

Brattleboro District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 .VERMONT
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

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

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website: http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Brattleboro District Office*

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

More than half of Brattleboro adults are female. Two thirds of Brattleboro residents are 25-64, with less than a quarter ages 65 and older.

- Brattleboro adults are significantly more likely than VT adults overall to be 45-64 (43% vs. 37%)

Four in ten Brattleboro area adults has a high school degree or less.

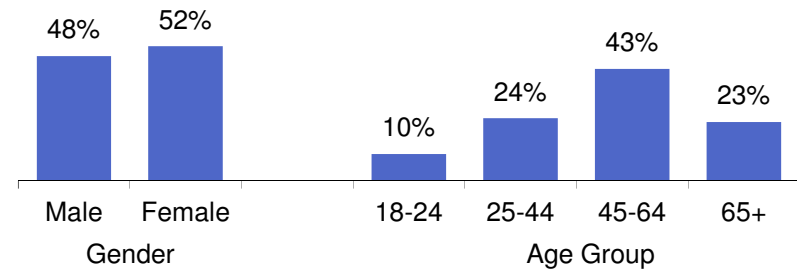
- Brattleboro adults report a similar education distribution as those in Vermont overall.

More than a quarter of Brattleboro adults live in a home making less than \$25,000 annually, more than four in ten live in homes making \$50,000 or more per year.

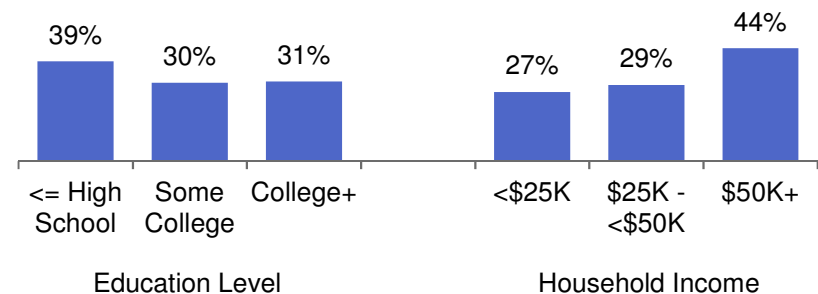
- There are no statistical differences between Brattleboro adults and Vermont adults by annual income level.

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

Brattleboro Residents by Gender and Age



Brattleboro Residents by Education & Income Level



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

Demographics of Brattleboro District Office

About six in ten Brattleboro adult residents are currently employed, while nearly one in five are retired. Nine percent said they are a student or homemaker, seven percent are unable to work and five percent are unemployed.

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

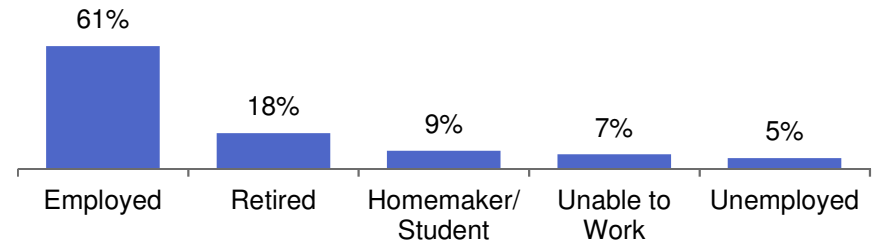
Half of Brattleboro adults are married. One in five have never married, 17% are divorced. Less than one in ten each are widowed or part of an unmarried couple.

- Brattleboro area adults reported a similar marital status distribution Vermont adults overall.

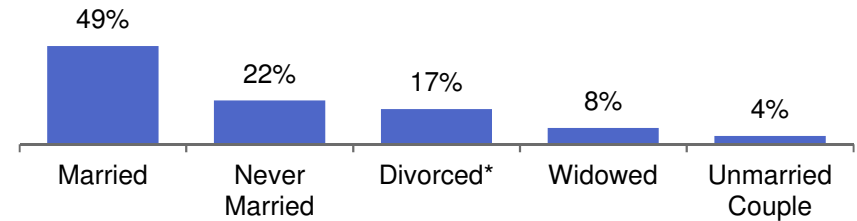
Nearly three-quarters of adults in the Brattleboro area said there are no children less than 18 years of age, living in their home. Three percent reported having three or more children.

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

Brattleboro Residents by Employment Status

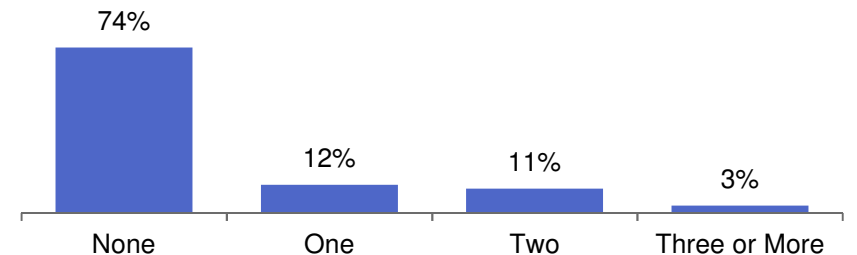


Brattleboro Residents by Marital Status



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

Brattleboro Residents by Children in Household



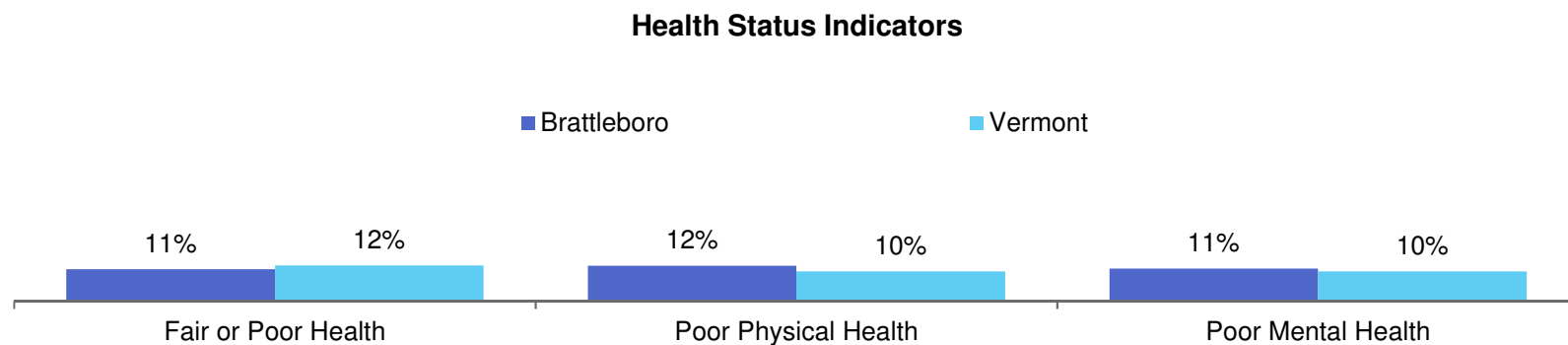
Health Status Indicators

In 2013-2014, one in nine Brattleboro area adults reported being in fair or poor general health. About one in eight reported having poor physical health, while eleven percent said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

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

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



Health Status Indicators

Rates of fair or poor health, poor physical health and poor mental health do not differ significantly by gender among Brattleboro area adults.

