



Behavioral Risk Factor Surveillance System

2022 Report

**Division of Health Statistics & Informatics
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Introduction

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

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

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

www.healthvermont.gov/brfss

www.cdc.gov/brfss

New in 2022

The 2022 Vermont BRFSS questionnaire included new questions on:

- Life satisfaction
- Social isolation
- Stress
- Reactions to race
- COVID-19 long-term effects
- Employment insecurity
- Food insecurity: Food not lasting
- Transportation insecurity

Methodology

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

Estimates in this report are provided for all years in which data were collected.

Select questions are asked among respondents of a certain sex. Respondents may report their sex assigned at birth. For respondents in which sex assigned at birth is not reported, screening questions are used to determine sex.

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 2022, BRFSS surveys were completed among 8,811 adults from across the state. This included an oversample among Vermont adults of color. These results are weighted to be representative of the entire adult population. The annual summary provides data on most survey questions broken down by sex, age, education, income, race and ethnicity, sexual orientation and gender identity, disability status, survey year, and county.

The Vermont Department of Health acknowledges that data presented in this report are driven by complex upstream factors, including social, economic and environmental inequities. We are continually working to further incorporate information highlighting the social determinants of health and informed by the communities and partners we seek to serve.

Health Status Indicators

Overall, most Vermont adults report good to excellent general health, with only one in seven reporting fair or poor health (14%). Disparities are seen in general health, as fair or poor health is more frequently reported among adults with less education or lower household income, LGBTQ+ adults and adults with a disability.

Most Vermont adults report having access to health care. More than nine in ten adults ages 18-64 have a health plan (95%) and 89% of adults have a personal health care provider. Males, younger adults, adults with less education, BIPOC adults and adults without a disability are less likely to have a personal health care provider. Only six percent of Vermont adults say there was a time in the past year that they did not go to a provider because of cost. Adults with less education or lower income, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to delay medical care due to cost. Across each of these measures, Vermont reported statistically better general health and access to health care than U.S. adults.

One in ten Vermont adults report poor physical health (11%). Poor physical health is more frequently reported among older adults, adults with less education, lower income, and a disability. One in six adults report poor mental health (16%). Poor mental health is more prevalent among females, younger adults, adults with less education or lower income, BIPOC adults, LGBTQ+ adults, and those with a disability.

New in 2022, Vermont adults were asked about life satisfaction. Six percent of adults report not being satisfied with their life. Adults with less education or lower income, LGBTQ+ adults, and those with a disability are more likely to report dissatisfaction with their life.

More than six in ten Vermont adults report poor sleep (62%), statistically lower than the 65% of U.S. adults. Eight percent of adults rarely or never get the social and emotional support they need. Males, adults with less education, lower income and a disability are more likely to not get the social and emotional support they need.

Executive Summary (continued)

Health Status Indicators (continued)

New in 2022, Vermont adults were asked about social isolation and stress. Seven percent of adults report always or usually feeling socially isolated from others. Social isolation is more prevalent among younger adults, adults with less education or lower income, LGBTQ+ adults and adults with a disability. Thirteen percent of adults report always or usually feeling stress in the past month. Feeling stress is more frequently reported among females, younger adults, adults with less education or lower income, LGBTQ+ adults and adults with a disability.

Also new in 2022, Vermont adults were asked about reactions to their race. Two percent of adults report in the past month experiencing any physical symptoms as a result of how they were treated based on their race. Adults with less education, BIPOC adults, LGBTQ+ adults and those with a disability are more likely to report experiencing physical symptoms based on reactions to their race.

Chronic Conditions

Among Vermont adults, the prevalence of diabetes and obesity are statistically lower than among U.S. adults (8% vs. 12%, and 27% vs. 34%, respectively). Arthritis (29%), asthma (13%) and non-skin cancer or melanoma (10%) are reported at statistically higher rates in Vermont than among U.S. adults (27%, 10%, and 8%, respectively). Higher rates of chronic disease are generally reported among older Vermont adults, adults with less education, lower income and a disability.

New in 2022, Vermont adults were asked about COVID-19 long-term effects. Sixteen percent of adults who tested positive for COVID-19 report experiencing symptoms for three months or longer.

Vermont adults report a higher rate of depressive disorders than U.S. adults (25% vs. 21%). Prevalence of a depressive disorders are higher among females, younger adults, adults with lower income and adults with a disability.

Subjective cognitive decline, the self-reported experience of worsening or more frequent confusion or memory loss, is reported among 10% of Vermont adults ages 45 and older. Subjective cognitive decline is more prevalent among older adults, adults with lower income, BIPOC adults and adults with a disability.

Risk Factors & Behaviors

Alcohol use (61%), binge drinking (18%) and heavy drinking (10%) are reported at statistically higher rates in Vermont than among U.S. adults (53%, 17%, and 7%, respectively). Thirty-eight percent of Vermont adults ages 65 and older use alcohol interactive medications. These medications are more frequently used among females and adults with a disability.

Twenty-four percent of Vermont adults use cannabis. Cannabis use is more prevalent among males, younger adults, adults with less education or lower income, LGBTQ+ adults and adults with a disability.

Executive Summary (continued)

Risk Factors & Behaviors (continued)

E-cigarette use among Vermont adults is statistically lower than among U.S. adults (6% vs. 7%), and is more prevalent among younger adults, adults with lower income, BIPOC adults, LGBTQ+ adults and adults with a disability. One in eight adults report smoking cigarettes (13%). Cigarette smoking is more frequently reported among adults with less education, lower income and a disability. Vermont adults report a lower rate of cigarette quit attempts than U.S. adults (44% vs. 51%).

Not participating in any leisure time physical activity is statistically lower among Vermont adults than U.S. adults (20% vs. 24%), and is more prevalent among older adults, adults with less education, lower income and a disability.

New in 2022, Vermont adults were asked questions on employment, food, housing and transportation insecurity. In the past year, ten percent of adults experienced employment insecurity, seven percent experienced food insecurity, seven percent experienced housing insecurity, and six percent experienced transportation insecurity. Higher rates of employment, food, housing and transportation insecurity are reported among adults with less education, lower income and a disability. Employment, food and housing insecurity are also more prevalent among BIPOC adults, as well as employment and transportation insecurity among LGBTQ+ adults.

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

Preventive Behaviors & Screenings

Eighty-seven percent of sexually active Vermont females ages 18 to 49 report using a birth control method to prevent pregnancy the last time they had sexual intercourse.

Flu vaccination rates among adults ages 65 and older and tetanus vaccination rates among all adults are statistically higher for Vermont than the U.S. (75% vs. 68%, and 79% vs. 64%, respectively). Nearly seven in ten Vermont adults saw a dentist during the past year (68%), statistically higher than among U.S. adults (64%). Dental visits are less prevalent among males, BIPOC adults, LGBTQ+ adults and adults with a disability. Forty-two percent of adults ages 45-64 have had at least one tooth removed, statistically lower than among U.S. adults (49%).

Seven in ten adults ages 45 to 75 meet colorectal cancer screening recommendations (70%), statistically higher than among U.S. adults (66%). Seven percent of adults have had an HIV test in the past year, statistically lower than among U.S. adults (10%). HIV screening rates are higher among younger adults, BIPOC adults and LGBTQ+ adults.

Eighteen percent of Vermont adults with private drinking water who most often drink untreated tap water tested their water within the past year. BIPOC adults are more likely to have tested their private drinking water within the past year.

Demographics

Demographics

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

Half of adults are female (51% vs. 49%). Thirteen percent of adults are ages 18-24. Three in ten are ages 25-44 (29%). One-third of adults are between 45 and 64 (32%) and over one-quarter are 65 and older (27%).

More than one-third of Vermont adults have a high school education or less (36%). Nearly three in ten have some college education (28%) and more than one-third of adults have a college education or higher (37%).

One in seven adults live in households earning less than \$25,000 annually (14%). One-quarter of adults live in homes earning \$25,000 to less than \$50,000 annually (24%). Nearly two in ten adults live in homes earning \$50,000 to less than \$75,000 annually (18%) and more than four in ten adults have household incomes of \$75,000 or more (45%).

More than one in four Vermont adults have a disability (27%).

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

Demographic Characteristics, 2022		Percent
Sex	Male	49%
	Female	51%
Age	18-24	13%
	25-44	29%
	45-64	32%
	65+	27%
Education Level	High School or Less	36%
	Some College	28%
	College or More	37%
Household Income Level	Low (<\$25K)	14%
	Middle (\$25K-<\$50K)	24%
	High (\$50K-<\$75K)	18%
	Highest (≥\$75K)	45%
Disability	No Disability	73%
	Any Disability	27%

Demographics (continued)

Eighty-nine percent of adults are white, non-Hispanic. Three percent of adults are Hispanic. Two percent of adults are non-Hispanic Asian, Native Hawaiian or Pacific Islander; Black; and multi-racial. One percent or less of adults are Alaskan Native or American Indian; and another race.

Nearly nine in ten Vermont adults are heterosexual (88%). Six percent of adults are bisexual. Two percent of adults are lesbian or gay. Adults of another sexual orientation make up 3% of Vermont’s adult population.

One percent of adults identify as transgender.

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

Demographic Characteristics, 2022		Percent
Race/ Ethnicity	White	89%
	Hispanic	3%
	Asian, Native Hawaiian, Pacific Islander	2%
	Black	2%
	Multi-racial	2%
	Alaskan Native, American Indian	1%
	Other race	1%
Sexual Orientation	Heterosexual	88%
	Bisexual	6%
	Lesbian/Gay	2%
	Other sexual orientation	3%
Gender Identity	Cisgender	99%
	Transgender	1%

Demographics (continued)

Two percent of Vermont females 18-44 were pregnant in 2022.

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

Half of Vermont adults report being married (50%). Twenty-three percent have never been married, while 12% are divorced, 8% are widowed, and 7% are part of an unmarried couple. Few are separated (1%).

Six in ten Vermont adults are employed (61%), which is defined as those responding, 'employed for wages' or 'self-employed'. More than two in ten adults are retired (23%). Five percent of adults report their employment status as: student or currently unable to work. Four percent of adults report their employment status as unemployed, and three percent are homemakers.

Three-quarters of Vermont adults say they own their home (74%). Two in ten rent (20%) and six percent have some other arrangement.

More than seven in ten Vermont adults have no children under the age of 18 in their home (72%). Thirteen percent have one child and 10% have two children in their home. Three percent have three children, while 2% have four or more children in their home.

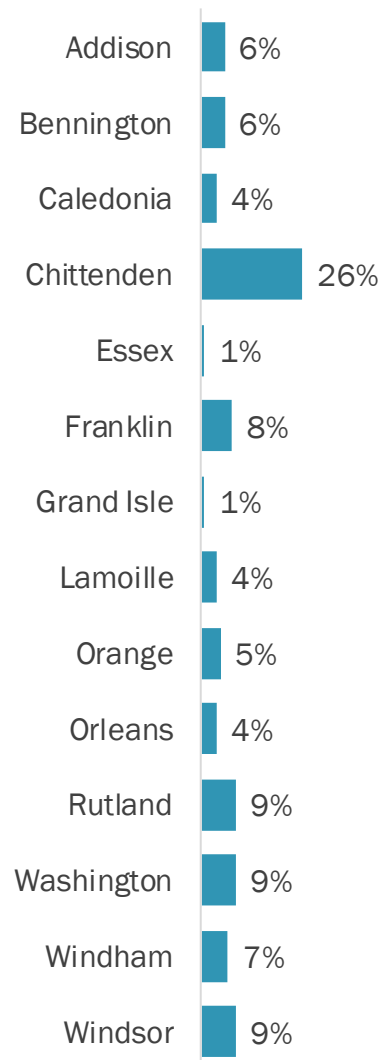
Demographic Characteristics, 2022		Percent
Pregnancy Status	Pregnant	2%
	Not Pregnant	98%
Veteran Status	Veteran	9%
	Non-Veteran	91%
Marital Status	Married	50%
	Never Married	23%
	Divorced	12%
	Widowed	8%
	Unmarried Couple	7%
	Separated	1%
Employment Status	Employed	61%
	Retired	23%
	Student	5%
	Unable to Work	5%
	Unemployed	4%
	Homemaker	3%
Homeowner Status	Own	74%
	Rent	20%
	Other Arrangement	6%
Children Under 18 Years of Age in the Home	No Children	72%
	One Child	13%
	Two Children	10%
	Three Children	3%
	Four or More Children	2%

Demographics (continued)

More than 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 Caledonia, Lamoille, Orleans, Essex and Grand Isle counties.

County of Residence, 2022



Health Status Indicators

General Health Status

One in seven Vermont adults report fair or poor general health (14%), this is statistically lower compared to 18% of U.S. adults.

Males and females report statistically similar rates of fair or poor health.

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

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

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

- All differences by education level are statistically significant.

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

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

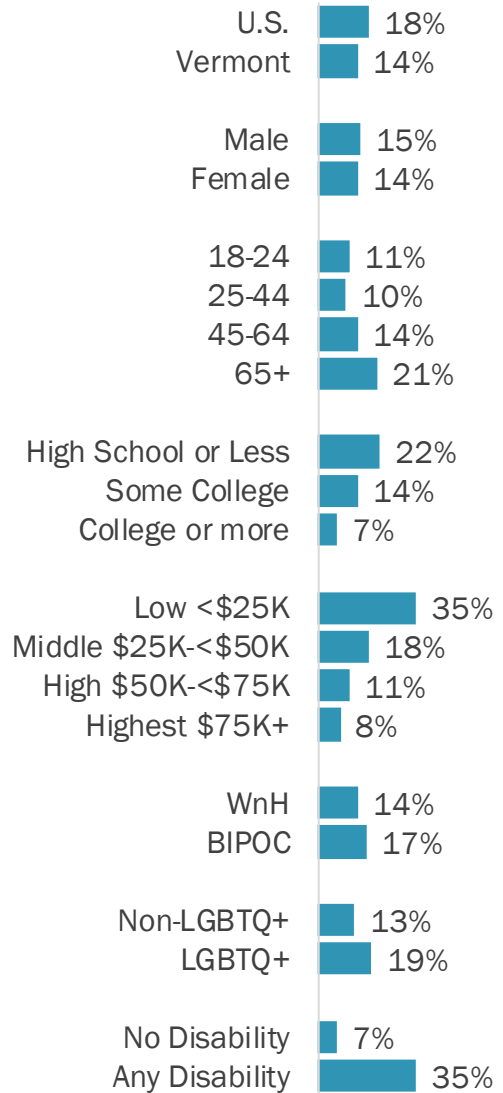
There are no statistical differences in fair or poor health by race and ethnicity.

LGBTQ+ adults are statistically more likely to report fair or poor health than non-LGBTQ+ adults.

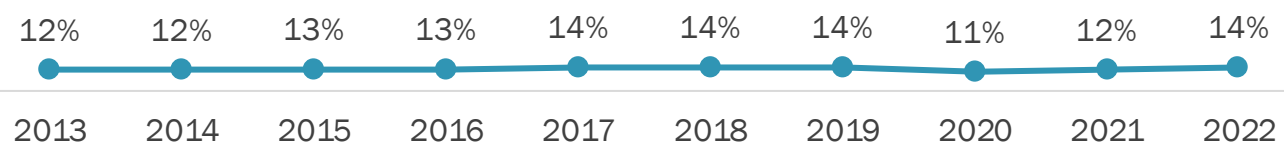
Adults with a disability are five times more likely to report fair or poor health than adults with no disability, a statistical difference.

The proportion of Vermont adults with fair or poor health is statistically similar to 2021, but higher than 2013.

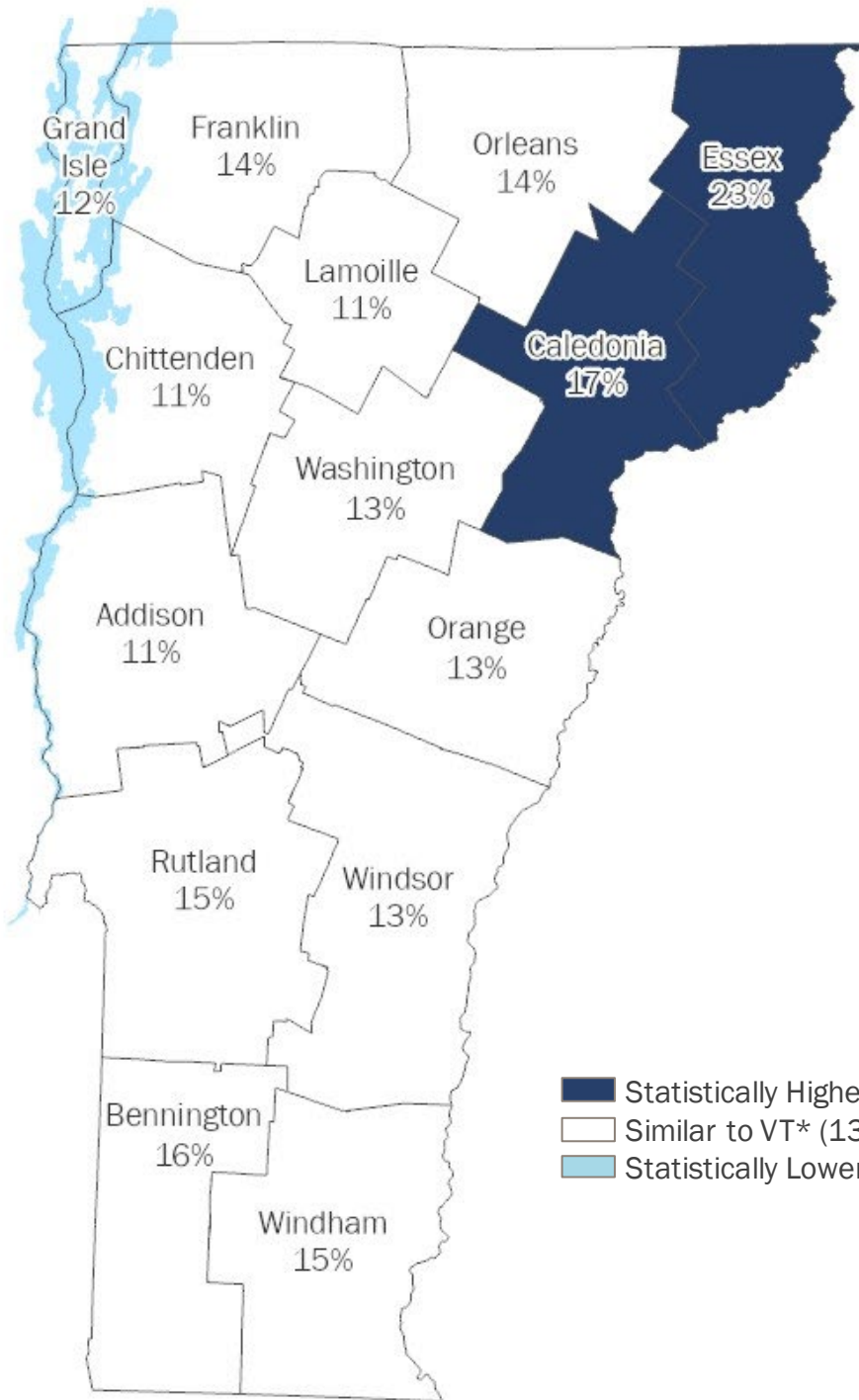
Vermont Adults with Fair or Poor Health, 2022



Vermont Adults with Fair or Poor Health



Vermont Adults with Fair or Poor Health by County, 2021-2022



Twenty-three percent of adults in Essex County and 17% in Caledonia County report fair or poor health, statistically higher than Vermont overall.

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

- Statistically Higher than VT
- Similar to VT* (13%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Medical Health Plan Coverage

More than nine in ten Vermont adults ages 18-64 have health care coverage (95%). This is statistically higher than the 89% among U.S. adults ages 18-64.

Males and females report having a health plan at statistically similar rates.

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

The proportion of adults reporting they have health care coverage increases with education level.

- All differences by education level are statistically significant.

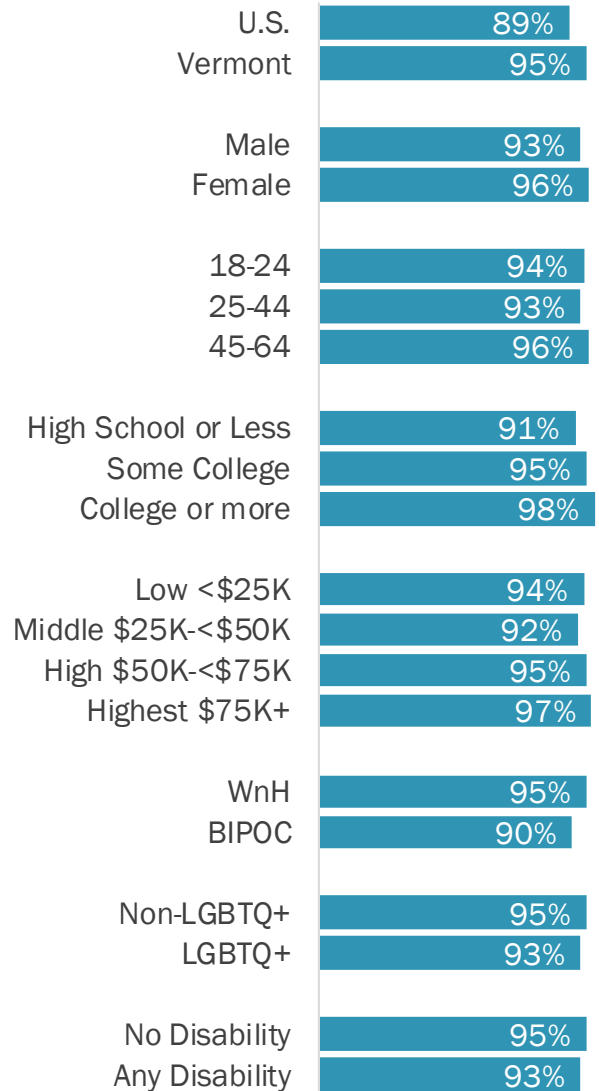
Adults in homes with the highest annual incomes are statistically more likely to have health care coverage than those with middle household incomes.

White, non-Hispanic adults are statistically more likely to have health care coverage than BIPOC adults.

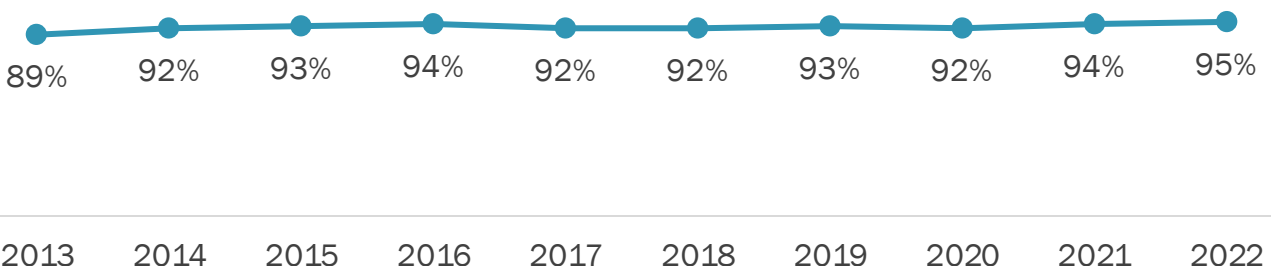
There are no statistical differences in health plan coverage by sexual orientation and gender identity, or disability status.

The proportion of adults reporting medical health plan coverage is statistically similar to 2021, but higher than 2013.

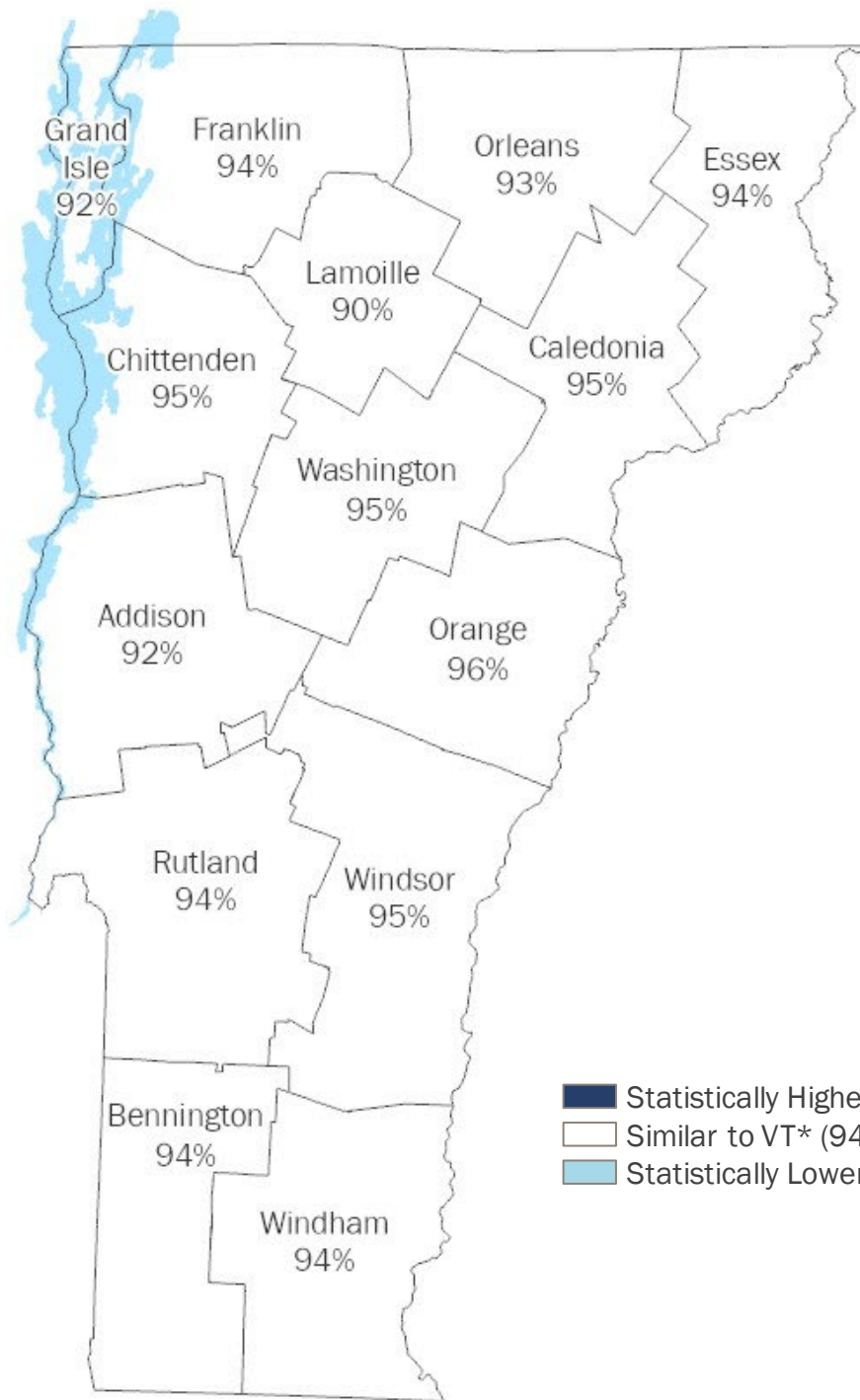
Vermont Adults 18-64 with a Medical Health Plan, 2022



Vermont Adults 18-64 with a Medical Health Plan



Vermont Adults Ages 18-64 with a Medical Health Plan by County, 2021-2022



All counties have a similar proportion of adults 18-64 with a medical health plan, compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT* (94%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

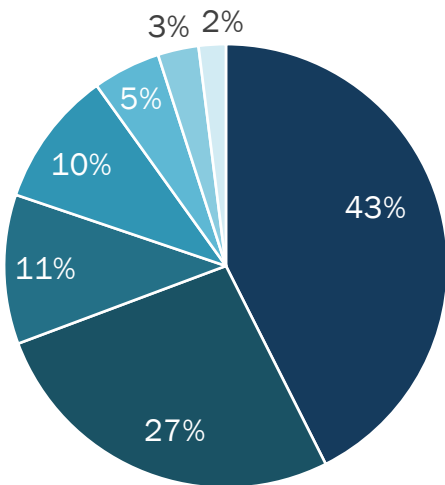
Medical Health Plan Coverage – Source

Among Vermont adults with a health plan, regardless of age, 43% have a plan purchased through their or someone else’s employer or union. More than one-quarter of adults have Medicare or Medigap (27%), more than one in ten have Medicaid (11%) and one in ten purchased a private health plan themselves (10%). Other health plans Vermont adults have for coverage include state programs (5%), military related health care (3%), or Indian Health Service or some other government program (2%).

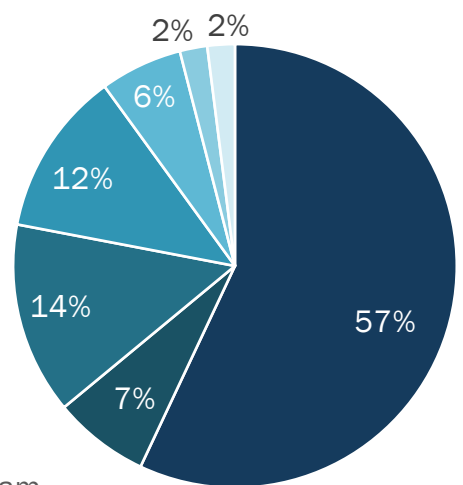
Compared to all Vermont adults, those 18-64 are statistically more likely to have an employer or union purchased health plan (57%). Fewer adults 18-64 have Medicare or Medigap (7%) and more have Medicaid (14%), both statistically different compared to all Vermont adults. The proportion with private self-purchased, some other state program, military related health care, or Indian Health Service or some other government program are similar regardless of age.

The type of health plans all Vermont adults and those 18-64 have are statistically similar to 2021.

All Vermont Adults with a Health Plan, 2022



Vermont Adults 18-64 with a Health Plan, 2022



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

Medical Health Care Access – Provider

Eighty-nine percent of Vermont adults report having a personal health care provider (PCP), statistically higher than the 82% reported by U.S. adults.

Females are statistically more likely than males to have a PCP.

The proportion of adults with a PCP increases with age.

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

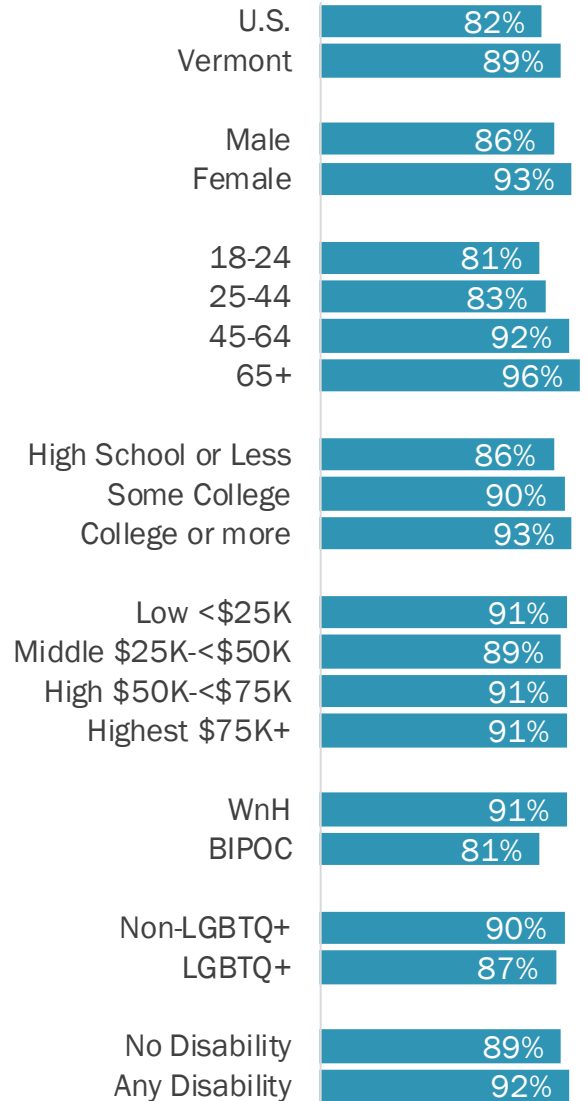
Adults with at least a college degree are statistically more likely to have a PCP than those with a high school education or less.

Having a PCP is not statistically different by household income level or sexual orientation and gender identity.

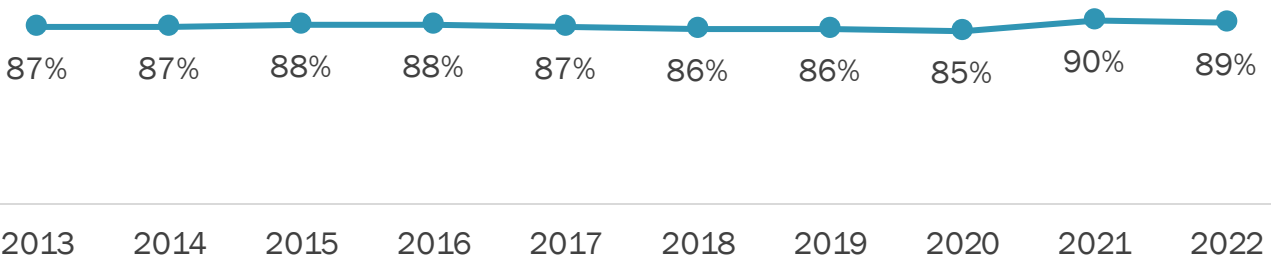
White, non-Hispanic adults and adults with a disability are statistically more likely to have a PCP than BIPOC adults and those with no disability.

The proportion of adults with a PCP is statistically similar to 2021, but higher than 2013.

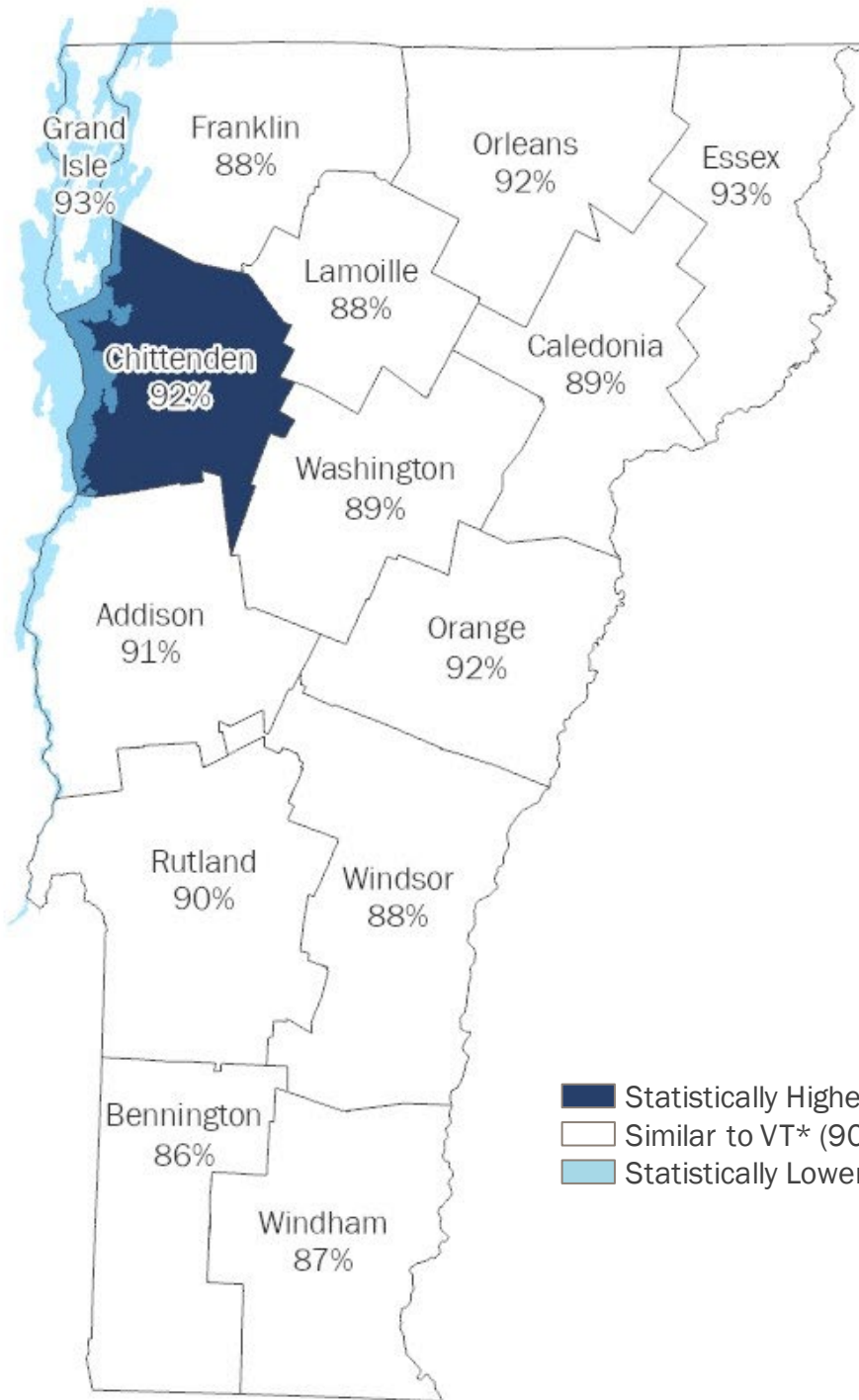
Vermont Adults with a Personal Health Care Provider, 2022



Vermont Adults with a Personal Health Care Provider



Vermont Adults with a Personal Health Care Provider by County, 2021-2022



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

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

- Statistically Higher than VT
- Similar to VT* (90%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Medical Health Care Access – Delay Due to Cost

Six percent of Vermont adults say there was a time in the past year they did not go to the doctor because of cost. This is statistically lower than the 11% of U.S. adults.

Males and females report not seeing a doctor due to cost at statistically similar rates.

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

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

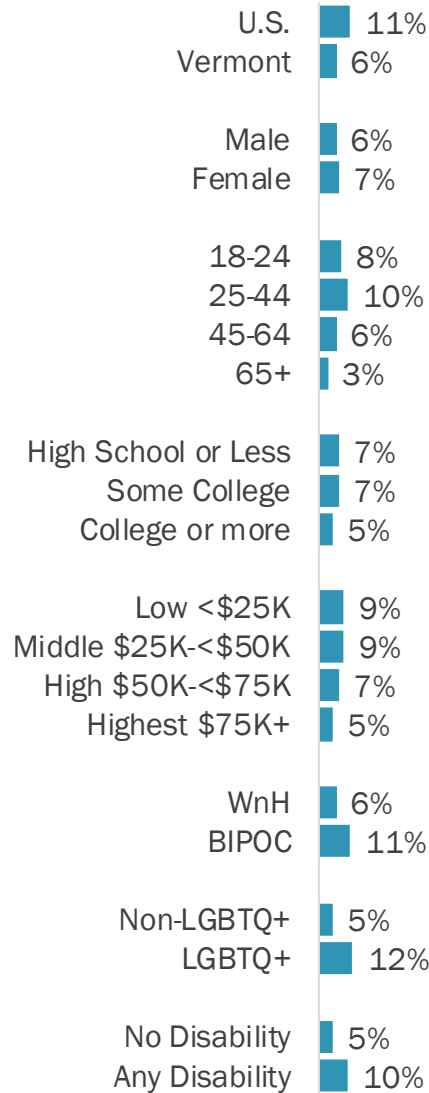
Adults with a high school education or less are statistically more likely to delay medical care due to cost than those with a college degree or more.

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 incomes.

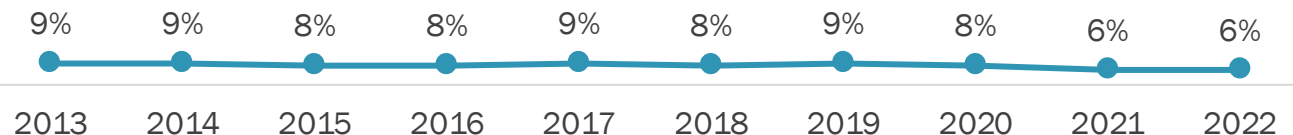
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to delay care due to cost than white, non-Hispanic adults, non-LGBTQ+ adults and those with no disability.

The proportion of adults delaying medical care due to cost is statistically similar to 2021, but lower than 2013.

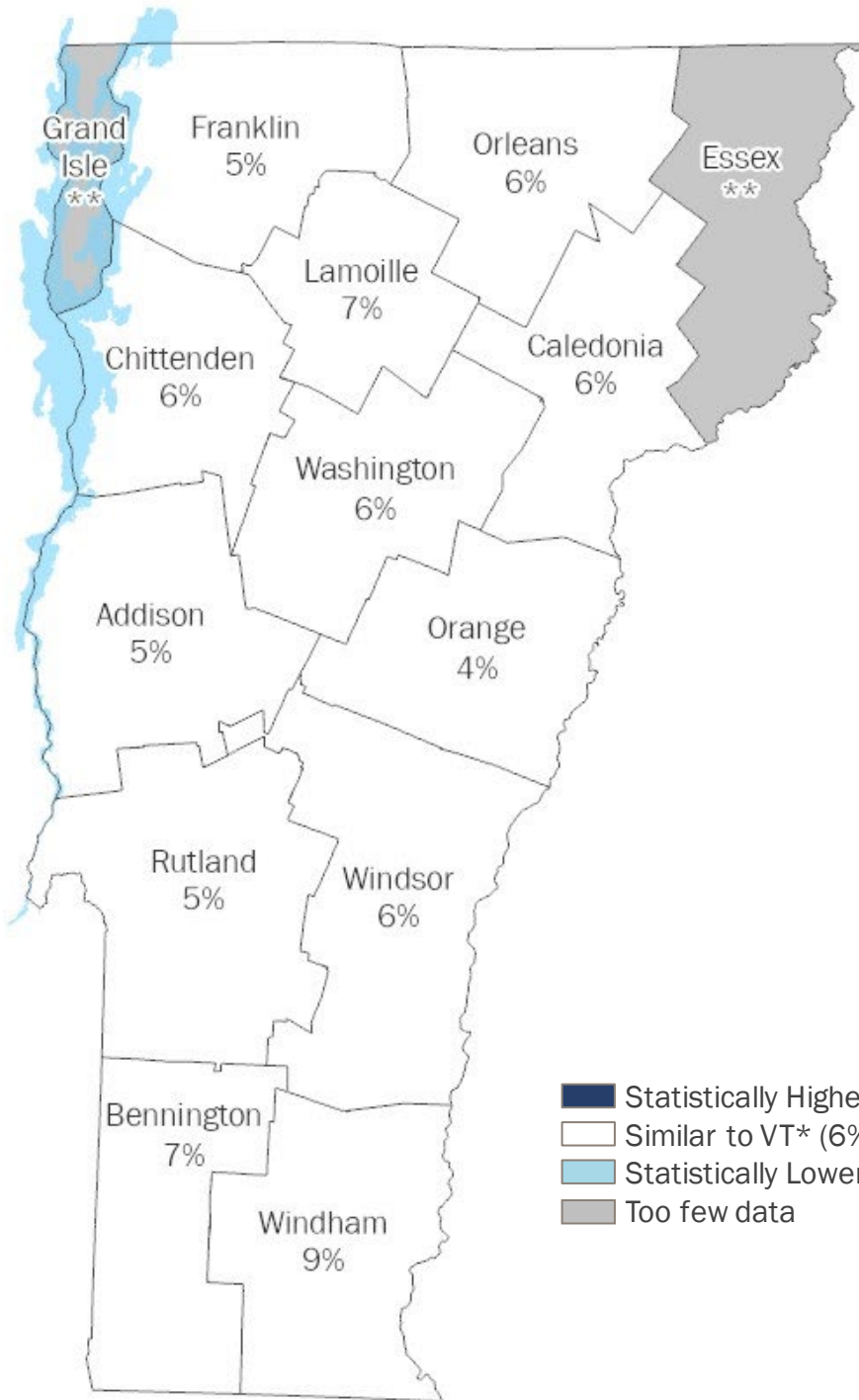
Vermont Adults who Did Not Visit Doctor Due to Cost, 2022



Vermont Adults who Did Not Visit Doctor Due to Cost



Vermont Adults who Did Not Visit Doctor Due to Cost by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

Quality of Life – Physical Health

One in ten Vermont adults report poor physical health^o (11%), statistically similar to the 13% of U.S. adults.

Poor physical health is reported at statistically similar rates for males and females.

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

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

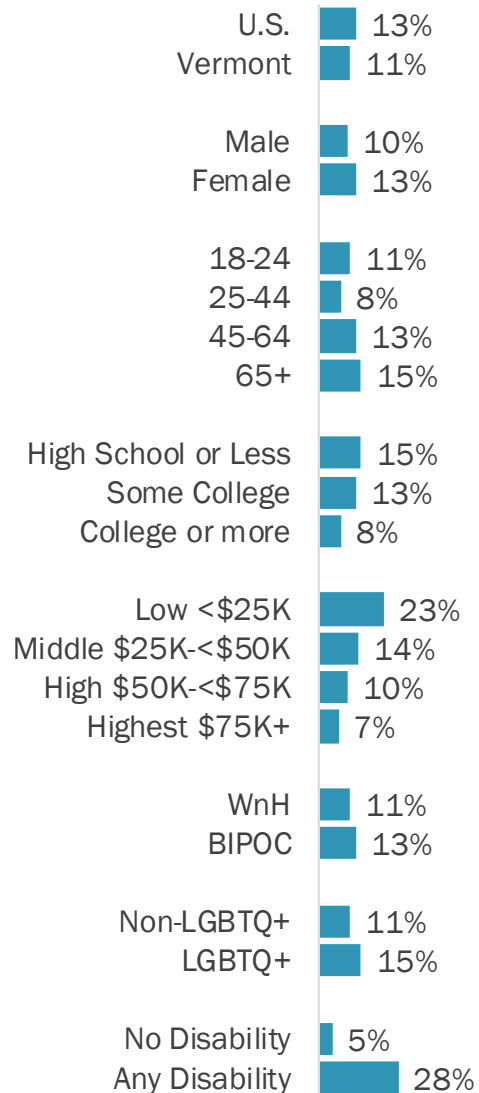
- Poor physical health is statistically higher among adults who do not have a college degree or more.
- Adults in homes with low incomes are statistically more likely to report poor physical health than those in homes with middle to highest incomes.
- Adults in homes with middle incomes are statistically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

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

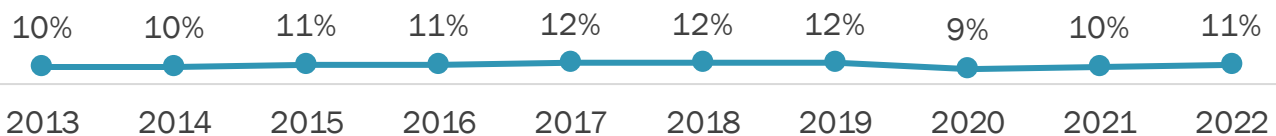
Adults with a disability are over five times more likely to report poor physical health than adults with no disability, a statistical difference.

The proportion of adults with poor physical health is statistically similar to 2021 and 2013.

