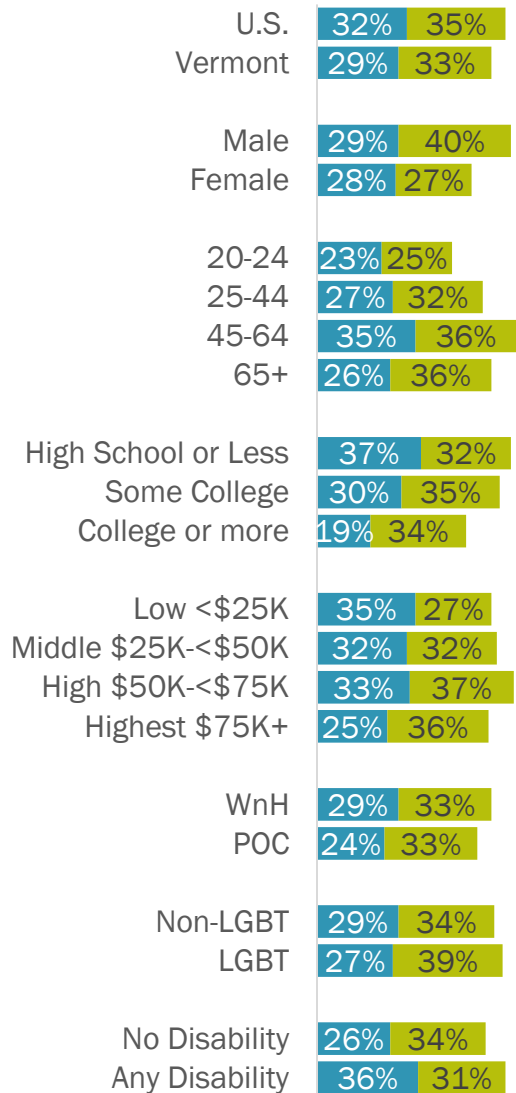
While adults with a low household income are statistically more likely to be obese than adults with the highest household income, they are statistically less likely to be overweight than adults in homes with at least a high income.

There are no differences in weight status by race and ethnicity, or sexual identity and gender identity.

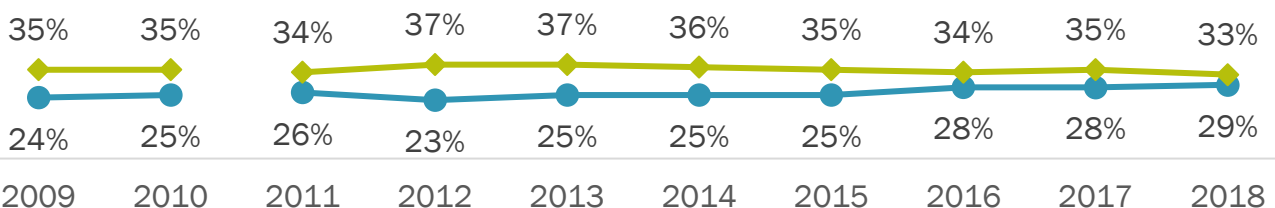
Adults with a disability are statistically more likely to be obese but report similar rates of overweight, compared to adults with no disability.

The rate of obesity has increased since 2012, but the prevalence of overweight adults has remained statistically similar since 2011.

Obese & Overweight~ Vermont Adults 20+, 2018



Obese & Overweight~ Vermont Adults 20 +



~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].

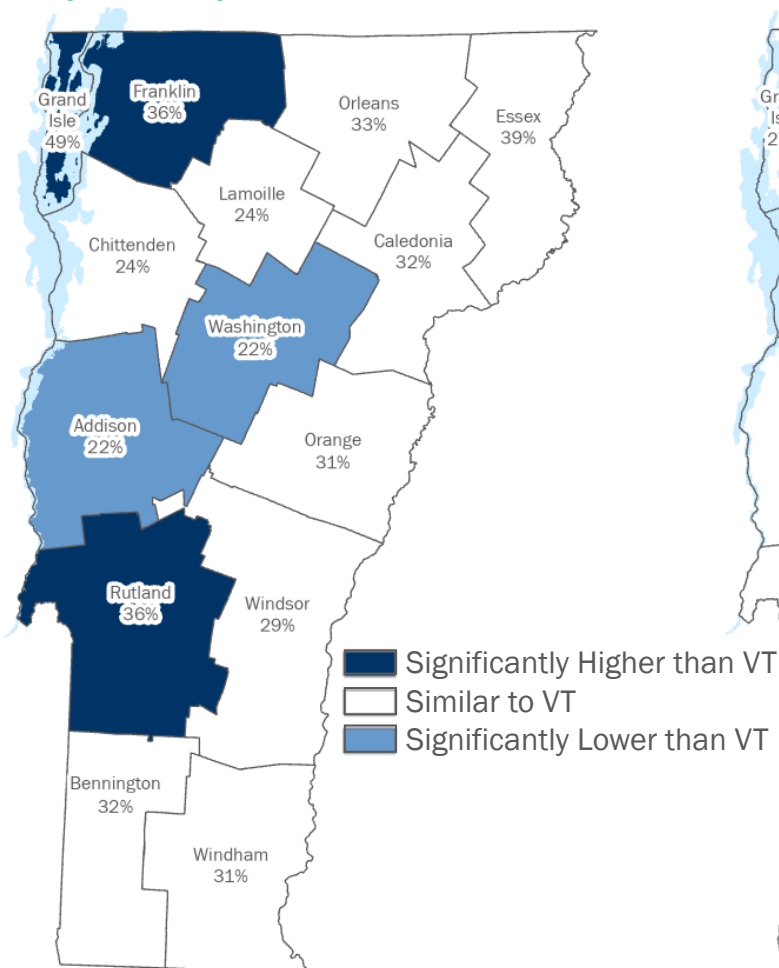
Obese & Overweight ~ by County

Grand Isle (49%), Franklin (36%), and Rutland (36%) counties have statistically higher rates of obesity when compared to all Vermont adults 20 and older (29%). Washington (22%) and Addison (22%) counties have statistically lower rates of obesity than Vermont adults 20 and older.

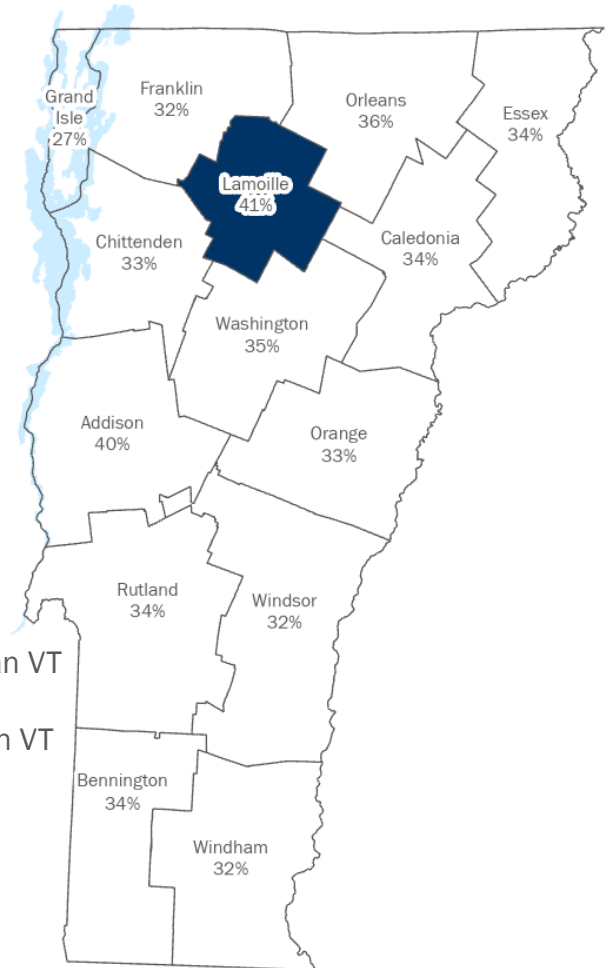
Lamoille County (41%) has a statistically higher rate of overweight adults when compared to Vermont adults 20 and older (33%).

All other counties have statistically similar proportions of adults who are overweight or obese.

Obese ~ Vermont Adults 20+ by County, 2017-2018



Overweight ~ Vermont Adults 20+ by County, 2017-2018



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

Risk Factors and Behaviors

Alcohol Consumption – Any in Last Month

Six in ten Vermont adults had any alcohol in the last month (61%). This is statistically higher than the U.S. overall (53%).

Men are significantly more likely to use alcohol than women.

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

- Adults 25-44 are significantly more likely than all other age groups to report using alcohol.
- Adults 45-64 report drinking significantly more than those age 65 and older.

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

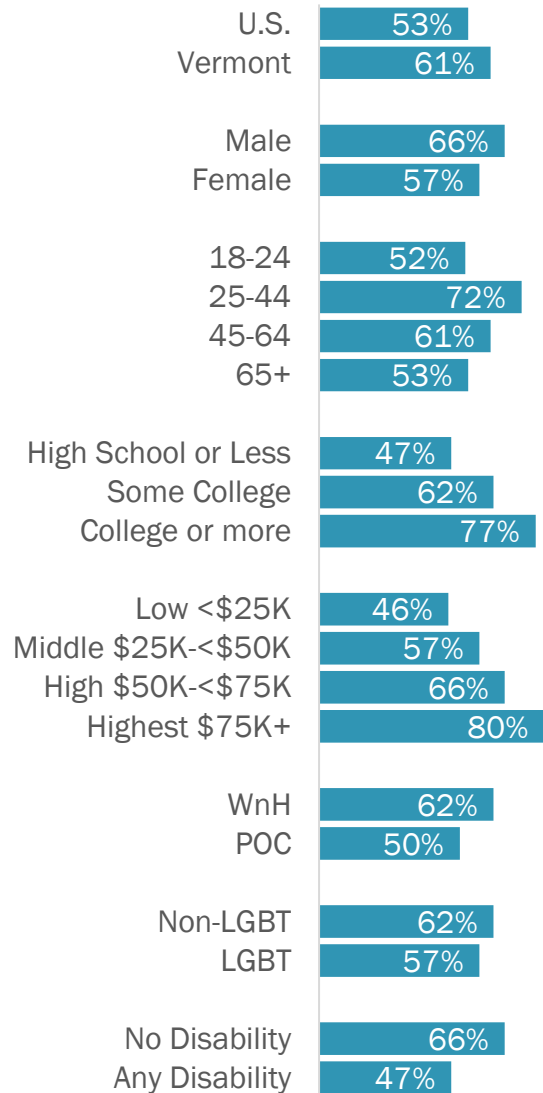
- All differences by education and income level are statistically significant.

White, non-Hispanic adults and adults with no disability are statistically more likely to use alcohol than people of color and adults with a disability.

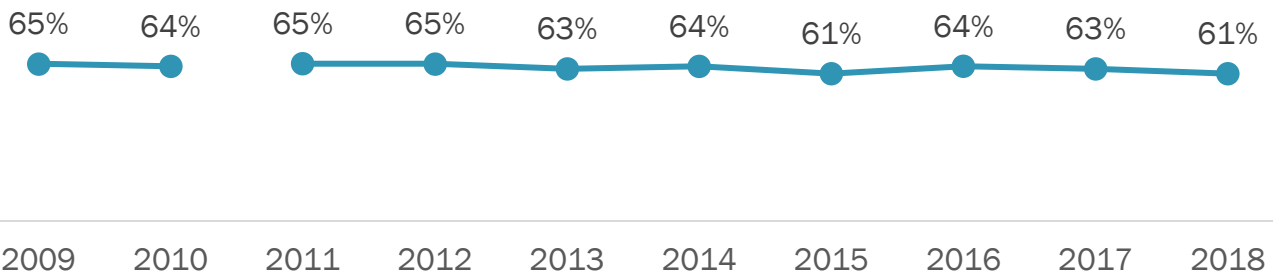
There is no statistical difference in alcohol use by sexual orientation and gender identity.

Prevalence of alcohol use among adults in 2018 was statistically similar to recent years but has significantly decreased since 2011.

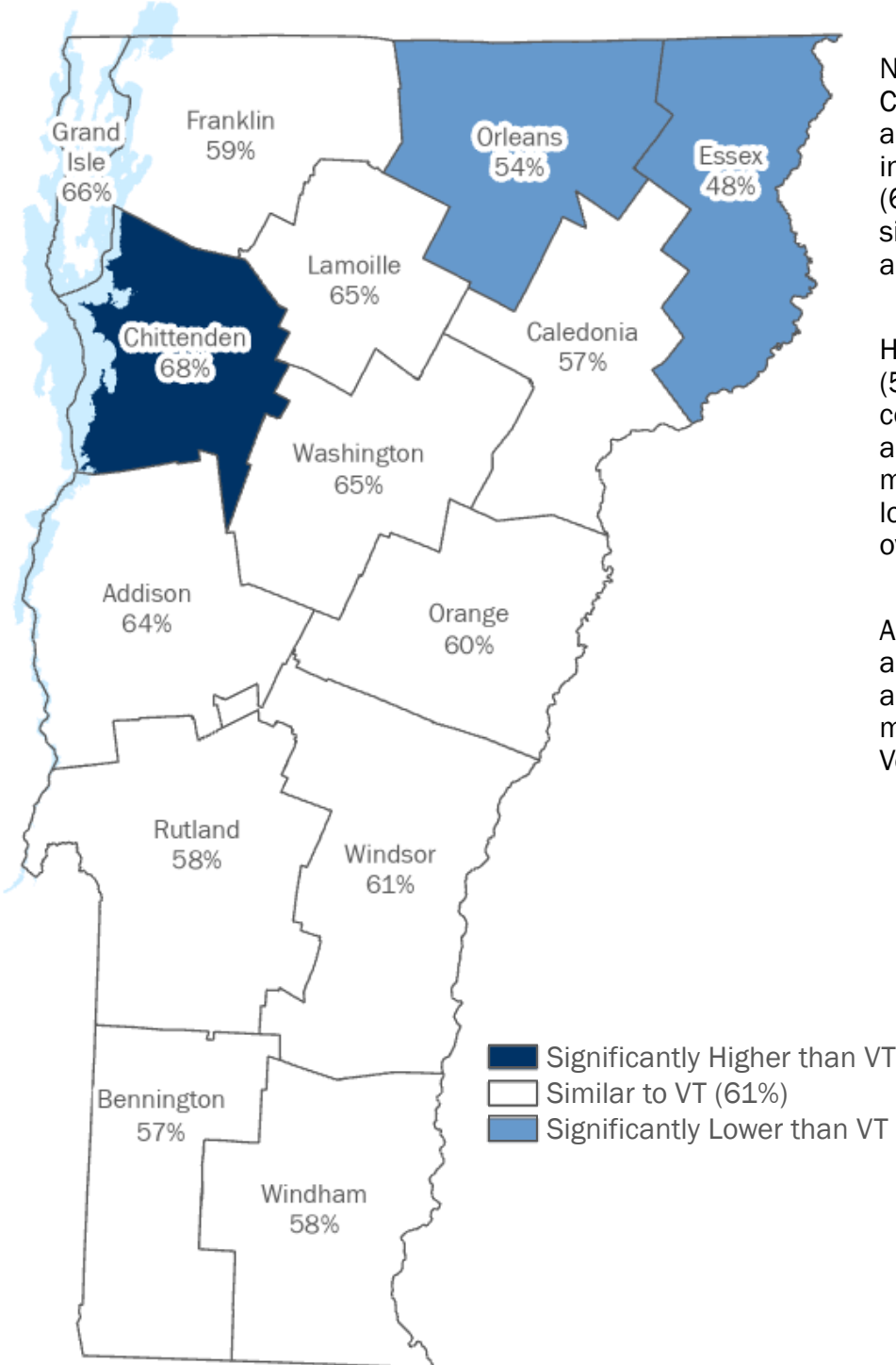
Any Alcohol Consumption Vermont Adults, 2018



Vermont Adults with Any Alcohol Consumptions



Vermont Adults with Any Alcohol Consumption by County, 2017-2018



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

Half of adults in Orleans (54%) and Essex (48%) counties drank any alcohol in the past month, significantly lower than Vermont overall.

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

Alcohol Consumption – Binge Drinking

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

Seventeen percent of Vermont adults said they binge drank in the last month, similar to U.S. adults (16%).

Men are statistically more likely to binge drink than women.

Binge drinking decreases with age.

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

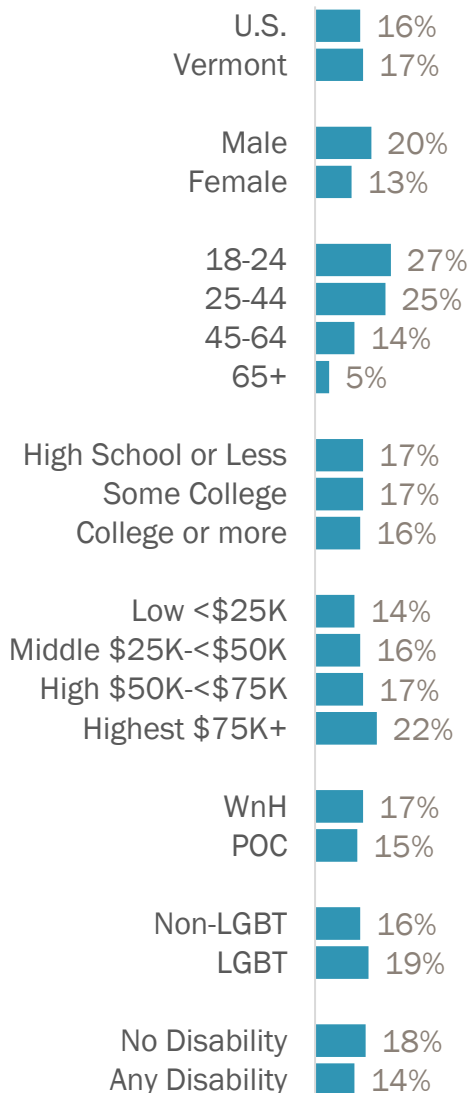
Adults with the highest household incomes are most likely to report binge drinking.

- Adults in homes with an annual income of \$75,000 or more are statistically more likely to report binge drinking than those in homes earning less than \$25,000 annually.

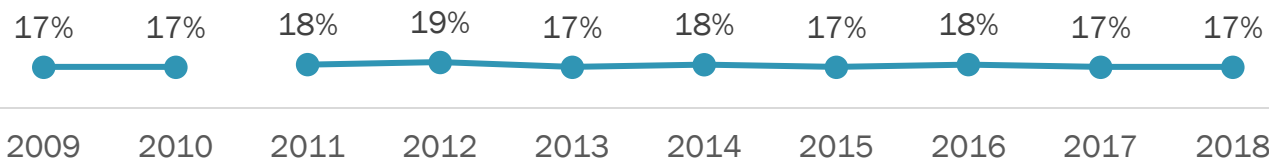
There are no statistical differences in binge drinking by education, race and ethnicity, sexual orientation and gender identity, and disability.

The proportion of Vermont adults binge drinking has remained unchanged since 2011.

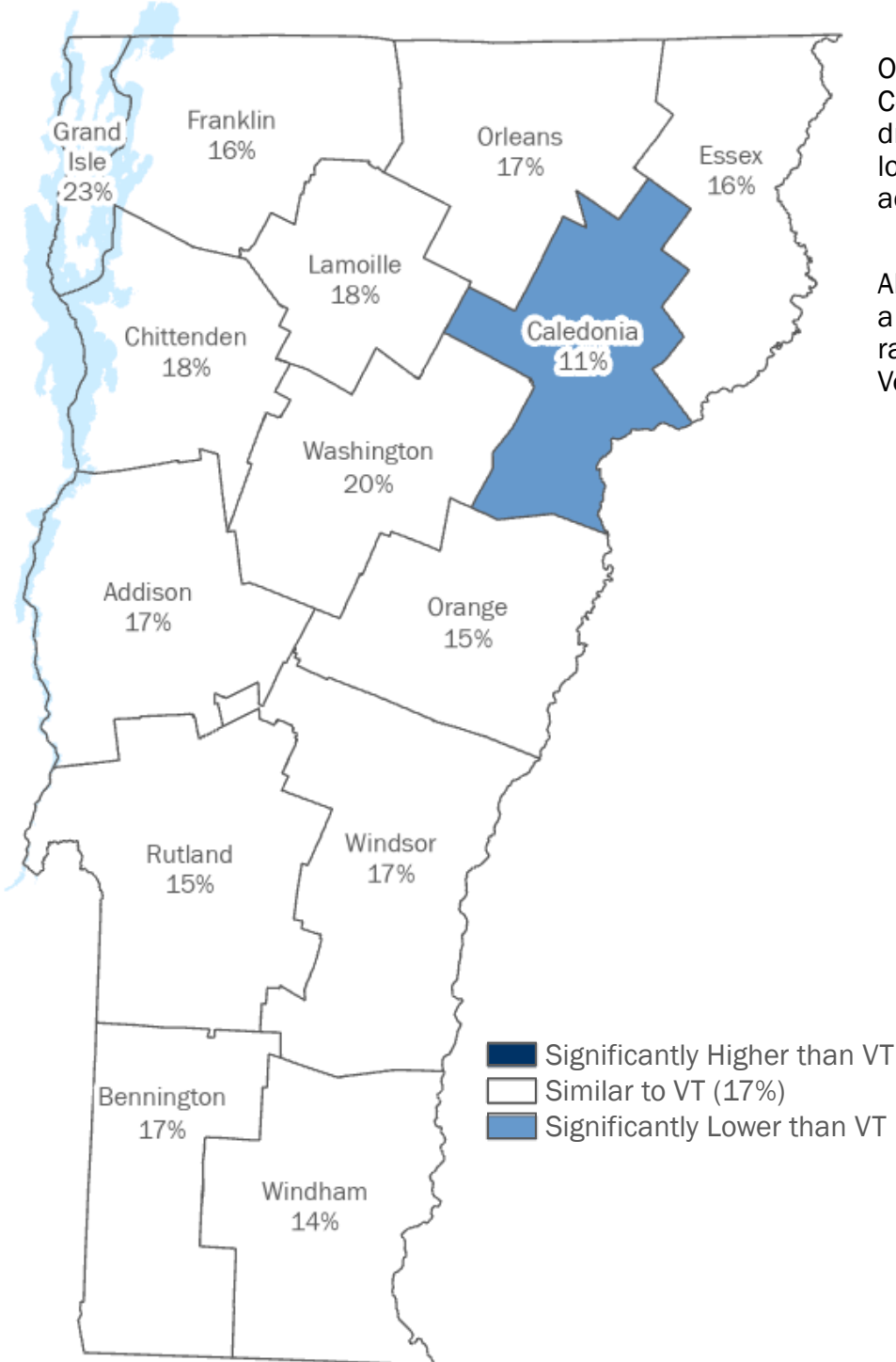
Binge Drinking Vermont Adults, 2018



Vermont Adults who Report Binge Drinking



Vermont Adults who Binge Drink by County, 2017-2018



One in ten Caledonia County adults binge drink (11%), significantly lower than all Vermont adults.

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

Alcohol Consumption – Heavy Drinking

One in twelve Vermont adults report drinking heavily in the last month (8%), significantly higher than 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 similar rates of heavy drinking.

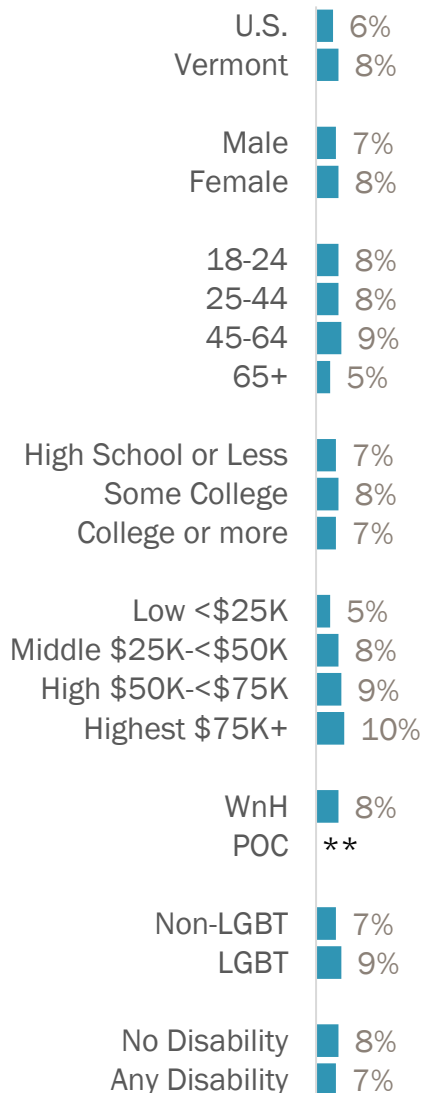
Adults ages 25-64 are statistically more likely to report heavy drinking than adults age 65 and older.

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

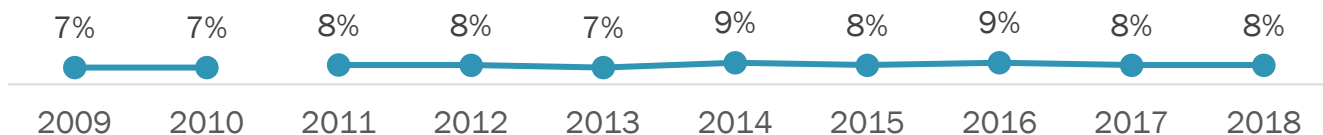
Adults with a low household income are statistically less likely than adults in the highest income level to report heavy drinking.

The proportion of adults drinking heavily has remained unchanged since 2011.