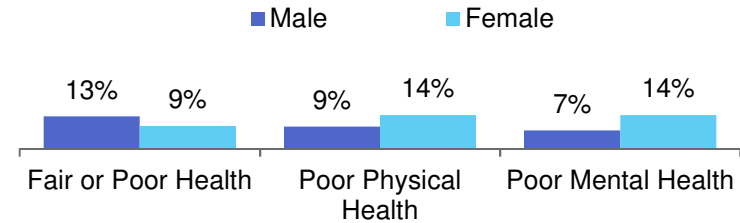
Brattleboro area adults ages 45 and older are significantly more likely to report fair or poor general health compared to younger adults.

- There are no statistical differences in poor physical health and poor mental health by age.

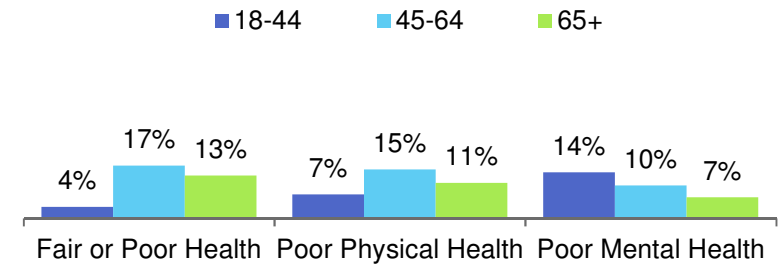
Poor health, regardless of the measure decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health and poor mental health with more income annually.
- Additionally, those in homes making less than \$25,000 per year are significantly more likely to report poor physical health than those in homes making more than \$50,000 per year.

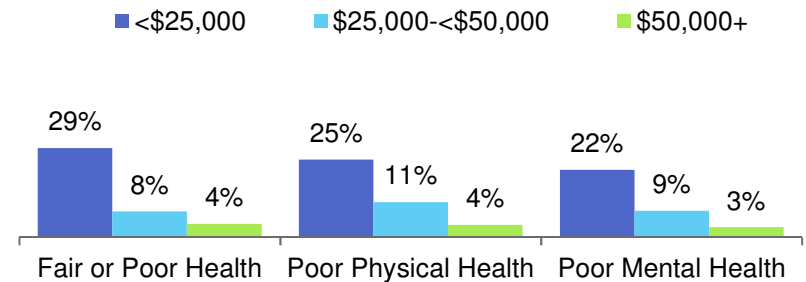
**Health Status Indicators by Gender
Brattleboro Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

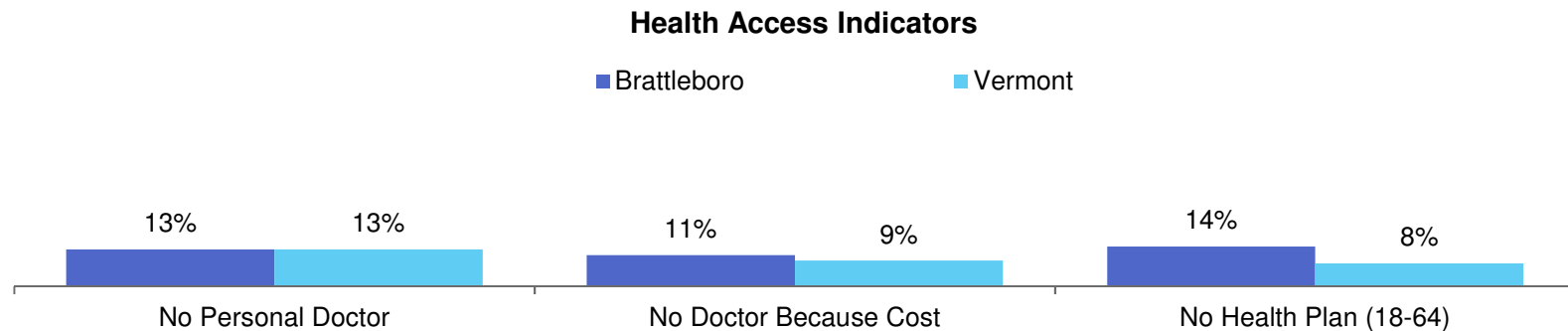


Health Access Indicators

In 2013-2014, one in eight adults in the Brattleboro area said they do not have a personal doctor for health care. One in nine said they needed care in the last year but did not seek it due to the cost. Among Brattleboro area adults ages 18-64, 14% said they do not have health insurance.

There are no differences in health access, regardless of measure, when comparing Brattleboro adults with Vermont adults overall.

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



Health Access Indicators

Brattleboro area men, 18-64, are more likely than women to be without a health plan (22% vs. 5%)

There are no statistical differences by gender in having a personal primary care doctor and delaying medical care because of cost.

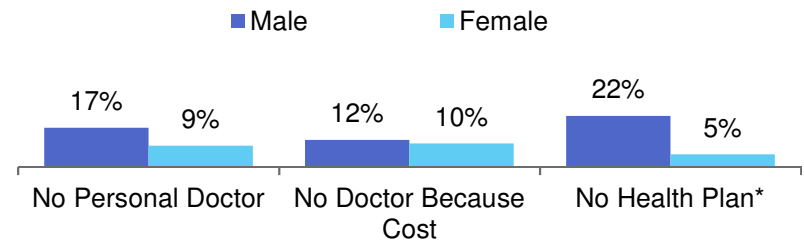
Not having a personal doctor decreases with increasing age.

- Brattleboro adults 18-64 are significantly more likely than those 65 and older to not have a personal doctor within the past year.
- Differences in delaying medical care due to age and having no health plan do not differ by age.

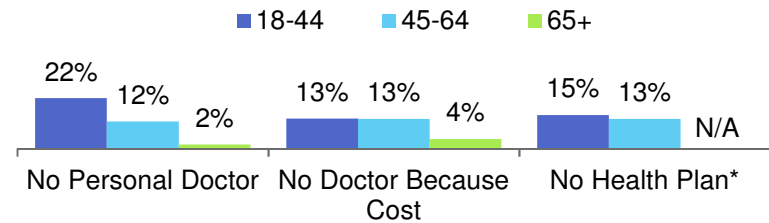
Adults in the Brattleboro area with higher annual household incomes are less likely to report delaying care due to cost and not having a health plan.

- Adults living in homes with the highest incomes, \$50,000 or more, are significantly less likely to have delayed care due to cost than those in homes with less income.
- Adults 18-64, in homes making \$50,000 or more are also significantly less likely than those in homes making less than \$25,000 to not have a health plan (7% vs. 24%).

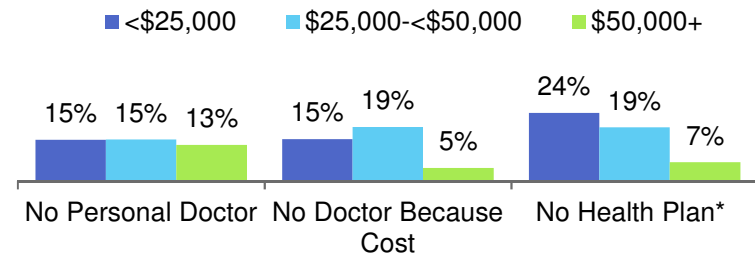
**Health Access Indicators by Gender
Brattleboro Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (24%) in 2014, significantly less than the 29% reported among adults in the Brattleboro area.

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

Men and women in the Brattleboro area reported being disabled at the same rate.