Vermont Adults with Poor Physical Health, 2022

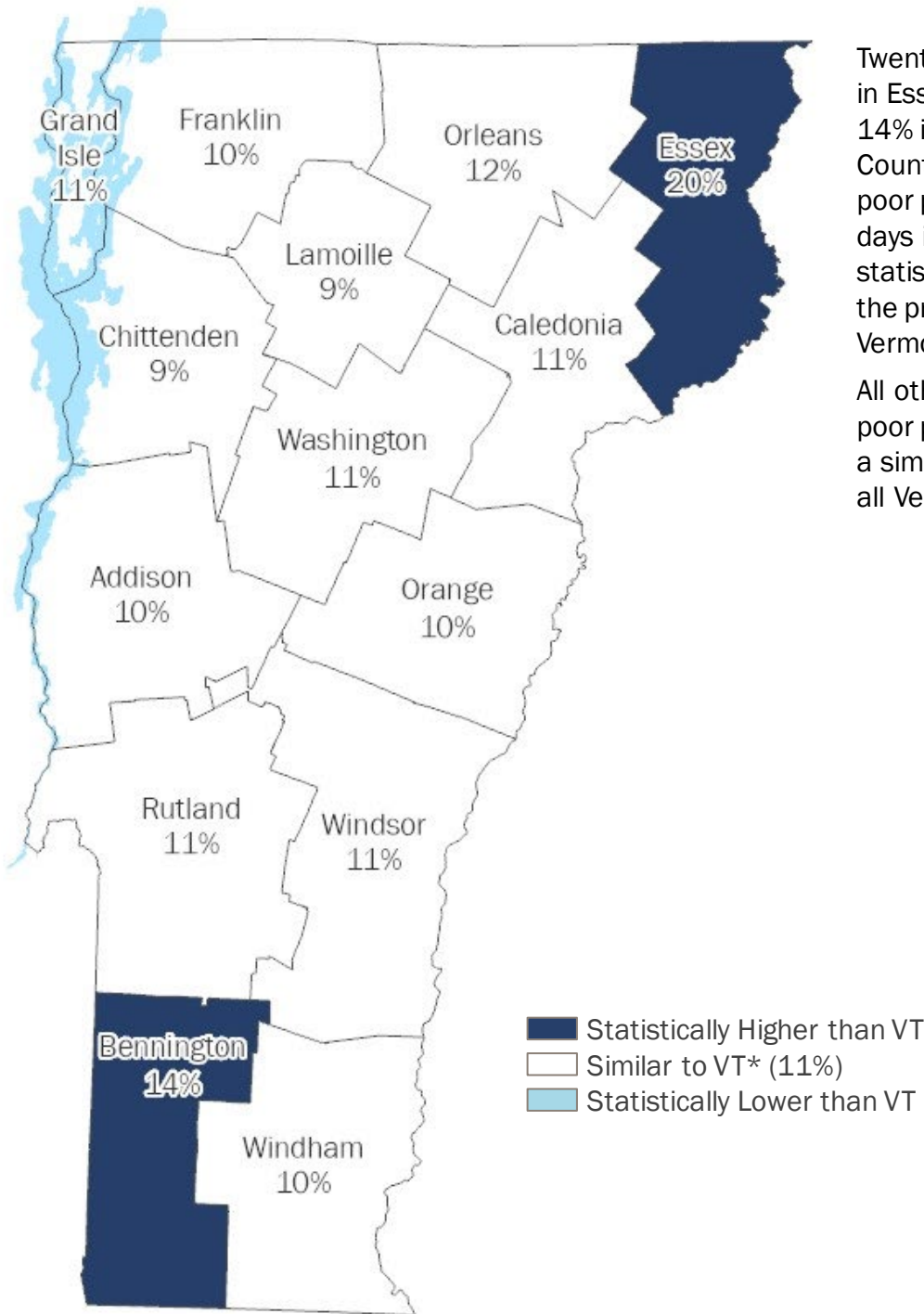


Vermont Adults with Poor Physical Health



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

Vermont Adults with Poor Physical Health^o by County, 2021-2022



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

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

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

Quality of Life – Mental Health

One in six Vermont adults report poor mental health^o (16%), the same as U.S. adults.

Females are statistically more likely to report poor mental health than males.

Younger adults are most likely to report poor mental health.

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

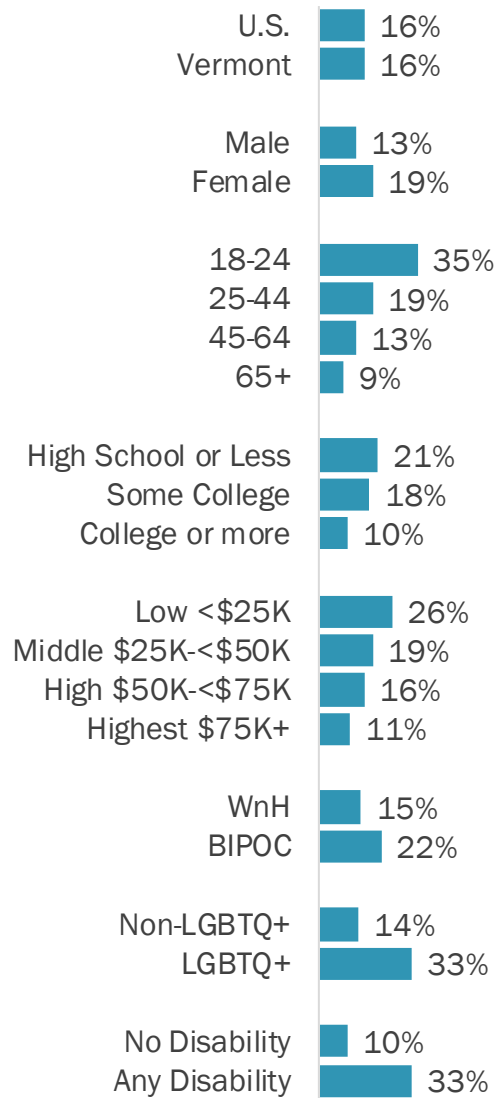
Adults with less education and lower household incomes are more likely to report poor mental health.

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

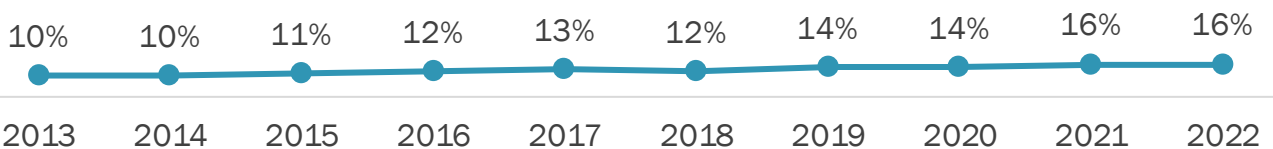
BIPOC adults, LGBTQ+ adults and adults with a disability are statistically more likely to report poor mental health than white, non-Hispanic adults, non-LGBTQ+ adults and those with no disability.

The proportion of adults reporting poor mental health is statistically similar to 2021, but higher than 2013.

Vermont Adults with Poor Mental Health, 2022

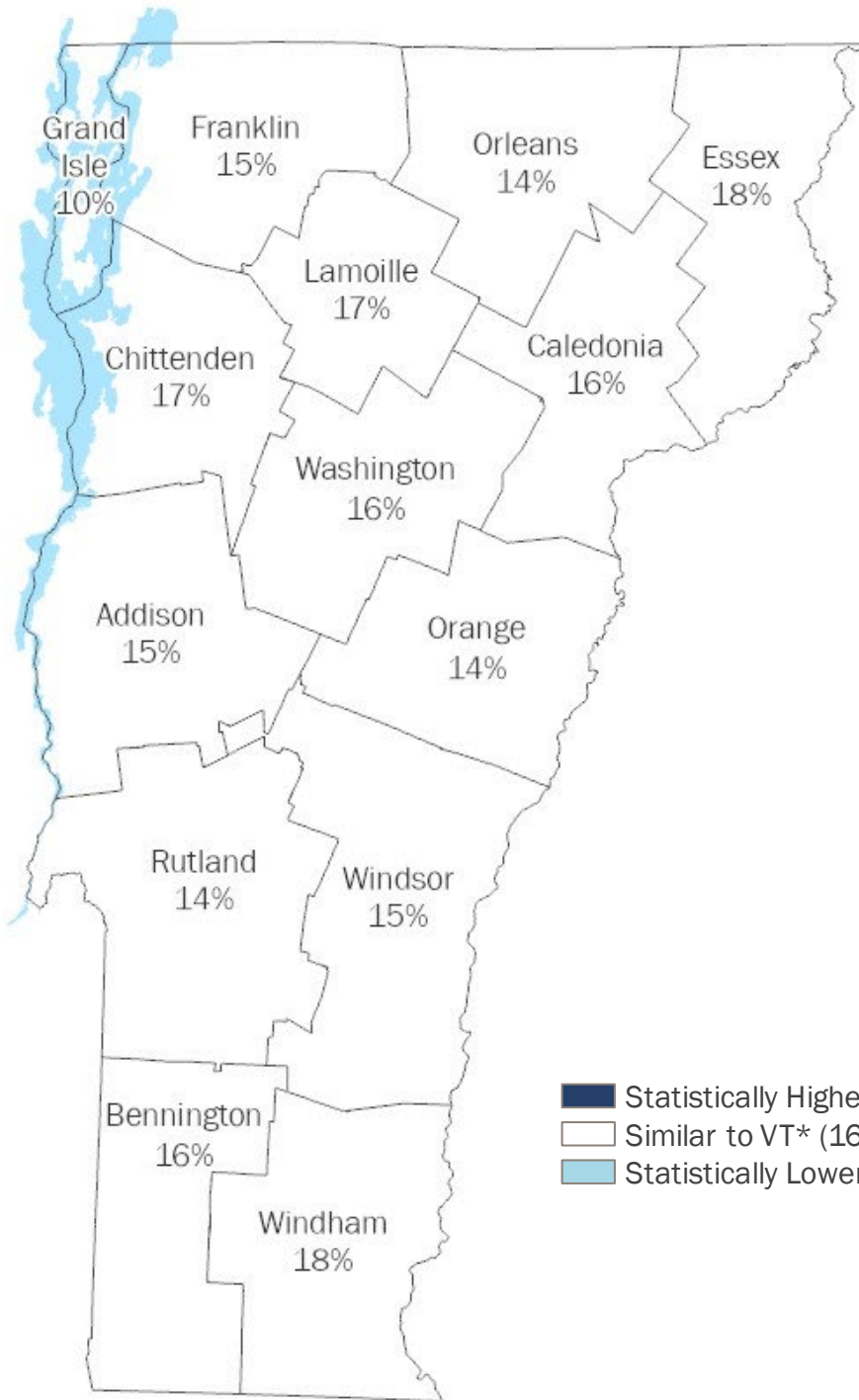


Vermont Adults with Poor Mental Health



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

Vermont Adults with Poor Mental Health^o by County, 2021-2022



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

- Statistically Higher than VT
- Similar to VT* (16%)
- Statistically Lower than VT

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

Quality of Life – Life Satisfaction

Six percent of Vermont adults report being dissatisfied or very dissatisfied with their life.

Males and females report statistically similar rates of dissatisfaction with life.

Adults ages 18-24 are statistically more likely than adults 25 and older to report dissatisfaction with life.

Adults with less education and lower household incomes are more likely to report being dissatisfied or very dissatisfied with life.

- Adults with less than a college degree are statistically more likely to report dissatisfaction with life than those with at least a college degree.
- All differences by household income level are statistically significant, except between households with middle and high incomes.

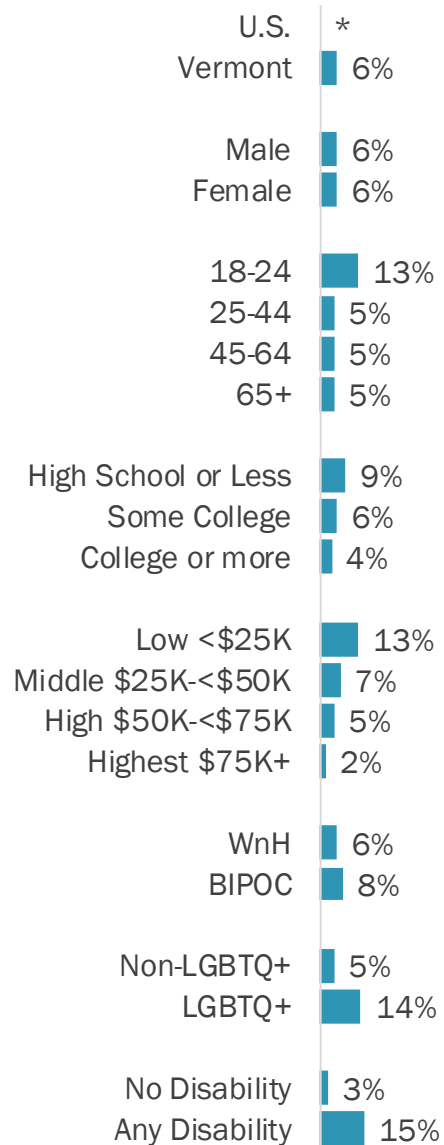
There are no statistical differences in dissatisfaction with life by race and ethnicity.

LGBTQ+ adults are nearly three times as likely to report dissatisfaction with life than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are five times as likely to report dissatisfaction with life than those with no disability, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who are Dissatisfied/Very Dissatisfied with Life, 2022



*No national estimate available.

Sleep

More than six in ten Vermont adults report poor sleep^o (62%). This is statistically lower than the 65% of U.S. adults.

Vermont adults receive 7 hours of sleep on average.

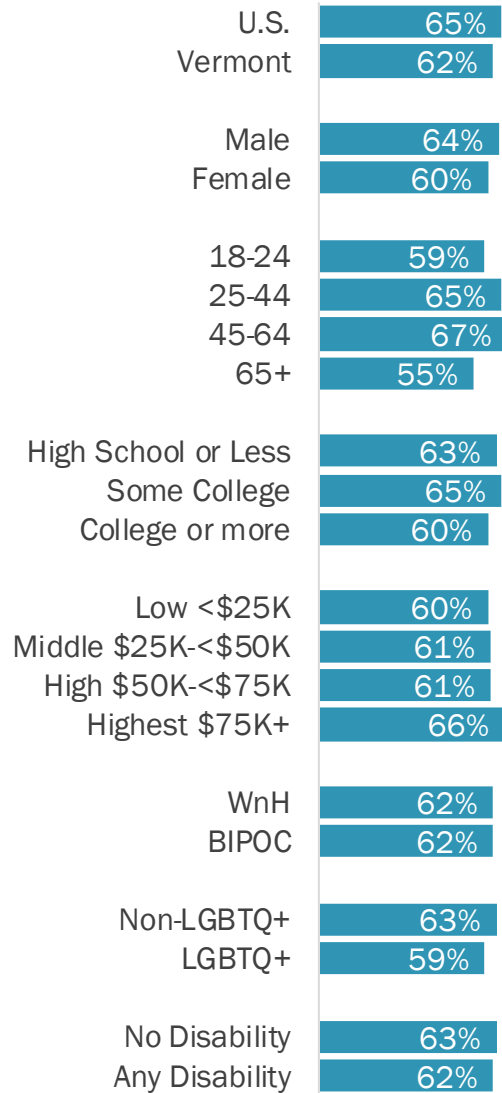
Poor sleep is reported at statistically similar rates for males and females .

Adults 25-64 are statistically more likely to report poor sleep than adults 65 and older.

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

The proportion of adults who report they get poor sleep is statistically similar to 2020 and 2013.

Vermont Adults with Poor Sleep, 2022

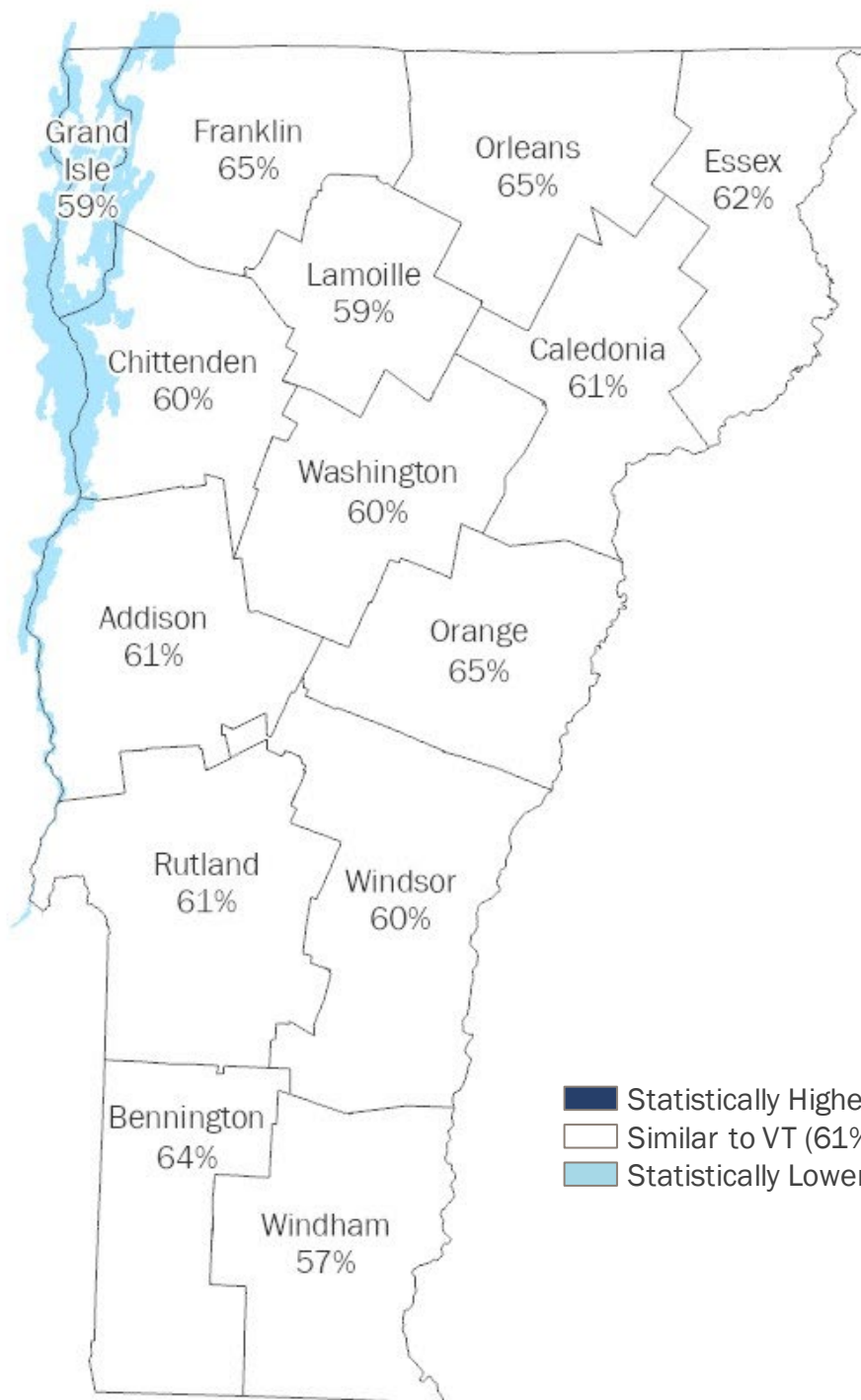


Vermont Adults with Poor Sleep



^oPoor sleep defined as less than eight hours of sleep on average in a 24-hour period.

Vermont Adults with Poor Sleep^o by County, 2020, 2022



All counties have a similar proportion of adults reporting poor sleep, compared to Vermont overall.

- Statistically Higher than VT
- Similar to VT (61%)
- Statistically Lower than VT

^oPoor sleep defined as less than eight hours of sleep on average in a 24-hour period.

*Vermont estimate represents two years of data.

Social and Emotional Support

Eight percent of Vermont adults rarely or never get the social and emotional support they need.

Males are statistically more likely than females to not get the social and emotional support they need.

There are no statistical differences in rarely or never receiving support by age.

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

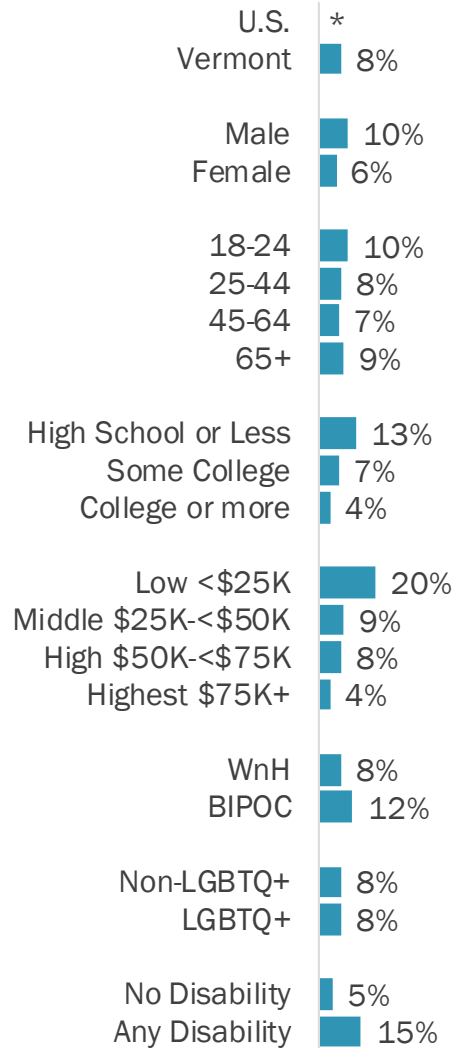
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between households with middle and high incomes.

There are no statistical differences in rarely or never getting the social and emotional support needed by race and ethnicity, or sexual orientation and gender identity.

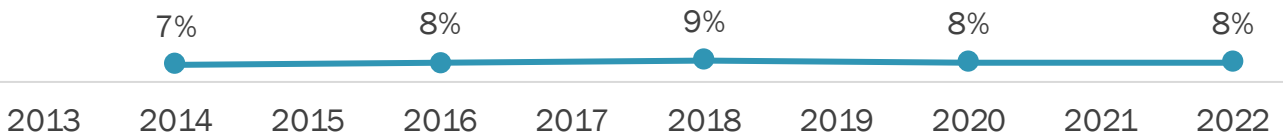
Adults with a disability are three times more likely than those with no disability to not get needed social and emotional support, a statistical difference.

The proportion of adults rarely or never getting the social and emotional support they need is statistically similar to 2020 and 2014.

Vermont Adults who Rarely/ Never Get Social and Emotional Support, 2022

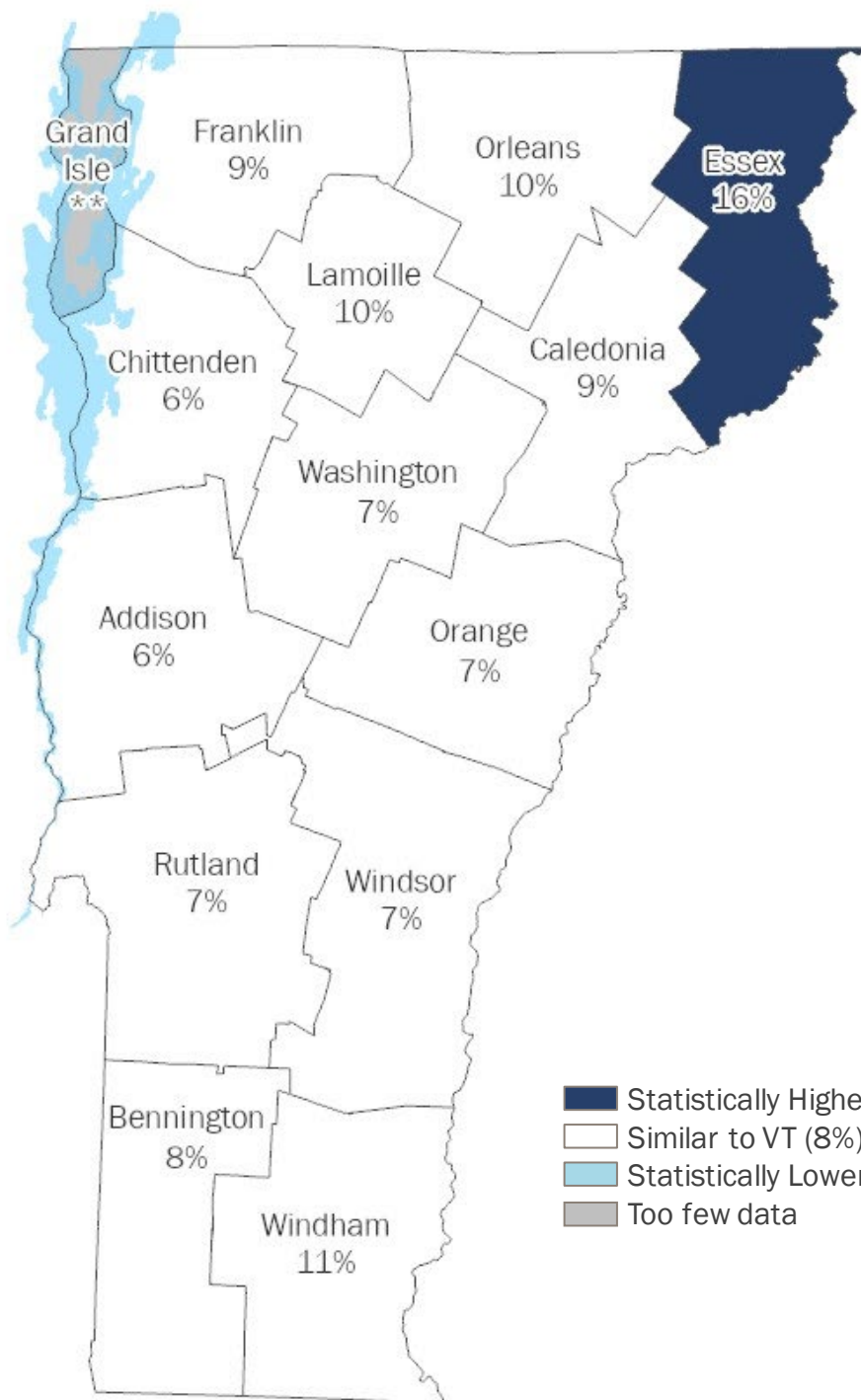


Vermont Adults who Rarely/ Never Get Social and Emotional Support



*No national estimate available.

Vermont Adults Rarely or Never Getting Social and Emotional Support, by County, 2020, 2022



Sixteen percent of adults in Essex County rarely or never get the social and emotional support they need, 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.

*Vermont estimate represents two years of data.

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

Social Isolation

Seven percent of Vermont adults report always or usually feeling socially isolated from others.

Males and females report statistically similar rates of social isolation.

Adults ages 18-44 are statistically more likely than adults 65 and older to report social isolation.

Adults with less education and lower household incomes are more likely to report social isolation.

- Adults with some college education or less are statistically more likely to report social isolation than those with at least a college degree.
- All differences by household income level are statistically significant, except between households with middle and high incomes.

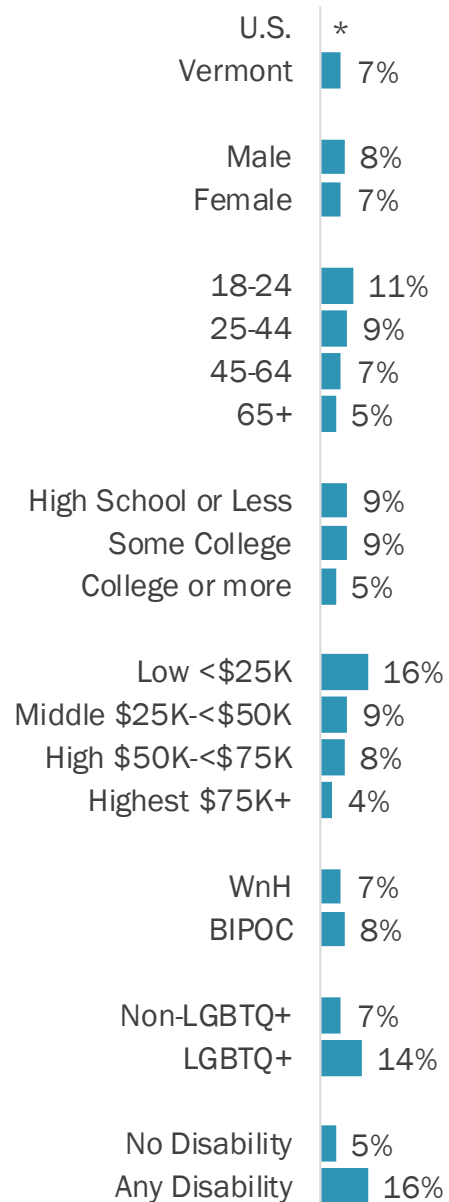
There are no statistical differences in social isolation by race and ethnicity.

LGBTQ+ adults are nearly three times as likely to report social isolation than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are five times as likely to report social isolation than those with no disability, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Always/Usually Feel Socially Isolated, 2022



*No national estimate available.

Stress

One in eight Vermont adults report always or usually feeling stress in the past month (13%). This definition includes feeling tense, restless, nervous, anxious or unable to sleep at night.

Females are statistically more likely to report always or usually feeling stress in the past month compared to males.

All differences in always or usually feeling stress by age are statistically significant.

Adults with less than a college degree are statistically more likely to feel stress than those with at least a college degree.

Adults in homes with low to middle incomes are statistically more likely to feel stress than those in homes with high to highest incomes.

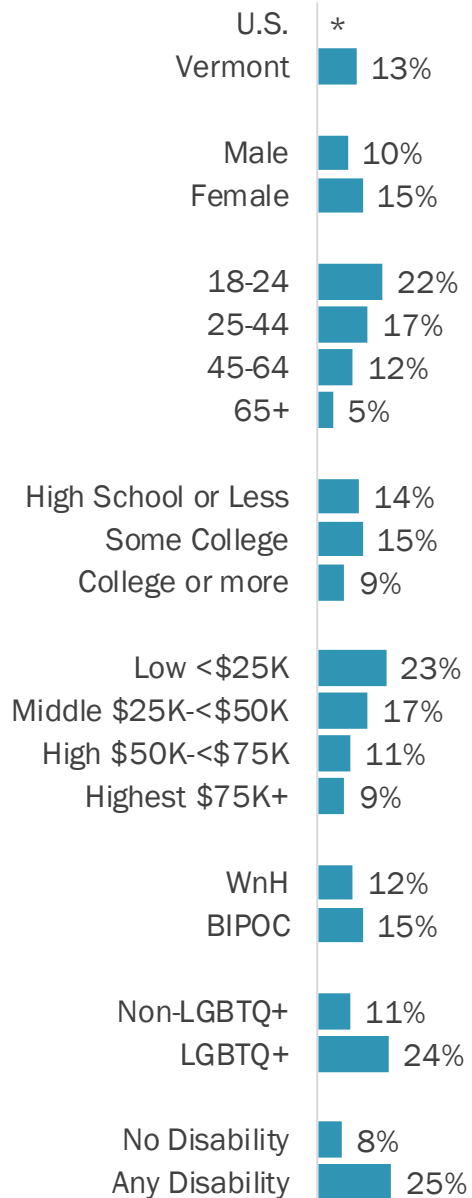
There are no statistical differences in feeling stress in the past month by race and ethnicity.

LGBTQ+ adults are more than twice as likely to report feeling stress than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are more than three times as likely to feel stress than those with no disability, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Always/Usually Feel Stress, 2022



*No national estimate available.

Reactions to Race

In the past month, 2% of Vermont adults report experiencing any physical symptoms as a result of how they were treated based on their race.

Physical symptoms include sensations such as a headache, an upset stomach, tensing of muscles or a pounding heart.

Males and females report statistically similar rates of experiencing physical symptoms based on reactions to their race.

Adults ages 25-44 are statistically more likely than those 45 and older to experience physical symptoms based on reactions to their race.

Adults with a high school education or less are statistically more likely to experience physical symptoms based on reactions to their race than those with some college education.

There are no statistical differences by household income level.

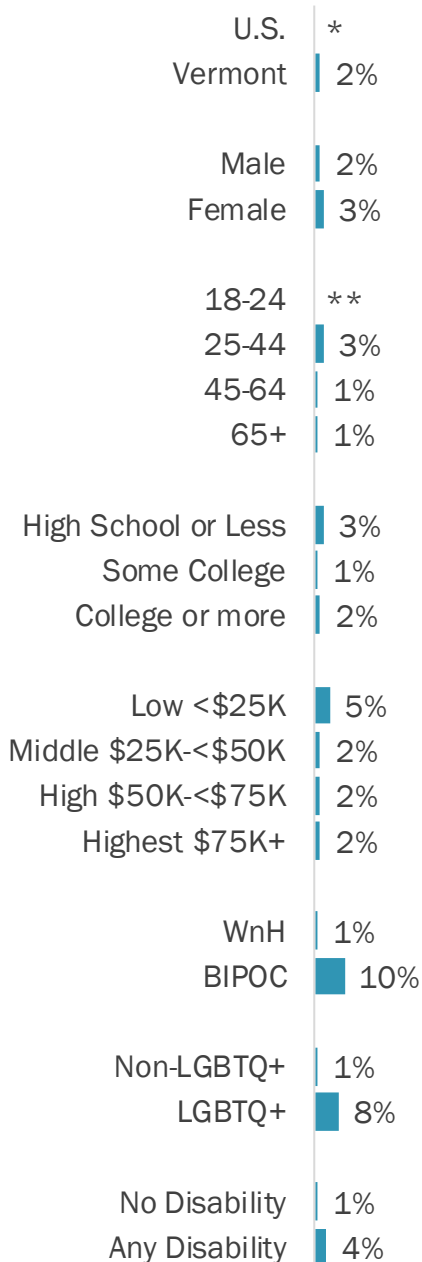
BIPOC adults are ten times more likely to experience physical symptoms based on reactions to their race than white, non-Hispanic adults, a statistical difference.

LGBTQ+ adults are eight times more likely to experience physical symptoms based on reactions to their race than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are four times more likely to experience physical symptoms based on reactions to their race than adults no disability, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Experience Physical Symptoms Based on Reactions to Their Race, 2022



*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.

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.

More than one-quarter of Vermont adults have a disability (27%), statistically lower than the 30% of U.S. adults.

Males and females report statistically similar rates of disability.

Older adults are most likely to report having a disability.

- Adults 18-24 are statistically more likely to have a disability than those 25-44.
- Adults 65 and older are statistically more likely to have a disability than younger adults.

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

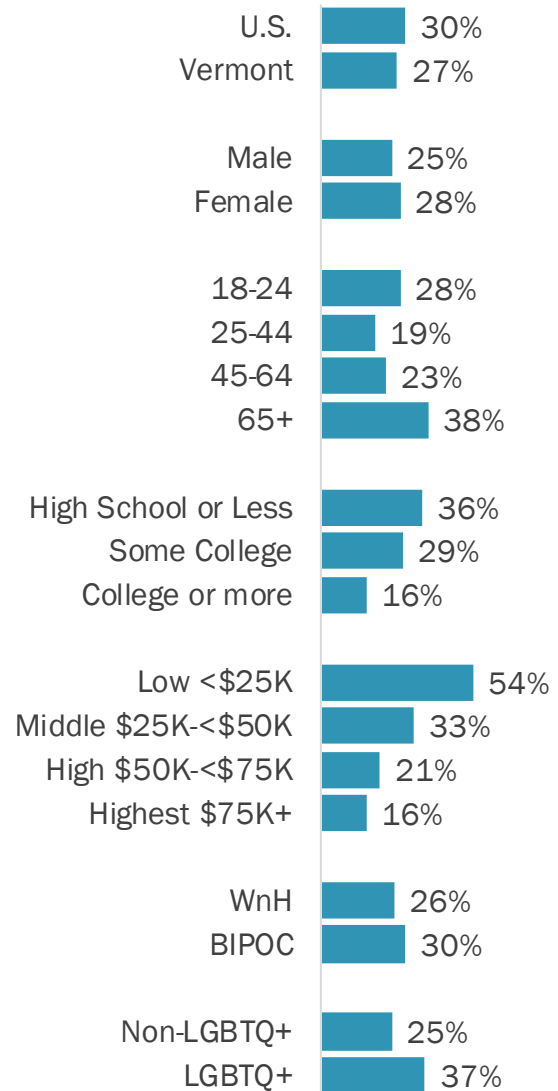
- All differences in disability by education are statistically significant.
- All differences in disability by annual household income level are statistically significant.

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

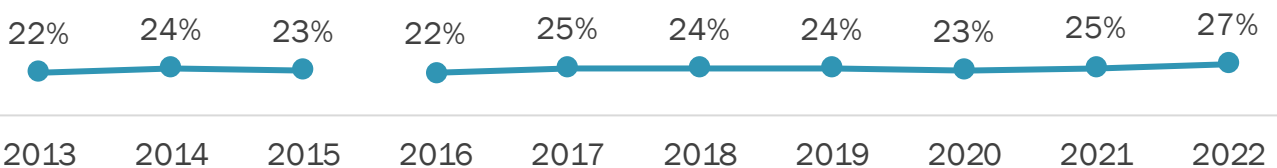
LGBTQ+ adults are statistically more likely to report a disability than non-LGBTQ+ adults.

The proportion of adults with a disability is statistically similar to 2021, but higher than 2016.

Vermont Adults with Any Disability, 2022

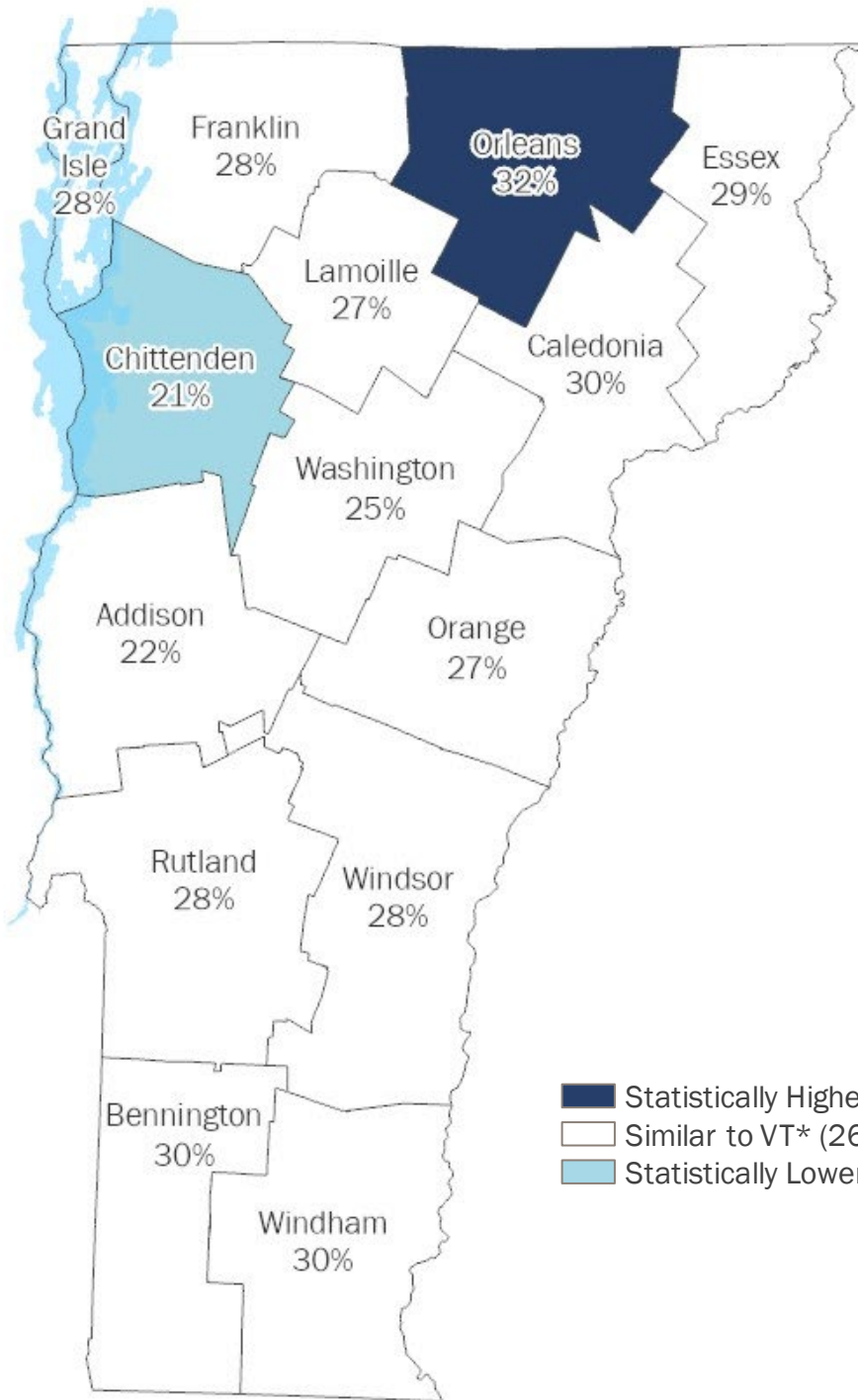


Vermont Adults with Any Disability



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

Vermont Adults with Any Disability^o by County, 2021-2022



Nearly one-third of adults in Orleans County have a disability (32%), statistically higher than the proportion of all Vermont adults.

Two in ten adults in Chittenden County have a disability (21%), statistically lower than the proportion of all Vermont adults.

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

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

*Vermont estimate represents two years of data.

Disability – Type

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

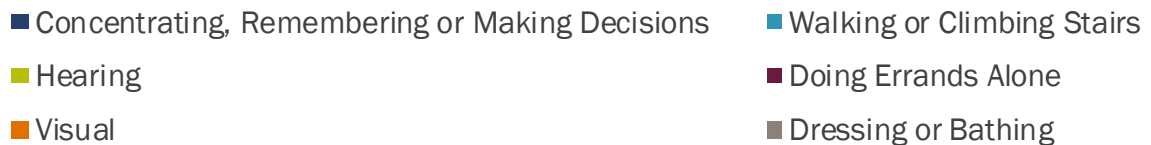
Twelve percent of Vermont adults have serious difficulty concentrating, remembering or making decisions due to a physical, mental, or emotional condition. More than one in ten Vermont adults have serious difficulty walking or climbing stairs (11%).

Eight percent of adults are deaf or have serious difficulty hearing, and six percent have difficulty doing errands alone. Less than five percent are blind or have serious difficulty seeing (4%) or have difficulty dressing or bathing (2%).

The proportion of adults with serious difficulty concentrating or making decisions (12%) is the same as in 2021, but statistically higher than the 9% in 2015.

The proportion of Vermont adults with all other types of disability are statistically similar to 2021 and 2015.

Type of Disability Among Vermont Adults



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

Chronic Conditions

Arthritis

Nearly three in ten Vermont adults have arthritis (29%), statistically higher than the 27% of U.S. adults.

Females are statistically more likely to have arthritis than males.

Arthritis prevalence increases with age.

- All differences by age are statistically significant.

The prevalence of arthritis is statistically higher among adults with less than a college degree.

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

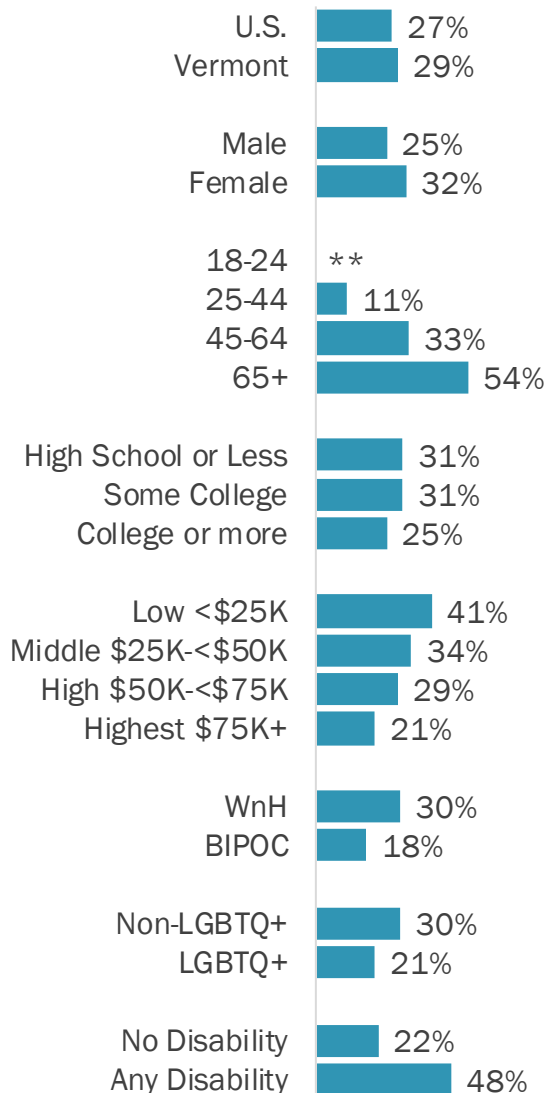
- All differences by income are statistically significant, except between households with low and middle incomes, and between those with middle and high incomes.

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

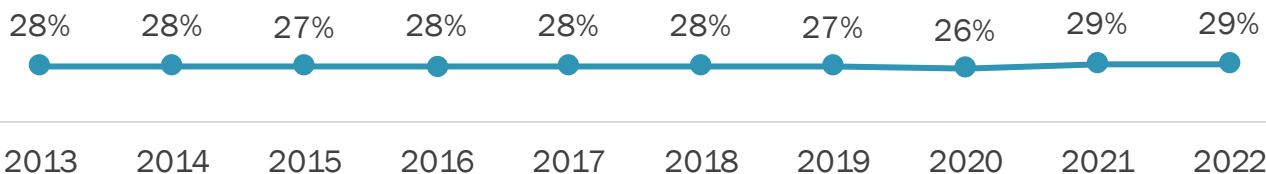
Adults with a disability are more than twice as likely to report having arthritis than adults with no disability, a statistical difference.

The proportion of adults with arthritis is statistically similar to 2021 and 2022.

Vermont Adults with Arthritis, 2022

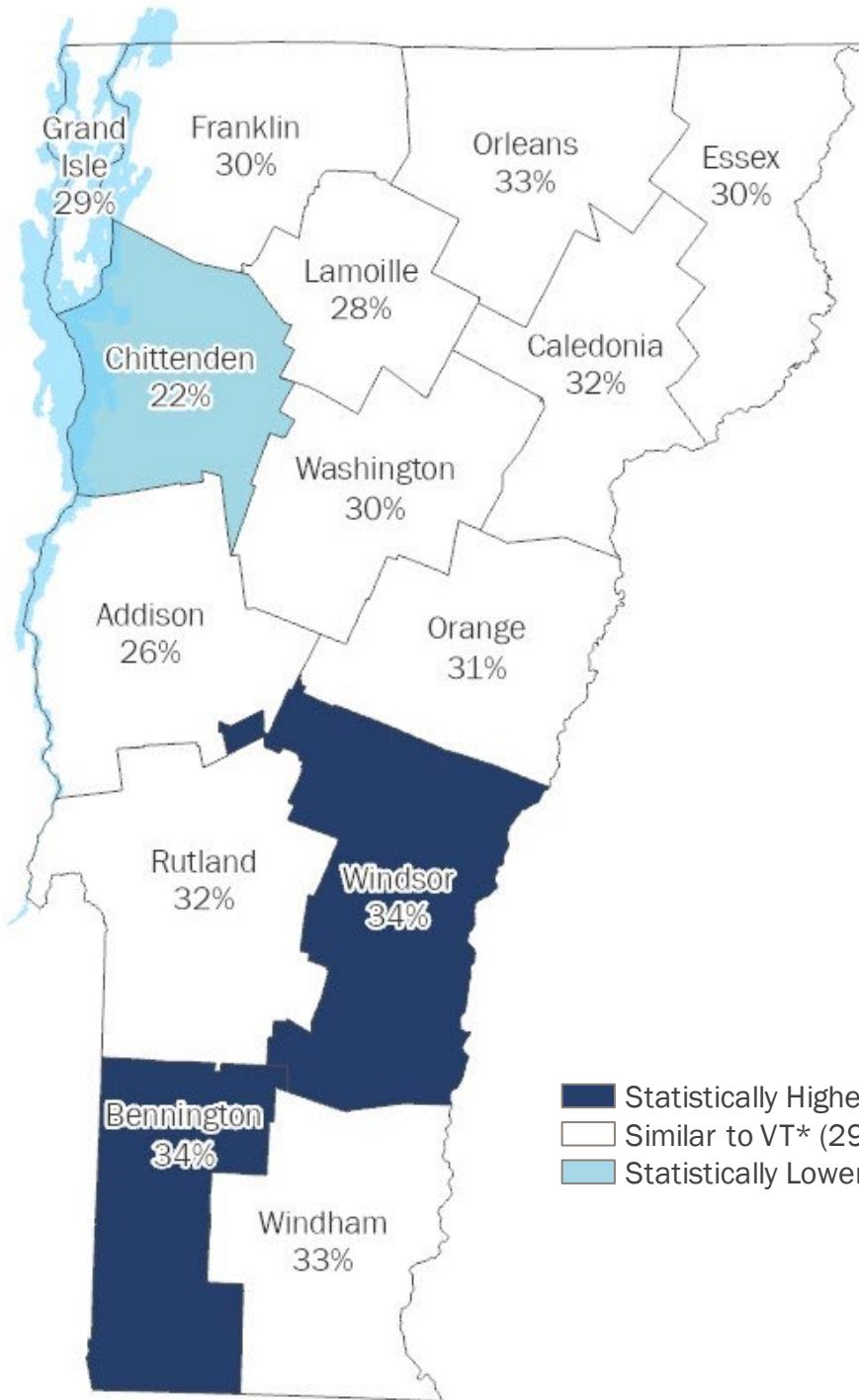


Vermont Adults with Arthritis



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

Vermont Adults with Arthritis by County, 2021-2022



One-third of adults in Bennington (34%) and Windsor (34%) counties have arthritis, statistically higher than all Vermont adults.