Heavy Drinking Vermont Adults, 2018

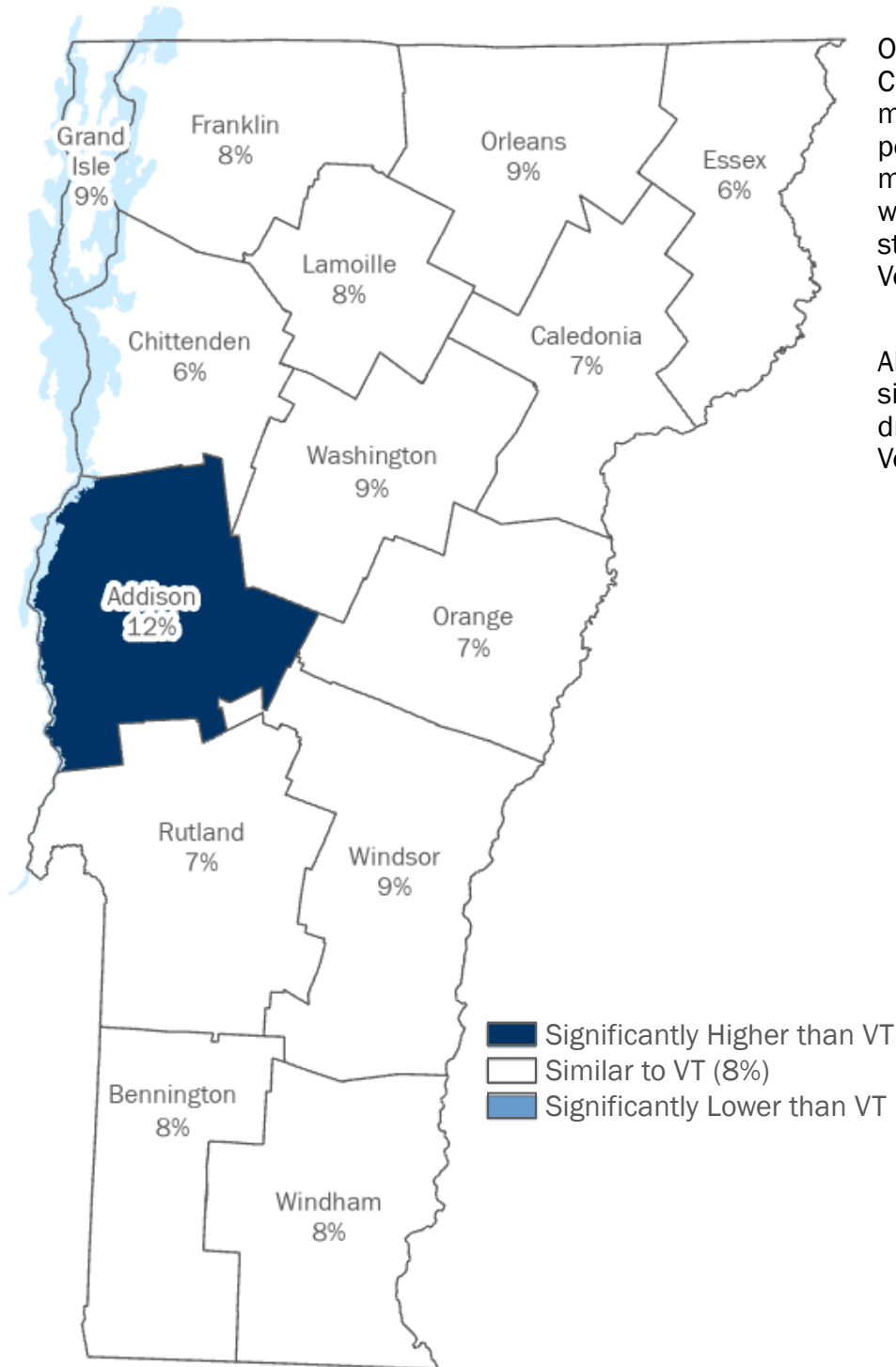


Vermont Adults who Report Heavy Drinking



**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 Report Heavy Drinking by County, 2017-2018



One in eight Addison County adults have more than two drinks per day for men and more than one drink for women (12%). This is statistically higher than Vermont adults overall.

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

Alcohol Use – Driving Under the Influence

Among adults using any alcohol in the past month, three percent reported driving after having too much to drink at least once in the last month. This is the same as all U.S. adults.

Men are statistically more likely to drive after drinking than women.

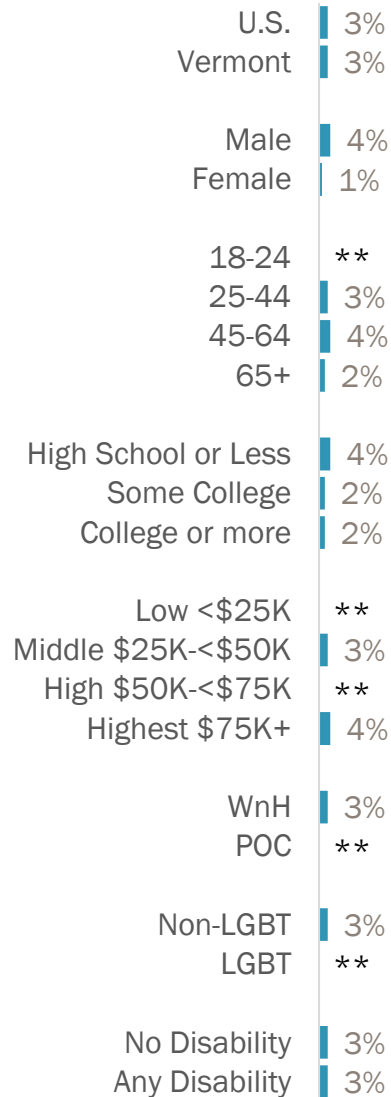
Adults ages 45-64 are most likely to report driving after drinking.

- The difference in drinking and driving between adults 45-64 and those 65 and older is statistically significant.

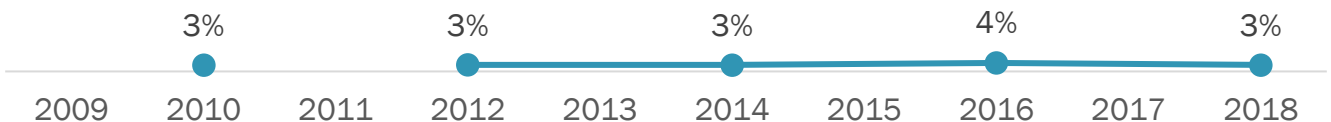
There are no statistical differences in drinking and driving by education level, household income level or disability status.

Adults reporting drinking and driving has remained statistically similar since 2012.

Driving After Drinking Alcohol Vermont Adults who Drink, 2018

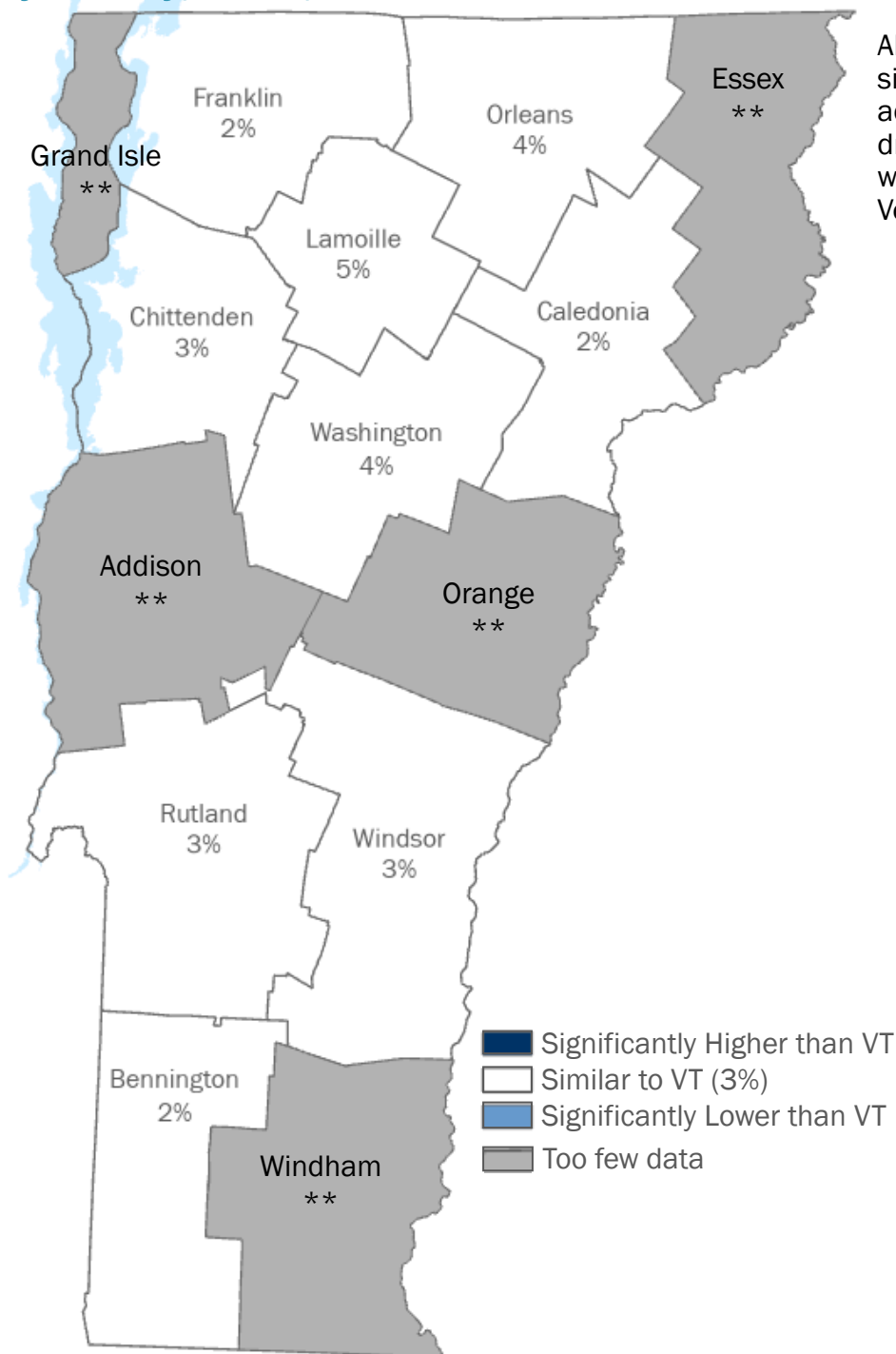


Vermont Adults Driving After Drinking Too Much Alcohol, Among Those who Drink



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

Driving After Drinking Alcohol, Among Vermont Adults who Drank in the Past Month by County, 2016, 2018



All counties have a similar proportion of adults who report driving after drinking, when compared to Vermont overall.

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

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

Alcohol Interactive Medications

Alcohol interactive medications include prescription medications for pain, sleep or anxiety. Use of alcohol could alter the effect of these medications preventing the desired effect or dangerously magnifying it. Aging makes it harder for the body to process medications and alcohol, putting adults age 65 and older at particular risk of potential harmful effects..

Nearly four in ten Vermont adults ages 65 and older take prescribed medications for pain, sleep, or anxiety (37%). Among those taking these medications, they took the medication an average of 21 days in the last month.

Women are statistically more likely to take a prescribed medication for pain, sleep or anxiety than men.

Alcohol interactive medication use is similar by education level.

Older adults with a low household income are most likely to use prescription medications for pain, sleep, or anxiety.

- Older adults with a low household income are statistically more likely to report alcohol interactive medication use than adults with the highest household incomes.

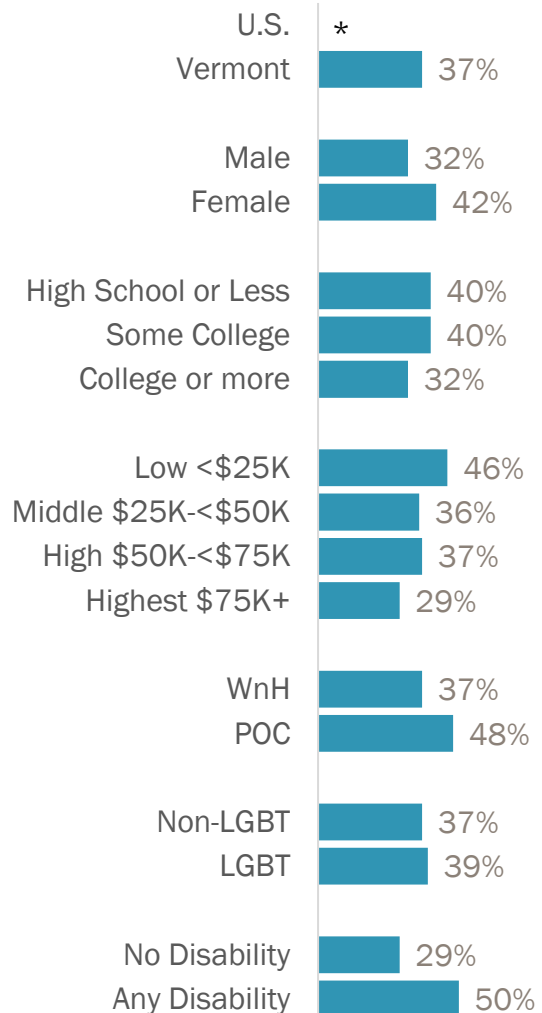
There are no statistical differences in use of alcohol interactive medications by race and ethnicity or sexual orientation and gender identity.

Half of older adults with a disability are taking an alcohol interactive medication, statistically higher than older adults with no disability.

Nearly half of adults 65 and older taking alcohol interactive medications also had any alcohol in the past month (46%).

Note: 2018 is the first-year data was collected on this measure, so trend and county level data are not available.

Use of Alcohol Interactive Prescription Medication Vermont Adults 65+, 2018



*No national estimate available

Firearm Storage

Four in ten Vermont adults have a firearm in or around their home (43%). Among adults with a firearm in the home, one in six (17%) has a loaded firearm.

Men are nearly twice as likely as women to keep a firearm loaded, a statistically significant difference.

There are no significant differences in whether a firearm is stored loaded by age, education level, household income level, race and ethnicity, sexual orientation and gender identity, and disability.

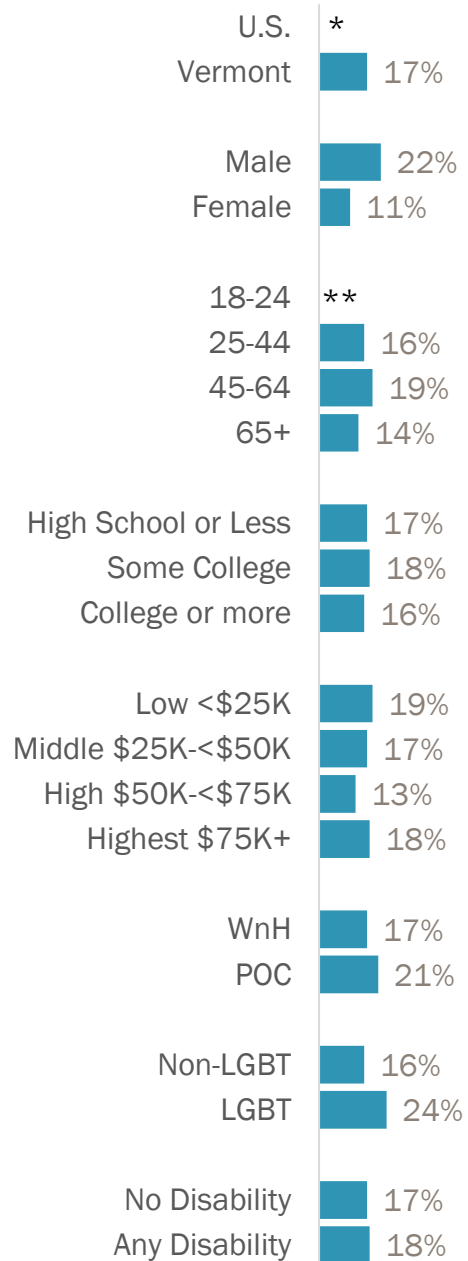
Among Vermont households with a loaded firearm in the home, 65% keep a loaded firearm unlocked.

For all Vermont adults:

- 43% have a firearm in the home.
- 7% have a loaded firearm in the home.
- 5% have an unlocked, loaded firearm in the home.

Note: Questions on firearm storage were last asked in 2004 and are not comparable to the 2018 data. Because of this trend and county level data are not available.

Households with a Loaded Firearm, Vermonters with a Firearm in the Home 2018



*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.

Food Insecurity

In the past year, one in twenty Vermont adults were worried they or someone in their home would not have enough food to eat.

Men and women were similarly concerned about having enough food to eat in the past year.

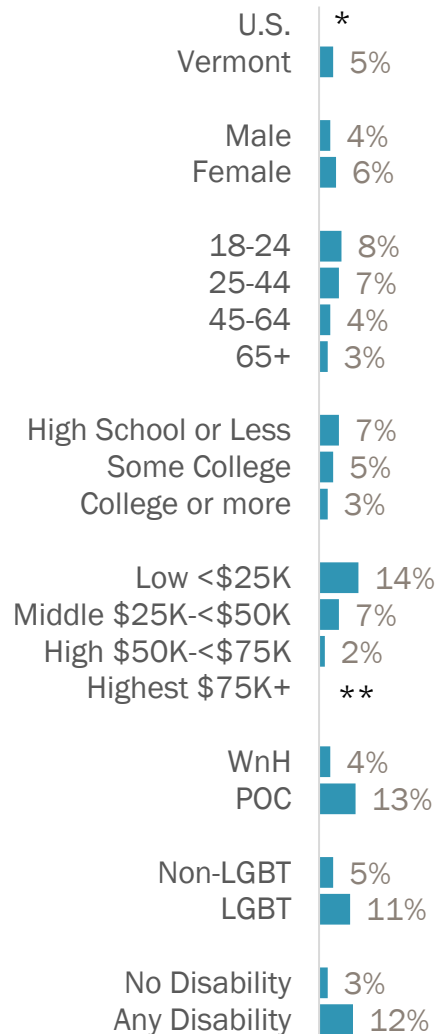
Food insecurity decreases with age, education level and household income level.

- Adults 18-44 are statistically more likely than those 65 and older to be food insecure.
- Adults with a high school education or less are statistically more likely than adults with a college education or more to be food insecure.
- All differences in food insecurity by income are statistically significant.

Vermont adults of color, LGBT adults, and adults with a disability are significantly more likely to have been worried about having enough food in the past year, when compared to white, non-Hispanic adults, non-LGBT adults, and adults without a disability.

Note: Questions on food security were last asked in 2006 and are not comparable to the 2018 data. Because of this trend and county level data are not available.

Worried Not Enough Food to Eat, Past Year Vermont Adults, 2018



*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.

Housing Insecurity

One in thirteen Vermont adults were unable to pay their mortgage, rent or utilities some time in the past year (8%).

Men and women experience housing insecurity at similar rates.

Adults 25-44 are most likely to report housing insecurity in the last year.

- Adults 25-44 are significantly more likely to report housing insecurity than those 45 and older.
- Adults 45-64 and significantly more likely to report housing insecurity than those 65 and older.

Rates of housing insecurity are highest among adults with less education and those living in low income households.

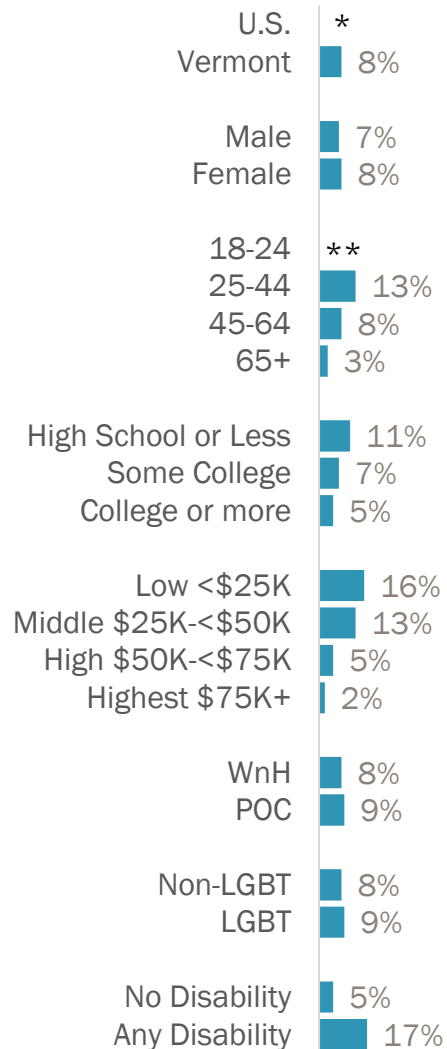
- Adults with a high school education or less are statistically more likely to have not been able to pay housing related expenses in the past year.
- All differences in housing insecurity by household income level are significant except between adults living in households with low and middle incomes.

There are no statistically significant differences in housing insecurity when comparing by race and ethnicity or sexual orientation and gender identity.

Adults with a disability are more than three times as likely to report housing insecurity in the past year than adults with no disability, a statistically significant difference.

Note: 2018 is the first-year data was collected on this measure, so trend and county level data are not available.

Unable to Pay Mortgage, Rent or Utilities, Past Year Vermont Adults, 2018



*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.

HIV Transmission Risk

Six percent of Vermont adults say they participated in a high-risk behavior for HIV during the last year. This is the same as U.S. adults.

- High-risk behaviors include any of the following: intravenous drug use, treatment for a sexually transmitted or venereal disease, gave or received sex or drugs for money, and anal sex without a condom.
- Respondents were not asked to identify which of the behaviors they participated in.

Men and women report similar rates of participation in a high-risk behavior for HIV.

Younger adults are more likely to participate in high-risk behaviors.

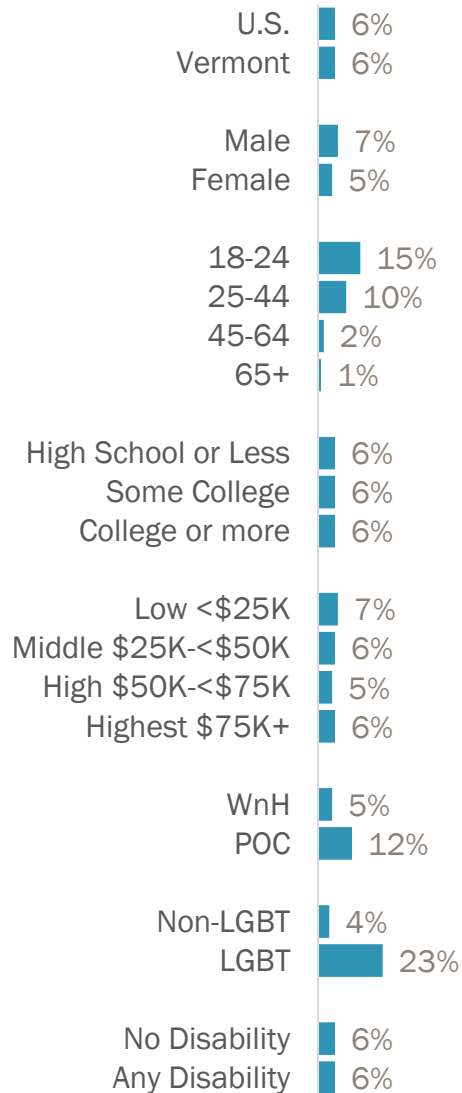
- All differences are significant except between adults 18-24 and those 25-44.

There are no statistical differences in high-risk HIV transmission behaviors by education level, household income level, and disability status.

LGBT adults are six times more likely to participate in high-risk behaviors, a statistically significant difference.

While the proportion of adults participating in high risk behaviors in 2018 is similar to 2016, it is statistically higher than 2011.

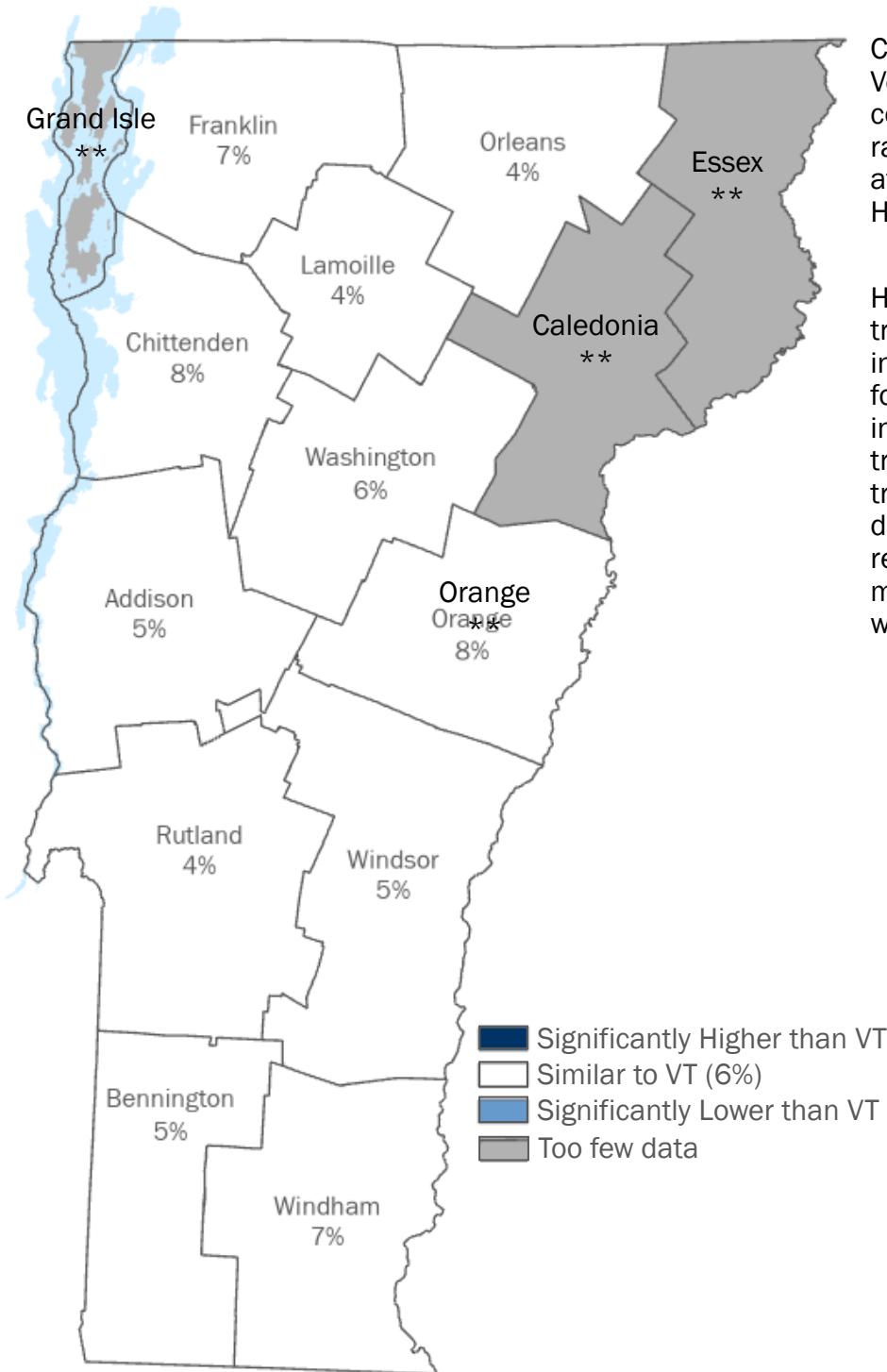
HIV Transmission Risk Behaviors Vermont Adults, 2018



Vermont Adults with High-Risk HIV Transmission Behaviors



Vermont Adults with High Risk HIV Transmission Behaviors by County, 2017-2018



Compared with Vermont, adults in all counties have similar rates of participation in at least one high risk HIV behavior.