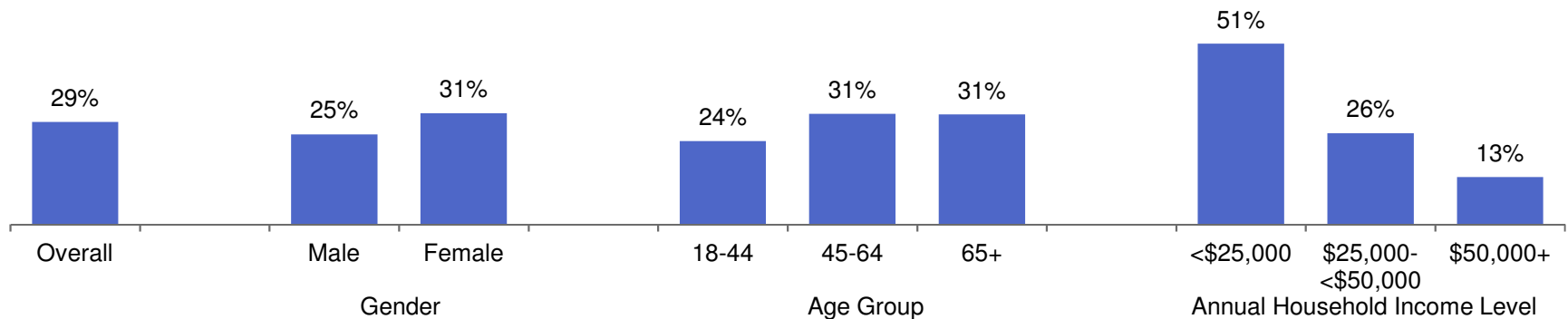
Reported disability among Brattleboro adults increases with increasing age, however, none of the differences are statistically significant.

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

- Those in homes making less than \$25,000 per year are significantly more likely to report a disability than those with more annual income.

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

**Disability, Overall and by Sub-groups
Brattleboro Adults**



Chronic Conditions

Three in ten Brattleboro area adults reported having arthritis, while a quarter each have a depressive disorder or are obese. Twelve percent of Brattleboro adults reported having asthma and less than one in ten reported each of the following chronic conditions: cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD), skin cancer, and non-skin cancers.

Brattleboro area adults reported similar rates of all chronic conditions, regardless of the measure, as compared with Vermont adults overall.

The prevalence of all reported chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease.

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

Chronic Conditions

Brattleboro area adults are significantly more likely than males to have been diagnosed with a depressive disorder.

- There are no statistically significant differences by gender in the prevalence of arthritis, obesity, and asthma.

Arthritis prevalence among Brattleboro adults increases with increasing age.

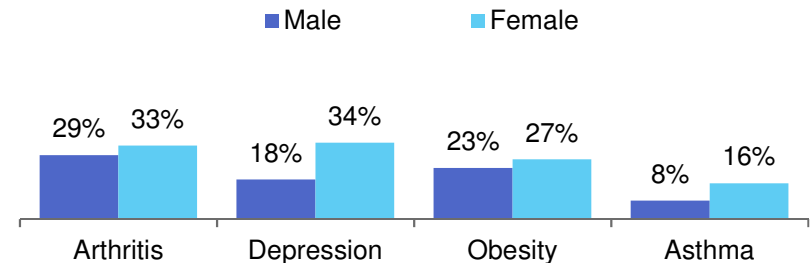
- All differences by age are statistically significant.

There are no differences by age in depressive disorders, obesity, or asthma.

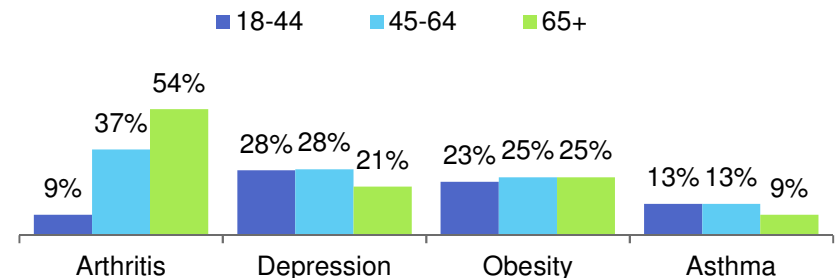
The prevalence of arthritis, depressive disorders, obesity, and asthma among Brattleboro adults all decrease as reported annual household income increases.

- Adults in homes making \$50,000 or more annually are significantly less likely than those with incomes of less than \$25,000 to report arthritis and obesity.
- All differences in depressive disorder prevalence by annual household income level are statistically significant.
- Differences in asthma prevalence are not statistically significant.

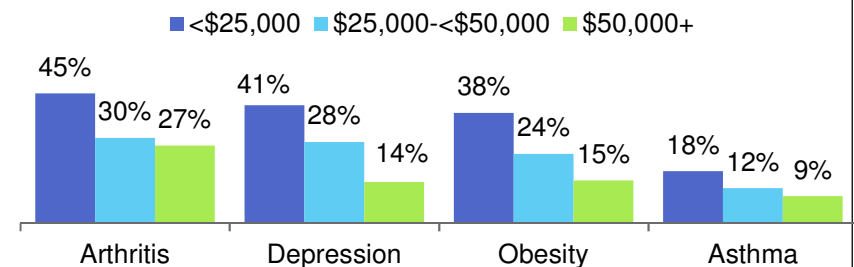
**Chronic Conditions by Gender
Brattleboro Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no significant differences by gender in reported rates of cardiovascular disease, diabetes, and COPD among Brattleboro area adults.

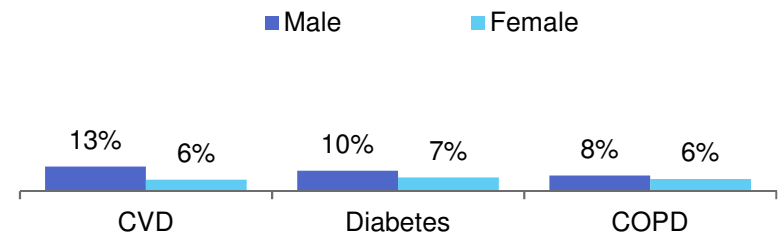
Reported cardiovascular disease, diabetes, and COPD rates among Brattleboro area adults all increase as age increases.

- Adults 65 and older are significantly more likely to report cardiovascular disease than those 18-44 (19% vs. 2%).
- Similarly, those 65 and older are also more likely to report having a form of diabetes than those 18-44 (16% vs. 4%).
- Differences in COPD prevalence by age are not statistically significant.

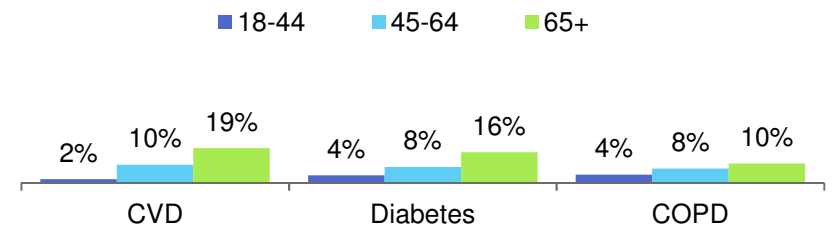
Brattleboro area adults living in homes with less income are more likely to say they have cardiovascular disease, diabetes, and COPD.

- Differences in cardiovascular disease by annual household income level are not statistically significant.
- Adults in homes making less than \$25,000 per year are significantly more likely to have diabetes over household's that earn more income.
- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having COPD.