Twenty-two percent of adults in Chittenden County have arthritis, statistically less than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (29%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Asthma

One in eight Vermont adults currently have asthma (13%), statistically higher than the 10% of U.S. adults.

Females are statistically more likely to have asthma than males.

Adults ages 25-64 are statistically more likely to have asthma than those 65 and older.

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

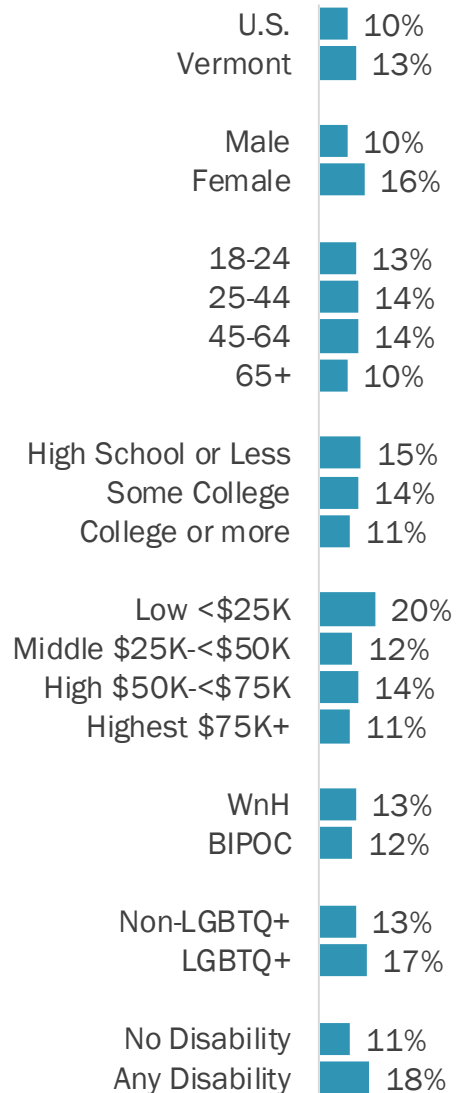
Adults living in homes with low incomes are statistically more likely to have asthma than those in homes with middle or the highest incomes.

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

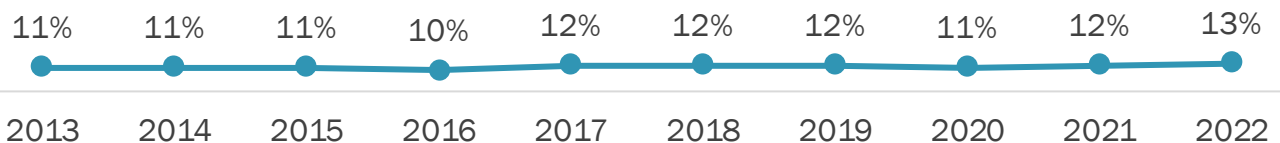
Adults with a disability are statistically more likely to have asthma than those with no disability.

The prevalence of asthma among Vermont adults is statistically similar to 2021 and 2013.

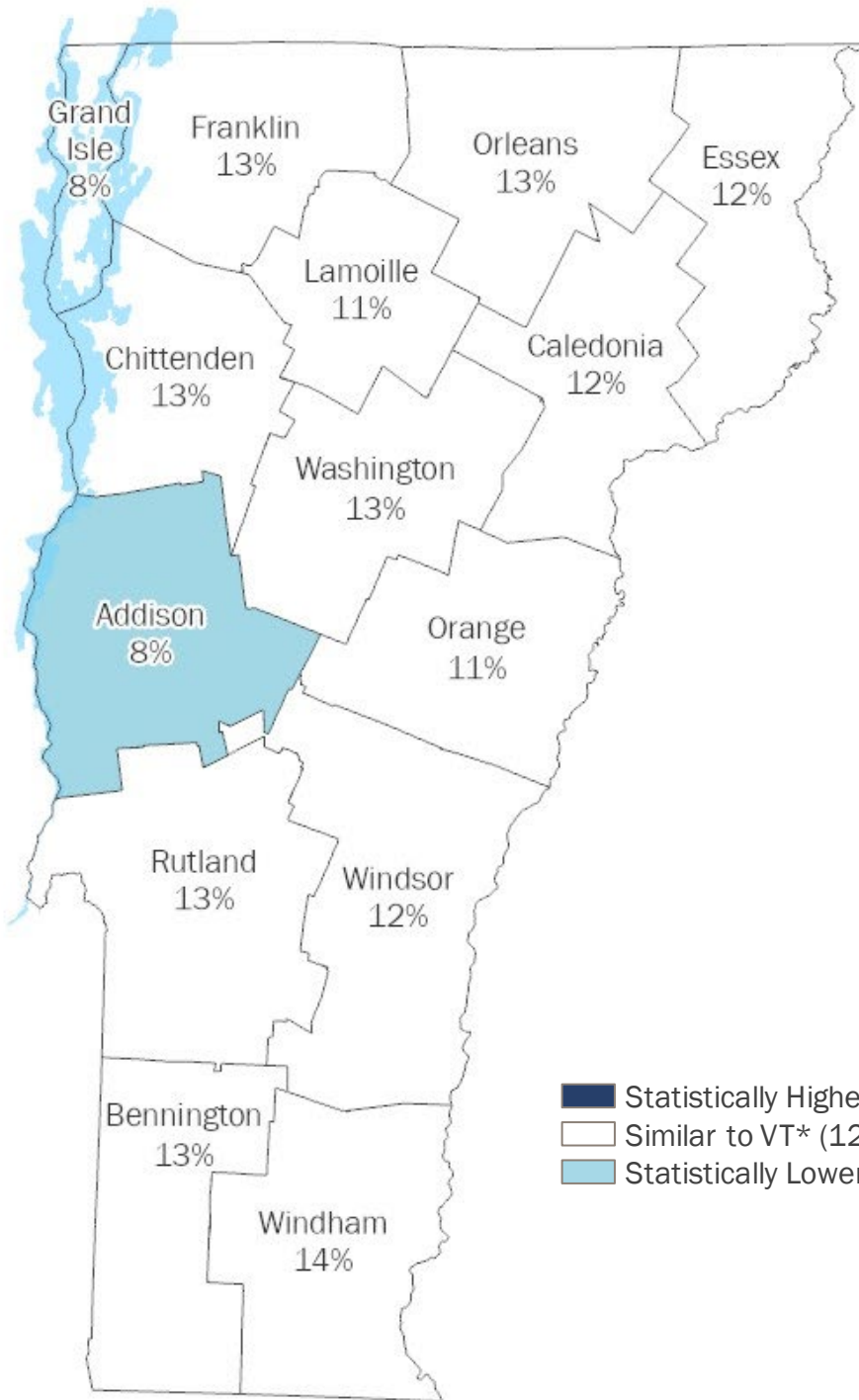
Vermont Adults with Asthma, 2022



Vermont Adults with Asthma



Vermont Adults with Asthma by County, 2021-2022



Eight percent of adults in Addison County have asthma, statistically less than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (12%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Skin Cancer

Six percent of Vermont adults have ever been diagnosed with skin cancer. This is statistically similar to the 5% of U.S. adults.

This definition excludes melanoma.

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

Skin cancer prevalence statistically increases with age.

Adults with a college degree or more are statistically more likely to report a skin cancer diagnosis than those with a high school education or less.

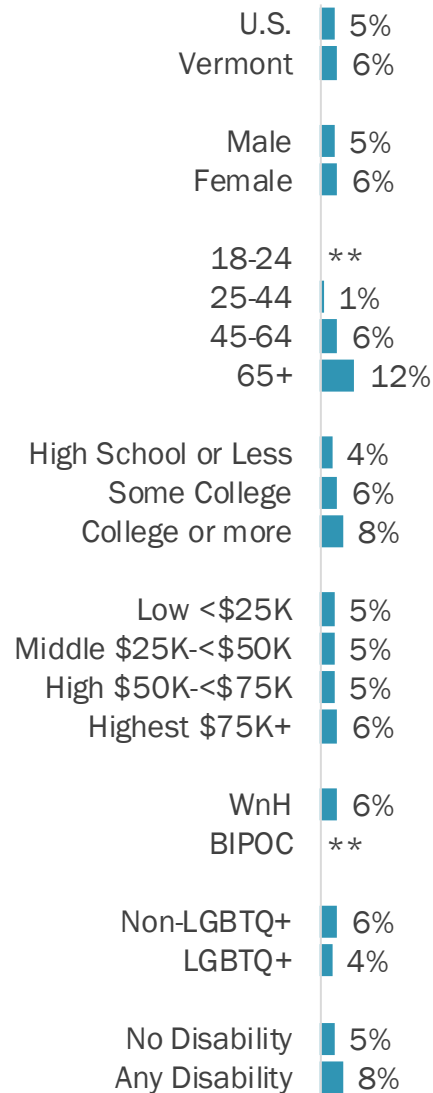
Skin cancer prevalence is statistically similar across household income levels and by sexual orientation and gender identity.

Statistical comparisons were not made for skin cancer prevalence by race and ethnicity due to data suppression.

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

Note: Due to changes in the question in 2022, comparisons to prior years cannot be made, and county-level data are not available.

Vermont Adults Ever Diagnosed with Skin Cancer, 2022



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

Cancer (Non-Skin)

One in ten Vermont adults have ever been diagnosed with cancer (10%), statistically higher than the 8% of U.S. adults.

This definition excludes skin cancer, with the exception of melanoma.

Males and females report statistically similar rates of cancer.

The prevalence of cancer statistically increases with age.

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

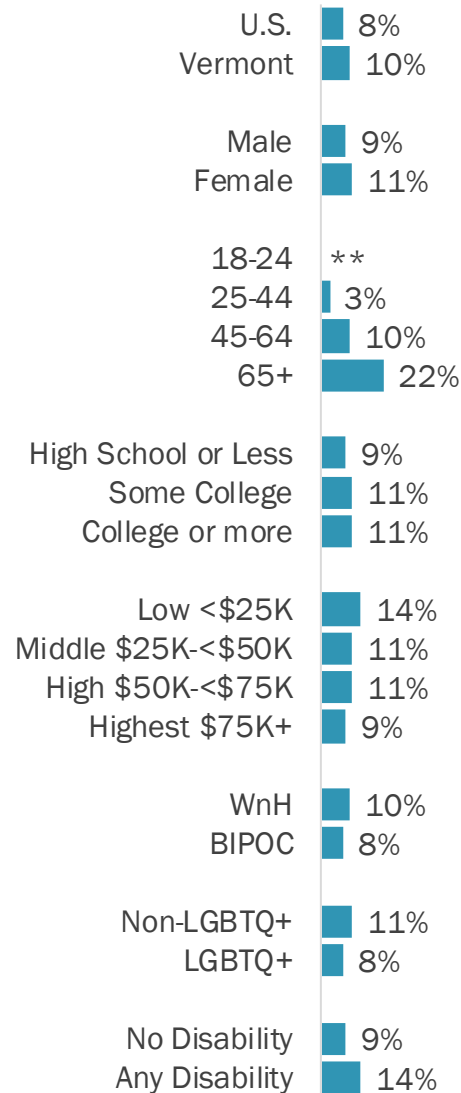
Adults living in homes with low annual incomes are statistically more likely to have ever had cancer than those in homes with the highest incomes.

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

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

Note: Due to changes in the question in 2022, comparisons to prior years cannot be made, and county-level data are not available.

Vermont Adults Ever Diagnosed with Cancer, 2022



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

Cancer Survivorship

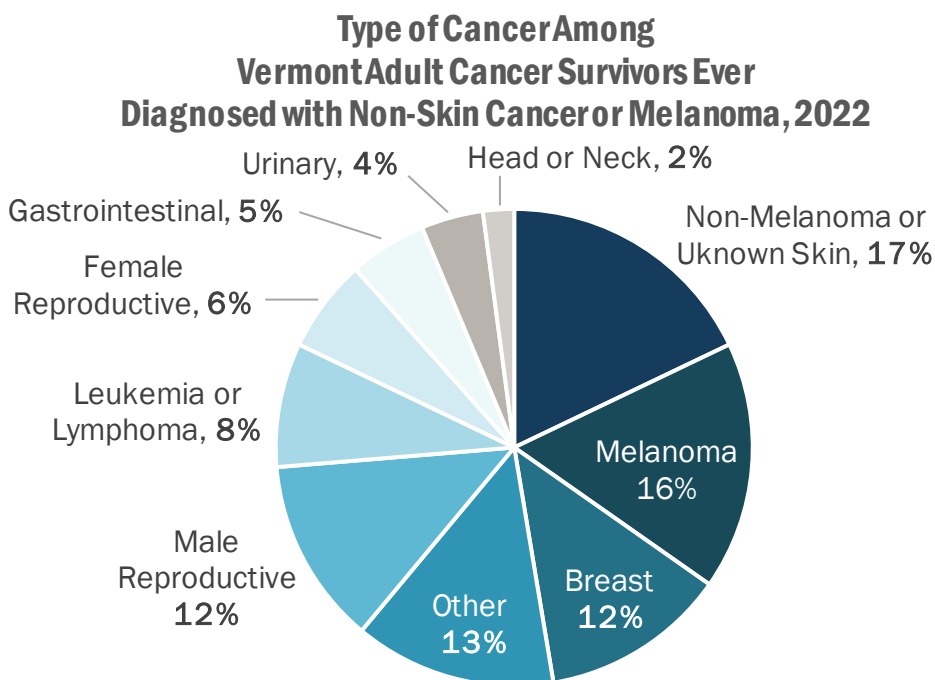
Twenty-two percent of Vermont adults ever diagnosed with at least melanoma or cancer not of the skin report ever having two or more different types of cancer. Forty-seven percent were first diagnosed with cancer between ages 45 and 64, 23% between 25 and 44, 15% between 65 and 74, 8% at 75 or older, and 6% before age 24. The average age of first cancer diagnosis is 53 years.

Adults ever diagnosed with at least melanoma or cancer not of the skin were asked about their most recent type of cancer. The most commonly reported recent types of cancer are non-melanoma skin cancer or skin cancer of unknown type (17%), melanoma (16%) and breast cancer (16%). These are followed by other cancers such as lung, bone, brain and soft issue (13%), male reproductive cancer (12%), leukemia or lymphoma (8%), female reproductive cancer (6%), gastrointestinal cancer (5%), urinary cancer (4%) and head or neck cancer (2%).

Seventeen percent of adults are currently receiving treatment for their cancer, 61% completed their cancer treatment, 19% refused treatment or say it was not necessary, and 4% have not yet started treatment.

The most commonly reported type of doctor seen for health care after completing cancer treatment is a family practitioner (44%). This is followed by a general practitioner (20%), urologist or other type of doctor (18%), oncologist (11%) and surgeon (7%). Nearly all of adults who completed their cancer treatment had health insurance that covered at least part of their treatment (97%).

Five percent of adults who completed their cancer treatment participated in a clinical trial as part of their treatment. Eleven percent have physical pain caused by their cancer or treatment. Among adults with physical pain, most feel it is under control either with or without medication or treatment (36% each), and 28% feel it is not under control regardless of medication or treatment.



Cardiovascular Disease

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

Nine percent of Vermont adults have ever been diagnosed with CVD, the same as U.S. adults.

Four percent of Vermont adults have coronary heart disease, 5% have had a myocardial infarction and 3% have had a stroke.

Males are statistically more likely to have CVD than females.

Prevalence of CVD statistically increases with age.

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

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

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

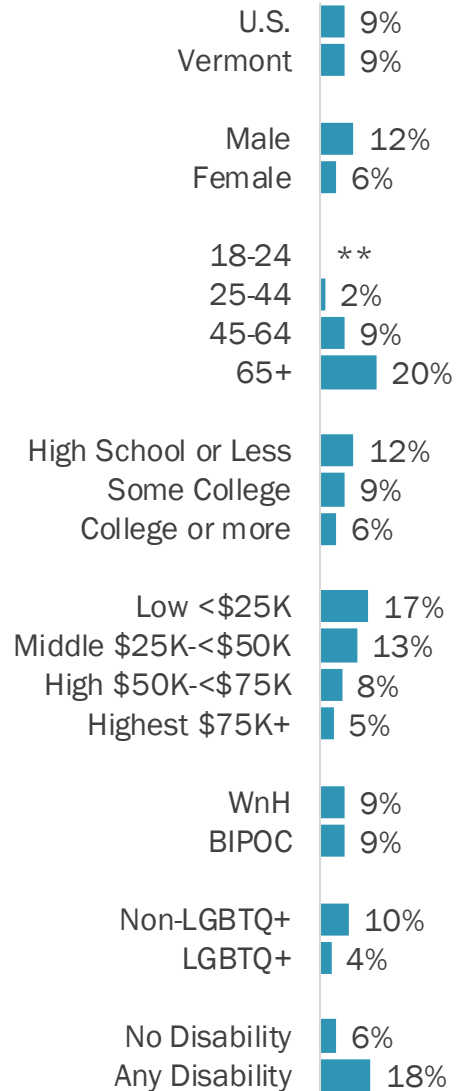
There are no statistical differences in CVD prevalence by race and ethnicity.

Non-LGBTQ+ adults are more than two times as likely to report having CVD than LGBTQ+ adults, a statistical difference.

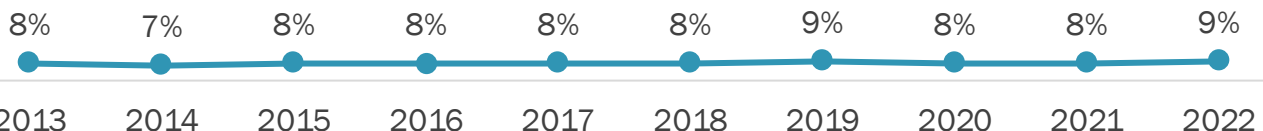
Adults with a disability are three times as likely to report having CVD than adults with no disability, a statistical difference.

The prevalence of CVD among Vermont adults is statistically similar to 2021 and 2013.

Vermont Adults with Cardiovascular Disease, 2022



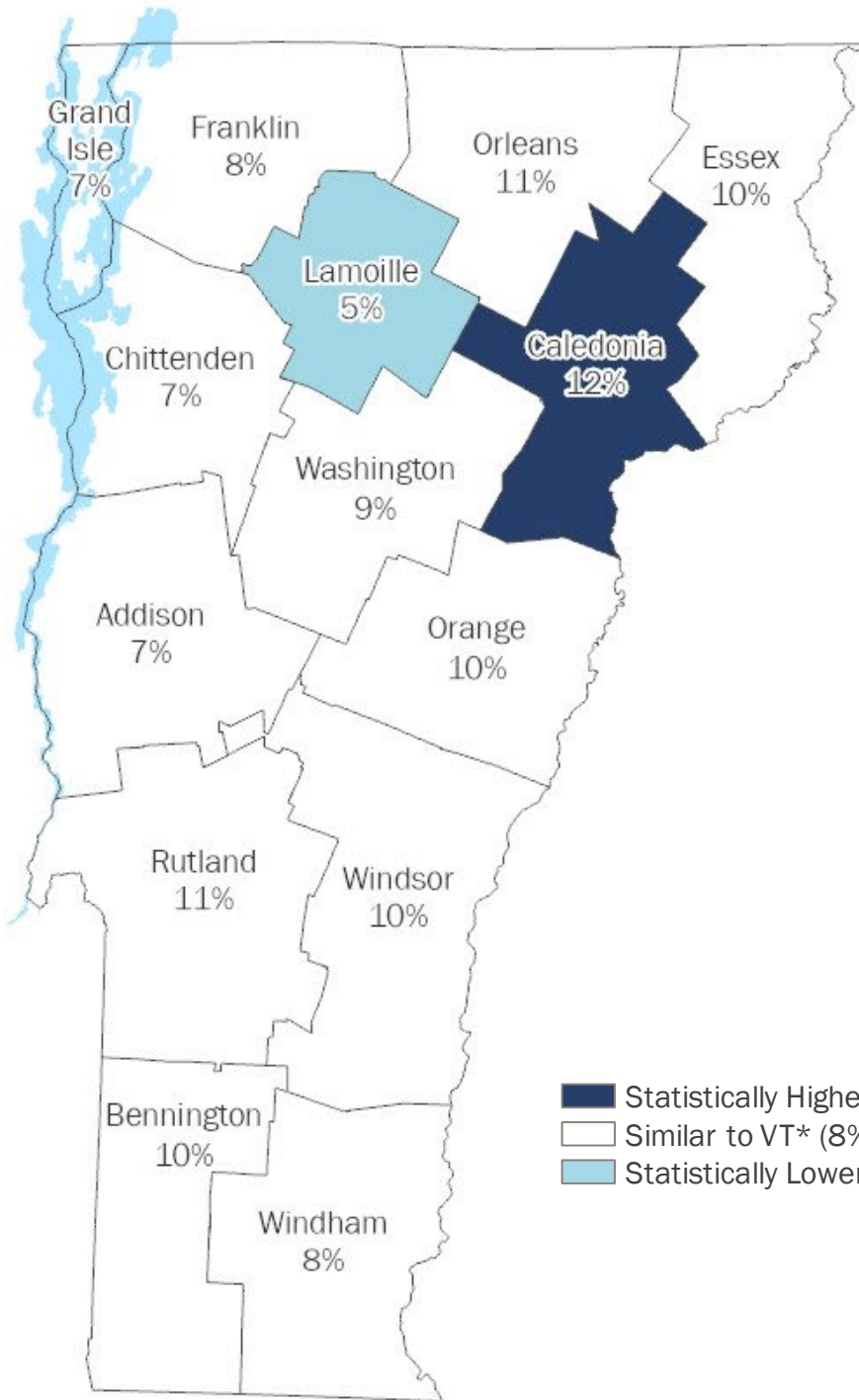
Vermont Adults with Cardiovascular Disease



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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Cardiovascular Disease by County, 2021-2022



Twelve percent of Caledonia County adults have CVD, statistically higher than all Vermont adults.

Five percent of Lamoille County adults have CVD, statistically lower than all Vermont adults.

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

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

*Vermont estimate represents two years of data.

Chronic Kidney Disease

Three percent of Vermont adults have chronic kidney disease. This is statistically similar to the 4% among U.S. adults.

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

Males and females report having chronic kidney disease at statistically similar rates.

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

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

Adults in homes with low to middle incomes are statistically more likely to have chronic kidney disease than adults in homes with the highest incomes.

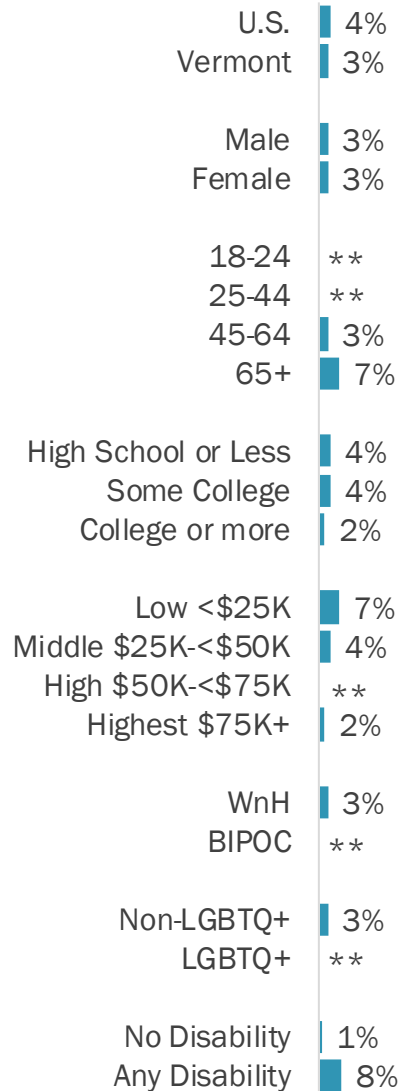
Statistical comparisons were not made by race and ethnicity, or sexual orientation and gender identity due to data suppression.

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

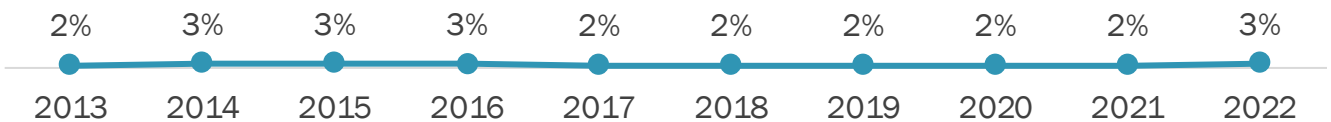
The proportion of adults with chronic kidney disease is statistically higher than 2021 and 2013.

Chronic kidney disease is a concern for adults with diabetes. Among adults with diabetes, 18% have chronic kidney disease, statistically higher than the 2% of Vermont adults without diabetes.

Vermont Adults with Chronic Kidney Disease, 2022



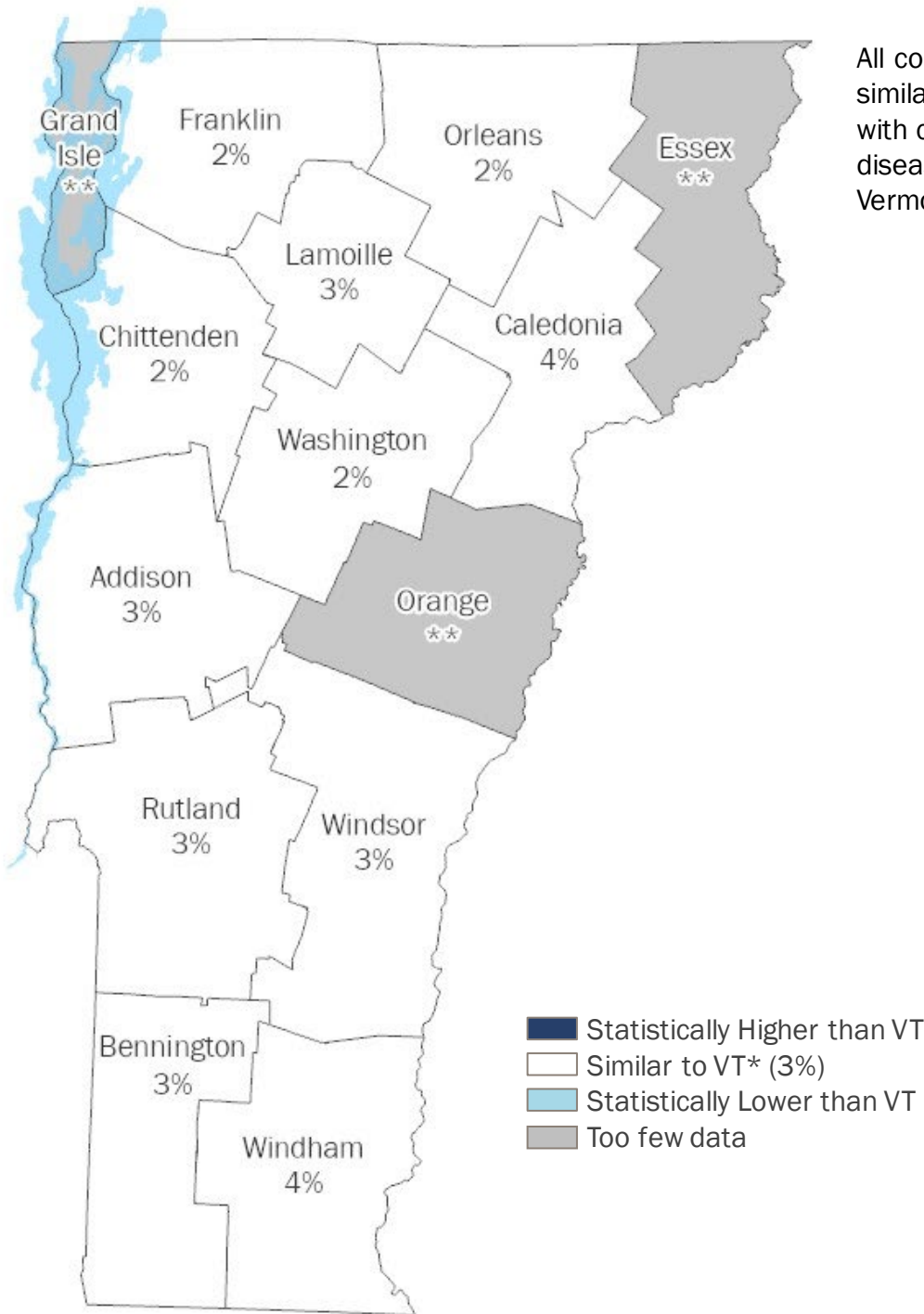
Vermont Adults with Chronic Kidney Disease



**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, 2021-2022



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

*Vermont estimate represents two years of data.

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

Chronic Obstructive Pulmonary Disease (COPD)

One in fourteen Vermont adults have ever been told they have chronic obstructive pulmonary disease (COPD) (7%). This is the same as U.S. adults.

Males and females report having COPD at statistically similar rates.

The prevalence of COPD among Vermont adults statistically increases with age.

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

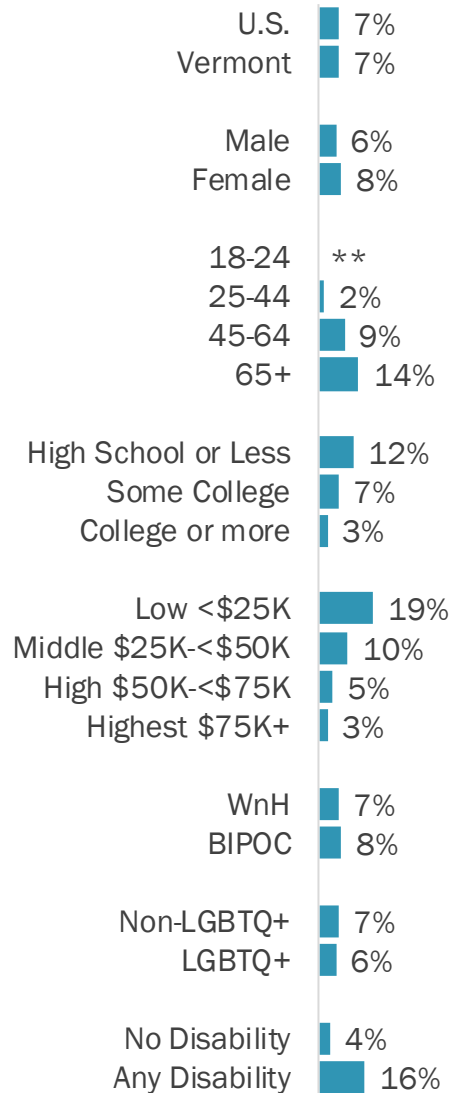
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between those with high and highest incomes.

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

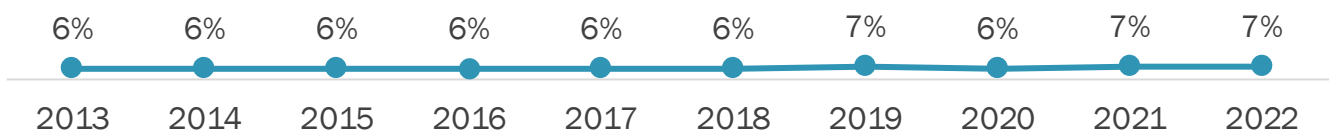
Adults with a disability are four times as likely to report having COPD than adults without a disability.

The proportion of Vermont adults with COPD is statistically similar to 2021, but higher than 2013.

Vermont Adults with COPD, 2022

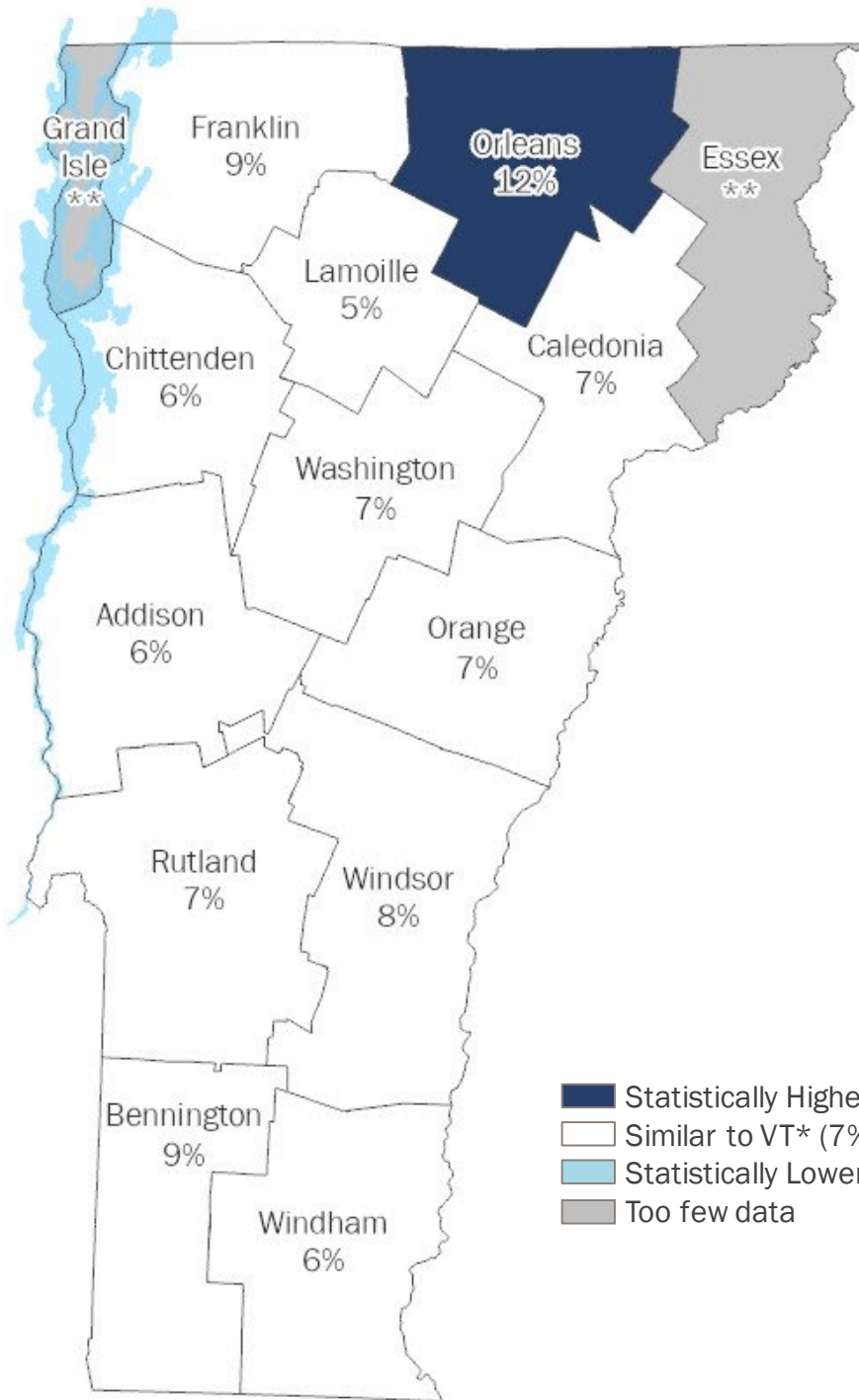


Vermont Adults with COPD



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

Vermont Adults with COPD by County, 2021-2022



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

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

*Vermont estimate represents two years of data.

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

COVID-19 Long-Term Effects

Among the 29% of Vermont adults who have tested positive for COVID-19, 16% report experiencing symptoms that lasted for three months or longer that did not exist prior to having the virus.

A positive test includes being diagnosed by a doctor, nurse or other health care professional, or receiving a positive home test.

Males and females report statistically similar rates of long-term effects from COVID-19.

Adults ages 45-64 are statistically more likely than those 65 and older to have long-term effects.

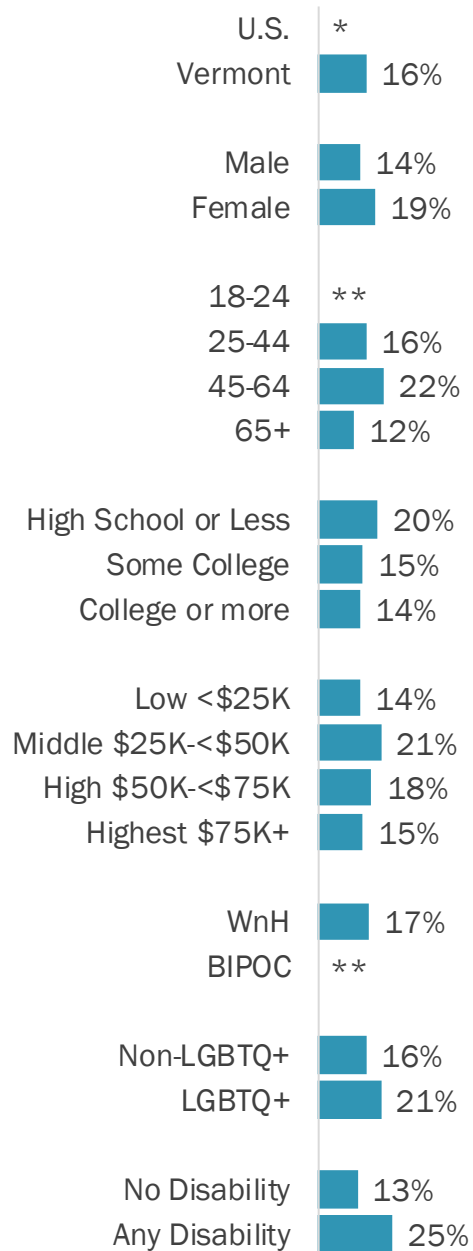
There are no statistical differences in the prevalence of long-term effects by education level, household income level or sexual orientation and gender identity.

Statistical comparisons were not made for long-term effects by race and ethnicity due to data suppression.

Adults with a disability are nearly twice as likely to report long-term effects from COVID-19 than those with no disability.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults with Long-Term COVID-19 Effects, 2022



*No national estimate available.

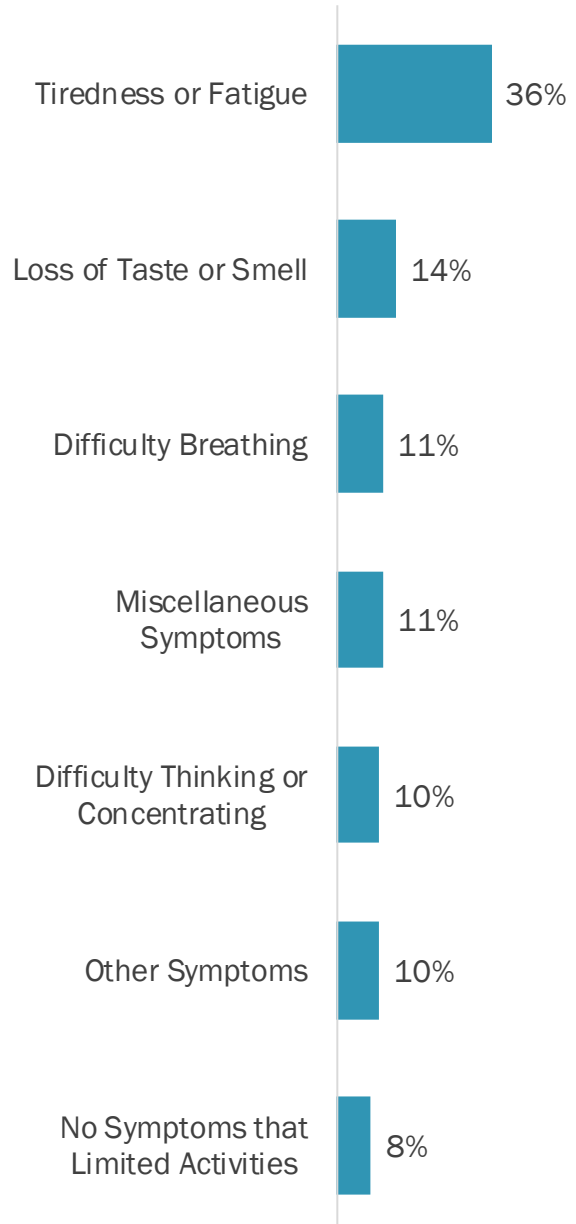
**Value suppressed because sample size is too small or relative standard error (RSE) is >30. Statistical comparisons are not completed on suppressed values.

COVID-19 Long-Term Effects – Primary Symptom

Vermont adults who tested positive for COVID-19 and had symptoms that lasted for three months or longer were asked about the primary symptom they experienced.

- Thirty-six percent of adults report tiredness or fatigue.
- Fourteen percent report loss of taste or smell.
- Eleven percent report difficulty breathing.
- Eleven percent report miscellaneous symptoms, such as joint or muscle pain; heart palpitations or chest pain; dizziness; depression, anxiety or mood changes; or symptoms that get worse after activities.
- Ten percent report difficulty thinking or concentrating.
- Ten percent report other symptoms.
- Eight percent report long-term symptoms, but none that limited activities.

Primary Symptom Among Vermont Adults with Long-Term COVID-19 Effects, 2022



Depressive Disorder

One-quarter of Vermont adults report ever being told they have a depressive disorder (25%), statistically higher than the 21% of U.S. adults.

Depressive disorders include depression, major depression, dysthymia or minor depression.

Females are statistically more likely than males to report having a depressive disorder.

The prevalence of depressive disorders decrease with age.

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

Adults with some college education are statistically more likely to have a depressive disorder than adults with a college degree or more.

The prevalence of depressive disorders decrease with household income level.

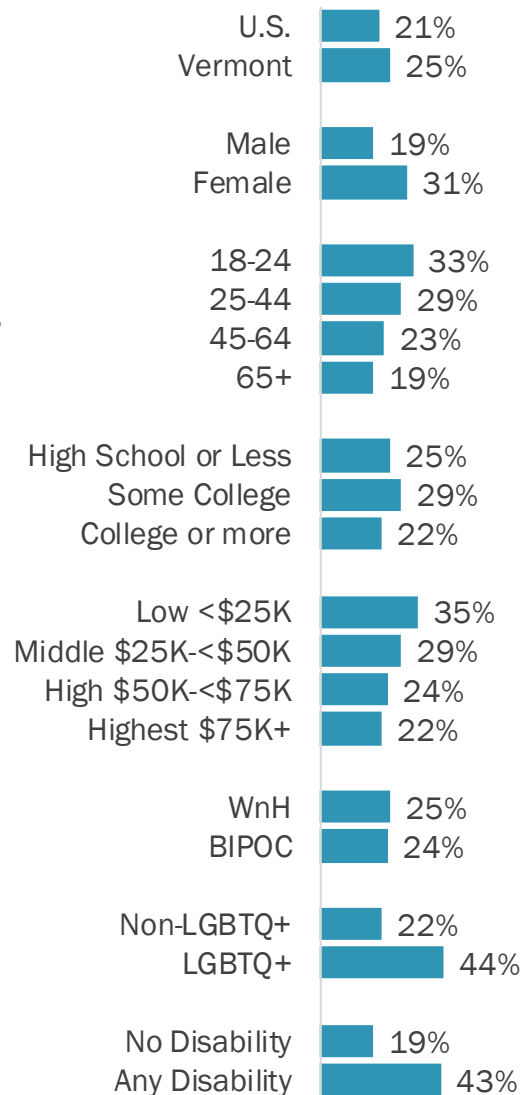
- Adults in homes with low incomes are statistically more likely to have a depressive disorder than those in homes with high to highest incomes.
- Adults in homes with middle incomes are statistically more likely to have a depressive disorder than those with the highest incomes.

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

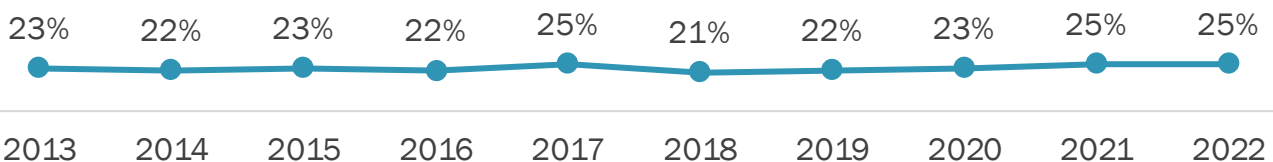
Adults with a disability are more than two times as likely to report having a depressive disorder than those with no disability.

Depressive disorders among Vermont adults is statistically similar to 2021 and 2013.

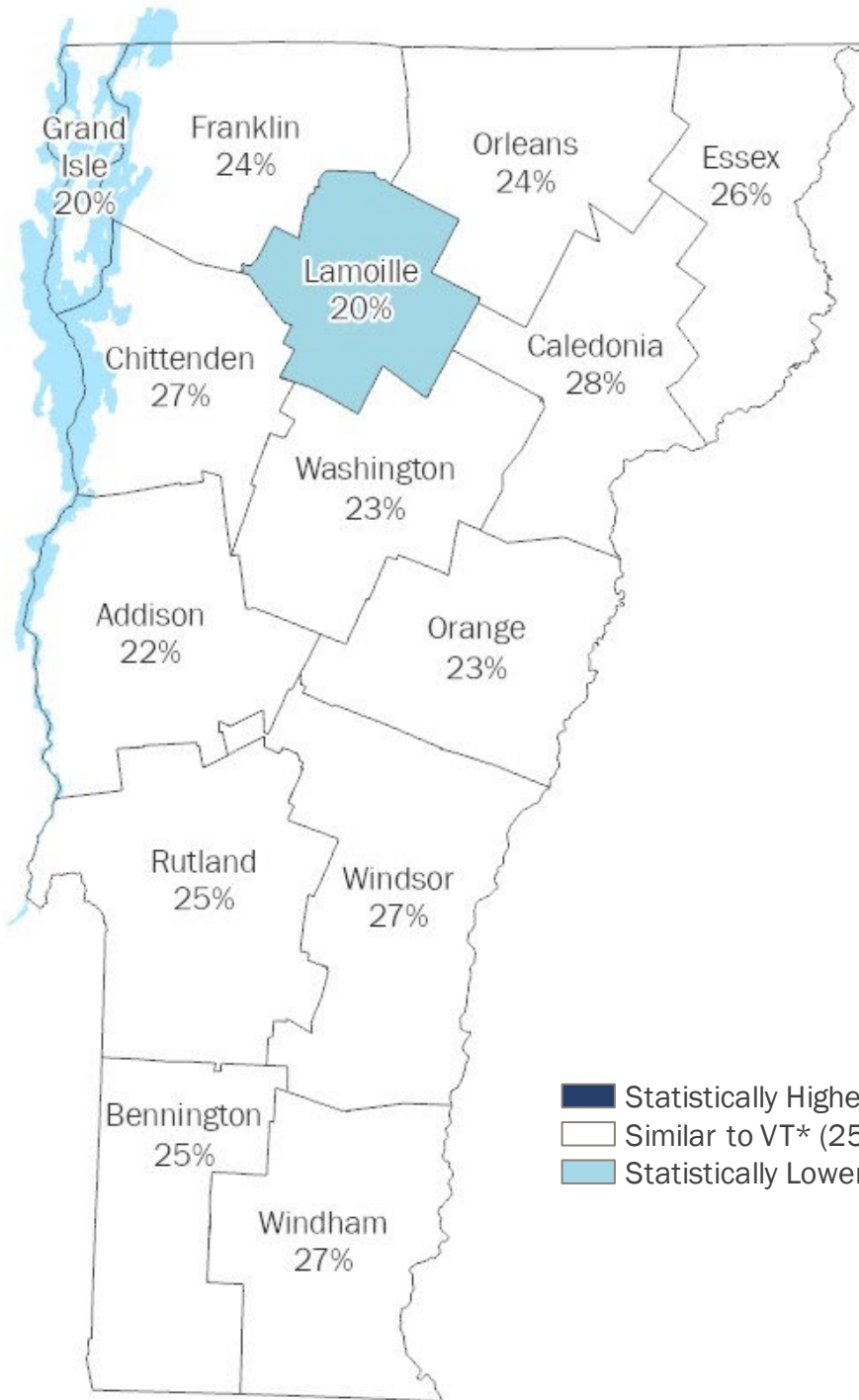
Vermont Adults with a Depressive Disorder, 2022



Vermont Adults with a Depressive Disorder



Vermont Adults with a Depressive Disorder by County, 2021-2022



Two in ten adults in Lamoille County have a depressive disorder (20%), statistically lower than Vermont overall.