High risk HIV transmission behaviors include any of the following behaviors: intravenous drug use, treatment for a sexually transmitted or venereal disease, gave or received sex or drugs for money, and anal sex without a condom.

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

Marijuana Use

One in six Vermont adults report currently using marijuana (17%).

Men are nearly twice as likely as women to currently use marijuana, a statistically significant difference.

Marijuana use is highest among younger adults.

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

Adults with some college education are statistically more likely to use marijuana than adults with a college education or more.

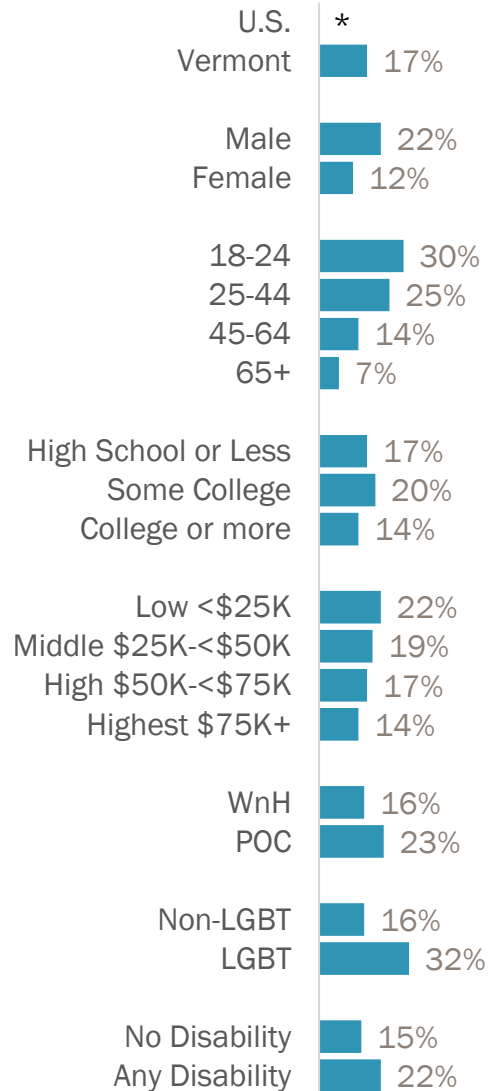
While marijuana use is highest among adults in homes with low incomes, the only statistical difference is between the low and highest household income levels.

Marijuana use is statistically similar when comparing race and ethnicity.

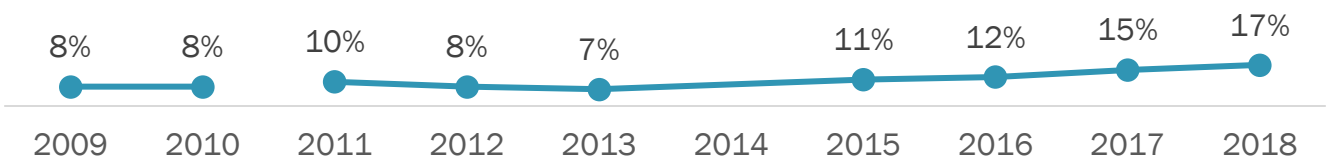
LGBT adults and those with a disability are significantly more likely to currently use marijuana than non-LGBT adults and those with no disability.

Marijuana use has steadily increased since 2009. The 17% of adults using marijuana in 2018 is significantly higher than the proportion using in 2016 and earlier years.

Current Marijuana Use Vermont Adults, 2018

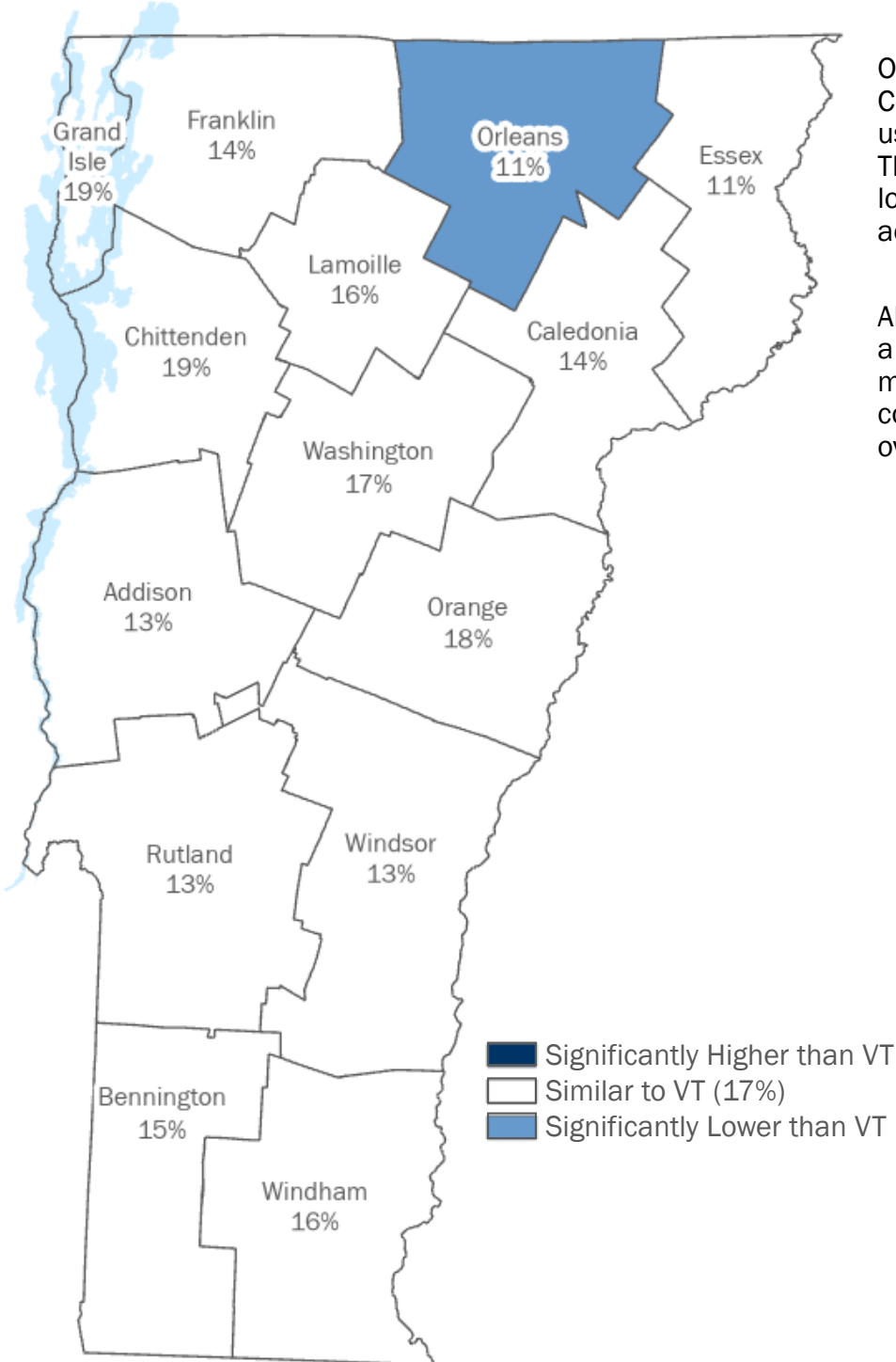


Vermont Adults Currently Using Marijuana



*No national estimate available

Vermont Adults Currently Using Marijuana by County, 2017-2018



One in ten Orleans County adults currently use marijuana (11%). This is significantly lower than all Vermont adults.

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

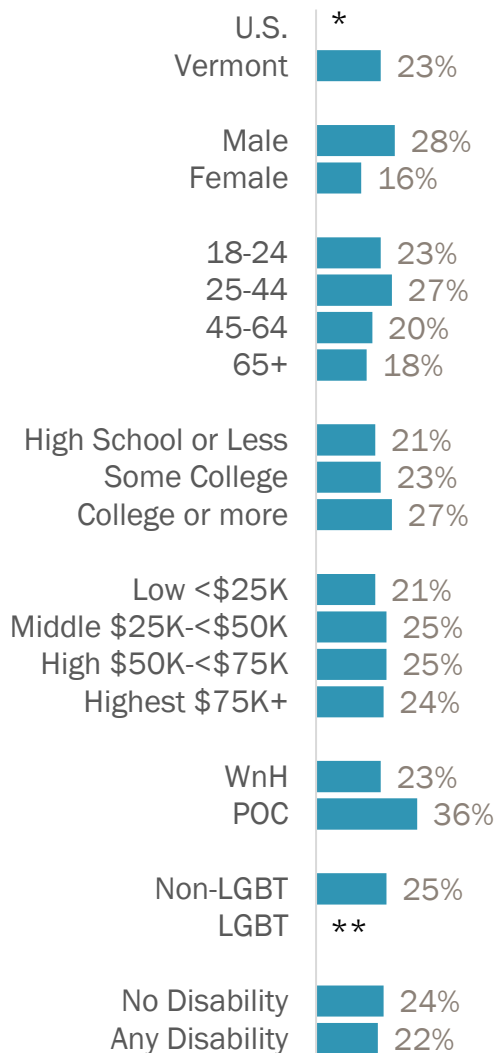
Marijuana Use – Driving Under the Influence

One quarter of marijuana users drove within three hours of using the drug at least once in the last month (23%).

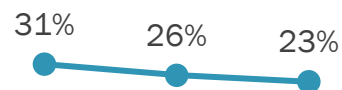
There are no statistical differences in reported driving after using marijuana by sex, age, education level, household income level, race and ethnicity or disability.

Although driving after using marijuana has decreased since 2016, the change is not statistically significant.

**Driving After Marijuana Use
Vermont Adults who Currently Use
Marijuana, 2018**



**Vermont Adults Driving After Using Marijuana,
Among Those who Currently Use Marijuana**



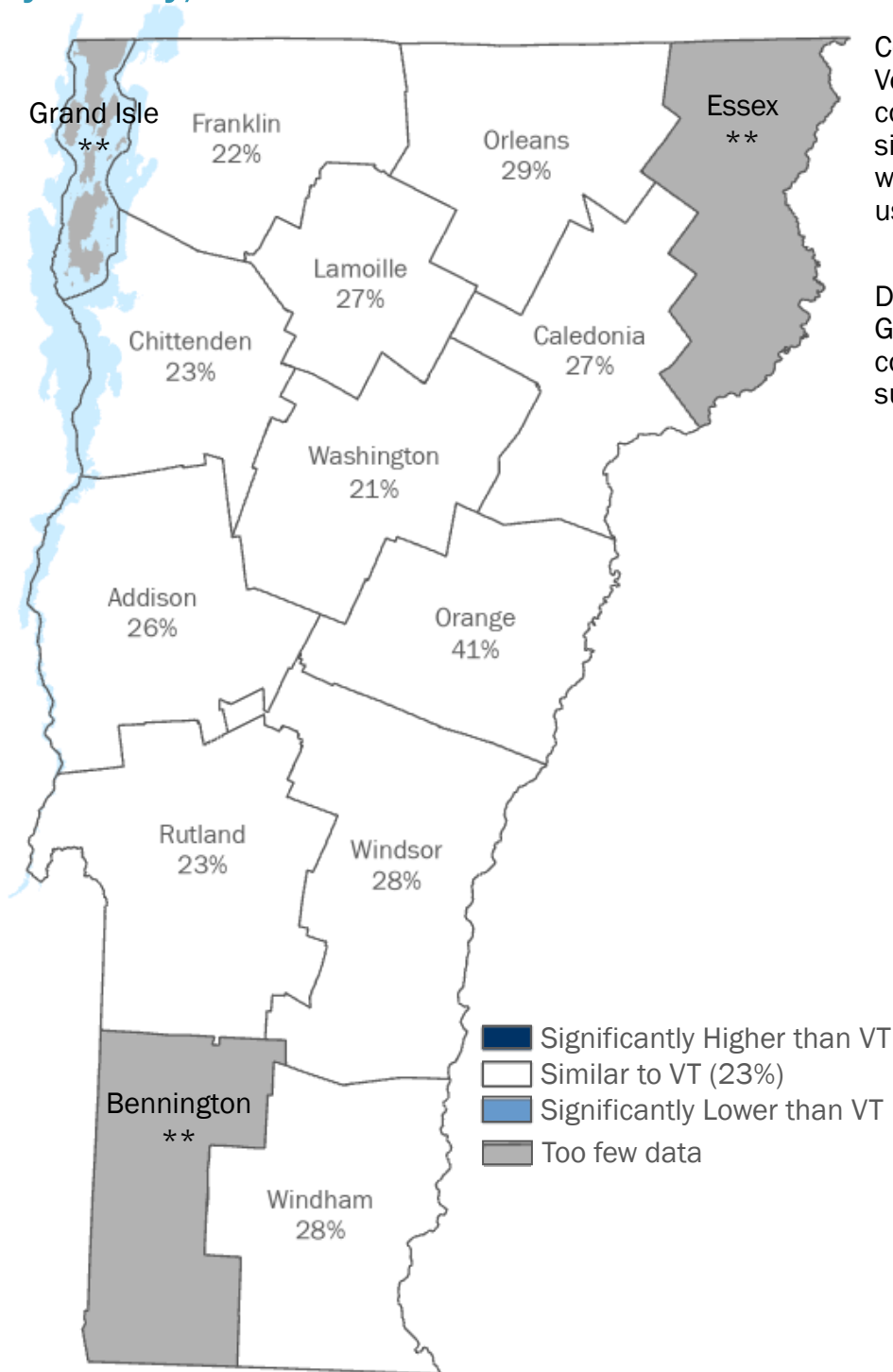
2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

*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.

Driving After Using Marijuana, Among Vermont Adults who Currently Use Marijuana by County, 2017-2018



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

Data is not shown for Grand Isle and Essex counties due to data suppression.

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

Marijuana Use – Primary Method

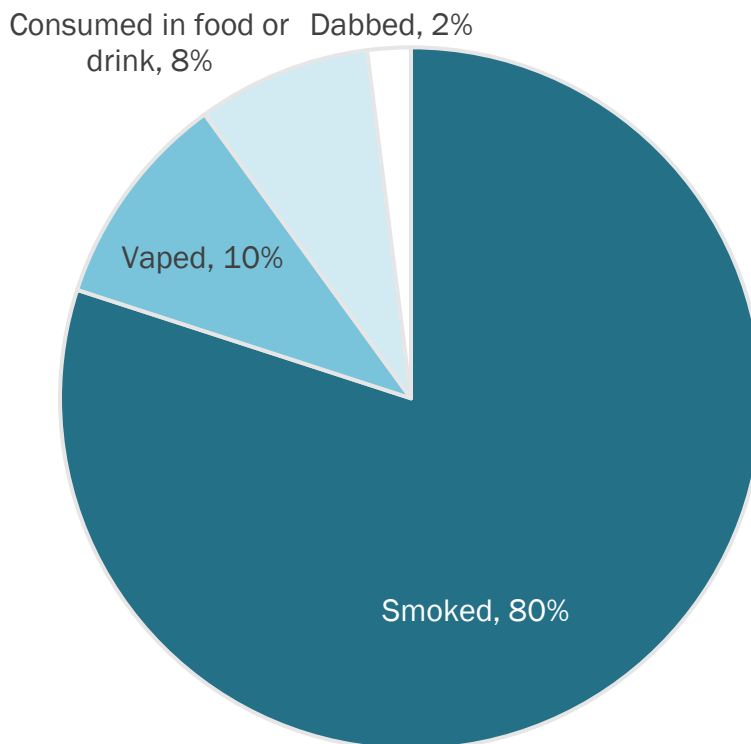
Most adults using marijuana in the past month say their primary method of use was smoking (80%). This is similar to the 83% of users who primarily smoked marijuana in 2017.

One in ten (10%) marijuana users usually use marijuana by vaping. This is similar to the 8% primarily vaping marijuana in 2017.

One in twelve (8%) marijuana users mainly consume it in food or drink. This is similar to the 6% of users primarily consuming marijuana in 2017.

Dabbing is the primary method of marijuana use for 2% of users, the same as in 2017.

**Primary Method of Marijuana Use
Among Vermont Adults Using in the Past Month**



No Leisure Time Physical Activity

Eighteen percent of Vermont adults said they did not participate in any leisure time physical activity during the previous month, significantly lower than the 24% among U.S. adults.

Men and women report not participating in leisure time physical activity at the same rate.

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

- Adults 65 and older are significantly more likely than those in younger age groups to have no leisure time physical activity.
- Adults 45-64 are significantly more likely than adults 25-44 to not participate in leisure time physical activity.

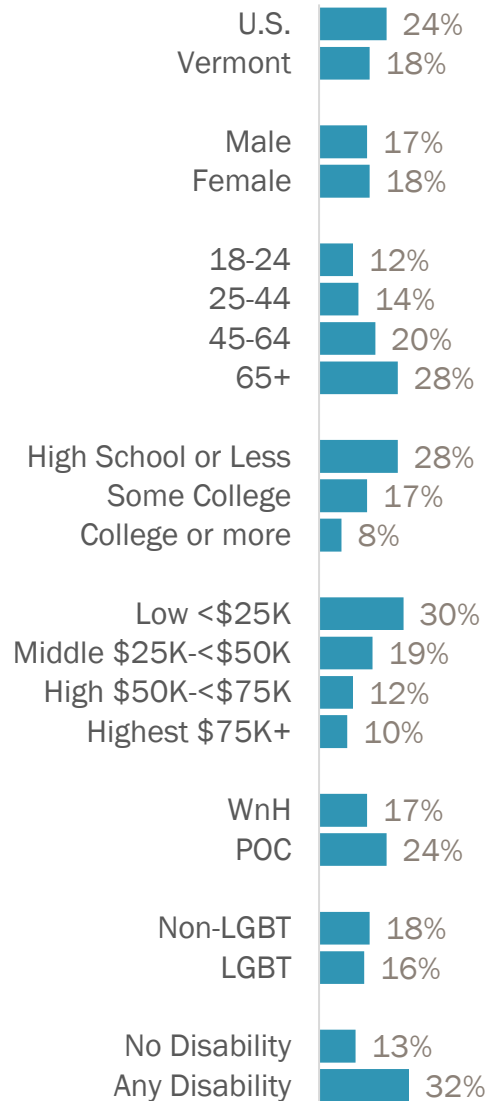
All differences by education and income are significantly different, except between adults living in homes earning \$50,000-\$75,000 and those earning \$75,000 or more.

Adults of color and adults with a disability are significantly more likely to report no leisure time physical activity than white, non-Hispanic adults and those with no disability.

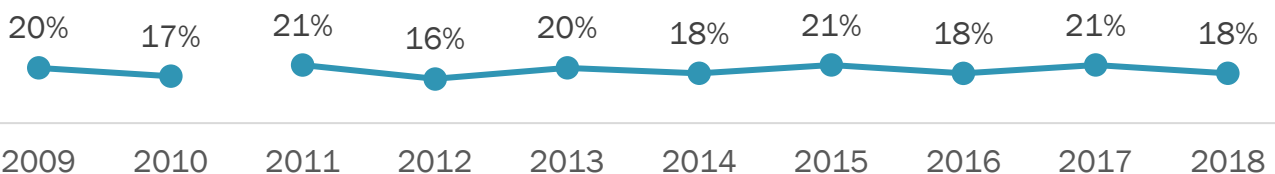
There is no statistical difference in leisure time physical activity by sexual orientation and gender identity.

No leisure time physical activity has significantly decreased since 2017 and 2011

No Leisure Time Physical Activity Vermont Adults, 2018



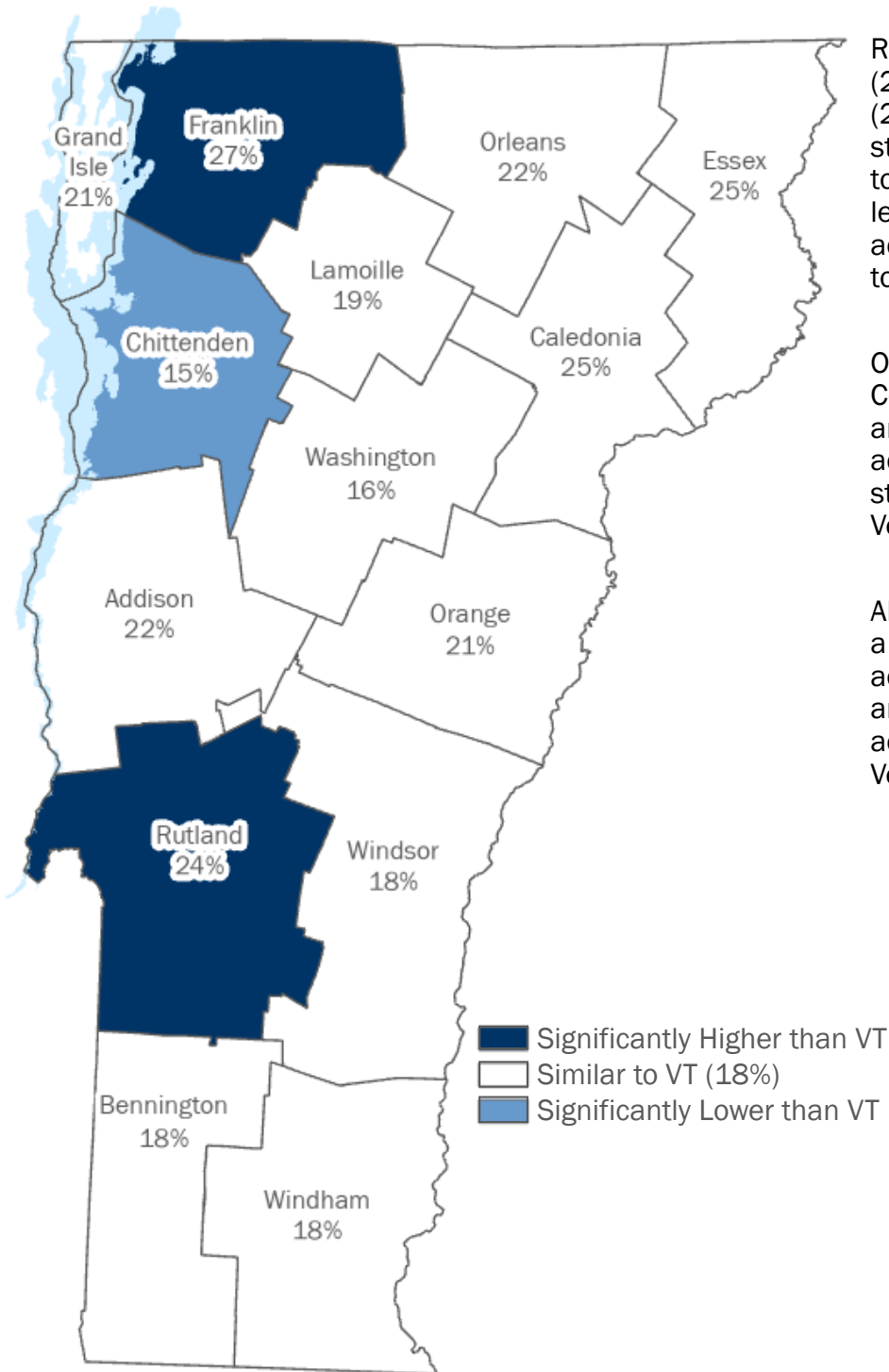
Vermont Adults With No Leisure Time Physical Activity*



*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, 2017-2018



Residents in Franklin (27%) and Rutland (24%) counties are statistically more likely to not participate in any leisure time physical activity when compared to all Vermont adults.

One in seven Chittenden County adults do not get any leisure time physical activity (15%), statistically less than all Vermont adults.

All other counties have a similar proportion of adults that do not get any leisure time physical activity compared to all Vermonters.

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

Seatbelt Use

Four percent of Vermont adults said they seldom or never wear their seatbelt when driving or riding in a car. This is similar to U.S. adults (3%).

Men are statistically more likely than women to seldom or never wear a seatbelt.

There are no statistical differences in seatbelt use by age.

Adults with a high school education or less are statistically more likely to seldom or never wear a seatbelt than adults with more education.