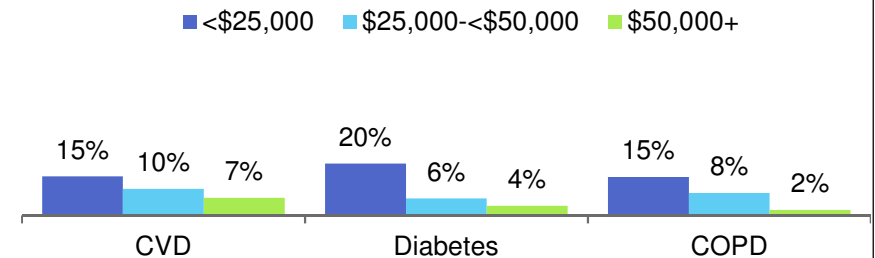
**Chronic Conditions by Gender
Brattleboro Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

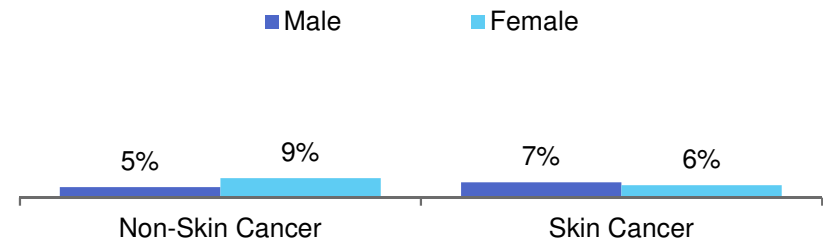
Chronic Conditions

Among Brattleboro area adults, there are no statistical differences in the prevalence of skin and other cancers by gender.

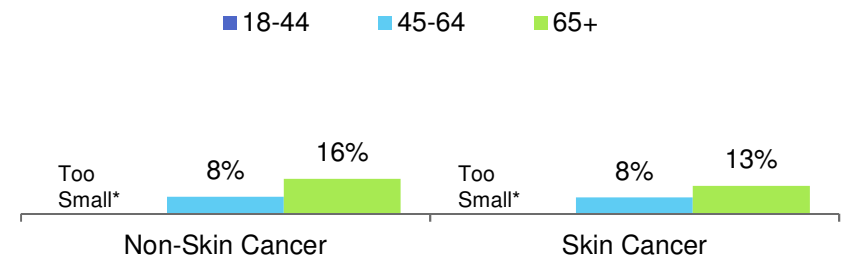
The prevalence of skin cancer and non-skin cancers both increase with increasing age, however these differences are not statistically significant.

Among Brattleboro adults, there are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

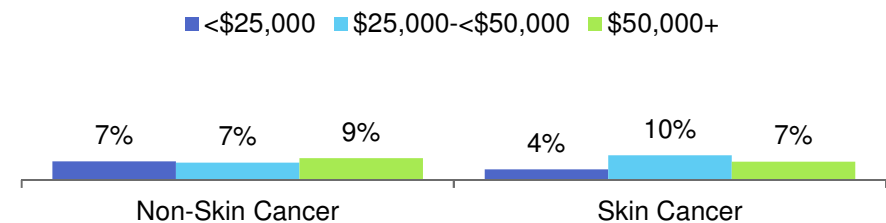
**Chronic Conditions by Gender
Brattleboro Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report.

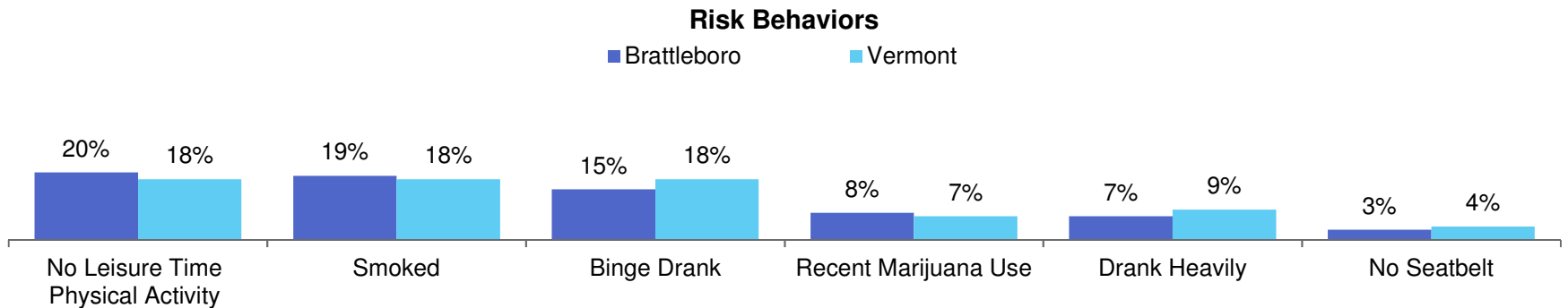
Risk Behaviors

In 2013-2014, one in five Brattleboro adults said they did not participate in leisure time physical activity in the last month. A similar proportion, 19% said they currently smoke. Of smokers, nearly two-thirds, 64% tried to quit in the last year.

Fifteen percent of Brattleboro area adults said they binge drank in the last months. Fewer, seven percent heavily drank during that time. One in twelve recently used marijuana, and three percent seldom or never use a seatbelt.

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

There are no statistical differences in any risk behavior measure, when comparing Brattleboro adults and Vermont adults overall. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

Risk Behaviors

There are no statistically significant differences by gender among Brattleboro area adults in smoking and not participating in leisure time physical activity.

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

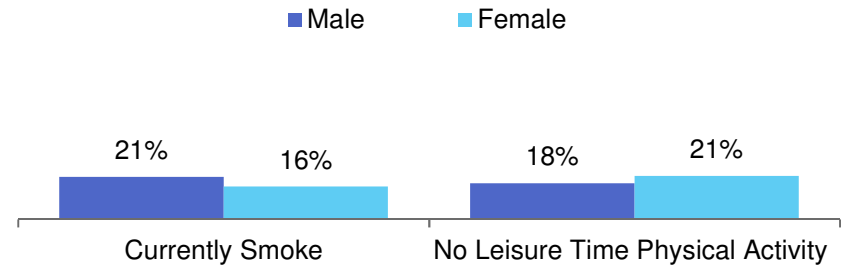
- Adults 18-44 and adults 45-64 are significantly more likely to report smoking than those 65 and older.

Conversely, not participating in physical activity increases with increasing age, however none of these differences are statistically significant.

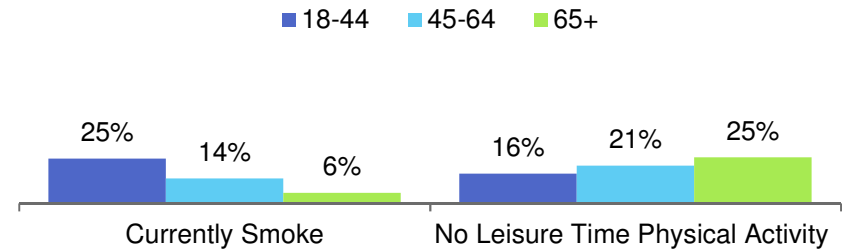
Brattleboro area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making at least \$25,000 are significantly less likely to smoke than those in homes with less income.
- Those in homes making \$50,000 or more are significantly less likely than those in homes making less than \$25,000 per year to not participate in physical activity.

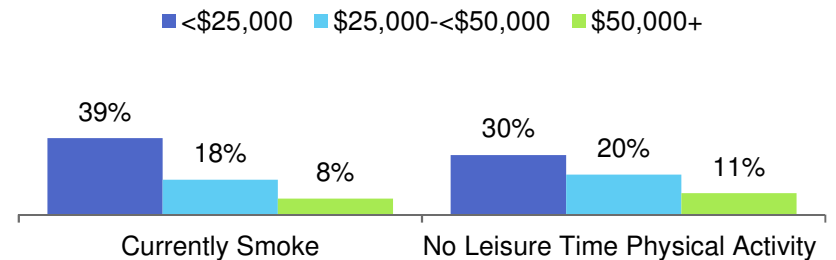
**Risk Behaviors by Gender
Brattleboro Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

Men are significantly more likely than women to report binge drinking during the previous month (21% vs 10%).