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

- Statistically Higher than VT
- Similar to VT* (25%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Diabetes

Eight percent of Vermont adults have ever been diagnosed with diabetes, statistically lower than the 12% among U.S. adults.

- The average age of diagnosis is 47 years.
- Thirteen percent of adults with diabetes have type 1, while 87% have type 2.
- One in ten adults with diabetes have ever had sores or irritations on their feet that took more than four weeks to heal (10%).

Males and females report statistically similar rates of diabetes.

Prevalence of diabetes statistically increases with age.

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

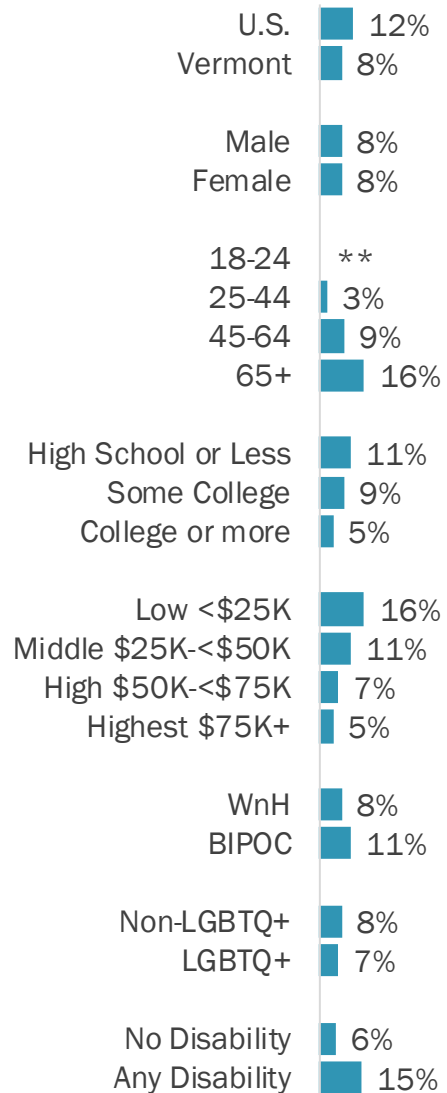
- Adults with less than a college degree are statistically more likely to have diabetes compared to those with a college degree or more.
- Adults in homes with low incomes are statistically more likely to have diabetes than those in homes with high to highest incomes.
- Adults in homes with middle incomes are statistically more likely to have diabetes than those in homes with the highest incomes.

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

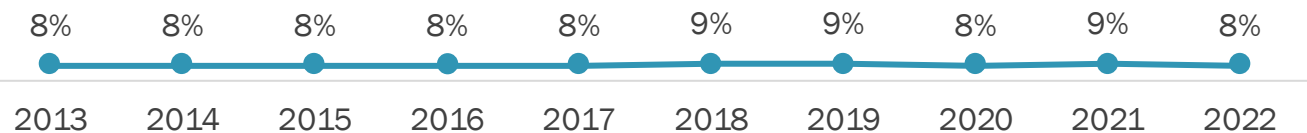
Adults with a disability are more than two times as likely to report having diabetes than those with no disability, a statistical difference.

The prevalence of diabetes among Vermont adults is statistically similar to 2021 and 2013.

Vermont Adults with Diabetes, 2022



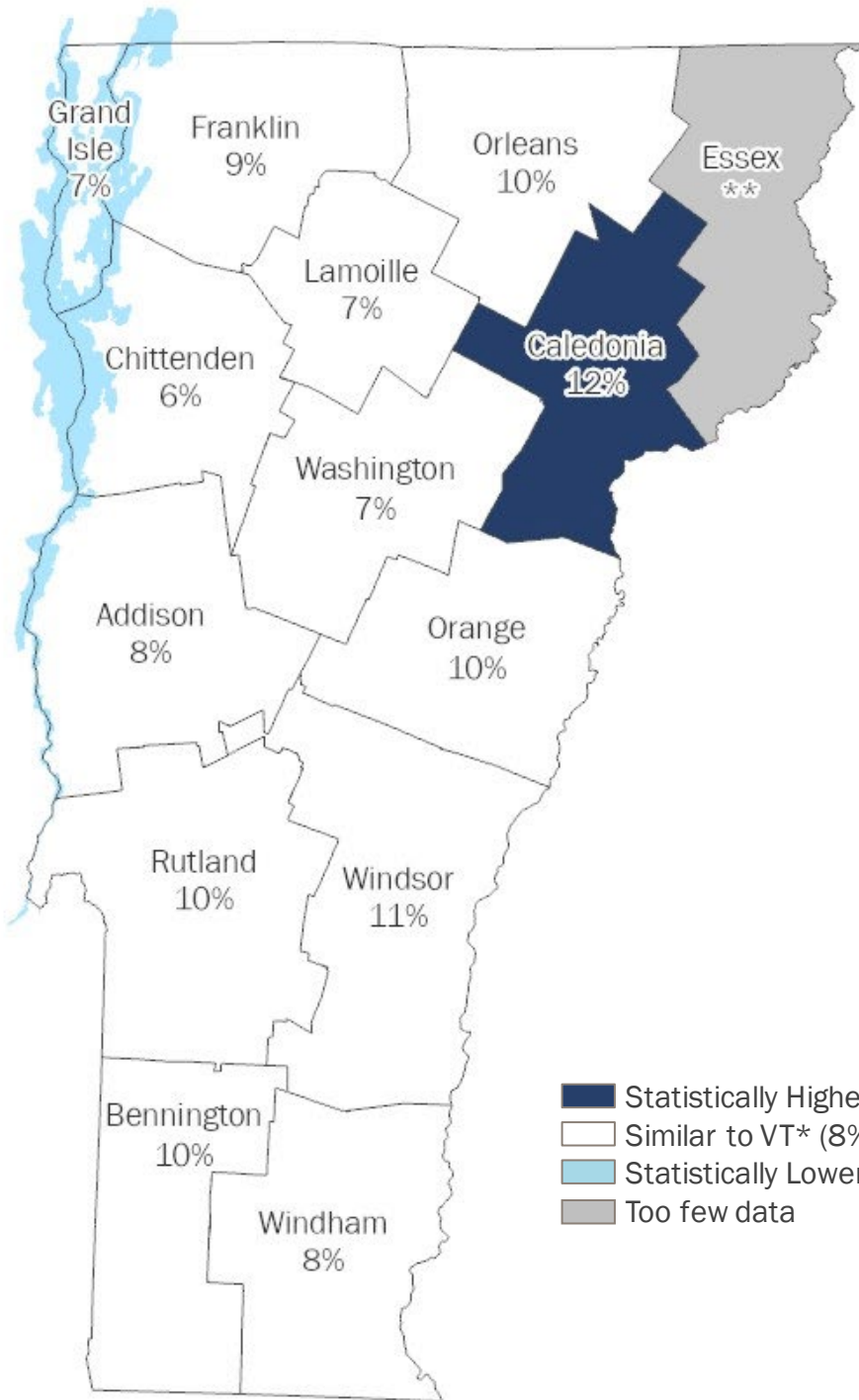
Vermont Adults with Diabetes



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

Statistical comparisons are not completed on suppressed values.

Vermont Adults with Diabetes by County, 2021-2022



Twelve percent of Caledonia County adults have diabetes, statistically higher than Vermont overall.

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

*Vermont estimate represents two years of data.

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

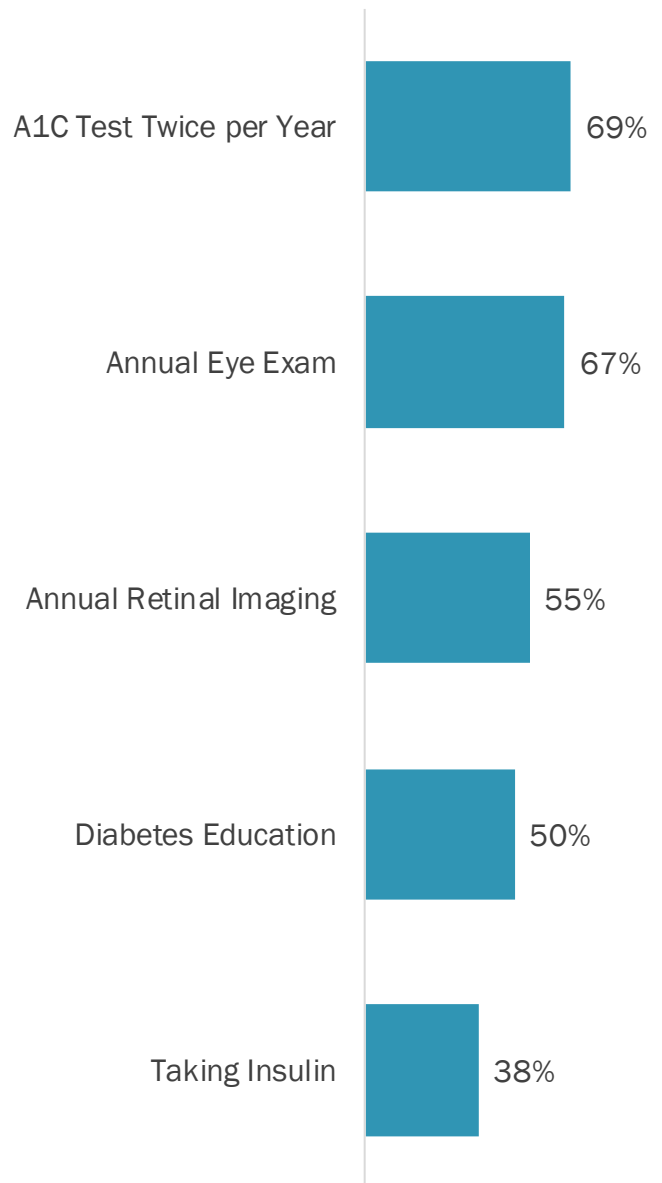
Diabetes Care

Adults with diabetes should receive specialized care from their physicians.

In 2022, Vermont adults with diabetes reported the following:

- Seven in ten received a test for their A1C, which measures blood sugar levels over the past three months, at least twice in the past year (69%).
- Sixty-seven percent had an annual eye exam, where their eyes were dilated, in the past year.
- Fifty-five percent had annual retinal imaging, where a photo was taken of the back of their eye with a specialized camera, in the past year.
- Half have ever taken a course or class on managing their diabetes (50%).
 - Twenty-four percent took a course in the past year.
 - Thirty-one percent took a course in the past five years.
 - Fifteen percent took a course in the past 10 years.
 - Thirty percent took a course ten or more years ago.
- Thirty-eight percent are taking insulin to manage their diabetes.

Vermont Adults with Diabetes who Receive Appropriate Care, 2022



Hypertension

One in three Vermont adults have been told they have hypertension, also known as high blood pressure (32%).

Males are statistically more likely than females to have been diagnosed with hypertension.

Hypertension statistically increases with age.

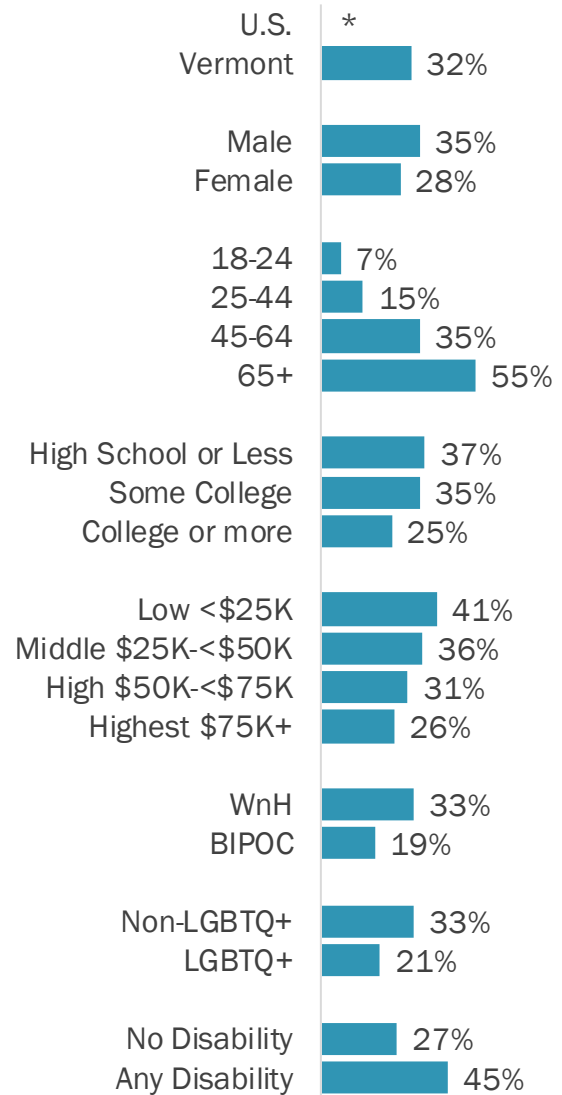
The prevalence of hypertension is highest among those with less education and lower household incomes.

- Adults with less than a college degree are statistically more likely to have hypertension compared to those with a college degree or more.
- Adults in homes with low incomes are statistically more likely to have hypertension than those in homes with high to highest incomes.
- Adults in homes with middle incomes are statistically more likely to have hypertension than those in homes with the highest incomes.

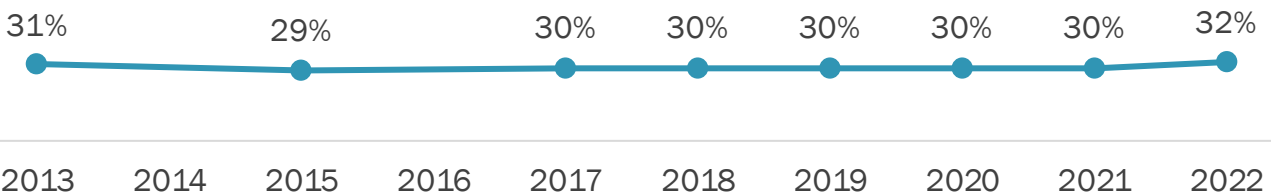
White, non-Hispanic adults, non-LGBTQ+ adults and adults with a disability are statistically more likely to report having hypertension than BIPOC adults, LGBTQ+ adults and those with no disability.

The prevalence of hypertension among Vermont adults is statistically similar to 2021 and 2013.

Vermont Adults with Hypertension, 2022

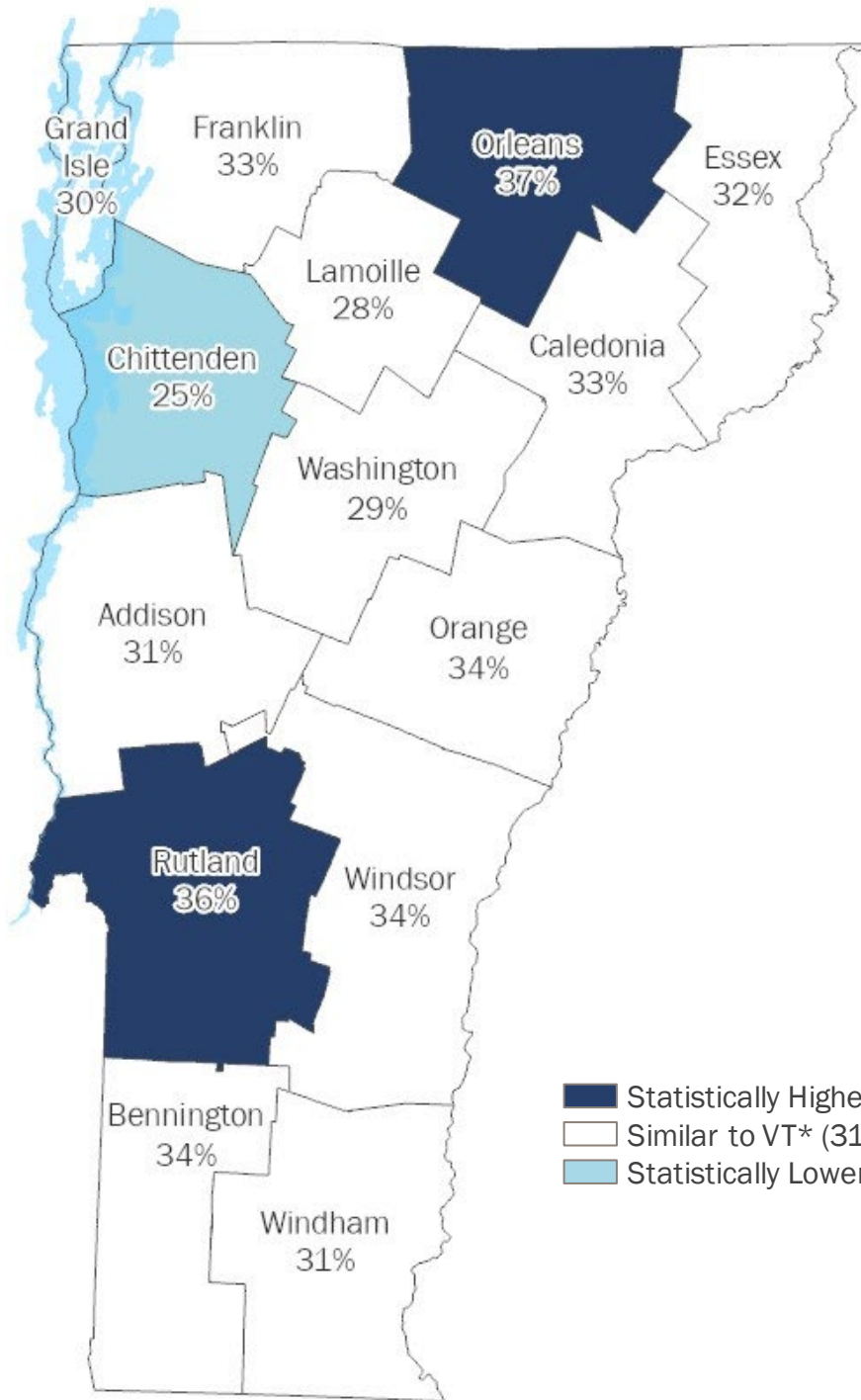


Vermont Adults with Hypertension



*No national estimate available.

Vermont Adults with Hypertension by County, 2021-2022



Thirty-seven percent of adults in Orleans County and 36% in Rutland County have hypertension, statistically higher than Vermont overall.

One-quarter of adults in Chittenden County (25%) have hypertension, statistically less Vermont overall.

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

- Statistically Higher than VT
- Similar to VT* (31%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Obesity

More than one-quarter of Vermont adults 20 and older have obesity (27%), statistically lower than the 34% among U.S. adults of the same age.

Obesity status is calculated using body mass index (BMI), a singular, indirect indicator of body fat meant to identify weight-related health risk. Though useful at the population level, BMI has limited usefulness at the individual level.

Males and females report statistically similar rates of obesity.

Adults 25 and older are statistically more likely to have obesity than younger adults.

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

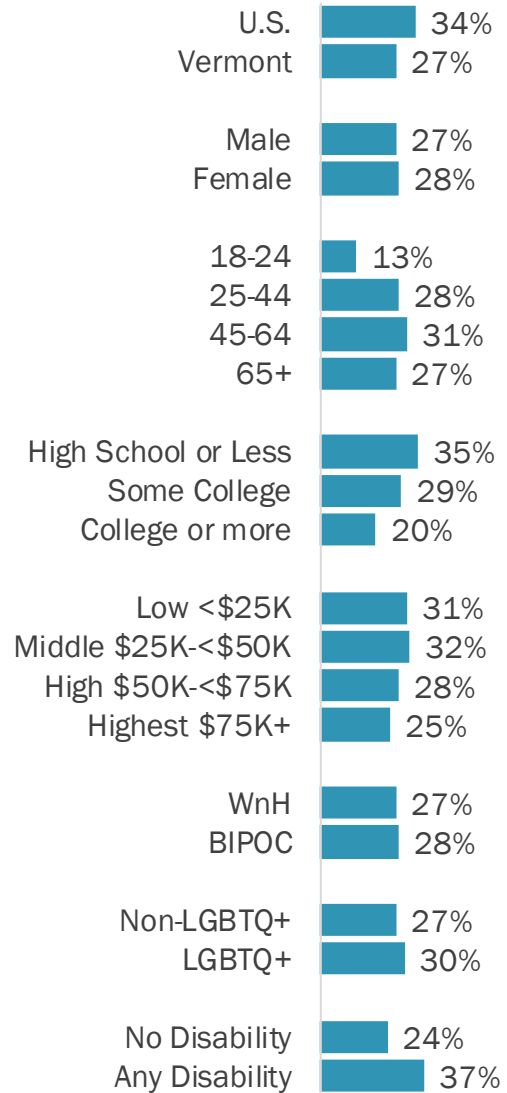
Adults in homes with middle incomes are statistically more likely to have obesity than those in homes with the highest incomes.

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

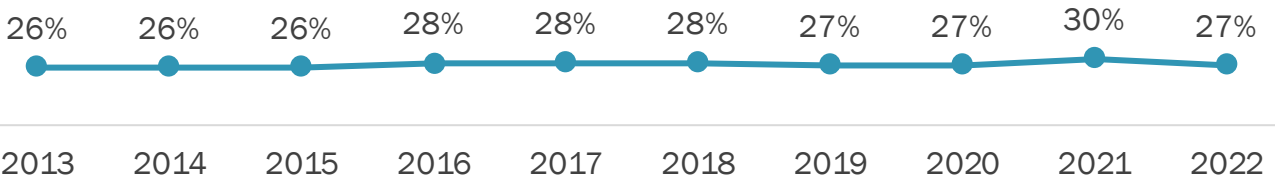
Adults with a disability are statistically more likely to have obesity compared to adults with no disability.

The prevalence of obesity is statistically similar to 2021 and 2013.

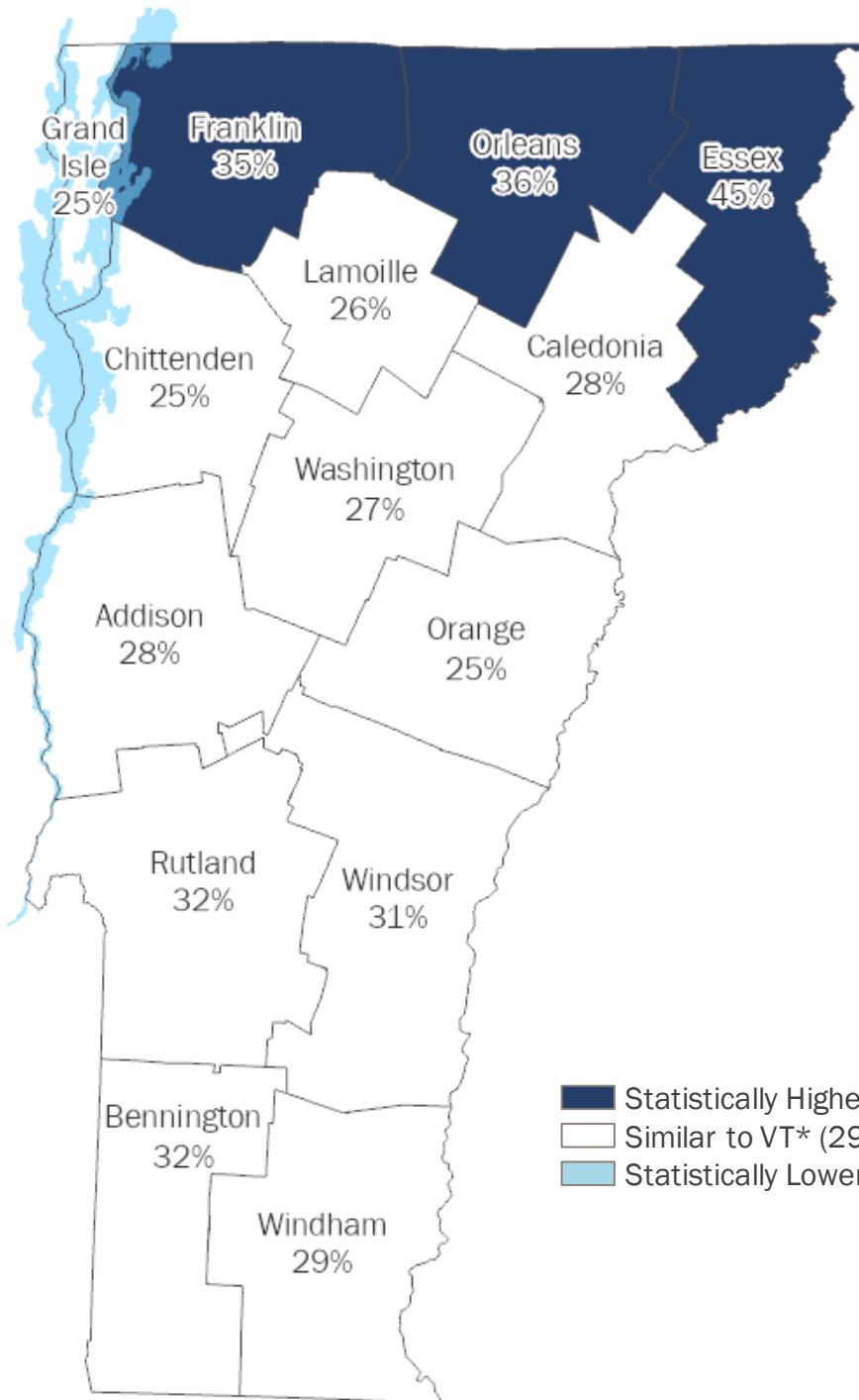
Vermont Adults with Obesity, 2022



Vermont Adults with Obesity



Vermont Adults 20+ Obesity by County, 2021-2022



Essex (45%), Orleans (36%) and Franklin (35%) counties have statistically higher rates of obesity compared to all Vermont adults 20 and older (29%).

All other counties have a statistically similar proportion of adults with obesity compared to Vermont adults 20 and older.

- Statistically Higher than VT
- Similar to VT* (29%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Overweight

More than one-third of Vermont adults 20 and older are overweight (35%), the same as U.S. adults 20 and older.

Overweight status is calculated using body mass index (BMI), a singular, indirect indicator of body fat meant to identify weight-related health risk. Though useful at the population level, BMI has limited usefulness at the individual level.

Males are statistically more likely to be overweight than females.

There are no statistically differences in overweight status by age.

Adults with some college education or more are statistically more likely to be overweight than those with a high school degree or less.

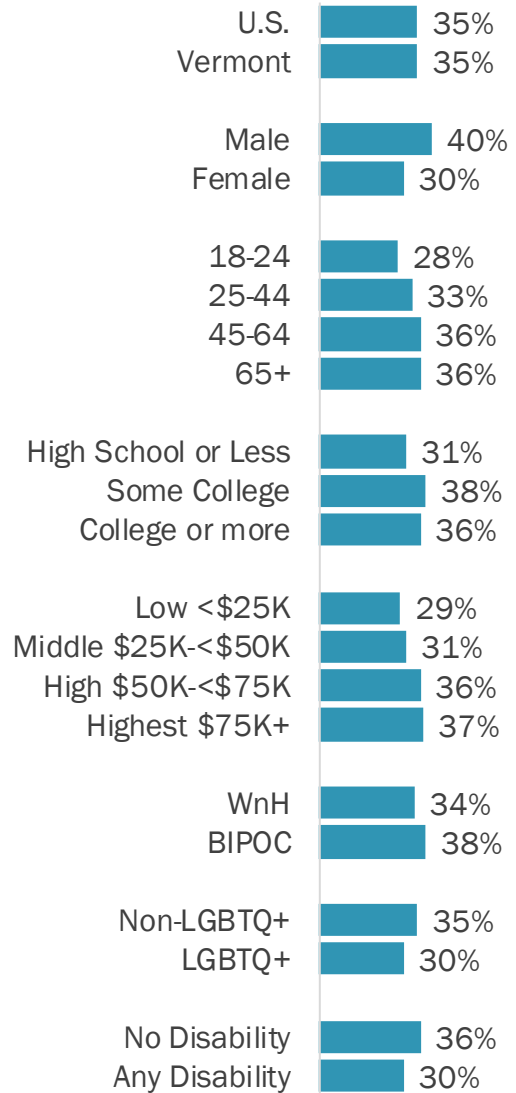
Adults in homes with the highest incomes are statistically more likely to be overweight than those in homes with low incomes.

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

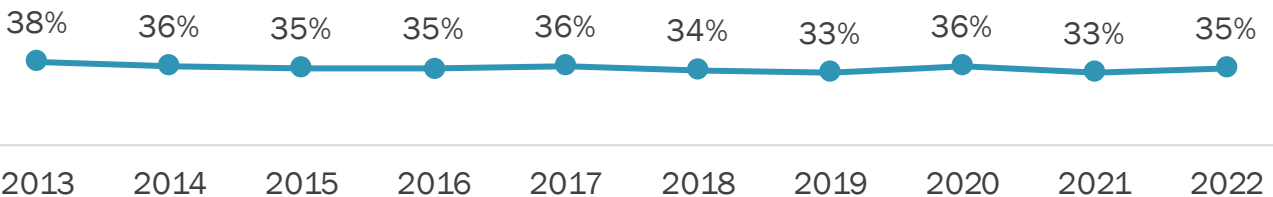
Adults with a disability are statistically less likely to be overweight compared to adults with no disability.

The prevalence of being overweight is statistically similar to 2021 and 2013.

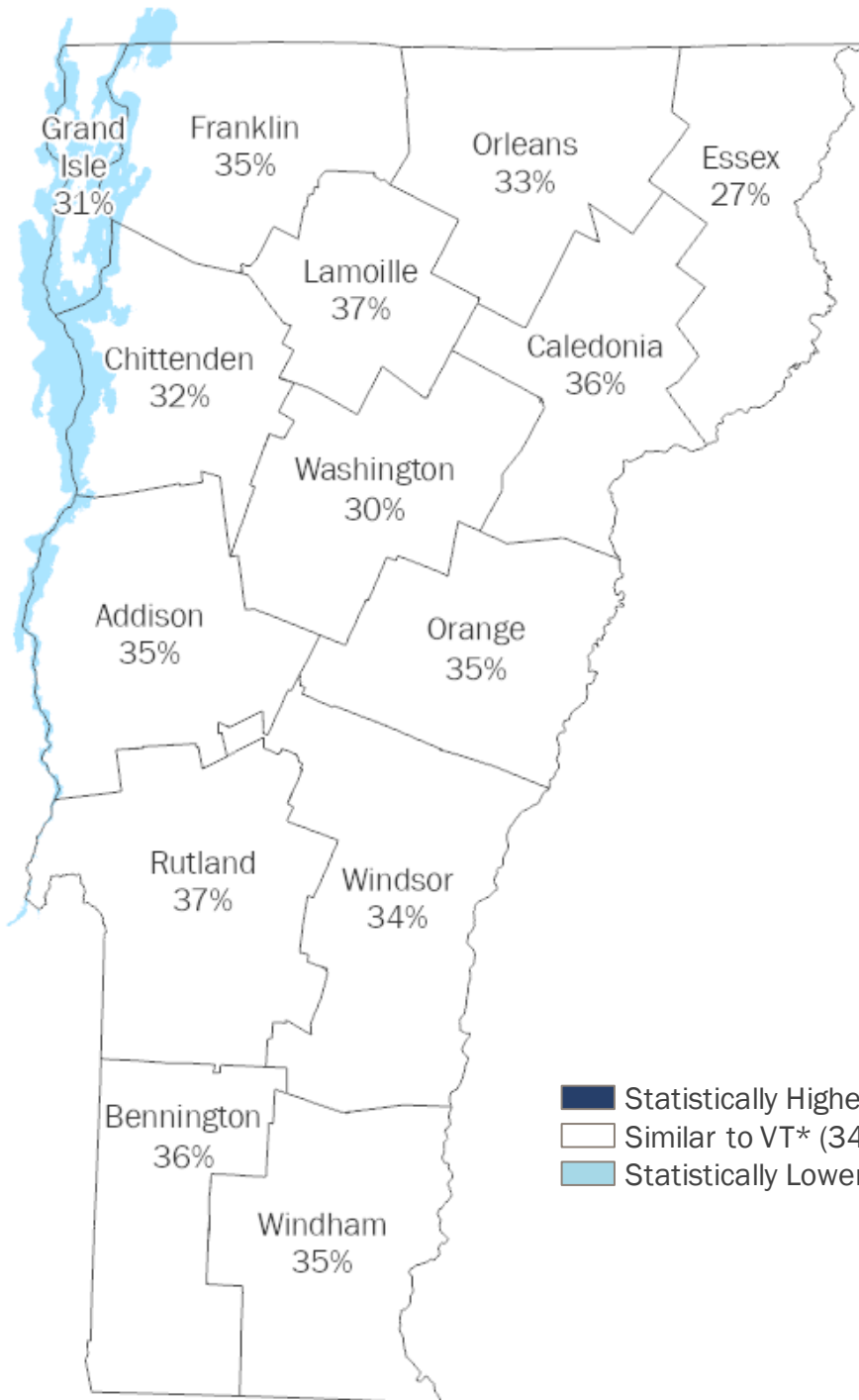
Vermont Adults 20+ who are Overweight, 2022



Vermont Adults 20+ who are Overweight



Vermont Adults 20+ who are Overweight by County, 2021-2022



All counties have a statistically similar proportion of adults who are overweight compared to Vermont adults 20 and older.

*Vermont estimate represents two years of data.

Subjective Cognitive Decline

One in ten Vermont adults ages 45 and older have experienced subjective cognitive decline in the past year (10%).

Subjective cognitive decline is the self-reported experience of worsening or more frequent confusion or memory loss.

Males and females 45 and older report experiencing cognitive decline at the same rates.

Adults 65 and older are statistically more likely to experience cognitive decline than adults ages 45-64.

There are no statistical differences in cognitive decline prevalence by education level.

All differences in cognitive decline prevalence by household income level are statistically significant, except between adults in homes with middle and high incomes.

BIPOC adults are statistically more likely to experience cognitive decline than white, non-Hispanic adults.

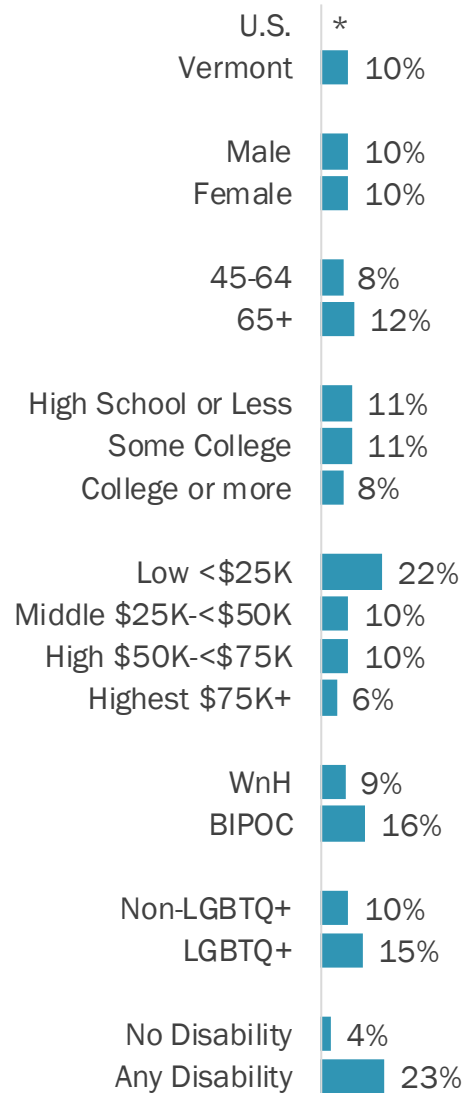
There are no statistical differences in cognitive decline by sexual orientation and gender identity.

Adults with a disability are nearly six times as likely to experience cognitive decline than adults with no disability, a statistically significant difference.

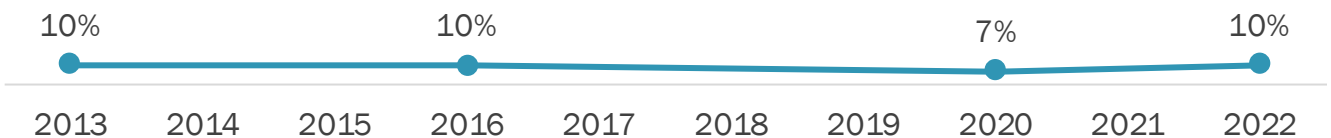
The proportion of adults with subjective cognitive decline is statistically higher than 2020, but similar to 2013.

Of adults 45 and older who report cognitive decline, half say they or someone else has discussed their memory loss with a health care professional (50%), the same as in 2020.

Subjective Cognitive Decline Vermont Adults 45+, 2022

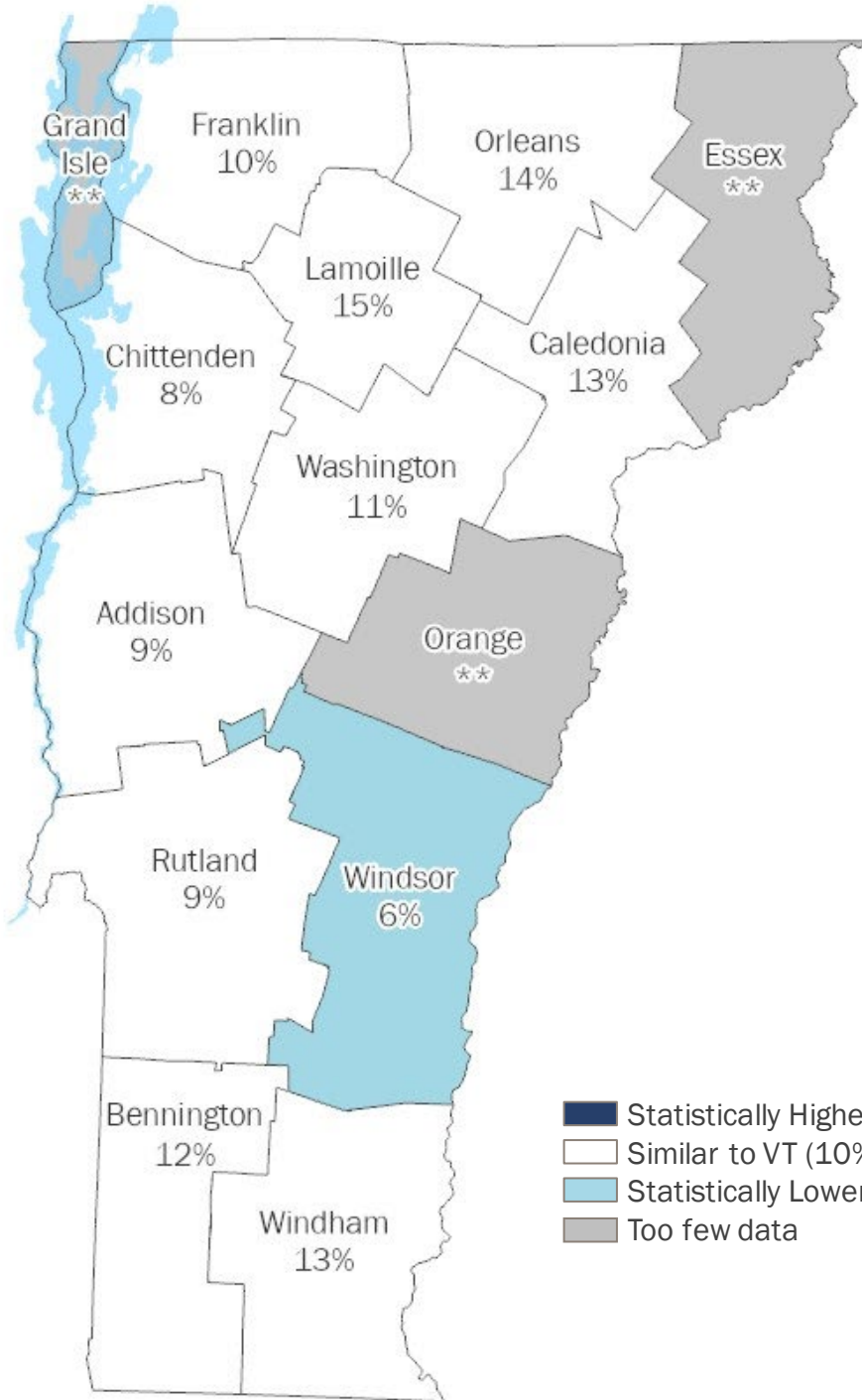


Vermont Adults 45+ with Subjective Cognitive Decline



*No national estimate available.

Vermont Adults 45+ with Subjective Cognitive Decline by County, 2020, 2022



Six percent of adults 45 and older in Windsor County are statistically less likely to experience subjective cognitive decline in the past year compared to Vermont overall.

The proportion of adults 45 and older with subjective cognitive decline in all other reported counties is similar to Vermont.

*Vermont estimate represents two years of data.

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

Subjective Cognitive Decline Burden

Adults 45 and older who reported subjective cognitive decline were asked about the impact of their worsening or more frequent confusion or memory loss on their participation in day-to-day household activities.

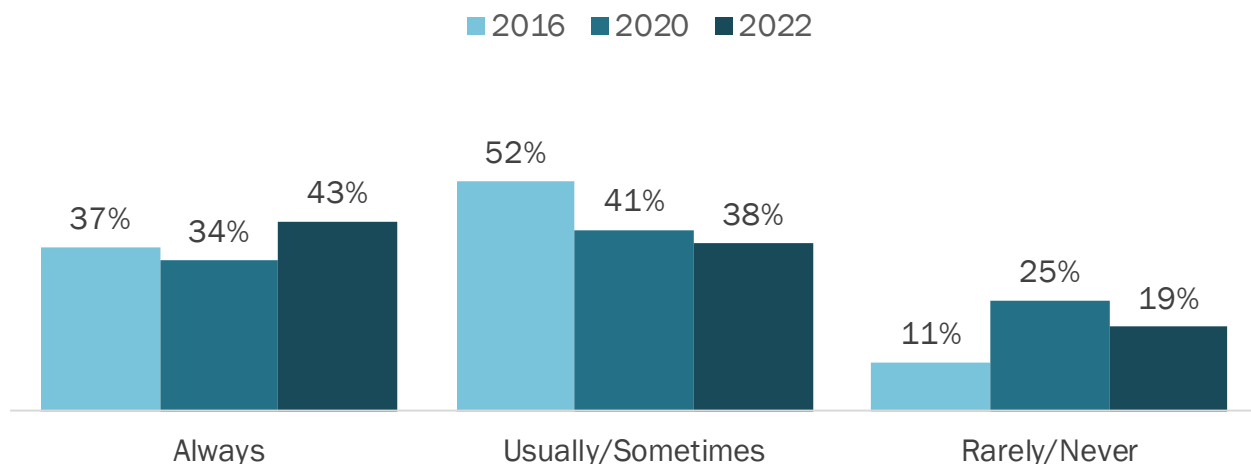
Nearly half of adults 45 and older with subjective cognitive decline say that it never impedes their ability to engage in activities such as work, volunteering, or other activities (48%). More than four in ten say their worsening memory rarely (23%) or sometimes (20%) limits their ability to engage in activities, while nearly one in ten (9%) say it usually or always limits their participation. (Data not shown.)

Three in ten adults with subjective cognitive decline report that in the past year they have given up some day-to-day household activities at least some of the time because of their worsening confusion or memory loss (31%). This is the same as in 2020. Example activities include cooking, cleaning, taking medications, driving, or paying bills. (Data not shown.)

Two in ten adults have needed assistance with household activities in the past year at least some of the time due to their cognitive decline (20%). This is statistically similar to the 25% in 2020. (Data not shown.)

Of those adults requiring assistance with household activities, 43% are always able to get the help they need. An additional 38% are usually or sometimes able to get the help they need. Nineteen percent are rarely or never able to get the help they need. The ability to get help with household activities among those requiring assistance is statistically similar to 2020 and 2016.

Vermont Adults with Subjective Cognitive Decline who are Able to get Help with Household Activities



Risk Factors and Behaviors

Alcohol Consumption – Any in Past Month

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

Males and females report using alcohol at statistically similar rates.

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

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

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

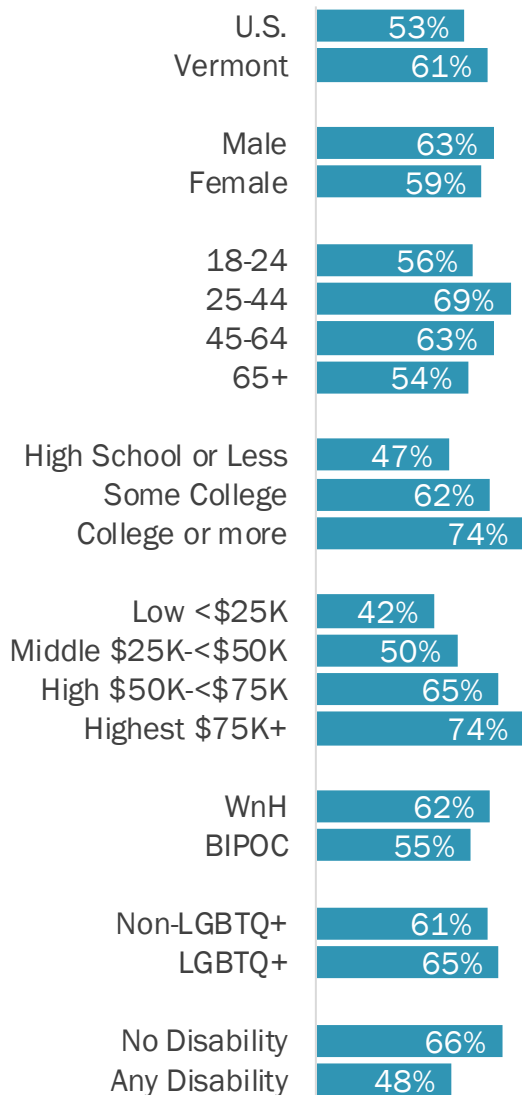
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between low and middle household incomes.

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

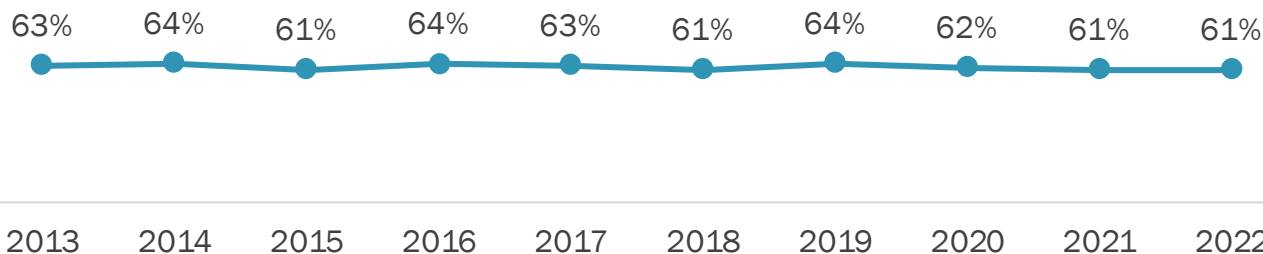
Adults with no disability are statistically more likely to use alcohol than adults with a disability.

The prevalence of alcohol use among adults is statistically similar to 2021 and 2013.