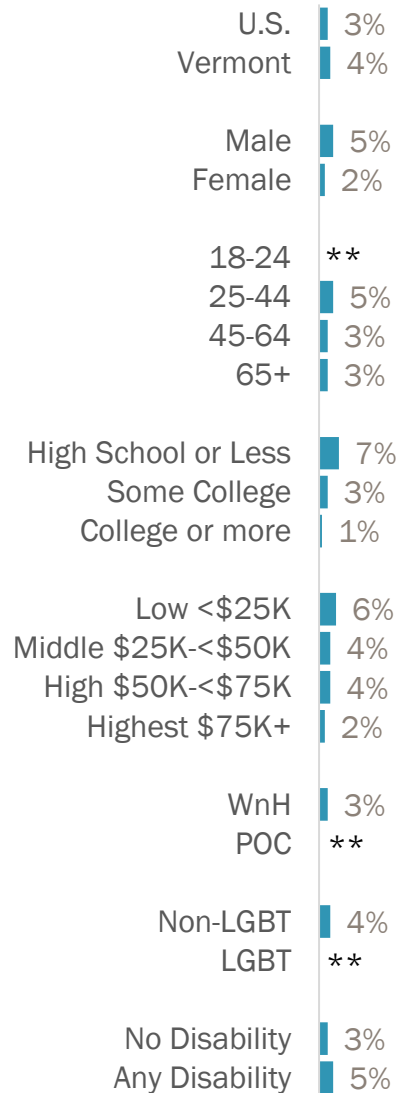
Lack of seatbelt use decreases with household income.

- Adults in homes with an annual income less than \$25,000 are statistically more likely to seldom or never wear a seatbelt than those in homes earning more than \$75,000 annually.

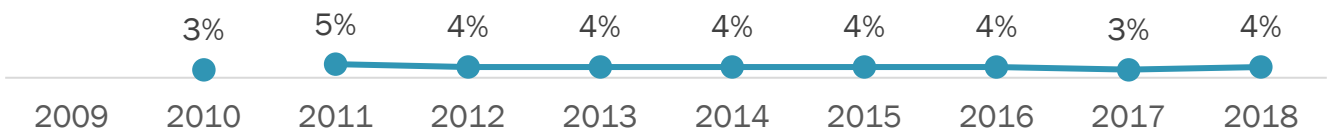
There is no difference in seatbelt use by disability.

The proportion of Vermont adults seldom or never wearing their seatbelt remains unchanged since 2011.

Seldom/Never Wear Seatbelt Vermont Adults, 2018

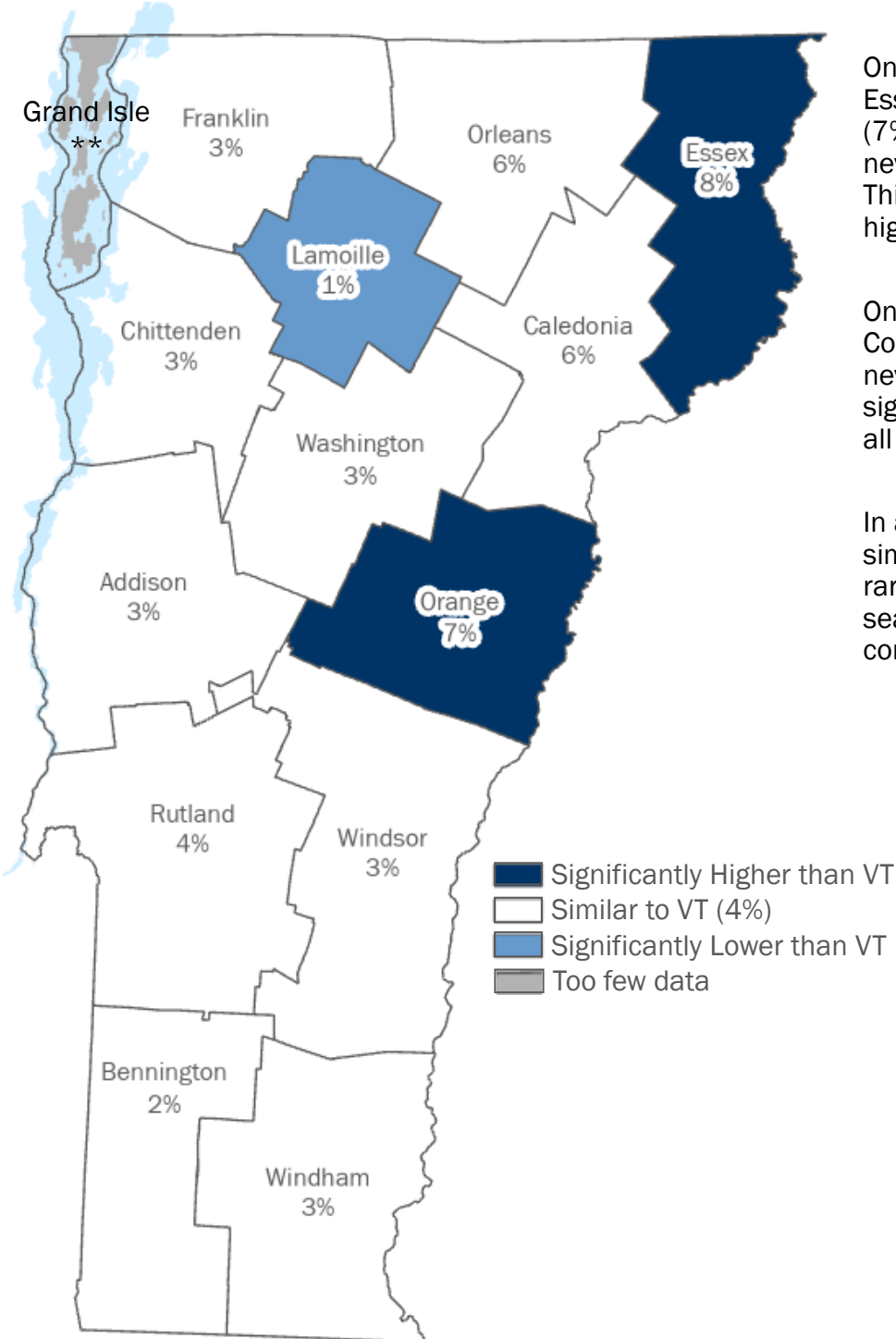


Vermont Adults who Seldom or Never Wear a Seatbelt



**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 Seldom or Never Wear a Seatbelt by County, 2017-2018



One in 13 adults in Essex (8%) and Orange (7%) counties seldom or never wear a seatbelt. This is significantly higher than Vermont.

One percent of Lamoille County adults seldom or never wear a seatbelt, significantly lower than all Vermont adults.

In all other counties, a similar percent of adults rarely or never wear a seatbelt, when compared to Vermont.

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

Suicidal Thoughts

Few Vermont adults seriously considered suicide in the past year (4%).

- Less than one percent of all Vermont adults attempted suicide in the last year.

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

Young adults are most likely to report considering suicide in the past year.

- Adults 18-24 are statistically more likely to report seriously considering suicide compared to adults 45 and older.
- Adults 25-44 are statistically more likely to report seriously considering suicide than adults 65 and older.

There are no statistical differences in suicidal thoughts by education level.

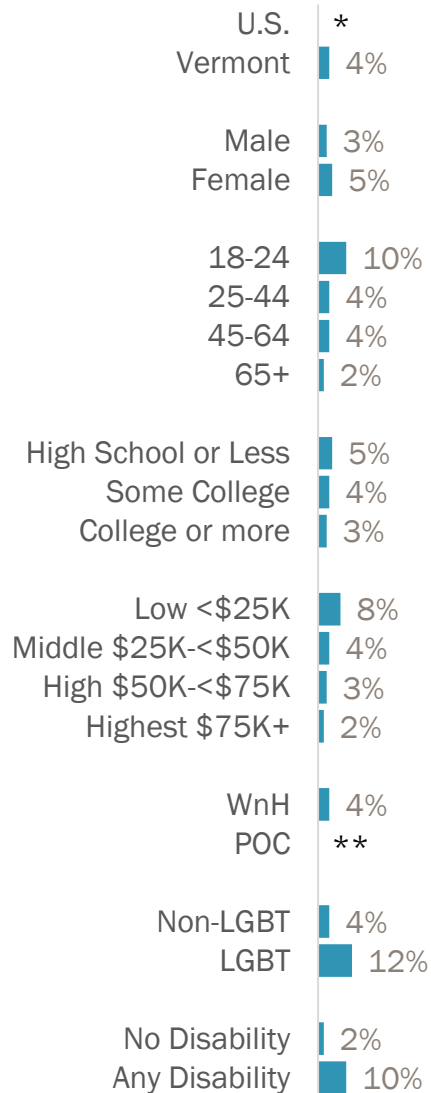
Adults living in homes with lower incomes are more likely to report considering suicide.

- Adults in low income homes are statistically more likely than those in homes with incomes of at least \$50,000 annually to report considering suicide in the last year.
- Adults in homes earning \$25,000-\$50,000 annually, are statistically more likely to seriously consider suicide than those in homes earning \$75,000 or more.

LGBT adults are three times more likely to report having seriously considered suicide in the last year than non-LGBT adults.

Adults with a disability are five times more likely to report having seriously considered suicide in the last year than adults with no disability.

Seriously Considered Suicide Vermont Adults, 2018



Note: 2018 is the first-year data was collected on this measure, so trend and 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.

Tickborne Disease Risk

Nearly eight in ten (78%) Vermont adults have gone in wooded or tall grassy areas in the past year, putting them at risk for exposure to tickborne disease caused by tick bites. Of those at risk for tickborne diseases, nearly three in ten (27%) sometimes or never took steps to prevent tick bites. This includes:

- 31% sometimes or never looked for ticks and removed them,
- 74% sometimes or never used insect repellent.

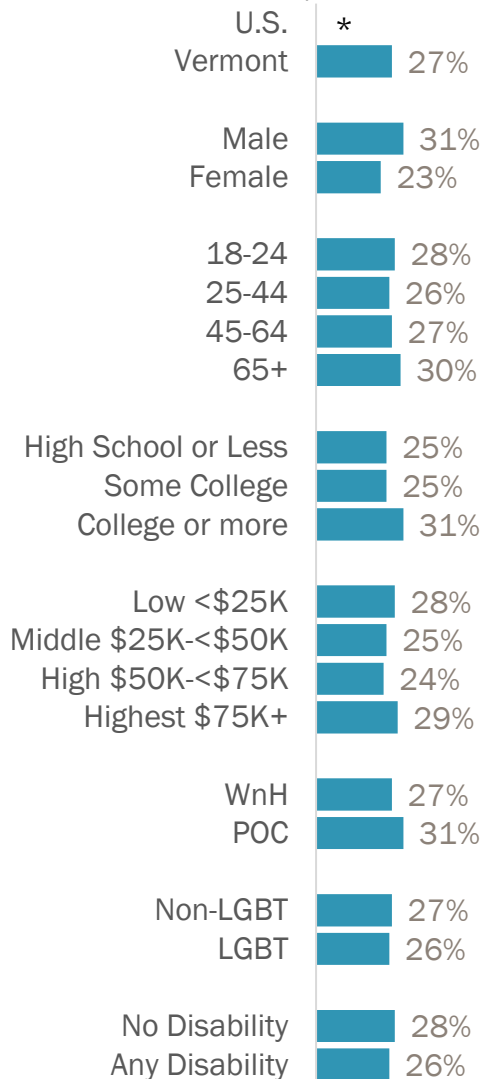
Men are statistically more likely than women to sometimes or never take tick bite prevention measures.

Adults with at least a college education are statistically more likely than adults with less education to sometimes or never take tick bite prevention measures.

There are no differences in sometimes or never taking tick bite prevention measures by age, household income, race and ethnicity, sexual orientation and gender identity, or disability.

Note: 2018 is the first-year data was collected on this measure, so trend and county level data are not available.

Sometimes or Never Take Tick Bite Prevention Measures Vermont Adults at Risk for Tick Bites, 2018



*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.

Tobacco Use – Cigarette Smoking~

One in seven (15%) Vermont adults report smoking cigarettes. This is statistically similar compared to U.S. adults (16%).

Men and women report statistically similar rates of cigarette smoking.

Adults age 25-64 are statistically more likely to smoke cigarettes than adults 65 and older.

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

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

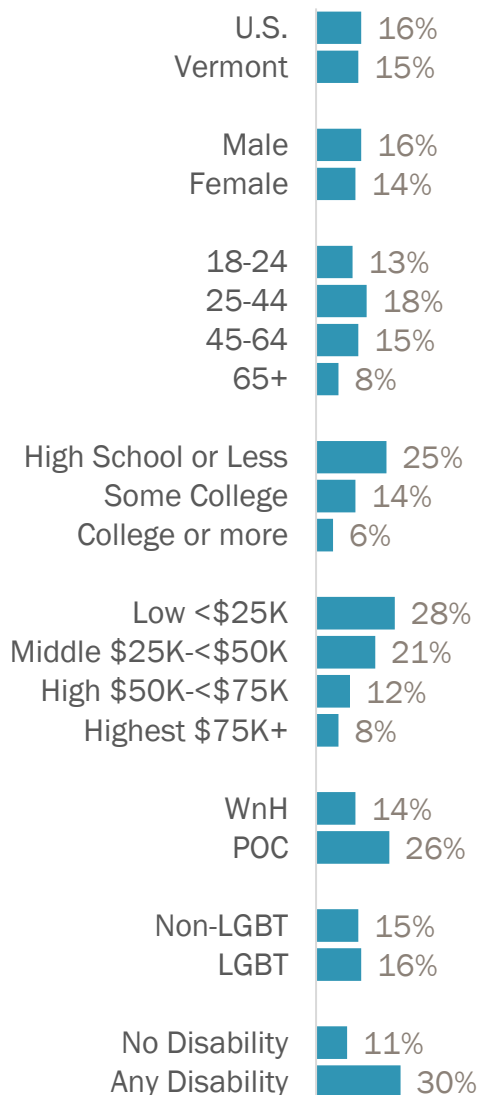
Adults of color are twice as likely to smoke cigarettes than white, non-Hispanic adults, a statistical difference.

There is no statistical difference in smoking by sexual orientation and gender identity.

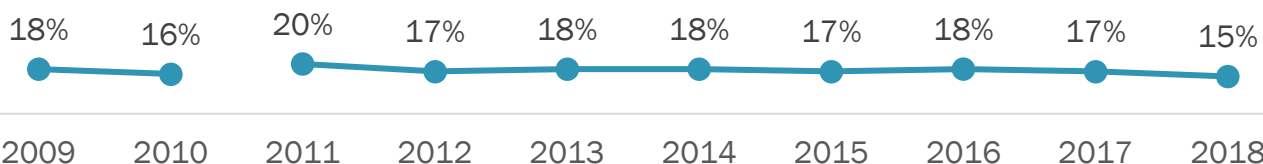
Adults with a disability are nearly three times as likely to smoke cigarettes than adults with no disability, a significant difference.

The smoking rate among Vermont adults in 2018 is statistically lower than 2016.

Current Cigarette Smoking~ Vermont Adults, 2018



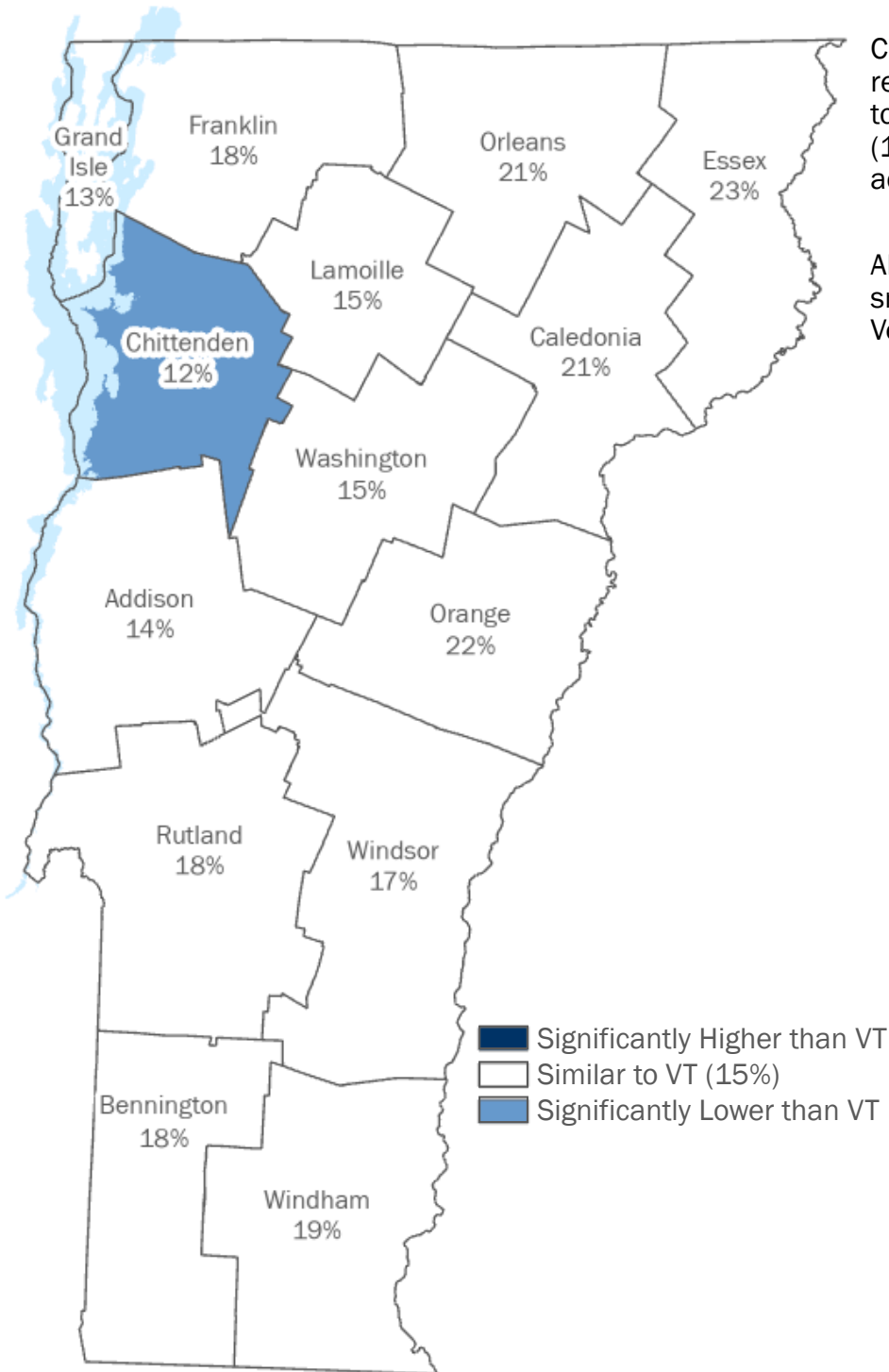
Vermont Adults who Currently Smoke Cigarettes~



~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, 2017-2018



Chittenden County residents are less likely to smoke cigarettes (12%) than Vermont adults overall.

All other counties have smoking rates similar to Vermont.

- Significantly Higher than VT
- Similar to VT (15%)
- Significantly Lower than VT

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

Tobacco Use – Smokeless Tobacco

Three percent of Vermont adults use smokeless tobacco, statistically lower than among U.S. adults (4%).

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

Smokeless tobacco use is statistically higher among adults 25-64 than adults 65 and older.

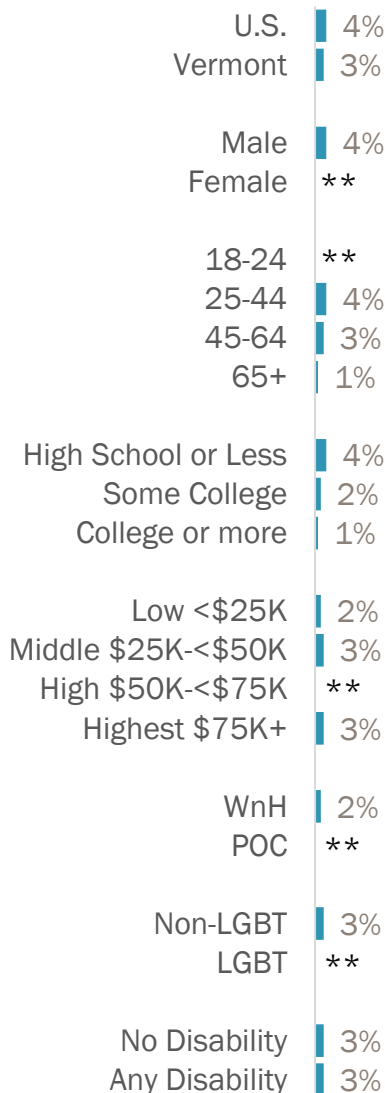
Adults with a high school education or less are most likely to report smokeless tobacco use.

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

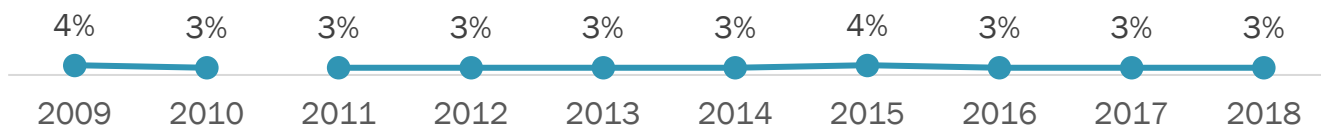
Rates of smokeless tobacco use are statistically similar across household incomes and by disability status.

The proportion of adults using smokeless tobacco has remained unchanged since 2011.

Smokeless Tobacco Use Vermont Adults, 2018

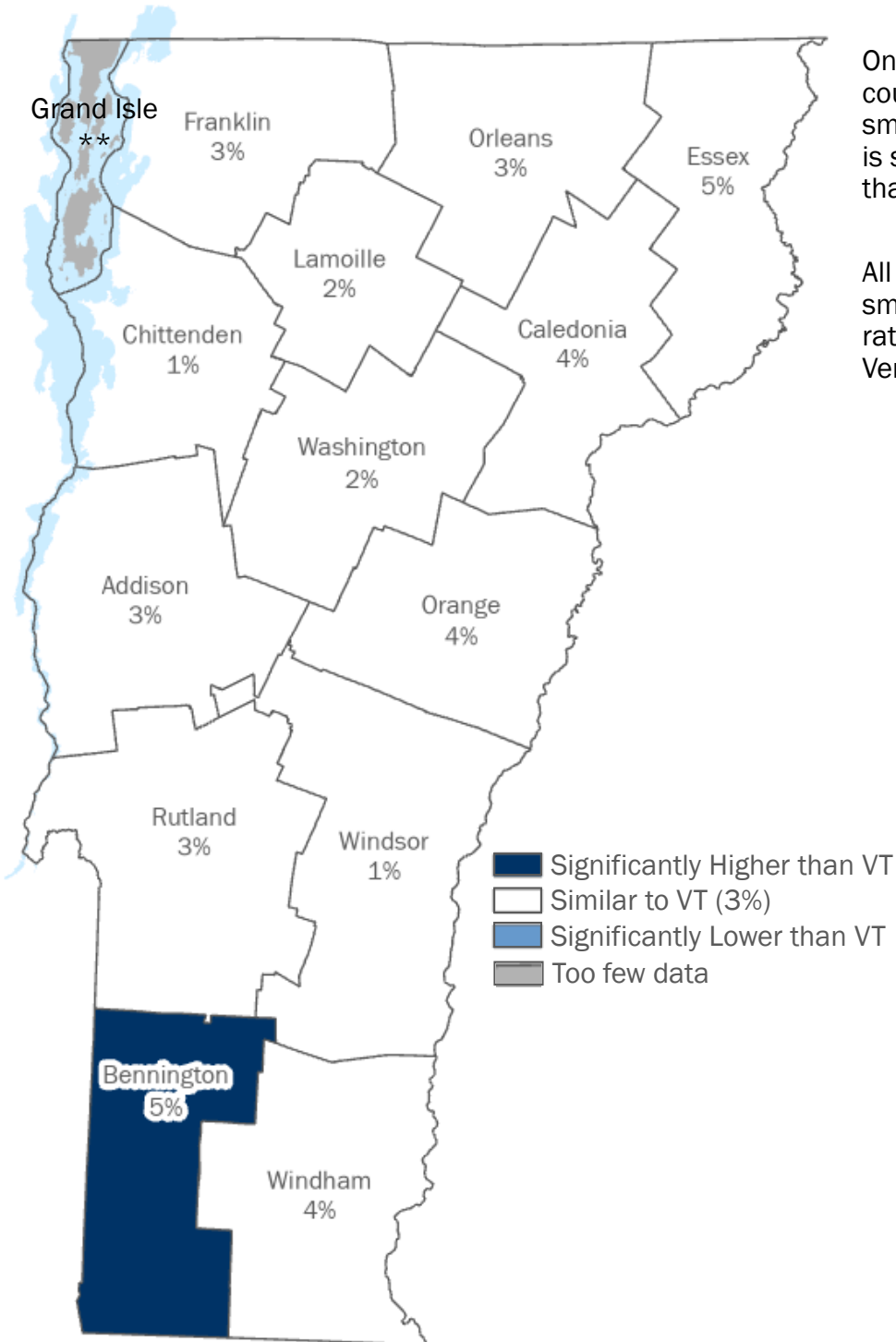


Vermont Adults who Use Smokeless Tobacco



**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, 2017-2018



One in 20 Bennington county adults use smokeless tobacco. This is significantly higher than Vermont overall.