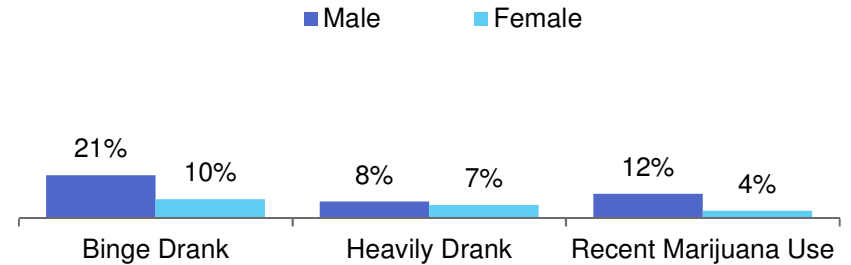
- There are no significant differences by gender in heavy drinking or recent marijuana use.

Binge drinking and marijuana use are highest among Brattleboro adults ages 18-44.

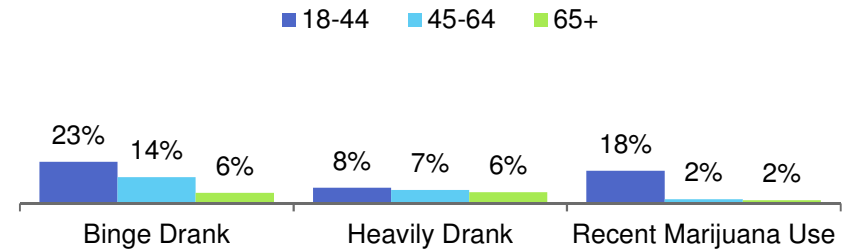
- Adults 18-44 and 45-64 are significantly more likely to report binge drinking than those 65 and older.
- Heavy drinking does not vary significantly by age.
- Similarly, adults 18-44 are significantly more likely than older adults to have used marijuana recently.

There are no significant differences by annual household income level in rates of binge drinking, heavy drinking, or recent marijuana use.

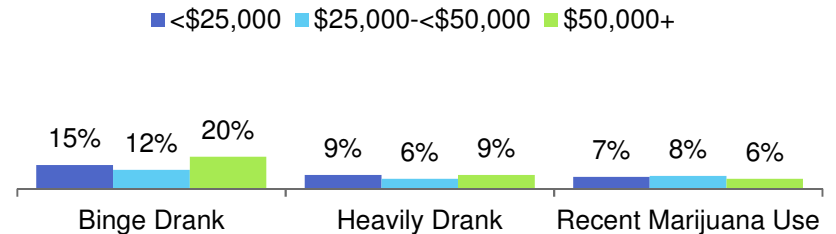
**Risk Behaviors by Gender
Brattleboro Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report.

Risk Behaviors

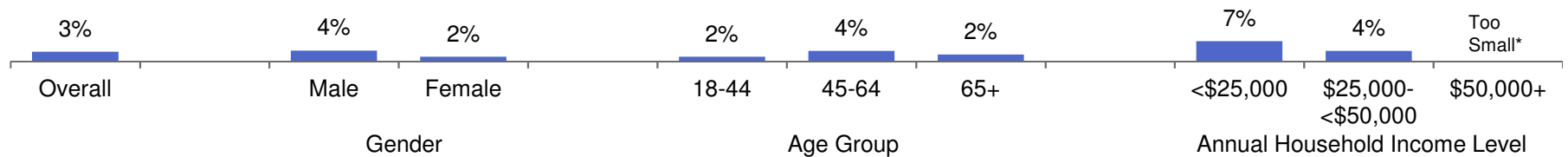
Overall, less than one in twenty (3%) adults in the Brattleboro area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Brattleboro area men and women do not wear seatbelts at statistically similar rates.

Adult non-use of seatbelts in the Brattleboro area does not differ by age.

Non-use of seatbelts among Brattleboro area adults decreases with increasing annual household income, however the differences are not statistically significant.

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



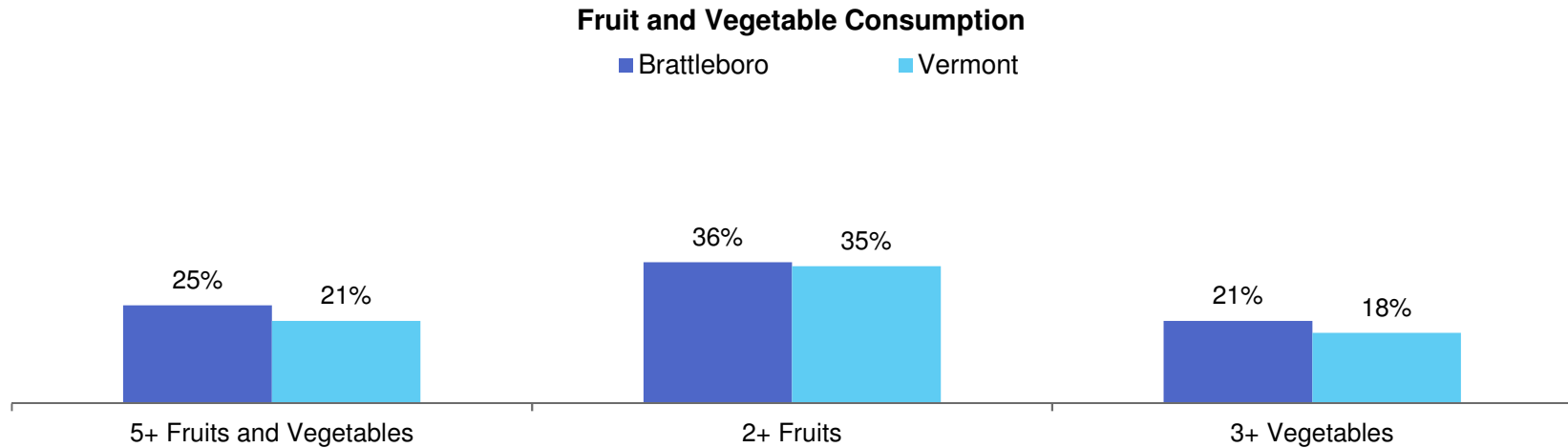
*Sample size is too small to report

Preventive Behaviors

In 2011-2013, a quarter of Brattleboro area adults reported eating fruits and vegetables five or more times per day. More than a third ate two or more fruits and 21% reported eating three or more vegetable servings.

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

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



Preventive Behaviors

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

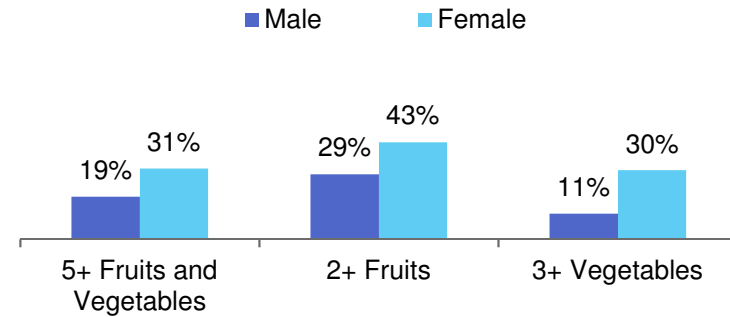
- Women are significantly more likely than men to eat two or more fruits (43% vs. 29%) and three or more vegetables (30% vs. 11%) per day.