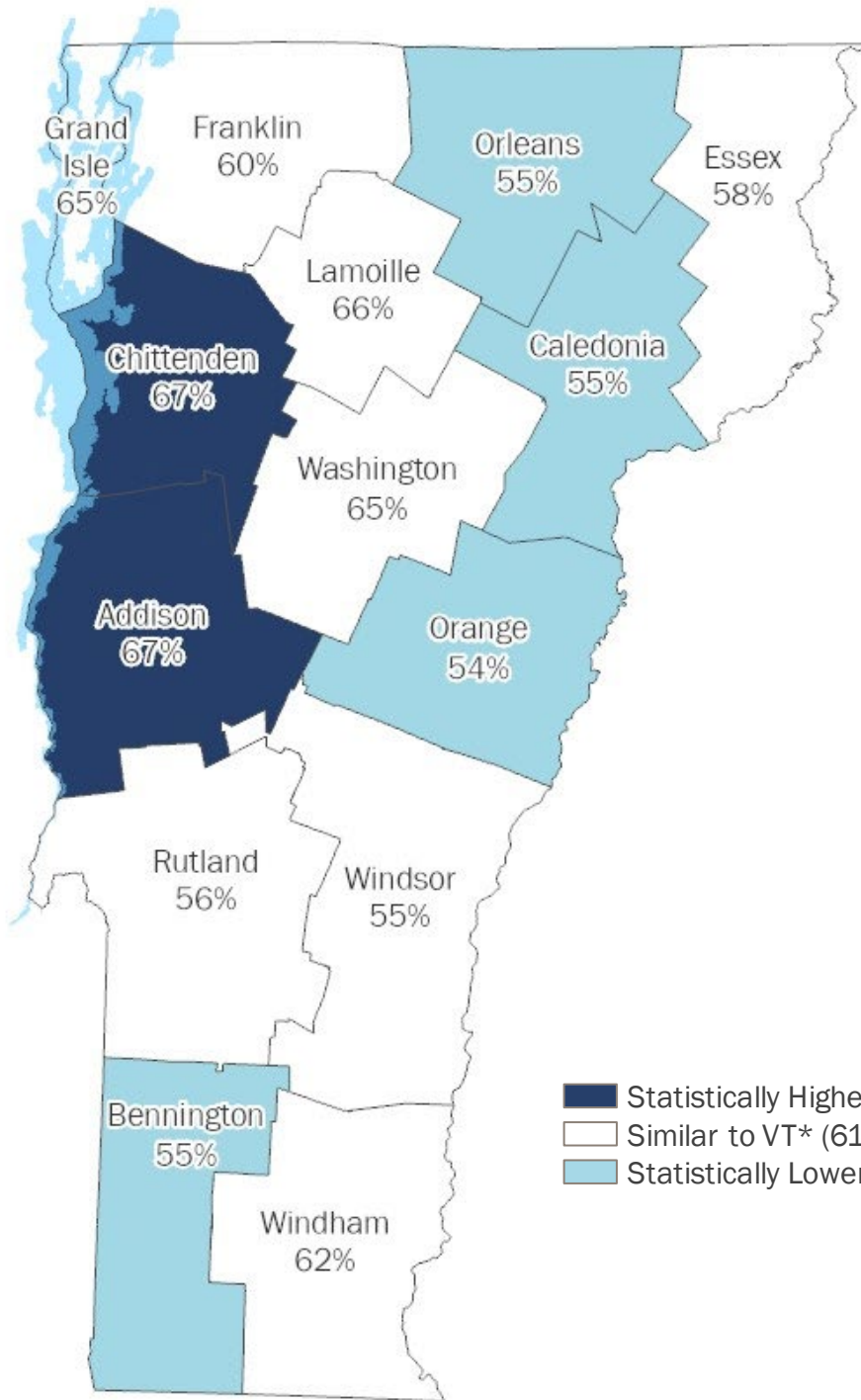
Vermont Adults with Any Alcohol Consumption, 2022



Vermont Adults with Any Alcohol Consumption



Vermont Adults with Any Alcohol Consumption by County, 2021-2022



Sixty-seven percent of adults in Addison and Chittenden counties consumed any alcohol in the past month, statistically higher than all Vermont adults.

Fifty-five percent of adults in Bennington, Caledonia, and Orleans counties, and 54% in Orange County consumed any alcohol in the past month, statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (61%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Alcohol Consumption – Binge Drinking

Eighteen percent of Vermont adults report binge drinking in the past month, statistically higher than the 17% of U.S. adults.

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

Males are statistically more likely than females to binge drink.

Binge drinking decreases with age.

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

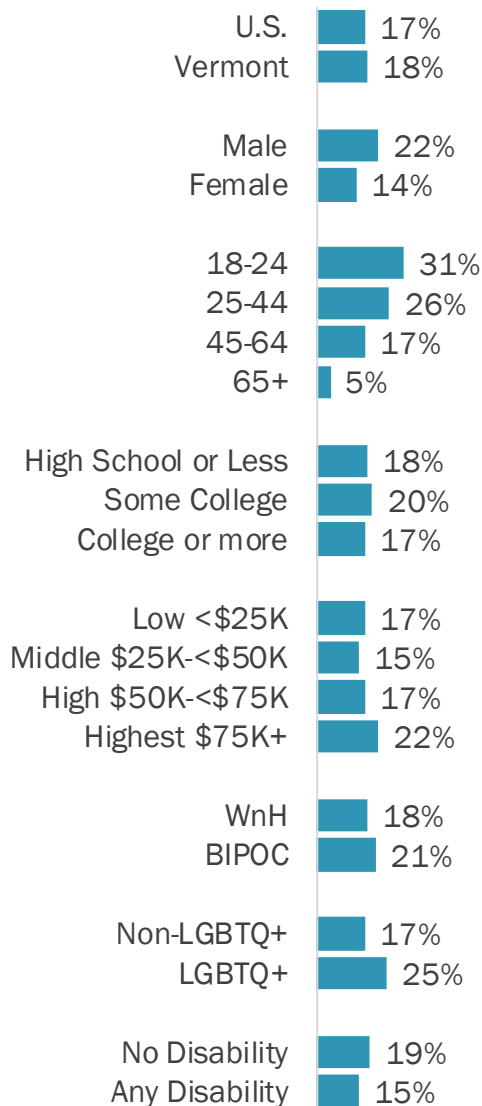
There are no statistical differences in binge drinking by education level or race and ethnicity.

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

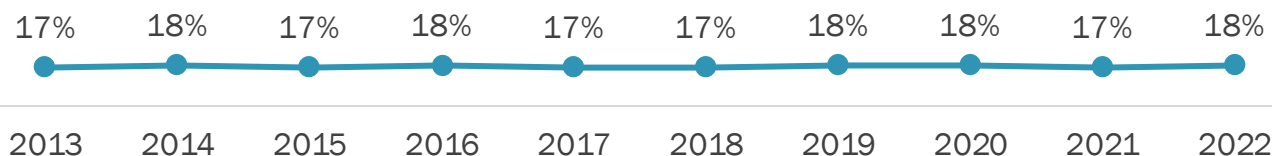
LGBTQ+ adults and adults with no disability are statistically more likely to binge drink than non-LGBTQ+ adults and those with a disability.

The proportion of Vermont adults binge drinking is statistically similar to 2021 and 2013.

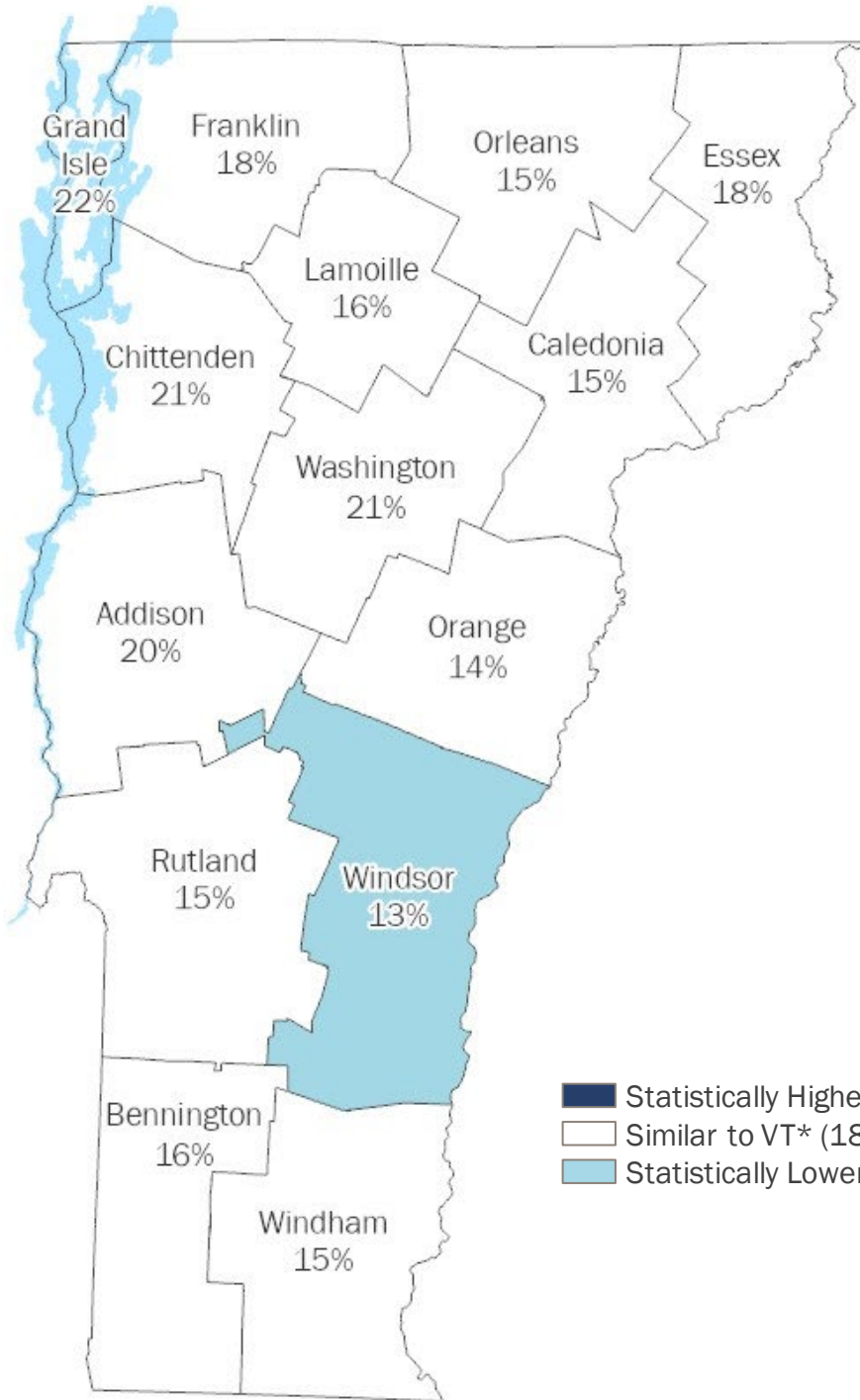
Vermont Adults who Report Binge Drinking, 2022



Vermont Adults who Report Binge Drinking



Vermont Adults who Report Binge Drinking by County, 2021-2022



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

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

*Vermont estimate represents two years of data.

Alcohol Consumption – Heavy Drinking

One in ten Vermont adults report drinking heavily in the past month (10%), statistically higher than the 7% of U.S. adults.

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

Males and females report statistically similar rates of heavy drinking.

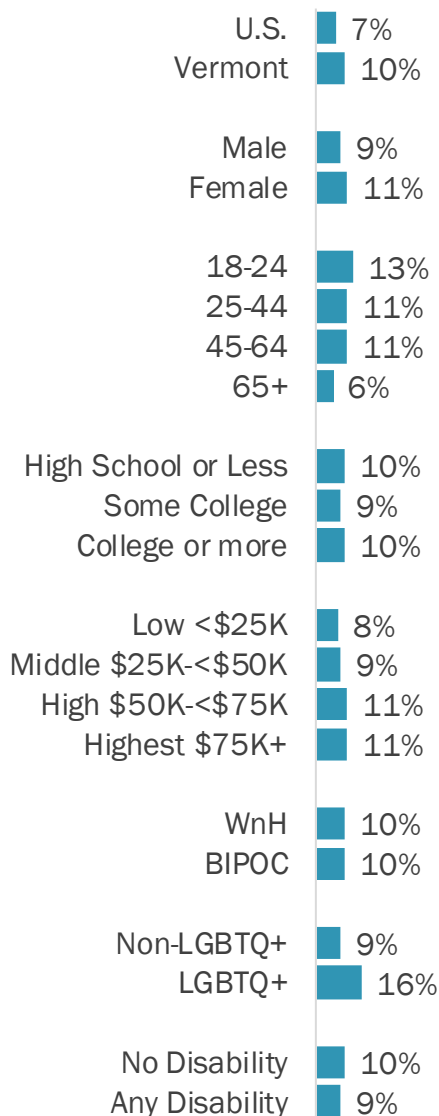
Adults ages 18-64 are statistically more likely to report heavy drinking than adults 65 and older.

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

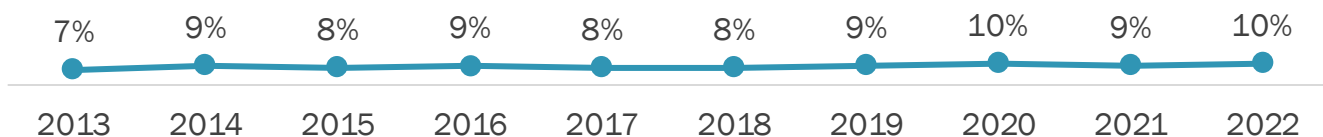
LGBTQ+ adults are nearly twice as likely to report heavy drinking than non-LGBTQ+ adults, a statistical difference.

The proportion of adults drinking heavily is statistically similar to 2021, but higher than 2013.

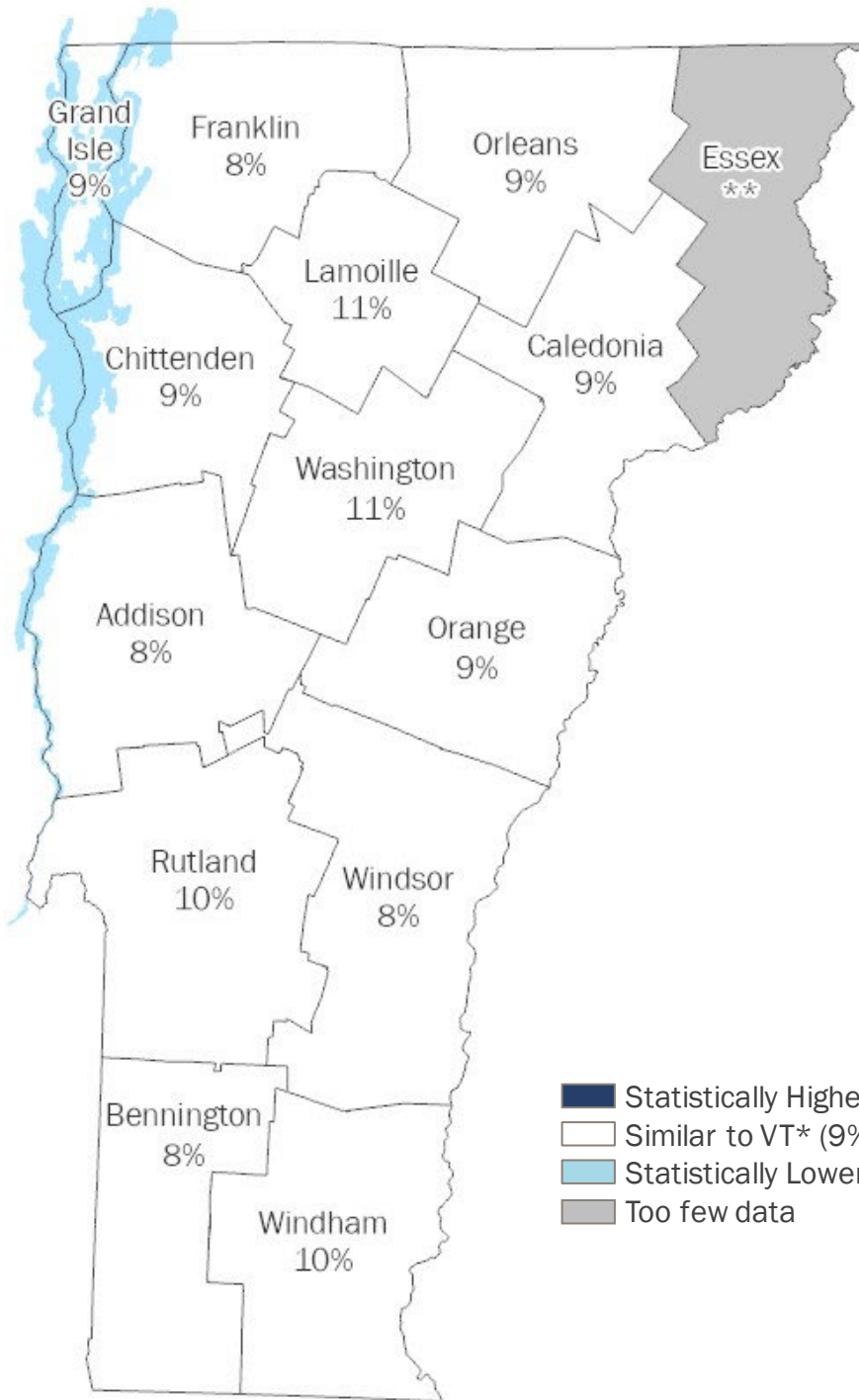
Vermont Adults who Report Heavy Drinking, 2022



Vermont Adults who Report Heavy Drinking



Vermont Adults who Report Heavy Drinking by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

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 ages 65 and older at particular risk of potential harmful effects.

Thirty-eight percent of Vermont adults ages 65 and older take prescribed medications for pain, sleep, or anxiety. Among those taking these medications, they took the medication an average of 23 days in the past month.

Females 65 and older are statistically more likely to take a prescribed medication for pain, sleep or anxiety than males.

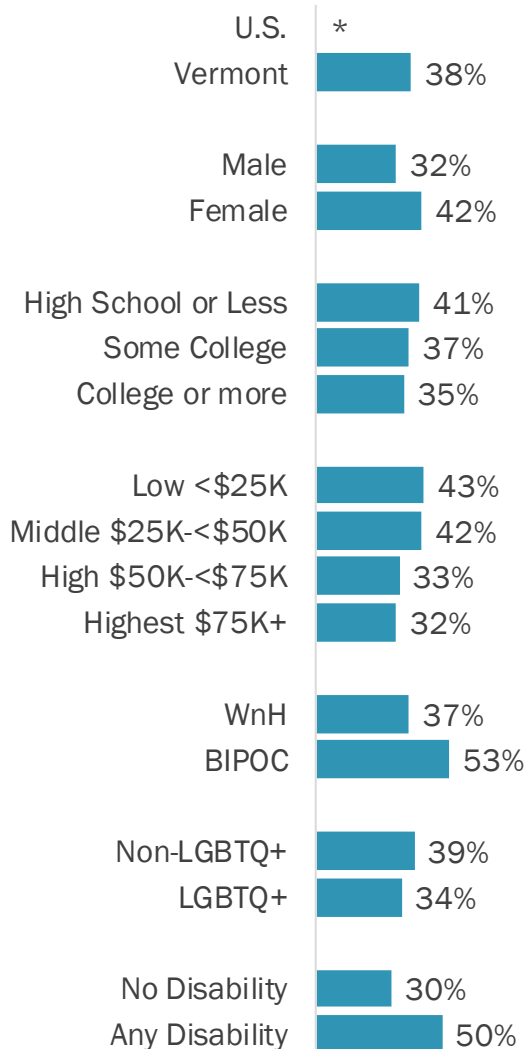
Alcohol interactive medication use is statistically similar by education level, household income level, race and ethnicity, and sexual orientation and gender identity.

Older adults with a disability are statistically more likely to use alcohol interactive medications than older adults with no disability.

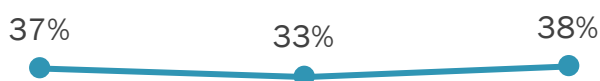
Adults 65 and older using alcohol interactive medications is statistically similar to 2020 and 2018.

Fifty-four percent of adults 65 and older taking alcohol interactive medications also had any alcohol in the past month.

Vermont Adults 65+ who Use Alcohol Interactive Medications, 2022



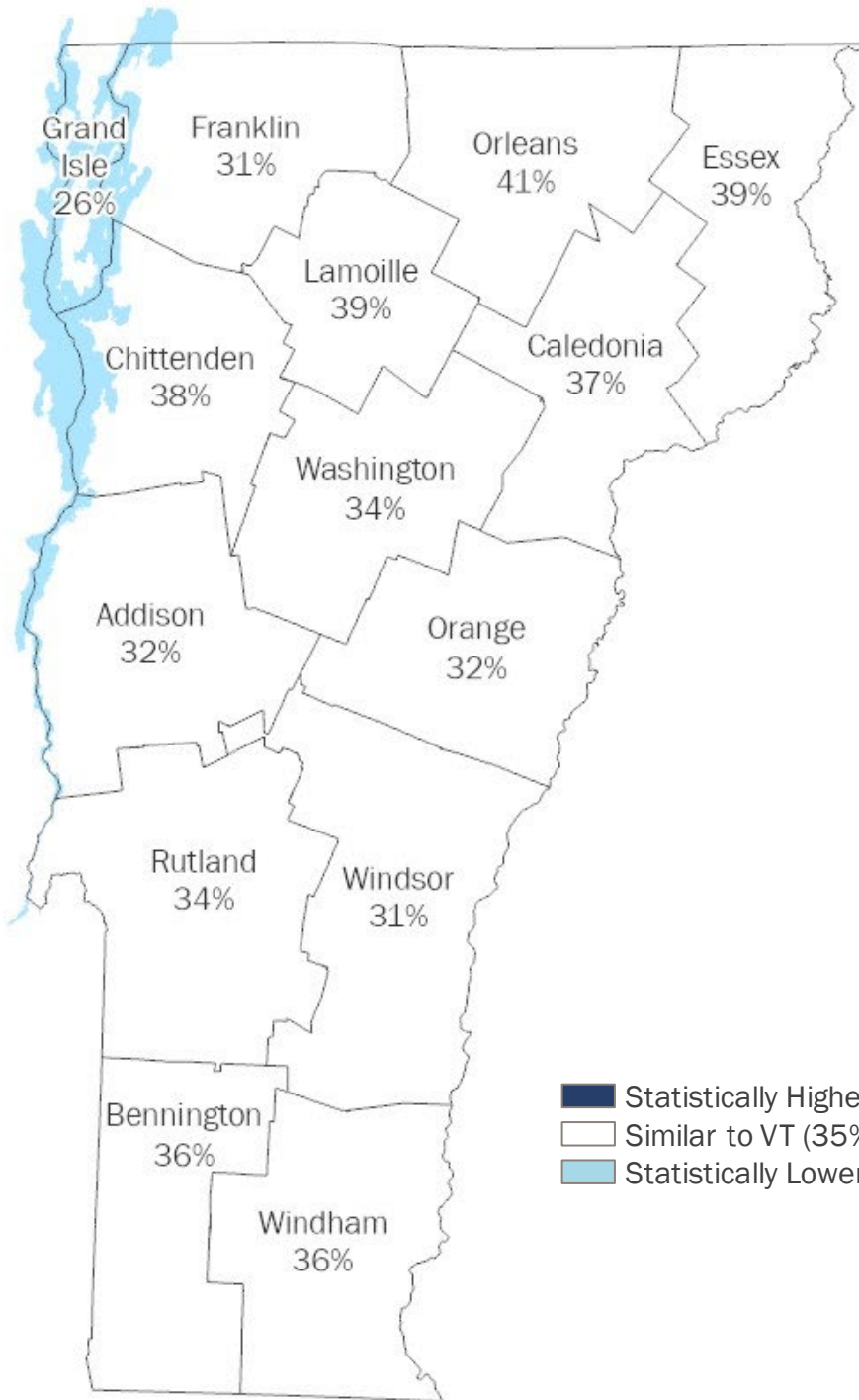
Vermont Adults who Use Alcohol Interactive Medications



2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

*No national estimate available.

Vermont Adults 65+ who Use Alcohol Interactive Medications by County, 2020, 2022



All counties have a similar proportion of adults 65 and older who use alcohol interactive medications, compared to Vermont overall.

*Vermont estimate represents two years of data.

Cannabis Use

Nearly one-quarter of Vermont adults report using cannabis in the past month (24%).

Males are statistically more likely to use cannabis than females.

Cannabis use decreases with age.

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

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

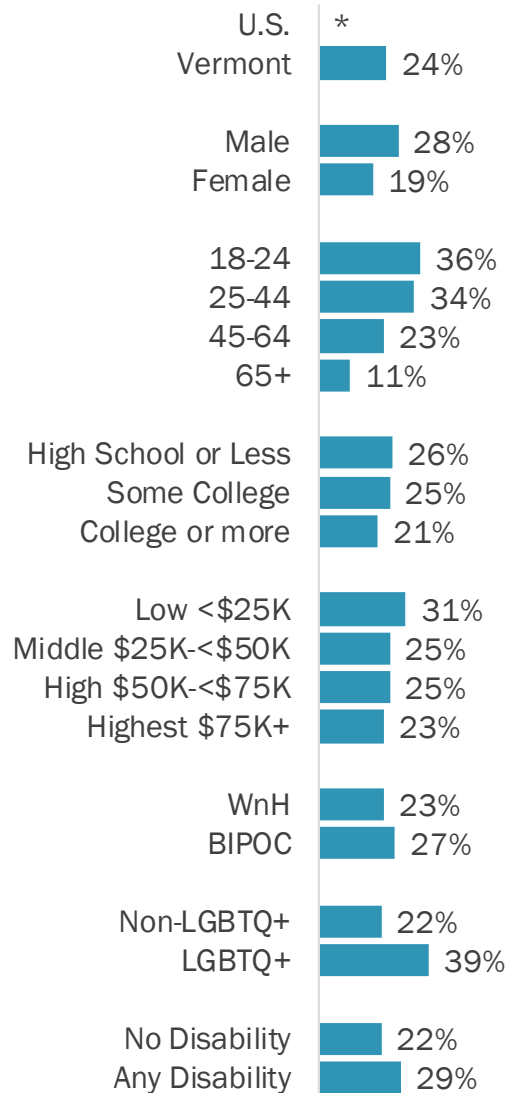
Adults in homes with low incomes are statistically more likely to use cannabis than those in homes with the highest incomes.

There are no statistical differences in cannabis use by race and ethnicity.

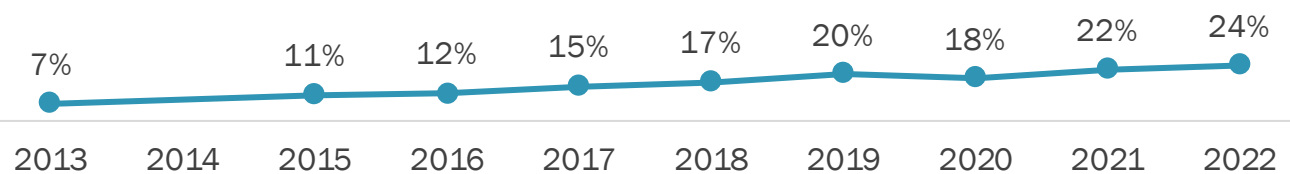
LGBTQ+ adults and adults with a disability are statistically more likely to use cannabis than non-LGBTQ+ adults and those with no disability.

The prevalence of cannabis use is statistically similar to 2021, but higher than 2013 from which it has steadily increased since.

Vermont Adults who Use Cannabis, 2022

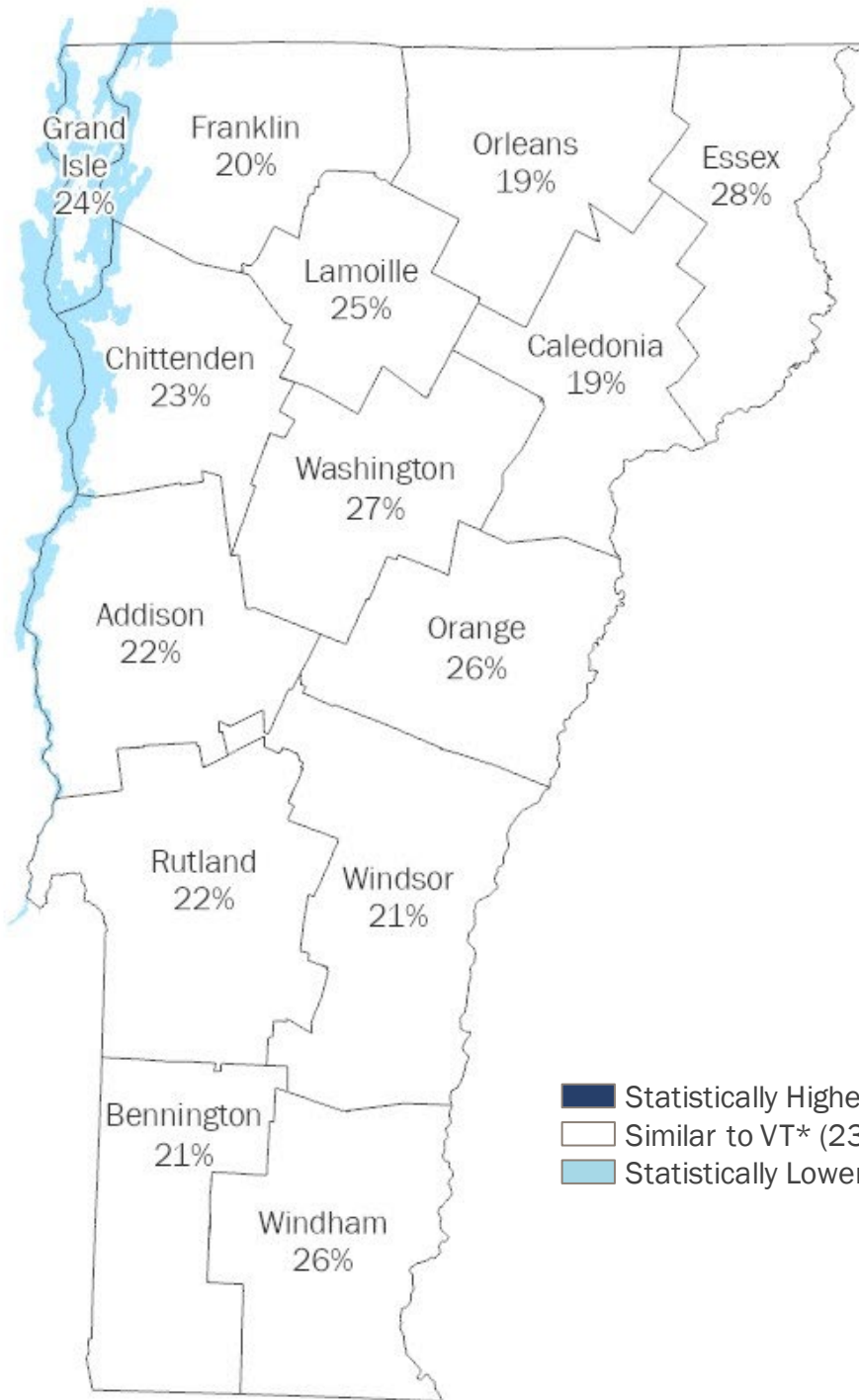


Vermont Adults who Use Cannabis



*No national estimate available.

Vermont Adults who Use Cannabis by County, 2021-2022



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

*Vermont estimate represents two years of data.

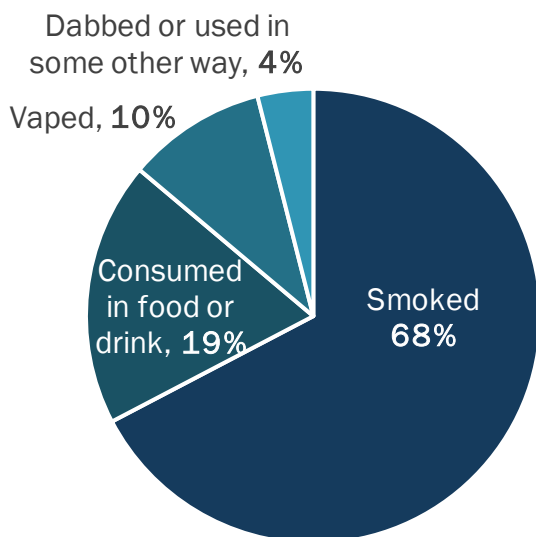
Cannabis Use – Primary Method & Reason

Most adults using cannabis in the past month say their primary method was smoking (68%). Nearly two in ten cannabis users mainly consume it in food or drink (19%). One in ten mainly vape (10%) and 4% dab or use cannabis in some other way.

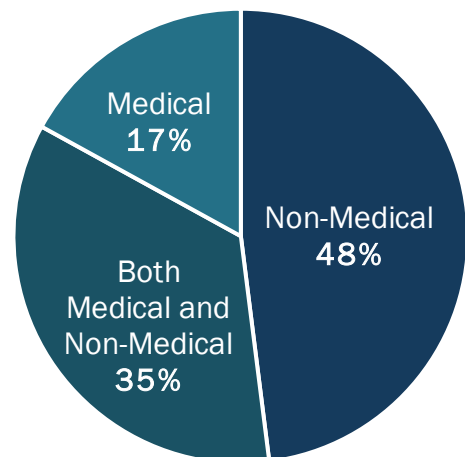
The proportion of adults primarily vaping cannabis is statistically higher than the 5% in 2021. All other methods of use are statistically similar to 2021.

Forty-eight percent of adults using cannabis in the past month say it is usually for non-medical reasons. Thirty-five percent of cannabis users mainly use it for both medical and non-medical reasons. Seventeen percent of cannabis users mainly use cannabis for medical reasons. All reasons for use are statistically similar to 2021.

**Primary Method of Cannabis Use
Among Vermont Adults
Using in the Past Month, 2022**



**Reason for Cannabis Use
Among Vermont Adults
Using in the Past Month, 2022**



Cannabis Use – Driving Under the Influence

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

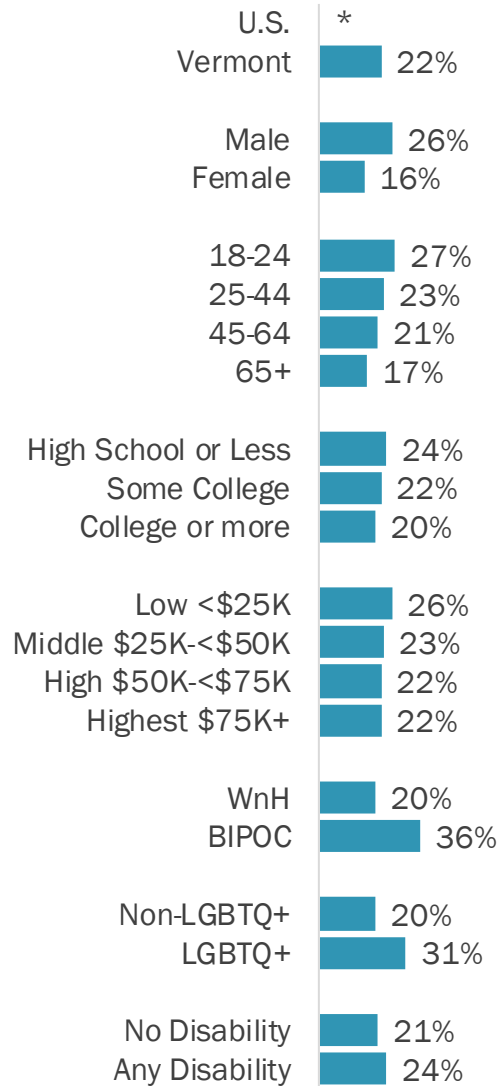
Males are statistically more likely to drive after using cannabis than females.

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

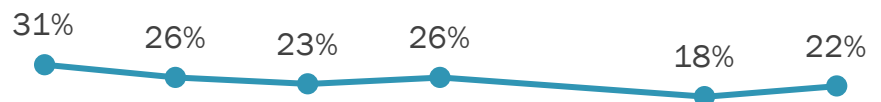
BIPOC adults are statistically more likely to drive after using cannabis than white, non-Hispanic adults.

The prevalence of driving after cannabis use is statistically similar to 2021, but lower than 2016.

Vermont Adults Driving After Using Cannabis, 2022



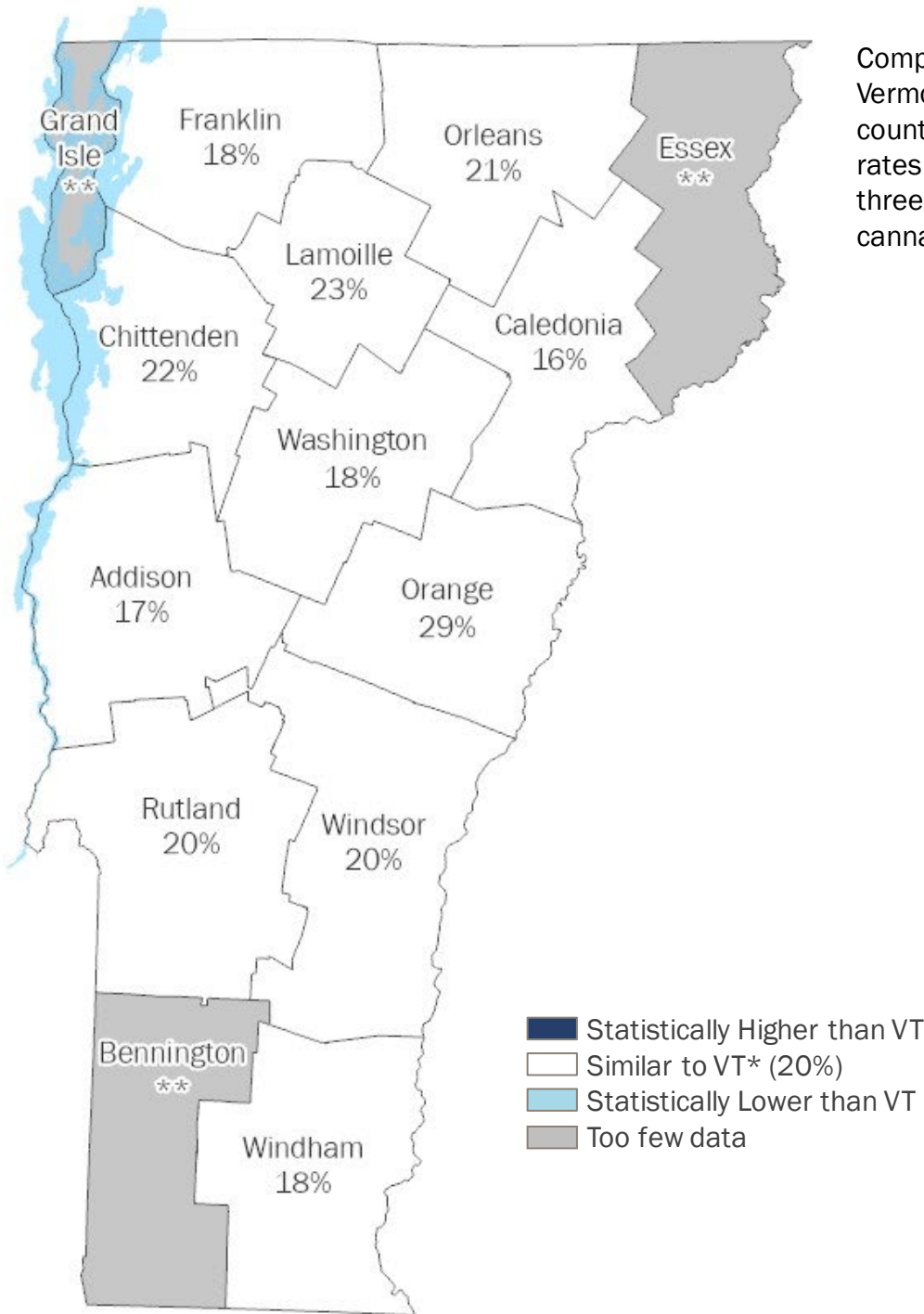
Vermont Adults Driving After Using Cannabis



2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

*No national estimate available.

Vermont Adults Driving After Using Cannabis by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

Tobacco Use – E-Cigarette Use

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

Males and females report statistically similar rates of e-cigarette use.

E-cigarette use statistically decreases with age.

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

There are no statistical differences in e-cigarette use by household income level.

BIPOC adults are nearly three times as likely to use e-cigarettes than white, non-Hispanic adults, a statistical difference.

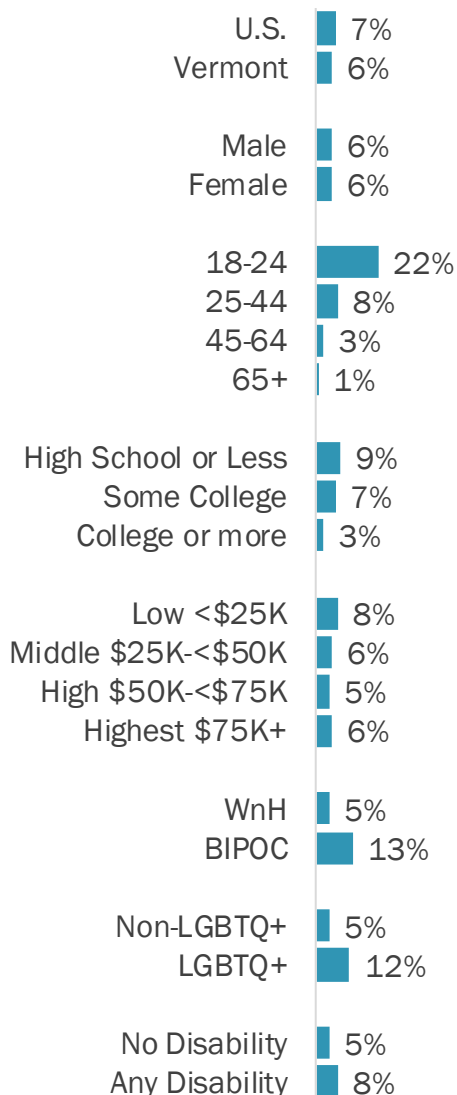
LGBTQ+ adults are more than twice as likely to use e-cigarettes than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are statistically more likely to use e-cigarettes than adults with no disability.

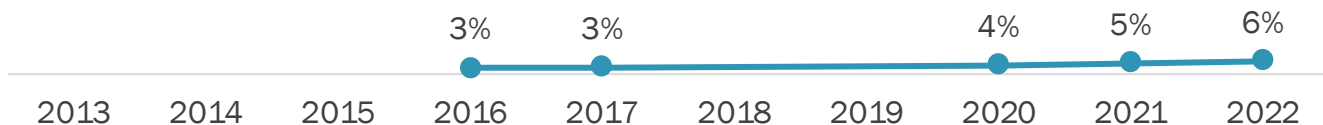
The rate of e-cigarette use among Vermont adults is statistically similar to 2021, but higher than 2016.

Among adults who currently use e-cigarettes, 20% report usually smoking menthol e-cigarettes.

Vermont Adults who Currently Use E-Cigarettes, 2022

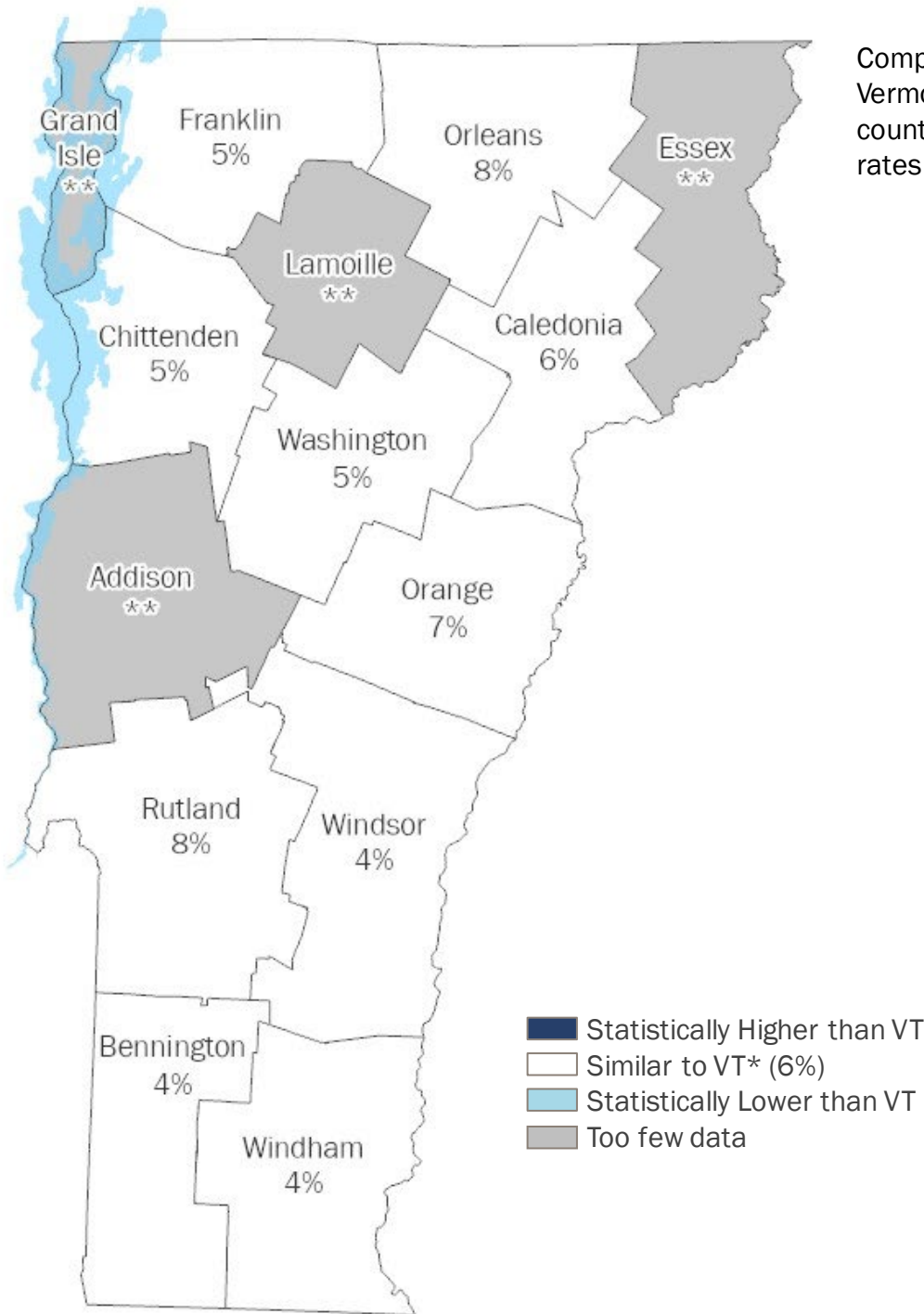


Vermont Adults who Currently Use E-Cigarettes



Note: In 2022, changes were made to the question used to measure e-cigarette use. Due to this, use caution when comparing to previous years.

Vermont Adults who Currently Use E-Cigarettes by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

Tobacco Use – Smokeless Tobacco

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

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

Adults 25-64 are statistically more likely to use smokeless tobacco than adults 65 and older.

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

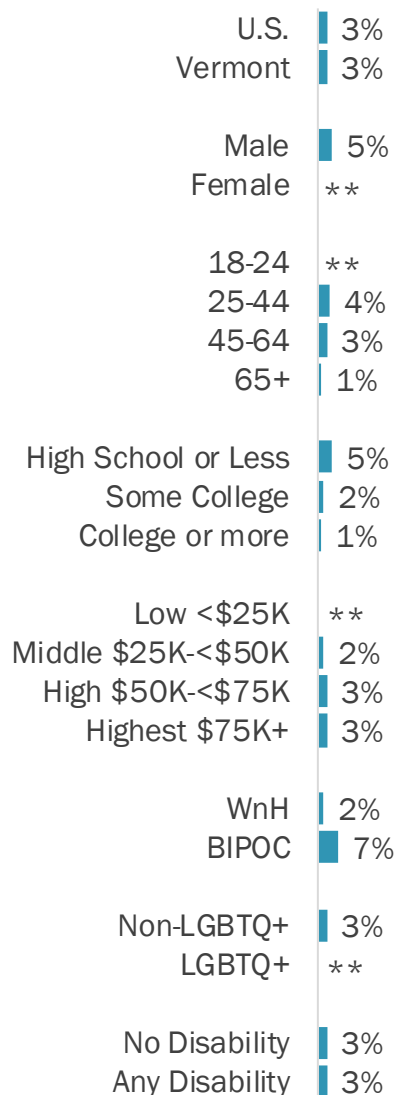
Rates of smokeless tobacco use are statistically similar across household income levels and by disability status.