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

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

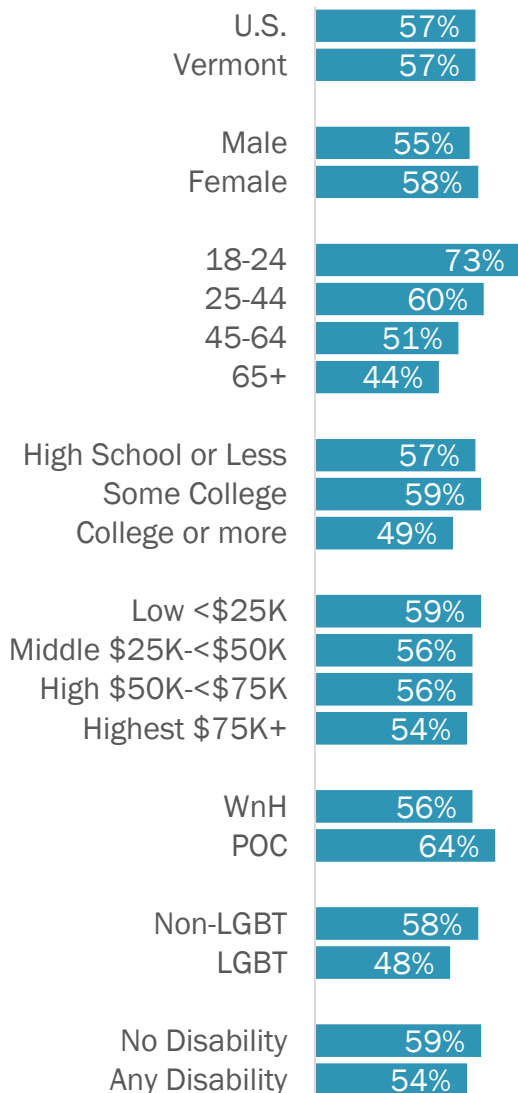
Tobacco Use – Quit Attempts ~

Nearly six in ten Vermont adult smokers made an attempt to quit smoking in the last year (57%). This is the same as among U.S. adult smokers.

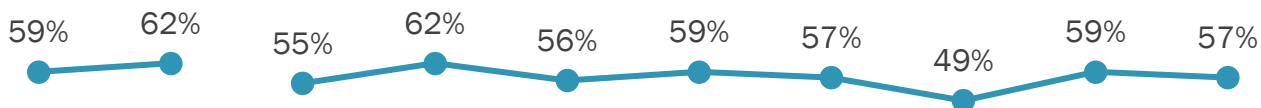
There are no statistical differences in quit attempts among smokers by sex, age, education, income, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of smokers making a quit attempt has remained statistically similar since 2011.

Smoking Quit Attempts ~ Vermont Adult Smokers, 2018



Vermont Adult Smokers who Have Made A Quit Attempt



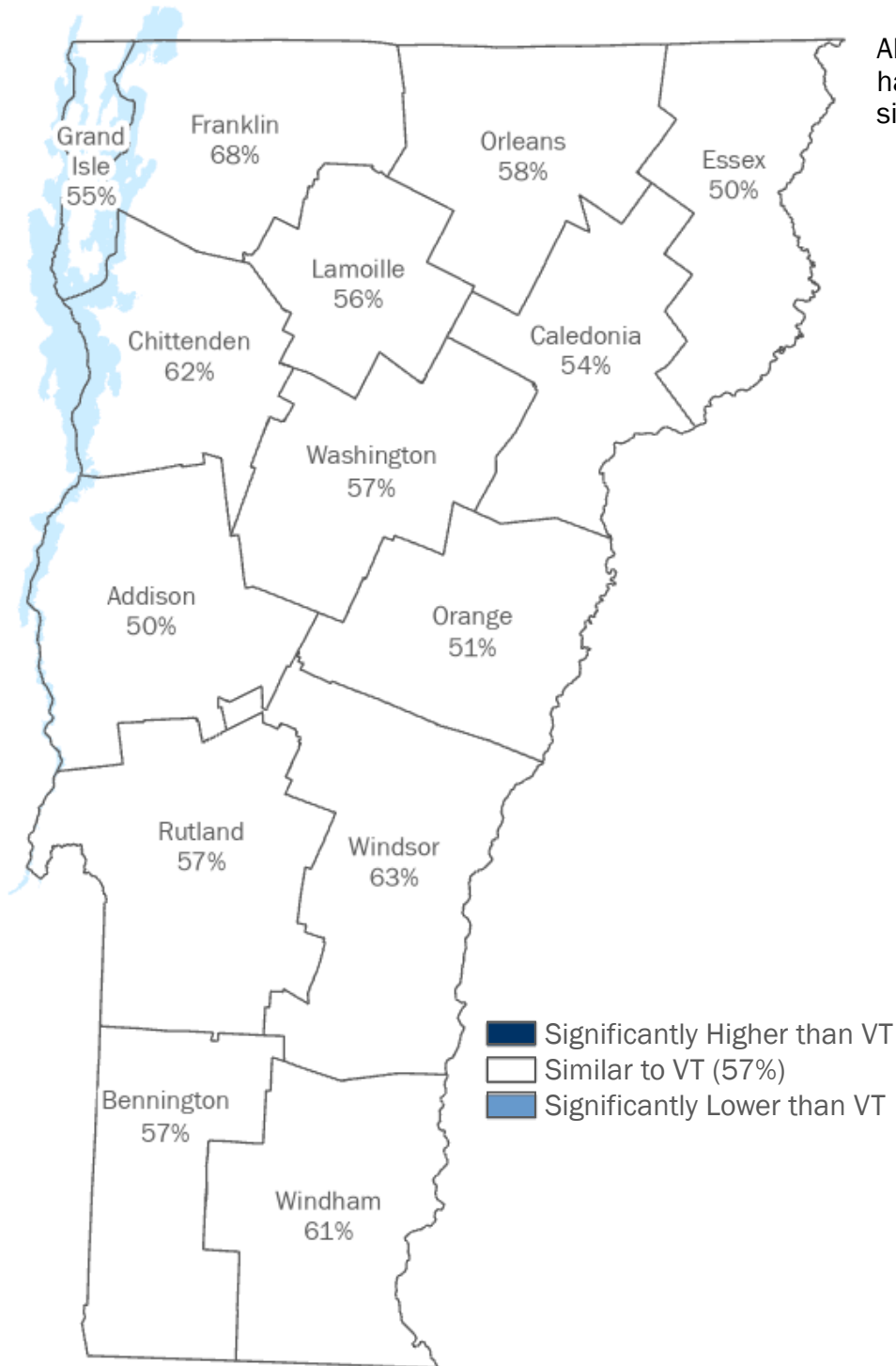
2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

~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].

2018 Vermont Behavioral Risk Factor Surveillance System Report

Vermont Adult Smokers who Have Made a Quit Attempt ~ by County, 2017-2018



All Vermont counties have quit attempt rates similar to Vermont.

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

Preventative Behaviors & Screenings

Immunizations – Flu Vaccine

More than half of Vermont adults age 65 and older have had a flu vaccination in the past year. This is the same as all U.S. adults age 65 and older.

- A flu vaccine includes both a shot in the arm and spray or mist in the nose

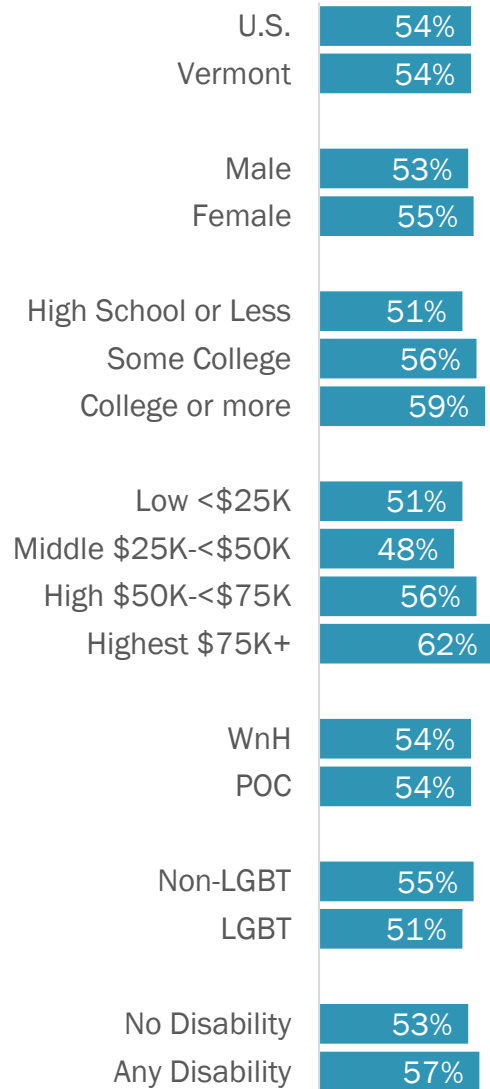
There are no differences in receipt of a flu vaccination in the past year among adults age 65 and older by sex, education, race and ethnicity, sexual orientation and gender identity, and disability status.

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

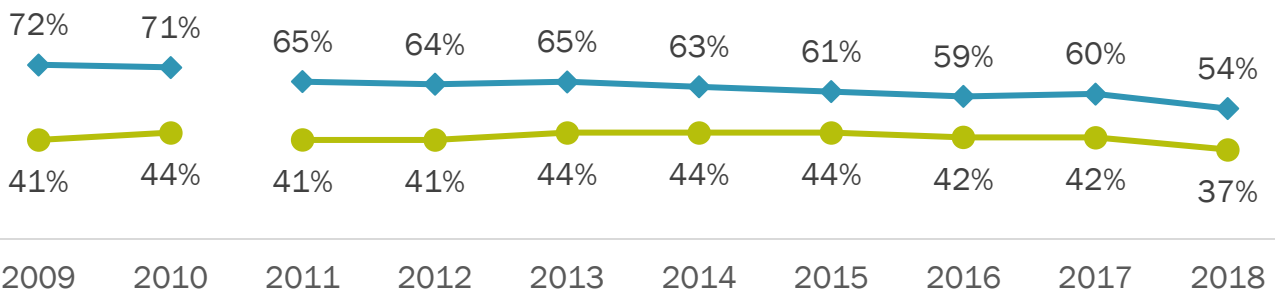
- Adults 65 and older in homes with an annual income of \$75,000 or more are statistically more likely to have had a recent flu vaccination than those in homes earning less than \$50,000 annually.

The proportion of all adults and those 65 and older receiving the flu vaccination in the past year has decreased since 2017 and 2011.

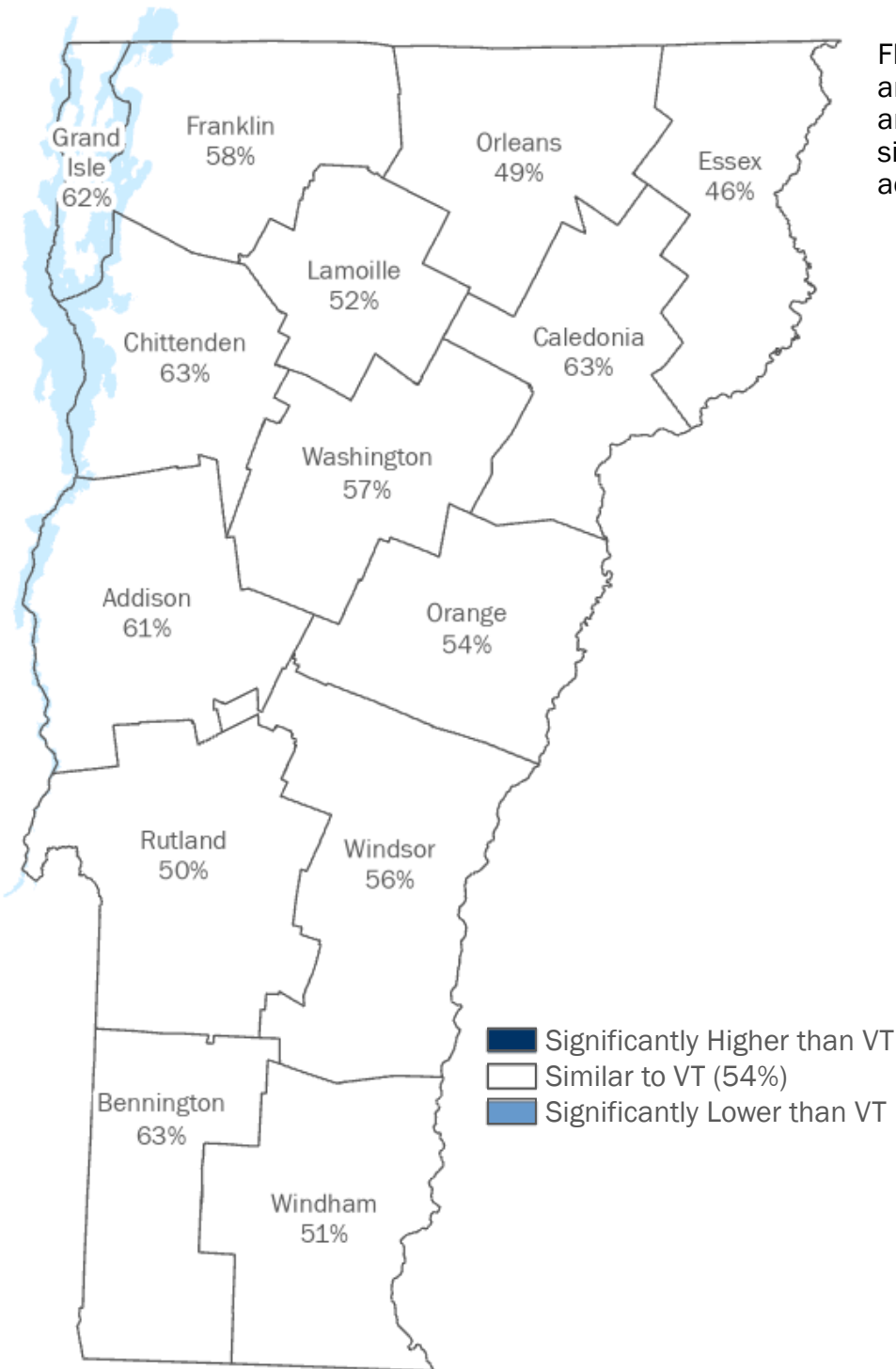
Had a Flu Shot Vermont Adults 65+, 2018



Vermont Adults and Adults 65+ who Had a Flu Shot



Vermont Adults 65+ who Had a Flu Shot in the Past Year by County, 2017-2018



Flu vaccination rates among adults ages 65 and older by county are similar to Vermont adults of the same age.

Immunizations – Pneumococcal Vaccine

Three of four Vermont adults ages 65 and older have ever received a pneumococcal vaccine. This is statistically higher than U.S. adults 65 and older (71%).

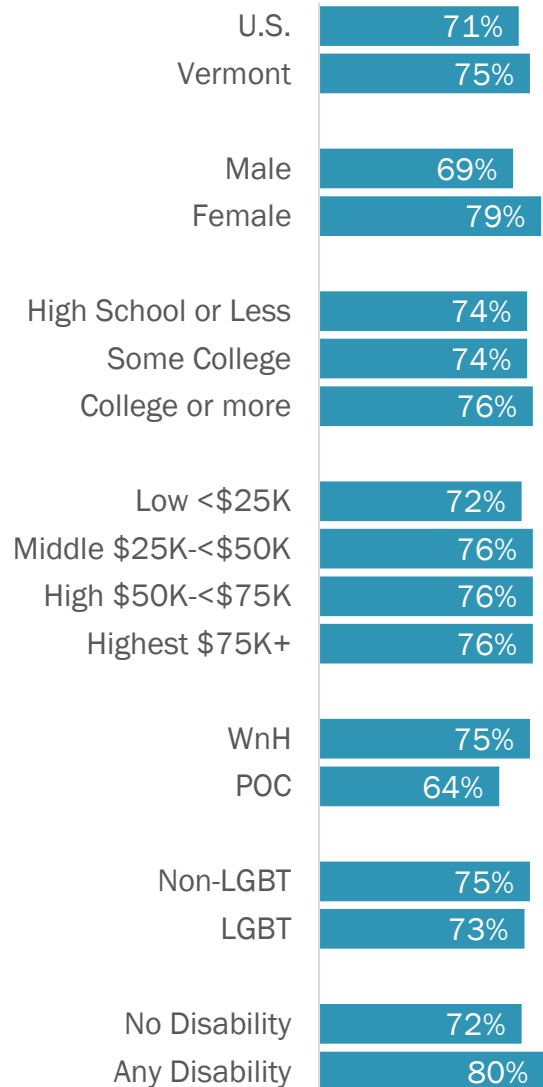
Men are statistically less likely than women to have had a pneumococcal vaccine.

There are no statistical differences in receiving the pneumococcal vaccine by education, annual household income, race and ethnicity, and sexual orientation and gender identity.

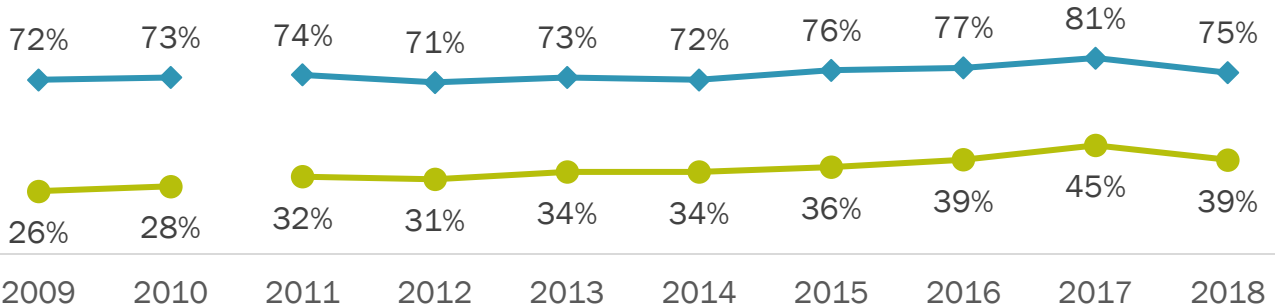
Adults with a disability are statistically more likely to have received a pneumococcal vaccine than those with no disability.

The proportion of all adults and adults 65 and older reporting ever having a pneumococcal vaccine significantly decreased from 2017 to 2018 but is statistically similar to previous years.

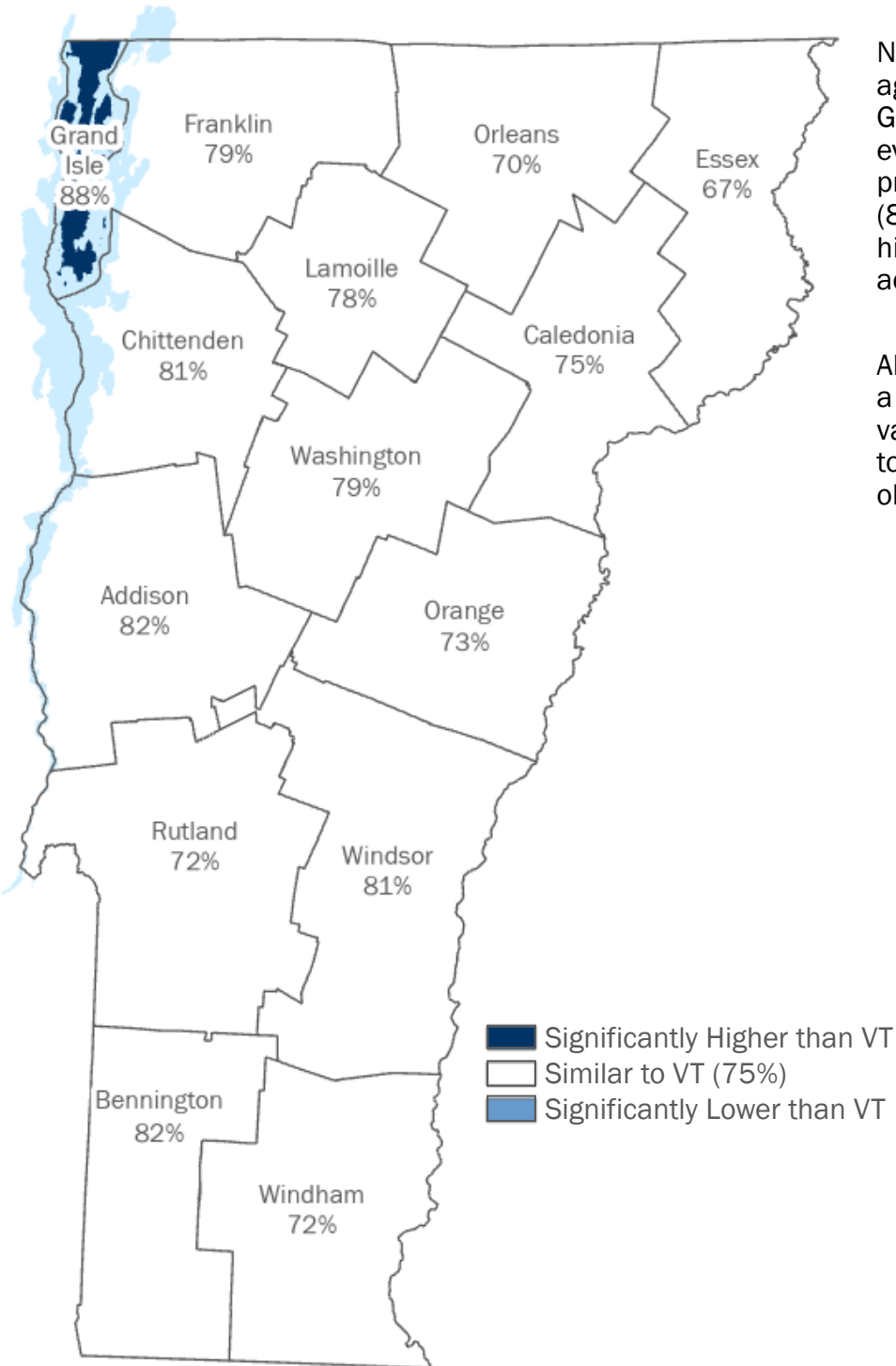
Had a Pneumococcal Vaccine Vermont Adults 65+, 2018



Vermont Adults and Adults 65+ who Had a Pneumococcal Vaccine



Vermont Adult 65+ who have had a Pneumococcal Vaccine by County, 2017-2018



Nearly nine in ten adults ages 65 and older in Grand Isle County have ever had a pneumococcal vaccine (88%), statistically higher than Vermont adults over 65.

All other counties have a similar pneumococcal vaccine rates compared to Vermonters 65 and older.

Routine Doctor Visits

Three in four Vermont adults had a routine doctor's visit in the past year (76%). This is statistically similar to the 77% of U.S. adults overall.

Women are statistically more likely than men to have had a routine doctor's visit in the last year.

Nearly nine in ten (88%) adults 65 and older have had a routine doctor's visit in the last year. This is statistically higher than all other age groups.

- Adults ages 45-64 are statistically more likely to report a routine doctor's visit than those 25-44.

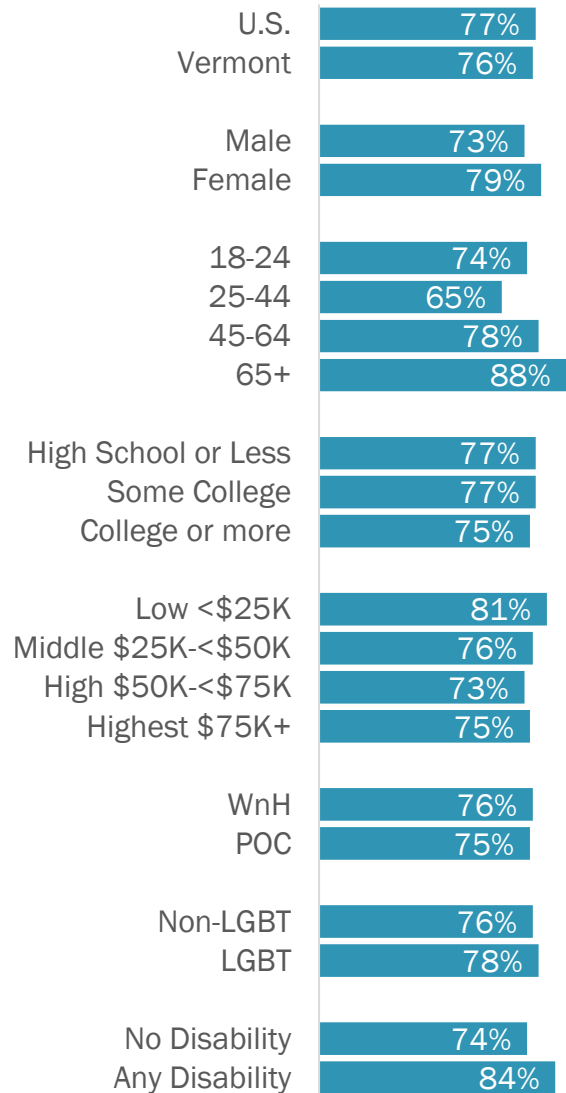
Adults living in homes with an annual income less than \$25,000 are most likely to report having a routine doctor's visit. This is significantly higher than adults in homes earning \$50,000 - \$75,000.

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

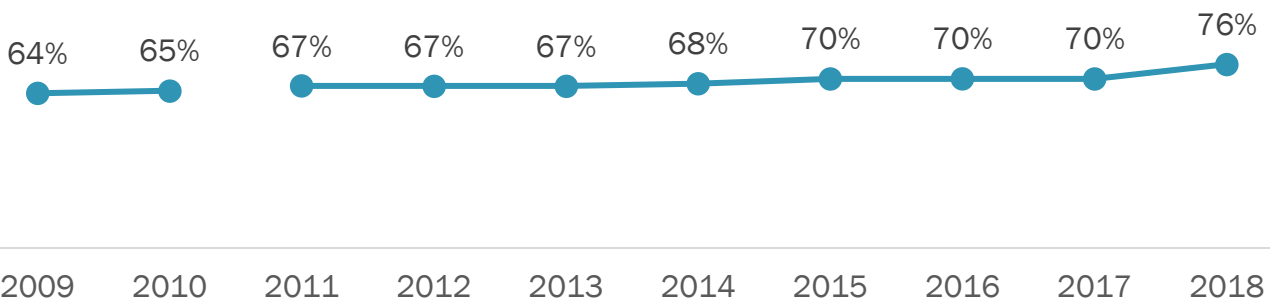
Adults with a disability are statistically more likely to have seen a doctor for a routine visit in the last year than those with no disability.