There are no differences in fruit and vegetable consumption by age, among Brattleboro adults.

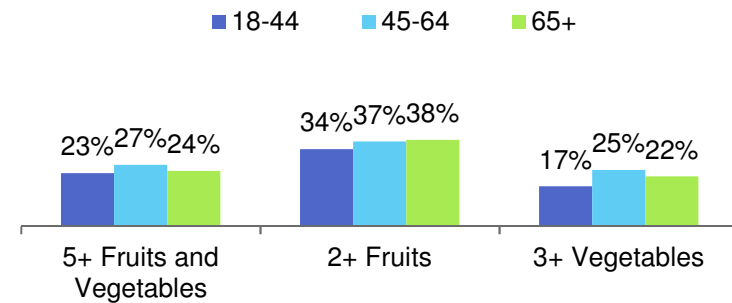
Consumption of fruits and vegetables increases with annual household income level, among Brattleboro area adults.

- Adults in homes making \$50,000 or more per year are significantly more likely to report eating five or more fruits and vegetables per day than those in homes making less than \$25,000 a year (36% vs. 11%).
- There are no statistical differences by annual household income level in the consumption of two or more fruits or three or more vegetables daily.

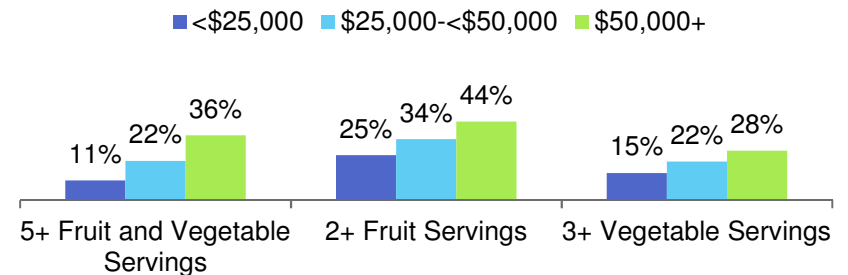
**Preventive Behaviors by Gender
Brattleboro Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



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

Preventive Behaviors

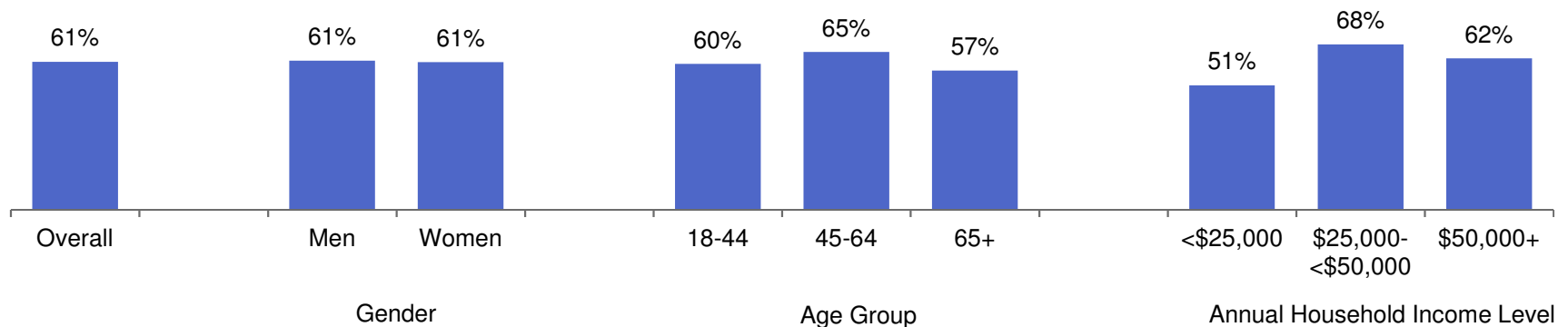
In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 61% reported among Brattleboro area adults.

Men and women in the Brattleboro area reported meeting physical activity recommendations at the same rate, 61%.

Among Brattleboro adults, there also are no significant differences in meeting physical activity recommendations by age or annual household income level.

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

**Met Physical Activity Recommendations, Overall and by Sub-groups
Brattleboro Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

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

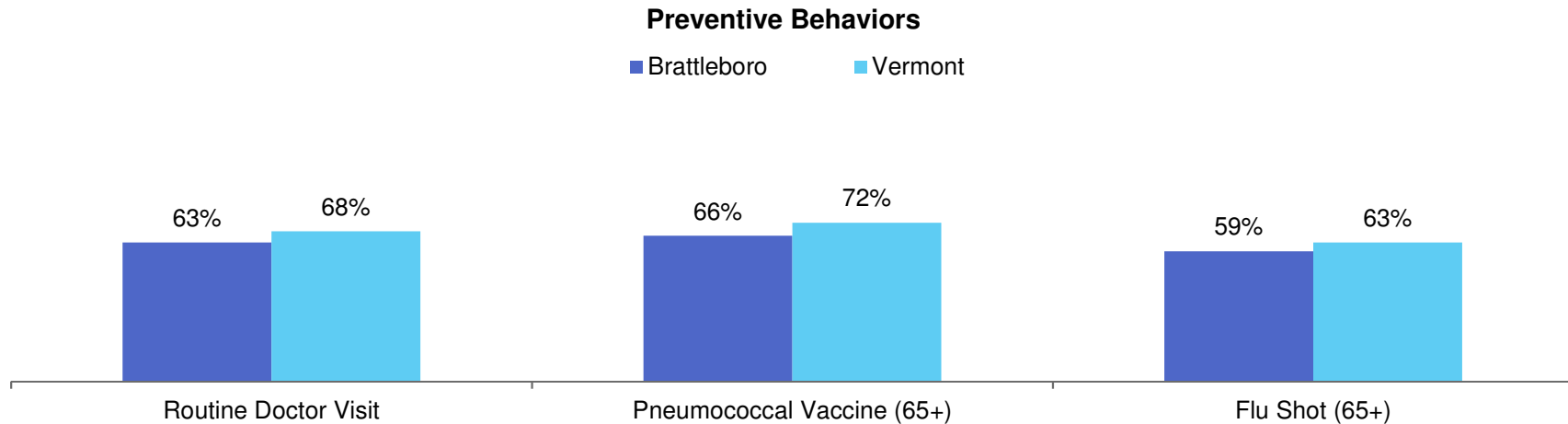
Preventive Behaviors

More than six in ten (63%) adults in the Brattleboro area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Two-thirds (66%) of Brattleboro area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 59% reported getting a flu shot in the last year.

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

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



Preventive Behaviors

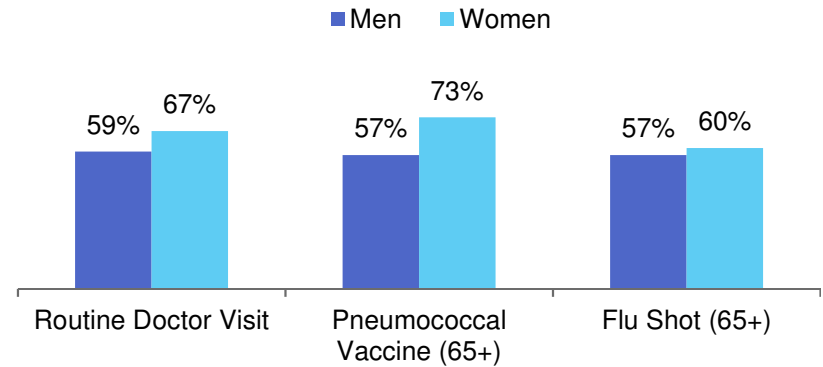
There are no statistical differences by gender in routine visits to a doctor, among Brattleboro area adults. Men and women 65 and older also reported similar rates of annual flu shots and ever getting the pneumococcal vaccine.