BIPOC adults are more than three times as likely to use smokeless tobacco than white, non-Hispanic adults, a statistical difference.

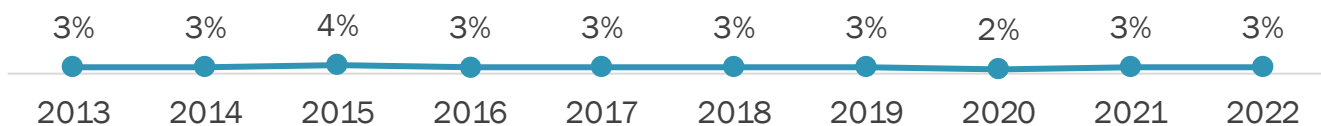
Statistical comparisons were not made for smokeless tobacco use by sex or sexual orientation and gender identity due to data suppression.

The proportion of adults using smokeless tobacco is statistically similar to 2021 and 2013.

Vermont Adults who Use Smokeless Tobacco, 2022

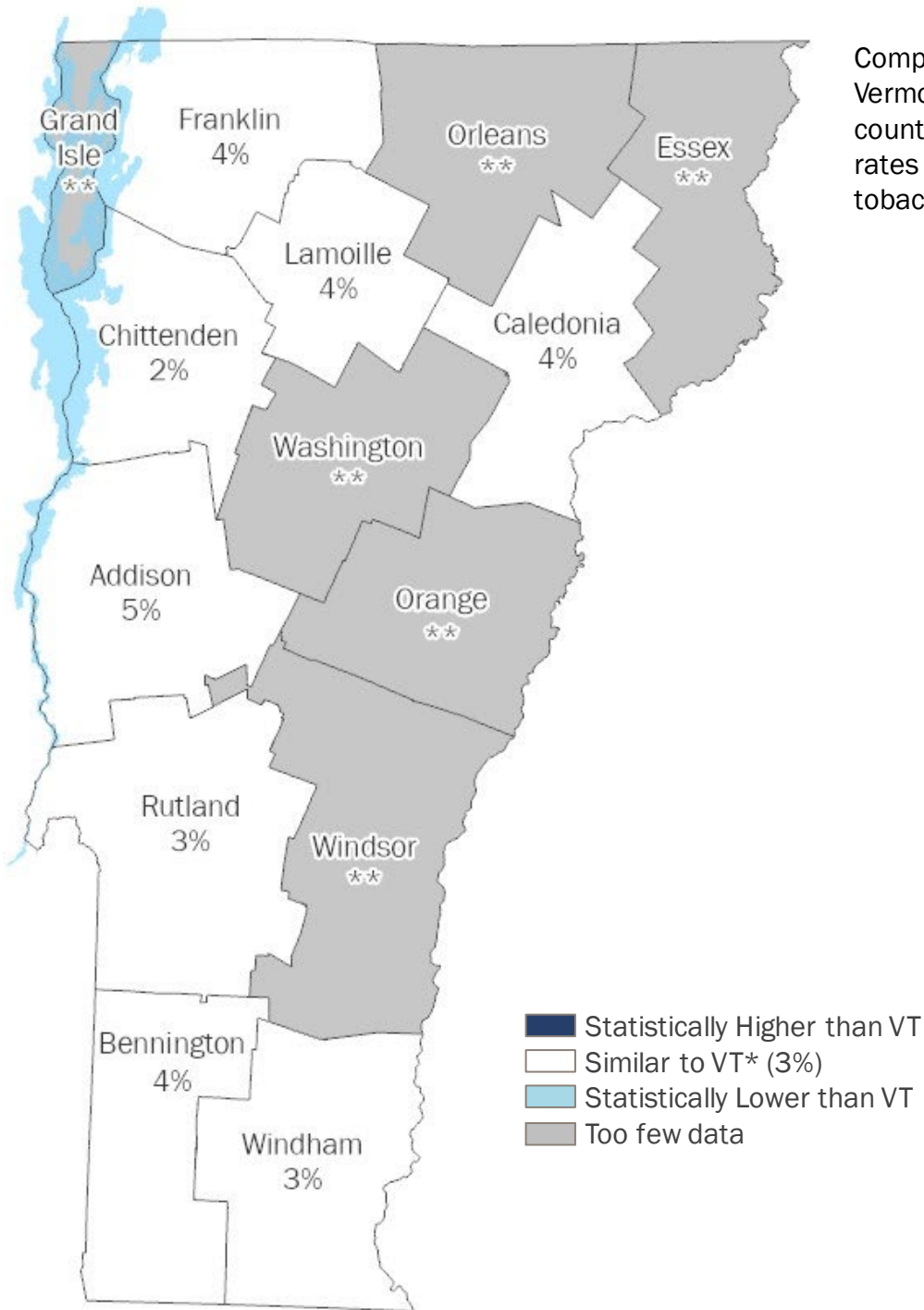


Vermont Adults who Use Smokeless Tobacco



**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, 2021-2022



Compared with Vermont, adults in all counties have similar rates of smokeless tobacco use.

*Vermont estimate represents two years of data.

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

Tobacco Use – Cigarette Smoking

One in eight Vermont adults report smoking cigarettes (13%). This is the same as among U.S. adults.

Males and females report statistically similar rates of cigarette smoking.

Adults 25-64 are statistically more likely to smoke cigarettes than adults 18-24 and those 65 and older.

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

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

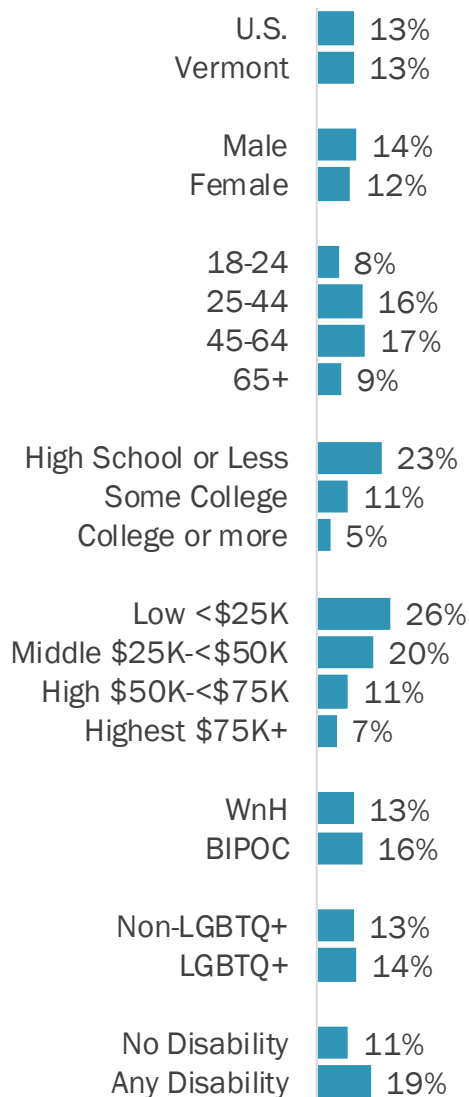
There are no statistical differences in smoking by race and ethnicity, or sexual orientation and gender identity.

Adults with a disability are statistically more likely to smoke cigarettes than adults with no disability.

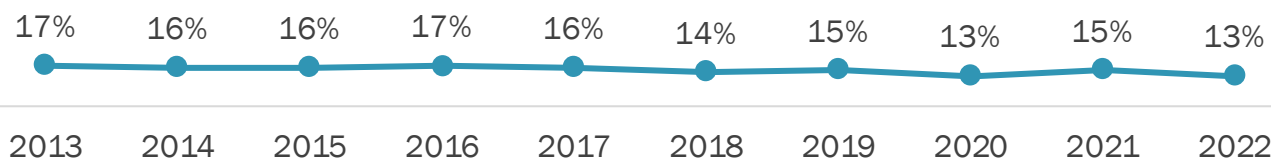
The smoking rate among Vermont adults is statistically similar to 2021, but lower than 2013.

Among adults who currently smoke, 18% report usually smoking menthol cigarettes.

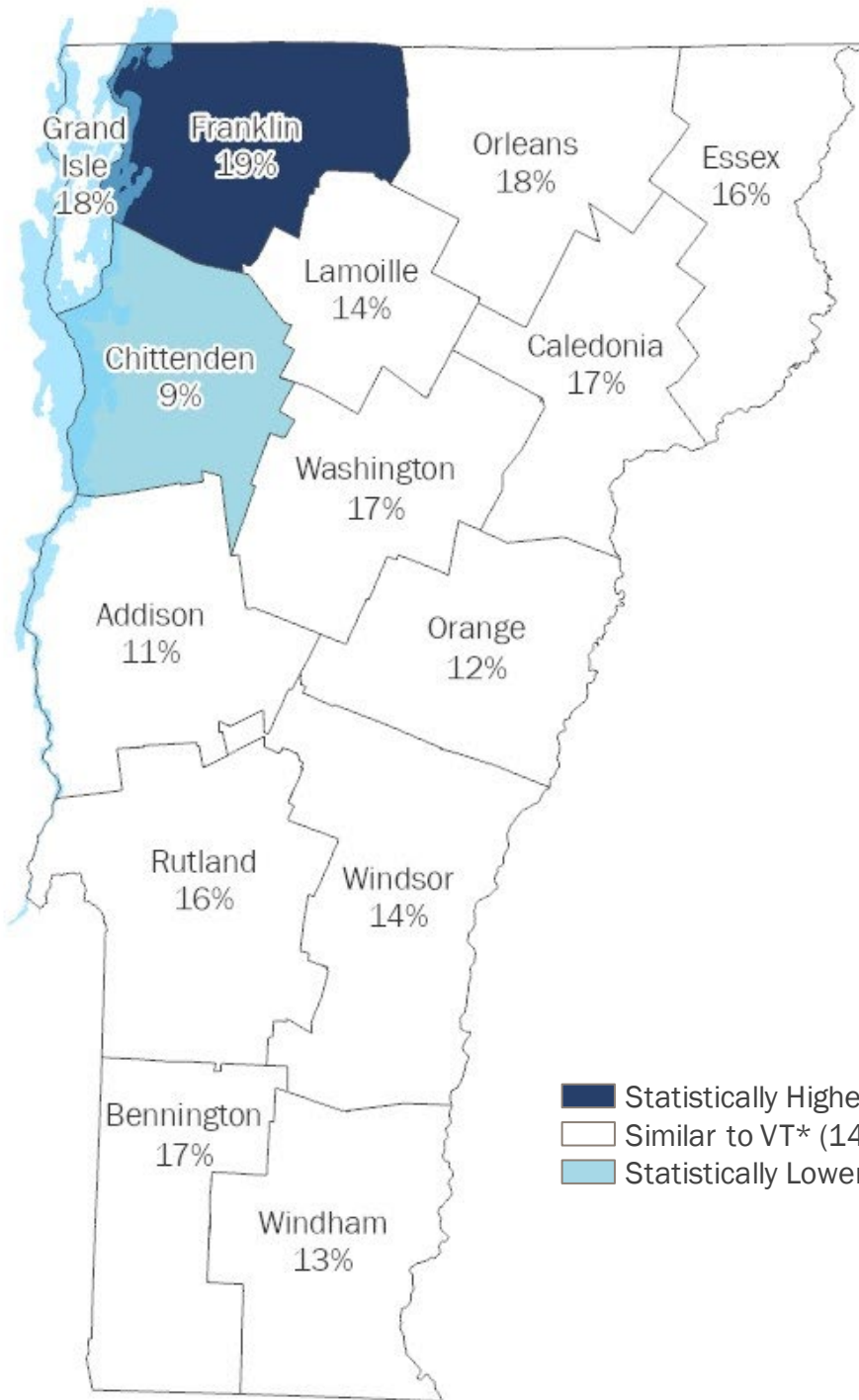
Vermont Adults who Currently Smoke Cigarettes, 2022



Vermont Adults who Currently Smoke Cigarettes



Vermont Adults who Currently Smoke Cigarettes by County, 2021-2022



Two in ten adults in Franklin County smoke cigarettes (19%), statistically higher than Vermont adults overall.

One in ten adults in Chittenden County smoke cigarettes (9%), statistically less than Vermont adults overall.

All other counties have smoking rates similar to Vermont.

- Statistically Higher than VT
- Similar to VT* (14%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

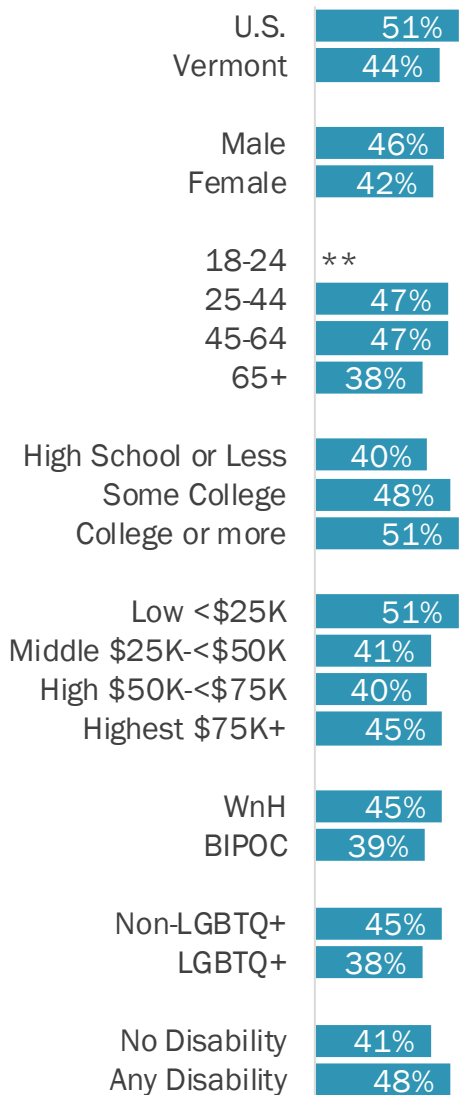
Tobacco Use – Quit Attempts

Forty-four percent of Vermont adults who smoke cigarettes have tried to quit smoking in the past year. This is statistically lower than the 51% of U.S. adults who smoke and have tried to quit.

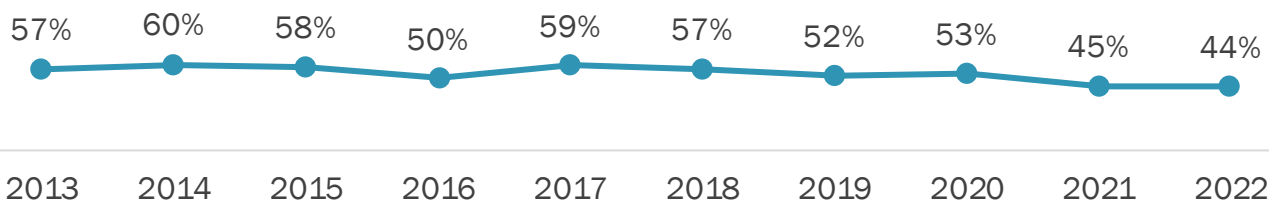
There are no statistical differences in trying to quit smoking by sex, age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

The proportion of adults who smoke cigarettes and have tried to quit is statistically similar to 2021, but lower than 2013.

Vermont Adults who Tried to Quit Smoking, 2022

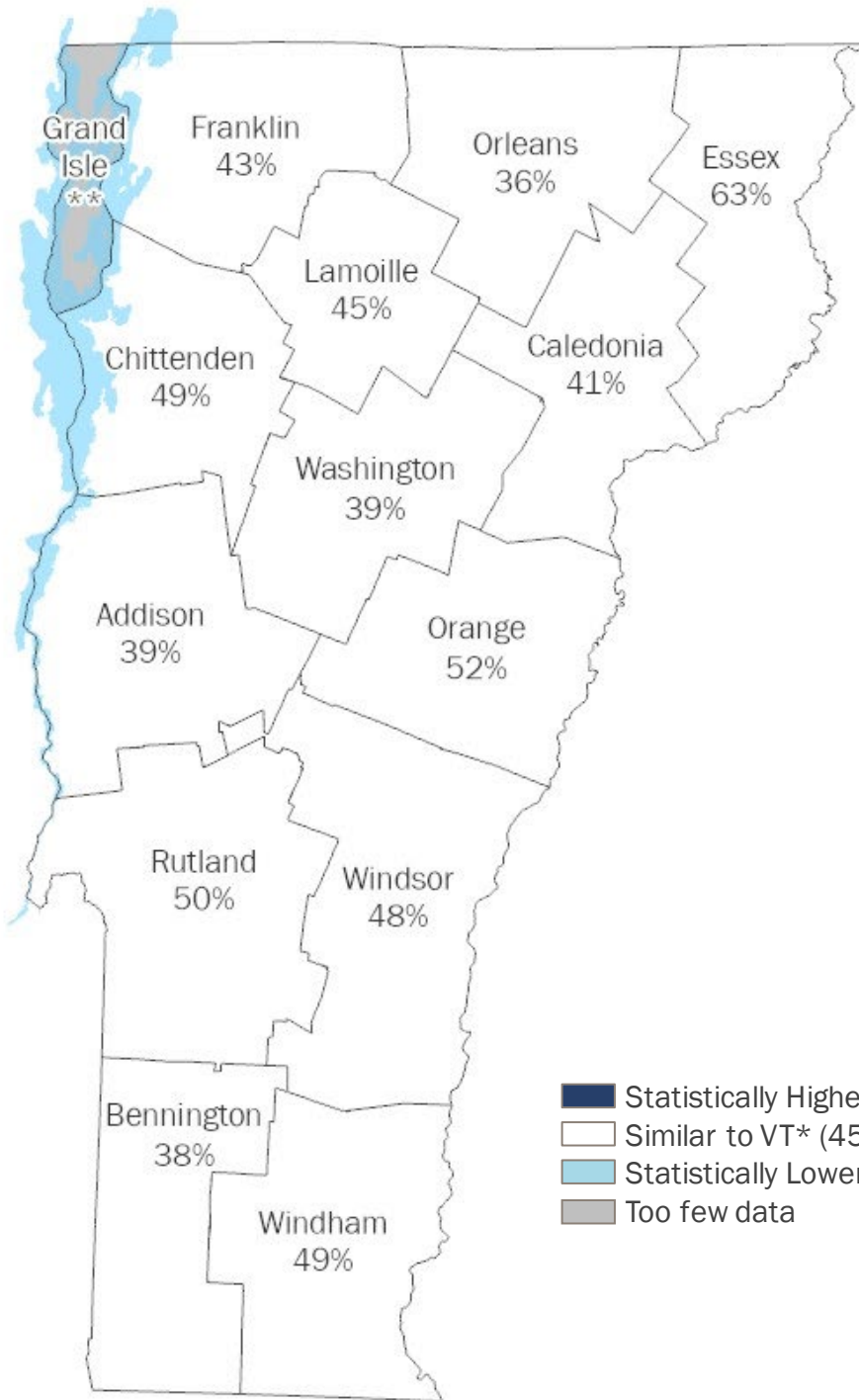


Vermont Adults who Tried to Quit Smoking



**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 Tried to Quit Smoking by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

Employment Insecurity

One in ten Vermont adults lost employment or had their hours at work reduced in the past year (10%).

Males and females report statistically similar rates of employment insecurity.

Employment insecurity decreases with age.

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

Employment insecurity is higher among adults with less education and lower household incomes.

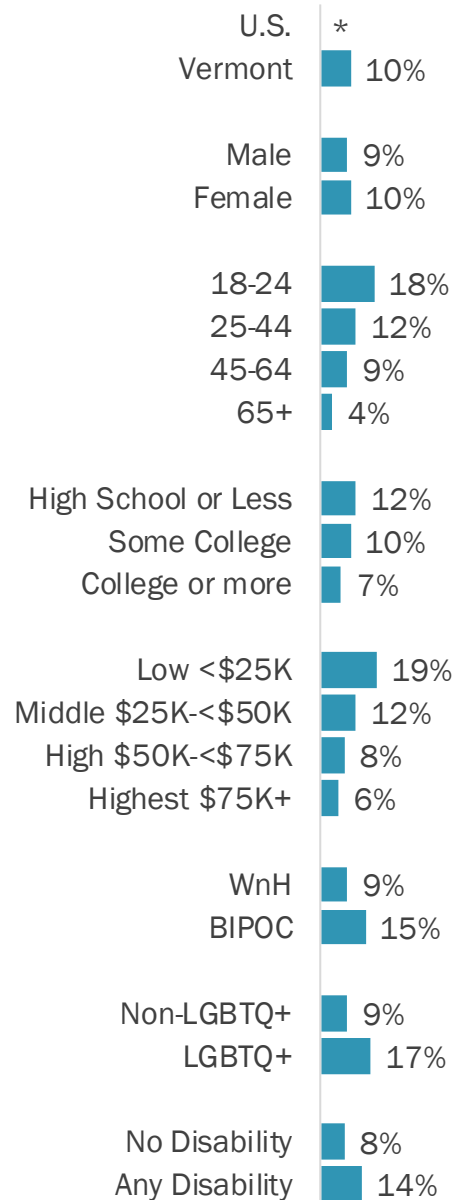
- Adults with some college education or less are statistically more likely to have lost employment or had their hours reduced than those with at least a college degree.
- All differences among household income levels are statistically significant, except between adults in homes with middle and high incomes, and those in homes with high and highest incomes.

BIPOC adults and adults with a disability are statistically more likely to experience employment insecurity in the past year than white, non-Hispanic adults and those with no disability.

LGBTQ+ adults are nearly twice as likely to experience employment insecurity than non-LGBTQ+ adults, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Lost Employment or Had Hours Reduced, 2022



*No national estimate available.

Food Insecurity

Seven percent of Vermont adults report that in the past year they have always, usually or sometimes bought food that did not last and did not have money to get more.

- Additionally, one in ten adults report that they received food stamps in the past year (10%).

Males and females report statistically similar rates of always, usually or sometimes buying food that did not last and not having money to get more.

There are no statistical differences in food insecurity by age.

Food insecurity is higher among adults with less education and lower household incomes.

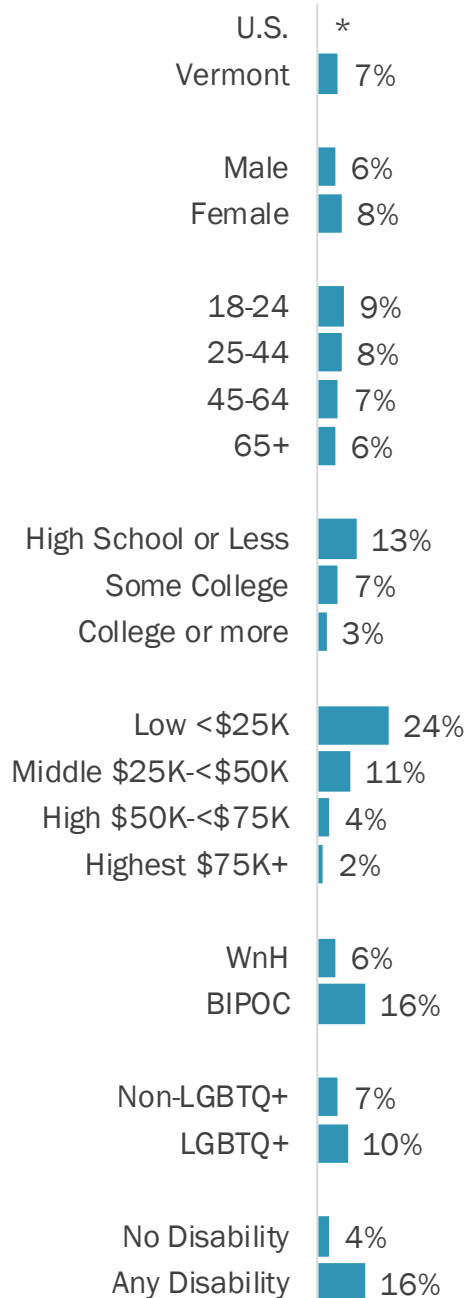
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between adults in homes with high and highest incomes.

BIPOC adults and adults with a disability are statistically more likely to experience food insecurity in the past year than white, non-Hispanic adults and those with a disability.

There are no statistical differences in food insecurity by sexual orientation and gender identity.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults who Always/Usually/Sometimes Bought Food that Did Not Last, 2022



*No national estimate available.

Housing Insecurity

Seven percent of Vermont adults were unable to pay their mortgage, rent or utilities some time in the past year.

- Additionally, five percent of adults report there was a time when an electric, gas, oil or water company threatened to shut off their services.

Females are statistically more likely to be unable to pay their mortgage, rent or utilities than males.

All differences in housing insecurity by age are statistically significant, except between adults 18-24 and 45-64.

Rates of housing insecurity are highest among adults with less education and lower household incomes.

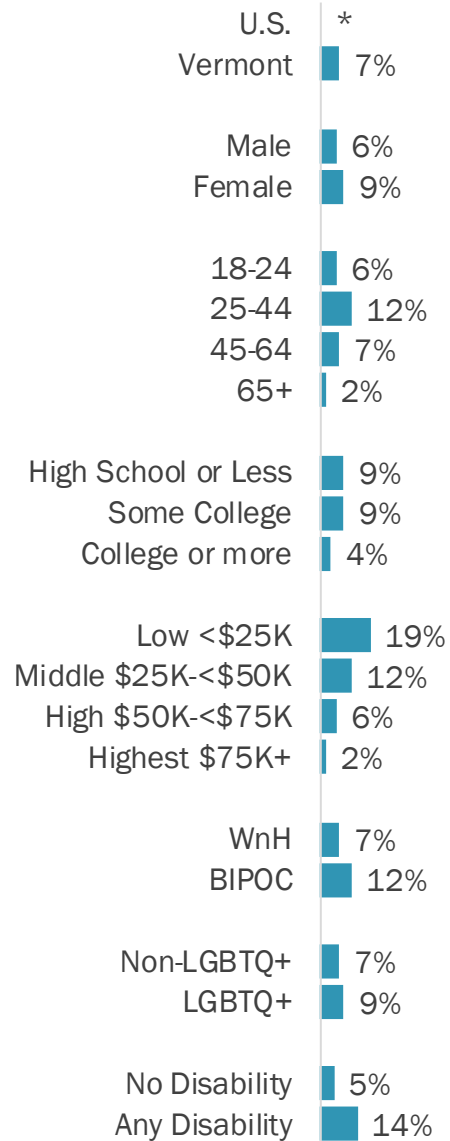
- Adults with some college education or less are statistically more likely than those with a college degree or more to have not been able to pay housing related expenses in the past year.
- All differences in housing insecurity by household income level are statistically significant.

BIPOC adults and adults with a disability are statistically more likely to experience housing insecurity in the past year than white, non-Hispanic adults and those with a disability.

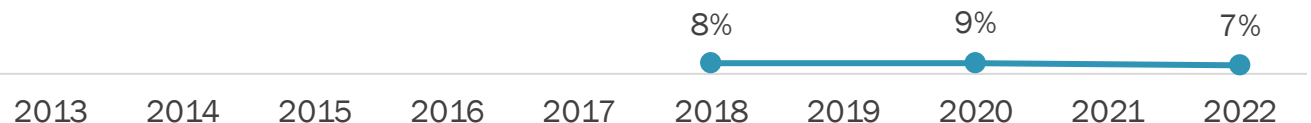
There are no statistical differences in housing insecurity by sexual orientation and gender identity.

The proportion of adults that were unable to pay housing related expenses in the past year is statistically similar to 2020 and 2018.

Vermont Adults Unable to Pay Mortgage, Rent or Utilities, 2022

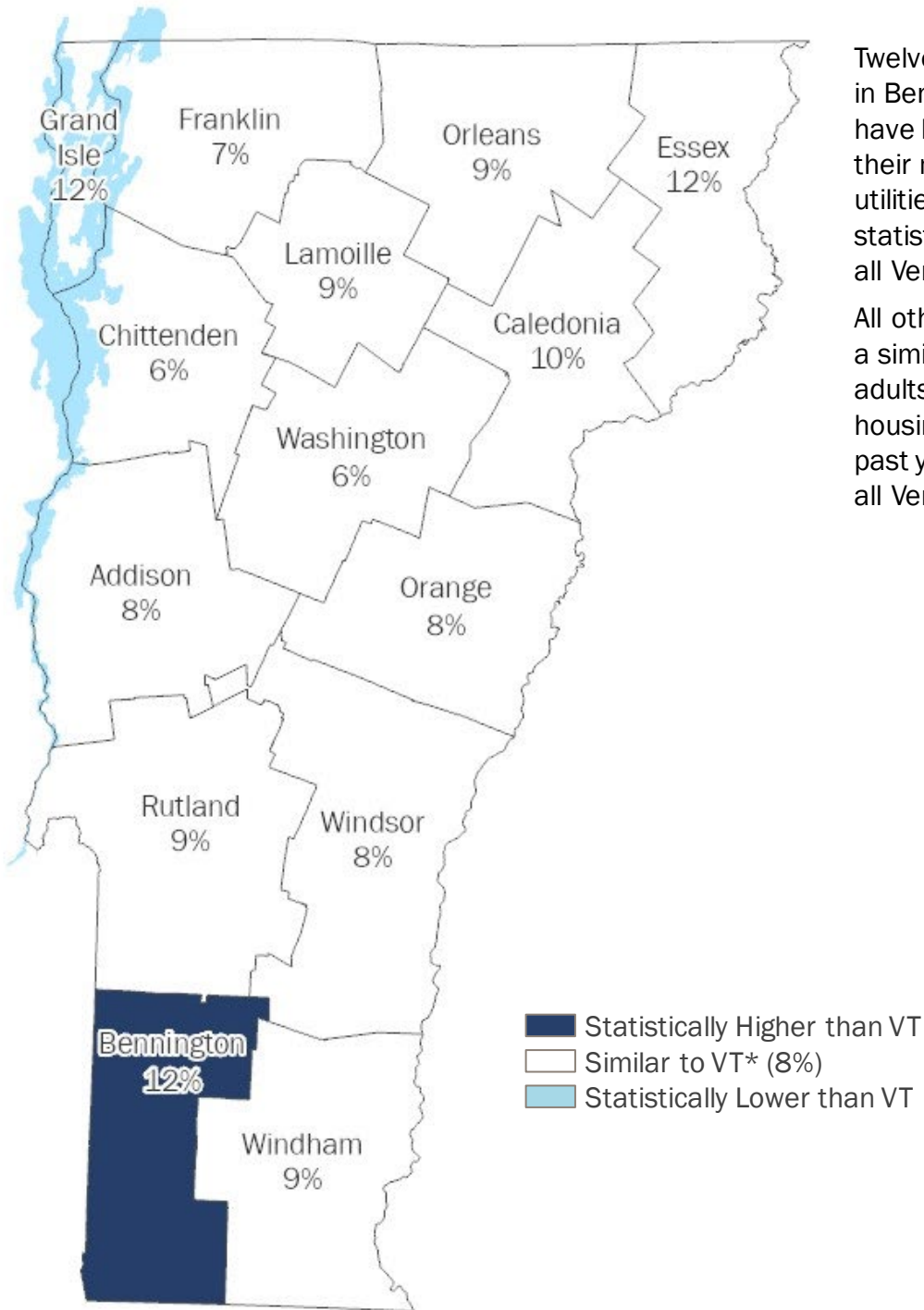


Vermont Adults Unable to Pay Mortgage, Rent or Utilities



*No national estimate available.

Vermont Adults Unable to Pay Mortgage, Rent or Utilities in Past Year, by County, 2020, 2022



Twelve percent of adults in Bennington County have been unable to pay their mortgage, rent or utilities in the past year, statistically higher than all Vermont adults.

All other counties have a similar proportion of adults that report housing insecurity in the past year compared to all Vermont adults.

*Vermont estimate represents two years of data.

Transportation Insecurity

Six percent of Vermont adults report experiencing transportation insecurity in the past year. This includes a lack of reliable transportation that kept someone from medical appointments, meetings, work or from getting things needed for daily living.

Males and females report statistically similar rates of transportation insecurity.

Adults 18-44 are statistically more likely to experience transportation insecurity than those 65 and older.

Transportation insecurity is higher among adults with less education and lower household incomes.

- Adults with some college education or less are statistically more likely to have a lack of reliable transportation than those with at least a college degree.
- All differences among household income levels are statistically significant, except between adults in homes with high and highest incomes.

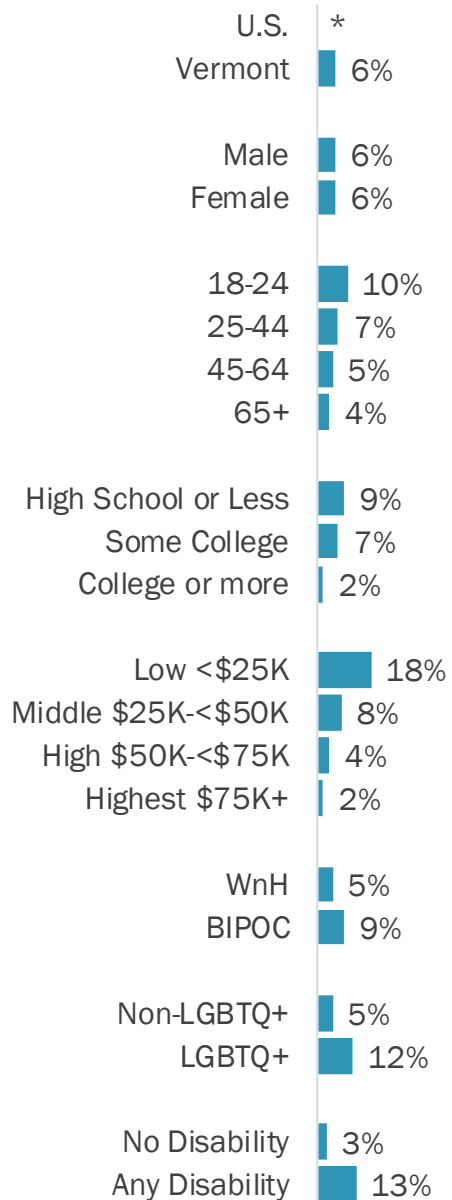
There are no statistical differences in transportation insecurity by race and ethnicity.

LGBTQ+ adults are more than twice as likely to experience a lack of reliable transportation than non-LGBTQ+ adults, a statistical difference.

Adults with a disability are more than four times as likely to experience transportation insecurity in the past year than those with no disability, a statistical difference.

Note: 2022 is the first year data was collected for this measure, so trend and county-level data are not available.

Vermont Adults with Lack of Reliable Transportation, 2022



*No national estimate available.

HIV Transmission Risk

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

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

- Respondents were not asked to identify which of the behaviors they participated in.

Males and females report statistically similar rates of participation in a high-risk behavior for HIV.

The prevalence of participating in high-risk behaviors statistically decreases with age.

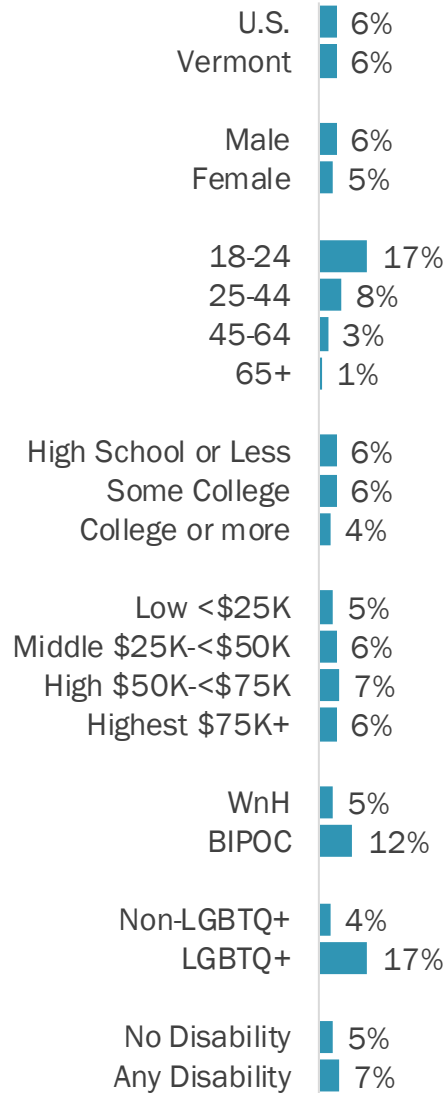
There are no statistical differences in high-risk HIV transmission behaviors by education level, household income level, or disability status.

BIPOC adults are more than twice as likely to participate in high-risk behaviors than white, non-Hispanic adults, a statistically significant difference.

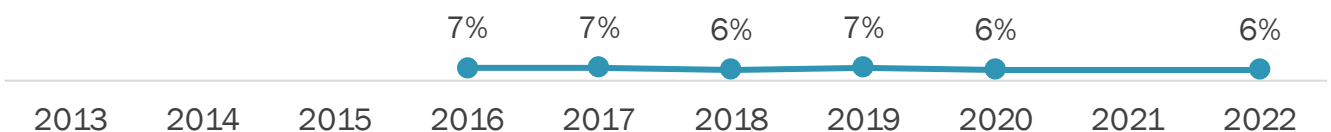
LGBTQ+ adults are more than four times as likely to participate in high-risk behaviors than non-LGBTQ+ adults, a statistically significant difference.

The proportion of adults participating in high-risk behaviors is statistically similar to 2020 and 2016.

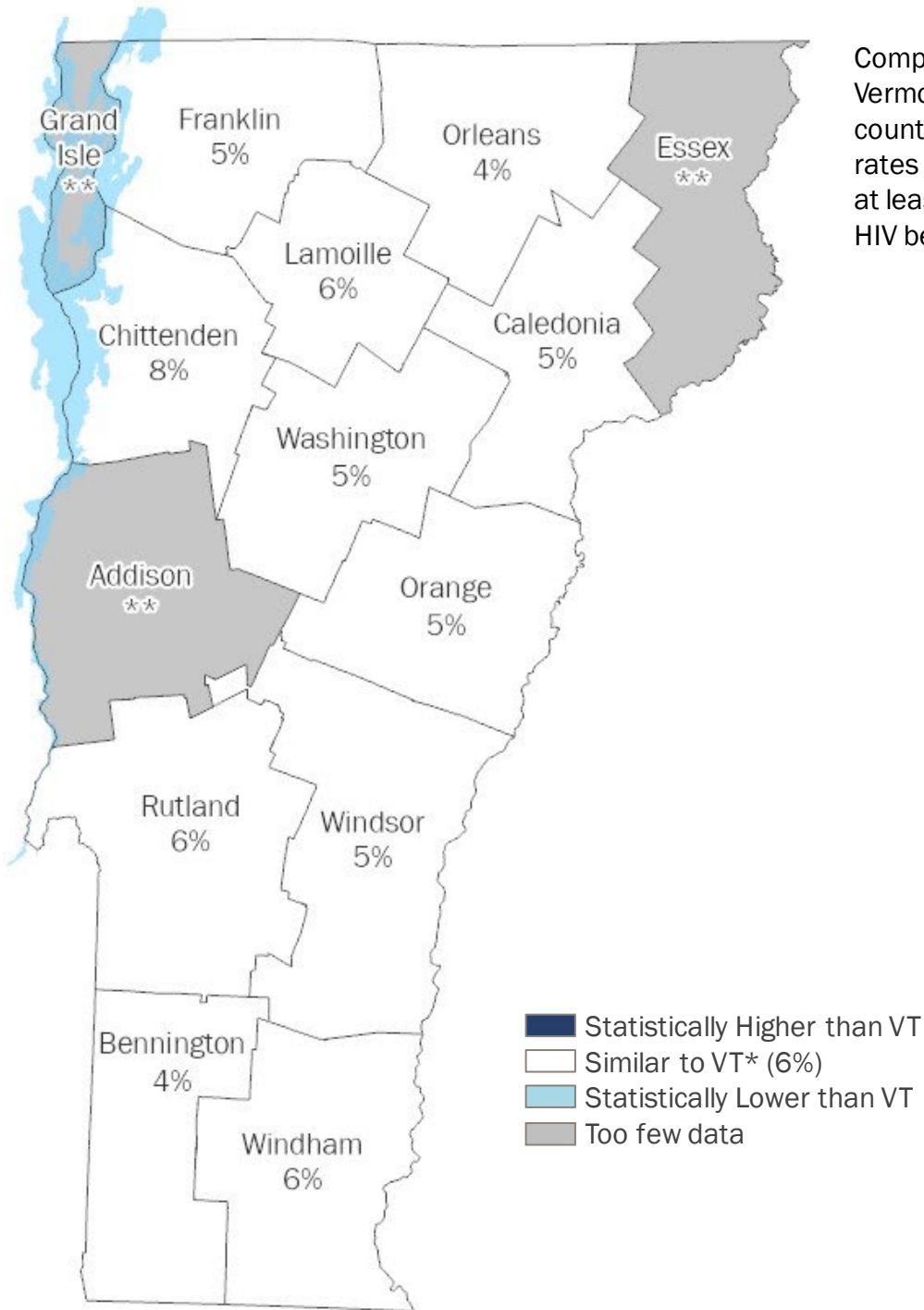
HIV Transmission Risk Behaviors Vermont Adults, 2022



Vermont Adults with High-Risk HIV Transmission Behaviors



Vermont Adults with High-Risk HIV Transmission Behaviors by County, 2020, 2022



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

*Vermont estimate represents two years of data.

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

No Leisure Time Physical Activity

Two in ten Vermont adults said they did not participate in any leisure time physical activity during the previous month (20%), statistically lower than the 24% among U.S. adults.

Males and females report not participating in leisure time physical activity at statistically similar rates.

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

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

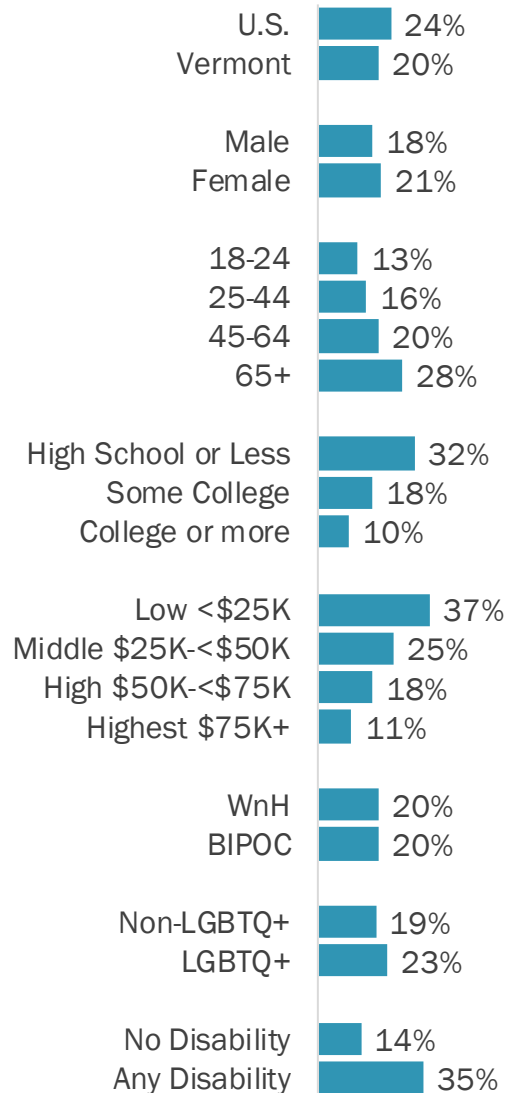
All differences by education and household income level are statistically significant.

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

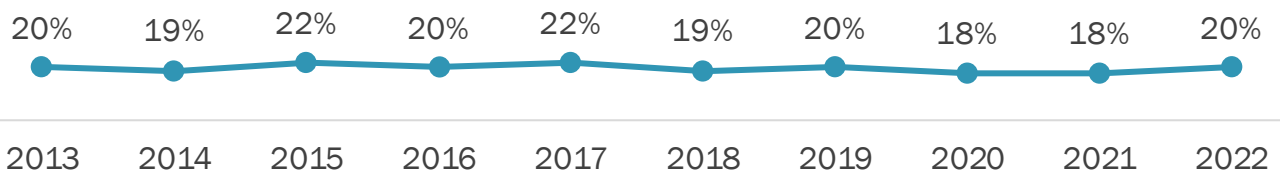
Adults with a disability are two and a half times more likely to report no leisure time physical activity than those with no disability, a statistical difference.

No leisure time physical activity is statistically similar to 2021 and 2013.

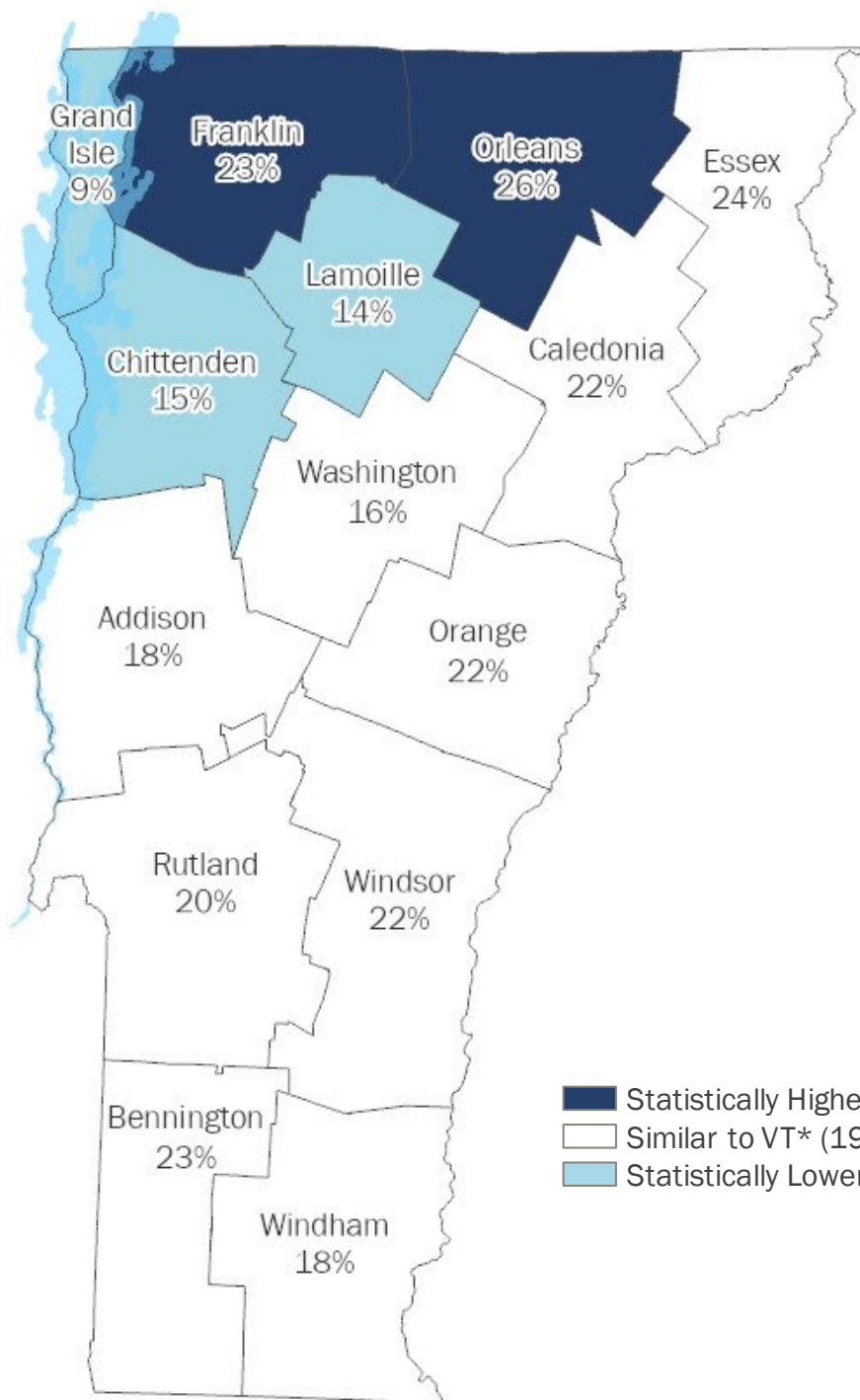
Vermont Adults with No Leisure Time Physical Activity, 2022



Vermont Adults with No Leisure Time Physical Activity



Vermont Adults with No Leisure Time Physical Activity by County, 2021-2022



One-quarter of adults in Orleans County (26%) and 23% in Franklin County do not participate in any leisure time physical activity, statistically higher compared to all Vermont adults.