Routine doctor visits are statistically higher in 2018, compared to previous years.

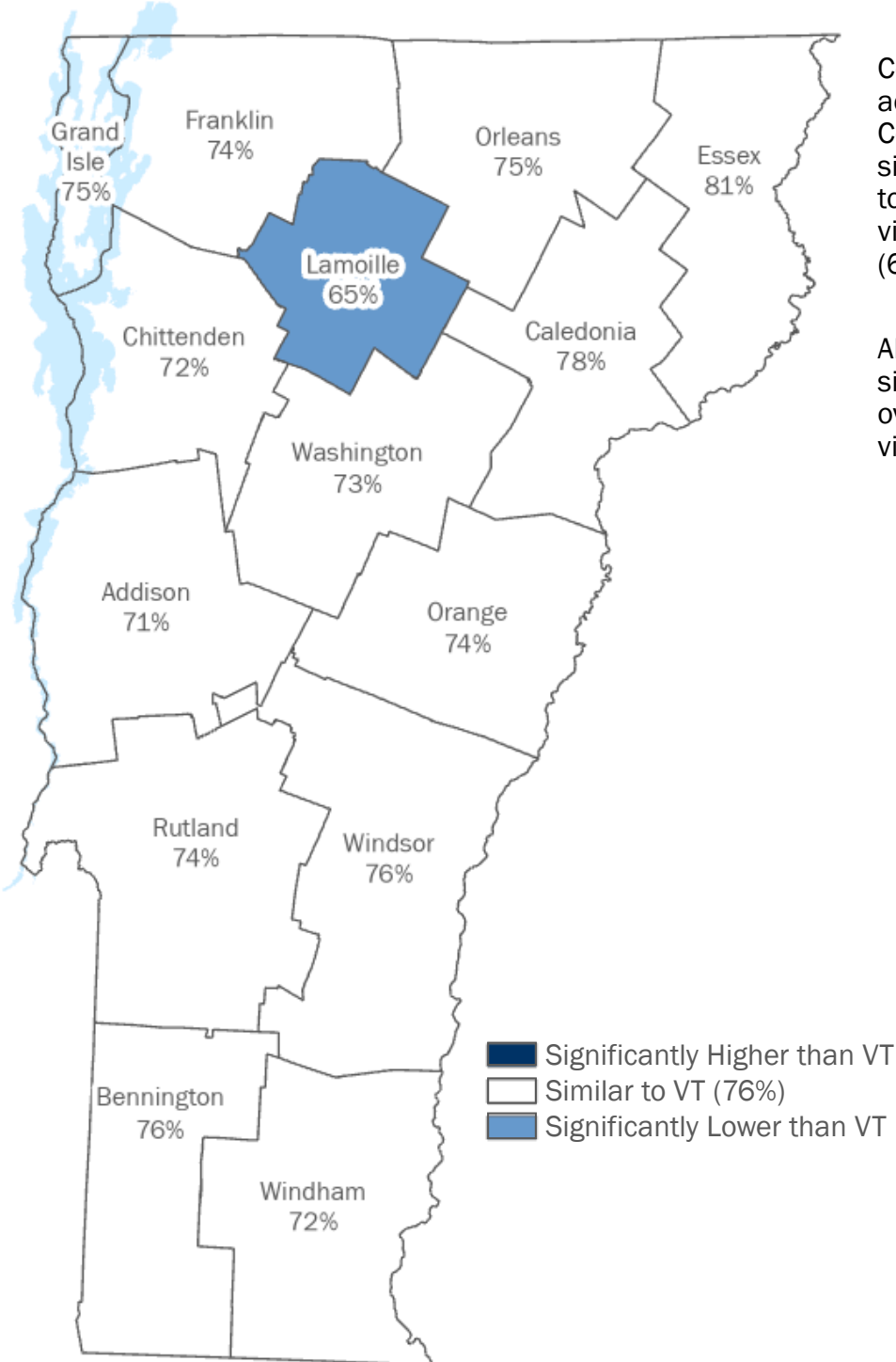
Routine Doctor Visits in Last Year Vermont Adults, 2018



Vermont Adults who Had a Routine Doctor Visit in the Last Year



Vermont Adults who Had a Routine Doctor Visit in the Last Year by County, 2017-2018



Compared with Vermont adults overall, Lamoille County adults are significantly less likely to have had a doctor's visit in the last year (65%).

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

Visited Dentist in Last Year~

Nearly three in four Vermont adults saw a dentist for any reason during the previous year (73%). The proportion of Vermont adults recently visiting the dentist is statistically higher than the 66% among U.S. adults.

Women report visiting the dentist significantly more than men.

Adults ages 18-24 and 45-64 are significantly more likely than those 65 and older to have seen the dentist in the last year.

Dentist visits significantly increase with education and household income levels.

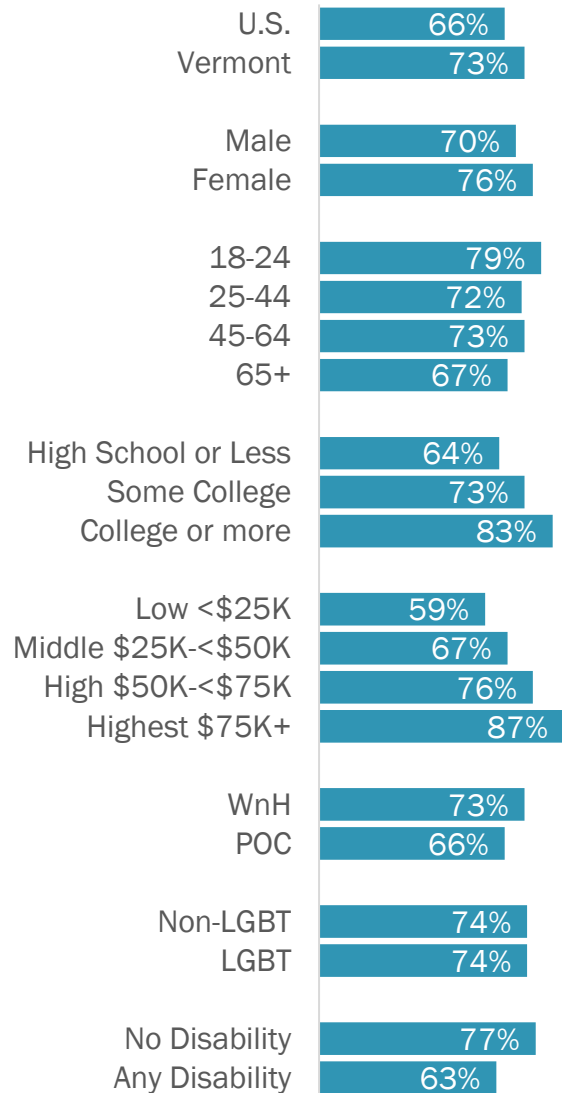
- All differences for dental visits by education level are statistically significant.
- All difference for dental visits by annual household income level are significant, except the difference between low and middle incomes.

There are no statistical differences in recent dental visits by race and ethnicity or sexual orientation and gender identity.

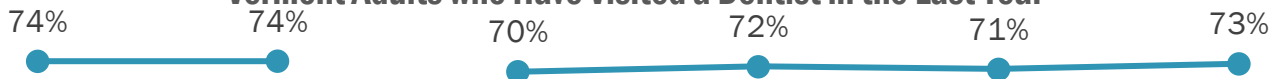
Adults with a disability are significantly less likely than those with no disability to have seen a dentist in the last year.

The proportion of adults seeing a dentist has increased since 2012, however this increase is not statistically significant.

Visited Dentist in Last Year~ Vermont Adults, 2018



Vermont Adults who Have Visited a Dentist in the Last Year~

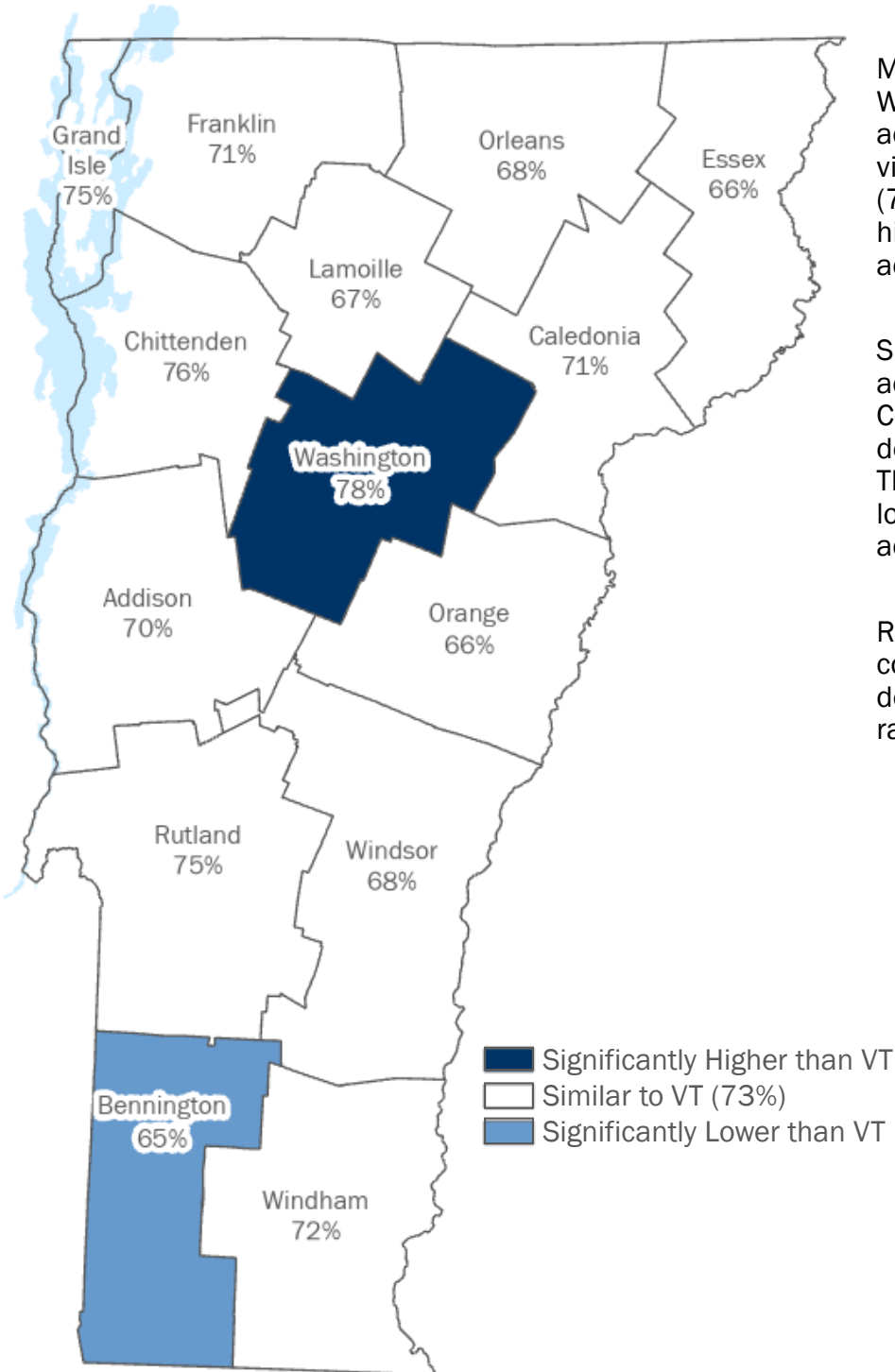


2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

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

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

Vermont Adults who Have Visited a Dentist in the Last Year~ by County, 2016, 2018



More than three in four Washington County adults have recently visited the dentist (78%), statistically higher than all Vermont adults.

Sixty-five percent of adults in Bennington County have visited the dentist in the last year. This is significantly lower than Vermont adults overall.

Residents in all other counties report recent dental visits at a similar rate to Vermont adults.

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

Teeth Extracted

Nearly half of adults ages 45-64 have ever had at least one tooth removed (48%). This is statistically similar to U.S. adults (51%).

Men are significantly more likely than women to have had a tooth removed.

Adults ages 45-64 with less education and lower household incomes are statistically more likely to have had a tooth removed.

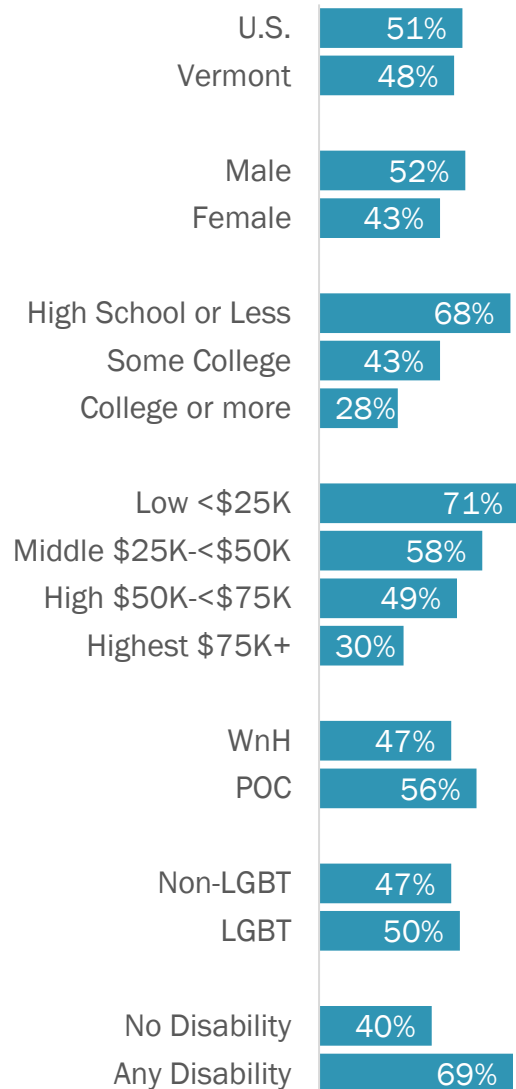
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between middle and high incomes.

Tooth extraction among adults 45-64 is similar by race and ethnicity, and sexual orientation and gender identity.

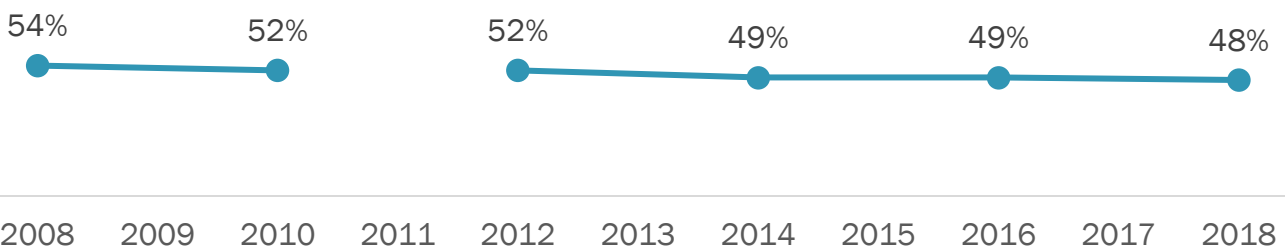
Adults 45-64 with a disability are much more likely to have had a tooth extracted than adults with no disability.

Tooth extraction among adults 45-64 has remained statistically similar since 2012.

Any Teeth Extracted Vermont Adults 45-64, 2018

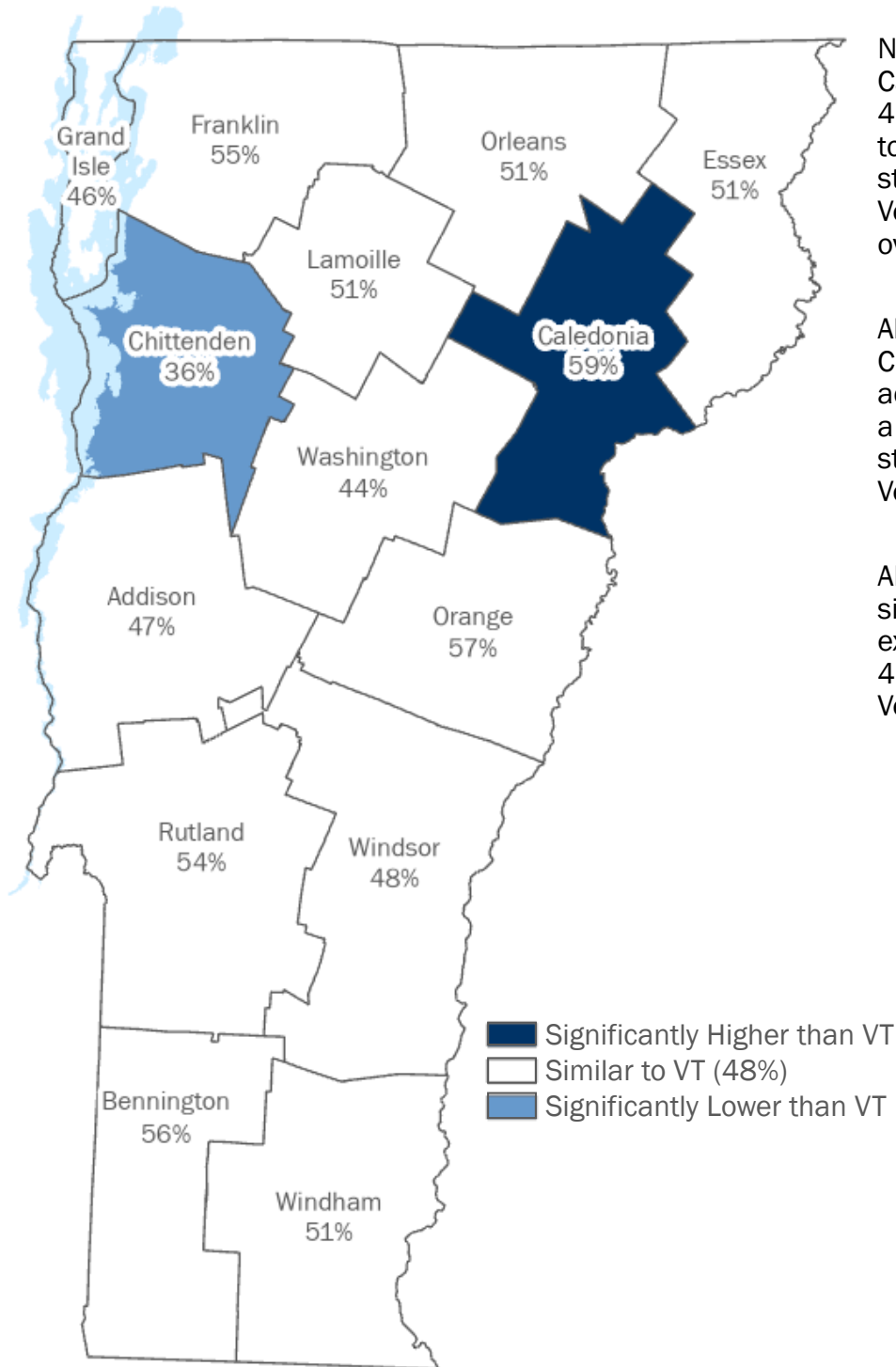


Vermont Adults who Have Had Any Teeth Extracted



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

Vermont Adults 45-64 who Have Had Any Teeth Extracted by County, 2016, 2018



Nearly six in ten Caledonia County adults 45-64 have ever had a tooth extracted (59%), statistically higher than Vermont adults 45-64 overall.

About a third of Chittenden County adults 45-64 have had a tooth extracted (36%), statistically lower than Vermont.

All other counties have similar rates of tooth extraction among adults 45-64, compared to Vermont.

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

Breast Cancer Screening~

More than three in four Vermont women ages 50-74 had a mammogram in the last two years (77%). This is similar to the rate reported among U.S. women the same age (79%).

Women 50-74 with more education and a higher household income level are more likely to meet breast cancer screening recommendations.

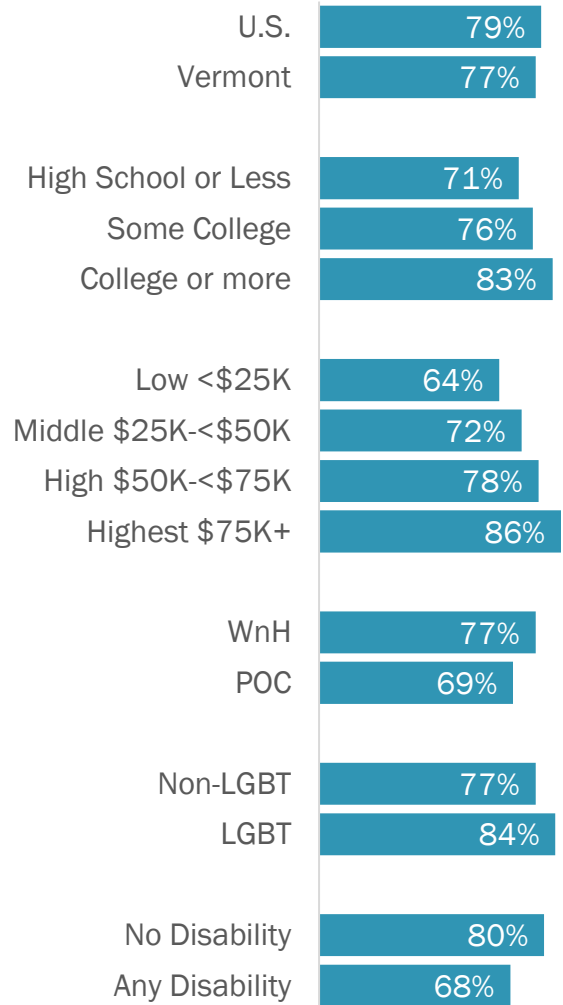
- Adults with at least a college education are statistically more likely than those with a high school education or less to meet breast cancer screening recommendations.
- Women in homes earning \$50,000 or more are statistically more likely than those in homes earning less than \$25,000 to have had a mammogram.
- Women earning less than \$50,000 are significantly less likely than those in homes earning more than \$75,000 to meet breast cancer screening recommendations.

There are no significant differences in breast cancer screening among women ages 50-74 by race and ethnicity or sexual orientation and gender identity.

Women with a disability are significantly less likely to have had a recent mammogram than women with no disability.

Breast cancer screening among women 50-74 has significantly decreased since 2012 but is similar to 2016.

Meet Breast Cancer Screening Recommendations~ Vermont Women 50-74, 2018



Vermont Women Ages 50-74 Meeting Breast Cancer Screening Recommendations~

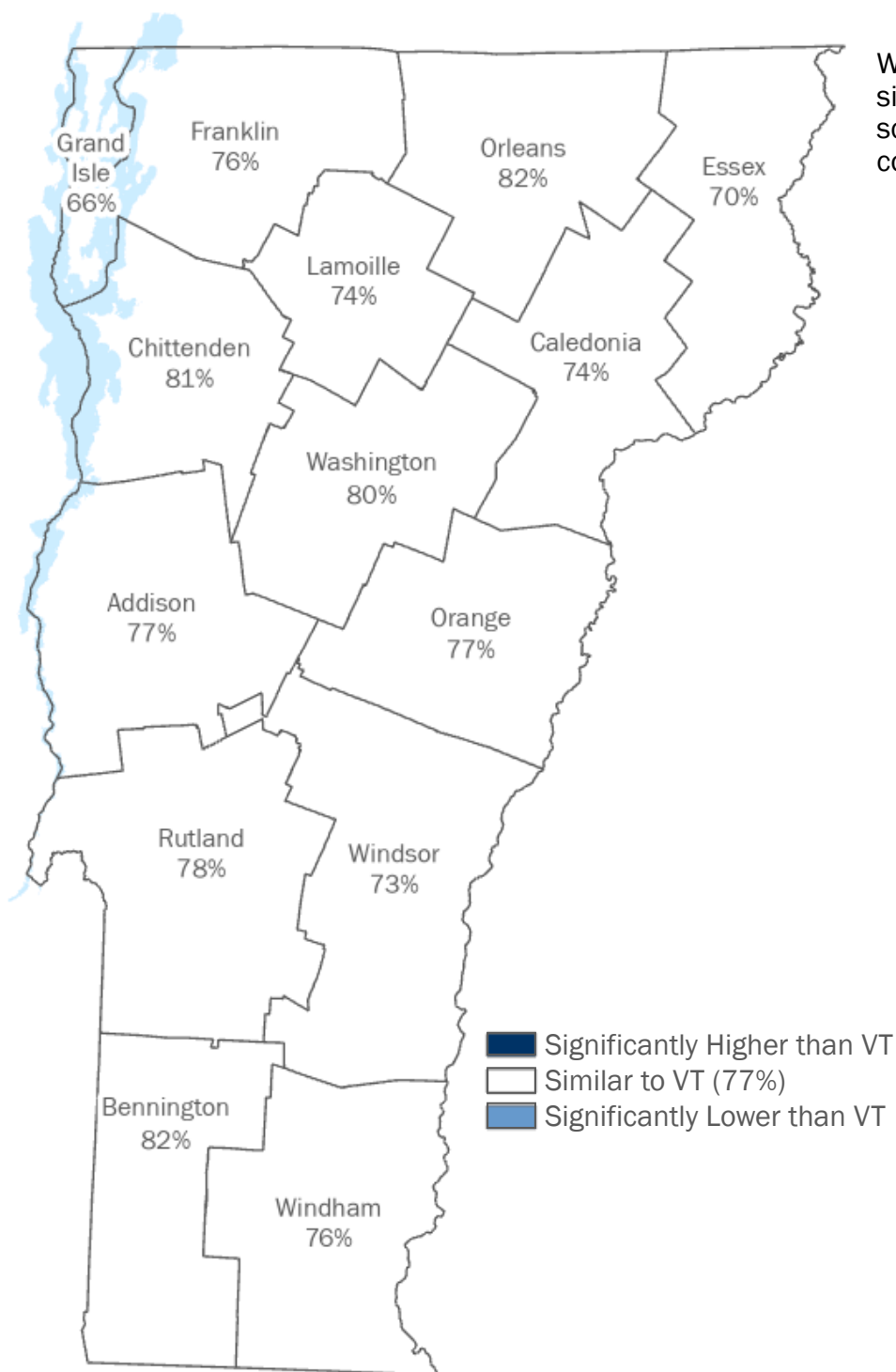


2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

~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 Women Ages 50-74 Meeting Breast Cancer Screening Recommendations ~ by County, 2016, 2018



Women ages 50-74 have similar breast cancer screening rates compared to Vermont.