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

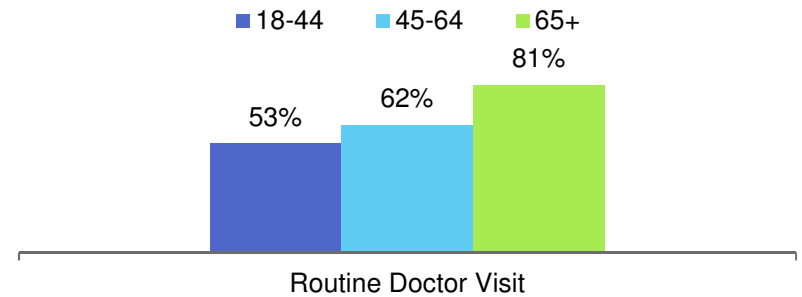
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Brattleboro area adults, in the occurrence of routine doctor visits or receipt of vaccinations by annual household income level.

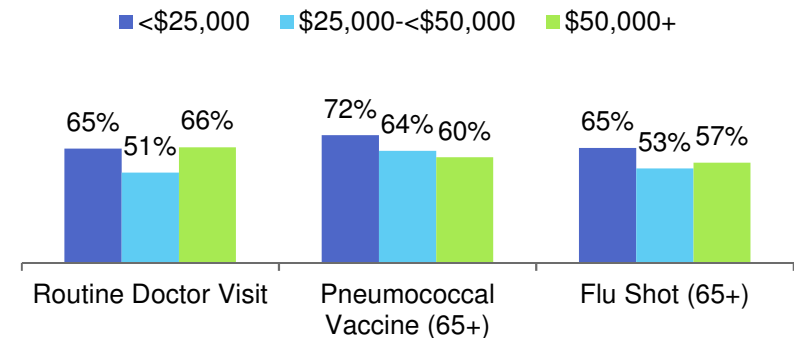
**Preventive Behaviors by Gender
Brattleboro Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

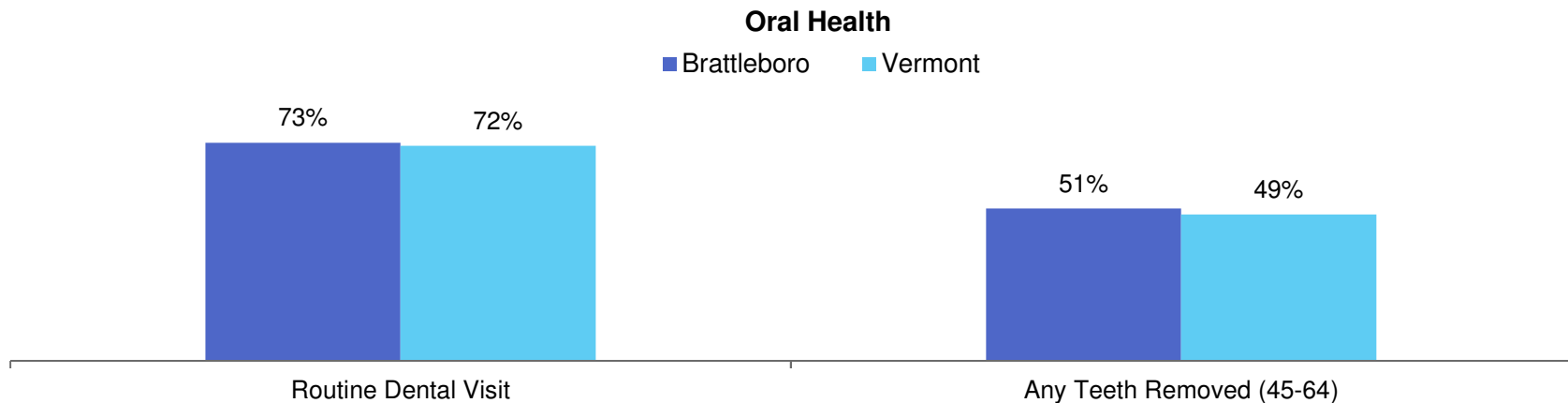


Oral Health

More than seven in ten (73%) Brattleboro adults saw a dentist in the last year, similar to the 72% among Vermont adults overall.

Half of adults ages 45-64 have had at least one tooth removed. This is also similar to that reported among Vermont adults (51% vs. 49%).

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



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

Oral Health

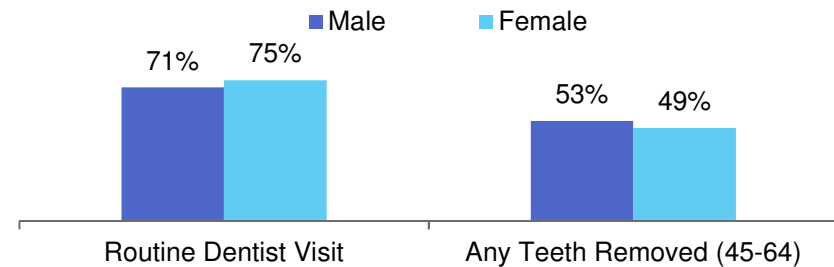
Among Brattleboro area adults, men and women reported regularly visiting their primary dentist and having one or more teeth removed/extracted at similar rates

Differences by age for routine visits to the dentist are not statistically significant.

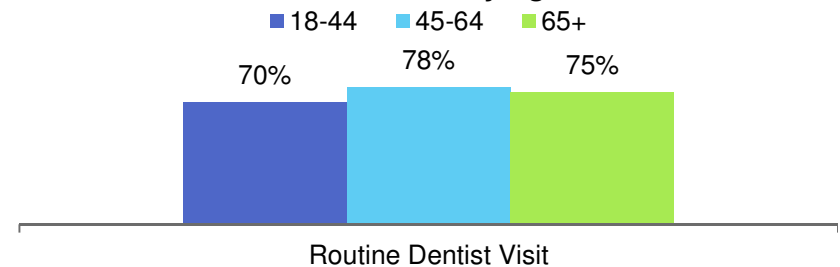
Burlington Area adults living in homes with more income are more likely than those in home with less income to routinely see their dentist and less likely to have had teeth removed.

- Those in homes making \$50,000 or more per year are more likely to regularly visit the dentist, compared with those in homes with less income.
- Adults in homes earning at least \$50,000 annually are significantly less likely than those making less than \$25,000 per year to report having at least one tooth removed (42% vs. 74%).