Fifteen percent of adults in Chittenden County, 14% in Lamoille County and 9% in Grand Isle County do not participate in any leisure time physical activity. These proportions are statistically lower compared to all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (19%)
- Statistically Lower than VT

Suicidal Thoughts

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

Males and females report having seriously considered suicide at the same rates.

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

- Adults 18-24 are statistically more likely than those who are older to report having seriously considered suicide.
- Adults 25-64 are statistically more likely than those 65 and older to report having seriously considered suicide.

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

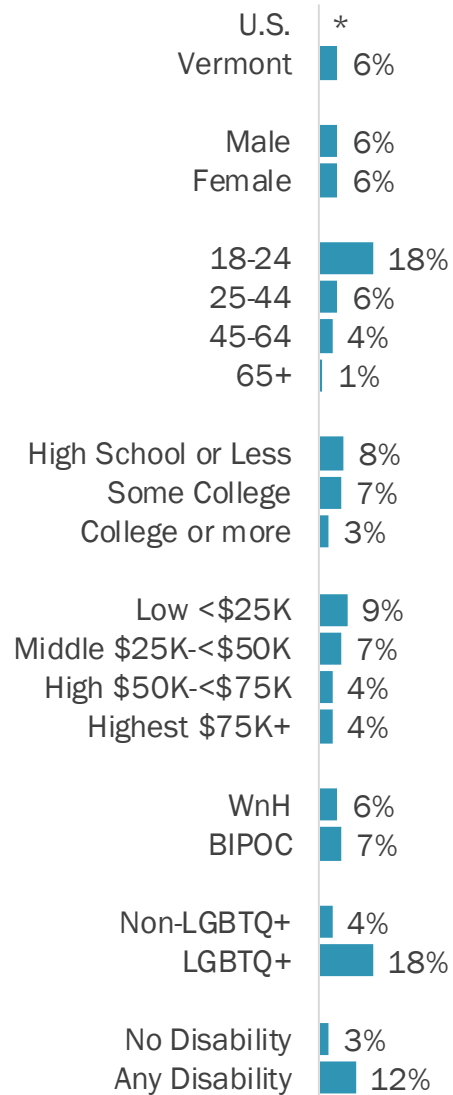
Adults with low household incomes are statistically more likely to report having seriously considered suicide than those with high to highest incomes.

There are no statistical differences in having seriously considered suicide in the past month by race and ethnicity.

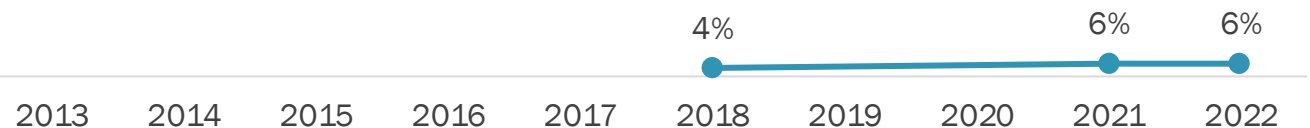
LGBTQ+ adults and adults with a disability are four and a half and four times as likely, respectively, as non-LGBTQ+ adults and those with no disability to have seriously considered suicide in the past month, both statistical differences.

The proportion of adults who have seriously considered suicide in the past month is statistically similar to 2021 and 2018.

Vermont Adults who Seriously Considered Suicide, 2022

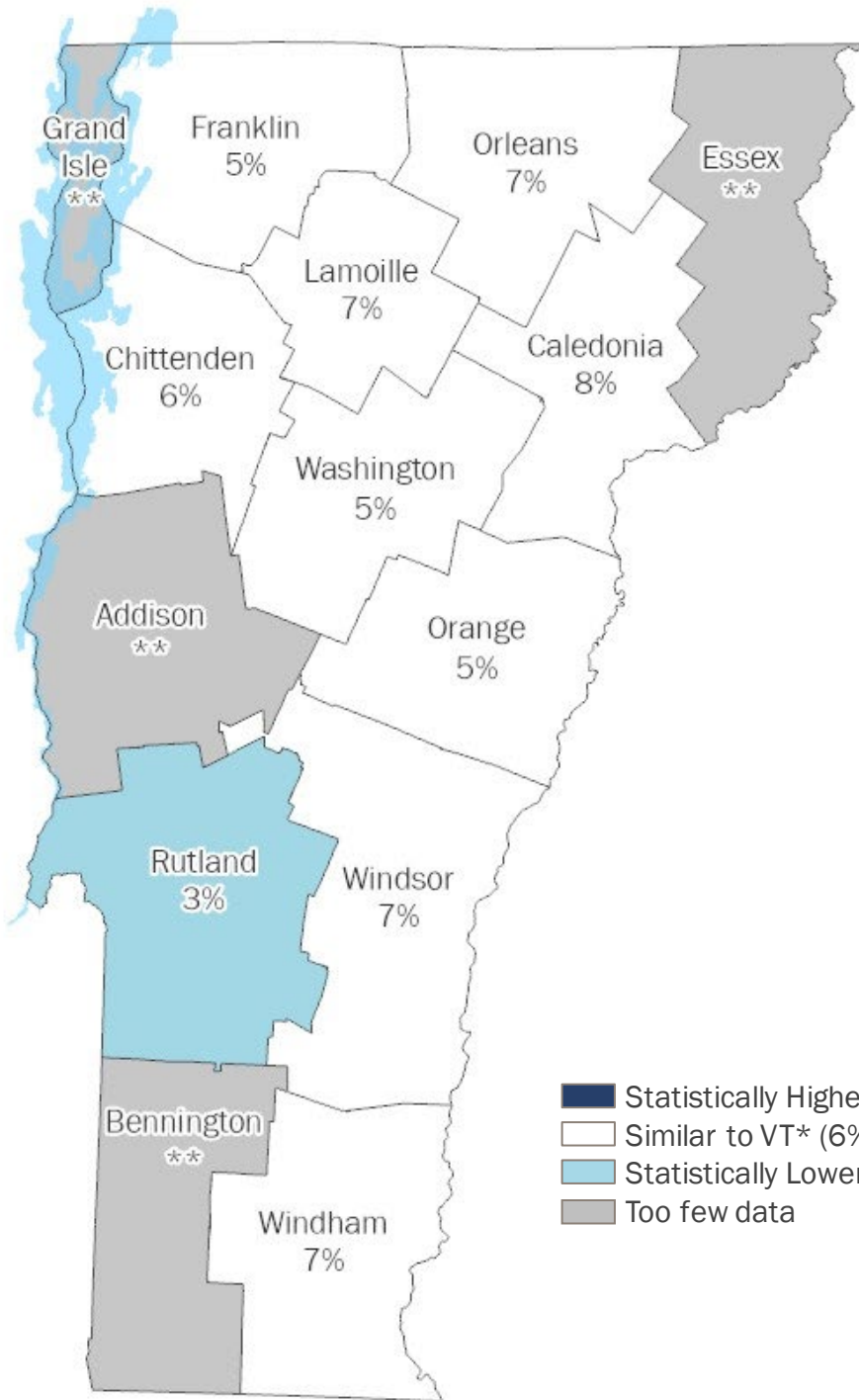


Vermont Adults who Seriously Considered Suicide



*No national estimate available.

Vermont Adults with Suicidal Thoughts in Past Year by County, 2021-2022



Three percent of adults in Rutland County have seriously considered suicide in the past year, statistically lower than all Vermont adults.

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

*Vermont estimate represents two years of data.

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

Preventative Behaviors and Screenings

Family Planning – Birth Control Use

Eighty-seven percent of sexually active Vermont females ages 18-49° report using a birth control method to prevent pregnancy the last time they had sexual intercourse.

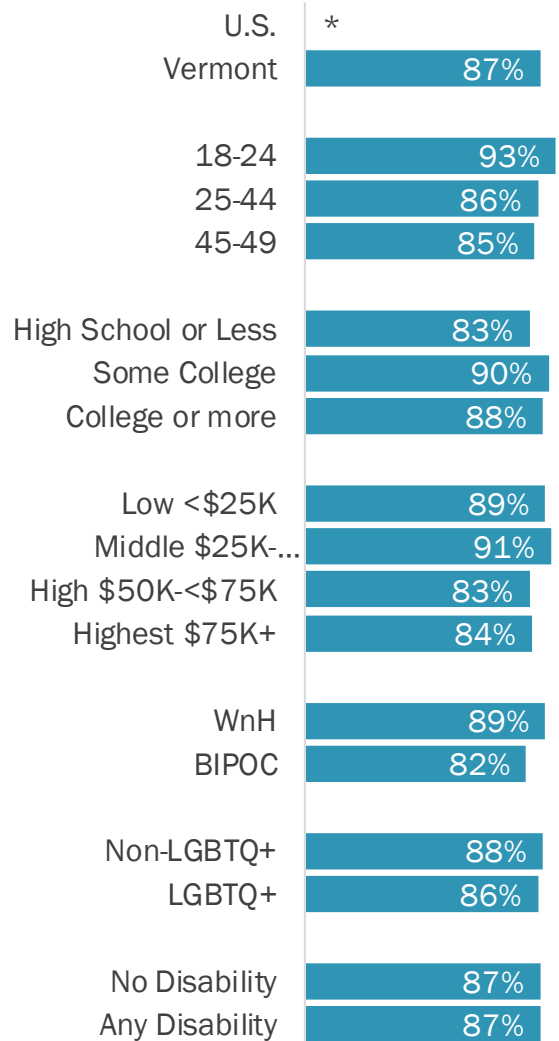
There are no statistical differences in birth control use by age, education level, household income level, race and ethnicity, sexual orientation and gender identity, or disability status.

Females 18-49 who used a birth control method to prevent pregnancy the last time they had sex were asked what method(s) they used:

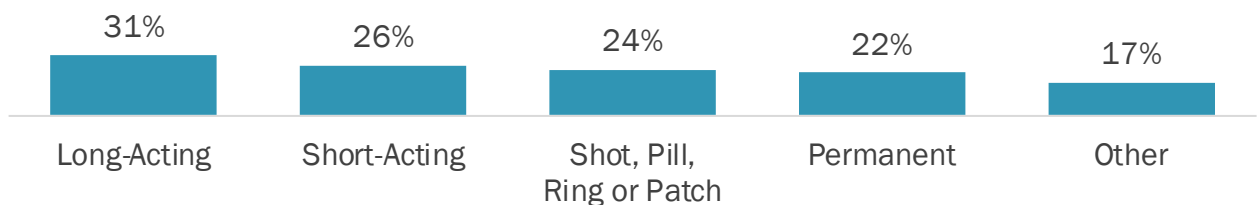
- More than three in ten females 18-49 who did something to prevent pregnancy the last time they had sex used a long-acting method, such as a contraceptive implant or IUD (31%).
- Twenty-six percent used a short-acting method, such as a condom, diaphragm, cervical cap, sponge, foam, jelly, film, cream or emergency contraception.
- One-quarter used shots, a birth control pill, contraceptive ring or patch (24%).
- More than two in ten used a permanent method, such as a vasectomy or tubal ligation (22%).
- Seventeen percent used some other method, including but not limited to withdrawal or fertility awareness.

Note: 2022 is the first year data was collected for this measure among females ages 18-49, so trend and county-level data are not available.

Vermont Females 18-49 who Use Birth Control, 2022



Type of Birth Control Used Among Vermont Females 18-49, 2022



°Questions were asked among females ages 18-49 who were not currently pregnant, never had a hysterectomy and had sexual intercourse in the past year.

*No national estimate available.

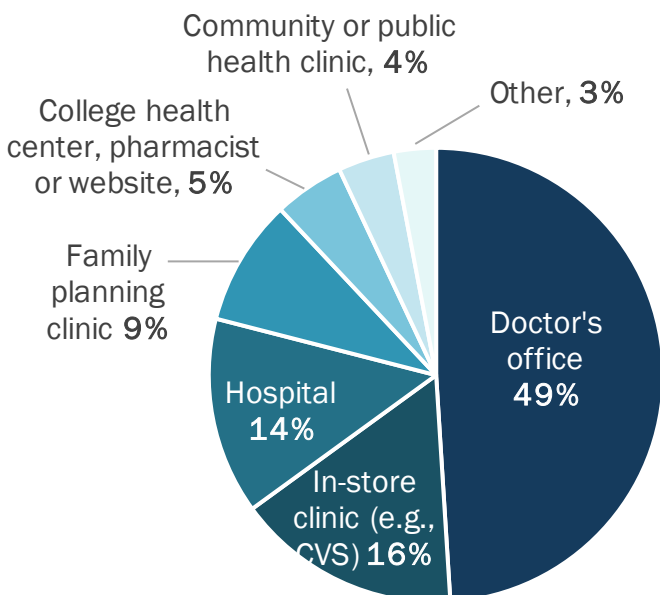
Family Planning – Birth Control Use

Sexually active females ages 18-49 were asked which birth control would be their method of choice. Three in ten report preference of a long-acting method (29%). Twenty-three percent report a permanent method, and 20% report a shot, pill, ring or patch as their preferred method. Nine percent report a short-acting method and an additional 9% report they are already using their method of choice. Five percent report they do not want to use any method and an additional 5% report they prefer some other method.

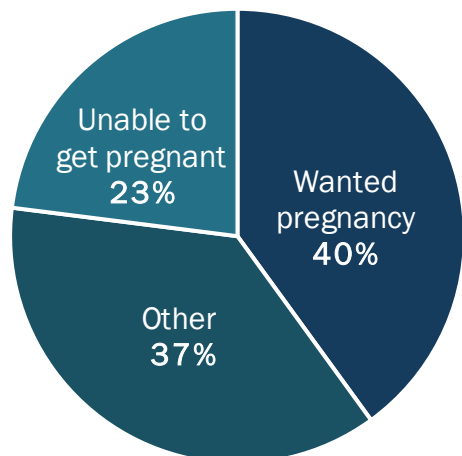
Among females ages 18-49 who use birth control, half obtain it from a private doctor’s office (49%), 16% from an in-store health clinic such as CVS, and 14% from a hospital outpatient clinic, emergency room or hospital room. Nine percent obtain their birth control from a family planning clinic such as Planned Parenthood. Five percent obtain their birth control from a college health center, pharmacist health care visit, or a website or app. Four percent obtain their birth control from a community or public health clinic, which may include Federally Qualified Health Centers, and three percent obtain it from some other place.

Among females ages 18-49 who did not use birth control, four in ten report they wanted a pregnancy (40%). Thirty-seven percent report other reasons as why they did not use birth control, such as they did not think about it, did not care if they got pregnant, did not think they were going to have sex or did not have a regular partner, did not want to use birth control, were using the withdrawal method, or other reasons not listed here. Twenty-three percent report they were unable to get pregnant, including that they did not think they or their partner could get pregnant, or they or their partner had a vasectomy or tubal ligation.

Birth Control Source
Among Vermont Females 18-49, 2022



Reason to Not Use Birth Control
Among Vermont Females 18-49, 2022



Immunizations – Flu Vaccine

Three-quarters of Vermont adults ages 65 and older had a flu vaccine in the past year (75%). This is statistically higher than the 68% of U.S. adults ages 65 and older.

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

Males and females 65 and older report receipt of recent flu vaccine at statistically similar rates.

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

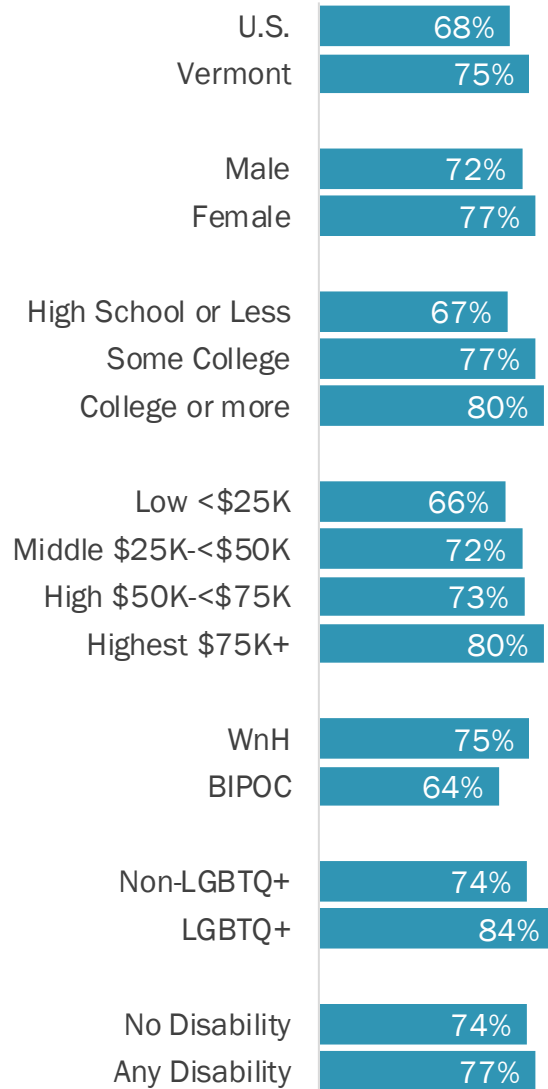
Older adults in homes with the highest incomes are statistically more likely to have had a recent flu vaccine than those with low incomes.

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

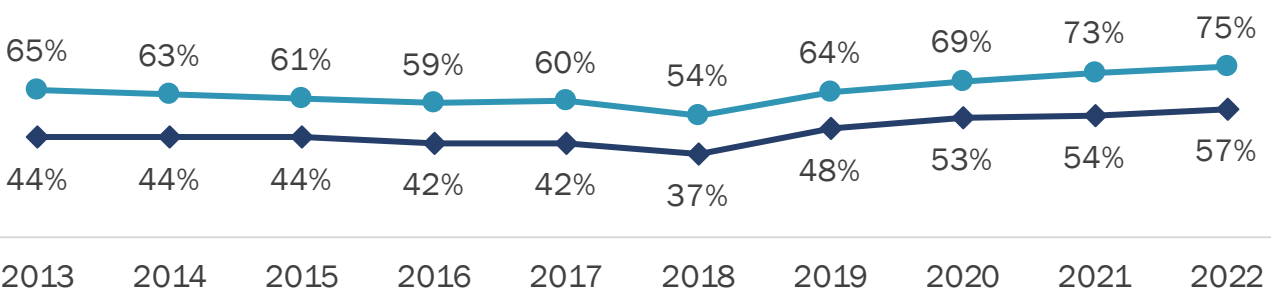
The proportion of adults 65 and older receiving a flu vaccine in the past year is statistically similar to 2021, but higher than 2013.

The proportion of all adults receiving a flu vaccine in the past year is statistically similar to 2021, but higher than 2013.

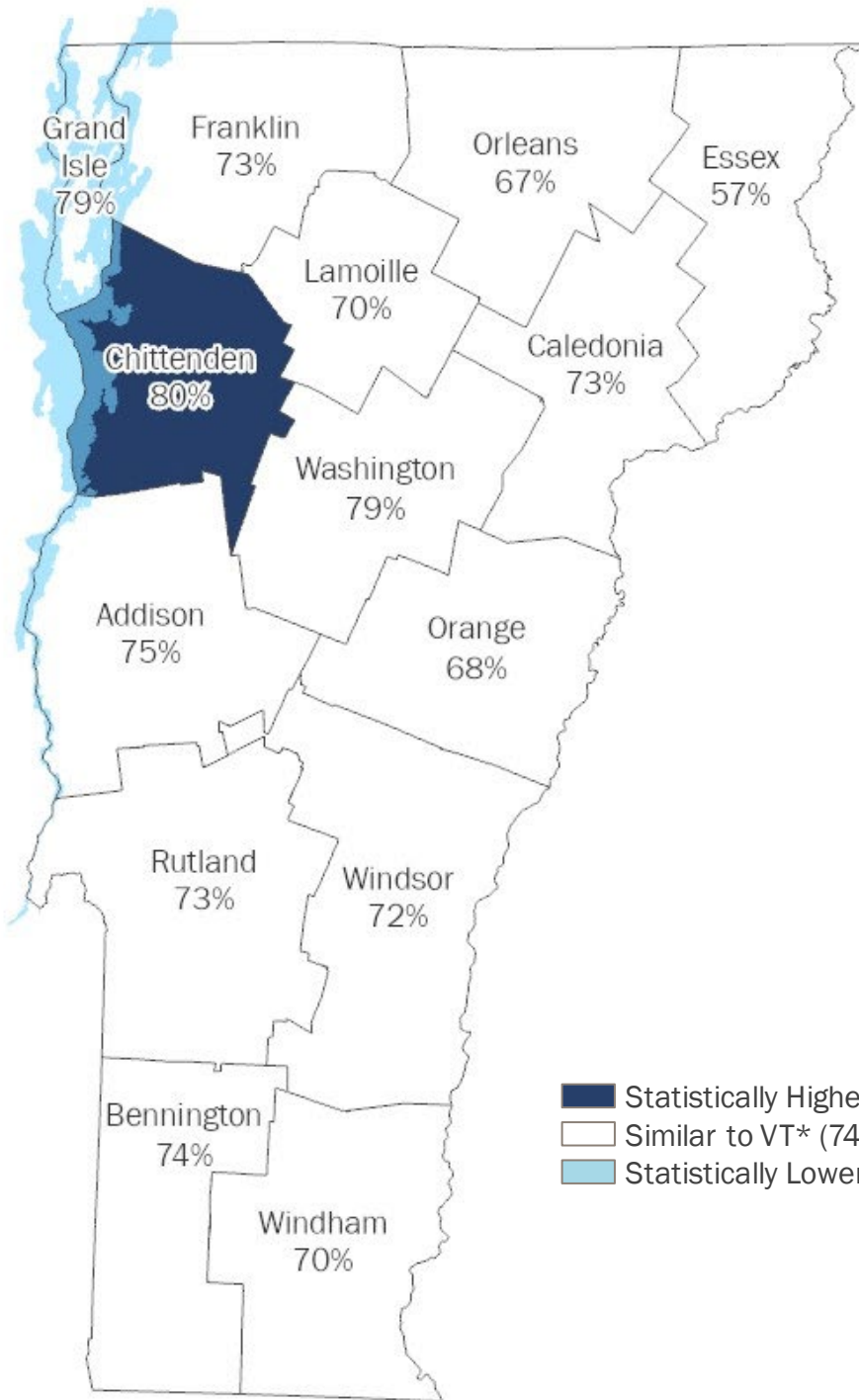
Vermont Adults 65+ who Had a Flu Vaccine, 2022



Vermont Adults and Adults 65+ who Had a Flu Vaccine



Vermont Adults 65+ who Had a Flu Vaccine in Past Year by County, 2021-2022



Eight in ten Chittenden County adults 65 and older have had a flu vaccine in the past year (80%), statistically higher than Vermont adults of the same age.

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

- Statistically Higher than VT
- Similar to VT* (74%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Immunizations – Pneumococcal Vaccine

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

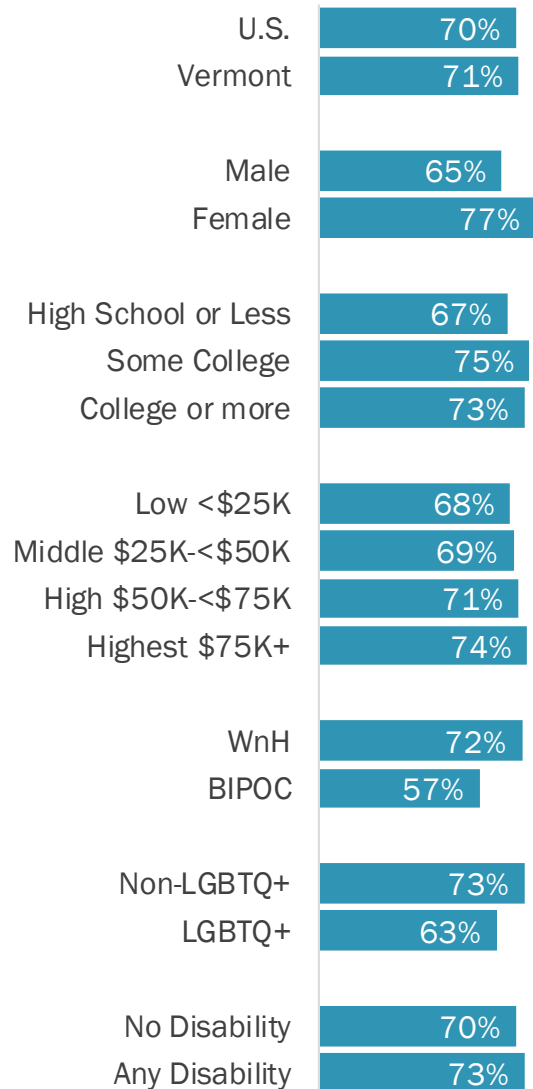
Females 65 and older are statistically more likely than males of the same age to have ever received a pneumococcal vaccine.

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

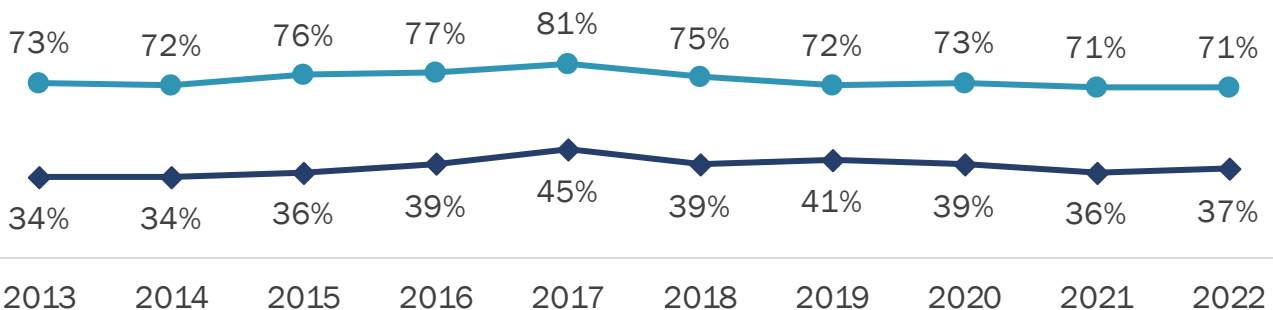
The proportion of adults 65 and older ever having a pneumococcal vaccine is statistically similar to 2021 and 2013.

The proportion of all adults ever having a pneumococcal vaccine is statistically similar to 2021 and 2013.

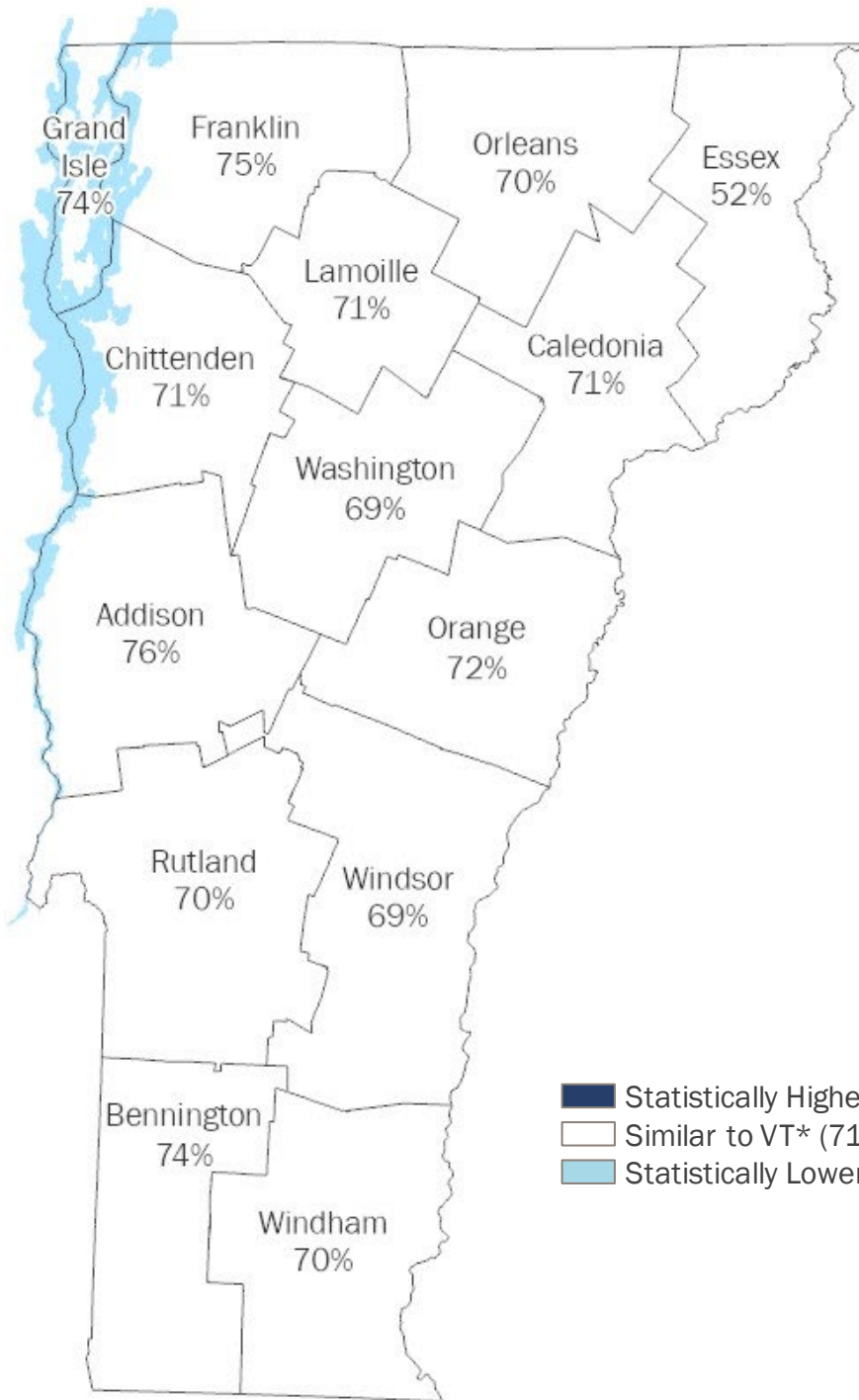
Vermont Adults 65+ who Ever Had Pneumococcal Vaccine, 2022



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



Vermont Adults 65+ who Have Ever Had a Pneumococcal Vaccine, by County, 2021-2022



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

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

*Vermont estimate represents two years of data.

Immunizations – Tetanus Vaccine

Eight in ten Vermont adults said they had a tetanus vaccine in the past 10 years (79%). This is statistically higher compared to 64% of U.S. adults.

- Forty-two percent said their tetanus shot included Tdap and 10% said it did not.
- An additional 48% did not know whether their tetanus shot included Tdap.

There are no statistical differences in receipt of a tetanus vaccine in the past 10 years by sex.

Adults ages 25-64 are statistically more likely than adults 65 and older to have received a tetanus vaccine in the past 10 years.

Adults with some college education or more are statistically more likely to report having received a tetanus vaccine in the past 10 years than adults with a high school education or less.

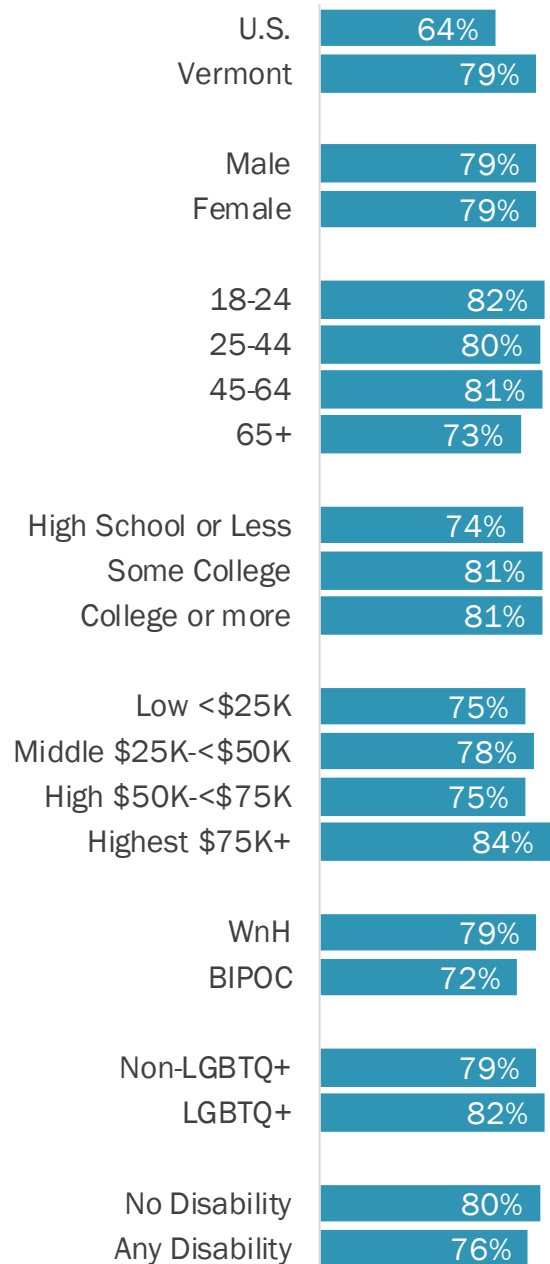
Adults in homes with the highest incomes are statistically more likely to have had a tetanus vaccine in the past 10 years than those in homes with lower incomes.

White, non-Hispanic adults are statistically more likely to have received a tetanus vaccine in the past 10 years than BIPOC adults.

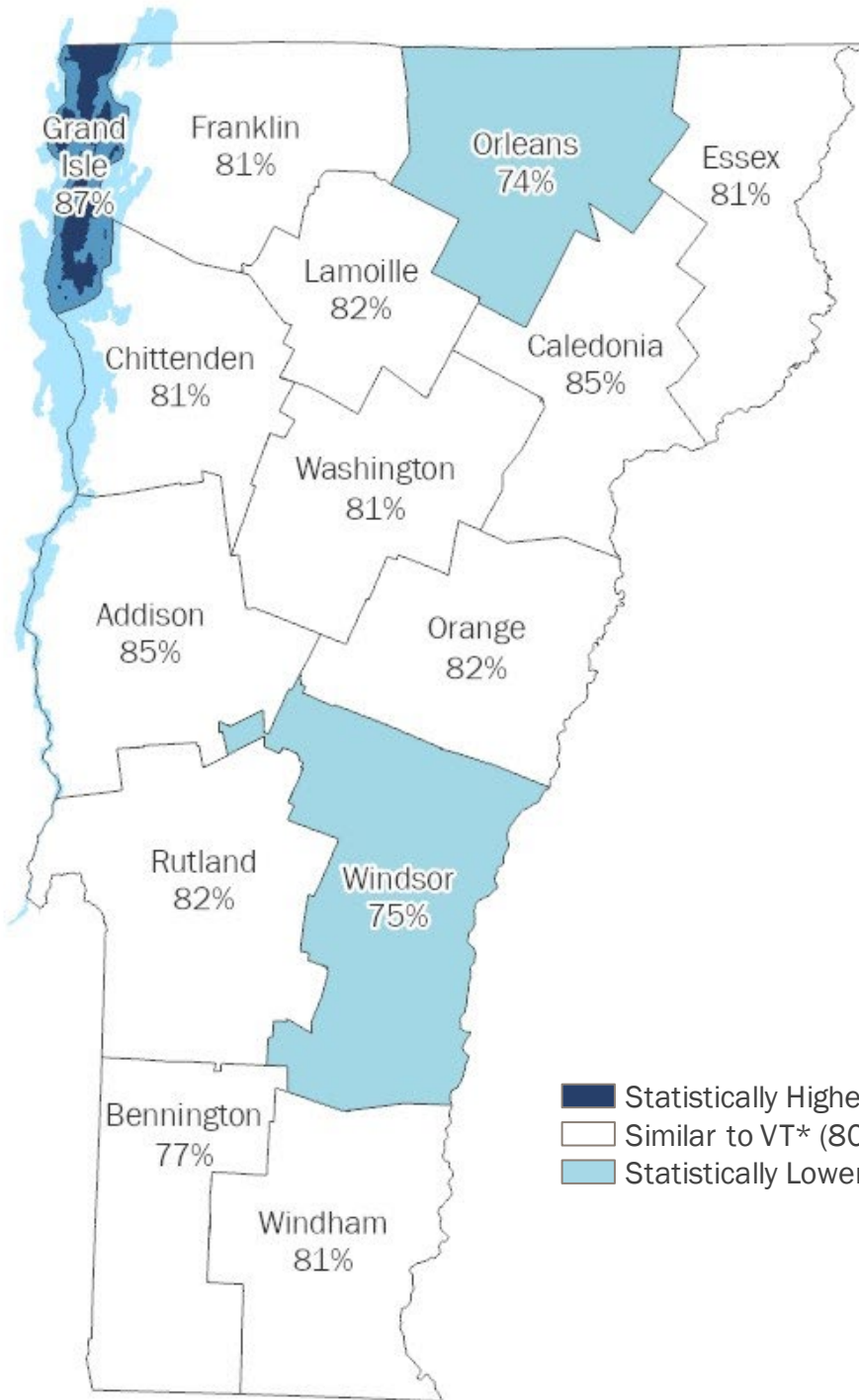
There are no statistical differences in receipt of a tetanus vaccine in the past 10 years by sexual orientation and gender identity, or disability status.

The proportion of adults receiving a tetanus vaccine in the past 10 years is statistically lower than the 82% in 2019.

Vermont Adults who Had a Tetanus Vaccine in Past 10 Years, 2022



Vermont Adults who Had a Tetanus Vaccine in Past 10 Years, by County, 2019, 2022



Eighty-seven percent of Vermont adults in Grand Isle County have had a tetanus vaccine in the past 10 years, statistically higher than Vermont adults of the same age.

Three-quarters of adults in Windsor (75%) and Orleans (74%) counties have had a tetanus vaccine in the past 10 years, statistically less than Vermont adults of the same age.

Tetanus vaccination rates among adults in all other counties are similar to Vermont adults of the same age.

- Statistically Higher than VT
- Similar to VT* (80%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Routine Doctor Visits

Three-quarters of Vermont adults had a routine doctor visit in the past year (75%). This is statistically similar to the 76% of U.S. adults.

Females are statistically more likely than males to have had a routine doctor visit in the past year.

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

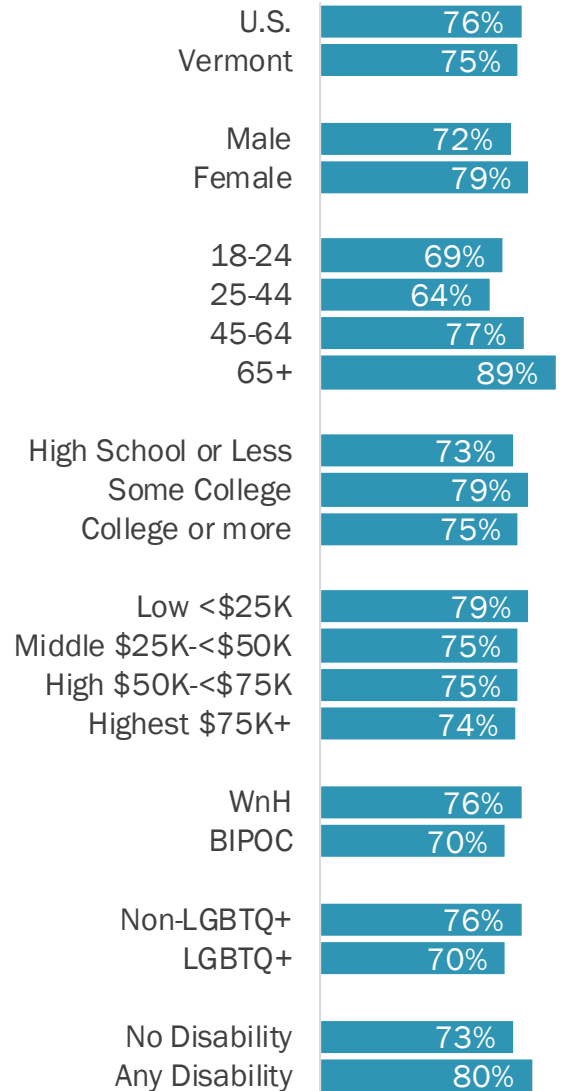
Adults with some college education are statistically more likely to have had a routine doctor visit in the past year than those with a high school education or less.

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

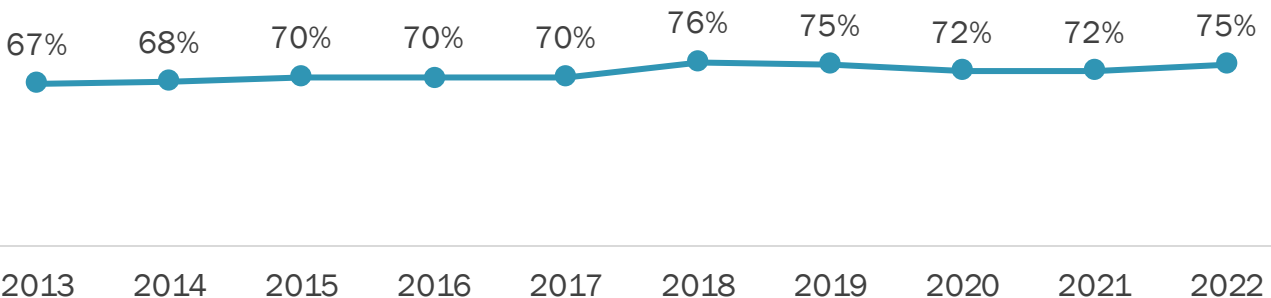
White, non-Hispanic adults and adults with a disability are statistically more likely to have seen a doctor for a routine visit in the past year than BIPOC adults and adults with no disability.

Routine doctor visits are statistically higher than 2021 and 2013.

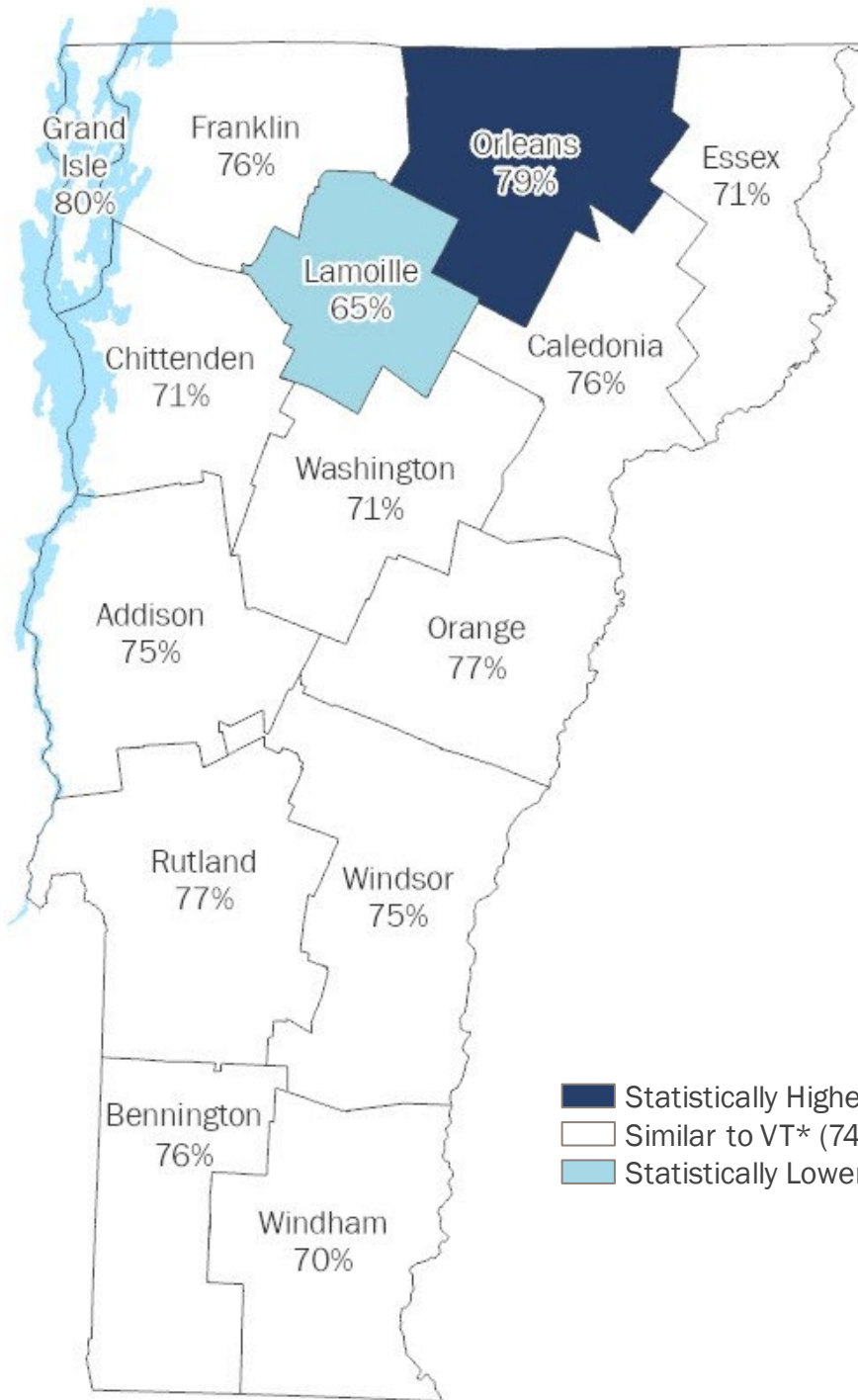
Vermont Adults who Had a Routine Doctor Visit in Past Year, 2022



Vermont Adults who Had a Routine Doctor Visit in Past Year



Vermont Adults who Had a Routine Doctor Visit in Past Year by County, 2021-2022



Eight in ten adults in Orleans County (79%) have had a doctor visit in the past year, statistically higher than all Vermont adults.

Sixty-five percent of adults in Lamoille County have had a doctor visit in the past year, statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Similar to VT* (74%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Visited Dentist in Past Year

Nearly seven in ten Vermont adults saw a dentist for any reason during the previous year (68%). This is statistically higher than the 64% among U.S. adults.

Females are statistically more likely than males to have seen a dentist in the past year.

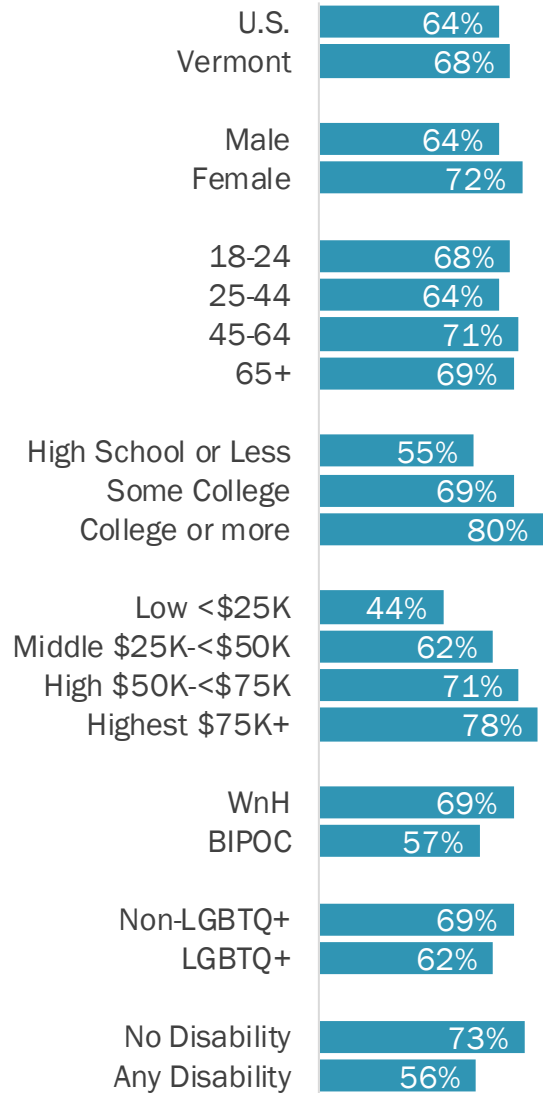
Adults ages 45-64 are statistically more likely than those 25-44 to have seen a dentist in the past year.

Dentist visits statistically increase with education and household income level.

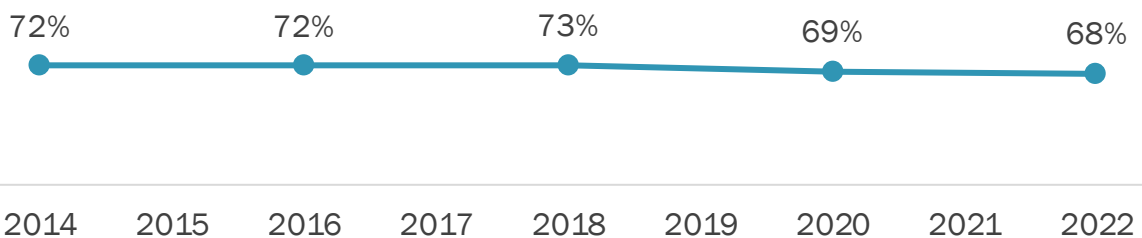
White, non-Hispanic adults, non-LGBTQ+ adults and adults with no disability are statistically more likely to have seen a dentist in the past year compared to BIPOC adults, LGBTQ+ adults and those with a disability.

The proportion of adults seeing a dentist is statistically similar to 2020, but lower than 2014.

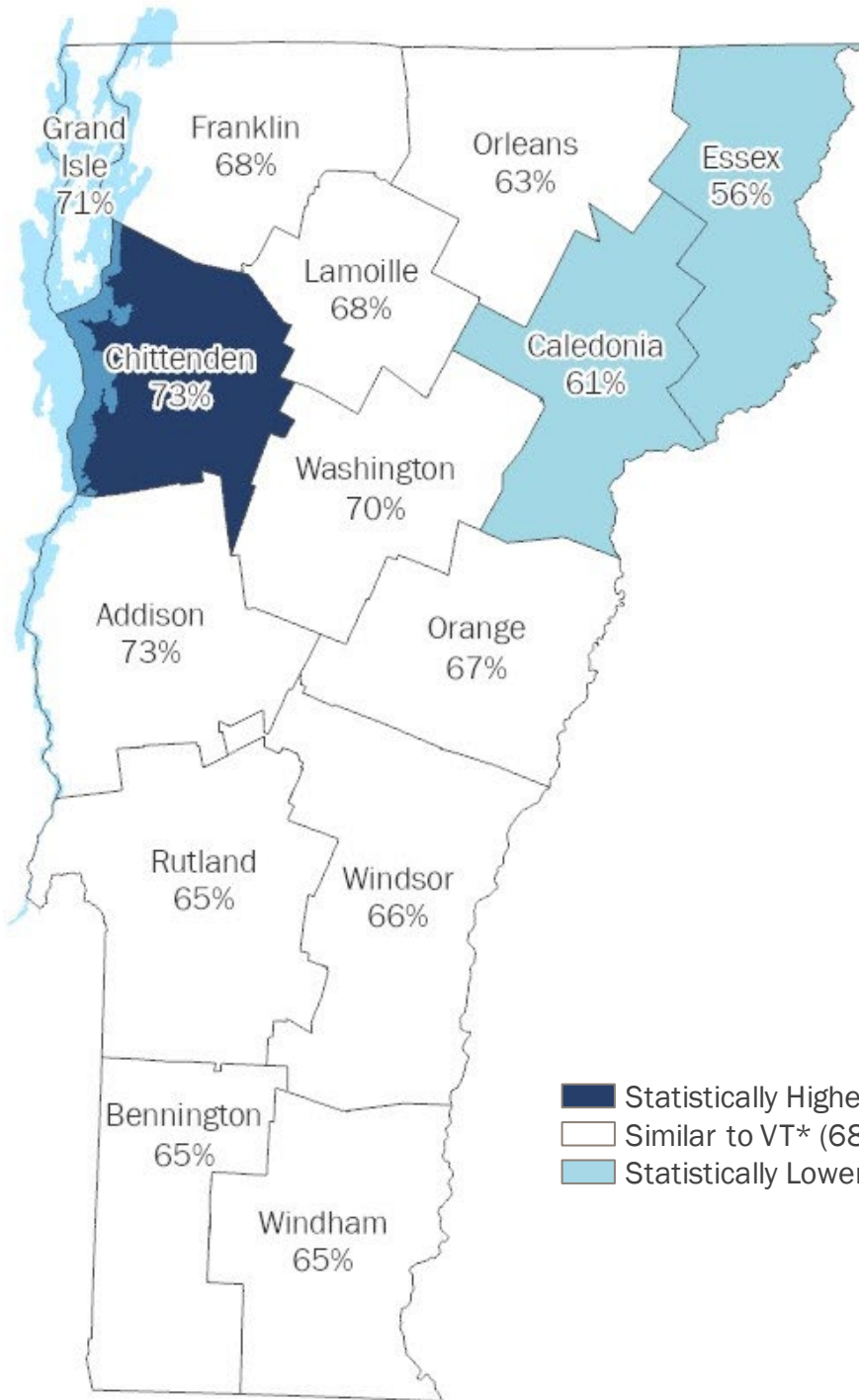
Vermont Adults who Visited Dentist in Past Year, 2022



Vermont Adults who Have Visited a Dentist in the Past Year



Vermont Adults who Have Visited a Dentist in Past Year by County, 2020, 2022



Seventy-three percent of adults in Chittenden County have recently visited the dentist, statistically higher than all Vermont adults.

Sixty-one percent of adults in Caledonia County and 56% in Essex County have recently visited the dentist, statistically lower than all Vermont adults.

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

- Statistically Higher than VT
- Statistically Lower than VT
- Similar to VT* (68%)

*Vermont estimate represents two years of data.

Teeth Extracted

Forty-two percent of adults ages 45-64 have had at least one permanent tooth removed. This is statistically lower compared to 49% of U.S. adults.

Among adults ages 45-64, males are statistically more likely than females to have had a tooth removed.

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

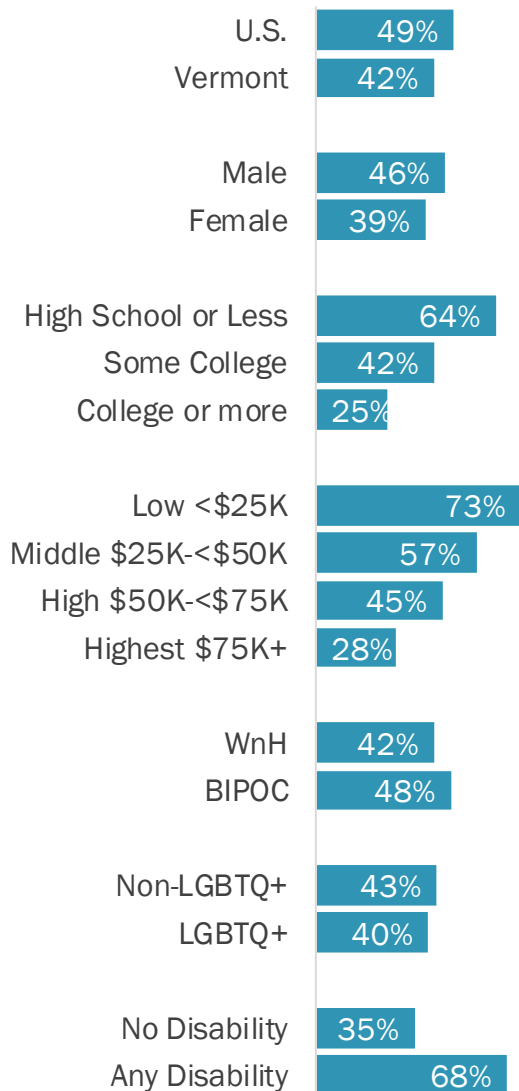
- All differences by education level are statistically significant.
- All differences by household income level are statistically significant, except between middle and high incomes.

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

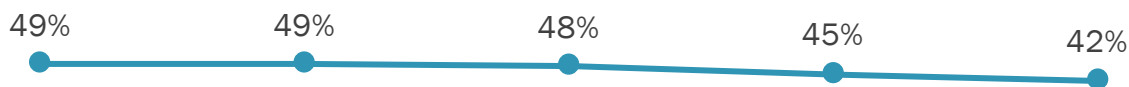
Adults 45-64 with a disability are nearly twice as likely to have had a tooth extracted than adults with no disability.

Tooth extraction among adults 45-64 is statistically similar to 2020, but lower than 2014.

Vermont Adults 45-64 who Have Had Any Teeth Extracted, 2022

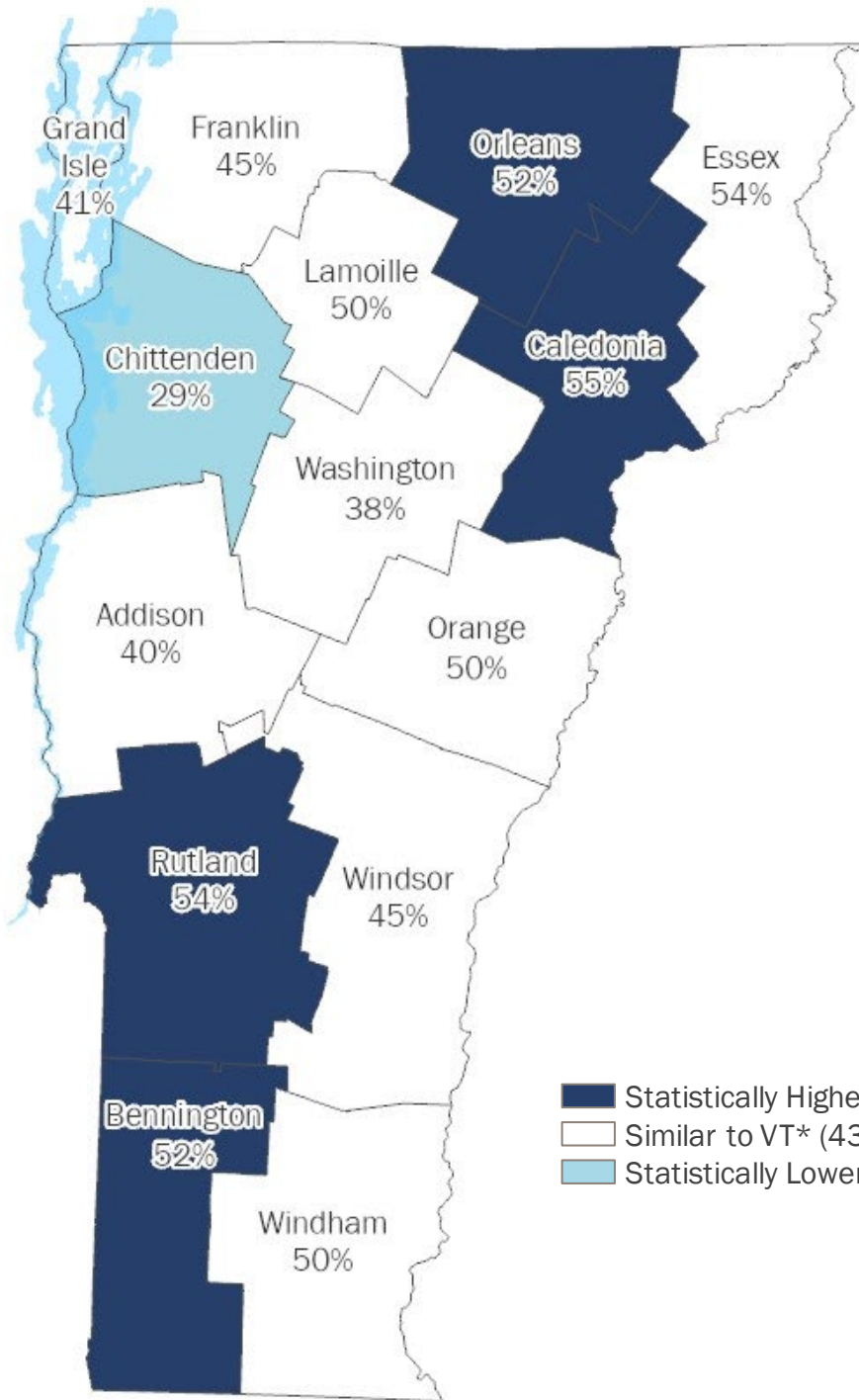


Vermont Adults who Have Had Any Teeth Extracted



2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Vermont Adults 45-64 who Have Had Any Teeth Extracted by County, 2020, 2022



More than five in ten adults 45-64 in Caledonia (55%), Rutland (54%), Bennington (52%) and Orleans (52%) counties have ever had a tooth extracted, statistically higher than Vermont adults 45-64 overall.

Three in ten adults 45-64 in Chittenden County have ever had a tooth extracted (29%), statistically less than Vermont adults 45-64 overall.

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

- Statistically Higher than VT
- Similar to VT* (43%)
- Statistically Lower than VT

*Vermont estimate represents two years of data.

Breast Cancer Screening

Three-quarters of Vermont females ages 50-74 had a mammogram in the last two years (76%). This is statistically similar to the 77% of U.S. females of the same age.

There are no statistical differences in breast cancer screening by education level.

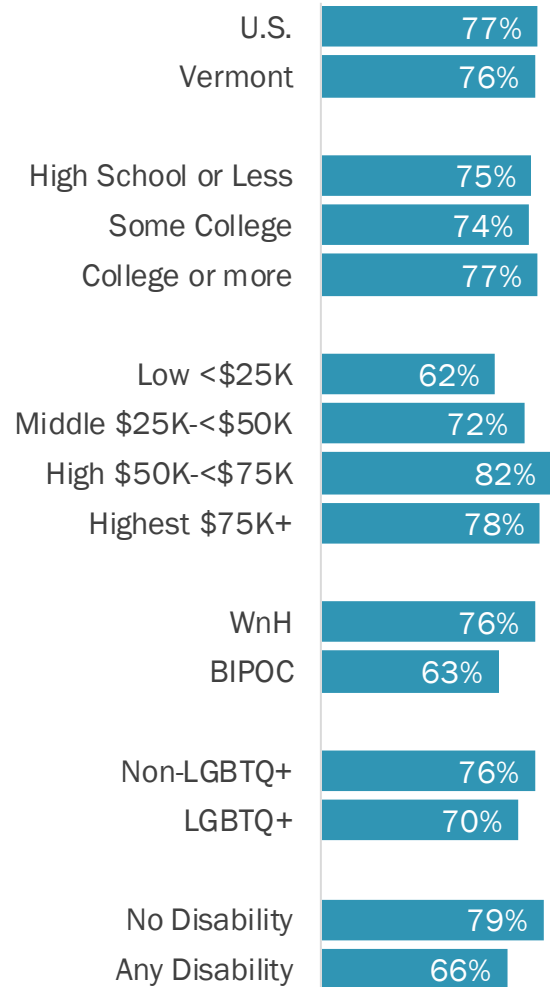
Females 50-74 in homes with at least high incomes are statistically more likely to have had a mammogram than those in homes with low incomes.

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

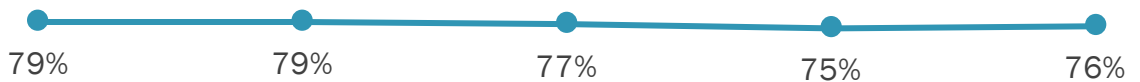
Females 50-74 with no disability are statistically more likely to have had a mammogram than those with a disability.

Breast cancer screening among females 50-74 is statistically similar to 2020 and 2014.

Vermont Females 50-74 who Meet Breast Cancer Screening Recommendations, 2022



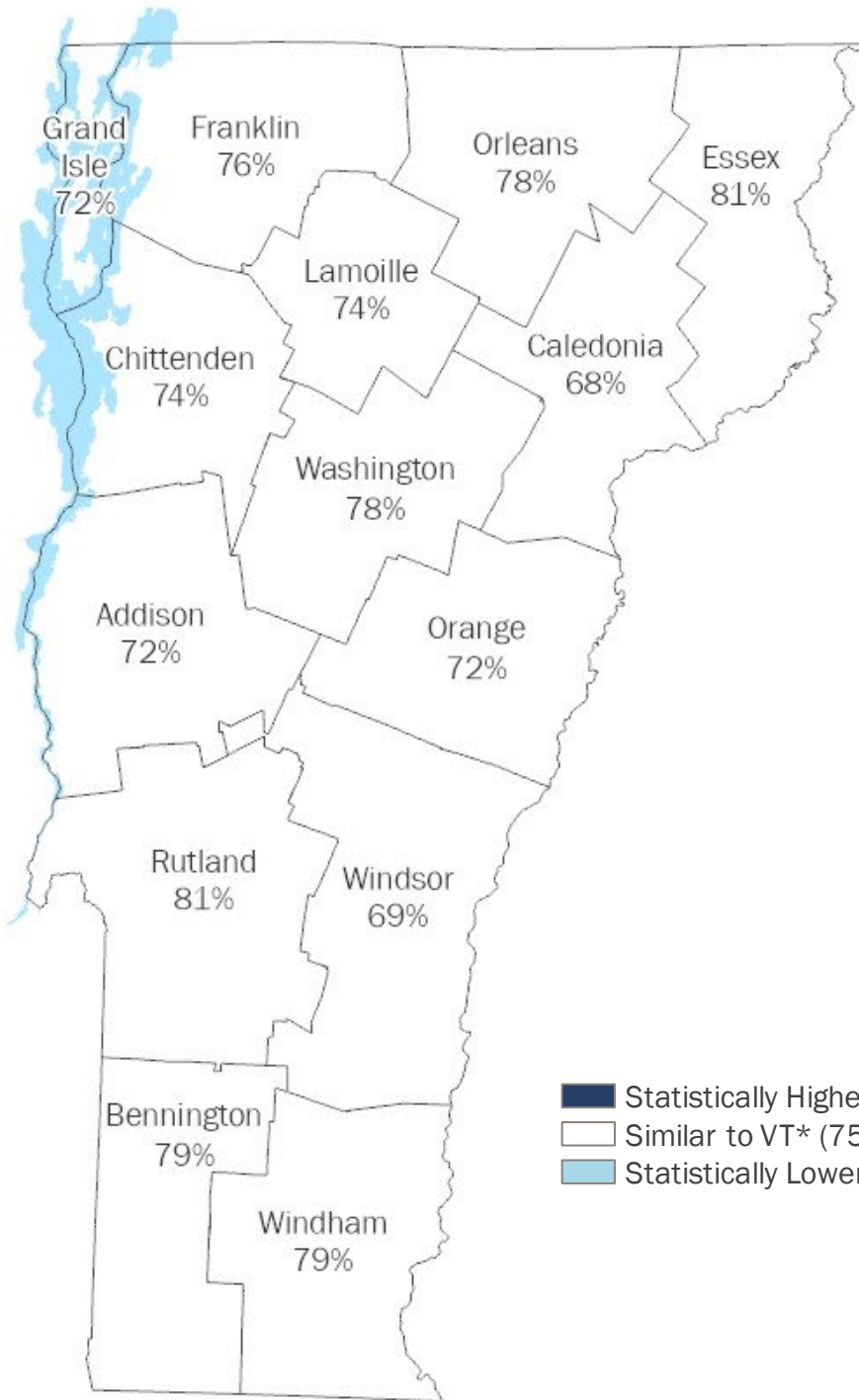
Vermont Females 50-74 who Meet Breast Cancer Screening Recommendations



2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

For additional information, refer to the [USPSTF Breast Cancer Screening Recommendations](#).

Vermont Females Ages 50-74 who Meet Breast Cancer Screening Recommendations, by County, 2020, 2022



Females ages 50-74 in all counties have similar breast cancer screening rates compared to Vermont.

*Vermont estimate represents two years of data.

Colorectal Cancer Screening

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

- Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) in the past year
- Stool DNA Test in the past three years
- Virtual colonoscopy in the past five years
- Sigmoidoscopy in the past five years
- Sigmoidoscopy in the past 10 years and a FOBT or FIT in the past year
- Colonoscopy in the past 10 years

Seven in ten Vermont adults ages 45-75 meet colorectal cancer screening recommendations (70%). This is statistically higher than the 66% of U.S. adults of the same age.

Males and females ages 45-75 report statistically similar rates of colorectal cancer screening.

Adults 45-75 with some college education or more have a statistically higher rate of colorectal cancer screening than those with a high school education or less.

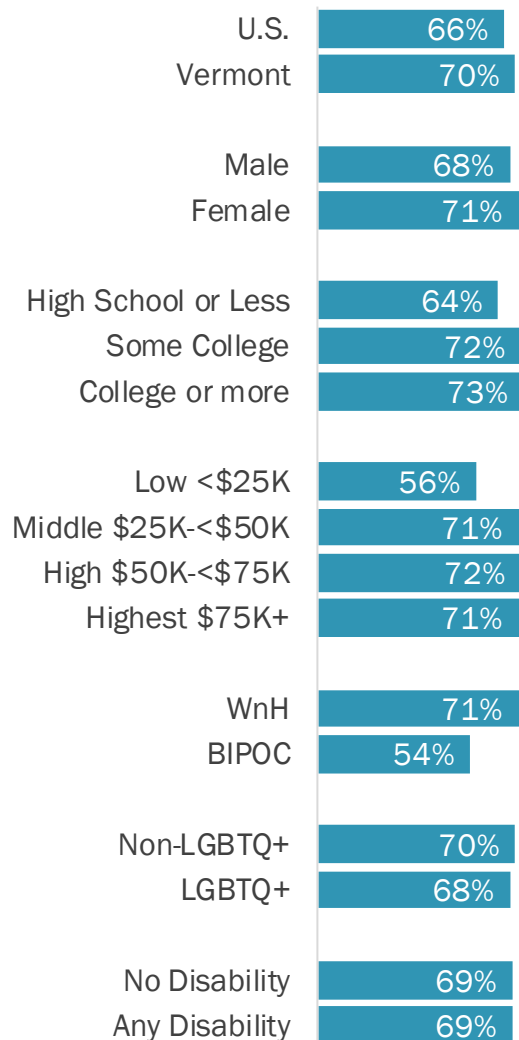
Adults 45-75 in homes with middle to highest incomes are statistically more likely to meet colorectal cancer screening recommendations than those in homes with low incomes.

White, non-Hispanic adults are statistically more likely to meet colorectal cancer screening recommendations than BIPOC adults.

There are no statistical differences in colorectal cancer screening rates by sexual orientation and gender identity, or disability status.

Note: 2022 is the first year data was collected for this measure among adults ages 45-75, so trend and county-level data are not available.

Vermont Adults 45-75 who Meet Colorectal Cancer Screening Recommendations, 2022



For additional information, refer to the [USPSTF Colorectal Cancer Screening Recommendations](#).

Lung Cancer Screening

The USPSTF recommends annual lung cancer screening for adults ages 50-80 with a 20 pack-year smoking history that currently smoke or quit within the past 15 years.

- Lung cancer screening is completed via a low-dose computed tomography (CT) scan.

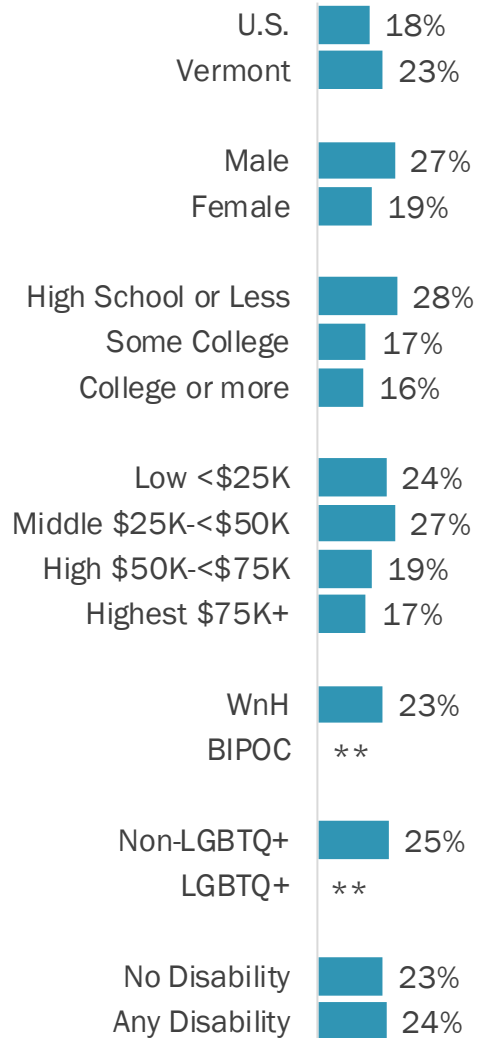
More than two in ten Vermont adults ages 50-80 meeting the criteria for lung cancer screening reported being screened for lung cancer (23%). This is statistically similar to the 18% of U.S. adults of the same age.

Males and females ages 50-80 report statistically similar rates of lung cancer screening.

There are no statistical differences in lung cancer screening rates by education level, household income level or disability status.

Note: The USPSTF recommendations for whom should be screened for lung cancer changed in 2021, so trend and county-level data are not available.

Vermont Adults 50-80 who Meet Lung Cancer Screening Recommendations, 2022



This page reflects the current lung cancer screening recommendations, which were updated in 2021. For additional information, refer to the [USPSTF Lung Cancer Screening Recommendations](#).

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

Statistical comparisons are not completed on suppressed values.

HIV Screening – Ever

Thirty-seven percent of Vermont adults have ever been tested for HIV. This increases to 44% for adults ages 18-64.

All Vermont adults and those 18-64 report statistically similar rates of having ever been tested for HIV compared to all U.S. adults and those 18-64 (38% and 44%, respectively).

Among all Vermont adults, females are statistically more likely to have ever been tested for HIV than males.

Adults 25-44 are statistically most likely to have ever been tested for HIV.

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

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

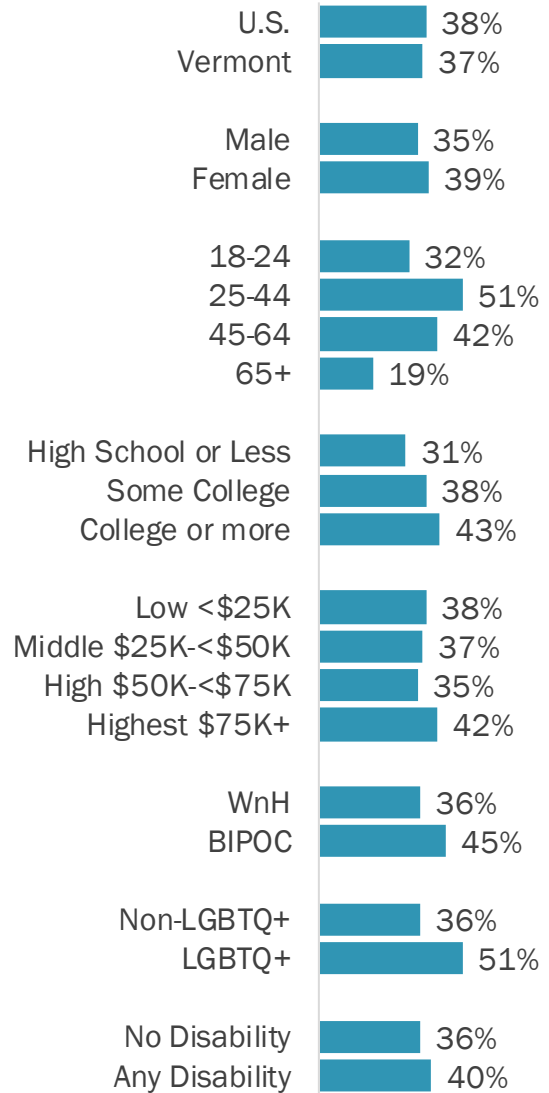
Adults with the highest household incomes are statistically more likely to have ever had a HIV test than those with high incomes.

HIV screening rates are statistically higher among BIPOC and LGBTQ+ adults than white, non-Hispanic and non-LGBTQ+ adults.

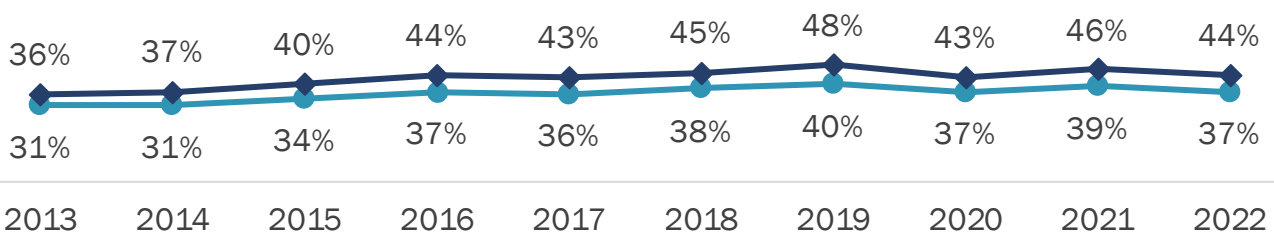
There are no statistical differences in HIV testing by disability status.

HIV testing among all adults and those 18-64 is statistically similar to 2021, but higher than 2013.

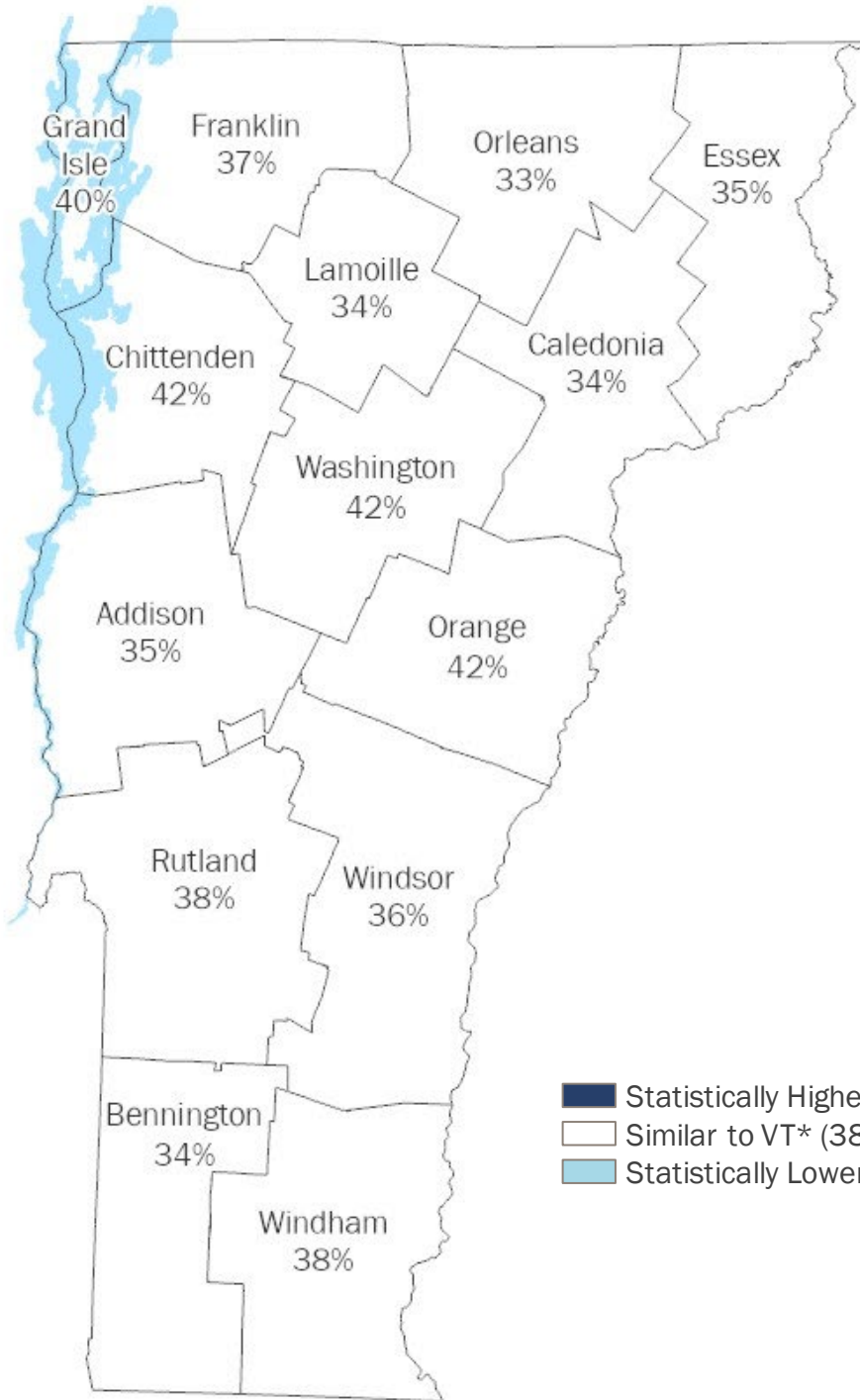
Vermont Adults Ever Tested for HIV, 2022



Vermont Adults and Adults 18-64 Ever Tested for HIV



Vermont Adults who Have Ever Been Tested for HIV by County, 2021-2022



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

*Vermont estimate represents two years of data.

HIV Screening – In Past Year

Seven percent of adults have had an HIV test in the past year. This increases to 9% for adults ages 18-64.

Recent HIV testing is statistically lower among Vermont adults compared to all U.S. adults (10%) and those 18-64 (12%).

Among all Vermont adults, males and females report recent HIV testing at statistically similar rates.

HIV screening in the past year decreases with age.

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

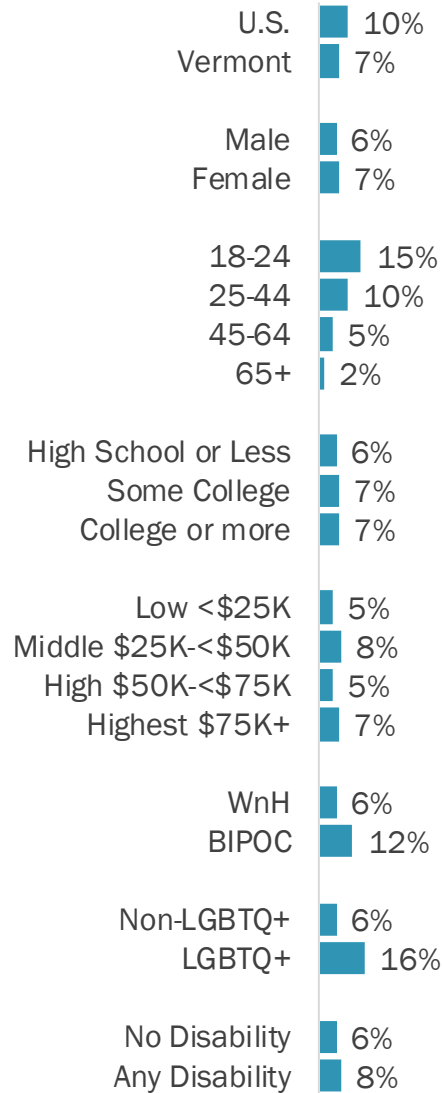
There are no statistical differences in HIV screening in the past year by education level, household income level or disability status.

BIPOC adults are twice as likely to have had recent HIV screening than white, non-Hispanic adults, a statistical difference.

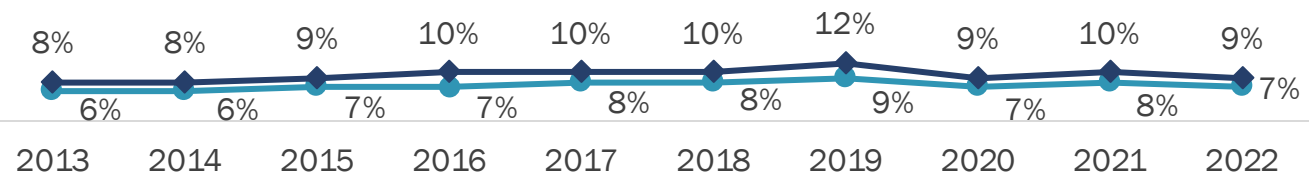
HIV screening rates are nearly three times higher among LGBTQ+ adults than non-LGBTQ+ adults, a statistical difference.

HIV screening in the past year among all adults and those 18-64 is statistically similar to 2021 and 2013.

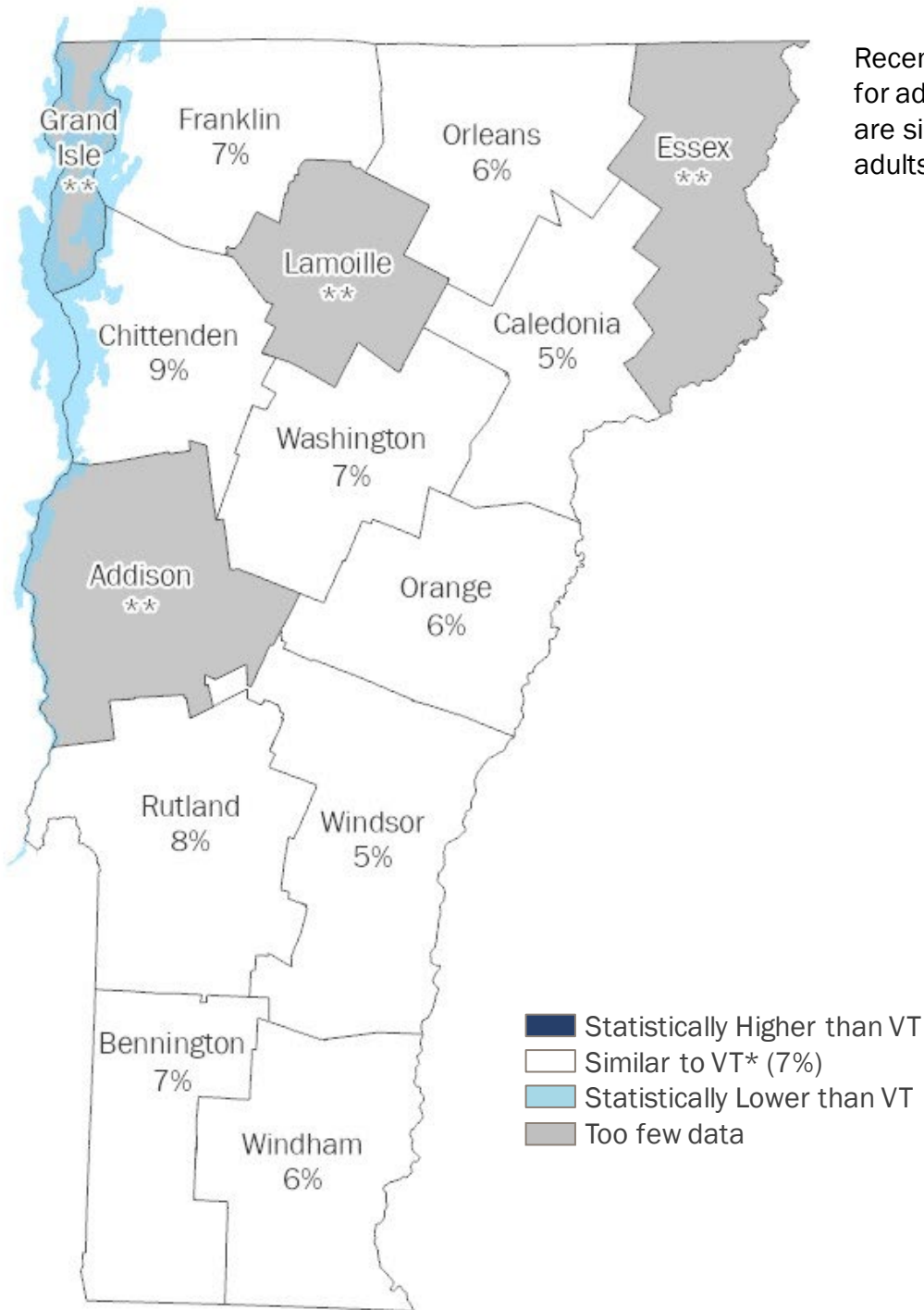
Vermont Adults Tested for HIV in Past Year, 2022



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



Vermont Adults who Have Been Tested for HIV in Past Year by County, 2021-2022



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

*Vermont estimate represents two years of data.

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

Drinking Water & Testing – Main Source

Nearly half of Vermont adults report having a public water system as the main source of water that comes into their home (48%) and more than half have a private water source (52%). These are statistically similar to the 50% reported for both sources in 2021.

Adults with a private water source include:

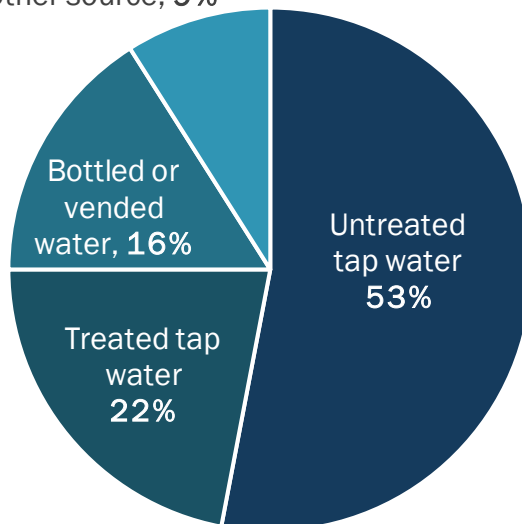
- A private drilled well, serving just one home (32%).
- A private dug well, serving just one home (9%).
- A private spring, serving just one home (4%).
- Either a private drilled well, dug well, or spring serving just one home (2%).
- A shared private drilled well, dug well, or spring serving less than 25 people (2%).
- A surface water source, such as a lake, creek or river (1%).
- A source of water other than the ones listed above (2%).

Vermont adults with a private water source were asked about the source they most often drink at home.

- More than half of adults most often drink untreated tap water (53%).
- More than two in ten adults most often drink treated tap water (22%).
- Sixteen percent of adults most often drink bottled or vended water.
- Nine percent of adults most often drink water from another source.

Water Source Most Often Drink At Home Vermont Adults with Private Water, 2022

Water from another source, 9%



Drinking Water & Testing

Vermont adults with a private water source as the main source of water coming into their home[°] and who most often drink untreated tap water were asked when they last tested their water.

- Eighteen percent tested their private water within the past year.
- Twenty-seven percent tested their private water within the last five years.
- Forty-one percent tested their private water more than five years ago.
- Fourteen percent have never tested their private water.

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

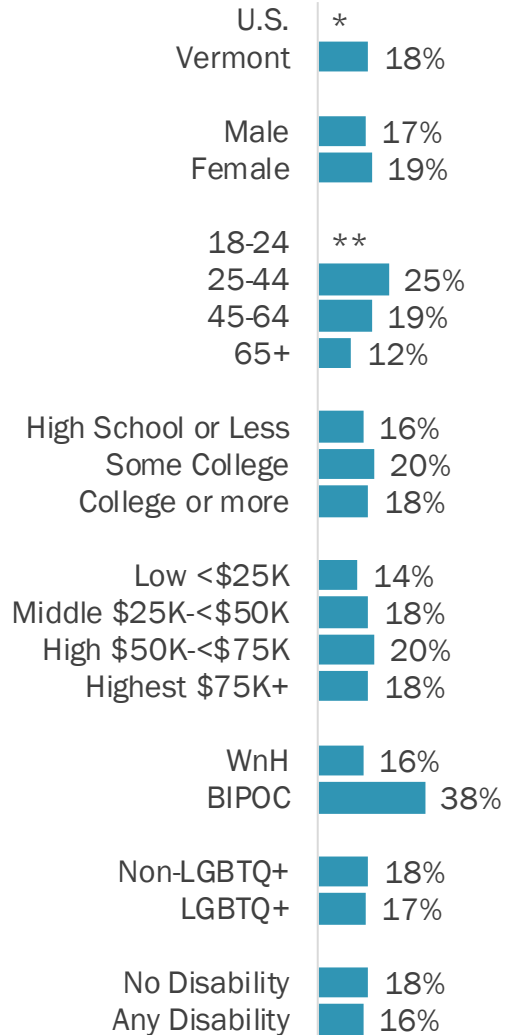
Adults 25-64 are statistically more likely to have tested their private drinking water in the past year than adults 65 and older.

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

BIPOC adults are more than twice as likely to have tested their private drinking water in the past year than white, non-Hispanic adults, a statistical difference.

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

Vermont Adults who Tested Private Water in Past Year, 2022



Vermont Adults who Tested Private Water in Past Year

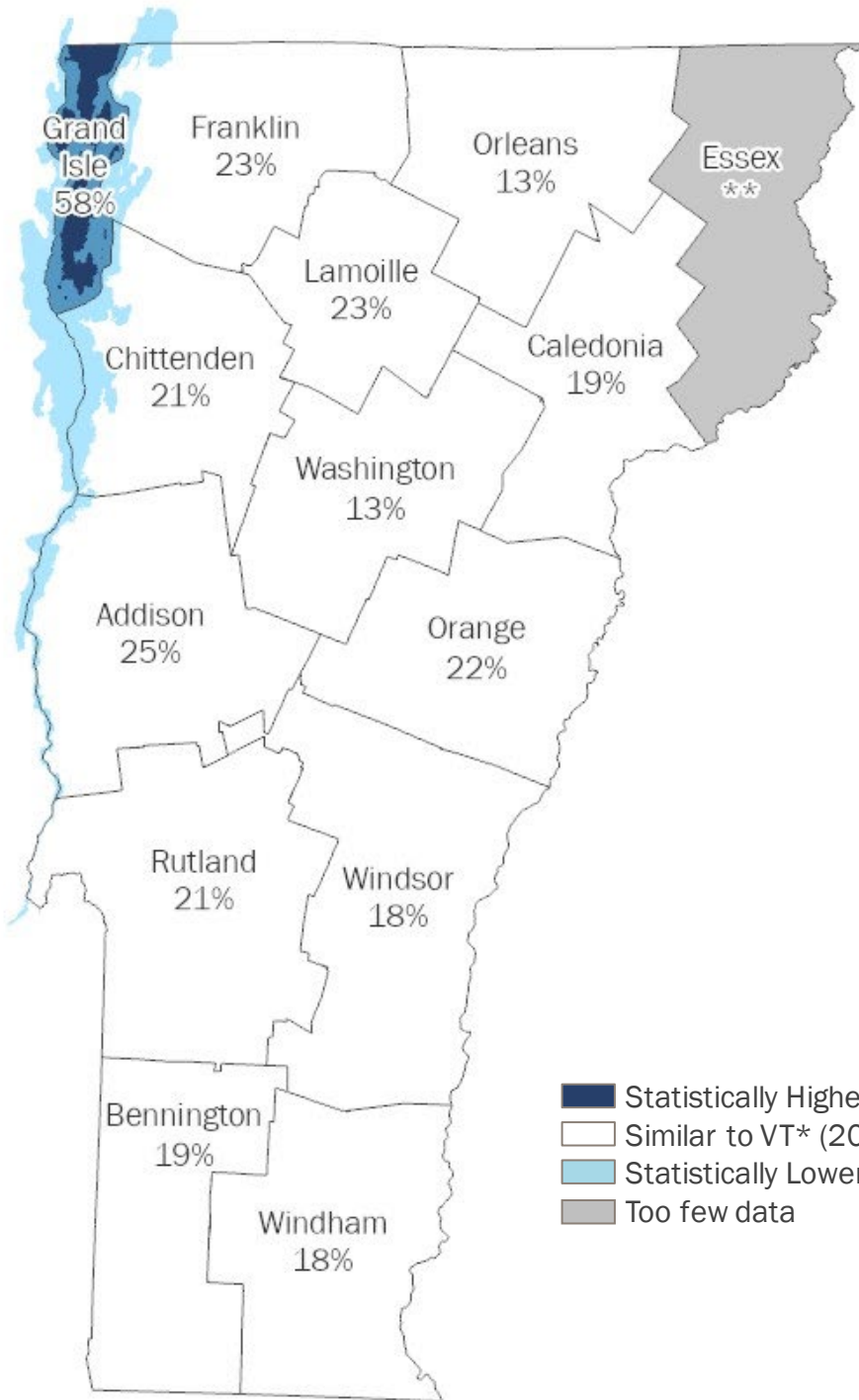


[°] Private drinking water includes a private drilled well, dug well, or spring serving a single-family home, a shared private drilled well, dug well, or spring serving less than 25 people, a surface water source, or other source that is not a public water system.

*No national estimate available.

**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 Tested Private Drinking Water in Past Year by County, 2021-2022



Fifty-eight percent of adults in Grand Isle County have tested their private drinking water in the past year, statistically higher than Vermont adults overall.

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

*Vermont estimate represents two years of data.

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



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