~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].

Cervical Cancer Screening – PAP Test~

More than three in four Vermont women ages 21-65 received a PAP test in the last three years (78%). This is similar to U.S. women the same age (80%).

Women 25-44 are most likely to report having a PAP test in the last three years.

- Women 25-44 are significantly more likely than women 45-65 to have had a PAP test in the past three years.

There are no significant differences in women receiving a recent PAP test by education, race and ethnicity, and disability.

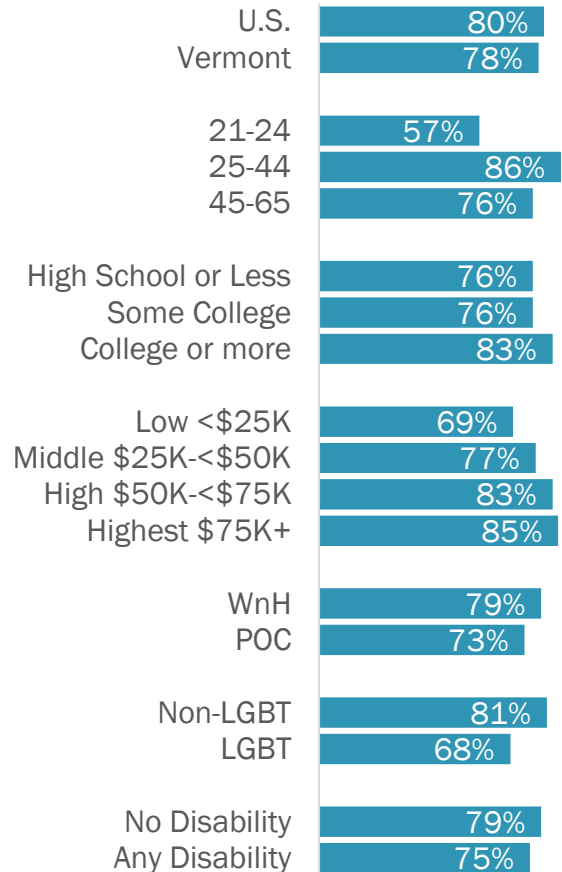
Women with a low annual household income are less likely to have had a recent PAP test.

- Women in homes earning less than \$25,000 annually are statistically less likely than those in homes earning \$50,000 or more to have had a PAP test in the last three years.

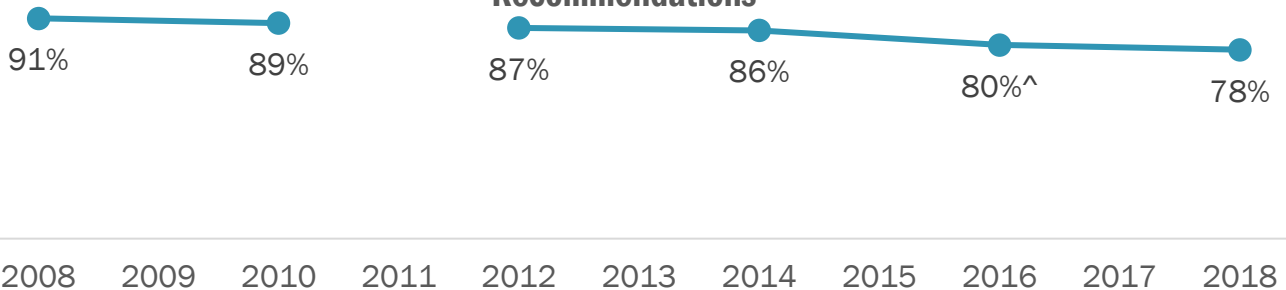
LGBT women are statistically less likely to report a recent PAP test than non-LGBT women.

Women 21-65 having a PAP test in the last three years has significantly decreased between 2012 and 2018.

Meet PAP Test Screening Recommendations~ Vermont Women 21-65, 2018



Vermont Women Ages 21-65 Meeting PAP Test Screening Recommendations~



~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].

^Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

Cervical Cancer Screening – HPV Test*

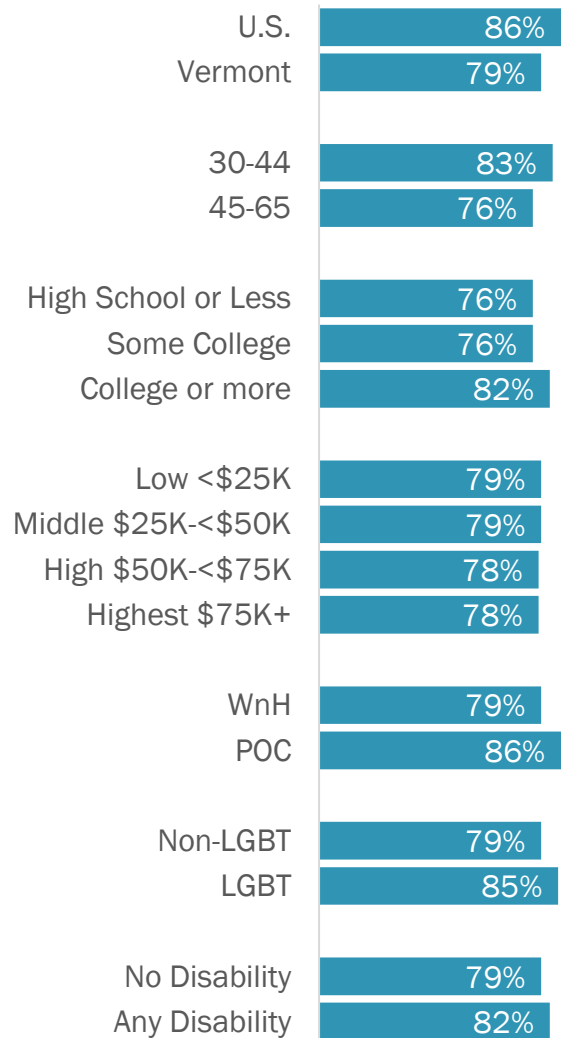
The USPTF recommends that women ages 30 to 65 receive screening for human papilloma virus (HPV) every five years. Eight in ten Vermont women 30 to 65 were screened for HPV in the last five years (79%). This is significantly less than the 86% of women ages 30 to 65 in the U.S.

- One in four Vermont women, ages 30 to 65 do not know if they have ever been tested for HPV. These women are excluded from HPV screening recommendations calculations.

There are no significant differences in receipt of an HPV test in the last five years by age, education, annual household income, race and ethnicity, sexual orientation and gender identity, and disability.

HPV screening questions have only been included in the 2016 and 2018 surveys. Due to differences in the way the questions were asked, trend and county level information is not available.

Meet HPV Screening Recommendations* Vermont Women 30-65, 2018



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

Cervical Cancer Screening – Meet Recommendations ~

The USPTF recommends that women ages 21 to 65 receive screening for cervical cancer. For women 21-29 this includes a PAP test every three years. For those 30-65, it includes either a PAP test every three years or a PAP test and human papilloma virus (HPV) screening every five years.

Eight in ten Vermont women 21-65 meet cervical cancer screening recommendations (80%). This is similar to U.S. women 21-65 (82%).

Women 25-44 are most likely to meet cervical cancer screening recommendations.

- Women 25-44 are significantly more likely than those 21-24 and 45-65 to meet cervical cancer screening recommendations.

Cervical cancer screening increases with annual household income.

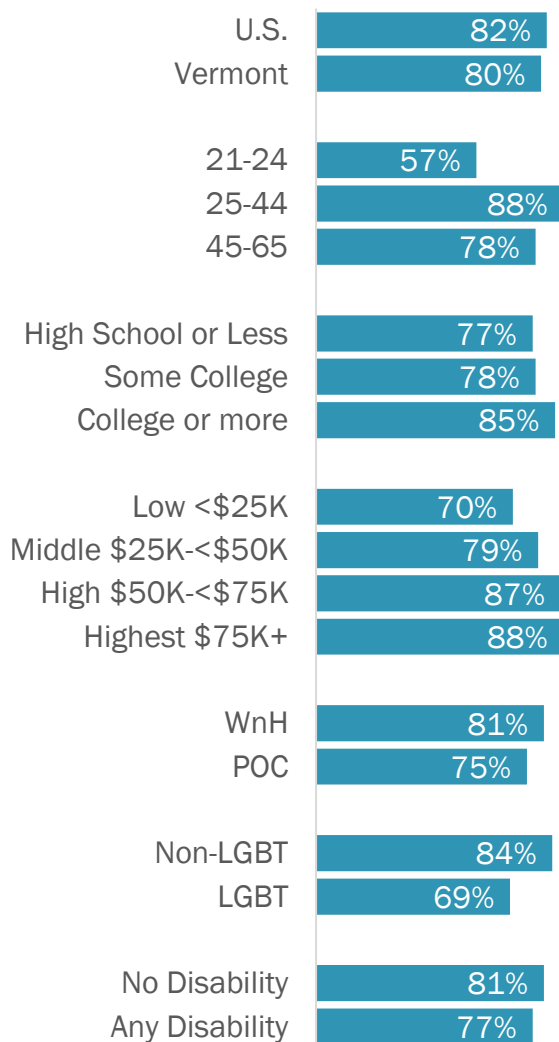
- Women 21-65 with an annual household income of \$50,000 or more are statistically more likely than those with an income less than \$25,000 to meet screening recommendations.
- Women 21-65 with an annual household income \$25,000 - <\$50,000 are statistically less likely than those with an income \$75,000 or more to meet screening recommendations.

There are no significant differences in cervical cancer screening by education, race and ethnicity or disability.

Non-LGBT women 21-65 are significantly more likely to meet cervical cancer screening recommendations than LGBT women.

Due to differences in the way the questions were asked between 2016 and 2018, trend and county level information is not available.

Meet Cervical Cancer Screening Recommendations ~ Vermont Women 21-65, 2018



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

Colorectal Cancer Screening~

Seven in ten Vermont adults ages 50-75 meet colorectal cancer screening recommendations (71%), similar to the 69% reported for U.S. adults 50-75.

Meeting colorectal cancer screening recommendations is defined as completing one of the following:

- Fecal Occult Blood Test (FOBT) in the last year
- Sigmoidoscopy in the last five years and a FOBT in the last three years
- Colonoscopy in the last 10 years

There are no statistical differences in colorectal screening among adults 50-75 by sex, race and ethnicity, sexual orientation and gender identity, or disability status.

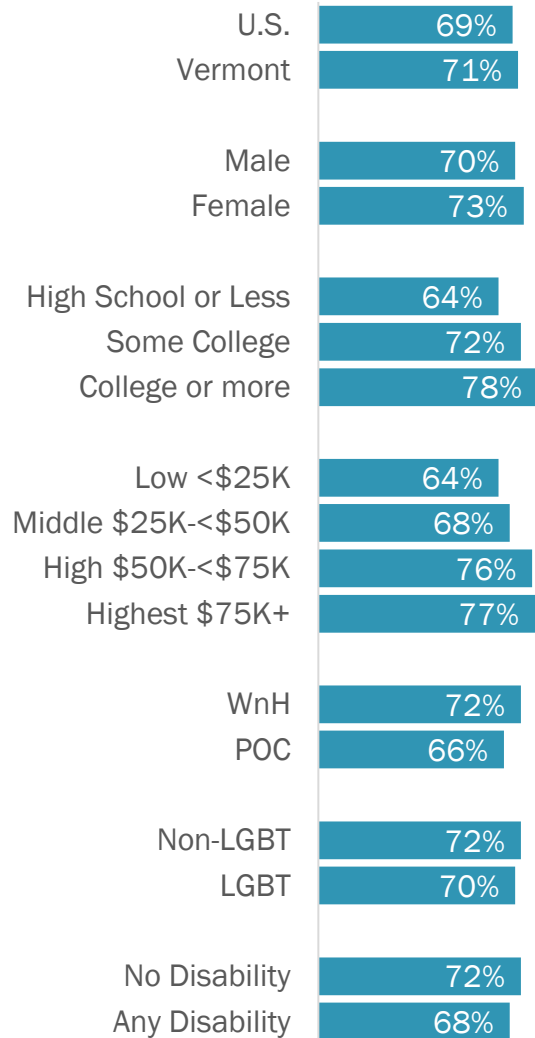
Adults with a college education are most likely to report meeting colorectal cancer screening recommendations.

- Adults with a college education or higher have a statistically higher rate of colorectal cancer screening than those with a high school education or less.

Adults in a household earning more than \$75,000 annually are statistically more likely to meet colorectal cancer screening recommendations than those making less than \$50,000 per year.

The proportion of adults meeting colorectal cancer screening recommendations has remained the same since 2012.

Meet Colorectal Cancer Screening Recommendations~ Vermont Adults 50-75, 2018



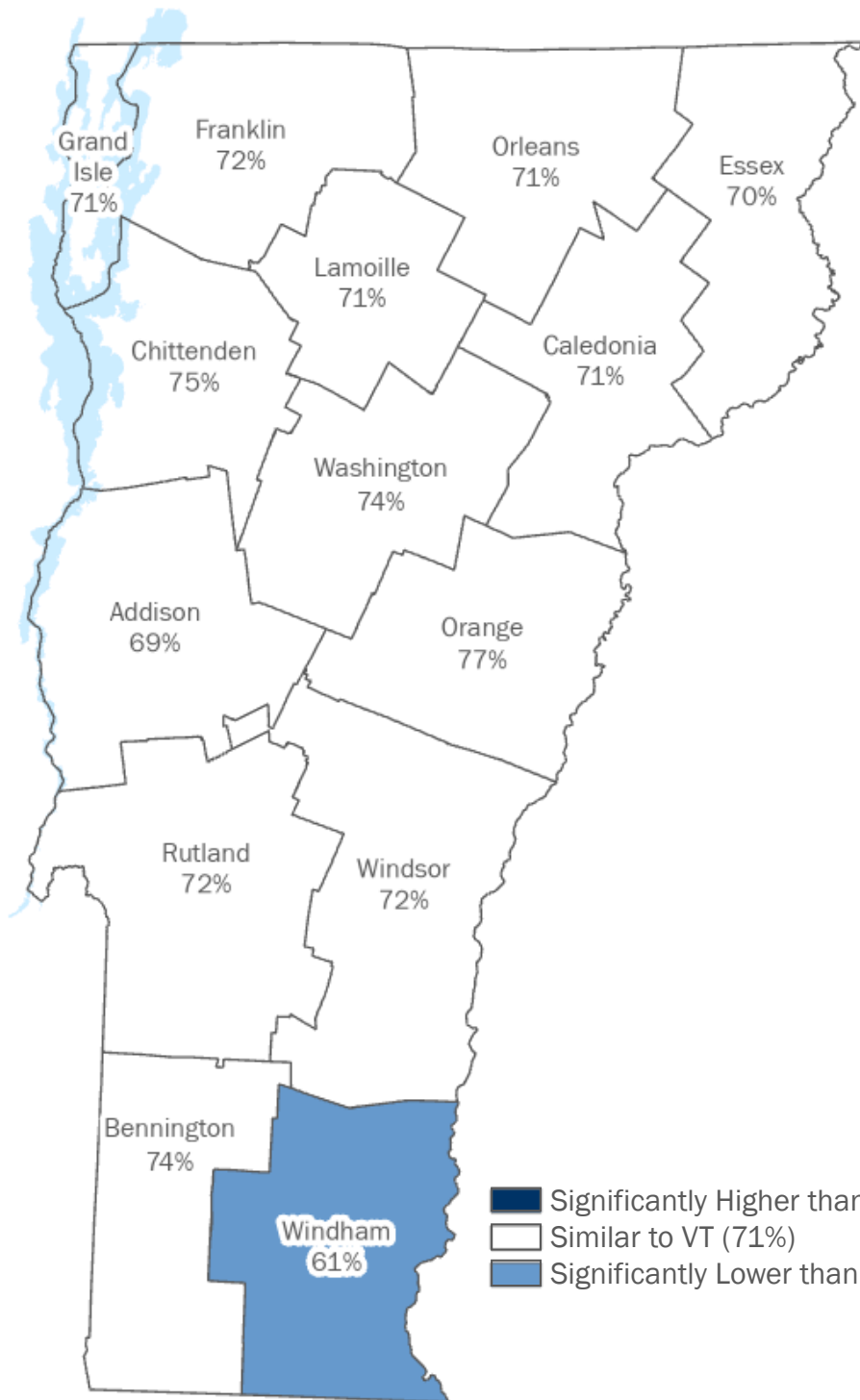
Vermont Adults Ages 50-75 Meeting Colorectal Cancer Screening Recommendations~



2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

~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 50-75 Meeting Colorectal Cancer Screening Recommendations ~ by County, 2016, 2018



Meeting colorectal cancer screening recommendations is defined as completing one of the following:

- Fecal Occult Blood Test (FOBT) in the last year
- Sigmoidoscopy in the last five years and a FOBT in the last three years
- Colonoscopy in the last 10 years

The rate of colorectal cancer screening among adults 50-75 is statistically lower in Windham County (61%) than Vermont.

All other counties have similar colorectal cancer screening rates compared Vermont.

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

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

Prostate Cancer Screening

The Vermont Department of Health supports U.S. Preventive Services Task Force (USPSTF)^o recommendations for preventive cancer screenings. USPSTF recommends against protein-specific antigen (PSA) testing.

Half of Vermont men 50 and older have discussed the advantages of a PSA test with their doctor (54%), while three in ten have discussed the disadvantages (31%). Discussing advantages is similar to U.S. (53%), but discussing the disadvantages is statistically lower among U.S. men (24%).

PSA test advantages and disadvantages are more likely to be discussed with:

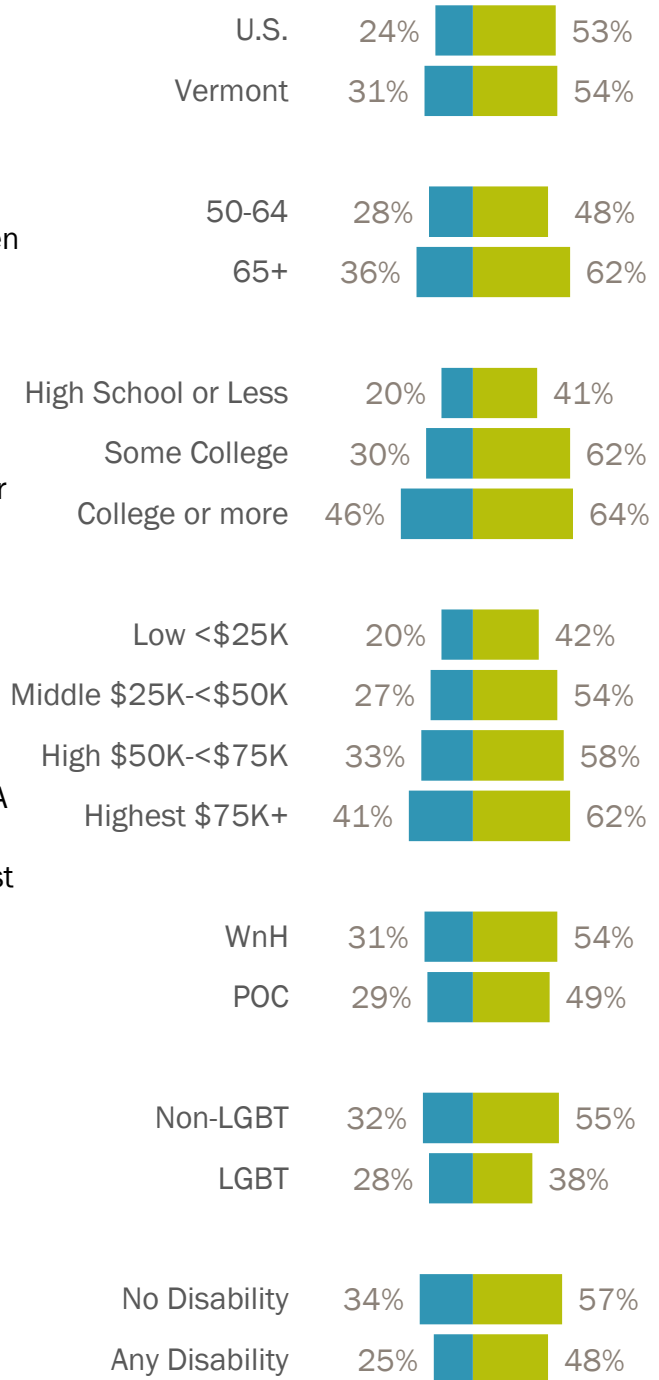
- Men 65 and older than those 50-64
- Men 50 and older with a college degree
- Men 50 and older in homes earning \$50,000 or more
- Men 50 and older with no disability

LGBT men 50 and older are statistically less likely to have discussed advantages of a PSA test than non-LGBT men.

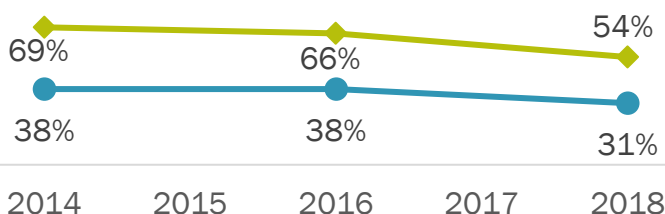
There are no statistical differences in discussing the advantages or disadvantages of a PSA test by race and ethnicity, and the disadvantages of a PSA test by sexual orientation and gender identity.

Fewer men 50 and older report discussing PSA test advantages and disadvantages than in 2016 or 2014.

Doctor Discussed Advantages and Disadvantages of PSA Test Vermont Men 50+, 2018



Vermont Men Ages 50+ Whose Doctor Discussed the Advantages and Disadvantages of a PSA Test



^oUSPSTF recommendations: <http://www.uspreventiveservicetaskforce.org/recommendations.htm>

Alcohol Screening – Doctor Asked About Alcohol Use

Eight in ten Vermont adults with a routine checkup in the last year said they were asked about alcohol use during that appointment (79%).

- This includes both questions asked in person or on a form.

Men and women report being asked about alcohol use at the same rate.

Adults ages 65 and older are significantly less likely to report being asked about alcohol use compared to all other ages.

Adults with less education and lower household income are less likely to report being asked about alcohol use.

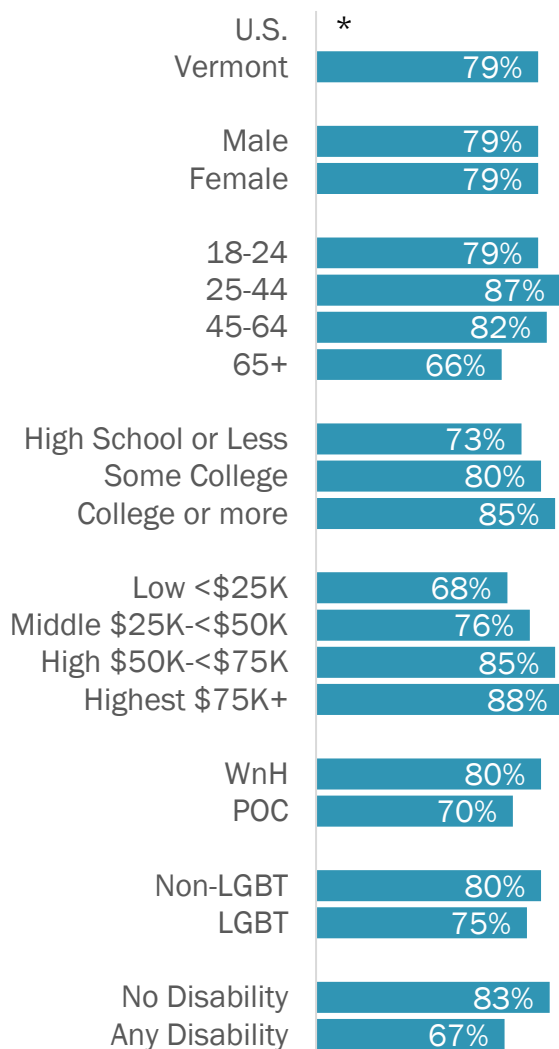
- Adults with a high school degree or less education are significantly less likely to report being asked about alcohol use compared to those with more education.
- Adults in homes making less than \$50,000 are significantly less likely than those making \$50,000 or more to be asked about alcohol use.

People of color and LGBT adults are asked about alcohol use at similar rates to white, non-Hispanic and non-LGBT adults.

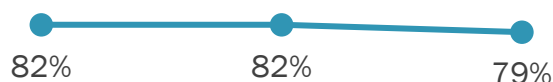
Adults with a disability are significantly less likely to report being asked about alcohol use at their last routine checkup.

The proportion of adults with a routine doctor visit who reported being asked about alcohol use in 2018 is significantly lower than 2016 but is similar to 2014.

Asked About Alcohol Use Vermont Adults with Check-up in Last Year, 2018



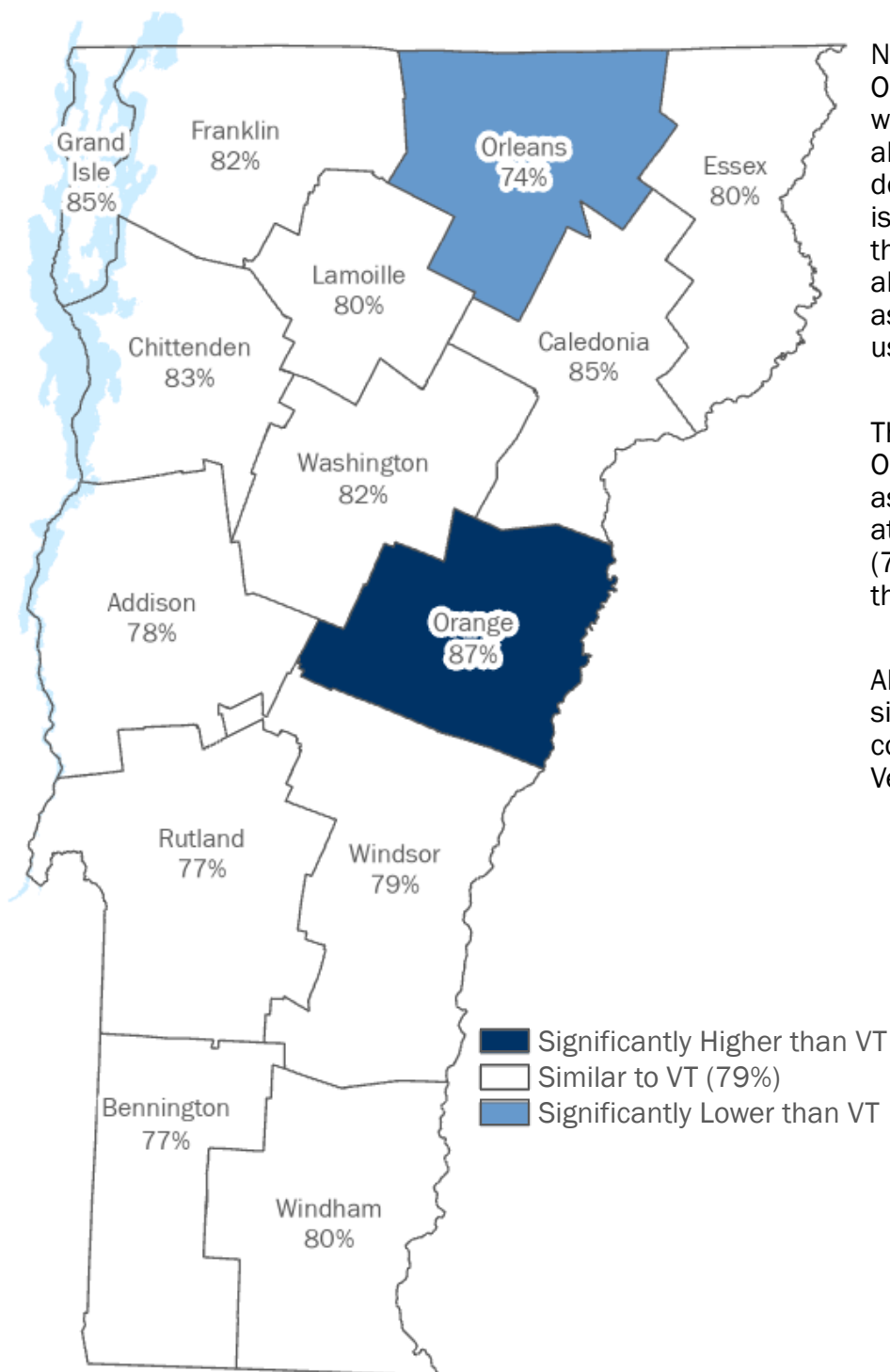
Vermont Adults with a Check-up in the Last Year Who Were Asked About Alcohol Use



2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

*No national estimate available

Vermont Adults with a Check-up in the Last Year Who Were Asked About Alcohol Use by County, 2016, 2018



Nearly nine in ten Orange County adults were asked about their alcohol use at a recent doctor visit (87%). This is statistically higher than the proportion of all Vermont adults being asked about alcohol use.

Three in four adults in Orleans County were asked about alcohol use at a recent doctor visit (74%), statistically lower than all Vermont adults.

Alcohol screening is similar for all other counties, compared to Vermont.

Alcohol Screening – Advice About Harmful Drinking

Three in ten Vermont adults with a checkup in the last year were provided information about what level of drinking is harmful or risky for your health (28%).

Men are significantly more likely than women to report being given advice about harmful levels of drinking.

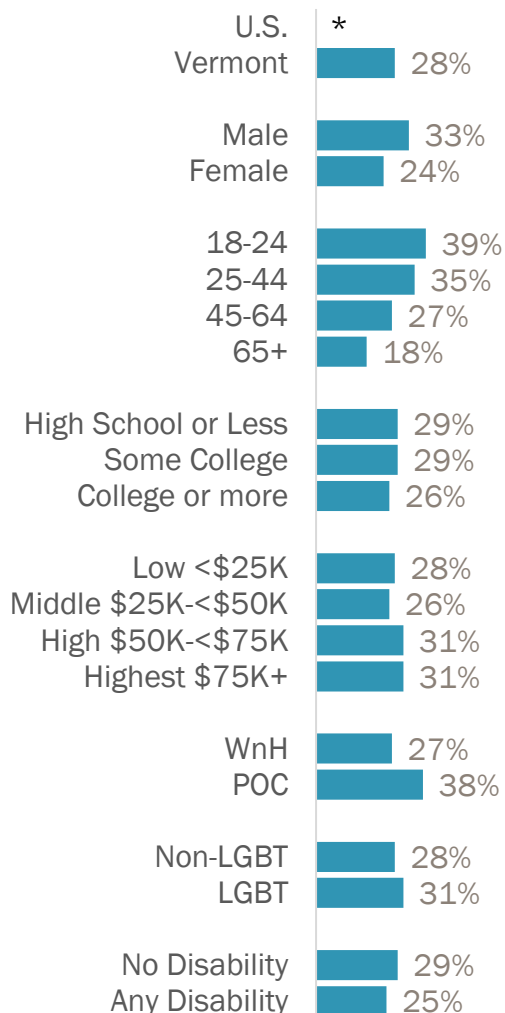
Adults ages 18 to 24 are the most likely to say they were given advice about harmful levels of drinking.

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

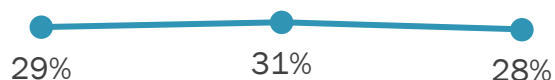
There are no statistically significant differences in receiving advice about harmful levels of drinking by education, household income, race and ethnicity, sexual orientation and gender identify, or disability status.

The proportion of adults receiving advice about harmful levels of drinking during their last checkup has not changed since 2014.

Offered Advice About Level of Drinking that is Harmful Vermont Adults with Check-up in Last Year, 2018



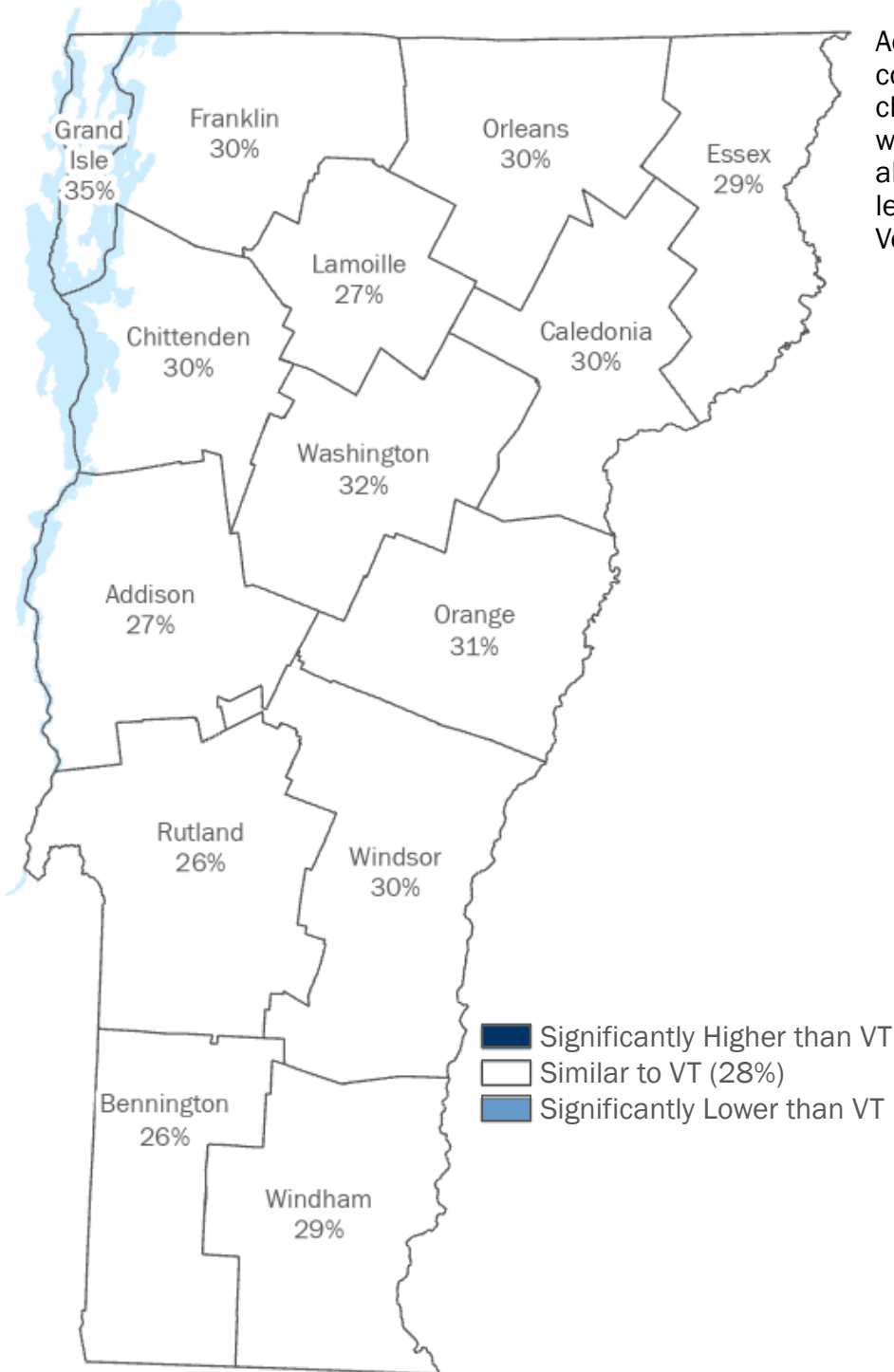
Vermont Adults with a Check-up in the Last Year Who Were Offered Advice About What Level of Drinking is Harmful



2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

*No national estimate available

Vermont Adults with a Check-up in the Last Year Who Were Offered Advice About What Level of Drinking is Harmful by County, 2016, 2018



Adults in all Vermont counties with a medical check-up in the last year were offered advice about harmful drinking levels at similar rates to Vermont.

HIV Screening - Ever

Almost four in ten Vermont adults have ever been tested for HIV (38%). This increases to 45% for adults ages 18-64.

HIV testing among all Vermont adults and those 18-64 report similar rates of having ever been tested for HIV when comparing to all U.S. adults (40%) and those 18-64 (46%).

Men and women report HIV testing at similar rates.

Adults 25-44 are 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.

HIV testing increases with education level.

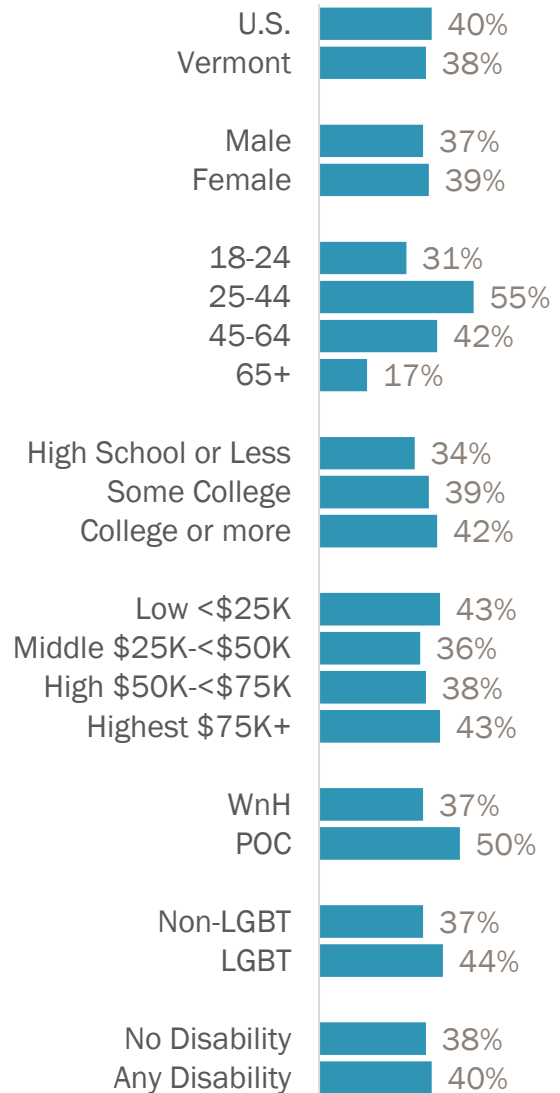
- Vermonters with a college education are significantly more likely than those with a high school education or less to have ever had a HIV test.

Half of Vermonters of color have ever been tested for HIV, this is significantly higher than white, non-Hispanic adults.

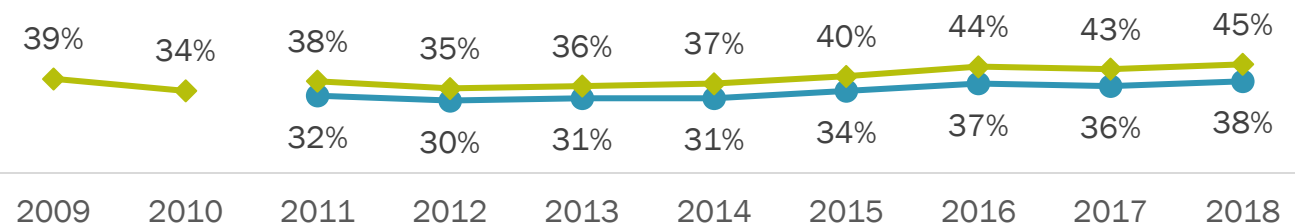
There are no differences in HIV testing by household income level, sexual orientation and gender identity, or disability status.

HIV testing has significantly increased for all adults and those 18-64 since 2011. There is no change from 2017.

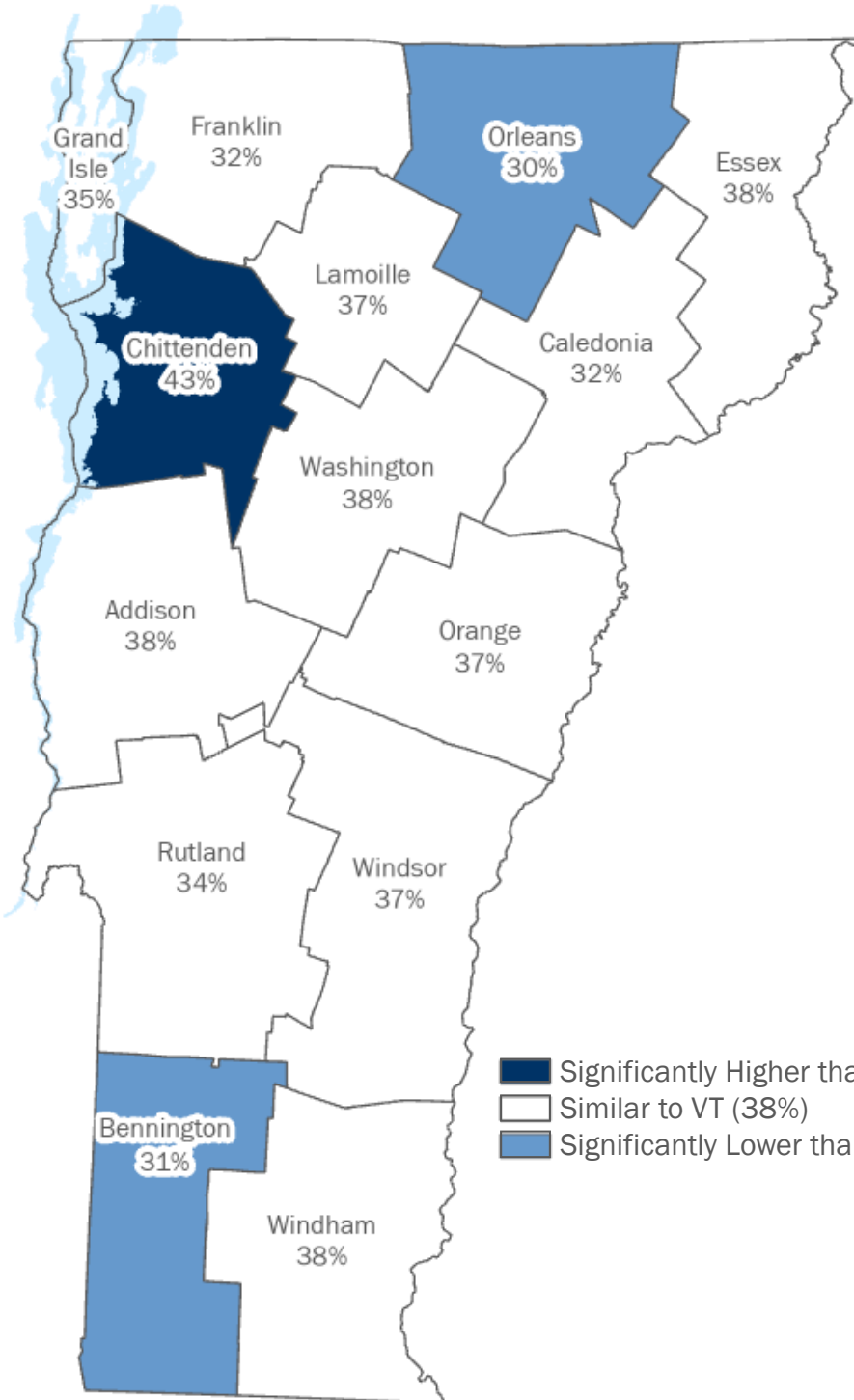
Vermont Adults Ever Tested for HIV, 2018



Vermont Adults and Adults 18-64 who Have Ever Been Tested for HIV



Vermont Adults who Have Ever Been Tested for HIV by County, 2017-2018



Four in ten Chittenden County adults have ever been tested for HIV (43%). This is statistically higher than Vermont adults.

Three in ten Orleans and Bennington County adults have been tested for HIV (31%), significantly lower than Vermont overall.

All other counties have a similar HIV testing rates compared to Vermont.

HIV Screening – In Last Year

Eight percent of adults have had an HIV test in the past year. Among adults 18-64 the HIV testing rate is 10%.

HIV testing is statistically lower among Vermont adults compared to U.S. adults overall (12%) and those 18-64 (15%).

Men and women report HIV testing at similar rates.

HIV screening in the last 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 last year by education level, race and ethnicity, and disability status.

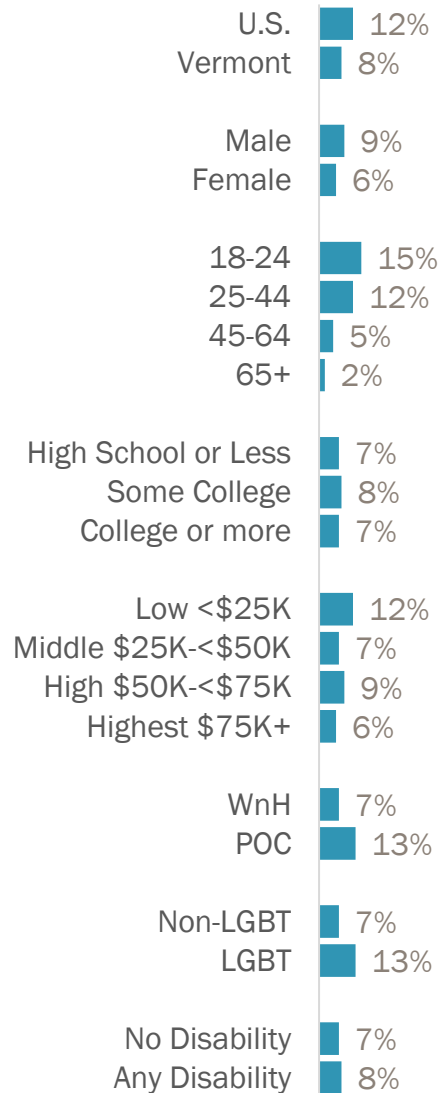
HIV screening is highest among adults living in homes with low annual incomes.

- Adults with an annual household income less than \$25,000 are statistically more likely to have had a HIV test in the last year than those in homes earning \$75,000 or more.

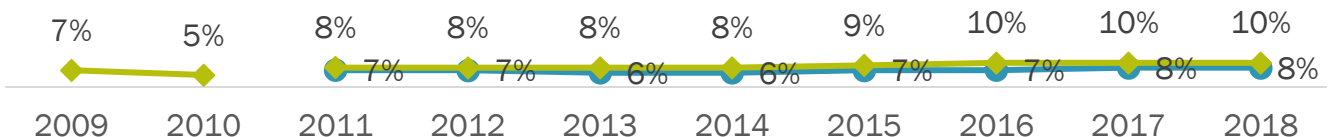
HIV screening rates in the last year are statistically higher among LGBT adults than non-LGBT adults.

HIV screening in the last year has remained statistically similar among all adults and those 18-64 since 2011.

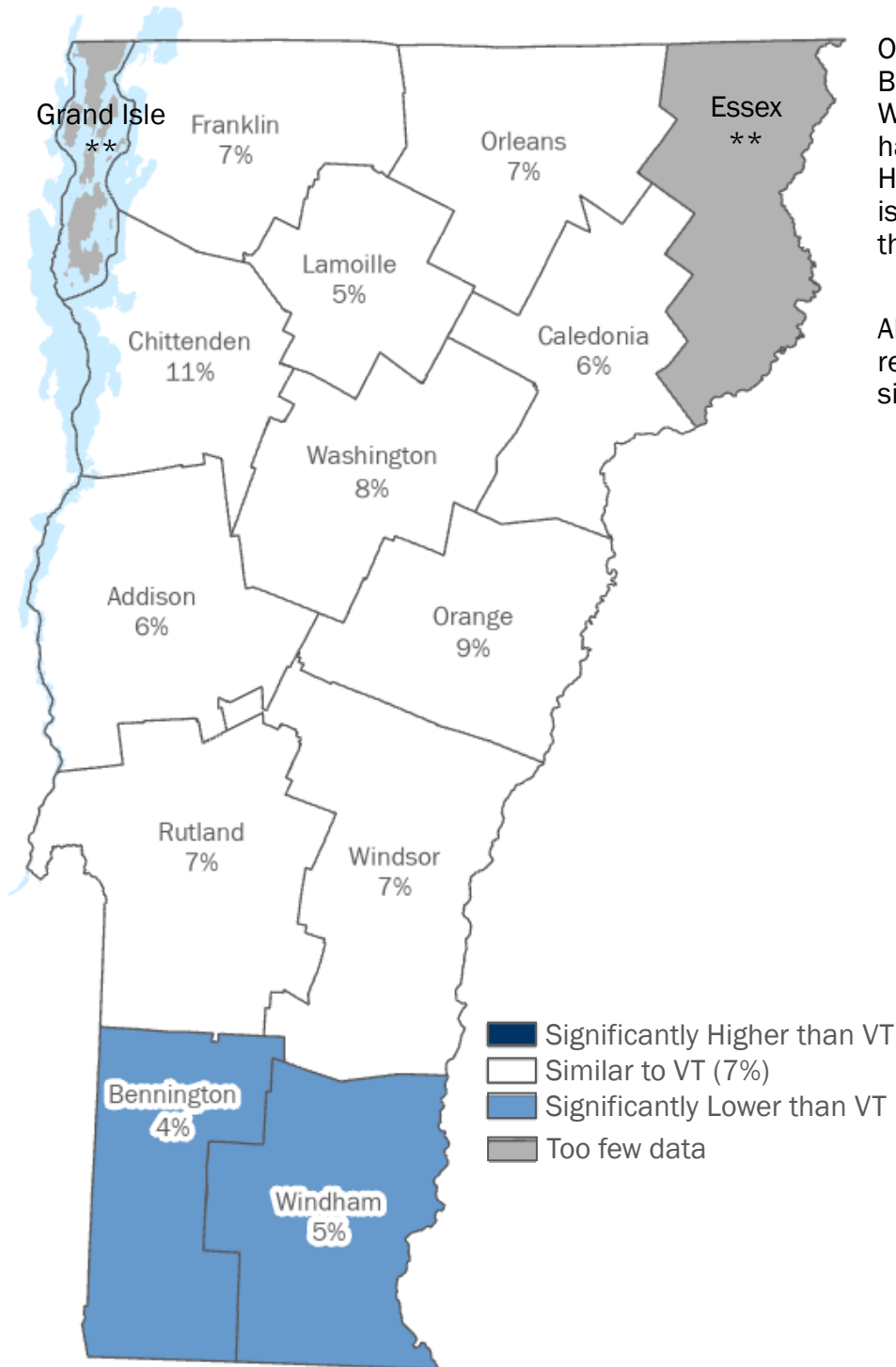
Vermont Adults Tested for HIV in Last Year, 2018



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



Vermont Adults who Have Been Tested for HIV in the Last Year by County, 2017-2018



One in twenty adults in Bennington (4%) and Windham (5%) counties have been tested for HIV in the last year. This is statistically lower than Vermont adults.

All other counties have recent HIV testing rates similar to Vermont.

**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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