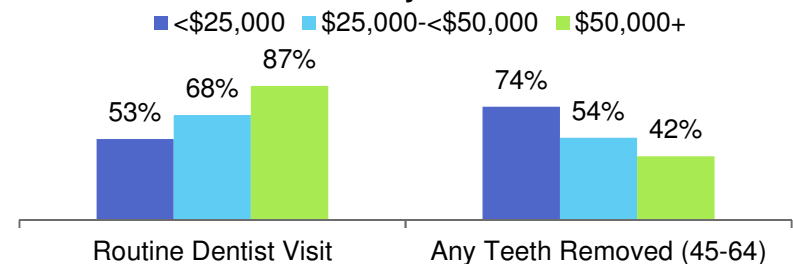
**Oral Health by Gender
Brattleboro Adults**



Oral Health by Age



Oral Health by Income Level



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

HIV Screening

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

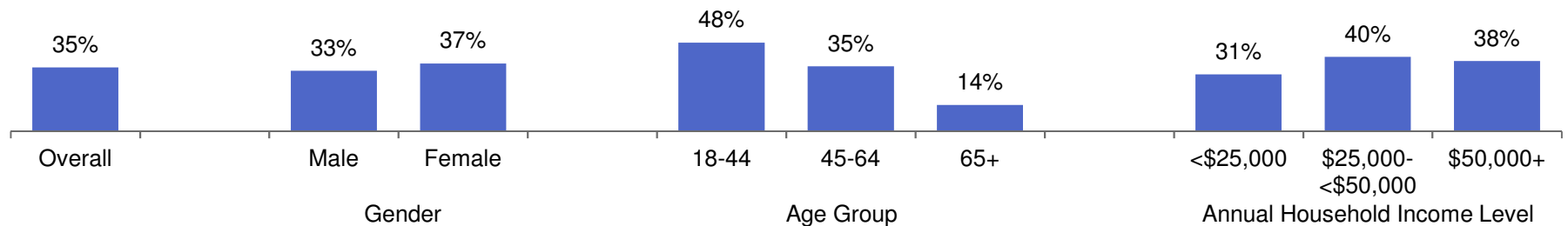
Men and women in the Brattleboro area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age, however, only the difference between adults 65 and older and those 18-44 is statistically significant.

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

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

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



Cancer Screening

In 2012-2014, more than eight in ten (81%) women ages 50-74 in the Brattleboro area reported meeting breast cancer screening recommendations. This is statistically similar to the rate reported among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

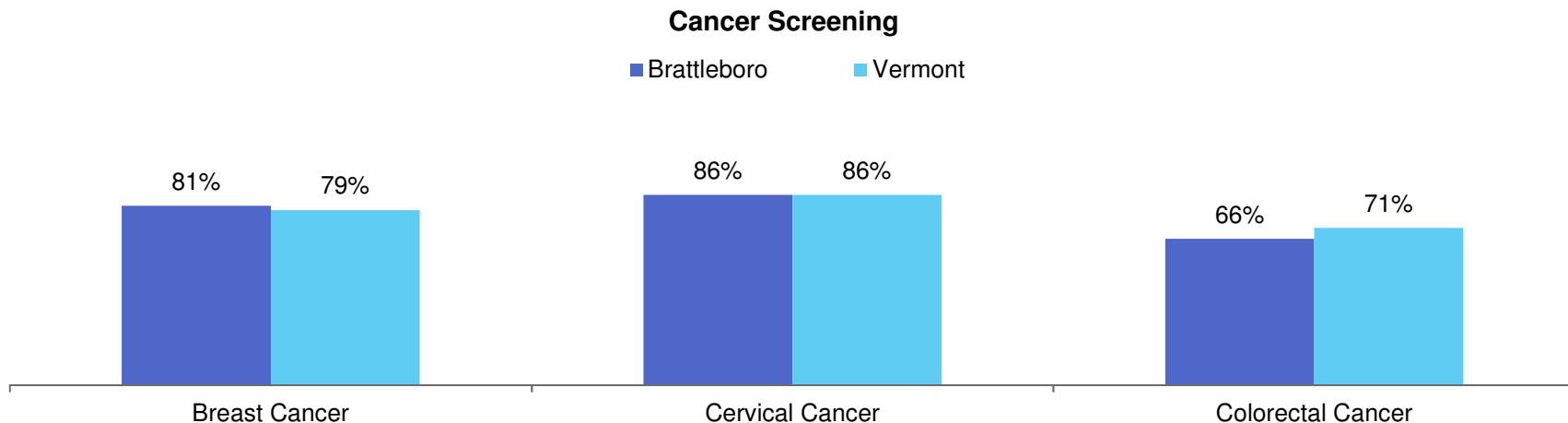
Eighty-six percent of women 21-65 who live in the Brattleboro area met cervical cancer recommendations, this rate is similar among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Brattleboro area, roughly six in ten (66%) met colorectal cancer screening recommendations. This is similar to the rate reported by all Vermonters of the same age.

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

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



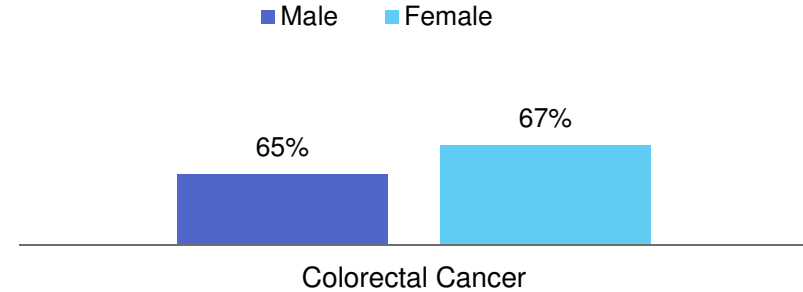
Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

Cancer Screening

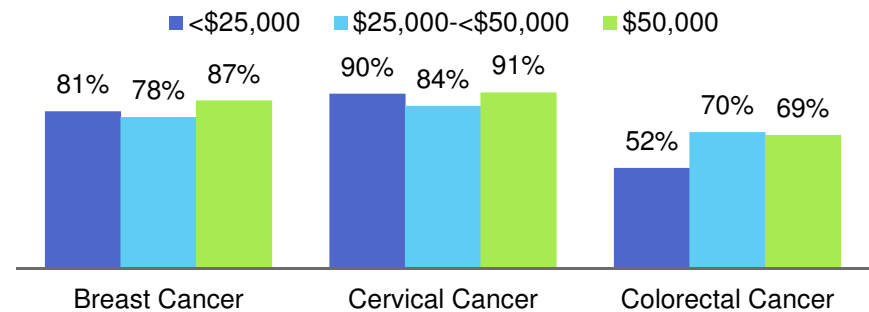
Among Brattleboro area adults, there are no statistically significant differences by gender in receipt of recommended colorectal cancer screening.

There are no statistical differences among Brattleboro area adults in receipt of recommended cancer screening treatments by annual household income levels.

**Cancer Screening By Gender
Brattleboro Adults**



Cancer Screening by Income Level



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

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

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	11%	11%	11%	No
Poor Physical Health	11%	11%	12%	No
Poor Mental Health	10%	10%	11%	No
Disabled	25%	24%	29%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	10%	11%	13%	No
No Doctor Because of Cost	13%	12%	11%	No
No Health Plan (ages 18-64)	10%	12%	14%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	29%	29%	31%	No
Depression	22%	23%	26%	No
Obesity	21%	22%	25%	No
Asthma	9%	8%	12%	No
Diabetes	8%	7%	9%	No
Non-Skin Cancer	7%	7%	7%	No
Cardiovascular Disease (CVD)	8%	8%	9%	No
Skin Cancer	7%	7%	7%	No
Chronic Obstructive Pulmonary Disease (COPD)	8%	8%	7%	No

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

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	15%	14%	19%	No
Binge Drinking	18%	20%	15%	No
No Exercise	13%	15%	20%	No
Recent Marijuana Use	11%	8%	N/A	No
Heavy Drinking	8%	8%	7%	No
Seldom or Never use Seatbelt	3%	3%	3%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	66%	63%	63%	No
Pneumococcal Vaccine, Ever, Ages 65+	77%	72%	66%	No
Flu Shot in the Last Year, Ages 65+	62%	62%	59%	No
Ever Tested for HIV	35%	33%	35%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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

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

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the Brattleboro Health District are: Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilmington.